EXPLORING NURSING STUDENTS' EXPERIENCES REGARDING CLINICAL SUPERVISION: A STUDY AT THE SDA HOSPITAL, KWADASO – KUMASI.

BY

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JULY, 2018.
NURSING STUDENTS’ EXPERIENCES OF CLINICAL SUPERVISION

DECLARATION

I, Edward Obeng Amoah, do hereby declare that this thesis is the outcome of my study, under the supervision of Dr. Adelaide Maria Ansah Ofei, and Mrs. Atswei Adzo Kwashie, both of the School of Nursing and Midwifery, University of Ghana. This study has not been submitted in any form for any degree or diploma at any university or any other institution of tertiary education. All authors and publishers whose works were used in this study have been duly acknowledged.

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Clinical supervision of nursing students serves as a tool to bridging the theory and practice gap and promoting clinical competencies in nursing students. Despite its importance, there are concerns of inadequate clinical supervision of nursing students. This study sought to explore and describe nursing students’ experiences regarding clinical supervision, using Proctor’s functional interactive model. An exploratory descriptive approach was used to explore and describe nursing students’ experiences regarding clinical supervision. Purposive sampling was used to recruit participants for the study (n=15). Face to face semi-structured interviews were conducted with an interview guide and proceedings audio-recorded. Analysis was undertaken using thematic analysis to generate emergent themes. Themes identified were interpersonal relationships, roles played by clinical supervisors, factors contributing to effective clinical supervision, and challenges to effective clinical supervision. Nursing students had positive and negative experiences with regards to their interpersonal relationships with supervisors. Clinical supervisors performed varied roles in line with Proctor’s functional interactive model. Nursing students had to put in personal effort and be willing to learn in order to contribute to positive clinical supervision outcomes. Equally, clinical supervisors had to avail themselves and remain dedicated to improve on nursing students’ clinical supervision experiences. Lack of resources and inadequate clinical supervisors hinder effective clinical supervision. The study recommends that a policy framework be developed by the various stakeholders to serve as a tool for effective clinical supervision. Clinical supervisors should be trained and certified to offer clinical supervision. Required resources should be provided for clinical supervisors to use in supervising nursing students.

**Key Words:** Experiences, Nursing Students, Clinical Supervision, Clinical Supervisor
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DEDICATION

I dedicate this work to my family for their unflinching support to get me this far.

To my adorable wife, Elizabeth Arthur, and son, Samuel Adom Mireku Amoah, for the sacrifices made and for being my source of inspiration throughout the study.

And to all friends and colleagues for the support and encouragement through it all.
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God richly bless you.
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LIST OF ABBREVIATIONS

CLE  Clinical Learning Environment
CS   Clinical supervision
GAHS Ghana Adventist Health Services
HTIs Health Training Institutions
N&MC Nursing and Midwifery Council
RGN Registered General Nursing
SDA Seventh Day Adventist
NIPEC North Ireland Practice and Education Council
CHAPTER ONE

INTRODUCTION

The chapter presents the background to the study and the problem statement. The chapter also presents the purpose of the study, the objectives of the study, the significance of the study and the operational definitions of the keywords used.

1.1 Background to the Study

Clinical supervision (CS) is a wide-ranging concept, accepted and incorporated into several occupations (Lyth, 2000). The definitions tend to delineate the limitations, ranges, roles and complexities. There is variety in the usage of the term clinical supervision as it incorporates a number of ideas, varying tactics and approaches (Jones, 2006; Lyth, 2000; Severinsson, Johansson, & Lindquist, 2014). In nursing, the definitions include aspects of learning, support and oversight (Carner, 2005).

Dobrowolska et al. (2016), Jackson (2014) and Salamonson et al. (2015) have asserted that nursing as a profession is very practical. This makes clinical training of nursing students pivotal in producing clinically competent nurses. Clinical training of nursing students coupled with effective clinical supervision has several advantages such as developing clinical skills in the profession. The clinical component of training nursing students aims at bridging the theory-practice gap through effective clinical supervision of nursing students (Amsrud, Lyberg, & Severinsson, 2015; Baraz, Memarian, & Vanaki, 2014; Lyberg, Amsrud, & Severinsson, 2015; Memarian, Vanaki, & Baraz, 2015).
According to Lyth (2000), clinical supervision gets skilled clinical supervisors and practitioners together to reflect upon their practice. Driscoll & Sood (2004), describe clinical supervision to mean being watched or controlled in practice. Clinical supervision has also been explained as the interaction among practising professionals with the intentions of helping one another to develop professional skills (Butterworth & Faugier, 1992). Fowler (1995, pp 33) defined clinical supervision as “a process of professional support and learning in which nursing students are assisted in developing their practice through regular discussion times with experienced and knowledgeable colleagues”.

Other definitions of clinical supervision are that, it is “a process of professional support undertaken through a range of activities which enables individual nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety” (NIPEC [North Ireland Practice and Education Council for Nursing and Midwifery], 2007).

Clinical supervision varies from associated terms such as mentoring and coaching through the incorporation of an evaluative constituent (Milne, 2007; Milne & Dunkerley, 2010). Mentoring is a voluntary, non-reporting relationship with a more experienced health professional while clinical supervision is non-voluntary as it is a requirement of many organizations and registration bodies. Coaching is used to improve instruction and teaching strategies, experimenting with new approaches and techniques, problem-solving, and building relationships (Launer, 2013).

Clinical supervision occurs in a complex social environment (Chan & Ip, 2007) that is the clinical learning environment. The clinical learning environment, unlike classrooms and skills laboratories, is not under a facilitator’s control. The clinical learning environment is
unpredictable. Teaching and learning are thus, adapted to fit the condition met within the clinical learning environment. In this case, patient care takes priority over students learning (Elcock, Curtis, & Sharples, 2007). As patient care is of utmost importance in the clinical environment, clinical supervision is unlikely to occur in a busy clinical environment, as in most cases, nursing students are seen as an extra working hand to help reduce the burden of caring for patients and not as learners (Msiska, Smith, & Tonks, 2014).

Nursing as a discipline necessitates nursing students to meet a minimum clinical competency requirement to register as health professionals. To achieve this minimum standard of competency. Nursing students encounter real-life experiences where they are expected to integrate the theoretical component learned in the classroom into nursing practice within the clinical learning environment. Clinical supervision is very vital for the growth of a professional identity and safeguarding the safety of the patient (Amsrud et al., 2015). The clinical practice experiences of nursing students’ aims at integrating theory and practice (Rajeswaran, 2017; Stringer et al., 2016) and this can be achieved with the help of clinical supervisors. Nursing education and training generally includes a theoretical aspect and a practical aspect and nursing students must pass a written and practical examination which is done to assess the nursing students’ theoretical knowledge and practical skills (Atakro & Gross, 2016; Atakro, Ninnoni, Adatara, Gross, & Agbavor, 2016; Rajeswaran, 2017; Stringer et al., 2016).

Clinical supervision is a way of optimising the clinical experiences of student nurses (Amsrud et al., 2015). Nabolsi et al. (2012) have asserted that the clinical experience of nursing students is highly influenced by the clinical learning environment and the clinical supervisor. Few studies were found in the literature evaluating the clinical learning experiences of nursing students in the sub –Sahara region. The challenges facing the clinical
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education of nursing students are global. These challenges are felt more acutely in a country with limited resources like Ghana (Asirifi et al., 2017). The clinical aspects of nursing in Ghana continues to face difficulties of poor work relations among health facilities and Health Training Institutions (HTIs), inadequate preparation of preceptors, and inadequate faculty supervision (Atakro & Gross, 2016; Rajeswaran, 2017). The curriculum of instruction indicates the details of clinical teaching and practise required. This is a coordinated activity between the Health Training Institutions (HTIs) and the clinical training facilities where the clinical learning is done. However, there are still many challenges nursing students, nursing faculty and clinicians directly involved in the training face when it comes to clinical supervision.

Clinical supervision is a key aspect of all nursing programmes and it is therefore necessary that all nursing students receive optimal clinical supervision to become clinically competent, proficient and independent (White & Winstanley, 2009; White & Winstanley, 2006, 2014; Winstanley & White, 2003). Given this, the researcher intends to explore nursing students’ experiences regarding clinical supervision and the roles played by clinical supervisors.

1.2 Problem Statement

The acquisition of theoretical knowledge and practical skills cannot be achieved through theoretical learning alone, as clinical practice is equally essential in the training of the professional nurse as much as the development of the theoretical knowledge (Jackson, Daly, Mannix, Potgieter, & Cleary, 2013). This is so because nursing is practice-based, and practical training forms a unique constituent of nursing education. The curriculum for training professional nurses in Ghana requires that each nursing student obtains some minimum
clinical contact hours in addition to the classroom contact hours under the supervision of clinical supervisors, but this is often not the case (Nursing and Midwifery Council of Ghana [N&MC, Gh.], 2015) Unpublished. Mostly, clinical teaching is inadequate, and in some cases, there are no clinical supervisors to play their roles as such.

The purpose of clinical supervision is aimed at developing a positive personality, and to enable the nursing student to become clinically competent and also obtain a qualification. The attained qualification makes the nursing student eligible for entry into the N&MC of Ghana register. The recently reviewed N&MC curriculum in Ghana is used by all schools in Ghana in addition to other curricula based on their standards. Generally, the curriculum is based on the semester and course unit system which is competency based. This takes into account the present needs of the society and that of the nursing student. This curriculum has enshrined in it a student-centred clinical practice component, for a close correlation between the theory taught in the classroom by the teacher and the practical aspect facilitated by the clinical supervisors. The mode of delivery of nursing education in Ghana is an integrative approach comprising of theory, practical demonstration and return demonstration, as well as clinical experiences (N&MC Gh., 2015).

In spite of all the measures put in place to ensure that nursing students develop theoretically and practically, clinical supervision which should serve as a tool to bridging the theory and practice gap remains a challenge for both the Health Training Institutions (HTIs) and clinical learning facilities in Ghana. One factor that has been implicated in several studies is poor clinical supervision of student nurses, as the clinical supervisor has a vital role in the life of the students and their learning in the clinical learning environment (Baraz et al., 2014; Jamshidi, Molazem, Sharif, Torabizadeh, & Kalyani, 2016; Memarian et al., 2015).
Other challenges identified are the: absence of close clinical supervision of students by clinical staff (Asirifi et al., 2017) as a result of shortages of nursing staff and inadequate collaboration between clinicians and tutors (educators), inadequate clinical training sites, usually as a result of increased number of students, competition with other health-related disciplines for the same practice settings, etc.

Despite all these challenges, nursing students continue to do their clinical attachments each year of their training and there is a growing concern for adequate clinical supervision and specifying the roles played by clinical supervisors in that regard. The researcher who has been involved with practical assessment of nursing students during students’ licensing practical exams has also noticed that there is a disconnection between theory and practice. Some students are unable to integrate the two sets of skills which are derived from the two components of the training (i.e. classroom and clinical education). Inadequate clinical training and supervision of nursing students lead to the provision of low quality of care to their patients. This can further undermine the trust in the healthcare system.

In light of the above challenges, the study was undertaken to explore and describe nursing students’ experiences regarding clinical supervision. The researcher used the Proctor’s functional interactive model of clinical supervision to help describe the roles clinical supervisors play from the perspectives of nursing students alongside other objectives.

1.3 Purpose of the Study

The study sought to explore and describe nursing students’ experiences regarding clinical supervision and the roles played by clinical supervisors during clinical supervision.
1.4 Objectives of the Study

The objectives of the study were to;

1. Explore nursing students’ interpersonal relationships with clinical supervisors.
2. Describe the roles clinical supervisors play during nursing students’ clinical placement.
3. Identify factors that contribute to effective clinical supervision.
4. Describe the challenges to effective clinical supervision.

1.5 Research Questions

The study was guided by these questions;

1. What supervisory relationships exist between clinical supervisors and nursing students?
2. What roles do clinical supervisors play during nursing student’s clinical experience?
3. What factors contribute to effective clinical supervision?
4. What are the challenges to effective clinical supervision?

1.6 Significance of the Study

The outcome of the study will help unearth the experiences of student nurses concerning the roles played by clinical supervisors. The outcome would also generate knowledge and strategies to improve clinical supervision by clinical supervisors. The knowledge generated would also help to bridge the theory and practice gap. All stakeholders in the training of nursing students will also be better informed about strategies for effective
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clinical supervision and thus improve on the process while adopting a clearer supervision model to meet the needs of nursing students.

1.7 Operational Definition of Terms

- **Experiences (Clinical Experiences):** Practical knowledge and skills gained by the nursing students in health facilities such as clinics, health care centres, hospitals, etc., either from direct observation or by participating in an activity.

- **Nursing Student:** Anyone who has been admitted to undertake a diploma or degree in nursing/midwifery program in any Health Training Institution.

- **Clinical Supervision:** Any activity that brings skilled supervisors and NS together to reflect upon their practice and how to improve clinical knowledge and competencies.

- **Clinical Supervisor:** Nurse Managers, unit managers, ward in-charges, and other professional nurses who are engaged in some form of clinical supervision.

1.8 Organization of the Work

This study has been organized into six (6) chapters. The first chapter provides a background and highlights the problem of the study, as well as objectives of the study, research questions, and the significance of the study. It also outlines the purpose of the study.

The second chapter provides an appraisal of relevant literature on nursing students’ experiences as well as the theoretical basis of the study.

The third chapter focuses on research design, whereas the fourth chapter presents the findings of the study.

Chapters five and six cover findings of the study, discussion of the findings, nursing implication, limitations, summary, conclusion and recommendations.
1.9 Summary

The researcher studied nursing students’ experiences regarding clinical supervision and the roles played by clinical supervisors. Its primary focus was on nursing students with a considerable amount of clinical experiences, hence, final year general nursing students. It is worthy of note that clinical supervision is an essential aspect of nursing students’ growth in general as it takes care of the teaching in the learning environment. Student nurses thus continue to learn even in the clinical settings and this helps to bridge the theory and practice gap. This chapter discussed the background of the study and outlined the need for this study. The background was presented to give a clear understanding of the study and its objectives. Clinical supervision serves as the tool to bridge that gap between transitioning from theory to developing clinical competencies. Therefore the data presented will be very significant for nursing students’ development, facilitators of clinical supervision and other relevant stakeholders.
CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

This chapter presents reviewed literature based on the study’s objectives and Proctor’s Functional Interactive Model of clinical supervision. Literature was reviewed using various sources such as books, published journals and the internet. Electronic databases that were used included ‘Sage’, ‘Science Direct’, ‘PUBMED’, ‘JSTOR’, ‘CINAHL’, ‘Google Scholar’, ‘Wiley Online Library’, ‘CINAHL’, ‘HINARI’, ‘Medline’ and ‘SCOPUS’. Search terms used were the keywords “clinical experiences”, “nursing student”, “clinical supervisor”, and “clinical supervision”. The keywords were used either as single entries or by combining them in the literature search. The literature review has been organised according to the objectives of the study.

The chapter also examined Proctor’s Functional Interactive Model as the theoretical foundation of the study. It was evident that there is a paucity of research and data in the area of nursing students’ experiences with clinical supervision and the roles of clinical supervisors in Ghana. The literature identified focused on clinical learning experiences of nursing students. The literature search gave the researcher a chance to explore and gather sufficient information and knowledge about the area of the research. It also looked at what is currently known about the area under study and continued throughout the study in to identify existing gaps and provide evidence to the current research.

The chapter has been organised as follows: Conceptual framework guiding the study, nursing students’ interpersonal relationship with clinical supervisors, roles of the clinical supervisor, factors contributing to effective clinical supervision, and challenges to effective clinical supervision. A summary of the chapter is presented at the end of the literature review.
2.1 Conceptual Framework (Proctor’s Functional Interactive Model)

2.1.1 Selection of the Model

The usage of a clinical supervision model facilitates the interaction process of supervision and ensures continuity. There are several teaching and learning models (strategies) used to develop clinical competencies of student nurses and facilitate clinical supervision. Among several strategies are the mentorship and preceptorship strategies, group supervision and one–on–one supervision. Other models explored were the Developmental Model by Stoltenberg & Delworth (1987), the Seven (7) eyed models of clinical supervision by Hawkins & Shohet (2007), the Key Issues Model by Clarkson & Gilbert (1991), the Systems Approach Model by Holloway (1995) among others.

The mentoring and preceptorship models are some of the most widely used forms of Clinical Supervision and they emphasise on the relationship between two or more individuals, i.e. the clinical supervisor on one hand of the relationship and the student on the other hand (Brown, 1999). This relationship established, however cannot underscore the effectiveness of a good interpersonal relationship, knowledge and communication skills.

The developmental model by Stoltenberg & Delworth (1987) focuses on the trainee’s stages of development and how the clinical supervisor can support the trainee at each stage of the developmental process. This model of supervision is useful when assessing the supervisee’s pace and style of learning, and particularly when the supervisee’s level of development needs to be ascertained. It works well when considered alongside other models, such as the Hawkins & Shohet’s (2007) model.
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This model however aims for the supervisee (nursing student) to develop and monitor awareness of self and others, motivational levels, and the ability to work towards autonomy (Russell-Chapin & Chapin, 2011; Stoltenberg & Delworth, 1987).

Hawkins & Shohet (2007) seven (7) eyed supervision model looks at the interactions between client, therapist, and supervisor in its various – direct or indirect – combinations. The focus of the seven (7) eyed model are on the changing aspects of the session relative to the client, strategies and interventions used by the supervisee, client-therapist relationship, and the supervisory relationship. The supervisor focuses on their own process and finally on the wider contexts in which the work happens (Hawkins & Shohet, 2007).

Having explored these models, the researcher settled on Proctor’s Functional Interactive Model to be the guiding framework on which this study is built. The study considered other objectives alongside the constructs of the model. This model of clinical supervision addresses the supervisory roles amidst the interpersonal relationship established between the supervisor (clinical supervisor) and the supervisee (student). This model connects well to Stoltenberg and Delworth’s model in that it assesses the supervisee’s work, skills and knowledge development, and to Hawkins and Shohet’s model which deals more with the relational and personal aspects of the supervisee’s practice.

2.1.2 Proctor’s Model of Clinical Supervision (Functional Interactive Model)

Proctor suggested a framework for clinical supervision often referred to as the functional interactive model. The model identified three main functions; formative, normative, and restorative (Proctor, 1988). It could be applicable to other professional and management types of supervision. Proctor’s model is one that has gained popularity in its use in the UK (Proctor & Willow, 1988).

It is considered an effective method in clinical supervision and widely used in nursing and it is also the most common model used globally (Bishop, 2008; Sloan & Watson, 2002). The model was first established from Kadushin’s 1976 framework for social work supervision (Cohen & Rhodes, 1978). Kadushin described the roles of social work supervision as supportive, administrative and educational in the context of a positive supervisory relationship (Cohen & Rhodes, 1978).

The model talks about three facets of the roles played by a supervisor and these roles are; the normative roles, the formative role and the restorative role. These roles could also be represented as the managerial roles, the educative roles and the supportive roles respectively, as well as the perceived benefits. Proctor (2001) highlighted the significance of the restorative (supportive) role and claimed it enabled the effective operation of the formative and normative roles.

The model has been recently named as Supervision Alliance Model and still reflects three groupings of tasks and responsibilities (Proctor, 2001). These roles equally occur within the context of clinical supervision (Proctor & Willow, 1988). It has been recommended that, for supervision efficiency, there is the need to execute suitably all three supervisory roles (Brunero & Stein-Parbury, 2008), as well as having a quality supervisory relationship.
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(Bambling, 2000). Proctor (1988) believes that the growth of the relationship lies in the supervisors much as it also relies on the supervisee/nursing student. Equally, the supervisor and the supervisee share the obligation of monitoring and evaluation at some point within the supervisory relationship i.e. the normative task.

Various authors as Bond et al., 2011; Driscoll, 2007; and Stephen Power (1999) discuss these roles as the functions of the clinical supervisor in clinical supervision. These authors promote the roles to be used as a framework for supervision of the supervisor and organizations. This model has been cited as the basis for developing the Manchester clinical supervision Scale which was taken through Rasch analysis and gave rise to a revised version; the MCSS-26© (Winstanley & White, 2014).

The model has been previously applied to staff nurses working in various capacities to assess clinical supervision experiences: thus the choice to apply it to nursing students on clinical attachment. At its theoretical core, the model is grounded in humanistic values and attitudes, stressing the value of empathy, respect, and personal and professional authenticity (Proctor, 2001).

Figure 2.1.2 shows Proctor’s Functional Interactive Model of clinical supervision, followed by an elaboration of the constructs that make up the model.
Figure 2.1.2: Proctor's Functional Interactive Model of Clinical Supervision

- **Normative/Managerial**: Focus on ongoing monitoring and evaluation, the quality control aspects of professional practice.
- **Restorative/Supportive**: Focus on health and wellbeing – supportive help for professionals working with stress and distress.
- **Formative/Educative**: Focus on development of knowledge and skills.

Source: Proctor (1988)
2.1.2.1 The Supervisory Relationship

The nature of the relationship is key to the effectiveness of the supervision process. The supervisory relationship should be enabling and supportive, while at the same time reducing stress and building confidence. There is the need for the supervisory relationship to balance support with challenges so that as and when necessary, it can be directive. The supervisory relationship must be accommodating enough to allow for the participants of the relationship to provide comment, opinion and feedback to the other without any negative outcomes (Kilminster & Jolly, 2000).

Supervision looks at providing a two-way means of constructive communication. In every relationship, both parties to the relationship must play an active role in making the relationship healthy and stronger. This is applicable to the research in that, the researcher sought to explore the relationship that exists between the clinical supervisor and the nursing student. It looks at how this relationship contributes to effective clinical supervision (Lawton, 2000).

2.1.2.2 The Roles of the Clinical Supervisor (Constructs of the Model)

The Formative (Educative Role)

This is the ‘formation’ of knowledge, skills, and attitudes/behaviours. The supervisor uses a range of means (facilitation, feedback, instruction and demonstration), enabling the NS (supervisee) to develop clinical competencies. This ensures the sharing of knowledge, skills, experiences, and problem-solving skills among staff (clinical supervisors) and the nursing students. It is more practical and works very well with the restorative (supportive) role.
The formative works address the educational aspects of clinical supervision, developing practical skills and focuses on nursing knowledge and standards development (Bond et al., 2011; Sloan & Watson, 2002; Winstanley & White, 2003).

The formative role is applicable to the research in the sense that, it considers the roles that the clinical supervisor plays to ensure that the nursing student receives the requisite clinical education and acquires the needed clinical competencies.

**The Normative (Managerial Role)**

This is the enabling of the supervisee to reflect on the quality, effectiveness, and the appropriateness of practice. This role provides a structure to the practice and forms part of the normal work performed by the clinical supervisor. It focuses on the quality of supervision, evaluation and monitoring aspects of the practice (effectiveness of work).

This role ensures that practice is being monitored and evaluated well and is safe for both supervisor, supervisee and patient (Bowles & Young, 1999; Tony, Louise, Christine, & Majda, 2008; Burnard et al., 1998). This role deals with managerial concerns and professional standards (Bond et al., 2011; Sloan & Watson, 2002). Winstanley & White (2003) described it as: “Promoting and complying with policies and procedures, developing standards and complying with clinical audit” (pp. 13).

This is applicable in this research as it also focuses on the roles played by the clinical supervisor in order to ensure the quality of supervision and clinical outcomes. It has also been established that these roles form the centre of every clinical supervision relationship. Nursing students would thus be required to describe the roles that clinical supervisors play during clinical supervision.
The Restorative (Supportive) Role

This is the provision of support and affirmation, enabling the supervisee (nursing student) to cope with emotional aspects of practice and for personal and professional growth. It focuses on the health and well-being of the relationship and its participants within the relationship (Butterworth, Jeacock, & Clements, 1997).

It brings about encouragement and emotional balance to the supervisee and includes the management of work-related stress (Bowles & Young, 1999; Tony et al., 2008). The supervisee is looked after, by talking about the feelings they may be carrying over from previous encounters, and it is the supervisor’s role is to help in managing and dealing deal with these emotions and stress. It equally deals with building trust and respect for the relationship, creating a comfortable, caring and supportive setting and approach to talking about students’ difficulties.

The restorative aspects contribute to the management of supervisee’s stress (Bond et al., 2011; Sloan & Watson, 2002), increases the insight of job-related stresses and the ability to manage them (Winstanley & White, 2003). Thus, the restorative role relates to exploring the emotional outcomes of the work on supervisees (Sheppard, Stacey, & Aubeeluck, 2018). It also identifies the influence of personal life events on the supervisee. However, the supervisee may be unwilling to discover challenging emotions, because of shame and fear of negative evaluation (Scaife & Walsh, 2001).

This role, like the aforementioned roles, is applicable to the research as it addresses the general roles played by clinical supervisors in the supervisory relationship. Other issues that are considered useful in the model is the relationship established between the supervisor
and supervisee, and the outcomes of clinical supervision. The model is therefore fit to be used as a guiding framework for users to undertake this research.

2.1.3 Relevance and Justification of the Model to the Study

From the above description of the model and the constructs therein, the model depicts how clinical supervision should be as it describes specific roles to be performed by clinical supervisors and also the relationship between the supervisor and the supervisee (nursing student). It is this relationship that forms the bedrock of the entire supervision encounter between the clinical supervisor and the nursing student. Also, any of the functions/roles will at times be more evident than the other but frequently, cross over each other and the supervision becomes a mixture of the three roles. The constructs of the model was used as a guide alongside other objectives to structure and organise the literature review.

2.2 Review of Related Literature

2.2.1 Nursing Students Relationship with Clinical Supervisors

The literature describes a good supervisory relationship as one that is supportive, trustworthy, non-judgmental and encouraging (Hall & Cox, 2009; Herkt & Hocking, 2007; Hunter & Blair, 1999; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). It has also been identified by several studies that quality supervisory relationship is the number one most aspect for an effective supervision (Gaitskell & Morley, 2008; Kilminister & Jolly, 2000). These are consistent across other professions ranging from social work, psychology, psychotherapy, occupational therapy and nursing. One very significant aspect of the supervisory relationship is the positivity of a supervisory relationship, which involves mutual respect for each other (Kavanagh et al., 2003; Spence et al., 2001). Kilminister & Jolly (2000)
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have also reported that the supervision relationship is the single most important factor for the effectiveness of supervision.

Most of these focus on the supervisory relationship between nursing students and clinical supervisors. Gray & Smith (2000) have said that a clinical supervision relationship is between two people, one of whom is highly skilled and experienced, providing teaching, guidance, counselling and assistance to another individual or group in order for them to develop professionally. Bond & Holland (1998) have maintained that it is the responsibility of the supervisor to encourage NS within this relationship to work on their studies and professional development.

Several unproductive supervisory behaviours has been identified in literature as barriers to having a positive supervisory relationship. These include rigidity, failure to track concerns of the supervisees, failure to teach or instruct, being indirect and intolerant, being closed, lacking respect for differences, being sexist; and emphasising evaluation, weakness and deficiencies (Kilminster & Jolly, 2000; Spence et al., 2001). Being non-collegial, lacking in praise and encouragement and providing low empathy and support have also been described as ineffective behaviours that act as barriers to a positive supervision relationship.

Clinical supervisors who are inconsistent, overly demanding, condescending, uncaring, or disrespectful have been shown to impede learning in the clinical setting (Plack, 2008). In addition, a study of occupational therapists by Lenz & Smith, 2010; and Sweeney, Webley, & Treacher, (2001) identified that a lack of disclosure of practice issues by supervisees, such as not feeling confident in administering a particular test or completing an assessment, as a barrier from the supervisor perspective.
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Nursing students experience initial clinical anxiety during clinical placement due to the fact that they feel unprepared to cater to the need of patients under their care, there the fear of harming their patients or giving them the wrong information and the unexpected events that occur in the wards such as the death of patients produce anxiety in students (Sharif & Masoumi, 2005). The initial feelings of nursing students during their first clinical environment encounter is well documented in the literature, however, the feelings of students upon encounter with clinical supervision is less documented. Sharif & Masoumi (2005) found that nursing students feel confused upon encounter with the clinical supervision process as they are torn between the demands of the clinical supervisor and tutor. The tutor teaches students one thing and the clinical supervisor except a different thing from them in the clinical environment.

Again, the feeling of students upon encounter clinical supervision depends on the attitude of the clinical supervisor. The attitude of some clinical supervisors’ influence students’ feelings about clinical supervision. The hash attitude of some supervisors creates anxiety and fear in students during the supervision process (Baraz et al., 2014). On the other hand, clinical supervisors with good communication skills made the supervision process enjoyable (Nabolsi et al., 2012).
2.2.2 Roles of the Clinical Supervisor

2.2.2.1 Student Experiences with Normative (Managerial) Roles

According to Proctor (2001), the normative role deals with management issues and professional standards (Bond et al., 2011; Sloan & Watson, 2002). They are described by Winstanley & White (2003) as: “Promoting and complying with policies and procedures, developing standards and complying with clinical audit” (pp. 13). Recently reported evidence shows that effects of clinical supervision appear to act on these three domains at different speeds; changes in the Normative and Restorative are likely to precede measurable changes in the Formative (White & Winstanley, 2010).

The role performed by Clinical Supervisors is complex, consisting of three elements: education, managerial, and support. The normative role element is crucial to supervision because it is where the clinical supervisor sets the stage for creating an effective learning environment. More specifically, the clinical supervisor puts in place a structure that will enable the student to learn effectively. The supervisor helps the student to understand roles and responsibilities, to learn the boundaries of the profession and to develop an awareness of the scope of practice. The clinical supervisor is responsible for the effectiveness of the process. The supervisor ensures the student complies with professional practice standards and rules of ethical conduct. The clinical supervisor performs various administrative tasks, including determining the policies and procedures of the clinical setting that apply to the practicum, planning the progress of the practicum (schedule, patient caseload, workspace, communications, etc.) and other organizational tasks (Morton-Cooper & Palmer, 2000).

Thus, the normative category is in place also to ensure national and clinical guidelines are adhered to and the supervisee is working to those objectives (Bulman & Schutz, 2004;
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Buus, Cassedy, & Gonge, 2013). Supervision provides an opportunity to reflect on complex cases and issues. Individual thoughts and feelings regarding approaches to treatment, care, evaluation and planning can be reflected upon in clinical discussions that take place within the clinical environment. Such discussions provide an opportunity to demonstrate accountability and responsibility in the continuous improvement for practice (Andrews, 1996).

In exploring experiences with normative roles, Sheppard et al. (2018) observed in their mixed method study that within the pre-registration context, the normative outcome of supervision was initially perceived by the educationalists as relating to issues of safe practice and factors which facilitated the placement as a learning environment. Additionally, the pre-registration students did recognise the importance of the clinical supervision being provided outside of the practice setting and facilitated by people not involved in their practice assessment.

The authors, however, noted that nursing students are usually unaware of normative roles played by clinical supervisors; thus making this role appear somewhat hidden. This finding, however, raises concerns as the normative role has been noted to protect not only the clients but also the profession (Koivu, 2013). This is resonated in the definition of normative roles offered by Bernard & Goodyear, (2009 pp 7) as “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession.

This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession.”
2.2.2.2 Student Experiences with Formative Roles

The formative role covers the support provided by the clinical supervisor so that the student can integrate knowledge to practice and develop professional skills. The focus here is on the skills, behaviours and values required to ensure safe and effective clinical practice. In short, the role of the supervisor is to facilitate the student’s learning, to help identify resources and learning strategies, stimulate the generation of knowledge that in the end will enable the student to be part of the healthcare team. To this end, the supervisor adopts a structured environment that encourages reflection by the student. The clinical supervisor’s role also involves teaching the student about the profession, developing the student’s ability to respond to the needs of the patient, and explaining to the student the impact his behaviour has on others (Morton-Cooper & Palmer, 2000).

Thus, Proctor views the formative component as building upon the ability to learn from one's own and others experiences through reflection. Through this, the supervisee becomes aware of strengths and weaknesses in their work. By developing insight through reflective practice and becoming more knowledgeable, the supervisee can relate theory to practice and integrate this learning into their clinical practice. This may lead to identification of specific training and development needs.

2.2.2.3 Student Experiences with Restorative (Supportive) Roles

The supportive role, on the other hand, is provided to the student in his clinical education experiences is to create an atmosphere where the student feels comfortable discussing his concerns and able to try new things and to make mistakes, without compromising patient safety. Proctor (2001) has emphasised the importance of the restorative/support function, claiming that it enables the effective operation of the normative
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and formative functions of supervision. Therefore the Restorative function is not only important in and of itself but is also critical to the whole process of supervision, making this an important issue regarding consideration.

Support contributes to a positive learning climate in the new environment. In this way, the clinical supervisor improves the student’s ability to organize and accomplish his work and manage the stresses associated with learning in a new setting. The supervisor serves as a mentor. He teaches the student to build therapeutic relationships with patients with the goal of optimizing outcomes. He teaches the importance of maintaining good working relations with colleagues. The emotional support provided by the clinical supervisor should not be personal in nature but should be offered during times of greatest stress (Morton-Cooper & Palmer, 2000).

2.2.3 Factors Contributing to Effective Clinical Supervision

Clinical supervision process occurs in the complex clinical environment and several factors contribute to its success. Clinical supervisors contribute tremendously to the supervision process as they are responsible for determining the learning environment and providing learning opportunities for students (Nabolsi et al., 2012). Clinical supervisors are the facilitators of the supervision process; therefore, their contribution cannot be overlooked. Clinical nurses provide a key contribution to the supervision process. Clinical nurses help students during their clinical placements and help students to acquire the needed nursing skills. Some clinical nurses assume the role of a clinical supervisor (Asirif et al., 2017).

The key role that the clinical supervisor and the clinical nurse plays with respect to the supervision process led Memarian et al. (2015) to conclude that, there should be continuing education programs to maintain and promote the scientific skill of tutors and clinicians.
When nurses are not interested in supervision it makes the work difficult (Bos, Silen, & Kaila, 2015). This underscores the fact that clinical nurses contribute to the supervision process. The student nurse contributes to the clinical supervision process, in the process of clinical supervision student nurses are the recipient of the service provided and when the recipient displays an apathetic attitude towards the service provided it hampers the process. Msiska, Smith, & Fawcett, (2014) discovered that the lack of supervision of student nurses are as a result of their lack of interest to learn. The frustration of nurses as they strive with this problem is perfectly captured in this excerpt from one of the nurses who partook in their study and the nurse had this to say: “if they don’t have interest, you feel that you are beating your head off a stone wall” (O’Callaghan & Slevin, 2003).

Clinical supervisors expressed the difficulty in supervising students who are not interested in learning (Bos et al., 2015). The above point illustrates how negative attitude of a student affects the supervision process, similarly, positive attitudes of students can enhance the supervision process. Institutional support or organizational support contributes to the supervision process. Msiska et al. (2014), Cheraghi, Salasli, & Ahmadi (2008) and Esmaeili, Cheraghi, Salsali, & Ghiyasvandian (2014) have asserted that nursing students cannot be well prepared for practice in a non-conducive and unsupportive clinical environment. Without organizational support, a conducive atmosphere cannot be created for clinical learning.

Nurses who act as clinical supervisors need to be recognized and commended by the organization in which they work. Lack of organisational support demoralize clinical supervisors and this affects the supervision process (Bos et al., 2015). Lack of equipment as a consequence of poor organizational support in the clinical environment imparts negatively on the supervision process because lack of equipment leads to using ‘shortcuts’ to complete procedures. This prevents students from learning how the right thing is done making the
supervision process of nought effect. It is safe to deduce from the above that organizational support contributes to the supervision process though none of the cited studies explicitly stated this, it can, however, be said that the opposite of what is stated is much likely to be true.

The findings of Carver, Ashmore, & Clibbens (2007) and Carver, Clibbens, Ashmore, & Sheldon (2014) showed that students had become increasingly more autonomous learners; also, it was revealed the value of such a program in enabling the students to become supervisees in group clinical supervision. In a study by Löfmark & Thorell-Ekstrand, (2014), students’ satisfaction with supervision and fulfilment of learning outcomes were investigated. The findings of the study demonstrated that supervision by tutors was rated more highly than by preceptors. Students estimated learning outcomes to be achieved to a high extent. Fulfilment of learning outcomes was strongly related to supervision by teachers than by preceptors. The results of their study demonstrated the overall positive benefits of supervision during the clinical education period.

Lindgren, Brulin, Holmlund, & Athlin (2005) evaluated a group supervision model aiming to increase the NS’ knowledge, understanding and insights into professional nursing. The findings showed that group supervision had provided important support in these areas and almost all students wanted to participate in group supervision in the future (Holmlund, Lindgren, & Athlin, 2010; Lindgren et al., 2005)

Despite the reputation of clinical supervision to professional growth and practice, there is a lack of research regarding how it is best conducted (Jones, 2006). Furthermore, lack of awareness among practitioners regarding effective supervisory strategies has been said to lead to confusion regarding the supervision process (Buus & Gonge, 2009).
Several factors have been found to influence the clinical experience of nursing students, key among these factors is inadequate clinical supervision of nursing students. According to Sharif & Masoumi (2005), most nurses are busy with patient care and do not care what nursing students learn on the ward as clinical supervision are mostly done by the head nurses of the wards and other nursing staff. Moreover, the clinical instructors were perceived by students to have more interest in evaluation than teaching students. The primary obligation of the clinical instructor is to supervise nursing students and identify their learning needs, teaching nursing students and evaluating students’ progress.

Rajeswaran (2017) found that student nurses are not supervised by ward nurses, ward nurses see students as a burden and most nurses instead of teaching students, use them to accomplish their responsibilities. Nursing students’ clinical experience which is supposed to be a learning experience turns into a working experience as qualified nurses see nursing students as additional nursing staff (Msiska, Smith, & Tonks, 2014). Most of the times, nursing students are seen as extra pairs of hands and not as learners. Nursing personnel approach students on the ward only when they need students to run errands for them, whenever nursing students face such personnel there is the feeling of being exploited (Baraz et al., 2014). This does not help students’ learning in the clinical environment as student nurses will want to withdraw from the company of ward nurses in order not to be exploited by them; this may lead to students missing opportunities to learn. Clinical supervisors perform more of an evaluative role than teaching students. The presence of a clinical supervisor is important in the clinical setting. Clinical supervisor influences the clinical experience of student nurses.
2.2.4 Challenges to effective clinical supervision

Baraz et al. (2014) have found that when clinical supervisors lack the knowledge and practical skills to teach student nurses, they strive to detach themselves from the clinical environment. This attitude of clinical supervisors has an impact on the clinical learning of student nurses. Nursing students placed high levels of importance on the characteristic clinical supervision of the clinical instructors (Hewitt-Thompson, Rae, & Anderson-Johnson, 2016). Incompetence clinical supervisor mal the clinical experiences of nursing students. The clinical supervisor is responsible for influencing the clinical environment to afford opportunities for the nursing student to achieve their learning objectives; however, clinical supervisors are unsuccessful in this respect (Nabolsi et al., 2012).

Lack of support and guidance from both faculty members and clinical supervisors influenced the clinical experience of student nurses (Rajeswaran, 2017). Nabavi and Vanaki, 2010 and Msiska, Smith, and Tonks (2014) reported that lecturers did not accompany students to the clinical placement centres, and students carried outpatient care without supervision. Students also lacked guidance with clinical learning and took responsibility for initiating their own learning. The fact that students take responsibility for their own learning could be viewed as being positive. However, students encounter traumatic experiences as they try to learn in the clinical environment without supervision (Msiska, Smith, & Tonks, 2014).

These experiences affect students’ attitude toward clinical work. Tutors were only seen in the ward when they came to evaluate the NS. The clinical supervisor should integrate theory and practice and enable the process of competence for their students. Timely feedback, fair evaluation and guidance would help the students to achieve better practice (Nabavi & Vanaki, 2010).
The unsupportive clinical environment is sometimes created by the attitude of the clinical supervisor. Lack of interpersonal relationship between student, nursing staffs and clinical supervisor, the harsh morality of clinical supervisors, lack of acceptance of criticism from students create a hostile atmosphere that is not favourable for learning (Baraz et al., 2014). Nursing students in Cameroun are taught by clinical supervisors who have no prior preparation to be clinical supervisors, as a result of their lack of training as clinical supervisors the clinical setting/environment is not shaped to meet the learning objective of student nurses, a secondary impact of this situation is ineffective teaching and learning, poor learning outcomes, students’ learning objectives not met and students are not being taught the ideal technique. All the above-stated problems characterize the lived experience of student nurses in different clinical settings.

Lack of organizational support and resources influence the clinical experiences of nursing students. Delay communication between school and hospital impact negatively on the clinical experiences of student nurses. Students nurses are sometimes asked to wait outside before they are allowed into the ward due to poor communication (Rajeswaran, 2017). Lack of equipment in the clinical setting does not afford student nurses the chance to have a rewarding clinical experience (Eta, Atanga, Atashili, & D’Cruz, 2011). Lack of equipment leads to improvising which sometimes compromises sterility. According to (Eta et al., 2011) clinical supervisors in Cameroun lack the opportunity to upgrade themselves this can be directly attributed to laxity/egoism on the part the hospital administration and the lack of opportunities for further learning.

The clinical training of student nurses is a vital aspect of nursing education and the clinical supervisors play an integral role in educating student nurses in the clinical environment, however, clinical supervisors lack organizational support to upgrade
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themselves, this prevents them from optimizing the clinical environment to enhance student learning. All these factors negatively impact the clinical experience of student nurses.

The clinical experiences of nursing students are characterized by anxiety (Sharif & Masoumi, 2005). Most students feel anxious when placed in the clinical environment for the first time. The anxieties of students stem from the fact that they feel inadequately prepared to care for the needs of their patient. Students feel that they may harm or give patients the wrong information (Sharif & Masoumi, 2005). The harsh attitudes of clinical supervisors produce anxiety in students which inhibit their learning in the clinical environment (Baraz et al., 2014). The anxiety students feel in the clinical environment are sometimes related to personal safety as students worry about contracting certain diseases during their clinical placement, for this reason, the student gets less involved in the clinical activity (Baraz et al., 2014). Sometimes events that occur in the ward such as the death of patients produce anxiety in students (Rajeswaran, 2017).

Professional role of the nurse as experienced by nursing students on the ward was no different from that of the unprofessional nurse such as nursing aids etc. According to Sharif & Masoumi (2005) on nursing student experiences of clinical practice found that students sometimes think their work is not really professional as they spend 4 years in school only to perform duties that can be done by non-professional nurses such as giving a bed bath, keeping patients clean and making beds. All these can be done by anyone. According to Baraz et al. (2014), lack of applications of standard principles in patient care makes the work of nurses less scientific.

This dominant behaviour in the nursing profession imparts negatively on nursing students’ learning. Lack of application of these scientific principles is what makes the work of
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nurses less professional. Students are not motivated to learn as they see that what they learn in theory is not practically significant. Challenges to learning in the ward include the routine nature of the job. Implementation of routine procedures can produce a feeling of depression and worthlessness in the students. This further widens the theory-practice gap.

2.4 Summary of Literature Reviews

This chapter presented on how the literature search was conducted. The chapter also discussed the conceptual framework as a foundation on which the study is built. This conceptual framework explained the importance of the clinical supervision and the roles played by clinical supervisors in the discharge of their duties. The literature was organised according to the objectives of the study; nursing students’ relationship with clinical supervisors, roles played by the clinical supervisors within the supervisory relationship, and factors that contribute to effective clinical supervision.

The literature discovered that there is the need for further studies in the area of clinical supervision, especially in the sub-region as there is a paucity of research in the area.
CHAPTER THREE

METHODOLOGY

This chapter presents the study’s methodology which includes the study’s design, research setting, target population, sample size, sampling technique, data gathering tool, data gathering technique, data analysis, data management, pilot study, trustworthiness (methodological rigour), and ethical considerations.

3.1 Study Design

This qualitative study employed the use of an exploratory descriptive research design which was aimed at exploring and describing nursing student’s experiences regarding clinical supervision, as well as suggesting guidelines that would help improve clinical supervision across the clinical learning environments. Qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning (Chenail & Munhall, 2008; Fochtman, 2011).

Though qualitative research relies on trustworthiness, transparency, verification, and reflexivity and is also ‘informant-driven’, the design is helpful to develop insightful interpretations within the nursing education process (Polit & Beck, 2010; Polit & Beck, 2004; Polit & Beck, 2013). It also allowed for flexibility in the collection of an array of perspectives from a number of participants in a study. Furthermore, this design was used as very little was known of the clinical supervision experiences and encounters of the nursing students with the clinical supervisors, and this allowed in-depth exploration of the phenomenon (Jeanfreau, Porche, & Lee, 2010).
3.2 Study Setting

The study was conducted at the SDA Hospital, Kwadaso in the Ashanti Region of Ghana. The SDA Hospital, Kwadaso is located in the Kumasi Metropolis. The SDA hospital serves several communities within Kwadaso and beyond and these are; Nwamase, Nzema, Amanfrom, Kokode, Edwenase, Ohwimase, Denkyemmuoso, Asuoyeboah, Tanoso, Techiman etc. Kwadaso is home to the famous Sofoline Interchange, and also hosts the Northern Command of the Four Battalion Infantry Brigade (4BN). It has other tertiary and pre-tertiary institutions, including the Kumasi Campus of the University of Education-Winneba (UEW-K), located at Tanoso, the Kwadaso Agric College, Prempeh College, and Yaa Asantewaa Girls Senior High School (YAGSS), Christ Apostolic University College, and the SDA Nursing and Midwifery Training College.

The SDA Hospital provides quality healthcare services to patients in and around the Ashanti Region and also trains health personnel. It is the largest amongst three (3) SDA hospitals within Kumasi in the Ashanti Region. It was established in 1990 as a clinic and by the year 2000, it had gained a Hospital status. The hospital is an affiliate of the Adventist Health International (AHI), Christian Health Association of Ghana (CHAG), and the Ghana Adventist Health Services (GAHS). It is a recognised Hospital under the Ministry of Health, Ghana and trains students as well. It is a referral centre for most government hospitals, health centres and private hospitals in the Atwima Nwabiagya and Atwima Nkwahoma Districts.

The facility renders varied services including general medical consultations and admissions, surgical, obstetrics and specialist care to the general public. It has a physiotherapy Unit, an Eye Unit, an Ear, Nose, and Through Unit and recently added unto its several units, the psychiatric unit. It is also noted to be a retroviral friendly facility as it is among the few
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selected hospitals in the Ashanti region which runs HIV clinics and dispense antiretroviral drugs. The facility has an in-service training unit with 2 coordinators, one for the doctors and other staff and a nurse clinical coordinator for the nurses and nursing students who use the facility for their clinical practice. It serves as a clinical training site for students of SDA Nursing and Midwifery Training College and all other Health Training Institutions within and without Ashanti Region. The SDA Hospital was used as a point of contact with the participants and where data collection was done.

3.3 Study Population

The study’s population were nursing students from health training institutions within Ashanti Region.

3.3.1 Inclusion and Exclusion Criteria

The study included participants from the target population who had undertaken at least three semesters of their training programme and had equally undertaken at least two inter / intra-semester clinical practicum study within any clinical facility in Ashanti Region. Participants had been supervised at least once, within the clinical period and consented to participate in the study.

3.3.2 Exclusion Criteria

The study excluded first year nursing students as well as rotation nurses.
3.4 Sample Size and Sampling Method

The sample of a qualitative research generally depends on data saturation when successive participants give similar responses and no new themes or subthemes arise (Farrokhi & Mahmoudi-Hamidabad, 2012). The purposive sampling method was used to select participants who met the inclusion criteria, however, the final sample size was determined during data collection when data saturation was confirmed by the 15th participant as no new perspectives were obtained.

3.5 Piloting of instrument

Piloting is the testing of the instrument of the study in circumstances that are similar to the research setting as much as possible in order to ensure clarity of the questions (Synodinos, 2003). A pilot study was done with three (3) participants who met the inclusion criteria. They were interviewed with the interview guide after seeking their consent. Data gathered were transcribed in order to allow the researcher refine the interview guide. Data from the pilot study were not included in the final study.

3.6 Data Collection Tool

An in-depth interview using a semi-structured interview guide (attached as Appendix C) was used to explore the experiences of nursing students. The interview guide had open-ended questions which allowed the researcher to probe further until in-depth information is obtained from the participants about a particular objective. The guide was based on the objectives of the study and the literature. The interview guide was reviewed by a qualitative research expert to verify its contents. In addition, field notes were taken during the interview sessions of each participant. The interview lasted between 30 – 45 minutes per participant.
3.7 Data Collection Procedures

A formal permission was sought from the Nurse Manager and Medical Director of the facility with an introductory letter (attached as Appendix E) from the School of Nursing and Midwifery, University of Ghana, after which the researcher met with the hospital’s clinical coordinator for data on the students who would be on clinical within the period. This was done after ethical clearance (attached as Appendix D) and approval from the Institutional Review Board of Noguchi Memorial Institute of Medical Research (IRB – NMIMR). An introductory letter (attached as Appendix A) from the School of Nursing and Midwifery, University of Ghana, together with a research proposal was sent to the IRB.

The purpose was explained in detail to participants to get their cooperation during the recruitment session, as they were screened to select participants who met the inclusion criteria. The participants were given an information sheet that summarised the details of the research and every other relevant information. A consent form (attached as Appendix B) was completed by the participants after the researcher had thoroughly read it out and allowed time for the participants to also read and understand and then agree to be part of the research. A convenient time and venue were then arranged with the participants and then the data gathering commenced. The interviews were conducted in the clinical coordinator's office.

During and after completion of the informed consent, the researcher established rapport with the participants to gain cooperation as they shared their experiences with the supervision process. The interview was started with “tell me about your experiences with clinical supervision”, and this opened up discussions as the participants shared their clinical supervision experiences. Unclear responses from the participants were clarified when necessary while asking for follow-up information during the interview and using probes.
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where necessary. Brief notes and memos were used to keep track of ideas for later exploration while observing for verbal and nonverbal behaviours of participants. All these were written in a journal.

Permission was sought from participants to record the interviews as part of the consenting processes. Time for the interview was arranged with the participant at their own convenience. As data collection and analysis progressed, the researcher learnt more about the participants’ experiences with clinical supervision and then focussed on issues and concepts important to the participants’ experience rather than the concepts that he identified as essential before the start of the study. Interviews were transcribed verbatim as the data collection continued over the period alongside data analysis.

3.8 Data Management

NVivo version 12 was used to organise data obtained from the study. Recordings of interview proceedings and data analysis were kept in a password protected drive and stored on a Personal Computer and in the cloud (One Drive and Google Drive), which is only accessible to the researcher. Audio-recordings will be destroyed after five years from the time this study is completed and accepted. Interviews were audio-taped and the observations made on participants were recorded in the field notes to complement the audio-recording. Participants were assigned pseudonyms for anonymity. Again, a replay of the audiotape was done to ensure accurate transcription and also to reduce error and omissions as much as possible. Each transcription was saved alongside its audio file in a different folder on a password protected PC and in the cloud. Hard copies of the transcribed data were printed and labelled and kept under lock and key. Additionally, participants’ demographic characteristics will be separated from the hard copies.
3.9 Data Analysis

Data analysis was done concurrently with the data collection using thematic content analysis. The process of data analysis in this study involved identifying, coding and categorizing the primary patterns in the data, organising and integrating the narrative qualitative information according to the themes and concepts (Huberman & Miles, 2002; Miles, Huberman, & Saldaña, 2014; Morse, Barrett, Mayan, Olson, & Spiers, 2002). This proceeded with data reduction where the data obtained from the field notes, interview transcripts, and observations were organised through coding, summaries, and then finally discarding irrelevant data.

After completing the transcription in Microsoft Word and preliminary coding, they were exported into NVivo to commence creation of codes; the main codes created were named with labels that explained or represented the stated objectives. At this stage, the interview transcripts were read several times to get a sense of them. Irrelevant data was discarded but not completely deleted as they may be useful later.

The second phase of the data analysis involved deductions from the data gathered. Miles & Huberman (1994) proposed that a good display of data, in the form of tables, charts, networks and other graphical formats is essential and an on-going process, rather than just one to be carried out at the end of the data collection. Thus, sub codes obtained from the data were placed accordingly under each applicable main code. The researcher familiarized himself with the data by listening to the audios, reading and rereading the transcripts concurrently while noting down ideas after each interview. The researcher generated preliminary coding by noting interesting ideas, words or concepts. This open-coding included labelling sections of text that were important to the research questions.
Categories were formed by merging similar codes and using encompassing
labels. Comparison of categories continued as the researcher examined the relationships
between categories. The researcher identified themes, which underlie ideas that relate to all
data and then discussed the coding and data analysis with his supervisor(s) to have a better
data analysis.

3.10 Methodological Rigour (Trustworthiness)

One of the ways that the rigour of a qualitative study is through the long period of time
spent collecting the data, therefore to ensure the rigour of this research, data were collected as
described until data saturation was reached (i.e. when it was evident that no new information
was being gathered or reported). Multiple sources of data were also used to serve as a check
for reliability and validity. This cumulatively authenticated the trustworthiness of this
research.

The researcher used the framework developed by Lincoln & Guba, (1985);
confirmability, transferability, dependability and credibility to ensure rigour in a qualitative
study. Situated in these are other strategies such as audit trail, categorizing or confirming
results with participants, member checks when coding, peer debriefing, and negative case
analysis to ensure rigour in qualitative studies. Piloting was done to authenticate the interview
guide using three (3) participants. All data collected were compiled into an audit trail. (Eraut,

3.10.1 Credibility

Credibility addresses the issue of ‘fit’ between participants’ accounts and the depiction
of them by the researcher (Koch, 2006). Credibility, according to (Lincoln & Guba, 2016;
Merriam, 1998, 2002) tells how reliable the findings of the study are to reality. Lincoln and
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Guba (1985) believes that ensuring credibility is one of the most vital components in ensuring trustworthiness. The researcher recruited the participants who met the inclusion criteria purposefully and these participants were able to provide in-depth information about their experiences with clinical supervision to achieve credibility. A comprehensive description of the research procedure was provided to enable others to judge the process. Memos available in NVivo were used to design an audit trail and aid in recording decisions made at each phase of the study.

Iterative questioning skills and probes were used to elicit detailed information from participants. Member checks (informant feedback/validation) was carried out in the form of iterative verification from the participants for the accuracy of the data and continuing analysis at the end of the interview session (Morse, Barrett, Mayan, Olson, & Spiers, 2002). It was also ensured that each interview was transcribed and analysed (coded), or at least started before the next interview was carried out. A second person experienced in qualitative research was engaged to do independent coding, and the two-coding compared to reduce disparities and also to represent participants’ realities as much as possible.

3.10.2 Dependability

Dependability describes the replicability of the study by another researcher (Eraut, 1982; Lincoln & Guba, 2016; Merriam, 1998; Platt, 1964). It is concerned with the responsibility to substantiate that every part of the research is transparent, methodical and clearly documented (Tobin & Begley, 2004). To ensure dependability, a detailed description of each stage of the research process was done throughout the study. Similarly, developing an audit trail will be useful to enable external reviewers to judge the study’s dependability through a discussion of methodological and analytical decisions throughout the research.
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(Koch, 2006). Through this, another researcher can equally replicate successfully the research using the same process according to Shenton, (2004). All the field notes, transcriptions, and recordings assisted in reporting the exact view of the participants, thus increasing the dependability of the research.

3.10.3 Transferability

Transferability describes how applicable the findings of a study are in other settings. Koch, (2006) describes transferability/fittingness of a research as the research findings that can ‘fit’ into other contexts outside the study situation and when readers regard findings as meaningful and find it applicable within their own contexts and experiences (Koch, 2006). To achieve this, there was a detailed description of the research process so that others can evaluate the applicability of data to other contexts and settings.(Eraut, 1982; Lincoln & Guba, 2016; Merriam, 1998, 2002; Platt, 1964)

3.10.4 Confirmability

Confirmability establishes the accuracy of data and the soundness of decisions and judgments in the sequence of the research process from the beginning to the end. It shows how objective the researcher is in ensuring that the findings are specific to the ideas expressed by the participants and not the preference of the researcher (Patton, 1999). The researcher achieved this by accurately recording data during the interview process, confirmation of descriptions by participants and ongoing consultation with supervisors. Additionally, keeping an audit trail was ensured as independent auditors were allowed to review the entire process. (Serrano-Cinca, Fuertes-Callén, & Mar-Molinero, 2005).
3.11 Ethical considerations

The proposal was submitted to the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (IRB – NMIMR) for approval before the study commenced. After clearance, permission was sought from the Nurse Manager at the Kwadaso SDA Hospital where the research was conducted with an introductory letter from the School of Nursing and Midwifery. The researcher also provided the participants with a consent form detailing all the information about the research in a clear and concise manner with a personal explanation if required. Upon accepting to participate in the study, each participant signed two copies of the consent form (one of which was kept by the researcher and the other by the participant).

Oral consent was also sought prior to the commencement of interviews. The right to confidentiality is essential in research was ensured in this study as participants’ identities were anonymised through the use of pseudonyms. Interview proceedings and all data related to this study were kept in a password-protected computer; accessible to only the primary researcher. Back up of all data relating to the study has been kept in the cloud. These will be destroyed after five years following acceptance of the thesis. The participants were taken through a rigorous consenting process where they were required to append their signatures if they agreed to be part of the research. (Burns, 2005; Roberts & Taylor, 1998; Turale, 1997).
3.12 Summary of Methodology

A qualitative exploratory descriptive research approach was used to conduct the study. A purposive sampling method was used to select participants within the target population who met the inclusion criteria. These participants were interviewed after thorough ethical considerations, methodological rigour and consent. The data were collected and analysed accordingly.
CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter presents the findings of the study obtained through thematic content analysis. The findings have been organised into themes in relation to the model and the objectives of the study. The findings are written with supporting verbatim quotations from participants of the study. The chapter first highlights the demographic characteristics of the participants of the study and then, the themes and subthemes.

4.1 Demographic Characteristics of Participants

The study involved fifteen (15) participants of which ten (10) were females and five (5) were males. The participants were all in their third (3rd) and final year of training. The participants were Registered General Nursing (RGN) diploma students. The minimum age of the participants was 22 and the maximum age of the participants was 25 years. Each of the participants had at least three (3) clinical placements in a health facility within Ashanti Region. The participants had a maximum duration of eight weeks (8 weeks) vacation clinical and a minimum duration of two weeks (2 weeks) intra – semester clinical experience.

4.2 Organisation of the Themes and Subthemes

Four (4) themes and their corresponding subthemes were derived from the in-depth interview after thematic content analysis. These themes and subthemes are presented in table 4.2.
Table 4.2: Summary of Themes and Subthemes

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEME</th>
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<td>3. Good communication</td>
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<td><strong>Negative experiences</strong></td>
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<td><strong>Roles played by clinical supervisors</strong></td>
<td>Normative/Managerial Roles</td>
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<td>2. Student distribution and duty scheduling</td>
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<td>3. Orientation of students</td>
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<td>5. Resourcefulness</td>
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<td><strong>Formative/Educative Roles</strong></td>
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<td><strong>Restorative / Supportive Roles</strong></td>
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<td>3. Boosting student’s morale and confidence to complete tasks</td>
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<td><strong>Factors Contributing to effective clinical supervision</strong></td>
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<td>3. Personal Efforts / Self-Motivation</td>
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<tr>
<td><strong>Supervisor and staff factors</strong></td>
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<tr>
<td></td>
<td>2. Staff Attitude</td>
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<td><strong>Extrinsic factors</strong></td>
<td>1. Financial rewards</td>
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<td></td>
<td>1. Lack of resources</td>
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<tr>
<td></td>
<td>2. Inadequate clinical supervisors and supervision</td>
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<td></td>
<td>3. Very little time spent in some units</td>
</tr>
</tbody>
</table>

Source: Field Data, 2018
4.3 Nursing Students’ Interpersonal Relationships with Clinical Supervisors

To answer the research question “what is the nature of the interpersonal relationship between clinical supervisors and nursing students?” this theme described the participant’s interpersonal relationship with clinical supervisors. The participants described their interaction with clinical supervisors and how it impacted their clinical experiences. These experiences were revealed to be both positive and negative depending on the student’s narration.

4.3.1 Positive Interpersonal Relationships

The positive interpersonal relationship attributes experienced by nursing students were cordiality, support to nursing students and the interactive nature of some supervisors was. Participants described their experiences as being positive when they believe the supervisors have related cordially with them (the nursing students) and or supported them during their clinical placement and how some showed interest in developing their potentials. Participants also expressed how friendly some clinical supervisors were and would gladly come to their (the nursing students’) aid whenever the need arises. Some supervisors also showed interest in what the students were learning with some coming to assist the students in areas that they (the students) were not good at. This made the students interpersonal relationship with clinical supervisors very positive.

“... Most of them are friendly, especially when they see that what you have been assigned to do is not going well, they (the supervisors) come to help you.”

[Jemima]

“... Well, I can say our supervisors were very cordial, they related very well with us and that made us feel like part of us and that really motivated us to learn.”

[Excelentia]
“There was this nurse (nurse KKK) who often showed interest in everything we do. He takes our green books (schedule books) and asks us questions from our expected learning objectives, and when it comes to checking vital signs and giving medications [Nana].”

Some participants were of the view that the interpersonal relationship with some of the supervisors was generally good and would draw them (the nursing students) closer to advise them.

“… generally interpersonal relationship was very good in that they (the clinical supervisors) have nice responses. Most of them turn to draw you closer to them (the clinical supervisors) as they advise you and guide you whenever necessary, so interpersonal relationship in general term is very good.” [Panyin]

There were participants who confirmed the assertion that some supervisors are helpful and supportive and did all within their power to provide help and support to the participants.

“… Some of them are quite helpful, like, some don’t care about …. Like, what you are supposed to know at the end of the clinical session, especially the staff, but for the in-charges, some of them pay attention to you the student particularly. Some of the in-charges are helpful.” [Adina]

“… some when you see them, they are ready to help us learn and others are like they will never like to talk to you unless you push them to the wall. Either than that, they won’t help you. When we went there, about 70% of the staff were willing to help us in the field.” [Donzy]

There were supervisors who were nice to the nursing students and would always teach the participants and encourage the participants to get involved in activities that would improve their clinical skills. Some clinical supervisors would go to the extent of asking the nursing students questions pertaining to their clinical practice. Other participants recounted how they were given the opportunity to ask questions and these supervisors would gladly respond to these questions.
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“... she is a very nice person, as time goes on she was teaching me. When she comes for a shift she lay the bed with me, whatever she does, she just calls me…. whoever you go for a shift with, the person will, they have something they call the ward fund, they have one for students, so at end of the week or period, the number of students that come for the shift, they will divide the money for the students to take care of their needs like transportation.” [Adelle]

“... she (the clinical supervisor) made sure that she gets you involved in everything that goes on there and then when she wants to do something or she wants to start with a procedure on the patient, she involves every student at the ward and make sure you come around and look and explain everything to you. The clinical supervisor says ‘this is how this or that is done’. And then sometimes she gives the chance to do it and if you’re not able to do it she corrects you and then and that.” [Excelentia]

“... At times they give you the chance ask any question and they explain better to u.” [Daavi]

4.3.2 Negative Experiences

The negative experiences of nursing students were hostility, lack of interest and support from clinical supervisors, and poor monitoring by the supervisors. Some other participants (nursing students) were disrespected by their clinical supervisors, other participants were on sent on errands, whereas other nursing students experienced poor communication with their clinical supervisors. There were other situations where the nursing students felt sad and did not receive the needed support from their clinical supervisors.

Adelle described how sad she felt after a supervisor disrespected her.

“... for the first day, I went to the ward, a nurse asked me to do the dusting and I started from the nurse's table and she shouted at me and she said I’m useless, so at that particular point, I felt so sad.” [Adelle]

For other participants, it was as though, some of the supervisors did not really care about them and sometimes, would not even teach them (participants). This the participant made the participants feel rejected as it appeared as though they (participants) were non-existent on the ward.
“...they (the supervisors) don’t really care about you and what you are doing, it’s like you’ve been brought there to work and so you should work. Sometimes they don’t even come around you. Sometimes when you are even talking to them and you need assistance in something, they don’t even want to teach you, it is like they are doing what they want to do and their focus is not on you the student.” [Excelentia]

“... I think that the supervisor, he doesn’t want me to reach the place that he or she has gotten to. It makes me feel sad and rejected because I don’t know why as a student that I am, I have come to your ward to learn more and add up to what I am learning at school but you feel so reluctant, you don’t give me what I need, but you always want me to do what you ask me to do. It makes me feel very bad, very, very bad. [John]

“... but some of my supervisors are not ready to teach, the way they treat you sometimes is not the best especially when they see medical students they don’t regard the student nurses at all.” [Faith]

On how participants felt with respect to supervision and clinical supervision process, there were those who felt a dip in their confidence level due to how they were handled by their supervisors, there were those who feared the outcome of the examination, and others also felt rejected and sadness. A respondent would not even report anything to a supervisor or ward in-charge because she had been turned down on some occasions. This reduced his confidence and he would not even want to do anything anymore.

“... so, it got to a point in time when that complications occur again, I do not have the confidence to go to her again to report to her to come in and help. [Lawrencia]

Participants felt rejected as they were not given the needed attention or were avoided completely.

“... it is really hectic, because you go to the person and you want to ask question, normally nurses are such that they group together if they are discussing something and you are asked to do something and you encounter a problem and want to report to them, you go and they are all there they won’t even give you the listening ear.” [Lawrencia]
4.4 Roles Played by Clinical Supervisors

To answer the research question “what roles do clinical supervisors play during nursing student’s clinical experience?” Three (3) subthemes emerged. These were normative (managerial), formative (educative), and the restorative (supportive) roles. Below are the students’ responses with respect to the roles played by clinical supervisors.

4.4.1 Normative/Managerial Roles

Participants narrated that attendance monitoring, student distribution and scheduling, orientation and evaluation of nursing students’ performance were some of the roles performed by the supervisors. Participants narrated that they were glad, particularly, with the way some supervisors monitored student’s punctuality and progress of learning on the ward.

“... Even though there was attendance book at the in-service office and in our various wards, the clinical supervisor also come around every Monday and Friday to check on us. These ensured punctuality among us”. [Adelle]

“... The supervisors were always on us. They made sure no one escaped his or her shift so they kept checking on our duty roster and crossing it with a red pen to show that one is late or did not come to work.” [Jemima]

“... Every Friday, there was a clinical conference for us (the nursing students) by the clinical supervisors to assess what we have learnt, especially in relation to our learning objectives.” [Angebelle]

Some participants indicated that another role that was performed by clinical supervisors was the student distribution and scheduling, where students were distributed to the various wards after orientation.

“... We were received by the clinical supervisors and later they will distribute us to the various departments and units with copies of our letters and objectives so that as you go for the ward you have it in your pocket.” [Adelle]

“... When you go there they have the director of nursing services (DNS) there, she already had our names so when we go she mentions you by name and post to the various wards.” [Daavi]
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It was also identified that there was the role of monitoring and evaluation of the participants’ performance during clinical supervision. Thus, monitoring and evaluation were tagged to the clinical schedule books of the participants, and participants presented their log books for documentation and signing. Examinations were conducted for them in some cases.

“...they organised an exam for us. If you don’t write the exams they will not sign your evaluation forms or our green books. There was also a notebook at the in-service where you go and write your name and the activities that you perform during the day.” [Angebelle]

“... We have a green book that we send to various departments that we worked. So, before the in-charge signs the book she'll ask you a couple of questions to make sure you really learnt something when you came” [Jemima]

“...The ward in charge takes our (nursing students) objectives (clinical practicum) and green books (clinical schedule books) whenever we get to the ward and they monitor us so that so that whenever you accomplish any task, you tick to indicate it in the appropriate place.” [Adelle]

It was also identified from the responses that some of the clinical supervisors were very resourceful and ensured that items that were needed for optimal work to be done were available. The supervisors also improvised where necessary.

“... They (the supervisors) also ensured that the items needed for efficient work is available and properly monitored to ensure that things are not getting missing. [Angebelle]

“... We tend to improvise many times. Most often when procedures are done successfully and aseptically and they bring out good results, then we say is good. It could be better though” [Panyin]
4.4.2 Formative / Educative Roles

Participants of the study narrated that instructions from clinical supervisors, facilitation, and demonstration of clinical procedures and the feedback received from the clinical supervisors were some of the roles that the clinical supervisors performed. These participants indicated that it contributed to their knowledge acquisition and development of clinical skills. Some of these clinical supervisors were ready to teach, allowed students to partake in ward activities, and provided feedback on the performance of students.

One participant described that the clinical supervisors were ready to teach them, allowed them to partake in ward activities and on the hand practice of procedures. Adelle disclosed that

“... They taught us what we were supposed to learn. I quite remember..., when I was in the first year, I was asked to go and administer drugs to a patient, I picked the drug and I put it in my hand for the patient and the nurse called me and she said, “we don’t do that here”, they have small cups where they put the drugs inside so she asked me to go and take the small cup and put the drugs inside. So, when you’re doing the wrong thing, they call you aside and then teach you the right thing. [Adelle]

To other participants, some of the facilities showed commitment in the area of organising seminars and teaching sessions for the students where the supervisors used the opportunity to demonstrate to the students the right nursing skills for certain procedures and also addressing some issues of concern to the NS on clinical.

“...there was a seminar organized ... they invited all the students around and they taught us. Every Monday too, as early as 8:00 am right after general ward rounds we will converge at an auditorium and then they teach us specific topics and I learned and then it has really helped me a lot, and since then always when being asked to please care for patient using a standardize plans, I just reviewed what was taught there and I think it all will help us meet the goals we were sent there for and if ward in charges devote their normal time to teach student what necessary of them will help.” [Panyin]
“... I remember one time they select a special day sometimes Wednesday and they will organise all the students and they will teach them but aside that they will not get any time for you again, but I think this can be done occasionally and not just once.” [John]

“At one particular hospital I went to out of the week you have a particular day that you don’t go to the ward. You are being taken for private lectures and training sessions on how to do your things at the hospital.” [Angebelle]

4.4.3 Restorative/Supportive Roles

Participants in the study described that they (the nursing students) received support from the supervisors, alongside words of encouragement that boosted their morale and confidence among others. There were those supervisors who motivated them to overcome their fears and anxiety. These made them conclude that the supervisors were very supportive.

“... they advised us on how to relate on our patients, not only giving them drugs or checking vital signs but also to build a good trusting relationship between the nurse and the patient such that the patients trusting you the nurse.” [Adina]

“... it was really motivating ... they will be like don’t do this don’t do that and you can always report to that person directly. he/she is always around. ... She told me we have to do it this way and that way, so it got to a point in time when that complications occur again, I do not have to go to her again to report to her to come in and help....” [Lawrencia]

Most participants in the study indicated how they felt when they were encouraged and motivated by their clinical supervisors. Some were urged on to do what they ordinarily couldn’t do and others too were able to take up tasks because they knew they were going to be motivated and encouraged to accomplish these activities.

“... at a point when they see a student performing a procedure on a patient and is panicking, because the student has, is not ehh, confident enough to do the procedure, they come around and they pretend as if you’re not a student. They will just do something letting the patient know that you are a student. They are able to help us do the procedure with confidence. [Adelle]

“... some supervisors are always encouraging us, ... so they will teach you and they normally encourage us and give us some tasks that when you go do well to do that, do well to this, the wrong things that you are not supposed to do they will
4.5 Factors contributing to Effective Clinical Supervision

In addressing factors that contributed to effective clinical supervision, themes under this were; student factors, Supervisor and staff factors, and Extrinsic Factors. Subthemes that emerged under the student factors were; accepting corrections, humility and respect, personal efforts, and willingness to learn. Subthemes that emerged under the Supervisor and staff factors were dedication and availability of clinical supervisors and the attitude of some staff. Financial rewards and motivation was also identified to be a factor that contributed to effective clinical supervision.

4.5.1 Student Factors

It emerged that students had a role to play in order to enhance positive outcomes of clinical supervision. Among these roles were accepting corrections, being humble and respectful to supervisors, personal effort and motivation, as well as a willingness to learn.

Accepting corrections implied accepting what the clinical supervisor would say as true and working with what he/she would say. A respondent was of the view that, accepting corrections willingly was the best way to go if one needed to have the best experience of the clinical supervision process and more to the point that you are now learning as a student:

“... You need to accept corrections because you are now learning” [Adina]

Despite the need to accept corrections willingly, it was observed that occasionally some participants felt a difference between what they had been taught at school and the corrections they were receiving. In such instances, the student nurse had to accept the
supervisor’s assertion in order to be viewed as a good student. Moreover, the student nurses also believed they were still undergoing a learning process”

“One is, as a student, starting to learn, you need to accepting corrections, because you are now learning even though sometimes what they will say at the hospital is somehow different from what we were taught but we accept all that they tell us because it is still learning” [Marie]

Additionally, it was observed that accepting corrections also involved being open with what you can do and what you cannot do in terms of task completion as echoed in the words of one participant. This is because the participants felt they were dealing with human life and an error may lead to serious repercussions:

“You need to come out with what you can do and what you can’t do because you’re working with the patient and if in case you are given something and you cannot do, the patient’s life is in trouble in order to endanger patient life.” [Naana]

It was also identified that humility and respect from the participants were ways to promote effective clinical supervision and also earn the respect of the clinical supervisors and the ward in-charges. It was also required of the student to be law-abiding by following the rules and regulations stipulated for them.

“... As a student, starting to learn, you need to be humble, and you need to be respectful. ... Also, one needed to following rules and regulations at the ward.” [Adina]

“... Students should take anything seriously when they get to the ward because when I went for clinical, I didn’t know anything, so I come down for anybody to teach me what I don’t know, so they should do the same thing so that they will get what they want.” [Marie]

Further to the above, participants also felt that humility and respect were related to one’s readiness to ask questions at the clinical sites. This was observed to be because the student nurses felt they were still learning and need to demonstrate humility and respect in order to allow the supervisors teach them:
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“… One is, as a student, starting to learn, you need to be humble, and you need to be respectful so they can be willing to teach you whenever you need it.” [Faith]

Participants recruited for this study were also of the view that nursing students should make personal efforts and be motivated to overcome every challenge if they needed to learn in the clinical learning environment. In this regard, one key personal effort that emerged was willingness to learn. Additionally, it involved going the extra mile to concentrate and even search further on things that the supervisor was unable to assist the student with. Despite these, it was observed that even though some of the students demonstrated willingness to learn, the staff were not ready to assist them to learn and as such the students had to rely on seniors to assist them learn at the clinical sites. Some participants had this to share:

“... What I can do to learn is that while I get to the ward environment I make sure that I concentrate on whatever I do and whatever I do not interrelated and my supervisor is not able to explain to me I will make further research on.” [Naana]

“... I had to meet some of my seniors who were staff working at the facility and told them what was going on. So, I meet them and they would rather teach me something, but at the ward, the supervisors won’t get time to teach you anything.” [John]

Further to the above, it was observed that the student nurses appeared to be intrinsically motivated to learn at the clinical sites even before they were dispatched to the various health facilities. It was observed that they had to motivate themselves to learn anything as soon as they entered the clinical environment. Thus, they expressed eagerness to learn within the clinical environment and eagerness was more pronounced during the first year of clinical experience. This however appeared to dwindle slightly as they got used to the clinical environment and began to appreciate the gravity of the theory-practice gap situation. Thus, they felt motivated and expressed willingness to learn to do the right thing. Even though some participants specified that they almost abandoned nursing as a career due to the theory-
practice gap, they re-echoed that it was their willingness to learn to do the right thing that has sustained them in the training programme.

“... What we are learning in school and what is happening in the ward, there are so many differences. I didn’t like it. It nearly deterred me from becoming a nurse. I motivated myself to learn the right thing.” [John]

4.5.2 Supervisor and Staff Factors

Some of the participants indicated that some of the facilities that they visited had actually instituted clinical teaching and ward conferences to ensure that the needs of students are discussed and shared across. This system also made the clinical supervisors available and willing to help the nursing students as and when necessary. The nursing students concluded that this was very useful to their development as nursing students as they could easily identify a figure head who they reported to. Other staff dedicated and availed themselves to teach students on particular days within the week.

“... At one particular hospital, I went to, you have a particular day that you don't go to the ward. You are being taken for private lectures and training sessions on how to do your things at the hospital.” [Angebelle]

“... I remember one time they select a special day sometimes Wednesday and they will organise all the students and they will teach them but aside that they will not get any time for you again, but I think this can be done occasionally and not just once....” [John]

“... some clinical supervisors are such that every procedure that you perform they are always there to assist you, some could devote maximum time even when there is an idle section they are there to assist you in all education some will give you educational topics to study and they will let you go to the patient to give that specific education. ... Most of them were very helpful so some role I can talk of some of them is helpful they assist you and try to make you useful in the clinical setting.” [Panyin]
4.5.3 Extrinsic Factor

Participant of the study revealed that financial rewards / motivation made the students have positive experiences with clinical supervision as they (the nursing students) felt that they were also not being left out of the system. It was identified that if participants were given some financial rewards for their roles played as students during clinical, it would motivate them to do more, as it was going to take care of some of their basic needs as transport, food, consumables, etc.

“...they have something they call the ward fund, they have one for students, so at end of the week or period, the number of students that come for the shift, they will divide the money for the students to take care of their needs like transportation.” [Adelle]

4.6 Challenges to effective clinical supervision

This additional theme covered the challenges faced by the participants of the study and some recommendations that were made by them (the nursing students) so as to enhance their clinical supervision experiences. The students identified that lack of resources in some of the facilities affected how they were supervised as in most cases, the clinical supervisors had to improvise. Sometimes too, the demonstration that would enhance their learning would not be done under the excuse of inadequate materials. There were some facilities too that had very few clinical supervisors

A participant was of the view that there were no enough resources in to enhance their learning, and this made them very much afraid of failure during examinations for wrongfully improvising.

“...during an exam, you can be asked to demonstrate any of these things. So, these resources (lack of resources at the facilities) are really hindering students’ effectiveness of learning in the clinical setting.” [Angebelle]
“... What I realized about the hospital too is that few of them have clinical coordinators and supervisors.” [Excelentia]

“... we were not assigned to any clinical supervisor (because they were not available), and the few who were there were very busy to attend to you.” [Naana]

Some participants also identified inadequate time as an issue to be addressed by their training institutions and the facilities where they were placed. These participants believed that the time spent at the clinical setting and in particular units were too short to build better relationships that would enhance effective clinical supervision and clinical learning. Participants advocated for more clinical hours than that of the classroom contact hours.

“... sometimes, for me personally, I think the time that we spent in the classroom is more. We should rather spend more time at the ward than in the classroom because the work there is actually practical and then what you see, you learn from what you see. So, more time spent at the ward will be right. ... For the nursing schools, I think the time we spend at the ward should be more than the time we spend in the classroom. The practice should be more.” [Adelle]

To others, too much time was wasted as they had to wait for so long a time just to be attended to. Equally, because there were a lot of students in a particular ward at a time, it limited the contact hours that the clinical supervisors would have otherwise had with them. Learning also became difficult as many students had to ration the limited resources available at their disposal.

“... most of the Clinical that I have been to, you go there and even the reception is not so good, at times you go there in the morning and even for them to receive you within the shortest possible time, it is not done. You have to wait for about 4 hours on that day of reporting before you are even given the face to speak to them.” [Lawrencia]
4.7 Summary of Findings

This study used Proctor’s functional interactive model of clinical supervision and four objectives to explore nursing students’ experiences regarding clinical supervision and the roles played by clinical supervisors. Fifteen (15) nursing students consented to participate in the study after the objectives of the study had been explained to them. A semi-structure interview guide was used to moderate the interviews. The interviews were recorded and transcribed verbatim and the principles of thematic content analysis were employed to analyse the data. Four (4) themes and nine (9) subthemes emerged from the data.

The students experienced both positive and negative interactions with their clinical supervisors during their clinical practice attachment. The positive experiences were that some clinical supervisors had a good interpersonal relationship with the students and were also very supportive of the students’ learning needs. Some negative experiences encountered were that some clinical supervisors were hostile and were not ready to attend to the needs of the nursing students. This led to a decrease in their (nursing students’) confidence, others felt sad and rejected.

With respect to the roles played by clinical supervisors, some clinical supervisors did not see clinical supervision as their roles to be performed and therefore did not assist students. For those clinical supervisors who assisted the students, they saw clinical supervision as an additional duty to be performed and were thus, less motivated to do it.

The process of supervision as experienced by NS in this study were thus, disorganised. This could lead to diminished students self-confidence in carrying out clinical procedures, fear of examinations, and sometimes rejection within the clinical learning environment. Yet,
the clinical supervisors who assisted the students from the study played the roles as expected of them made the students clinical experience educative, supportive, and managerial.

From the study, participants believed that, effective clinical supervision and mentoring by all clinical supervisors, alongside proper student-supervisor relationship will help students build their self-confidence, and prepare for all their examinations. The participants also believed that a well collaborated plan between the school and clinical supervisors on how to monitor students and give feedback to the schools for appropriate remands and corrections can help meet the students learning needs and expectations at the clinical sites.

Additionally, the participants also admitted that they have an equal role to play to make their clinical learning effective through being humble, respectful, accepting corrections, and having the willingness to learn. The main findings from this study has been discussed in the next chapter.
This chapter discusses the major findings of the study in relation to the existing literature and the objectives of the study. The discussion has been organised in line with the objectives of the study and Proctor’s functional interactive model. References to existing literature are made throughout the discussion in order to situate the research findings within the context of the body of nursing knowledge.

5.1 Nursing Students’ Interpersonal Relationships with Clinical Supervisors

Interpersonal relationship plays an important role in the very existence of life and one cannot do away with it. Same can be said about supervisory relationships during clinical supervision of nursing students. Having a positive interpersonal relationship with the clinical supervisor goes a long way to build a solid foundation for positive experiences with clinical supervision whereas a having a negative interpersonal relationship with clinical supervisors affects the effectiveness of the supervision process, thus having negative clinical supervision experiences. The study identified that the nursing students had both positive and negative experiences in relation to interpersonal relationships with clinical supervisors.

5.1.1 Nursing Students’ Positive Experiences with Interpersonal Relationships

Participants in this study experienced positive interpersonal relationship with clinical supervisors when the supervisors related cordially with them (the nursing students) and or supported them during their clinical placement and showed interest in developing their potentials. Thus, the positive experiences, as noted in this study, encompassed cordiality, support and good communication (interactive). Gray & Smith (2000) have suggested that a
clinical supervision relationship usually exists between two people, one of whom is highly skilled and experienced, providing teaching, guidance, counselling and assistance to another individual or group in order for them to develop professionally.

Thus, for the student nurse to benefit from the process, a positive atmosphere is necessary. Having a cordial relationship with the clinical supervisor for that matter contributed to building a relationship of trust and confidence between the clinical supervisor and the nursing students. This generally results in positive outcomes of clinical supervision process. This finding is consistent with the assertion by Kilminster & Jolly (2000) who reported that the supervision relationship is the single most important factor for the effectiveness of supervision, more important than the supervisory methods used. This may imply that clinical supervisors need to be cognizant of the fact that the form of atmosphere created within the clinical learning environment has an effect on the overall outcomes. Thus, there may be a need to put in more effort to ensure that a cordial atmosphere is created to enhance student learning experiences at the clinical sites. This is because participants in the current study revealed that a positive interpersonal relationship yielded positive learning outcomes and improvement of their clinical competences and confidence whereas, negative interpersonal relationships with the clinical supervisors yielded diminished self-confidence thus, reducing their clinical competencies.

Further to the above, current literature focusing on clinical learning experiences in nursing describes a good supervisory relationship as one that is supportive (Hall & Cox, 2009; Herkt & Hocking, 2007; Hunter & Blair, 1999; Kavanagh et al., 2003; Spence et al., 2001). In relation to the current study, it was observed that the availability of support (where the clinical supervisor showed interest in what the students were learning) led to positive experiences. Taken together, this could mean that nursing students benefit most if the supervisor is
supportive and takes active part in meeting their learning needs. This is likely to create an atmosphere to permit the student nurse to practice learned skills as well as learn within the clinical learning environment. This is related to the fact that some authors have argued that quality supervisory relationship is the number one most aspect for an effective supervision (Gaitskell & Morley, 2008; Kilminster, Cottrell, Grant, & Jolly, 2007; Kilminster & Jolly, 2000). This assertion has been noted to be consistent across other professions ranging from social work, psychology, psychotherapy, occupational therapy and nursing.

Additionally, a very significant aspect of the supervisory relationship is the positivity of a supervisory relationship, which involves mutual respect for each other and open communication (Kavanagh et al., 2003; Spence et al., 2001). This assertion is also in line with the current study findings as it was noted that good communication involving interaction between the clinical supervisor and the student nurse as well obtaining advise led to positive experiences within the clinical learning environment. This demonstrates the need to ensure good communication between parties involved in clinical supervision as well as work at eliminating communication barriers within the clinical learning environment.

5.1.2 Nursing Students’ Negative Experiences with Interpersonal Relationships

Aside the positive experiences noted in the current study, it was observed that participants also had negative experiences within the interpersonal relationships within the clinical learning environment. The negative experiences encompassed hostility, disrespect, lack of support, poor communication and poor monitoring of the nursing students.

It was identified from the study that, some clinical supervisors were hostile, demonstrated disrespect to the nursing students and were not ready to supervise the nursing students and provide them with the needed clinical training and skills. This made the nursing
students experience a negative interpersonal relationship with the clinical supervisor. Though
this finding may be related to the fact that supervision is sometimes viewed as an extra work
for nurse clinicians with the only way out being to concentrate on the core duties of the nurse
to the patient; clinical supervisors need to be cognizant of the fact that nursing students
experience some form of clinical anxiety during clinical placement due to the fact that they
feel unprepared to cater to the need of patients under their care, there the fear of harming their
patients or giving them the wrong information and the unexpected events that occur in the
wards such as the death of patients produce anxiety in students (Sharif & Masoumi, 2005).

Thus, in the face of this clinical anxiety experienced by the nursing students and the
subsequent hostility exhibited by clinical supervisors, negative outcomes are likely to abound.
Clinical supervision in such instances will not be supportive and therefore will not yield the
expected learning outcomes. Additionally, some authors have asserted that clinical
supervisors who are uncaring or disrespectful may impede learning in the clinical setting
(Plack, 2005; Plack, 2008). Moreover, The harsh attitude of some supervisors have been noted
to create anxiety and fear in students during the supervision process leading to poor outcomes
(Baraz et al., 2014).

Furthermore, the current study revealed that some participants experienced lack of
support, poor communication and monitoring and this appeared to be related to negative
interpersonal experiences. Phuma-Ngaiyaye, Bvumbwe, & Chipeta (2017) have asserted that
that a supportive clinical supervisor facilitates attainment of students' clinical learning
outcomes, and also creates a positive clinical learning environment for the students which
facilitate learning. Conversely, an unsupportive clinical supervisor is unlikely to create the
needed atmosphere to enhance skills acquisition. Moreover, the feeling of students upon
encounter clinical supervision depends on the attitude of the clinical supervisor.
The unsupportive relationship on the part of some of the clinical supervisors noted in this study is in similar lines to the study findings of (Adjei, Sarpong, Attafuah, Amertil, & Akosah, 2018) who maintain that clinical supervisors are usually unsupportive of nursing students and learning and as such, hinders acquisition of practical skills.

On one hand, clinical supervisors with good communication and support skills made the supervision process enjoyable (Nabolsi et al., 2012). On the contrary, supervisors who were unsupportive hindered the development of the nursing student. Atakro et al. (2016) acknowledged that positive attitudes of clinical supervisors enhanced effective clinical supervision which enhance learning and development of clinical skills, thus, bridging the theory-practice gap (Billay & Myrick, 2008; Croxon & Maginnis, 2009; Myrick, Luhanga, Billay, Foley, & Yonge, 2012; Myrick, Yonge, & Billay, 2010). This is also very critical for the development of clinical skills and achievement of learning outcomes (Flott & Linden, 2016), as well as professional development and preparation for practice (Papastavrou, Dimitriadou, Tsangari, & Andreou, 2016).

It was also identified that the relationship between the clinical supervisors and the nursing/midwifery student was hindered because there was no established relationship contract that was binding on all parties to ensure that the relationship is sound and also to ensure that the objectives on the bases of which the relationship was established are met. This finding agrees with Osborn & Davis (1996), who argue that a supervision contract helps to clarify the methods, goals, and expectations of supervision and thus hold each participant of the supervision process accountable. In this case, the clinical supervisor would become very responsible and excuses of not being a clinical supervisor or not being assigned the responsibility of being a clinical supervisor.
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There is, therefore, the need to have clearly defined roles and recognition for clinical supervisors so as to enable them perform their duties as clinical supervisors. Again, the findings that some clinical supervisors and the learning environment were unsupportive as a result of the poor interpersonal relationship between students and clinicians was corroborated by a study done by Mabuda, (2008) which found that nurses failed to support students during a clinical attachment because there was no established relationship between them and the nursing students, hence no need to play roles as clinical supervisors.

Lopez, Yobas, Chow, & Shorey (2018) have also reported that students reported stressed while facing challenges head-on during clinical placements. This is consistent with the present study as it was revealed that some nursing students experience stress resulting from poor the interpersonal relationship they go through with their clinical supervisors.

Taking the findings in this section together, it implies that interpersonal relationship within the clinical learning environment need to focus on maintaining a cordial atmosphere, providing support and maintaining good communication so as to avoid undue stress on the student nurses.

5.2 Roles Played by Clinical Supervisors

Clinical supervisor can either be employed nurses who accompany students to the clinical setting to supervise them by playing various roles that enhance nursing students’ clinical supervision experiences (Baraz et al., 2014). With this kind of clinical supervisors, the context within which supervision occurs is not much affected by the prevailing situation on the ward as these supervisors are not employed by the hospital hence they have no patients to care for and are wholly dedicated to their work as supervisors (Magerman, 2016). On another hand, some (most) clinical supervisors are within the clinical facilities where these students
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have their clinical experience. In both cases, it is established that the role of a clinical supervisors can be assumed by a faculty tutor or a hospital preceptor (Nabolsi et al., 2012) which evolve around normative, formative and restorative roles.

5.2.1 Normative Roles

According to Proctor (2001), the normative role involves dealing with management issues and professional standards (Bond et al., 2011; Sloan & Watson, 2002). They are described by Winstanley & White (2003) as: “Promoting and complying with policies and procedures, developing standards and complying with clinical audit” (pp. 13). The normative role element has been described as crucial to supervision because it involves the clinical supervisor setting the stage for creating an effective learning environment. More specifically, the clinical supervisor puts in place a structure that will enable the student to learn effectively. The supervisor helps the student to understand roles and responsibilities, to learn the boundaries of the profession and to develop an awareness of the scope of practice.

The clinical supervisor is responsible for the effectiveness of the process. The supervisor ensures the student complies with professional practice standards and rules of ethical conduct. In the current study, it was observed that the normative roles played by the clinical supervisors included student distribution and scheduling, orientation, attendance monitoring, evaluation of students’ performance and resourcefulness.

Usually, upon commencement of a clinical attachment, the student nurse is assigned to a particular unit based on the type of clinical experience required and clinical objectives to be achieved. This was evident in the current study that students were distributed to various wards a duty schedule was prepared for them to follow. Additionally, findings of this study showed that some clinical supervisors promoted the achievement of learning outcomes by welcoming
and orienting students to the clinical environment, involving students in patient care as well as having a positive attitude towards them. According to the study findings by Hilli, Melender, & Jonsén (2011) and Hilli, Melender, Salmu, & Jonsén (2014) it was noted that clinical supervisors’ welcoming attitude, the manner of conduct and interest in the student as a unique person make the student feel cared for as part of the team. This may mean that the student’s experience usually starts as soon as they enter the health care facility. Similarly, other researchers have reported that point out that a successful clinical supervision is created through an inspirational learning atmosphere, student orientation to the work environment and a positive interpersonal relationship between students and mentors.

In relation, it has been observed that the clinical supervisor performs various administrative tasks, including determining the policies and procedures of the clinical setting that apply to the practicum, planning the progress of the practicum (schedule, patient caseload, workspace, communications, etc.) and other organizational tasks (Morton-Cooper & Palmer, 2000).

Further to the above, the participants in the current study reiterated that fact that some clinical supervisors monitored their attendance. Participants were enthused about how some supervisors and facilities monitored their students on the ward, with respect to punctuality and progress of the students’ learning needs through examinations. They believed that when supervisors monitor and gave feedback on their progress, it encourages and informs them about their performance and thus they are encouraged to do better. In another development, some participants admitted that clinical supervisors who were always on hand to provide them with the necessary advice as and when necessary enhanced their learning and learning outcomes. Most participants were actually urged on to do what they ordinarily couldn’t do
and others too were able to take up tasks because they knew they were going to be motivated and encouraged.

For managerial roles performed by the student, it was identified that there was a gap between the students, the clinical supervisors and their schools where they came from. As a result, their monitoring and evaluation were not exactly what they had expected, as some of the students were not evaluated after their clinical experiences, and even to those who were evaluated, it did not actually reflect their actual performance in the clinical learning environment. It emerged that the focus was more on the resources and resource management at the facility than the management of the students who were on clinical. Some of the supervisors were very resourceful with emphasis on doing the right thing for the patient.

It was clear from the findings that there were no laid down procedures when it comes to receiving and assigning students to particular wards or units in line with their objective. The process of supervision as experienced by nursing students was thus disorganised. All these put together often led to students having diminished self-confidence in carrying out clinical procedures, being afraid of examinations, and sometimes rejection. Adjei et al. (2018) believe that clinical supervisors need to be guided by clinical objectives before assigning students to the hospital wards, and in addition, the clinical supervisors need to be trained and assigned to students for supervision and assessment as this will help bridge the extensively reported gap between theory and practice.
5.2.2 Formative Roles

The formative role covers the support provided by the clinical supervisor so that the student can integrate knowledge to practice and develop professional skills. The focus here is on the skills, behaviours and values required to ensure safe and effective clinical practice. The formative roles identified in literature encompassed instruction/teaching, facilitation, demonstration and feedback.

It was evident from the study that, clinical supervisors who supervised the nursing students performed roles that were line with the roles of clinical supervisors as stipulated in the literature. Among these roles are the teaching/instruction role, where some of the students indicated that they were taught and assisted by some clinical supervisors to achieve their goals. This could be attributed partly to these clinical supervisors seeing the nursing students as colleagues in the near future hence, the need to guide them and teach them to be clinically competent. Thus, the clinical supervisors acted as advisors to the students, monitored students’ performances and outputs, provided direction for the students, and others. It was also revealed that supervisors were always on hand to advise the students whenever necessary to improve on the learning outcomes of the nursing students and also improve on the working relationship with the student. Some supervisors motivated the nursing students and these encouraged nursing students to perform better.

Despite these findings, a study done in Cameroun has found that the role of the clinical supervisor is assumed by ward nurses with little or no formal preparation for their role as clinical supervisors (Eta, Atanga, Atashili, & D’Cruz, 2011). This is true for clinical supervisors in Ghana as the study identified, and that, nursing students obtain clinical
supervision from tutors, preceptors, charge nurses and staff nurses (Asirifi, Mill, Myrick, & Richardson, 2013) who most often are not specially trained to carry out clinical supervision.

However, from the study it was generally seen that some nurse clinicians and clinical supervisors did not see the clinical supervision as their roles to be performed and therefore did not take it upon themselves to assist the student in any way, much as those who did it saw it as an extra work to be performed. They were thus, less motivated to supervise students. Equally, there were no clear-cut guidelines and roles to be performed by clinical supervisors.

Supervisors were identified by the participants to be always available to provide support and teach the student when necessary. It was however, noted that most of these self-styled supervisors did not have clearly defined roles to perform, as such, some of them placed the needs of the nursing student in the background and only attended to them when there was extra time. In effect, the supervisors saw the needs of the patients as much more important and the presence of the student as less important. This made the students feel neglected and some of them did not even know whom to report to and where to go to for their individual issues to be addressed. Though clearly defined clinical supervisor and preceptor roles improve students learning outcomes whereas, unclear roles leave the student in confusion. This is in line with several research where nursing students’ clinical experience which is to be a learning experience turns into a working experience and these nursing students are seen as additional nursing staff and not students. (Msiska, Smith, & Tonks, 2014) and nursing staff approach students on the ward when they need students to run errands for them. These make the nursing students feel being exploited (Baraz et al., 2014).

There is, therefore, the need to ensure that clinical supervisors have clearly defined roles to perform as this leads to positive outcomes during clinical supervision.
5.2.3 Restorative/ Supportive Roles

The restorative/supportive roles have been noted to create an atmosphere where the student feels comfortable discussing his concerns and able to try new things and to make mistakes, without compromising patient safety (Proctor, 2001). In the current study, the restorative/supportive roles included obtaining support, overcoming fear/anxiety, boosting the student’s morale and providing words of encouragement.

In the current study, the research found that clinical supportive clinical supervisors make students feel safe when working with them as they (nursing students) build a relationship of trust with them. These were identified as ways of obtaining support from the clinical supervisor. This finding is in line with Levett-Jones & Lathlean (2008), Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter (2015) and Ó Lúanaigh (2015) who have reported that nursing students trust and feel safe working with very supportive clinical supervisors. Nursing students need support from clinical supervisors to as to be able to learn effectively through clinical supervision. The support given to these nursing students helps to build their confidence and they are able to participate fully in all ward activities that will promote learning.

Further to the above, nursing students have been noted to experience initial clinical anxiety during clinical placement due to the fact that they feel unprepared to cater to the need of patients under their care, the fear of harming their patients or giving them the wrong information and the unexpected events that occur in the wards such as the death of patients produce anxiety in students (Sharif & Masoumi, 2005). The initial feelings of nursing students during their first clinical environment encounter are well documented in the literature.
Additionally, Sharif & Masoumi (2005) found that nursing students feel confused upon encounter with the clinical supervision process as they are torn between the demands of the clinical supervisor and tutor. In relation to the current study, it was also evident that participants had to deal with fear and anxiety during the clinical placement which calls for a very supportive atmosphere to enable them deal with the feelings whilst acquiring skills needed to practice professionally.

5.3 Factors contributing to Effective Clinical Supervision

The study revealed that there are several factors which contributes to having an effective clinical supervision. Among these are the student factors, staff factors and extrinsic factors. Among the students’ factors are that nursing students must be willing to play a part to ensure effective clinical supervision. It has been identified in the literature that clinical supervisors expressed the difficulty in supervising students who are not interested in learning (Bos et al., 2015). The above point illustrates how negative attitude of a student affects the supervision process, similarly, positive attitudes of students can enhance the supervision process.

With respect to the staff and institutional factors, it was identified that availability of dedicated staff to perform the roles of clinical supervision, availability of resources, within the facility and the collaboration with this affected effective clinical supervision. It was evident that most nursing students did not have better clinical supervision experiences as there were no dedicated clinical supervisors in some of the facilities. This may be because these clinical staff had to combine clinical work and patient care with clinical supervision which they mostly did not see as part of their work. This may also be attributed to an unsupportive clinical supervision where clinical supervisors are actually not supported to perform their
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roles. This is consistent with a study done by Msiska et al., 2014, Cheraghi et al. (2008) and
esmaeili et al. (2014) who have asserted that nursing students cannot be well supervised for
practice in a non-conducive and unsupportive clinical environment. Without organizational
support, a conducive atmosphere cannot be created for clinical learning.

Also, clinical supervisors need to be recognised in their roles as clinical supervisors.
With respect to the above finding, there is the need for clinical learning facilities to recognise,
encourage and support clinical supervisors so as to be able to play their roles effectively as
clinical supervisors. It was also identified from the study that the clinical training centres as
well as the clinical supervisors must be adequately resourced to make learning effective as
lack of resources are sometimes a turn off for effective clinical supervision.

Clinical supervisors sometimes need to improvise so as to be in line with the theory
that is taught in class. There are instances where some clinical supervisors have to choose
“hospital economy” over best practices in the discharge of their duties as clinical supervisors.
This generally demoralises some clinical supervisors and make them lose interest in clinical
supervision. This is consistent with a studies done by Bos, Alinaghizadeh, Saarikoski, &
Kaila (2015) and Bos, Silén, & Kaila, (2015) who identified that lack of organisational
support demoralize clinical supervisors and this affects the supervision process (Bos et al.,
2015).

Equally, lack of equipment as a consequence of poor organizational support in the
clinical environment imparts negatively on the supervision process because lack of equipment
leads to using ‘shortcuts’ to complete procedures. The reverse of adequate resources,
dedicated clinical supervisors and recognition of clinical supervisors’ roles is true for
effective clinical supervision. Nursing students need to see, feel and sometimes use the very
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equipment that they will be using once they pass out as registered nurses. This usually helps them to appreciate the theory and practice behind the very principles that they have learnt in the class room. This lack of resources has been reported as a great disservice to nursing students as they become very stressed in such situation (Bell et al., 2014).

Another factor that emerged as a contributory factor in effective clinical supervision was financial rewards and motivation. This the nursing students identified that it contributed to the support they received from their clinical supervisors. This could be attributed to the fact that, whenever the nursing students are rewarded financially it makes them feel a part of the system and not only persons who are there to add to the number without being recognised as such. This is consistent in that, nursing students need to at all time be recognised as part of the system who equally need to be supported and given their fair share of every support that they may need including that which is financial (Msiska, Smith, & Tonks, 2014; Baraz et al., 2014).

5.4 Challenges to effective clinical supervision

The clinical supervision of nursing students is riddled with several challenges that affects the nursing students and their learning within the clinical learning environment. Notable among these challenges are inadequate resources to enhance the learning of the nursing students, inadequate clinical supervisors, and to some extent very little time spent at the wards and also long waiting times before being assigned. These challenges have been cited in literature as Adjei et al., 2018; Bell et al., 2014; Ó Lúanaigh (2015) among others. It was identified from the study that inadequate learning resources within the clinical learning facilities was a challenge to having positive learning outcomes with clinical supervision as most of the students disclosed that, without these learning resources, they are
unable to learn and have a practical feel of what they had learnt in the classroom and this made them afraid for their licencing practical exams. Bell et al. (2014) has disclosed that inadequate resources is a barrier to effective clinical learning and this corresponds with the findings of this study.

This is because, the students are able to learn better when they see, feel touch and use some of these learning resources to the extent that they would become competent in using it any day whenever they are asked to. The study also disclosed that some supervisors would not teach the students mainly because there was limited resources. This could be attributed to the fact the students were too many on the ward and these resources were not enough for all of them to be able to use or for the fear that the students might waste these scarce resources.

Another challenge that was identified was the fact that there were no dedicated clinical supervisors for the students to learn from. However, it has been established that nursing students are able to learn very well when they have a dedicated and an assigned clinical supervisor whom they can channel all their challenges to in the clinical learning environment. This is consistent with Ó Lúanaigh, (2015) who believes that nursing students learn better when assisted and supervised by very competent and dedicated clinical supervisors.

5.5 Evaluation of Proctor’s Functional Interactive Model

Proctor’s Functional Interactive model identifies three main functions / roles of the clinical supervisor. Inherent in its name (Functional Interactive) are the roles played by the clinical supervisor amidst an interpersonal relationship with the supervisee. These roles are the formative, the normative and the restorative roles, which can equally be represented as the educative, managerial and the supportive roles respectively. The model stresses on the importance of these three roles to for effective clinical supervision.
The objectives of the present study were formulated with basic understanding of the model ensuring to reflect the roles played by clinical supervisors as well as considering other objectives. Four (4) themes (Interpersonal relationship, roles played by clinical supervisors, factors contributing to effective clinical supervision, and challenges to effective clinical supervision) emerged from the study. The roles performed by clinical supervisors were consistent with that as described by the model. Performance of these roles by clinical supervisors were however not enough to achieve positive outcomes of clinical supervision, as the clinical supervisors needed to have positive interpersonal relationships with nursing students to achieve the desired objectives. The model however does not clearly tell the nature of interpersonal relationship that should exist between the clinical supervisors.

The study also identified factors that contribute to effective clinical supervision, and the challenges to effective clinical supervision as well. These factors were found to be present within the environmental context where the clinical supervision takes place. The presence and / or absence of these factors and challenges affected nursing students’ experiences with clinical supervision.

Generally, the model and outcome of the study were consistent with the objectives of the study, however, the silence of the current model on the nature of the relationship and the environmental context of clinical supervision requires some modifications to enhance clinical supervision effectiveness and outcomes.

5.6 Suggestions for model modification

Based on the themes and subthemes of the present study, some modifications are proposed to Proctor’s functional interactive model.
Emphasis should be placed on the interpersonal relationship between the clinical supervisor and the nursing student. The nature of the relationship should be one that is cordial, supportive in the midst of excellent communication to bring about positive experiences with clinical supervision.

An environment could also be added to the existing model as a result of its importance in the performance of the roles of clinical supervision. This environment is reflected in the subthemes factors contributing to effective clinical supervision, and challenges to effective clinical supervision. The environment thus should ensure that there are enough clinical supervisors, who are well trained to carry out the roles of clinical supervision, and also enough resources. Equally, there should be space and time for clinical supervision to be carried out.

5.7 Summary of Discussion

In summary, the study identified that a strong positive interpersonal relationship between the clinical supervisor and the NSs is needed for NSs to have positive clinical supervision experiences. This interpersonal relationship established goes beyond clinical supervisor – supervisee/nursing student relationship where the nursing student is at the receiving end of the relationship. NSs have an equally important role to play in ensuring that they have positive interpersonal relations through respect, obedience, and humility. Clinical supervisors also need to ensure that they keep their doors opened at all times to ensure that the relationship once established is maintained and improved over time.

The roles that clinical supervisors play are multifaceted and enormous when added to their normal roles as clinicians. These roles when performed fully yield positive results and improve on NSs clinical supervision experience and also help to bridge the theory and
practice gap. Clinical supervisors should thus be supported to perform these roles in full so as to promote the development of the NSs clinical competencies as they would soon take up the role of the nurses.
CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary, implications for practice and future research, limitations, conclusions, and recommendations of the study.

6.1 Summary of the Study

In this study, the researcher sought to explore the experiences of nursing students with respect to clinical supervision. The study was conducted at the SDA Hospital, Kwadaso. A qualitative approach to research was adopted to explore and describe the experiences of nursing students experience regarding clinical supervision. Clinical supervision was seen to serve as the tool to bridge that gap between transitioning from theory to developing clinical competencies. Proctor’s Functional Interactive Model of clinical supervision guided the formulation of the research objectives for the study. This conceptual framework explained the importance of the clinical supervision and the roles played by clinical supervisors in the discharge of their duties. The literature discovered that there is the need for further studies in the area of clinical supervision, especially in the sub-region as there is a paucity of research in the area.

Purposive sampling method was used and by the 15th participants, the study reached data redundancy. Data collection commenced after the researcher obtained ethical approval from the NMIMR – IRB, approval from the study setting and introductory letter from the SONM, Legon. The researcher also introduced himself and the purpose of the study to participants. The interviews were audiotaped and transcribed verbatim. Data analysis was done concurrently with data collection. Four themes which centred on the main objectives and
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The constructs of the conceptual framework for the study emerged and these were; Interpersonal relationship, Roles played by clinical supervisors, factors that contributed to effective clinical supervision and an additional theme recommendation.

The students experienced both positive and negative interactions with their clinical supervisors during their clinical practice attachment. The positive experiences were that some clinical supervisors had a good interpersonal relationship with the students and were also very supportive of the students’ learning needs. Some negative experiences encountered were that some clinical supervisors were hostile and were not ready to attend to the needs of the nursing students. This led to a decrease in their (nursing students’) confidence, others felt sad and rejected. With respect to the roles played by clinical supervisors, some clinical supervisors did not see clinical supervision as their roles to be performed and therefore did not assist students. For those clinical supervisors who assisted the students, they saw clinical supervision as an additional duty to be performed and were thus, less motivated to do it.

Participants believed that, effective clinical supervision and mentoring by all clinical supervisors, alongside proper student-supervisor relationship will help students build their self-confidence, and prepare for all their examinations. The participants also believed that a well collaborated plan between the school and clinical supervisors on how to monitor students and give feedback to the schools for appropriate remands and corrections can help meet the students learning needs and expectations at the clinical sites. Additionally, the participants also admitted that they have an equal role to play to make their clinical learning effective through being humble, respectful, accepting corrections, and having the willingness to learn.
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6.2 Implications of the Study

The outcome of this study has implications for nursing education, nursing research and administration, nursing practice, and policy formulation. These have been discussed below.

6.2.1 Implications for Nursing Education

From the study, it is evident that effective and adequate clinical supervision are the major ways to bridge the widening gap between theory and practice. Therefore there is the need to develop clinically oriented academic nurses who would assist nursing students to learn. Nursing Students on the other hand, need to develop positive attitudes and relationships with clinical supervisors in order to learn on and also be nurtured through the clinical supervision. It would be appropriate if the clinical learning environment has dedicated clinical supervisors within the wards just as there are teachers for specific subjects and duties. This would make it easier for nursing students to identify a focal person who would address their specific learning need within the clinical centres. There is also the need for collaboration between the health training institutions and the clinical training centres through their teachers and the clinicians (clinical supervisors) for effective clinical skills acquisition. There is also the need to engage with the stakeholders for the nursing students to spend more time at the clinical learning environment just as they have in the classroom.

6.2.2 Implications Nursing Research

There is the need to ensure that there is adequate logistics for clinical supervision such as seminar rooms are provided within the clinical training centres to help clinical supervisors and students to meet and bond well after every practise session so to enable the students to learn effectively. Further research need to be done to equally explore the experiences of clinical supervisors regarding the performance of their roles as clinical supervisors.
6.2.3 Implications for Nursing Practice

Clinical supervisors should be given a prescribed mandate and description of what is expected of them by students during clinical attachment. This will help eliminate the idea that clinical supervision is an extra duty by clinical supervisors.

6.3 Limitations

The qualitative design used for the study makes it difficult to generalize the findings of the study to the entire students’ populace within Ghana, however, a context with similar characteristics can employ transferability. Findings are unique to the selected setting and the population sample used. However, the findings may be transferable. Also, the study focussed on the nursing students only. Further studies can be done to compare nursing students’ experiences to that of the clinical supervisors as well. Another limitation encountered was the difficulty in arranging for interviews with participants within their shift hours as they were often not left to attend to other businesses once they were on duty.

6.4 Insights Gained

This study has enabled the researcher to gain a lot of understanding into the research process right from identifying a problem and developing a proposal through to the end of the entire process. Additionally, the use of a model as a basis for undertaking any study was very insightful as it helped in setting the objectives, reviewing literature, and discussion of findings. The researcher has also learnt a lot in analysing and reporting qualitative data, particularly through the use of NVivo. The researcher equally has learnt a lot on the subject studied and this has been an eye-opening experience.
6.5 Conclusions

The use of Proctor’s Functional Interactive Model of clinical supervision was very appropriate in exploring and describing NS’ experiences regarding clinical supervision because it considered the interpersonal aspects of the relationship built between the supervisor and the supervisee and then the specific roles expected to be played by the clinical supervisors. There is however, the need to explore the roles of NSs as a party to clinical supervision in the model as the model is silent on the specific roles that NSs play in clinical supervision.

The researcher was interested in unearthing the experiences of nursing students with respect to clinical supervision during their clinical practice. The outcome of the study showed that NS who had a positive experience with clinical supervision and supervisors had improved clinical skills and competencies whereas those who had negative interpersonal relationships had decreased confidence in practice. It also revealed that a supportive clinical supervisor within the CLE should be encouraged as it had improved clinical learning outcomes. The relationship thus established with the clinical supervisors within the CLE had a direct benefit on the students’ performance and experiences. The study also revealed that the roles performed by the supervisors should be clearly defined to the supervisors as supervisors mostly performed roles that were clearly defined to them and would not take up any other roles that they were not tasked to perform.

It was also identified from the study that the supervision process should be given a facelift alongside the defined roles for clinical supervisors, as this help encourage the students to actively take part in every clinical activity and also bring about self-monitoring to the nursing student. With respect to the factors that improved NS’ experiences, it was identified
that the NS had the major role to play in with very little to be done by the hospital or supervisor, though the participants admitted that the facilities need to put these measures in place. It also emerged that financial rewards and motivation to the students contributed to the students’ experiences as the cost of clinical practice is inherently borne by the students. The students further recommended that a collaboration between their schools and clinical facilities would improve their clinical supervision experiences.

6.6 Recommendations

The following recommendations were made based on the findings of the study:

- The Ministry of Health (MOH), the Health Training Institutions (HTIs) Secretariat and the Nursing and Midwifery Council of Ghana should develop a policy framework to serve as guideline for effective clinical supervision.

- The Health Training Institutions (HTIs)/Nursing Training Schools and the Hospitals/clinical training facilities should adequately resource their Clinical Coordinating Units and In-Service Training Units in order to assist clinical supervisors to perform their roles as clinical supervisors.

- The Health Training Institutions (HTIs)/Nursing Training Colleges, Clinical Training facilities/hospitals and the Nursing and Midwifery Council of Ghana should collaborate effectively to train and certify clinical supervisors and preceptors to be able to conduct clinical supervision.

- The Health Training Institutions should collaborate with the clinical facilities in areas of monitoring and evaluation of nursing students.
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REFERENCES


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https://doi.org/10.21767/1791-809X.1000471


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APPENDIX

Appendix A: Introductory Letter to IRB-NMIMR

UNIVERSITY OF GHANA
SCHOOL OF NURSING

SON/A.12

Ref. No.:.............................................

October 12, 2017

The Chairman
NMIMR – IRB
P.O. Box LG 581
Univ. of Ghana
Legon.

Dear Sir/Madam,

DEPARTMENTAL APPROVAL LETTER

This is to introduce to you Edward Obeng Amoah, an M.Phil student Year II of the above School and to inform the Institutional Review Board of the approval of the thesis topic: “Exploring Nursing Students’ Experiences Regarding Clinical Supervision: A study at SDA Hospital, Kumasi” by the department of Research, Administration and Education, School of Nursing.

Counting on your usual co-operation.

Thank you.

Yours faithfully,

Dr. Adelaide M. Ansah Ofei
SUPERVISOR

COLLEGE OF HEALTH SCIENCES

P.O. Box 43, Legon, Accra, Ghana.
Tel: +233 (0) 302 513 250 / 0269 531 213
Email: son@chs.ug.edu.gh
Website: www.nursing.ug.edu.gh

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Appendix B: Consent Form

NMIMR-IRB CONSENT

Title: Exploring Nursing Students’ Experiences Regarding Clinical Supervision: A Study at the SDA Hospital, Kwadaso – Kumasi.

Principal Investigator: Edward Obeng Amoah

Address: School of Nursing and Midwifery, University of Ghana

Phone Number: +233 20 824 6430

Email: enamoah001@st.ug.edu.gh / eddamoah@gmail.com

General Information about Research

I am a second year MPhil (Nursing) student at the University of Ghana conducting a study in the above-named area. This study is for academic purposes, and it is aimed at exploring experiences of nursing students regarding clinical supervision in the clinical learning environment. You have been selected to be a participant, though, it is not compulsory for you to participate in this study. I would like you to provide me with information on your experiences and encounter with clinical supervision as well as how you see the clinical supervisor – nursing student relationship. If you agree to participate, you will sign two copies of this form (one will be kept by you and the other with me). Thereafter, an interview will be scheduled with you at your own time and convenience which is expected to last between 45 to 90 minutes. The interview will be conducted in English. Before the interview begins, your consent will be sought again regarding your participation in the study and if you agree, the interview will begin and interview proceedings audio recorded. You have the right to withdraw your participation at any time and this will not affect you in anyway.
Possible Risks and Discomforts

You will not be exposed to any risks as you participate in this study. However, you will have to offer your time in order for the interview to be answered. Thus, intermittent breaks will be offered as and when necessary.

Possible Benefits

There may be no direct benefits from participating in this research, however, the findings that are gathered from this research will enable the policy makers to initiate changes in the training of health professional to bridge the theory / practice gap. You may see it as an opportunity to offer suggestions as to how your training should be done.

Confidentiality

During the interview, I will ensure that you are assigned a code which will not in any way be linked with you. In addition, any identifying information about you will not be written in this study. Also, all the information you will provide will be accessible to me and my research supervisor only and will be used solely for research purposes. All transcripts will be coded and as such any source of information will be known only by me and in some cases authorized personnel such as my supervisors. Also, all information pertaining to this study such as audio recordings and transcripts will be stored in a password protected computer, accessible only by me. In the final write up of the thesis, pseudo-names will be used when providing verbatim quotes.

Compensation

No amount of compensation can pay for the information you will provide and the time you will spare for the research process, however, as a sign of appreciation, you will be given some refreshment in the form of meat pie and canned malt and water for water breaks, and a University of Ghana paraphernalia. This will be given to you at the end of the data collection.
Voluntary Participation and Right to Leave the Research

Your participation in this study is voluntary. You can decide to withdraw from the study at any point in time. Your withdrawal will not bring any penalty and will not in any way affect the relationship with the researcher. As soon as you withdraw, all information belonging to you will be destroyed.

Contacts for Additional Information

In case of any questions or further clarification please contact any of the following individuals:

Name: Edward Obeng Amoah  
Contact: 0208246430

Name: Dr. Adelaide Ansah Ofie  
Contact: 0244653064

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh
VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title
(Exploring Nursing Students' Experiences Regarding Clinical Supervision) has been read and
explained to me. I have been given an opportunity to have any questions about the research
answered to my satisfaction. I agree to participate as a volunteer.

__________________________ __________________________
Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions
were answered and the volunteer has agreed to take part in the research.

__________________________ __________________________
Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with
participating in this research have been explained to the above individual.

__________________________ __________________________
Date Name Signature of Person Who Obtained Consent

VALID UNTIL
12 NOV 2018
APPROVED DOCUMENT
Appendix C: Interview Guide

Interview Guide

Participant Code / Pseudonym:

Demographic / Background Characteristics

Please, can you tell me about yourself?

Age :

Sex / Gender :

School / Programme :

Year / Level of training :

Ward / Department :

Clinical Experience

Number :

Duration (Longest and Shortest) :

Number of clinical supervisors :

Knowledge on Clinical Supervision and relationship with Clinical Supervisors

1. Please can you tell me what you understand about clinical supervision? (Probe)

2. How would you describe your relationship with clinical supervisors? (Probe)

Probes

• What interpersonal and intrapersonal factors affected your interaction / relationship?

• How would you describe the organisational culture / climate?
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- How did the setting / learning environment contribute to your encounter with the clinical supervisors?

Describing Roles Played by Clinical Supervisors

3. Can you share with me the roles played by the clinical supervisors? (Probe)

Probes (Normative, Formative and Restorative)

- Were they supportive of your learning?
- Did they encourage and motivate you to do things on your own?
- Did they teach you what you needed to learn?
- How do / did you feel about the supervisory process?

Factors that contribute to effective clinical supervision

4. Can you please share with me some factors that you think contribute to effective clinical supervision? (Probe)

Summary and conclusions

5. In summary, what would you say about your experience with clinical supervisors and the roles they play in clinical supervision? (Probe)

Thank You
Appendix D: Ethical Clearance and Approval

**ETHICAL CLEARANCE**

FEDERALWIDE ASSURANCE FWA 00001824
NMIMR-IRB CPN 028/17-18
IRB 00001276
IORG 0000908

On 13\textsuperscript{th} November, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

**TITLE OF PROTOCOL**
Exploring Nursing Students' Experiences Regarding Clinical Supervision: A Study at the SDA Hospital, Kwedas-Kumasi.

**PRINCIPAL INVESTIGATOR**
Edward Obeng Amaa M.Phil Cand.

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 12\textsuperscript{th} November, 2018. You are to submit annual reports for continuing review.

Signature of Chair: 
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)
Appendix E: Introductory Letter to Study Setting

UNIVERSITY OF GHANA
SCHOOL OF NURSING

Ref. No.: SONM/E.11...........................................

December 14, 2017

The Medical Director
SDA Hospital
Kwadaso-Kumasi

Dear Sir/Madam,

INTRODUCTORY LETTER

I write to introduce to you Edward Obeng Amoah, an MPhil Year II student of the School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon. He is seeking your permission to collect data for his research on the topic “Exploring Nursing Students’ Experiences Regarding Clinical Supervision: A Study at SDA Hospital, Kwadaso-Kumasi.”

I should be most grateful if you could kindly assist him with the information that he may require.

Thank you.

Yours faithfully,

Dr. Adelaide M. Ansah Ofei
SUPERVISOR
### Appendix F: Participant Characteristics

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<th>Sex</th>
<th>Program</th>
<th>Year / Level</th>
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