



Mental health pre-registration nursing students' experiences of group clinical supervision: A UK longitudinal qualitative study



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ABSTRACT

There is widespread international interest in the use of clinical supervision in nursing as well as recognition of the need to introduce nursing students to its concepts and value. This article reports on a three-year longitudinal qualitative focus group study which explored students' views and experiences of a group clinical supervision initiative. Students attended supervision groups facilitated by teaching staff over their three year pre-registration mental health nursing course, with a main aim of developing skills, knowledge and attitudes as supervisees. The findings showed that students derived benefit from the experience, gained greater awareness of the nature of supervision and became active supervisees within their groups. These benefits took time to emerge and were not universal however. While the findings support the value of exposing students to the experience of group clinical supervision educators wishing to implement such a programme need to address a host of issues. These include; the preparation of students, structural and resource concerns, and issues relating to group dynamics.

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Introduction

Within the United Kingdom (UK), there have been accounts highlighting the value of clinical supervision for registered nurses since 1989 (Butterworth et al., 2008) and more specifically continuing recognition that clinical supervision should be part of mental health nursing (Department of Health [DH], 2006). Within the UK and for the purposes of this article, clinical supervision is defined as:

“...a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and safety of care in complex clinical situations” (DH, 1993).

There is also recognition of the need to introduce pre-registration nursing students to the theory and practice of clinical

supervision (Cutcliffe and Proctor, 1998; Ashmore and Carver, 2000; Cleary and Freeman, 2005; Clibbens et al., 2007).

The interest in clinical supervision is paralleled across Europe, North America and Australasia although discussion is hampered by the fact that the term clinical supervision is conceptualised and used in different ways (Cutcliffe and Lowe, 2005; Haggman-Laitila et al., 2007; Buus and Gonge, 2009; Severinsson and Sand, 2010). In the UK and within this article, clinical supervision refers to the support of a practitioner who attends pre-arranged supervision sessions without the expectation that the supervisor will directly observe practice.

Despite the above, one recent review of the clinical supervision literature has highlighted its value but was largely focused on clinical supervision for registered nurses (Jones, 2006; Brunero and Stein-Parbury, 2008; Butterworth et al., 2008; Buus and Gonge, 2009). Buus and Gonge (2009, p. 262) note;

“Clinical supervision in psychiatric nursing is commonly perceived as a good thing...” but “...the empirical evidence supporting this claim is limited”.

Nevertheless, attempts have been made to establish an evidence base showing a causal relationship between clinical supervision, quality of care and patient outcomes (White and Winstanley, 2009, 2010).

In practice the prevalence of clinical supervision varies greatly (Butterworth et al., 2008). Buus et al. (2009) described studies

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Table 1
Focus group data generation points.

	Year 1		Year 2		Year 3	
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
Cohort 1	Four focus groups (see Carver et al. (2007))	Two focus groups	–	–	–	–
Cohort 2	–	–	Two focus groups	Two focus groups	–	–
Cohort 3	–	–	–	–	Two focus groups	One focus group

showing that between 33% and 81% of psychiatric nurses engaged in the activity. Clinical supervision may be delivered in both individual and group formats (Hawkins and Shohet, 2006) with individual supervision predominating in the UK (Edwards et al., 2005) and both formats being equally effective (Edwards et al., 2005).

Few authors discuss the experiences of student nurses in either group supervision per se (for example Markham and Turner, 1998; Severinsson, 1998; Lindgren et al., 2005; Saarikoski et al., 2006; Arvidsson et al., 2008) or in arguably similar 'reflective practice groups' (Platzer et al., 2000a, 2000b).

If clinical supervision is to succeed it is important to explore how pre-registration students may be introduced to this activity. This article presents the third stage of a wider project that aimed to evaluate a programme designed to orientate students to clinical supervision. The group clinical supervision programme itself was based on a successful evaluation of a similar short-term initiative (Ashmore and Carver, 2000).

The group clinical supervision programme

The programme had the following aims;

- To support and develop students' learning by critically exploring the links between theory and clinical practice,
- To develop students' skills, knowledge and attitudes as supervisees and supervisors,
- To offer the opportunity to learn in a small group setting.

At the time of the study the three-year mental health pre-registration nursing course consisted of six units of learning, each with one clinical placement. Clinical supervision groups of 10–12 students met with the same supervisor on three occasions during each placement. Groups maintained the same membership over the three years other than in exceptional circumstances, for example a student returning from maternity leave to a different cohort. Groups lasted between one and one and a half hours. Attendance was a required part of the course. A two-hour didactic session introduced students to the principles of clinical supervision and the programme. Students had a choice of two supervisors. The programme's protocols are described in greater detail elsewhere (Clibbens et al., 2007).

Evaluation of the group clinical supervision programme

The evaluation of the programme comprised three stages.

Stage one consisted of semi-structured interviews with mental health nursing lecturers and aimed to explore their views and experiences of facilitating the supervision groups. The findings suggested that the idea of undertaking supervision for students is attractive to lecturers, although not without challenges (see Ashmore et al., 2012).

Stage two consisted of four focus groups aimed at exploring students' expectations of clinical supervision prior to taking part in the programme. The findings suggested that students valued the

idea of supervision, although there were significant anxieties both about supervision in general and of group supervision in particular (see Carver et al., 2007).

The aim of this third stage of the evaluation (as described below) was to explore mental health students' views, opinions and experiences of the group clinical supervision initiative. Focus groups were chosen because they allow the collection of large amounts of 'rich' data as well as enabling the researcher to probe issues as they arise (Kitzinger, 1994).

Methods

A purposive sample of 44 students in total was recruited from three consecutive cohorts enabling data to be obtained from all parts of the course (see Table 1). Findings from the Unit 1 focus groups (examining students' expectations of supervision) have previously been reported (Carver et al., 2007). A total of nine focus groups were conducted between Unit 2 and Unit 6. Each was comprised of between four and eight participants and lasted 45–60 min. Discussions were guided by a semi-structured question schedule developed from a review of the clinical supervision literature and analysis of the findings from an earlier short-term initiative (Ashmore and Carver, 2000) and stage two of the evaluation (Carver et al., 2007). Groups were facilitated by a research assistant (JS), audio-taped and transcribed verbatim.

Analysis

Transcripts were analysed independently by two researchers (NC and NC) using a process of thematic analysis outlined by Burnard (1991). Open coding of the transcripts generated preliminary themes, which in turn were finalised following discussion between the researchers and a process of 'member checking' with the participants (Lincoln and Guba, 1985). This procedure did not result in any changes to the preliminary themes. In order to enhance the richness of the data care was also taken to ensure that where possible degrees of consensus and dissent were incorporated in the development of the themes. The quotes presented in the findings exemplify 'typical' statements, disagreements, and illustrate issues of consensus in the group.

Rigour

The rigor or trustworthiness of this study was established using the four criteria of credibility, dependability, confirmability and transferability (Guba and Lincoln, 1994). Credibility was enhanced by data being derived from 'real-life' supervision groups facilitated by different lecturers over a three-year period and at different stages of the course. As mentioned above, independent analysis of data and member checks were also used. Dependability was established through the rigorous application of the methods used to generate and analyse data in the study. Confirmability or the attempt to minimise the influence of the researcher on the reported findings was addressed by the employment of a research assistant

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