

APPLYING THEORY TO PRACTICE THROUGH CLINICAL SUPERVISION

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ABSTRACT Frankel, A. (2008) Applying theory to practice through clinical supervision. *Nursing Times*; 104: 30, 30–31.

A self-selecting sample of support workers completed a questionnaire and some of this sample also took part in structured interviews. The results show that there was a lack of supervision and mentoring of staff across the organisation. Focus groups with senior staff concluded that leadership from ward managers is needed.

Effective mentorship is critical in delivering high-quality care, ensuring patient safety and facilitating positive development of staff.

Our existing training model is based on traditional teaching strategies using a range of presentation skills. It has limitations because of its passive and didactic teaching methods. Little emphasis is placed on work-based practice supervision and mentorship and there is limited follow-up from training courses to see whether knowledge is being applied to practice.

A study by Coffey (2004) found support workers, asked about preferred type of training, displayed an overwhelming interest in an 'on the job' model.

AIM AND METHOD

This study aims to demonstrate that professional development is a dynamic process and can be a partnership between the support worker and the mentor.

A self-selecting sample of support workers (n=40) was identified to participate in this study and they were asked to complete questionnaires. From this initial group of participants, a stratified sample was selected (n=10) to take part in structured interviews. In addition, two focus group discussions were carried out with senior managers and directors of the organisation.

IMPLICATIONS FOR PRACTICE

- Effective mentoring leads to the successful development of staff, ensuring maintenance of professional standards and the growth of competent practitioners (Nancarrow and Mackey, 2005).
- Training cannot be confined to the classroom and needs to involve practical as well as theoretical elements.
- Support workers are accepting more

responsibility for tasks previously undertaken by nurses. This increased responsibility must be supported by application of knowledge to ensure that their practice is safe and competent.

- Support workers need to reflect on their performance to encourage new workplace behaviours and learn from their experiences.

RESULTS AND DISCUSSION

The sample that completed the questionnaires (n=40) consisted of 27 females and 13 males. The majority of participants had been with the organisation for longer than 12 months.

The results of this study demonstrate that an appropriate level of supervision is not occurring across the organisation. A combination of inexperience, lack of confidence, lack of supervision training, and an absence of depth of their own professional knowledge, leads to many nurses being poorly equipped to deliver effective clinical supervision.

Developing the nurse's ability to fulfil their role as a competent mentor became a core theme in this study, with 47.5% of respondents suggesting that they did not receive effective coaching and guidance from nurses. Only 32.5% trusted the nurses enough to give them the right supervision and support in applying learning to practice. Some interviewees suggested there was no consistency in information that nurses gave them, with one saying 'if you go to three nurses with the same question you will get three different answers'.

The interviewees indicated that they became frustrated and confused by this inconsistency and looked to fellow support workers for advice instead. It appears that support workers have most confidence in their peers.

Disappointing results were recorded for all areas pertaining to nurses in a supervisory/mentorship role. Only 16 (40%) agreed that their supervisor regularly discussed their training and development needs with them. It is of concern that only 14 (35%) of support workers agreed that their supervisor worked alongside them to demonstrate how to apply their learning to practice, and only 21 (52.5%) recognised that their supervisor coached and guided them effectively.

Support workers did not have frequent contact with their supervisors and it was evident that the supervision process was not being implemented effectively. Supervision occurred every eight weeks but each supervision session was viewed in isolation from the previous session. Nurses generally appear to have viewed supervision as a 'task' that needed to be completed rather than an important development process. These attitudes provided little benefit to the support worker.

The formal supervision session should be an evaluation at the end of an eight-week mentorship and a coaching process based on goals which were set in the previous supervision. The formal supervision session should then be used to set the goals for the next eight weeks of coaching and mentorship. It is this mentorship/coaching link that is currently missing and has negative implications on the support worker's ability to integrate theory and practice.



It was encouraging that all 40 of the participants stated that they would like to be given the opportunity to use the knowledge and skills they have learnt as a result of the training. This indicates a strong commitment from the support workers to implementing theory into practice. The organisation should support this level of motivation by ensuring that the appropriate mentorship systems are in place to sustain their commitment.

Lack of formal training

Interviews with senior managers revealed there were no formal written guidelines to assist nurses in facilitating support workers' development through mentorship and coaching or to assist support workers to identify how they might be supported. None of the nursing staff had received any formal training from the organisation to prepare them for their role as a mentor or supervisor.

The support workers perceive their role as being 'the ones who actually do the hands-on practice of the job'. It is of concern that they feel they are doing this without the appropriate level of mentorship and supervision from nurses.

Of the support workers who participated in the questionnaire, 27 (67.5%) agreed that it is important that part of supervision time should be spent encouraging them to reflect on their learning using a recognised reflective practice model.

Only 19 (47.5%) agreed that they find it easy to apply what they learn in training to their practice. This could suggest that they are not given either the appropriate opportunities to apply learning or the right level of support. This can be compared with the 100% of support workers who stated they would like to be given the opportunity to use the knowledge and skills they have learnt as a result of the training.

The results suggest that the support workers are eager to apply knowledge to practice but are lacking the important leadership support from nurses that should

be provided through structured supervision and mentorship. The effective mentor guides the support worker through a process of reflection on everyday workplace experiences. It is through this process that support workers identify what constitutes good practice. They are then able to apply their learning in the workplace, improving their quality of care and developing into competent practitioners.

It is fundamentally important to establish the mentorship relationship and begin to encourage coaching activity through qualified nurses. Other key stakeholders, including ward managers through to hospital directors, are interested in methods of improving performance and should be directly and indirectly involved in mentorship of more junior staff.

Nurses have suggested during informal discussions that demands on their time do not allow them to provide supervision and structured mentorship to support workers. An alternative option might be to consider providing supernumerary time for the completion of supervision or to appoint a clinical teacher to deliver a mentorship/coaching programme.

Allocating responsibility

This option was discussed in the focus group which concluded that the ward manager should be responsible for developing nurses and ensuring that effective mentorship systems are in place. The suggestion for the appointment of a clinical teacher was rejected. Instead, the focus group suggested that a greater synthesis was required between the variables: appraisal (bi-annually); supervision (eight-weekly); and mentorship (daily); with clear line management and goal-setting responsibility for each element.

Providing the appropriate level of learning and supervision to the support workers in the organisation can be problematic. Mentors are unlikely to be able to provide the level of mentorship and supervision required to have a significant impact on learning without increasing their workload.

In a study by Coffey (2004) 62% of nurse respondents were not interested in being personally involved in training. Reasons given were mainly 'no time' and complaints of an 'already heavy workload'.

There is a clear correlation between effective mentorship and motivation. In this

REFERENCES

Coffey, A. (2004) Perceptions of training for care attendants employed in the care of older people. *Journal of Nursing Management*; 12: 5, 322–328.

Nancarrow, S., Mackey, H. (2005) The introduction and evaluation of an occupational therapy assistant practitioner. *Australian Occupational Therapy Journal*; 52: 293–301.

study only 28 (70%) support workers felt they were encouraged to apply what they learnt to their working practice. A stimulus-response perspective on this would suggest that rewards shape behaviour and behaviour that is reinforced is likely to occur again. It is therefore fundamentally important to reinforce positive learning.

Results of this survey suggest that staff often feel that they are not encouraged or rewarded for their learning and therefore have decreased motivation to learn or apply learning to practice. Mentors must be astute in reinforcing support workers' attempts to apply knowledge to practice. Sustained learning happens only when individuals are motivated to learn, know why they are learning and are supported by others, including their mentor/supervisor.

If the professional development programme is not meeting their learning needs staff will be unsure of their role or what is expected of them. In the long term, lack of effective learning may lead to decreased motivation because of a lack of confidence in their ability to perform their role effectively, increased sickness rates and high turnover of staff, which leads to a lack of continuity of care and destabilises the therapeutic environment.

CONCLUSION

Support workers take on roles including key worker responsibilities, care planning, care review and personal care, and they are often required to supervise people with serious health difficulties. A skilled and competent workforce, which has the ability to bridge the theory/practice gap, is therefore fundamental to patient safety and well-being. With better mentorship and supervision support workers will be encouraged to implement their learning into practice. ■

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