

# The art of clinical supervision: its development and descriptive mixed method review

## AUTHORS

### Dr Kylie Russell

RN, BN, MHSc (Ed), PhD  
A/Associate Dean and Postgraduate Coordinator  
School of Nursing and Midwifery  
The University of Notre Dame, Mouat Street, Fremantle,  
Western Australia, Australia  
kylie.russell@nd.edu.au

### Dr Heather Gluyas

RN, BSc, Grad Cert Mgt, M Serv Admin, D. Nursing  
Adjunct Associate Professor  
The University of Notre Dame, Mouat Street,  
Fremantle, Western Australia, Australia  
heather.gluyas@gmail.com

### Professor Selma Allix

RN, MSc (Nursing), PhD  
Pro-Vice Chancellor and Head of Fremantle Campus  
The University of Notre Dame, Mouat Street, Fremantle,  
Western Australia, Australia  
elma.allix@nd.edu.au

### Acknowledgement

*The Western Australian Nurses Memorial Charitable Trust*

## KEYWORDS

clinical supervision, nursing clinical placements, belongingness, learning theory, attitude theory

## ABSTRACT

### Objectives

The Health Workforce Australia Clinical Supervision Support Program Discussion Paper (2010) highlighted the education deficits of health professionals responsible for the clinical supervision of students. This research aimed to develop, implement and evaluate a new education program for nurses to assist in the development of knowledge and attitude to supervise students whilst on clinical practicum.

### Design

The impact of the ACS program was determined using a descriptive methodology involving the collection and analysis of quantitative and qualitative data using a triangulation approach. This included the use of surveys, online reflections and interviews.

### Settings

The ACS program was presented in both the metropolitan and regional areas of Western Australia.

### Subjects

Participants (n=199) were from both the public and private health care sector working in a variety of nursing specialties within both the inpatient and community setting.

### Results

Analysis of the data determined that participants improved their knowledge and attitude towards students and clinical supervision.

### Conclusions

The ACS was confirmed as a strategy for providing effective education for nurses.

## INTRODUCTION

This paper describes the development and evaluation of the Art of Clinical Supervision (ACS) program for registered nurses in Western Australia (WA). The program was first introduced in 2012 as a PhD study involving 199 research participants, however due to the program's success it was contextualised for all health professions and presented across WA with funding from Health Workforce Australia (HWA). As of December 2015 approximately 2,800 participants from nursing, midwifery, medicine, allied health and health sciences had attended the program.

This paper will serve to assist those interested in implementing a clinical supervision program for health professionals to provide an effective learning environment for students.

## BACKGROUND

### Literature

There is no universal term or definition for describing the clinical supervision of nursing students. Within the literature, terms include, but are not limited to, 'preceptorship', 'clinical supervision', 'supervision' and 'mentorship' (Gleeson 2008; Andrews et al 2006). In addition, there are numerous models of student supervision; these include one-to-one, group/team supervision, buddysystem, and team leader model (Russell et al 2011). Whilst differences exist within each of these, all of these models provide students with a clinician to supervise their practice in the clinical environment.

In 2010 the Australian Government, Health Workforce Australia (HWA 2010) stated this lack of consistency across all health professions had left health services confused. In addition, the different university expectations of staff working with students, the learning requirements of students and the students' abilities, added to this state of uncertainty. HWA also recognised that good clinicians are not always naturally good supervisors and that education to supervise students was essential. The paper concluded a nationally consistent approach to the education of supervisors within the health professions was required. It suggested a national program for all health professionals, followed by discipline specific education.

In response to the HWA (2010) Clinical Supervisor Support Program Discussion Paper (CSSP), the Art of Clinical Supervision was developed and evaluated for the West Australian context. For this program and research, the HWA term and definition of clinical supervision was utilised to describe this clinical learning relationship between a student and a health professional:

*the oversight either direct or indirect ...of professional procedures and/or processes performed by a student or group of students within a clinical placement for the purpose of guiding, providing feedback on and assessing personal, professional and educational development in the context of each student's experience of providing safe, appropriate and high- quality patient care (HWA 2011, p.4).*

### Clinical Supervision

The literature articulates the need for registered nurses to possess the knowledge, skills and attitudes of effective clinical supervision. If left unmet, there remains a risk that the next generation of nurses entering the workforce will do so without the essential professional attributes to become effective members of the health care team (Brammer 2008; Gleeson 2008; Kilcullen 2007). The literature paints an alarming picture of student nurses currently not being engaged as active members of the health care team, or being given the opportunity to practice in an environment that is conducive to learning (Barker et al 2011; Smedley et al 2010; Gleeson 2008). This practice places the profession at risk of the production of skills-based nurses who are unable to think critically about the delivery of patient care (Allan et al 2008; Brammer 2008). This can

have a detrimental effect on safe and effective health care delivery and patient outcomes (Gleeson 2008; Kilcullen 2007). A secondary risk is the loss of future nurses from the profession before they even begin, or early in, their career (HWA 2013b; Brammer 2008).

One of the current deficits identified is the lack of education and support provided to the nursing staff who supervise students. As stated, 'research has shown that mentors are often ill prepared (and) that their preparation varies from place to place, and that in reality most mentors learn on-the-job' (Andrews et al 2006, p.866).

A result of these ongoing concerns was the creation of Health Workforce Australia. HWA was created as a strategy to address the challenges of providing the Australian community with a skilled and innovative health workforce (HWA 2011).

### **Health Workforce Australia**

HWA was an initiative of the Council of Australian Governments (COAG), and was established by the Commonwealth, State and Territory Governments after the 2008 National Partnership Agreement on Hospitals and Health Workforce Reform (HWA 2013a). HWA's functions included the provision of workforce planning and recruitment, and improving and expanding access to quality clinical placements for health professional students. Within HWA, the Clinical Supervision Support Program was established to assist with meeting the demands of clinical placements in Australia (HWA 2011). Strategies to date include the expansion of the current health service capacity for student placements and the development of a competent health workforce to provide quality clinical placements that promote learning and competence (HWA 2011).

The release of the HWA (2010) Clinical Supervisor Support Program (CSSP) Discussion Paper confirmed the concerns outlined in the national and international literature in relation to student clinical placements. This included a lack of preparation of clinical supervisors supporting clinical placements and the ongoing confusion by health care facility staff regarding the role of the clinical supervisor. The report stated the learning of clinical supervisor skills was separate to professional education requirements to gain entry into a health profession, and the role must therefore be addressed with its own specific education programs (HWA 2010).

The HWA (2010) paper described that many of the existing programs for clinical staff failed to provide them with the necessary knowledge and skills to effectively supervise students. Thus, the CSSP developed core themes for good supervision practice for all health professionals involved in the supervision of students. The seven core skills identified were: competent clinical skills, teaching and learning skills, effective feedback, communication skills, assessment skills, understanding of remediation processes and interpersonal skills.

## **RESEARCH**

The purpose of this research was to design, implement and evaluate an education program that addressed the core skills of HWA (2010), as well as deficits and requirements identified in domestic and international literature, in order to prepare nursing staff for the role of clinical supervision.

On the development of the program, and ethics approval from the University of Notre Dame, Australia (UNDA) Human Research Ethics Committee, flyers for the ACS program were forwarded to health care facilities within WA. Nurses were able to attend sessions at the University or host health care facilities in both metropolitan (one public and one private) and regional WA (one public and one joint public/private). A convenience sample of 199 participants meeting the inclusion criteria attended the program in 2012. Inclusion was based on employment in a role involving the supervision of students, and more than one year's nursing experience. Participants were provided with an Information Sheet, written consent was obtained, and participants were informed that they were free to leave the study at any time.

## DEVELOPMENT OF THE ART OF CLINICAL SUPERVISION (ACS)

The term 'art' was used in the naming of the program to identify the soft skills of the role in supporting students. In particular the importance of a positive attitude towards students and student learning. A search of the national and international literature did not identify the term 'The Art of Clinical Supervision' for existing supervision education. Whilst the term 'art' was used to define a style of supervision, its definition varied from undergraduate support to practicing health professionals (Estadt et al 2005; Titchen and Binnie, 1995). Titchen and Binnie (1995) defined the art of clinical supervision as a set of tailored teaching and learning strategies for nursing clinical education as opposed to the then traditional ward teaching of right versus wrong. Estadt et al (2005) demonstrated that the 'art' of supervision was a style of supporting peers through their professional development. The book included various stories shared by senior clinical supervisors. These experiences were themed at promoting the clinical supervisor role as a journey of support through shared learning. Whilst in the field of psychology, Falender and Shafranske (2014) discussed the competency requirements for the provision of effective clinical supervision and the current practices within supervision. They define the 'art' as being the current state of practice of clinical supervision within psychology and the need for a formal competency based approach to its delivery.

In developing the ACS the researcher considered the findings from the national and international literature, as well as HWA's (2012, 2011, 2010) publications. The aim of the program was to provide an environment conducive to learning that would assist the participants to understand the bigger picture of student placements in Australia, the future directions and requirements of clinical placements, the role of clinical supervisors and the positive and negative influences of clinical supervisors.

One of the aims of the ACS was to promote a positive attitude toward clinical supervision. To achieve this the work of Katz (1960), related to the theories of persuasion, was applied. Katz (1960) highlighted that changing individuals' attitudes can be achieved through the use of external forces. To achieve this an understanding of the motivational reason for, or function of, the held attitude is required. This allows motivators/educators to develop a persuasive message that will assist individuals to reason with and change their current attitude. Katz (1960) stated that by provoking individuals to analyse their attitudes, this could change the attitude; however, the success of this approach is usually linked to the charisma and quality of the message.

The ACS teaching plan incorporated the principles of attitude and persuasion (O'Keefe 2002; Katz 1960) by: utilising the behaviourist theories of learning by role modelling positive behaviour and rewarding and encouraging positive attitudes; cognitivist theory by adapting ones teaching and facilitating strategies that ensured the days content and discussions were applicable and relevant for each group; and constructivism through story telling which, highlighted the impact of poor and positive behaviours, therefore encouraging participants to reflect and question the purpose of their own attitude towards students (Knowles et al 2011; Kolb 1984; Knowles 1978).

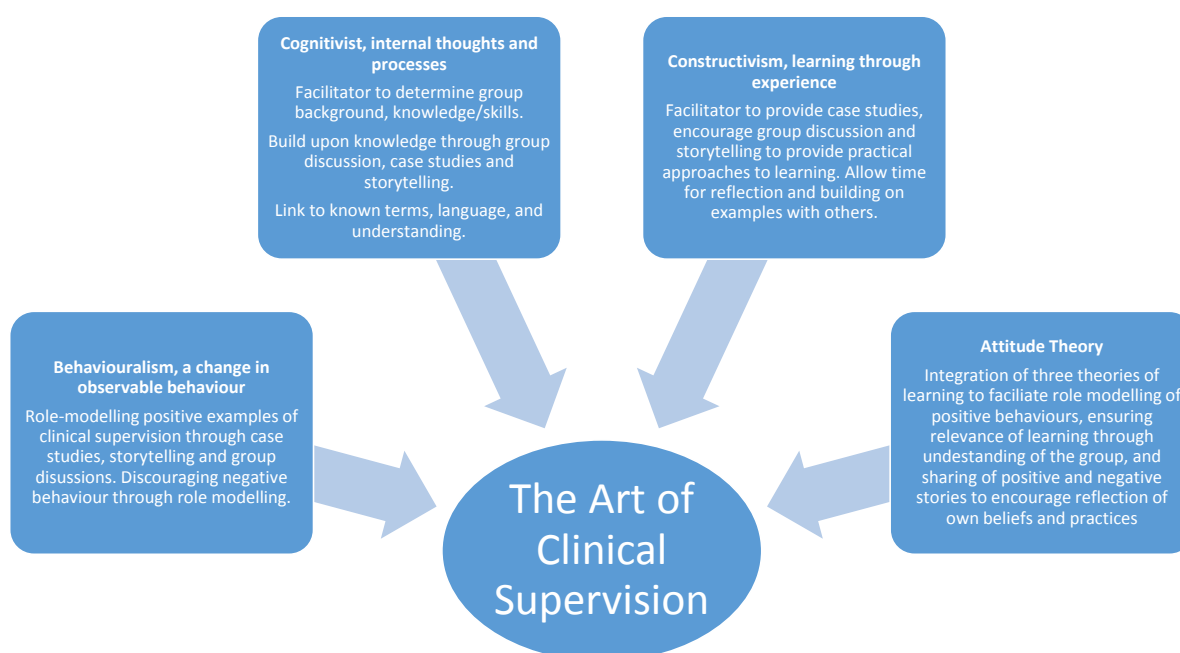
Research on belongingness led by Levett-Jones (2009, 2008, 2007) was a key topic in the study day to provide participants with an opportunity to analyse their attitude and develop strategies that could create a positive attitude towards students and student placements, whilst also highlighting the effect of negative and poor behaviours. The importance of belongingness and its impact on student learning highlighted that the attitude of the clinical supervisor had a significant impact on the ratings of clinical placement satisfaction by students. As a strategy to promote these findings the ACS program included a 90-minute session critiquing this research and developing implementation strategies.

The sessions on communication, feedback, reflection, learning styles, critical thinking and clinical reasoning were included to give participants the knowledge and confidence to provide effective teaching and supervision.

To meet industry demands for succinct education in a climate where staff can be released from the workplace for a limited time, the program was developed as an intensive one-day seminar with a comprehensive resource file.

The use of these theories and principles of learning guided the researcher in the development of the ACS teaching plan—that is, the delivery method of the content. These theories and principles were chosen due to their ability to assist with attitude change, an essential component of the program. Consumer input into the program was sought with the development of an expert group (five WA nurse educators) for content validity. This process was augmented by the experience of the author, who has extensive experience in this area as well as a Masters in Health Science Education. The application of the theories and principles of learning and attitude are demonstrated in figure 1.

**Figure 1: Application of the Theories of learning and attitude to the ACS**



## DATA COLLECTION, ANALYSIS AND FINDINGS

The research process involved a Descriptive Study with mixed methods data collection and analysis. Participants completed pre (199) and post surveys (198), which detailed their knowledge and understanding of the principles of supervision and application of these principles, whilst a five point Likert scale attitude survey by Stagg (1992) was utilised to evaluate attitude. Participants were also invited for a further eight weeks to share their experiences of student supervision, work place practices, changes to practice etc. since attending the program via an online reflection. During this time 117 emails were received. Participants again completed the survey tools after a period of eight weeks (71), with a further 12 participants interviewed.

### Quantitative

The quantitative findings were divided between the two survey instruments. The first, the knowledge survey, was developed by the researcher, and validated through a nurse educator expert group and tested for reliability with a test-retest approach of two weeks with 30 nurses. An Intraclass correlation coefficient (ICC) of 0.976 confirmed tool reliability.

The knowledge survey findings demonstrated that participants experienced a statistically significant increase in the mean score from the pre-program (42.5%) to the post program surveys (immediate post 58.7%, eight week post 68.3%), and this occurred across all subgroups that were analysed (p value <0.001). These subgroups included the participant demographics of age, area of employment, years of nursing, frequency of clinical supervision and previous education relating to clinical supervision. Although not statistically significant, it was noted with the knowledge survey that participants who were: employed in the metropolitan area, in a public hospital, had the most involvement in clinical supervision, with 21–30 years of nursing experience and were 41 years or older had the highest mean score.

The second survey, an attitude survey on clinical supervision developed by Stagg (1992), also demonstrated a statistically significant (p value <0.001) increase in the mean score from the pre-program (83.4%) to the immediate post-program (87.2%) and eight week survey (86.3%) (p value <0.004). Stagg's (1992) attitude survey highlighted that those with the highest attitude mean score towards students were: employed in the metropolitan area, within public health, and were between 20-30 years of age, however it must be noted that there was only a 2% difference between all age categories. Of note was that participants who supervised students 'most days' had a lower result in the attitude survey compared with those who supervised 'some days', with the most positive results found within the 'some days' group across all phases of data collection. These two groups always supervised students each week; however, it would appear that the 'some days' group also had an opportunity each week to experience some time without students. This is an important finding for educators and ward managers to consider when allocating students to clinical supervisors in the workplace. Other frequency categories included 'Infrequently – on occasions each month', 'Rarely – once or twice within six months' and 'Not at all'. These findings indicate that the more engagement with student supervision the more positive the staff members attitude.

### **Qualitative**

The qualitative data collection and analysis involved collecting participants' words about the effect of the ACS through short statements in the post-program knowledge survey, online reflections and interviews. Each data source was analysed in relation to the principles of thematic data analysis according to Braun and Clarke (2006).

Braun and Clarke (2006, p.79) define thematic analysis as "a method for identifying, analysing and reporting patterns (themes) within data". This method of analysis utilises a 'realist' method, which "reports experiences, meanings and the reality of the participants" (p.79). Six stages of analysis are identified. This involves familiarisation of the data, initial code development, identifying themes, review of themes, naming and defining of themes and the final stage of writing the report.

Upon reviewing the themes from each data source, the researcher determined that similar themes were evident in all of the data collection methods. The overarching theme of the qualitative data was entitled 'extending oneself and others'. Throughout the different qualitative data collection methods, participants commented on the effect of the program on themselves and how they could use this information and renewed enthusiasm and attitude to benefit students and other staff.

All three sources of qualitative data collection supported the findings of each individual source. Different depths of information and stories were obtained by using these different data collection methods within the qualitative phase. These themes and subthemes are articulated in figure 2.

**Figure 2: Overall qualitative themes of the ACS study**

The qualitative findings of the research indicated that participants found the ACS to be a positive learning experience, participant 119 stated the program “Gave me more confidence and expertise to be an effective mentor for my students”, while 177 wrote that the program “Gave me the confidence and education to work with students to improve needs, on role modelling, and working with them”. Participant 184 confirmed this view: “It increased my confidence in my ability to supervise students and taught me things that I had not thought about before”. Participant 17 stated, “I was expecting to leave the program with a better understanding of teaching undergraduates. I have that and feel empowered to take action”. Whilst participant 90 stated, “I think I feel more confident having done this course to be more assertive and a better advocate for them (students)” and participant 164:

*“To highlight the importance of student nurses coming through and the value of putting effort into enriching their clinical experience...to be reminded of what it is like to be a student and prompt simple actions an experienced nurse can do to improve the clinical experience of a student.”*

It was felt by the participants that this positive experience needed to be shared with others, participant 87 commented that the ACS was “Essential learning for all RNs who mentor students, it will enhance the students experience if all RNs know how they can contribute”. Whilst participant 8 wrote “I would like all nurses in my area to have completed this”, and “My colleagues have not had any formal training and this would be invaluable for staff” (42).

This positive experience was achieved by improving participants’ understanding of the role of clinical supervisor, describing the bigger picture and the students’ learning journey, discussing the skills of effective



clinical supervision, highlighting the implications of both poor and positive clinical supervision, promoting the importance of belongingness and positive attitudes, and developing a sense of teamwork and collaboration towards the role of clinical supervision. Participant 71 stated:

*"I had no idea at the start what to expect but this has been the most comprehensive and informative session I have been to on preceptor role and what it entails...It has given me a great resource in the way of the folder. Much more confident in what I am supposed to be doing and what my role entails."*

Whilst participant 21 stated:

*"I just found it was a very positive experience for me...it just raised my awareness of where the students are coming from and picked up the little fine points that perhaps we weren't doing as well as we could have done with them, and being very conscious of their need to achieve their competencies and to make the most of every moment that they were there, and also trying to give them the best experience that was the most appropriate for them."*

The sessions related to critical thinking, clinical reasoning and reflection provided practical strategies for their implementation to assist with student learning, participant 40 stated:

*"Relaxed presentation, really interesting information that was research based, current and relevant. I particularly enjoyed the styles of learning and also to have an understanding of how to promote clinical reasoning, critical thinking and reflection in practice."*

And participant 10:

*"I particularly enjoyed the styles of learning and also to have an understanding of how to promote clinical reasoning, critical thinking and reflection in practice...it will certainly aid me in trying to ascertain how my students learn best and adapt my supervision to optimise their learning and development while on prac."*

All three data sources discussed the future of the program and its availability to assist staff to undertake this role. Participants felt that health services and education providers needed to promote and support the role of the clinical supervisor and that this could in part be achieved through the ongoing commitment to staff education. The ACS was seen as a strategy to improve staff knowledge and promote a cultural change in staff attitudes towards students, by providing the speciality education requirements to achieve this. Participant 68 stated:

*"I think there's a huge gap out there in nursing...I think a lot of education needs to come in...most of them (nurses) don't have a clue what the code of conduct is, or the code of ethics, let alone professional boundaries."*

With participant 92 commented:

*"Education in clinical supervision is really poor, very poor...the education from the university is expected to be given by people with Masters and above, not only in their clinical skills but also in their education ability...so why when you're on the front line can we expect people to suddenly become expert teachers? We can't. We have to teach them how."*

While participant 76:

*"I think it was an excellent initiative to have a proper study day, and it would be nice if it would be, the best word I can think of is compulsory, to get facility staff to take seriously the role of working with students and developing students, that we can't just pretend I'm a nurse, I've got a student, I know about nursing. We can do with it being quite a formal part of staff members development that they come to study days"*



*such as that, that they've got a decent insight into what the role of the supervisor and the mentor is and how to deal with having a student."*

Participant 92 also supported this belief:

*"Clinical supervision education should be taken more seriously...each nurse [should] get the opportunity to get that education...I hope to goodness it [study day] does continue along to get bigger and bigger."*

Participants also related the importance of improving workplace culture, supporting first year nurses and how this related to the future recruitment and retention of student nurses, and nurses, in nursing. Participant 101 wrote, *"To help nurses...be more supportive of students, to help develop our future nurses stay in the job and enjoy their chosen career paths and put back into nursing"*. Whilst participant 39 commented that *"As a profession which is known to be ageing it is important to know how to guide students in a caring and sufficient manner, as we need more nurses and one day they too will become facilitators to students"*. Participant 57 linked this to the concept of belongingness, *"Put into realisation how nursing students need to be treated, and how easily they may no longer like the profession should they be treated wrongly"*.

## LIMITATIONS

There were limitations to this research project. The main limitation related to measuring the impact of the study. The effectiveness of the program was measured through the attending nurses. Whilst results from the data indicated a change in knowledge and attitude, it may not transcend to a change of practice. The researcher considered the inclusion of fieldwork to observe these nurses in practice. This would have involved pre and post observations to measure a change in practice. Due to the many uncontrollable variables, this was not included. As a result, the use of the online reflection by participants was incorporated to provide the researcher with access to the thoughts and examples of experiences of supervision. The researcher also acknowledges that in the recruitment process these participants choose to attend this program and therefore may have a stronger interest in this role than the general nursing population. This may bias the results of the data, and may either set higher expectations of the program content, or a proactive approach in implementing the programs objectives.

## DISCUSSION

The findings of this research demonstrate that a positive effect on participants' knowledge and attitude can be achieved with a dedicated study day program. The participants endorsed the ACS as an education strategy that could provide nurses with the necessary knowledge, skills and attitudes to facilitate positive clinical supervision placements.

Findings from the research also suggest that the ongoing success of the program on participants' effective implementation of the role could not be guaranteed without ongoing organisational support and commitment to the role. Participants felt that more support from the health care facilities and education providers was required, including greater recognition of the role, responsibilities, barriers and time requirements.

Due to the success of the study, a further three years of support for the program was provided through Health Workforce Australia (until its cessation in November 2014), and modified (terminology only) to facilitate the inclusion of the wider health care team. Study day evaluations from these days continued to be positive and supportive of the program.

The implications of these findings are an important take-home message for hospital executive staff, educational institutions and clinical supervisors who want to improve their organisational culture and the role of the clinical

supervisor. These findings suggest that the success of the clinical supervision relationship between nursing students and registered nurses is co-dependent on all of these factors. Health care facilities and education providers need to consider these findings and their implications for future policy and strategy development.

## CONCLUSION

The Art of Clinical Supervision aimed to assist nursing staff to develop the essential knowledge and attitude to provide nursing students with a positive learning experience. The research study confirmed the success of the program, and the program continues to provide learning opportunities for all health professionals in Western Australia. This articles intent has been to provide other health care services with a background to this program and its evaluation to assist with further clinical supervision education strategies.

## REFERENCES

- Allan, H., Smith, P. and Lorentzon, M. 2008. Leadership for learning: A literature study of leadership for learning in clinical practice. *Journal of Nursing Management*, 16(5):545–555.
- Andrews, G., Brodie, D., Andrews, J., Hillan, B., Thomas, B., Wong, J. and Rixon, L. 2006. Professional roles and communications in clinical placements: A qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies*, 43(7):861–874.
- Barker, M., Blacow, L., Cosgrove, S., Howorth, N., Jackson, G. and McMahon, J. 2011. Implementation of 'sign-off' mentorship: Different perspectives. *British Journal of Nursing*, 20(19):1252–1255.
- Brammer, J. 2008. RN as gatekeeper: Gatekeeping as monitoring and supervision. *Journal of Clinical Nursing*, 17(14):1868–1876.
- Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77–101. Retrieved from [www.qualresearchpsych.com](http://www.qualresearchpsych.com) (accessed 04.03.15).
- Estadt, B., Compton, J. and Blanchette, M. 2005. *The Art of Clinical Supervision: A Pastoral Counseling Perspective*. Wipf and Stock Publishers: Eugene, OR.
- Gleeson, M. 2008. Preceptorship: Facilitating student nurse education in the Republic of Ireland. *British Journal of Nursing*, 17(6):378–380. Retrieved from CINAHL with Full Text.
- Health Workforce Australia. 2010. Clinical supervisor support program—Discussion paper, July 2010. Retrieved from <http://www.hwa.gov.au/sites/uploads/clinical-supervision-support-program-discussion-paper-26-07-2010.pdf> (accessed 18.04.11).
- Health Workforce Australia. 2011. Clinical supervisor support program—Directions paper, April 2011. Retrieved from <http://www.hwa.gov.au/sites/uploads/clinical-supervision-support-program-directions-paper-april-2011.pdf> (accessed 27.02.12).
- Health Workforce Australia. 2012. Draft national clinical supervisor competency framework—August 2012. Retrieved from [http://www.hwa.gov.au/sites/uploads/Draft\\_Compentency\\_Framework\\_for\\_Clinical\\_Supervision\\_Aug\\_2012.pdf](http://www.hwa.gov.au/sites/uploads/Draft_Compentency_Framework_for_Clinical_Supervision_Aug_2012.pdf) (accessed 29.04.13).
- Health Workforce Australia. 2013a. *About*. Retrieved from <http://www.hwa.gov.au/about> (accessed 31.07.14).
- Health Workforce Australia. 2013b. *Australia's health workforce series—Nurses in focus*. Retrieved from <https://www.hwa.gov.au/sites/uploads/Nurses-in-Focus-FINAL.pdf> (accessed 31.07.14).
- Katz, D. 1960. The functional approach to the study of attitudes. *The Public Opinion Quarterly*, 24(2):163–204.
- Kilcullen, N. 2007. Said another way: The impact of mentorship on clinical nursing. *Nursing Forum*, 42(2):95–104.
- Knowles, M. 1978. *The adult learner: A neglected species* (2nd edn). Gulf Publishing Co.: Houston.
- Knowles, M., Holton, E. and Swanson, R. 2011. *The adult learner: The definitive classic in adult education and human resource development* (7th edn). Elsevier: Amsterdam.
- Kolb, A. 1984. *Experiential learning: Experience as the source of learning and development*. Prentice-Hall: Englewood Cliffs, NJ.
- Levett-Jones, T. and Lathlean, J. 2008. Belongingness: A prerequisite for nursing students' clinical learning. *Nurse Education in Practice*, 8(2):103–111.
- Levett-Jones, T. and Lathlean, J. 2009a. 'Don't rock the boat': Nursing students' experiences of conformity and compliance. *Nurse Education Today*, 29(3):342–349.
- Levett-Jones, T. and Lathlean, J. (2009b). The ascent to competence conceptual framework: An outcome of a study of belongingness. *Journal of Clinical Nursing*, 18(20):2870–2879.
- Levett-Jones, T., Lathlean, J., Higgins, I. and McMillian, M. 2009. Staff–student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, 65(2):316–324.
- Levett-Jones, T., Lathlean, J., Maguire, J. and McMillan, M. 2007. Belongingness: A critique of the concept and implications for nursing education. *Nurse Education Today*, 27(3):210–218.

O'Keefe, J. 2002. *Persuasion: Theory and research* (2nd edn). London: Sage publications.

Russell, K., Hobson, A. and Watts, R. 2011. The team leader model: An alternative to preceptorship. *Australian Journal of Advanced Nursing*, 28(3):5-13

Smedley, A., Morey, P. and Race, P. 2010. Enhancing the knowledge, attitudes, and skills of preceptors: An Australian perspective. *Journal of Continuing Education in Nursing*, 41(10):451-461.

Stagg, S. 1992. Staff nurses attitudes toward nursing students (Master dissertation). Salisbury State University, Salisbury.

Titchen, A. and Binnie, A. 1995. The art of clinical supervision. *Journal of Clinical Nursing*, 4(5):327-334.