

# Evaluation of the clinical supervision and professional development of student nurses

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SEVERINSSON E. & SAND Å. (2010) *Journal of Nursing Management* 18, 669–677

## Evaluation of the clinical supervision and professional development of student nurses

**Aim** The aim of the present study was to evaluate the clinical supervision and professional development of student nurses during their undergraduate education. **Background** Nursing education has undergone radical changes as a result of improvements in the academic-based clinical education required for the Bachelor's degree.

**Methods** The sample consisted of student nurses ( $n = 147$ ) and data were collected by means of questionnaires.

**Results** The results demonstrated that the frequency of sessions and the supervision model employed influence the student nurses' professional development. Several significant correlations were found, most of which were related to the development of the student nurses' professional relationships with their supervisors and reflection on the development of their skills. From the patients' perspective, a high correlation was found between the factors 'preserving integrity' and 'protecting participation by patients and family members'.

**Conclusions** Clinical supervision strongly influences the student nurses' development of a professional identity, enhancing decision-making ability and personal growth. However, development of documentation skills should include a greater level of user involvement.

**Implications for nursing management** The findings highlight the need for management and staff nurses to engage in on-going professional development. Transformative leadership, which is value driven, can facilitate and enhance the supervision and development of student nurses.

**Keywords:** clinical supervision, nursing education, professional development, student, supervision

*Accepted for publication:* 9 June 2010

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## Introduction

In recent years, nursing education in Norway has undergone radical change in the area of curriculum development, involving a shift from a practical, via technical, to an academic-based content (Curriculum DOI: 10.1111/j.1365-2834.2010.01146.x

for Nursing Education in Norway 2000). In order to enhance the academic education of nurses, scientifically-based nursing knowledge (theory, philosophy, practice and science) is now prominent in the curriculum, and the literature is selected to inform the students and the faculty members at the university, while

supervision is provided by clinical nurses in practical settings. Clinical nursing education (CNE) plays a crucial role in assisting student nurses to integrate theory, research and nursing practice, as required for the Bachelor's degree (Jerlock *et al.* 2003).

In order to ensure high-quality CNE, several strategies have been suggested, which focus on the effectiveness of supervision during nursing education, with the emphasis on learning and professional development (PD) processes. Clinical supervision is offered during the clinical part of the student nurse's education, in order to support practical knowledge by the development of critical reflection and problem-solving strategies. Clinical supervision has been defined in various ways – Hyrkäs (2002, p. 36) for example, describes it as a professionally-oriented learning alliance between the supervisor and a supervisee which emphasizes PD in relation to relevant education. In addition, the concept has its empirical basis in reflection and systematic assessment of one's work. Supervision is also described as a process in which the participants raise questions, explain and systematize experiences of clinical care in a professional context. The objective of clinical supervision is to improve the student's ability to integrate theory and practice and to develop an understanding of human beings in need of care (Severinsson 1997). Previous research has revealed an association between the influence of supervision and the student nurses' integration of theoretical knowledge, practical competence and experience as well as the development of a professional identity (Holm *et al.* 1998).

A review of the literature reveals that there is a growing awareness of the value of clinical supervision, and several methods have been employed to evaluate its effects. There is strong support in the literature for the fact that clinical supervision is beneficial for the supervisee. Hyrkäs and Paunonen-Ilmonen (2001) investigated fundamental issues in clinical supervision in order to demonstrate its importance to the quality of care. Lindgren *et al.* (2005) focused on student nurses' perceptions of and satisfaction with group supervision during their training. The results revealed that the students were satisfied with the group supervision and that both structure and climate were important for its success.

Professional identity and PD concern several aspects, such as problem-solving, critical ethical judgement and values (Fagermoen 2008), optimum learning and opportunities as well as clinical experience (Friedman & Philips 2004). There are several links between PD, reflective practice, decision-making and clinical supervision (Jasper 2006, 2007). The nursing programme is

designed to integrate theoretical and clinical components (Löfmark *et al.* 2001). Patient care is a complex activity and skill development is necessary. In Norway, clinical practice constitutes 50% of the total content of the 3-year course. To enhance the nursing programme, the student nurses are provided with clinical supervision. It is therefore of interest to evaluate various aspects related to the outcome of investment in supervision and PD.

## Aim

The aim of the present study was to evaluate the clinical supervision and professional development of student nurses during their undergraduate education.

## Methods

### Sample and data collection

One hundred and forty-seven student nurses, whose final placement (medical, surgical, psychiatric or home care) during their clinical practice was at a university hospital, in community health care or home care in the west of Norway, were invited to participate in the study. The questionnaire was distributed to a group of student nurses during the last theoretical lesson of the sixth and final semester of their university course. One of the researchers (Å.S.) met the student nurses and explained the purpose of the study to them. The anonymous questionnaire together with a covering letter explaining the aim of the study was distributed and they were asked to provide their written consent. The student nurses placed the questionnaire in one box and the consent form in another, whilst the teacher ticked their names off the list. As the authors were interested in meeting as many students as possible, a day when all students were supposed to attend a lecture was chosen. However, as they were not all present, the authors later asked the university lecturers to distribute the questionnaire to those who had been absent, which thus led to an additional 18 participants, bringing the total sample to 104.

### Research questionnaire

A questionnaire including items of a demographic nature was used to measure the students' views on the influence of clinical supervision and PD during the practical part of their CNE. The demographic data included age, gender, previous professional qualifications and experience of clinical supervision.

The Manchester Clinical Supervision Scale (MCSS) (Winstanley 2000) and The Effects of Supervision Scale (ESS) (Severinsson 1995) as well as the Focus on Empowerment Supervision Scale (FESS) were used. The latter instrument was developed by the second author (Å.S.) from a literature review and her previous studies.

The MCSS comprises 36 items with a Likert-type scale (1–5) divided into six factors, and includes elements from all three components of Proctor's model (1986); namely Normative (organizational responsibility, quality control), Formative (development of skills and knowledge) and Restorative (supporting personal well-being). The existing sub-scale labels were used: trust and rapport, supervisor advice/support, improved care/skills, importance/value of clinical supervision, finding time and personal issues/reflection (Winstanley 2000). The instrument was translated into Norwegian by the second author (Å.S.) and adapted to the Bachelor degree students at the University. Back translation was made by a certified translator whose native language is English. There were no differences between the forward and back translations.

The ESS consists of 27 items and was specially designed to capture student nurses' views of what they had learnt in clinical supervision. The answers to the questions are rated on a four-step Likert-type scale with a response range from 1 (totally disagree) to 4 (totally agree). The areas focused upon are interpersonal skills, professional skills, communication skills and sensitivity to patients' needs (Severinsson 1995, 1997, 2001).

The FESS focuses on nursing documentation, student nurses' perceptions of the influence of supervision during their CNE and user involvement in nursing care. The response alternatives in the third part of the questionnaire took the form of a four-point Likert-type scale (1–4) comprising 24 items.

### Statistical analysis

The variables were examined by means of several statistical analyses. Mean and standard deviations, medians and exploratory factor analysis with varimax rotation (Polit & Beck 2004, De Vet *et al.* 2005) were presented in order to show descriptive results.

In addition, the mean and standard deviation of each item within the six factor components of the MCSS were calculated. Cronbach's alpha coefficients and Spearman's rank correlation were employed to validate for internal consistency and reliability. These statistical analyses were conducted in order to establish the internal consistency of the items within and between each sub-scale. The SPSS (2002) PC-version 12.0 soft-

ware was used for all the tests and performed at a two-tailed significance level, while the *P*-value was set at 0.01 and 0.05.

### Ethical considerations

Permission to use the MCSS was obtained from the copyright holder, Dr J. Winstanley (personal contact, Australia), and permission to perform the study was obtained from the Head of the Department of Health Studies at the University. The participants were provided with verbal and written information and signed their informed consent. In addition, confidentiality was guaranteed and the Helsinki declaration guidelines were respected (World Medical Association 2002).

## Results

### Respondents, frequency of sessions and supervision model

One hundred and forty-seven questionnaires were distributed and 104 nursing students completed the instrument, representing a response rate of 70.7%. Although all the respondents completed the demographic section, they failed to answer two questions as they did not notice the highest alternative on the EES scale. Therefore, these two items (nos. 26–27) were excluded from the analyses. The mean age of the respondents was 27 years (21–30) and 94% were female.

Fifteen of the students had prior experience of supervision. All students performed their clinical practice on sites affiliated to the university; 26 on a medical ward, 21 on a surgical ward, 32 on a psychiatric ward at a university hospital or in a community healthcare setting and 25 in home care in the west of Norway.

The frequency of contact with their supervisor was; every day ( $n = 22$ ), every week ( $n = 37$ ), every second week ( $n = 28$ ) and once a month ( $n = 16$ ). The type of supervision varied, with the majority of the students ( $n = 64$ ) having had individual supervision, while five had group sessions and 34 a combination of individual and group supervision. The majority of supervision sessions ( $n = 85$ ) took place at the workplace, two outside the workplace and 17 at a combination of the two locations. The sessions lasted from <15 min ( $n = 35$ ) to 60 min ( $n = 9$ ). The majority ( $n = 36$ ) reported sessions lasting <15 min ( $n = 1$ ) and 15–30 min ( $n = 20$ ), while 15 had attended supervision sessions of between 30 and 45 min. Seventy eight of the participants would have liked more supervision than was available.

### The factor structure of perceptions of the influence of supervision, documentation and user involvement in nursing care

The factor structures of the perceptions of 'supervision, documentation' and 'user involvement' in the nursing process were evaluated by means of principal component analysis with varimax rotation. The two-factor model of the perceptions of 'influence of supervision' explained about 97% of the total variance (Table 1). Eigenvalues after rotation were  $F1 = 3.04$  and  $F2 = 1.74$ . The factors were labelled 'Supportive yet challenging professional relationship' and 'Preparatory and confirming relationship'. The total Cronbach's alpha was 0.83.

The two-factor solution (Eigenvalues  $F1 = 2.43$ ,  $F2 = 2.17$ ) pertaining to perceptions of 'documentation' explained about 78% of the total variance (Table 2).

The factors were labelled 'Increased patient participation and problem-solving' and 'Increased communication and documentation skills'. The Cronbach's alpha was 0.76.

The factor solutions for students' perceptions of 'user involvement' in nursing care were labelled 'Preserving integrity' (Eigenvalue 2.6) and 'Protecting participation by patients and family members' (Eigenvalue 2.28). The total Cronbach's alpha was 0.84.

### Correlation of the MCSS, user involvement, documentation and perceptions of the influence of supervision, the EES as well as the FESS

Several significant correlations were found in this study (Table 3). The 'Trust/Rapport' component of the MCSS was found to correlate with the following factors in the FESS scale; high correlation with 'Preserving integrity',

**Table 1**

Factor analysis of the nurse student's perceptions of attending supervision on clinical practicum

<i>Scales and item</i>	<i>Factor loading</i>	<i>Cronbach's alpha</i>
<i>F1 Supportive yet challenging professional relationship</i>		0.83
Q4 The relationship with the supervisor was based on mutual respect	0.87	
Q6 I learned from the supervisor to integrate theory and practice	0.79	
Q5 I felt that I could be open and honest in the relationship to the supervisor	0.77	
Q7 I was evaluated from pedagogical principles	0.71	
Q8 My supervisor has contributed to achieve the goal of clinical practicum	0.57	
<i>F2 Preparatory and confirming relationship</i>		0.58
Q2 I am satisfied with the learning situation at my clinical practicum	0.85	
Q3 The supervisor provided one hour supervision per week	0.63	
Q1 I was welcome to my clinical practicum	0.57	

Eigenvalues after rotation  $F1 = 3.04$ ,  $F2 = 1.74$ ; % Explained variance  $F1 = 37.94$ ,  $F2 = 21.81$ ; Cumulative %  $F1 = 37.94$ ,  $F2 = 59.76$ . Cronbach's alpha total = 0.83.

**Table 2**

Factor analysis of the nurse students' perceptions of documentation of nursing care plans

<i>Scales and item</i>	<i>Factor loading</i>	<i>Cronbach's alpha</i>
<i>F1 Increased patient participation and problem-solving</i>		0.61
Q12 I use all the parts of the problem-solving process when I document	0.72	
Q16 I normally document together with the patient	0.69	
Q13 I cooperate with the patient in all parts of the problem-solving process	0.68	
Q15 I am educated in how to develop the nursing process documentation	0.68	
Q14 I collaborate with family members if the patient give their consent to developing the nursing plan	0.65	
<i>F2 Increased communication and documentation skills</i>		0.75
Q10 I am goal-oriented when I communicate with the patient after supervision	0.86	
Q11 My sense of security in my pedagogical function as a nurse increased after supervision	0.86	
Q9 I understand the nursing process better after supervision	0.56	
Q17 I have developed the nursing plan together with the supervisor in relation to patients suffering from chronic illness	0.35	

Eigenvalues after rotation  $F1 = 2.43$ ,  $F2 = 2.17$ ; % Explained variance  $F1 = 27.04$ ,  $F2 = 24.10$ ; Cumulative %  $F1 = 27.04$ ,  $F2 = 51.15$ . Cronbach's alpha total = 0.76.

**Table 3**  
Spearman's correlation between factors

MCCS	Trust/Rapport	Supervisor advice/support	Improved care/skills	Importance/value of CS	Finding time	Personal issues	Reflection
User involvement							
Preserving integrity	0.30***	0.33***	0.12	0.22**	-0.07	0.17	0.19
Protecting participation by patients and family members	0.26**	0.31***	0.41***	0.29**	0.00	0.09	0.30**
Documentation							
Increased patient participation & problem-solving	0.10	0.25*	0.12	0.14	0.01	0.19	0.29**
Increased communications & documentation skills	0.43***	0.37***	0.24*	0.30**	0.25**	0.13	0.21*
Influence of supervision							
Supportive yet challenging relationship	0.61***	0.57***	0.16	0.09	0.17	0.19	0.11
Preparing and confirming relationship	0.24**	0.35***	0.19	0.17	0.13	0.16	0.11
EES							
Interpersonal skills	0.42***	0.39***	0.20*	0.23*	-0.01	0.23**	0.25***
Professional skills	0.45***	0.45***	0.21**	0.22*	0.09	0.26**	0.35***
Communications skills	0.44***	0.38***	0.20*	0.23**	0.00	0.12	0.24**

\* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$ .

moderate with 'Protecting participation by patients and family members' ( $P < 0.000$ ) and high with 'Increased communication skills and documentation skills' ( $P < 0.000$ ).

Regarding the influence of supervision, the factors 'Supportive yet challenging relationship' ( $P < 0.000$ ) and 'Preparing & confirming relationship' ( $P < 0.01$ ) were both found to correlate with the 'Trust/Rapport' factor on the MCSS. Moreover, there was a high correlation between 'Trust/Rapport' and 'Interpersonal skills' ( $P < 0.001$ ), 'Professional skills' ( $P < 0.000$ ) and 'Communication skills' ( $P < 0.000$ ) on the EES.

There was a high correlation between 'Supervisor advice/support' in the MCSS and 'Preserving integrity' as well as 'Protecting participation by patients and family members' ( $P < 0.000$ ) and a mild correlation with the factor 'Increased patient participation and problem-solving' ( $P < 0.05$ ). Factor 2 in the MCSS also correlated highly with 'Increased communication and documentation skills' ( $P < 0.000$ ) as well as with all the factors in the ESS.

'Improved care/skills' correlated with one of the components related to user involvement in the factor 'Protecting participation by patients and family members' ( $P < 0.000$ ) and also had a mild correlation with the factor 'Increased communication and documentation skills' ( $P < 0.05$ ). All three factors showed mild ( $F1 P < 0.05$ ), moderate ( $F2 P < 0.01$ ) and mild ( $F3 P < 0.05$ ) correlations with the ESS.

'Importance/value of CS' showed a moderate correlation with 'Increased communication and documentation skills' ( $P < 0.01$ ), 'Interpersonal skills' ( $P < 0.05$ ),

'Professional skills' ( $P < 0.01$ ) and 'Communication skills' ( $P < 0.01$ ) on the EES. There was a moderate correlation between 'Finding time' and 'Increased communication & documentation skills' ( $P < 0.01$ ). The factor 'Personal issues' on the MESS correlated positively with 'Interpersonal skills' ( $P < 0.01$ ) and 'Professional skills' ( $P < 0.01$ ) on the ESS. Finally, the factor 'Reflection' correlated with six other factors: 'Protecting participation by patients and family members' ( $P < 0.01$ ), 'Increased patient participation & problem-solving' ( $P < 0.01$ ), 'Increased communication & documentation skills' ( $P < 0.05$ ), 'Interpersonal skills' ( $P < 0.000$ ), 'Professional skills' ( $P < 0.000$ ) and 'Communication skills' ( $P < 0.01$ ) on the ESS scale.

### Correlation of documentation and user involvement in nursing care and the FESS as well as EES

Additional analysis of the association between documentation, user involvement and the EES revealed a number of high correlations (Table 4). 'Increased patient participation and problem-solving' correlated with all factors: 'Preserving integrity' ( $P < 0.01$ ), 'Protecting participation by patients and family members' ( $P < 0.05$ ), 'Interpersonal skills' ( $P < 0.05$ ), 'Professional skills' ( $P < 0.01$ ) and 'Communication skills' ( $P < 0.05$ ) in the ESS.

'Increased communication and documentation skills' was highly correlated with all factors in the EES. 'Supportive yet challenging relationship' correlated with 'Preserving integrity' ( $P < 0.000$ ) and all factors in the

**Table 4**  
Spearman's correlation between factors

<i>Documentation</i>	<i>Increased patient participation &amp; problem-solving</i>	<i>Increased communications and documentations skills</i>	<i>Supportive yet challenging relationship</i>	<i>Preparatory &amp; confirming relationship</i>
User involvement				
Preserving integrity	0.41**	0.17	0.39***	0.11
Protecting participation by patients and family members	0.22*	0.22	0.04	0.11
EES				
Interpersonal skills	0.25*	0.43***	0.32**	0.22*
Professional skills	0.22**	0.41***	0.30***	0.18
Communications skills	0.21*	0.41***	0.38***	0.19

\* $P < 0.05$ , \*\* $P = < 0.01$ , \*\*\* $P = < 0.001$ .

EES; 'Interpersonal skills' ( $P < 0.000$ ), 'Professional skills' ( $P < 0.000$ ) and 'Communication skills' ( $P < 0.000$ ). Finally, there was a mild correlation between 'Preparing and confirming relationships' and 'Interpersonal skills' ( $P < 0.05$ ).

## Discussion

The aim of the present study was to evaluate the clinical supervision and PD of student nurses during their undergraduate education. Questionnaires were employed and the data analysed using descriptive and inferential statistics. Several factors contributed to the students' PD during their clinical practicum. Two main issues emerged from the results, namely the connections between 'Clinical supervision and professional relationships' and 'Facilitating and managing the learning of practical skills'.

### Clinical supervision and professional relationships

There was a general perception among the student nurses that clinical supervision provided by staff nurses was a positive experience for most of the students. However, 78 out of the 147 participants would have liked more supervision than was available. This is not surprising, as these students are in their third year of education and expect to obtain their degrees in a short time. The external conditions of supervision have been described in previous research and include the fact that the supervisor should be familiar with the student and his/her reasons for practising nursing (Nylund & Lindholm 1999). There was a moderate correlation between 'Finding time' and 'Increased communication & documentation skills'. The majority of the students had only limited time available for attending supervision. Lyth (2000) described the phenomenon of time in research focusing on the evaluation of supervision,

arguing that time is needed as a resource during nurses' working days. Severinsson (2001) emphasized that, in addition to available time, the way in which nurses take responsibility for how best to organize the content of the session is also important. Johns (2003) stated that clinical leadership is a cornerstone for the development of nursing and health care practice, that the clinical leader is responsible for facilitating the development and support of staff competence and clinical practice as well as ensuring the quality of care. This includes giving priority to developmental time to supervise. Despite the fact that the nursing programme is designed to provide different opportunities for individual professional development aimed at integrating theory and practice, it is dependent, among other things, on the organizational structure and the clinical learning environment culture (Saarikoski & Leino-Kilpi 2002, Munro 2008). A sound theoretical basis might facilitate the development of practical skills. This could become possible by discussing professional identity and personal growth with the supervisor. Growth potential is infinite if students have a skilled supervisor who is a motivated, active and authentic participant in the sessions.

The most important factor contributing to PD was a 'Supportive yet challenging professional relationship'. The second most important factor 'Preparing and confirming professional relationship' can be explained by the fact that the relationship is built on mutual respect and openness to learning needs. A working climate characterized by trust enhances the students' ability to be in dialogue with the supervisor, thus facilitating the integration of theory and practice (Severinsson 1997). In supervision, confirmation is the most valuable component for enabling learning and professional growth. The goal of confirmation is to eliminate doubt and promote a professional identity (Holm Wiebe *et al.* 2010). Confirmation enhances

professional identity, professional stance and caring relationships. These positive aspects of clinical supervision are highlighted by Fowler and Dooher (2001) and Kilcullen (2007), who emphasized that clinical supervision improves PD by facilitating reflection on practice. Supervision also promotes emotional awareness and responsibility, both of which are extremely important in relation to quality of care, as is the issue of professional identity development. A well-integrated theoretical and practical identity is necessary for providing patient care in an empathetic and skilful way. Ethical issues should constitute a part of nursing leadership. Storch *et al.*'s (2002) research revealed that courage in leadership was needed to enact moral agency and to recognize one's moral authority. As a leader it is necessary to assume moral authority for patient care and to be a moral role model for students and staff colleagues.

Supervision also includes a pedagogical activity – reflection – a key concept in the development of a professional identity, as it leads to identification with the nursing profession. The role of reflection in clinical supervision has been described by several authors (Bégar *et al.* 2003, Severinsson 2001). 'Reflection' is an aspect of learning professional skills. Jasper (2006) argued that the benefits of reflective learning skills are not only related to the development of qualifications but are transferable skills that one can continue to draw on in the working environment. It is well known from previous research that reflection influences professional growth and has been described in relation to 'challenging' the supervisee with the intention of supporting and enhancing professional growth in an effort to foster moral understanding (Berggren 2005). Thus, clinical supervision may provide the possibility to build positive ethical working climates. The 'supportive challenging relationship' with the clinical supervisor enhanced the students' clinical skills as well as their ability to apply their knowledge and understanding of patient care.

### Facilitating and managing learning of practical skills

The learning process is dependent on the way in which the student nurse is 'prepared' for the clinical course and whether the clinical supervisor creates an appropriate learning environment. In the clinical setting, the supervisor acts as a role model, teaches decision-making skills, guides and assists the students in self-assessment and counsels them on personal matters. However, the supervisor's role depends on the goals of

learning and nursing. Saarikoski and Leino-Kilpi (2002) suggested that ward managers can create the necessary conditions for a positive ward culture, thereby supporting the students' learning needs. Thus, the nurse supervisor's leadership style is important and registered nurses who are involved in the supervision of students must develop their professional skills on an on-going basis.

The findings revealed that the students developed 'increased communication' and 'documentation skills', but that this factor was not significantly correlated with 'user involvement or protecting participation by patients and family members' (Table 4). This may be explained by the fact that the students concentrated so much on their own development that they missed the opportunity to involve the patient and his/her family members. Learning how to communicate and document should influence user involvement, but this was not evident in the present study. Although the actual practice of documentation can be considered an intellectual ability, it is more than that. Documentation of the patient care plan requires competencies such as thinking, planning and decision-making. Therefore, the student needs to have the basic tools or competencies to transform his/her intellectual knowledge into effective actions to ensure a high quality of care. It can also be explained by the theories of the learning process, as it takes time to develop new skills. More experienced students may have several skills which they can use in different clinical situations where the thoughts of the patients' family members' may be taken into account. However, in the MCCS scale, the factor 'Trust/Rapport' had the strongest correlation with 'user involvement' and 'preserving integrity', which could indicate that the students are mentally aware of the importance of various competencies but do not always put their knowledge into practice. This is demonstrated by the fact that 'Protecting participation by patients and family members' correlated mildly with 'Trust/Rapport', which indicates that the students have learned these skills but need more practice to formulate a care plan that takes into account family members' knowledge of the patient. This aspect is also dependent on the clinical context.

### Methodological aspect of the study

The study design has some limitations. Data collection took place on just one occasion. The sample comprised 147 student nurses from one college, thus future research should include students from more than one college. However, there were several clinical settings

represented. Future research should employ a longitudinal design to explore the students' learning and development processes.

## Conclusions

Two conclusions can be drawn from this study. First, clinical supervision strongly influences the development of the students' professional identity in terms of making judgements and achieving personal growth. Second, the development of students' documentation skills should include user involvement.

## Implication for nursing management

An implication of this study is the need for continual professional development on the part of management and staff nurses. In terms of supporting student nurses, transformative leadership, which is a value-driven form of leadership, may promote and enhance the supervision and development processes. The clinical supervisor inspires the student nurse to communicate learning outcomes as well as what he/she wishes to achieve and his/her goals. This stance will also influence the collaboration between the staff nurse and student as a complement to transformative leadership, as continued professional development is dependent on the staff nurse's role as supervisor.

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