UNIVERSITY of the
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Faculty of Community and Health Sciences

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Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.

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A mini thesis submitted in partial fulfillment of the requirement for the degree of Master of Nursing (Nursing Education) in the School of Nursing, Faculty of Community and Health Sciences, at the University of the Western Cape.

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ABSTRACT

Background: In nursing education, the clinical supervisory relationship is central to clinical learning for students as it has an impact on the development of professional identity, competency, and clinical skills. A conducive clinical learning environment depends on the supervisory relationship between the nursing student and the clinical supervisor which can be strengthened by professional participation from both students and clinical supervisor.

The aim of the study: To describe nursing students' perceptions of clinical supervision relationships at a selected nursing school at a university in the Western Cape.

Method: The study used a quantitative research approach with a descriptive survey using a self-administered questionnaire based on the Supervisory Relationship Questionnaire (SRQ). Respondents were selected using stratified random sampling methods with a total sample size of 270 nursing students. Data were collected by the researcher at each year level using the self-administered structured questionnaire and data was analyzed by each of the questionnaire domains using descriptive statistical analysis.

Results: There were 201 (75,6%) female respondents with the biggest year level group being the BN3 respondents (99, 37.2%) and more than half in hospital clinical placement. The Role Model domain was rated significantly higher compared to the other domains (5.8 [5.18-6.38]) and the Structure domain was rated significantly lower than all other domains (5.2 [.11-5.37]) No significant differences were noted in the other domains.

Conclusion: There is a need for a strong focus collaborative learning in clinical supervision.

KEYWORDS

Clinical supervision,

Nursing students

Supervisory relationship

ABBREVIATIONS.

SANC: South African Nursing Counsel.

HSSREC: Humanities and Social Sciences Research Ethics Committee.

SRQ: Supervisory Relationship Questionnaire.

DECLARATION

I hereby declare that this thesis on nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship represents my work which has been done after registering for the degree of Master's in Nursing Education at the University of the Western Cape and has not been submitted to any institution for a degree, diploma, or any qualification.

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1 Introduction

Both the clinical and the classroom environment are integral to the integration of clinical and theoretical learning in nursing education (Phillips, Mathew, Akton & Catano, 2017). The clinical learning environments include clinical placements in accredited clinical facilities and skills laboratories where the students are accompanied by a clinical supervisor or preceptor to provide clinical supervision (Foster, Ooms, & Marks-Maran,2015). Accompaniment is essential for the student nurse to safely become a professional nurse (Foster et al., 2015). Within these clinical learning environments, the clinical teacher or clinical supervisor, or preceptor works within a framework of learning outcomes and scope of practice for students to facilitate skills development (Phillips et al., 2017) .

Clinical supervision is defined as professional support and learning which enables nursing students to develop knowledge and competence assumes responsibility for their practical work and helps in ensuring safety of care toward patients in complex clinical situations (Foster et al., 2015). The clinical supervisor coaches the students by providing morale, building, and by assessing the strength and needs of the student (Muthathi, Thurling, & Armstrong, 2017). There are five (5) clinical supervisory models that could assist nursing students in becoming competent graduates: supervisor as preceptor, facilitator, facilitator-preceptor, dedicated education unit, and mentor (Franklin, 2013). The preceptor is the most widely recognised clinical supervisory model, whereby the nursing student works side by side with the preceptor (Franklin, 2013). Nursing students place great value on one-on-one collaboration with their preceptors to facilitate and achieve their clinical education needs (Franklin, 2013). The facilitator model uses

professional nurses to, either directly or indirectly, supervise a group of nursing students, which often leads to critical thinking and linking theory to practice and improved clinical competence (Franklin, 2013). In this role, the facilitators can either be faculty or hospital-employed staff who possess both formative and summative assessment skills (Franklin, 2013). Facilitator-preceptor is a combined model whereby the facilitator oversees a group of nursing students while the preceptor offers individual support to the nursing students (Needham, McMurray, Shaban, 2016). A dedicated education unit is also a mix of preceptor and facilitator models with the additional advantage of a clinical nurse educator who coordinates clinical learning in a clinical environment in a nursing school (Needham et al., 2016). Lastly, the mentor model is less common for undergraduate nursing students and, commonly, is a long-term connection between a registered nurse preceptor and a nursing graduate (Evans et al., 2013).The mentor model is essential in the recruitment of nursing undergraduate students to graduate nursing programmes. In this study, the term clinical supervisor will be used to reflect all these terms.

Clinical supervision is not only a nursing function, and the understanding of clinical supervision may differ to its local context in each profession in healthcare (Archer, 2011). For health professionals, clinical supervision is defined as the process of expert support and learning in which health students and medical personnel are assisted in developing their practices through consistent conversation with an experienced and knowledgeable colleague (Franklin, 2013).

1.2 Background

The clinical supervisory relationship in the clinical environment influences the nursing student's learning outcomes (Sharma & Vati, 2021). In many studies, one-on-one clinical supervision has been seen to significantly increase nursing students' learning and quality supervision is important to ensure that student nurses' learning needs and goals are met (Sharma & Vati,

2021). A key role of the clinical supervisor is that of the professional role model who models the integration of theory with practice (Elisabeth, Christine, Ewa, 2009).

The quality of a student learning outcome is thus reliant on a variety of factors including the quality of clinical placement, the level of compatibility with the learning goals, and the ability to give opportunities for students to learn, as well as the relationships between students, supervisors, and the university faculty (Serrano-Gallardo, Martinez-Marcos & Espejo-Matorroles, 2016). A South African study highlighted that a good clinical supervision environment is built and maintained by both clinical supervisors and nursing students (Mathevula & Mudau, 2021). This cooperation between the nursing student and clinical supervisor can lead to good supervisory relationships and result in a conducive learning environment that assists the student to achieve professional development (Mathevula & Mudau, 2021) . This all leads to a feeling of connection with a clinical supervisor in a clinical learning environment, which is considered a significant component in establishing nursing students' self-confidence (Serrano-Gallardo et al., 2016). Effective clinical supervision is viewed as being beneficial to the nursing student and the clinics and hospitals when the goal is to develop and improve clinical practice (Bond & Holland, 2011).

The South African Nursing Council Act No. 33 of 2005 stipulates that clinical supervision is the process of assisting and supporting nursing students by a professional nurse, or midwife in a clinical environment, be it the clinic or hospital, where health services are rendered to develop a competent and independent nurse practitioner (SANC, 2014). Clinical supervision is broadly utilised as a proper cycle of professional support for nursing students (Franklin, 2013) and helps with the development of professional competency among nursing students.

1.3 Problem statement

The role between the clinical supervisor and the student is essential for the clinical learning process and the integration of theory and practice during clinical placement (Smedley & Morey, 2010). Clinical learning environments can be improved through evidence-based clinical supervision (Phillips et al., 2017), ensuring that clinical supervision is monitored and that unacceptable variation in the quality of the practice is addressed (Cliffe, Beinart & Cooper 2016). The supervisory relationship requires a safe, secure base established by a consistent, responsive supervisor sensitive to their student's needs to enable students to explore and develop their competencies (Cliffe et al., 2016), however, successful supervision is embedded within the supervisory relationship regardless of the supervision model used (Cliffe et al., 2016).

A study by Donough and Van der Heever (2018) found that positive experiences of supervision were often overshadowed by the negative experience of the behaviors of the supervisors, including misuse of the power of clinical supervisors. This study aims to measure the key characteristics of the clinical supervisory relationship as perceived by the students.

1.4 The study

1.4.1 Aim of the study

To describe the students' perceptions of the clinical supervisory relationship in an undergraduate nursing programme at a university in the Western Cape.

1.4.2 Research objectives

1. To describe the students' perception of safety in the clinical supervisory relationship.

2. To describe the students' perception of the structure of the clinical supervisory relationship experienced.

3. To describe the students' perception of the commitment of clinical supervisors.

4. To describe the students' perception of the use of reflective education in clinical supervision.

5. To describe students' perception of clinical supervisors as role models.

6. To describe the students' perception of the role of formative feedback in the clinical supervision experienced.

1.4.3 Definition of Terms

The definition of terms in this study is set out in Table 1 below.

Table 1: Definition of Terms

Term	Definition
Clinical supervisory relationship	Clinical supervisory relationship is the collaboration for change that involves mutual agreement and understanding between supervisor and supervisee about the goals and tasks of supervision and the development of the emotional bonds between them (Vanderkooi, 2012)
Safety in clinical supervision	Safe base in this study is a supervisory relationship that feels safe, characterized by honesty and allowing the student to be responsive and show enthusiasm (Pearce, Beinart, Clohessy & Cooper, 2013).
Commitment to clinical supervision	Commitment in this study is defined as a supervisor's professional commitment to supervision by being available and accessible to students, providing regular supervision keeping students' needs always in mind (Pearce et al., 2013).
Reflective education	Reflective education is defined in this study as facilitating learning through the students' reflection and being sensitive to students' anxiety (Milne, Leck, & Choudhri, 2009)
Formative feedback	Formative feedback is defined in this study as regularly giving feedback in a constructive way, including positive and negative feedback at a level of students' development (Milne et al., 2009).

Term	Definition
Role modeling	Role modeling is when a supervisor who is perceived as skilled, knowledgeable, and professional and respectful provides practical support, demonstrates correct approachs and key skills especially to patients and colleagues (Palomo, Beinart & Cooper, 2010).
Supervision structure	Structure of supervision as defined in this study is maintaining practical boundaries, like time, also the structure of supervision should have a clear purpose about objectives and there should be time frames for all the task (Palomo, Beirnart & Cooper, 2010).

1.5 Significance of the study

The study may assist the school to improve the selection of clinical supervisors through the development of criteria for the clinical supervisory relationship. The study may encourage clinical supervisors to reflect on the supervisory relationship models they use. The findings of the study will provide an understanding of nursing student's perception of supervisory relationships and may form a base line for the school to maintain or improve these relationships to improve the learning opportunities of clinical skills.

1.6 Research methodology summary

In this study, a quantitative research approach with a descriptive survey design using a self-administered structured questionnaire was used to achieve the aims of the study. A detailed description of the methodology is outlined in Chapter 3.

1.7 Chapter outline

Chapter 1: In this chapter the researcher provides an introduction and background to the study, highlights the research problem, provide the aims and objectives of the study, the operational definitions, and the significance of the study.

Chapter 2: In this chapter the literature will be reviewed on the clinical relationship between a clinical supervisor and student nurse with the aim to develop an understanding of the character of a clinical supervisor; clinical supervisor and student nurse relationship; gaps in the clinical supervisor relationship; models of clinical supervision; and outcomes of clinical supervision.

Chapter 3: In this chapter, the methodology of the study will be described in detail in terms of the research design, setting, population and sampling, data collection, and detailed ethical considerations.

Chapter 4: This chapter presents the findings of the study.

Chapter 5: This chapter provides a discussion of the findings in the context of reviewed literature.

Chapter 6: In this chapter, the findings are summarised in terms of the objectives, limitations, and recommendations based on the study findings presented.

1.8 Summary

This chapter discussed the background of the study and the objectives of the study. The definition of terms was presented. A brief outline of the research methodology and design was discussed. The chapter concluded with a layout of the chapters to follow. The next chapter is Chapter two, a review of the literature concerning the study.

CHAPTER 2

LITERATURE REVIEW.

2.1 Introduction

A literature review is a summary of the literature which conveys to the reader what is currently known regarding the topic of interest. It provides a general background and understanding of what studies about the specific problem have already been undertaken (Polit & Beck, 2012). The literature reviewed in this study was focused on the clinical relationship between a clinical supervisor and student nurse, with the aim to provide an overview of the character of clinical supervisors; clinical supervisor and student nurse relationships; gaps in clinical supervisor relationships; models of clinical supervision; and outcomes of clinical supervision.

The literature search was conducted using MEDLINE, Google Scholar, EBSCOhost, and CINAHL. Search terms included the clinical supervisor and nursing student relationship, experience of nursing students on clinical supervision, students' perception of safety in the clinical supervisory relationship, students' perception of the structure of the clinical supervision relationship, students' perception of the commitment of clinical supervisors, students' perception of the use of reflective education in clinical supervision, students' perception of clinical supervisors as a role, students' perception of the role of formative feedback in the clinical supervision experienced. Despite several studies done on clinical practice and experience of nursing students in the Western Cape, minimal research on the perception of the relationship between the clinical supervisor and nursing student using a specific supervisor model was found.

This literature review will cover nursing education programmes to provide a context, the role of the clinical supervisor focusing on nursing education programmes, clinical supervisory relationship, clinical supervision, clinical supervision at skills laboratory, clinical supervision at

clinical facilities, challenges in clinical supervision and gaps in clinical supervision and nursing student relationships.

2.2 Nursing Education programmes

There is a demand imposed by the reorganization of health services toward universal health coverage through re-engineered primary healthcare, that calls for education and training to produce safe and competent nursing professionals capable of making a meaningful contribution to addressing the quadruple burden of disease consisting in the country (National Department of Health, 2019). Nursing education in South Africa has been influenced by arrangement from provincial health departments and higher education, nursing education system had to implement some developments over the years from a not so well organized, hospital-based system to higher education institutions including, and all these nursing schools contributed to the education of the nursing workforce (National Department of Health, 2019).

Globally, nursing education differs in terms of programmes offered. In South Africa, nursing education and training are offered in various nursing institutions like, private nursing education institutions, higher education colleges, and universities, all these institutions are accredited by the South African Nursing Council (Department of Health, 2019). In 1937 Wits University became the first university to add nursing to its professional programmes as it came to understand the importance of developing nursing as a profession and saw nursing as a potential valuable academic discipline informed by research and scholarship, thereafter many universities added nursing to their professional programmes, with a fundamental approach based on the integration of theory with practical (Horwitz, 2011).

The integration of theory and practice requires the need for clinical supervisors to take the lead in the clinical practice part of teaching and learning (Nel & Stellenberg, 2015). Clinical supervision

is a set process of professional support for undergraduate nursing students and aims to assist the student to develop in both their professional competency and confidence and thus ensuring that patients are treated safely and with appropriate care (Franklin, 2013). The South African Nursing Council (SANC) stipulates that nursing students develop cognitive, psychomotor, and affective skills through effective clinical facilitation or supervision (SANC, 2014). SANC also requires that a clinical supervisor ensure that the clinical placement provides learning opportunities that meet the students' clinical objectives when in clinical placement (SANC ,2014). For this reason, all schools of nursing in South Africa are required to employ registered nurses as clinical supervisors (clinical facilitators/preceptors) to ensure that the above qualities are obtained by each student as this ultimately enhances the quality of care provided to patients (SANC, 2013).

2.3 Clinical supervision

2.3.1 Understanding the character of a clinical supervisor

Clinical supervision is a formal process of professional support for undergraduate nursing students, its objective is to assist nursing students to develop in their professional competence and confidence and thus enables nursing students to provide safe and appropriate patient care (Franklin, 2013). A clinical supervisor should be enthusiastic, understanding, approachable, and someone with a good sense of humor, professionalism, and confidence which reflects the good attributes of a clinical supervisor (Gray & Smith, 2000). The authors emphasize that a good clinical supervisor is a good role model who conveys the idea of professionalism to students (Gray & Smith, 2000). Palomo and Beinart (2010) believe that the clinical supervisory relationship has seven components, namely: providing a safe base, providing structure to supervision, being a role model, being committed and enthusiastic, facilitating formative

feedback, and reflective education. (Best, White, Guthrie, Hunter, Hall, Leicester & Lubman (2014) highlight that the clinical supervisor provides a supportive experience by being able to contain an emotional response to nursing students' working skills via the process of facilitated reflection, active listening, and guidance without any judgment posed by the clinical supervisor. Good qualities in a clinical supervisor are evident when the clinical supervisor acts in a professional manner towards the student, their degree of professionalism is relative to the skills, competency, and behaviour of the clinical supervisor (Thistlewaite & Mc Kimm, 2015). However, in a study done at a university in the Western Cape, Donough and Van der Heever (2018) commented that professionalism among clinical supervisors was lacking as some clinical supervisors displayed incompetency in demonstrating skills requested by student. They also commented that some clinical supervisors did not keep up with proposed schedules (Donough & Van der Heever, 2018).

Muthathi et al., (2017) reported that clinical support to students contributed to the ultimate progress of students in nursing programmes. Clinical supervision is thus advantageous to the students, and by clinical supervisors overseeing students in a clinical facility, a supportive relationship is built between the clinical supervisor and nursing student (Nabolsi, Zumot, Wardam & Abu-Moghil, 2012). A good relationship between students and supervisor optimises clinical teaching and learning, a lack of supportive supervisor-supervisee relationships has been found to result in a negative clinical learning experience such as poor communication (Milne et al., 2009). When this clinical supervisory relationship is poor the student's professional development, identity and socialisation into the culture and norms of the nursing profession may be affected (Nabolsi et al., 2012) . Chuan and Barnett (2012) stated that the most significant factors in a clinical learning environment are clinical instructors' supervision. Another study further showed that positive encounters within the clinical learning environment were often

dependent on the supervisory relationship (Sundler, Bjork, Ohlsson, Engstrom & Gustafsson, 2014). The authors further state that there are contrasts in the rating of supervisory relationships and education in a clinical setting among students with similarities in ratings from students with the same supervisor each day (Sundler et al., 2014).

On the other hand, clinical supervision may also hinder student learning, for example, a study conducted on students, tutors, and staff nurses' perceptions of the clinical learning environment in Malaysia found that an overload of students in the clinical unit, busy wards, and students being treated as workers by supervisors may hurt nursing student learning outcomes (Sundler et al., 2014). Similarly, a cross-sectional study conducted on factors associated with clinical learning in nursing students in primary healthcare in Madrid, Spain found that a lack of trust in nursing students shown by a supervisor, as well as discontinuity in supervision may hinder the learning process and, in addition, a scarcity of opportunities to perform practical procedures, and feelings of inadequacy and low self-confidence among students may also hinder clinical education outcomes (Serrano-Gallardo, et al, 2016).

2.3.2 Clinical Supervision at Skills laboratory

Clinical supervision can take place at the skills laboratory, or it can take place at a clinical facility. Most educational institutions that offer health-related programmes use clinical skills laboratories to teach and demonstrate and might even use the lab to assess the students in certain circumstances (Cloete & Jeggels, 2014). This environment is beneficial to the students as it provides them with the opportunity to learn skills, from simple to complex, with ease and without anxiety as it is in a safe and controlled environment (Jansen., 2014).Clinical supervision in a skills lab is an active learning process that provides the student with different learning opportunities, including a way of integrating theory with practice by bringing principles, through

simulation conducted by a clinical supervisor (Haraldseid, Friberg, & Aase, 2015). The university where this study was conducted uses a methodology for clinical skills development that has been adopted from international higher education institutions at the Hogeschool van Arnhem and Nijmegen and the University of Maastricht in the Netherlands (Jeggels, Traut, Africa, 2013). This methodology follows five phases namely: orientation; visualisation; guided practice; independent practice; and assessment (Hoffman & Daniels, 2020).

The development of clinical skills and competence through practical experience has been accentuated as a foundation of health professional education (Chuan & Barnett, 2012). Learning in the clinical environment, as well as clinical practice are significant parts of nursing education (Boyd-Turner, Bells, Russel, 2016).

2.3.3 Clinical Supervision at a clinical facility

It is well known that clinical supervision takes place not only at the skills laboratory but also at clinical facilities such as clinics, hospitals, and all other facilities where health services are delivered (Hoffman & Daniels, 2020). Kapucu and Bulut (2011) state that the clinical environment allows a student, in a real-life situation, to use cognitive, psycho-motor, and affective skills that are out most important for the development of knowledge, problem-solving skills, and values required in the nursing profession.

Clinical facilities need to provide an environment that allows the student opportunity to achieve the required curriculum objectives and encourages students to remain in the health units and institutions where they are placed with the goal of retaining students and encouraging long-term loyalty to the nursing profession (Materne, Henderson, Eaton, 2017). Several studies have shown that the experiences of nursing students in a clinical facility can influence the learning outcomes as well as their choice of future workplace (Boyd-Turner, Bell & Rusell, (2016). However, not all

clinical learning and supervisory environments are equally appropriate for nursing education (Bergjan & Hertel, 2013). Students tend to show high levels of satisfaction with their environment and learning process in clinical facilities that provide a quality clinical environment and adequate supervision (Rodríguez-García, Gutiérrez-Puertas, Granados-Gámez, Aguilera-Manrique, & Márquez-Hernández, 2021). However, a study done by Evans, Costello, Greenberg and Nicholas, (2012) stated that a lack of resources, including equipment in the clinical environment, can compromise clinical learning and this further affects clinical teaching or supervision at the clinical facility.

Previous studies have documented many factors that nursing students perceived as lacking in clinical facilities (Chuan and Barnett, 2012; Serrano-Gallardo, et al, 2016; Sundler et al., 2014). Factors such as the provision of opportunities to perform different tasks, feedback on nursing performance from a supervisor, provision of moral support, and promotion of responsibilities and autonomy among others (Serrano-Gallardo, et al, 2016).

2.3.4 Clinical supervisory relationship

Nursing education includes teaching in the classroom, skills laboratory, and in clinical facilities such as clinics and hospitals, and the relationship between the clinical supervisor and the nursing student is central (Benner, 2012). Therefore, the association between clinical learning and the supervisory relationship has been documented as an essential part of nursing education which student nurses must learn from and practice under the supervision of instructors (Chuan and Barnett, 2012; Sundler et al., 2014). Literature indicates that the quality of the clinical environment where student nurse learn and develop clinical skill professionally, is dependent on many factors such as the characteristic of clinical placement, the degree of compatibility with the learning objectives, and the capability to provide opportunities for students to learn and gain

knowledge and skills, but the relationship among students and health professionals is key in this learning (Sebaee, Aziz, & Mohamed, 2017) .The feeling of recognition in clinical learning placement is dependent on an authentic relationship between the student and the clinical supervisors as it stimulates students' self-confidence and favors the learning process (Edgecombe, Jennings, Bowden, 2013) .

Successful supervision is linked to the supervisory relationship (Pearce et al., 2013), regardless of the supervision model adopted. A good clinical supervisory relationship represents a safe, secure base established by a consistent, responsive supervisor sensitive to their supervisees' needs, who encourages students to explore and develop their competencies (Watkins, Reyna, Ramos, & Hook, 2015). The supervisory relationship flourishes when communication and cooperation form the foundation of the supervision process in teaching and learning nursing students (Sundler et al., 2014).

The clinical supervisor relationship models include several factors such as boundaries and trust – which must be facilitated – support, respect, commitment, sensitivity to needs, and collaboration (Paloma et al., 2010). Palomo and Beinart (2010) explained their supervisory model in terms of two components namely "facilitative components" and "educative components", in which the facilitative component consists of a safe base, commitment, and structure and the educative component consists of a supervisor as a role model, initiating reflective education and delivering formative feedback (Palomo & Beinart, 2010).

2.3.5 Challenges in clinical supervision

There are several challenges impacting on clinical supervision. The workload of clinical supervisors is high, often support for clinical supervisors is lacking and the selection criteria of clinical supervisors are not well scrutinised by employing universities (Foster et al., 2015). In

addition, despite the positive impact clinical supervision has on nursing students' development, there are ongoing concerns about differences among clinical supervisors regarding the demonstration and assessment of clinical procedures (Nabolsi et al., 2012). These variations affect student's learning and performance in assessments (Nxumalo, 2011). In addition, challenges may also include equipment used at skills lab versus clinical setting; student absenteeism; deadlines can hinder teaching quality and lastly, challenges with large student numbers (Hoffman & Daniels, 2020). These challenges experienced by supervisors may harm clinical supervision relationships (Hoffman & Daniels, 2020).

Hoffman and Daniels (2020) elaborated on challenges experienced and stated that the issue of different equipment being used at skills lab and in clinical settings is a concern in the process of teaching and learning as this affects the clinical supervisor's ability to demonstrate skills when using the latest equipment from the clinical facilities and can contribute negatively towards the student's performance while at the clinical facility. A recent 2021 study also supported these findings where the respondents expressed the need for updated equipment in the skills laboratory for them to effectively demonstrate skills to students as compared to the equipment that is being used in the clinical facilities (Toriente Relloso, Abdullah AbuAlula, Magtalas Medina, & Gatioan Manood, E,2021).

A second major challenge is student absenteeism (Muthathi et al., 2017). Keeping to time schedules is one of the issues that defines a relationship between a clinical supervisor and student (Hoffman & Daniels, 2020). In their study, Hoffman and Daniels found that clinical supervisors expressed frustration when students did not communicate that they were not going to attended a planned assessment as this wastes the supervisor's time In a study done at the KwaZulu-Natal School of Nursing, it was also stated that a poor relationship between the student nurse and the clinical supervisor can also be the cause of absenteeism (Singh, 2015).

A third challenge is related to the staff to student ratios. In South Africa, the Department of Health recommended a ratio of 1:15, but currently, at clinical facilities, the ratio is 1:35 (Donough & Van der Heever, 2018). The findings of the current study signify the possibilities that the high ratio of 1:35 could impact the quality of clinical supervision because this is related to the availability and utilisation of clinical supervisors (Melender, Jonsén, & Hilli, 2013). Muthathi et al., (2017) reported that due to the large number of students in most nursing schools, clinical supervisors have limited contact sessions with students. This was also highlighted by Hoffman & Daniels (2020) who stated that clinical supervisors being dissatisfied could pose a negative impact on the quality of clinical skills.

2.3.6 Gaps in Clinical supervision and nursing student relationship

Most experienced professional nurses, in the role of clinical supervisor or lecturer believe that supervision is one of the most satisfying and enjoyable aspects of their professional role and is very influential when conducted effectively (Beinart, 2014). However, when the supervisory relationship is poor it can be distressing and potentially destructive or harmful to the supervisor, nursing student and the patients (Falender, Ellis, Burns, 2013).Another concern has been the replacement of clinical accompaniment with the completion of compulsory assessments, with not enough focus on the ongoing development of the student and thus missing the ultimate objective of clinical supervision (Donough & Van der Heever, 2018). Davhana-Maselesele (2000) also found that clinical supervisors (called tutors in her study) were not fully involved in the accompaniment of students due to a lack of time and lack of knowledge and confidence in practical skills.

2.4 Summary

The literature reviewed in this chapter focused on supervisory relationships between nursing students and clinical supervisors. The literature indicates that clinical supervisors create conducive learning environments when the relationship is positive. The literature also indicates that a positive supervisory relationship plays a positive role in the teaching and learning of nursing students. Challenges at clinical facilities such as a lack of resources hurt student learning and supervision, and this may result in a negative supervisory relationship. The next chapter gives an overview of the research methodology and design of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology employed to attain the aims of the study. Research methodology elaborates on how a researcher conducted the study; what approach was used as well as what the researcher did to answer the research question. Research methodology involves research design, sample collection, data collection methods, data processing, and data analysis (Brink, van der Walt & van Rensburg, 2008).

3.2 Research approach

In nursing research, several research methodologies are used to test reality and to generate nursing knowledge, such as quantitative research and qualitative research (Burns & Grove, 2011). In this study, the researcher used a quantitative research approach. Quantitative research is a formal, objective systematic study process implemented to acquire numerical data to answer the research question, this allows the researcher to be objective and limit bias (Brink et al., 2018)

3.3 Research design

Polit and Beck (2012) describe research design as the plan to address a research question, including the specifications to increase the study's integrity and provide a plan to answer the research question). This study used a descriptive survey design to describe nursing students' perceptions of their supervisory relationship, at a selected university.

3.4 Setting

The university in the study has several faculties and the participants were selected from the nursing school in the health sciences faculty. This faculty offers career opportunities at both undergraduate and postgraduate levels and nursing is one of them. The study was conducted at the selected school of nursing. This school offers a four-year undergraduate programme for a Bachelor of Nursing degree which can also be extended to five years as this university also offers this programme at the foundation level as well. R174 was introduced in 2020 January and had a total of 151 students whereas R425 had a total number of 867 students.

3.5 Population and sample

The population is defined by Burns and Grove (2011) as a particular group of individuals or elements also called participants that are of interest to the researcher to conduct a study, these individuals should meet the criteria that the researcher intends to study. The population of the study was all undergraduate nursing students at a selected school of nursing in the Western Cape. The school has 1018 undergraduate students at the time of the study (see Table 2).

Table 2: Population

	1yr	2yr	3yr	4yr	5yr	Total
8311 BNur **(R425)**	34	226	218	163		641
8310 BNur (5yrs)		57	81	51	37	226
8312 BNurs (R174)	100					100
8313 BNurs (5yrs)	51					51
	185 (18%)	**283 (28%)**	**299 (29%)**	**214 (21%)**	**37 (4%)**	

Sampling is the process of selecting a group of people from the population, events behaviours, or other elements with which researchers intend to conduct a study (Burns & Grove,2011). The researcher used a stratified random sampling strategy which ensured that all participants in the

different year levels were adequately represented in the sample (Burns & Grove,2011). Stratification was done by separating undergraduate students into year levels using a listing of all undergraduate nursing students. Sampling was done between October and November 2020. Using a sample size calculator and estimates of (distribution of p= 50%) / ((margin of error 5% / confidence level score 95%)^2) = 287 respondents. A total of 300 students were approached to allow for refusal by some students. Using systematic sampling, every 10th student in each class was selected to participate in the study. Inclusion criteria were all undergraduate nursing students registered in 2020 from the selected university. Exclusion criteria: all students that have been out of placement due to illness or any other valid reason and students <18 years.

3.6 Instrument

In this study, the researcher used a self-administered questionnaire as a method of collecting information. The questionnaire was based on the Supervisory Relationship Questionnaire (SRQ) developed by Palomo and Beinert (2010) with permission requested for use. The SRQ is a 67-item scale asking students to rate their supervisory relationships on a seven-point scale from 'strongly disagree' to 'strongly agree'. It contains six subscales: safe base, structure, commitment, reflective education, role model, and formative feedback (Palomo and Beinert, 2010). The questionnaire had two sections: Section A focusing on demographic data and Section B the SRQ (see Appendix 3).

3.6.1 Reliability and Validity

Validity refers to the "appropriateness or trustworthiness" of the tools, process, and data when carrying out research (Burns & Groove,2011). Reliability refers to the "replicability" of the processes and results of research (Burns & Groove, 2011). The SRQ has established reliability

and validity (with good construct, predictive and divergent validity (Cliffe et al., 2016). Content validity was addressed through the objectives and questionnaire (Table 3).

Table 3: Content Validity

Objective	**Questionnaire**
To describe the students' perception of safety in the supervisory relationship	Question B1–15
To describe the students' perception of the structure of clinical supervision experienced	Question B16–23
To describe the students' perception of the commitment of the clinical supervisors.	Question B24–33
To describe the students' perception of the use of reflective education in clinical supervision.	Question B34–44
To describe students' perception of clinical supervisors as a role model	Question B45–56
To describe the students' perception of the use of formative feedback in clinical supervision experienced	Question B57–67

Internal reliability of the SRQ was high (α = .98), and test-retest reliability was good (Cliffe et al., 2016). The scale reliability in this study was consistent with the reported internal consistency (Table 4).

Table 4: Reliability of the scale domains

Questionnaire	Chronbach's Alpha
Safe base scale (5–17)	.848
Structure scale (18–24)	.708
Commitment scale (25–33)	.822
Reflective education scale (34–44)	.819
Role model scale (45–56)	.867
Formative feedback scale (57–67)	.868

In addition, a pre-test of the questionnaire was done with five students, one from each year level and no changes were made to the questionnaire; these students were included in the dataset.

3.7 Data collection method

Burns and Groove (2011) define data collection as the identification of subjects and the specific, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of the study. After approval was received from the registrar of the university, the ethics committee, and the head of the school, the researcher requested permission from all the year-level coordinators to start collecting data. The students were in clinical placement at the time of data collection (August to September 2021) which made them automatically eligible for the study. Information about the study was presented to all the year levels and thereafter an information sheet with contact details regarding the study was given to all the participants (see Appendix 1). Participants were reassured that participating in the study was voluntary and the study will not be used negatively towards their studies. Participants were guided to reflect on the most recent clinical supervisory relationship when answering the questionnaire. All questionnaires were kept in a safe locker for the researcher to be able to retrieve the information when needed and will be stored for five years.

3.8 Data analysis

Data analysis in quantitative research is the process of reduction, organisation, and statistical testing of information obtained in the data collection phase (Brink, 2018. p 170).The data in this study were analysed using descriptive statistical analysis. The data was checked for accuracy, entering the data into the computer using SPSS v28. During the data entry, the researcher cleaned the data by inspecting the data and correcting errors in the data entry. questionnaires were kept in a safe locker for the researcher to be able to retrieve the information when needed and will be stored for five years.

3.9 Ethical considerations

The researcher followed strict ethical principles. To protect the rights of the respondents and meet the requirements for research involving people, informed consent was obtained from the participants, and they were assured that the information they would provide would not be used against them. In addition, an information sheet containing the purpose of the study and its usefulness was given to the participants who were asked to sign the informed consent form to indicate that they have agreed to participate in the study. Confidentiality was maintained by not writing down participant's identity details and by making sure the information provided was kept in a locked space to be destroyed after the study is completed. Participants were informed they had the right to leave the study should they feel uncomfortable during the study. Permission from the university registrar was obtained for students to participate in the study. Ethical clearance was obtained from the Human Social Sciences Ethics Committee (HSSREC-130416-049) of the university. The following points were clarified: participation is voluntary; participants are free to withdraw at any time without coercion and the information given will be anonymous. To ensure anonymity and privacy, numbers were used instead of names on the questionnaires. Further, to ensure confidentiality, all questionnaires were locked in a safe place and accessible to the researcher and supervisor only (Polit & Beck ,2012).

3.10 Summary

In this chapter, the methodology of the study was described in detail. This included the research design, setting, population and sampling, data collection, and detailed ethical considerations. The quantitative research approach was used to address the objectives with the use of descriptive design was also discussed, an instrument used to collect the data was presented and

the method used to analyse it was discussed. The next chapter, Chapter four, discusses the results.

CHAPTER 4

RESULTS OF THE STUDY

4.1 Introduction

The findings of the study are presented in this chapter. The study aimed to describe nursing students' perceptions of clinical supervisory relationships at a university in the Western Cape. The data is represented as follows: a description of the sample realisation which is made up of response rate and demographic data of the respondents; and a presentation of the SRC scale which addressed the following objectives:

1. To describe the students' perception of safety in the clinical supervisory relationship.
2. To describe the students' perception of the structure of the clinical supervisory relationship experienced.
3. To describe the students' perception of the commitment of clinical supervisors.
4. To describe the students' perception of the use of reflective education in clinical supervision.
5. To describe students' perception of clinical supervisors as role models.
6. To describe the students' perception of the role of formative feedback in the clinical supervision experienced.

4.2 Sample Realisation

Results are based on the sample size of 270 nursing students (270/300, 90% response rate).

4.3 Demographics of respondents

The sample had predominantly female respondents (201, 75,6%), with the biggest group being the BN3 year (99, 37.2%), followed by the BN4 year level (60, 22. %) (Table 5). More than half of the respondents were in a hospital placement (155, 58,3 %), with 109 (41.0%) placed in clinics (Table 5).

Table 5: Demographic

Variable	Statistics
Age	22.8 years (sd 3.2)
Gender Male Female	 63 (23.7%) 201 (75.6%)
Year level ECP 1 ECP 2 BN 1 BN 2 BN 3 BN 4	 25 (9.4%) 14 (5.3%) 44 (16.5%) 22 (8.3%) 99 (37.2%) 60 (22.6%)
Last/current clinical placement: community health center Hospital	 109 (41%) 155 (58.3%)

4.4 Students' Perceptions of Supervisory Relationship

To measure the student's perceptions of the supervisor relations, six domains were measured, namely: Safe base, Structure, Commitment, Reflective, Role model, and Formative domain were assessed.

4.4.1 Overall domain scores

A comparison of the overall domain scores can be viewed in Figure 1 and Table 6. The Role Model domain was rated significantly higher compared to the other domains 5.8 [5.18– 6.38] and the Structure domain was rated significantly lower than all other domains 5.2 [.11– 5.37]. No significant differences were noted in the other domains.

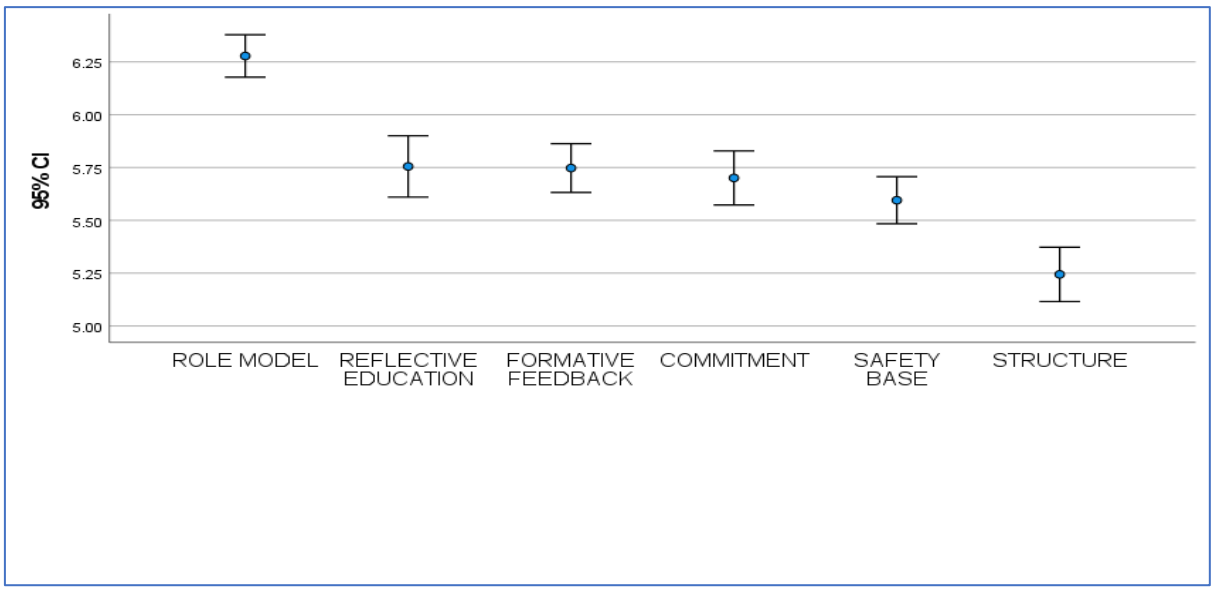

Figure 1: Domain scores and 95% Confidence Intervals (95% CI)

Table 6: Mean domain score

Questionnaire	**Domain mean (sd) [95% Confidence Interval]**
Role model	6.28±0.83 [6.18–6.38]
Reflective education	5.76±1.19 [5.61– 5.90]
Commitment	5.70±1.05 [5.57– 5.82]
Formative feedback	5.75± 0.95[5.63– 5.86]
Safe base	5.59±0.92 [5.48–5.70]
Structure	5.24±1.06 [5.11– 5.37]

4.4.2 Safety in Supervisory Relationship

The first domain that was measured was perceived safety in the supervisory relationship which was measured through 13 statements that the students had to agree with on a scale from 1–7. The highest rated statement was '*I felt safe in my supervision sessions*' 6.3 [6.14–6.44], followed by '*My supervisor was non-judgmental in supervision*' 6.2 [6.06–6.36] and '*My Supervisor was respectful of my views and ideas*' 6.2 [6.03–6.34] (Table 7).

Table 7: Safety in Supervisory Relationship

Safe base statements	**Mean**	**95% CI**
I felt safe in my supervision sessions	6.3	6.14–6.44
My supervisor was non-judgmental in supervision	6.2	6.06–6.36
My supervisor was respectful of my views and ideas	6.2	6.03–6.34
My supervisor was open minded in supervision	6.1	5.89–6.21
My supervisor treated me like an adult	6.0	5.85–6.17
I felt able to discuss my concerns with the supervisor openly	5.9	5.68–6.04
My supervisor had a collaborative approach in supervision	5.9	5.70–6.01
I was able to be open with my supervisor	5.8	5.60–5.96
Supervision felt like an exchange of Ideas	5.7	5.55–5.90
My supervisor and I were equal partners in supervision	5.5	5.35–5.70
Feedback on my performance from my supervisor felt like criticism	4.9	4.65–5.17
I felt If I discussed my feeling openly with my supervisor, I would be negatively evaluated	4.8	4.56–5.08
The advice I received from the supervisor was descriptive rather than collaborative	3.6	3.33–3.79

The lowest rated statement was '*Feedback on my performance from my supervisor felt like criticism*' 4.9 [4.65–5.08], followed by '*I felt If I discussed my feeling openly with my supervisor, I would be negatively evaluated*' 4.8 [4.56–5.08] and '*The advice I received from the supervisor*

was descriptive rather than collaborative' 3.6 [3.33–3.79]. (Table 7). These three statements were rated significantly lower than all the other statements (Figure 3).

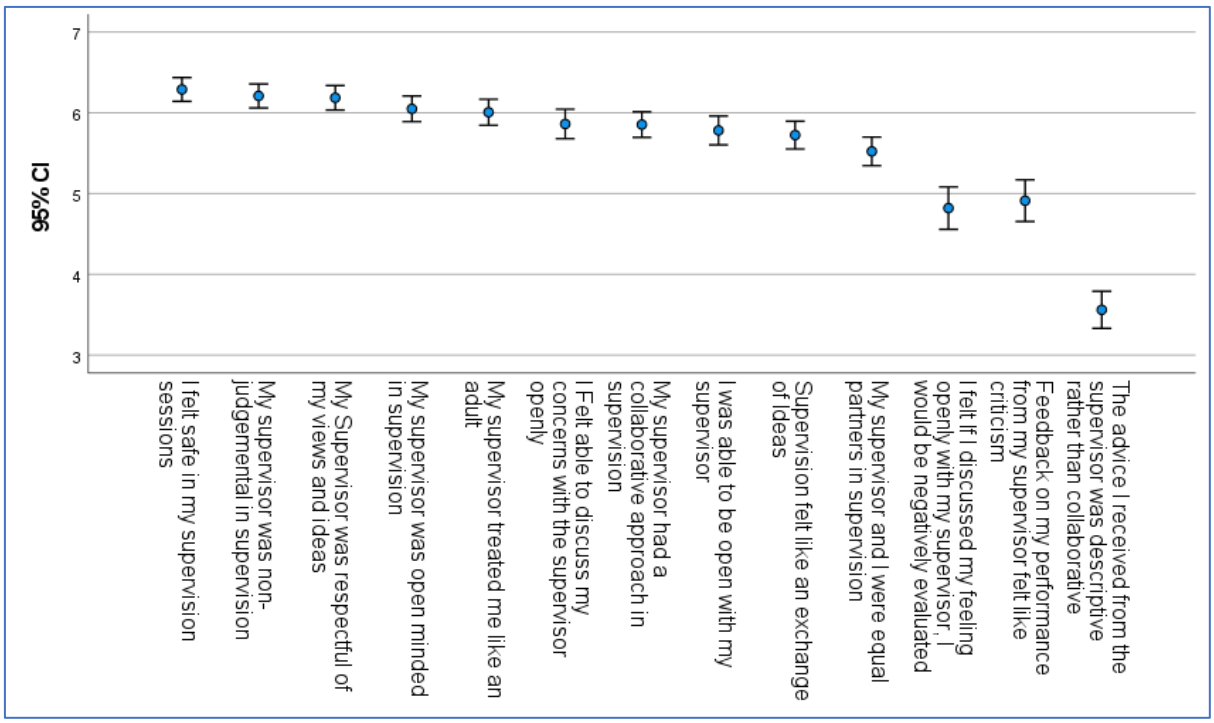

Figure 2: Safety domain scores and confidence intervals

4.4.3 Structure of Clinical Supervision Experienced

The second domain that was measured was the structure of clinical supervision experience which was measured through seven statements that the students had to agree with on a scale from 1–7. The highest-rated statement was '*My supervisor made sure that our supervision sessions were kept free from interruptions*' 5.8 [5.67–6.00], followed by '*Supervision Sessions were focused*' 5.7 [5.54–5.90], while the least-rated statement was '*My supervision sessions took place regularly'* 4.9 [4.71–5.12] and '*My supervisor and I both drew up an agenda for supervision together*' 4.3 [4.02–4.5]. The last statement was significantly lower than all the statements in this domain (Figure 3).

Table 8: Structure in Supervisory Relationship

Structure	Mean	95% CI
My supervisor made sure that our supervision sessions were kept free from interruptions	5.8	5.67–6.00
Supervision sessions were focused	5.7	5.54-–5.90
My supervision sessions were arranged in advance	5.5	5.32–5.73
My supervision sessions were disorganised*	5.4	5.13–5.62
Supervision sessions were regularly cut short by my supervisor*	5.1	4.84–5.32
My supervision sessions took place regularly	4.9	4.71–5.12
My supervisor and I both drew up an agenda for supervision together	4.3	4.02–4.51

*Score reversed

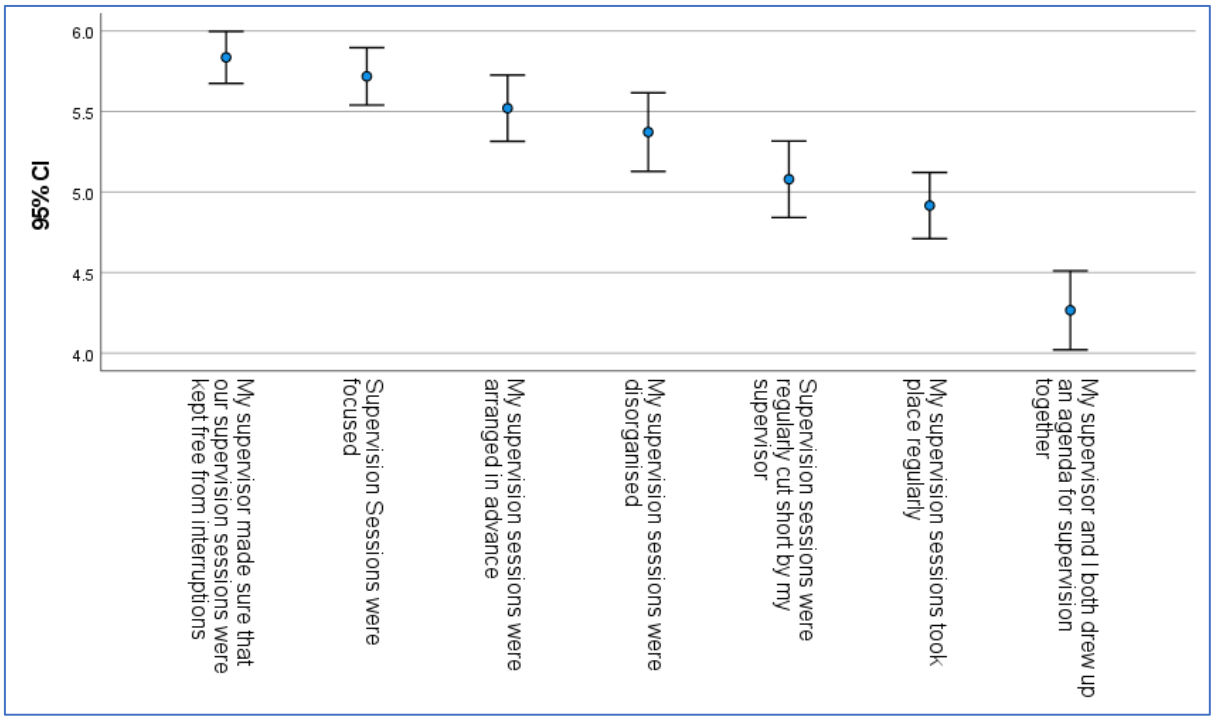

Figure 3: Structure Domain scores and Confidence intervals

4.4.4 Commitment of the Clinical Supervisors

The third domain that was measured was the commitment of clinical supervisors experienced by nursing students, which was measured through nine statements that the students had to

agree with on a scale from 1–7. The highest rated statement was '*My supervisor was approachable*' 6.0 [5.79–6.16], followed by '*My supervisor appeared interested in my development as a professional'* 6.0 [5.79–6.12], while the least rated statement was '*I felt like a burden to my supervisor*' 5.4 [5.14–5.65] and '*My supervisor appeared uninterested in me as a person'* 5.4 [5.17–5.67] (Table 9). There was no significant difference in the rating of the items (Figure 4).

Table 9: Commitment of the Clinical Supervisors

Commitment	**Mean**	**95% CI**
My supervisor was approachable	6.0	5.79–6.16
My supervisor appeared interested in my development as a professional	6.0	5.79–6.12
My supervisor was available to me	5.9	5.72–6.06
My supervisor appeared interested in supervising me	5.8	5.67–6.01
My supervisor appeared to like supervision	5.7	5.45–5.86
My supervisor paid attention to my spoken feelings and anxieties	5.6	5.44–5.81
My supervisor was enthusiastic about supervising me	5.6	5.36–5.74
My supervisor appeared uninterested in me as a person*	5.4	5.17–5.67
I felt like a burden to my supervisor*	5.4	5.14–5.65

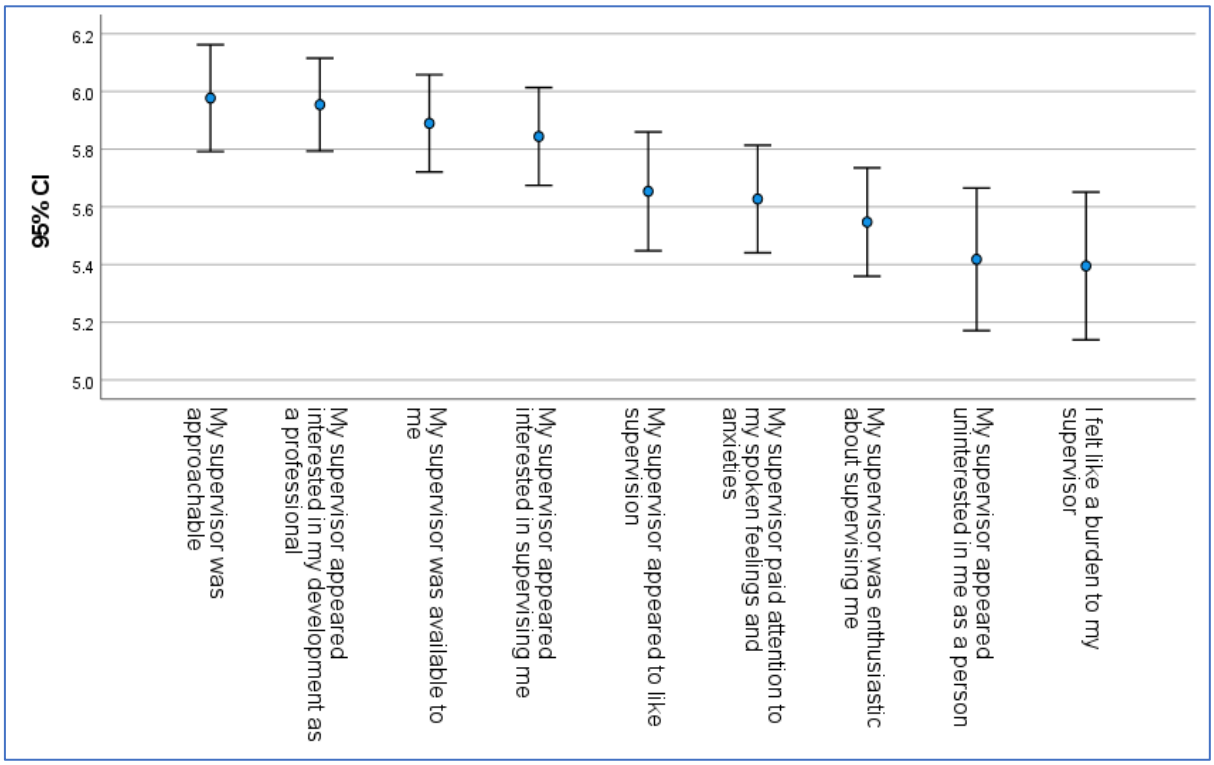

Figure 4: Commitment Domain Score and Confidence intervals

4.4.5 Clinical supervisors as Reflective Educators

The fourth domain that was measured was the use of reflective education in clinical supervision experienced by nursing students, which was measured through 11 statements that the students had to agree with on a scale from 1–7. The highest-rated statement was '*My supervisor paid close attention to the process of supervision*' 6.4 [5.79–6.96], which was rated significantly higher than the last six statements (Figure 3). This was followed by *'My supervisor linked theory and clinical practice well'* 6.1 [5.99–6.27]. The least-rated statement was '*My supervisor drew from several theoretical mod*els' 5.4 [5.20–5.65] and '*My supervisor paid attention to my unspoken feelings and anxieties'* 5.3 [5.08–5.49] (Table 10) which was rated significantly lower (Figure 5).

Table 10: Use of Reflective Education in Clinical Supervision

Reflective	Mean	95% CI
My supervisor paid close attention to the process of supervision	6.4	5.76–6.96
My supervisor linked theory and clinical practice well	6.1	5.99–6.27
My supervisor encouraged me to reflect on my practice	6.0	5.87–6.17
I learnt a great deal from observing my supervisor	5.9	5.75–6.08
My relationship with the supervisor allowed me to learn by experimenting with different therapeutic techniques	5.8	5.64–5.96
I learnt a great deal from observing my supervisor	5.9	5.75–6.08
My supervisor gave an opportunity to learn about a range of models	5.7	5.48–5.84
My supervisor acknowledges the power differential between supervisor and student	5.6	5.42–5.77
My supervisor drew from a number of theoretical flexibility models	5.4	5.25–5.60
My supervisor drew from a number of theoretical models	5.4	5.20–5.56
My supervisor paid attention to my unspoken feelings and anxieties	5.3	5.08–5.49

*Score reversed

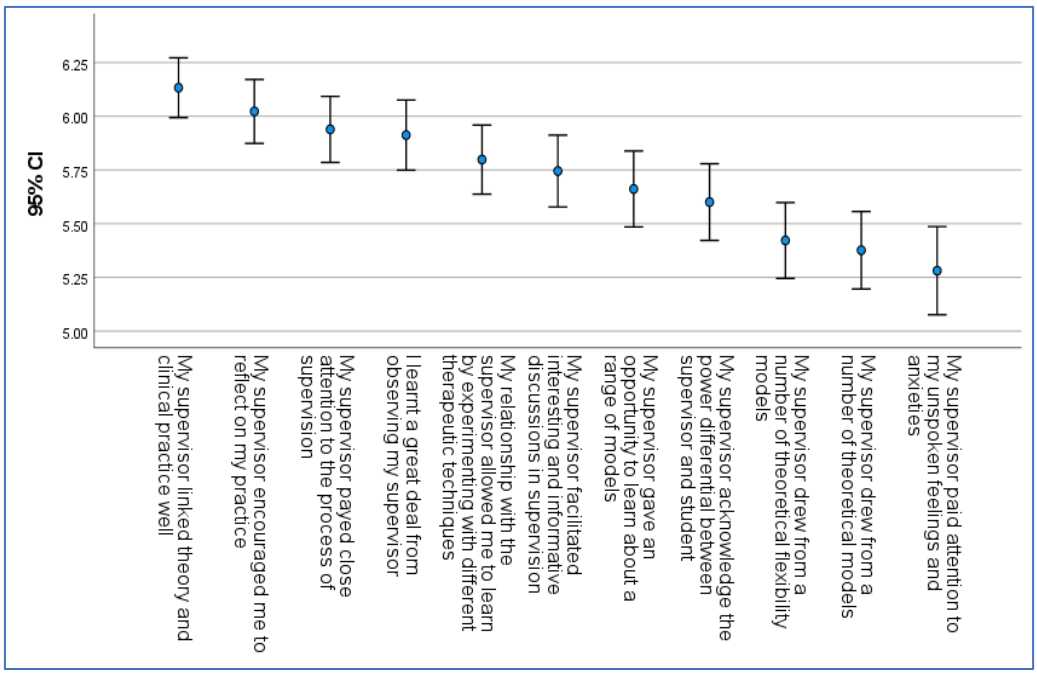

Figure 5: Reflective Domain scores and Confidence intervals

4.4.6 Clinical Supervisors as Role Models

The fifth domain that was measured was the role model in clinical supervision experienced by nursing students, which was measured through 12 statements that the students had to agree with on a scale from 1–7. The highest-rated statement was '*I respect my supervisor as a person*' 6.6 [6.47–6.69], followed by '*My supervisor treated his /her colleagues with respect*' 6.2 [6.37–6.60], while the least-rated statement was *'My Supervisor was knowledgeable'* 6.2–[6.04–6.31] and *'My supervisor appeared uninterested in his/her patients'* 5.4 [5.07–5.64] (Table 11), which was significantly lower than the rest (Figure 6).

Table 11: Clinical Supervisors as Role Models

Role model	Mean	95% CI
I respect my supervisor as a person	6.6	6.47–6.69
My supervisor treated his/her colleagues with respect	6.5	6.37–6.60
I respected my supervisor as professional	6.5	6.42–6.65
I Respected my supervisor as clinician	6.4	6.29–6.57
I respect my supervisor's skills	6.4	6.29–6.53
My supervisor was respectful of patients.	6.4	6.22–6.53
My supervisor was an experienced clinician	6.3	6.21–6.45
Colleagues appeared to respect my supervisor's views	6.3	6.16–6.42
My supervisor gave practical support	6.2	6.03–6.34
My supervisor was knowledgeable about the organisation system which they worked	6.2	6.04–6.32
My supervisor was knowledgeable	6.2	6.04–6.31
My supervisor appeared uninterested in his/her patients*	5.4	5.07–5.64

*Score reversed

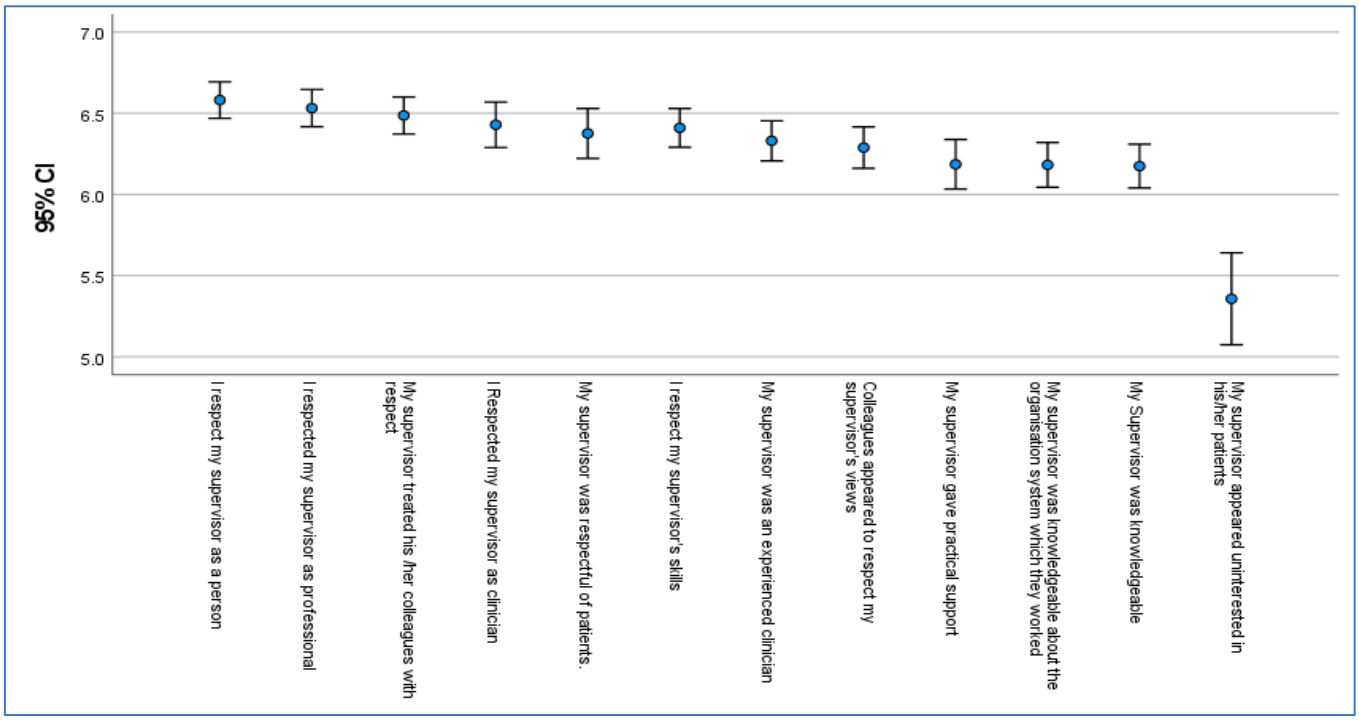

Figure 6: Role Model Domain scores and Confidence intervals

4.4.7 Use of Formative Feedback in Clinical Supervision

The sixth domain that was measured was the use of formative feedback in clinical supervision experienced by nursing students, which was measured through 11 statements that the students had to agree with on a scale from 1–7. The highest rated statement was *'My supervisor gave me positive feedback on my performance'* 6.1 [5.96–6.27], followed by '*My supervisor paid attention to my level of competence*' 6.1 [5.94–6.23], while the least rated statement was *'My supervisor gave me helpful negative feedback on my performance'* 5.6 [5.40–5.79] and *'My supervisor did not consider the impact of my previous skills and experience on my learning needs'* 4.3 [4.05–4.58], which was rated significantly lower (Figure 7).

Table 12: Clinical Supervisors' Provision of Formative Feedback

Formative Feedback	Mean	95% CI
My supervisor gave me positive feedback on my performance	6.1	5.96–6.27
My supervisor paid attention to my level of competence	6.1	5.94–6.23
My supervisor's feedback on my performance was constructive	6.1	5.92–6.22
My supervisor tailored supervision to my level of competence	5.9	5.75–6.07

My supervisor helped me to identify my own learning needs	5.9	5.73–6.08
My supervisor gave me regular feedback on my performance	5.9	5.73–6.06
My supervisor was able to balance negative feedback on my performance with praise	5.8	5.63–5.97
As my skills and confidence grew, my supervisor adapted supervision to take this into account	5.8	5.61–5.95
My supervisor thought about my learning needs	5.8	5.60–5.95
My supervisor gave me helpful negative feedback on my performance	5.6	5.40–5.79
My supervisor did not consider the impact of my previous skills and experience on my learning needs*	4.3	4.05–4.58

*Score reversed

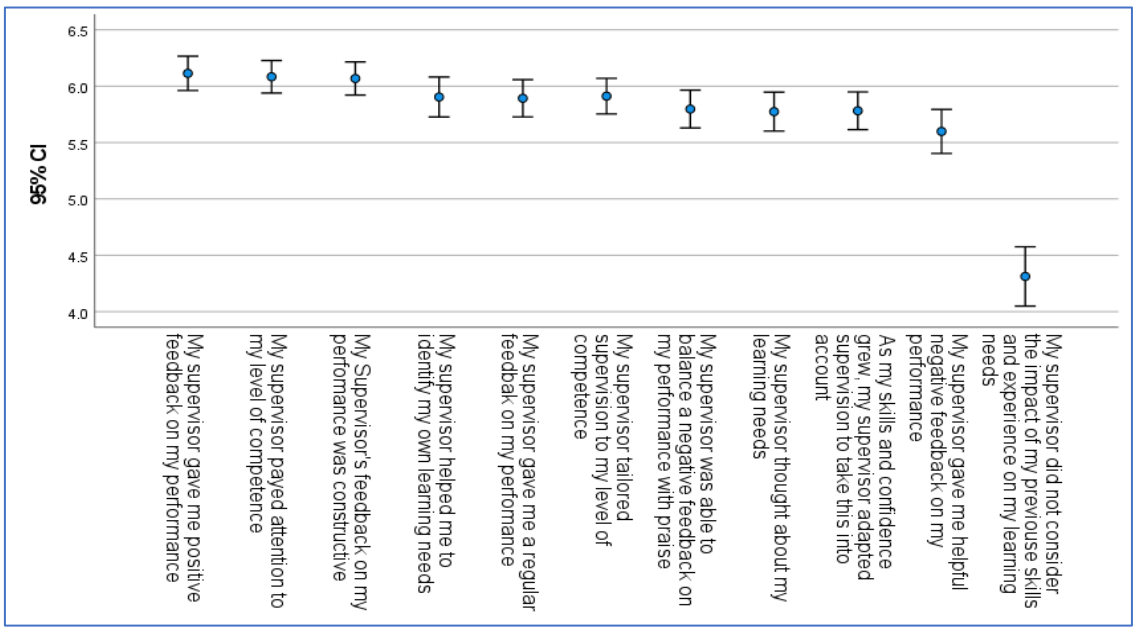

Figure 7: Formative Feedback Domain scores and Confidence intervals

4.5 Summary

In this chapter, findings were presented, and sample realisation which is made up of response rate and demographic data of the respondents were presented. Results were presented in tables and charts. Results were also presented as per each domain in relation to the objectives of the study. The following chapter discussed the research findings.

Chapter 5

Discussion

5.1 Introduction

The findings of the study were presented in Chapter 4, and in this chapter, those findings are discussed in conjunction with the objectives of the study as which were:

- To describe the students' perception of safety in the clinical supervisory relationship.
- To describe the students' perception of the structure of the clinical supervisory relationship experienced.
- To describe the students' perception of the commitment of clinical supervisors.
- To describe the students' perception of the use of reflective education in clinical supervision.
- To describe students' perception of clinical supervisors as role model models.
- To describe the students' perception of the role of formative feedback in the clinical supervision experienced.

This chapter, focuses on discussing the findings and interpreting the findings in the context of the published literature.

5.2 Perceptions of Supervision

5.2.1 Clinical Supervisors as Role Models

The first domain assessment was the respondent's perceptions of the clinical supervisor as a role model. The perception of the supervisor as a role model was rated significantly higher compared to the other domains.

From the respondent's higher rating of supervisors as role models, it can be assumed that students received support that enabled them to develop their professional identity through role modeling (Walker, Broadbent, Moxham, Sander & Edwards, 2014). Results also indicated that a good role model during clinical learning experience facilitates learning and enables nursing students to piece together what it means to be a nurse (Walker et al., 2014). If good role modeling does not occur, the lack of the development of a nursing identity may be a consequence (Walker et al., 2014). This was also supported in a study of nursing students from California who reported that supervisor's support during clinical learning enable students to develop a professional identity (Fitzgerald & Clukey, 2022).

In the role model domain, the highest rated statements related to mutual respect, namely the statement '*I respect my supervisor as a person*, and '*My supervisor treated his/her colleagues with respect*'. This was supported by a study done in 2020 at a university in Finland which showed that nursing students felt protected and learning was enabled in a caring relationship between nursing students due to the mutual respect in the supervisory relationship (Honkavuo, 2020). There is a relational interdependence between the supervisors and nursing students' interpersonal skills with respect thought to enhance learning (Sweet & Broadbent, 2017). This respect must be mutual as students in general expect the supervisor to display respect towards them, listen to them and acknowledge their views(Klunklin, Sawasdisingha, Viseskul, Funashima,

Kameoka, Nomoto & Nakayama,2011). The clinical supervisor has a responsibility to uphold ethical principles such as respect for human values (Salminen, Rinne, Stolt, Leino-Kilpi, 2017). Clinical supervisors could display respect through cooperation with students (Klunklin et al., 2011), as a study done in Ireland emphasises that a cooperative working style with a mentor at the clinical facility can promote an ethical atmosphere and ensure that assessments are performed in a fair manner (McSharry, Mcgloin, Frizzell& Winter-O'Donnel, 2010).

Thorkildsen and Råholm (2010) agree that student nurses adopt professional ethics during their education process and that the clinical supervisor must display high-level role modeling in ethical issues (Thorkildsen & Råholm, 2010). In rating the supervisor as a role model, the lowest ratings were for '*My supervisor appeared uninterested in his/her patients*' – a negative statement. This supports the idea that focus on patient care in clinical supervision is an important tool that enables students to fully understand patient care, improve patient care, and to continue maintaining a good standard of patient care (Brunero & Stein-Parbury,2008).

The lowest rated statement '*My Supervisor was knowledgeable*' is of concern as clinical supervisors should be knowledgeable (Neshuku & Amukugo, 2015). This was also commented on in a study on guidelines for clinical supervision of nursing students and midwives, where it was found that the lack of knowledge and skills are some of the factors affecting clinical nursing learning and performance (Neshuku & Amukugo, 2015). However, the ratings in this study were in contrast to previous studies in different universities of the Western Cape where the researchers found that clinical supervisors were perceived to be knowledgeable and had good clinical skills even though constant training was required (Donough & Van der Heever, 2018), but confirms another study where students expressed feeling of frustrations towards clinical supervisor's motivation, attitude and their lack of interest in updating their knowledge and how defensive they became if their skills were challenged (Hoffman & Daniels, 2020).

5.2.2 Use of Reflective Education in Clinical Supervision

The second highest rated domain was the respondent's perceptions of the use of reflective education in clinical supervision. Reflective education, also known as reflective practice, is one of the most important components of nursing education as it makes provision for the integration of core theoretical knowledge and clinical experience (Materne et al., 2017). Participating in reflective education sharpens the senses focus attention, and it brings awareness of different situations in clinical practice (Dahl & Eriksen, 2016). It is vital that the clinical supervisors maintain reflective opportunities in clinical learning. In a study done by Dahl and Eriksen (2016), the clinical teachers argue that reflection can be informal amongst students, while others feel support should be from the clinical teachers engaging students in reflective learning as this avoid students from forming immature interpretations (Dahl & Eriksen, 2016). This is also supported by Fleck (2012) who mentions the presence of an educator was important to help students to reflect and to see things they have missed previously .

In rating reflective education, which is related to the supervision process in clinical placement, the highest-rated statements were '*My supervisor paid close attention to the process of supervision"* and '*My supervisor linked theory and clinical practice well'*. When students are in clinical placement this is a critical time to integrate theory and practice (Berndtsson, Dahlborg & Pennbrant, 2020). Studies have found that nursing students experienced integration and practice as the most important dimension (Sharma & Vati, 2021). Jansson and Ene (2016) recommend that clinical supervisors aim to strengthen integration of theory and practice, by allowing students to discuss and reflect on their findings. It also beneficial for the academic lecturer and clinical supervisor to work together as this strengthens theory and practice integrations (Berndtsson et al., 2020). Even though the respondents rated perceptions of supervisors linking theory with practice, there are still challenges that are perceived by nursing

students from clinical placement mentioned in a study by Muthathi et al. (2017). In this study, concern was expressed that clinical supervisors may teach a specific skill and then students observe nursing staff not performing the skill in the same way, thus interrupting transferring of theory to practice (Muthathi et al., 2017).

The lowest rated statement was '*My supervisor paid attention to my unspoken feelings and anxieties*'. This is an area of concern, as Bradshaw and Lowenstein (2011) state that feelings of anxiety and isolation can lead to stress that can impact the learning process. This is also shown in a study undertaken at the University of Johannesburg where it was found that students reported a lot of stress and frustration in clinical situations, especially in maternity, leaving them feeling neglected, overwhelmed, anxious and discouraged (Mathe, Donning & Kearns, 2021).

5.2.3 Use of Formative Feedback in Clinical Supervision Experiences

The third highest rated domain was the respondents' perceptions of formative feedback in clinical supervision. Formative feedback is one of the most powerful influences on learning and performance, it refers to a clinical supervisor and student nurse discussing the student's performance more comprehensively (Johnson, Keating, Farlie,Kent ,Leech & Molley, 2019). It is a fundamental aspect of the learning environment and is useful following a formative assessment; when feedback is neglected nursing students may not be aware of their strengths and weaknesses and might not be able to pursue learning goals (Hauer & Kogan, 2012).

Feedback is important as it provides an improvement in student nurses' future work (Susan , 2017). Havnes, Smith, Dysthe and Ludvigsen (2012) in their study they identified three aspects namely: process, procedure, and product in which feedback enhances learning, also the school where the study was done follow these aspects(Havnes et al., 2012). The respondents highest rating statement '*My supervisor gave me positive feedback on my performance*', indicates that

most of the respondents agreed that formative feedback was positive when provided to them. This statement is also supported by a study done at this university where participants indicated that students are formatively assessed to establish whether learning was successful and if desired learning outcomes were acquired (Hoffman & Daniels, 2020) .Similar findings were also recorded in a study done by Jansen (2014) where clinical supervisors assisted nursing students to take corrective measures in improving skills. This high rating can be assumed as one of the pillars that strengthen a relationship between a clinical supervisor and nursing student, and this is supported in the Jansen (2014) study, who further recommends that formative feedback should not only come from the facilitators, but from peers and simulated patients as this improve student practice and communication skills.

Bernard and Goodyear (2013) mention that feedback is one of the components of an excellent supervisor. It can be assumed with these results that the respondents demonstrated acceptable behaviour during their practice hence they agree that positive feedback was provided; this is similar to a study that highlighted that positive feedback is used to indicate that expected behaviour was demonstrated (Kim & Lee, 2019)

While the lowest rated statement was '*My supervisor gave me helpful negative feedback on my performance"*, might indicate very little helpful negative feedback was given. This is of concern as helpful negative feedback also plays a role in a person's behaviour, clinical skills, and performance as it addresses task or performance that are not performed correctly and thus enforcing a change of bad or poor behaviour to an acceptable one Click or tap here to enter text. (Sprouls Mathur & Upreti, 2015). Negative feedback helps students to assess their performance more realistically and accurately than positive feedback (Archer, 2011).

As much as negative feedback may be helpful and important, Archer (2011) highlights that when giving negative feedback, a clinical supervisor must be considerate of student's emotion as

feedback comes with emotions and in some instances in can lead to counterproductive behaviour. This is also supported by a study done in California that emphasises that positive negative feedback is more effective at improving skills than complements (Kannappan, Yip, Lodhia, Morton & Lau 2012).

In a study done in London, results also show that where there is no feedback students can create a false perception about their abilities and incorrect judgment of their skills (Hardavella, Aamli-Gaagnat, Saad, Rousalove & Sreter, 2017). Different reasons can hinder the provision of helpful negative feedback, such as time with high clinical supervisor student ratios (Muthathi et al., 2017).

5.2.4 Commitment of the Clinical Supervisors

The fourth rated domain was the respondent's perceptions of commitment to the clinical supervisor. Student's perception of a desirable clinical supervisor is the one that carries qualities such as empathy, humor, flexibility, dependability enthusiasm, respect, and a commitment to a clinical supervisor or teaching (King, Edlington, Williams, 2020) .

Respondents rated '*My supervisor was approachable*' and '*My supervisor appeared interested in my development as a professional*' highest in this domain indicating commitment from the supervisors. This is an important facet of clinical supervision, there is a study indicating that clinical supervisors often went beyond their expectations when there were social issues from the students' side to address (Needham et al., 2016).

Commitment as a professional value is perceived as a tool that can equip undergraduate students to become professional nurses who exhibit professionalism (Nelwati, Abdullah & Chan, 2018). A clinical supervisor must be committed to supervision as professional development mostly occurs during practical training (Nelwati et al., 2018). This study supports that the idea

that supervisors can be perceived as professionals who understand student differences (Rothwell, Kehoa, Farook & Illing, 2019). The results were also supported with the low ratings of '*My supervisor appeared uninterested in me as a person* and '*I felt like a burden to my supervisor*'. However, in a study done in the Western Cape results shown that about two-thirds of respondents felt that facilitator was unfriendly and inconsiderate and not interested in student's problems (Jaganath, Bimrew, Mthiminuye, 2022)

5.2.5 Safety in Supervisor Relationship

The fifth rated (second lowest) domain was the respondent's perceptions of safety in clinical supervision associated with psychological safety in clinical supervision. It is a clinical supervisor's responsibility to maintain safety in a supervisory relationship, as it affords students with an inclusive learning environment thus improving patient safety and quality of care (Samuel & Konopasky, 2021; Lee, Pitts, Pignataro, Newman, D' Angelo, 2022).

Safety in clinical supervision is developed by qualities such as consistency, empathy, and warmth carried out by the clinical supervisor (Wilson, Davies & Weather head, 2016). This is supported by a qualitative study, where the participants indicated that being helpful is a quality of clinical supervisor and is associated with feelings of psychological safe and support and that leads them to being vulnerable and be able to take risk (Chircop, Coleiro, Creaner & Timulak, 2022). However, in a study done by Ellis (2017), the participants felt that safety in supervisory relationships was the responsibility of the clinical supervisor, due to a lack safety experienced by these participants and their feeling criticised and judged, lead to the participants having feelings of doubt (Ellis, 2017). Feeling safe allows students to feel free to ask questions without feeling judged during supervision (Thyness, Steinsbekk & Grimstand ,2022).

In this study, respondents did not agree with collaborative supervision as they rated '*The advice I received from the supervisor was descriptive rather than collaborative*' very low. Where the is no collaboration styles students are not satisfied (Rousmaniere & Ellis, 2013). Collaborative supervision is a supervision model where a supervisor is open and attentive to students and invites and empowers them to participate and share experiences even if they are different from those of the supervisor (Chircop, Coleiro et al., 2022).

5.2.6 Structure of Clinical Supervision Experience

The sixth domain was rated the lowest, referring to respondent's perceptions of structure in clinical supervision. Within this domain, the highest elements of structure were '*My supervisor made sure that our supervision sessions were kept free from interruptions*' followed by '*Supervision Sessions were focused'*. Supervision that is uninterrupted and focused is associated with supervision that is organised, arranged in advance occurs regularly, and involves the participation of the student (Palomo & Beinart, 2010). The planning of structured supervision sessions is the responsibility of a clinical supervisor as this provides clarity and confidence in student's clinical learning (Bigdeli, Pakpour, Aalaa, Shekarabi, Sanjari, Haghan, & Mehrdad, 2018). This is also supported by a study done by Dehghani, Ghanavati, Soltan, Aghakaani & Haghpanah (2016) were they explained that when nursing students are supervised in a structured and monitored manner, they can achieve their clinical outcomes. Collier (2018) also emphasised that supervision sessions should be organised to provide optimum time to nursing students and eliminate interruptions.

The lowest rated statement was '*My supervision sessions took place regularly*', and '*My supervisor and I both drew up an agenda for supervision together*'. These results indicate that respondents were not satisfied with the time spent and setting of agenda in their supervision process, which is a concern because the aspect of a good supervisory relationship is indicated by

supervision that occurs regularly with efficient time, and planning supervision sessions with the students (Mathevula & Mudau, 2021).

However, irregular supervision can be influenced by many factors, students being absent at work, heavy workloads and, some facilities might not provide space or rooms for supervision sessions to take place, and busy wards and workloads can lead to insufficient supervision (Kaphagawani & Useh, 2018). Supervisor student ratio could also have played a role in irregular supervision sessions with Jeggels et al., (2013) indicating that overwhelming student ratios, lead to limited contact sessions and thus hinders learning time.

It can be noted that this study shows a possible shift from supervision sessions being unstructured as per a study done in 2018 from the same school with only 19.3% of third-year students and 26% of fourth-year students stating that their workload was carefully planned (Jaganath et al., 2022).

5.3 Summary

This chapter provides a discussion of the findings in the context of reviewed literature. The findings were discussed as respondents perceive supervisory relationship of a supervisor as a role model, use of reflective education in clinical supervision, use of formative feedback in clinical supervision experiences, commitment of the clinical supervisor, safety in supervisor relationship and structure of clinical supervision experienced. Findings presented that role model was rated the highest while the least rated domain was structure in supervision. The study revealed that students are not satisfied with how supervisors deal with their unspoken feelings, and that clinical supervisors did not use a collaborative approach in the supervision sessions. In the chapter that follows, the findings are summarised in terms of the objectives, limitations, and recommendations based on the study findings.

CHAPTER 6

SUMMARY, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

6.1 Introduction

Previous chapters presented the background of the study, the study objectives, the literature reviewed, the methodology, and the data analysis used to meet the objectives. Data was collected and analysed, findings were presented and discussed with the support of the literature reviewed. In this chapter, the conclusion, recommendations, and limitations of the study are presented, and this section summarises the main research findings of the study.

6.2 Summary of the key findings

The key findings will be discussed using the outlined objectives:

6.2.1 Respondents' Perceptions of Safety in the Clinical Supervisory Relationship

This objective revealed that respondents perceived to have safe supervisory relationships, though this domain was the second lowest rated domain. Within this domain, respondents did have a high rating for feeling safe in their supervision sessions and experiencing their supervisor as non-judgmental, but lower rating for collaborative supervision. Psychological safety in supervision is important for professional development, self-awareness and to build skilled and confident future nurses.

6.2.2 Respondents' Perception of the Structure of the Clinical Supervisory Relationship Experienced

Though this was the lowest rated domain, the objective revealed that respondents were satisfied with the structure of supervision provide and that supervision were kept free from interruption. Even though there was a structure in the supervision and sessions were regular, again

collaboration approach was not utilised by clinical supervisors. Irregular supervision may relate to staff student ratios and is a global concern.

6.2.3 Students' Perception of the Commitment of Clinical Supervisors

In this study this objective has revealed that respondents were satisfied with the commitment of their supervisor, and they agreed that the supervisors were approachable and was interested to develop them as professionals. Literature highlights that good clinical supervision occurs when the supervisor is approachable, willing to listen to students and displays empathy. Results also indicated that respondents did not feel like a burden to their supervisors and their supervisors were interested in them as a person. When clinical teaching is centered around the nursing student it gives students a sense of belonging and being part of the team and thus increases interest in learning and participation in clinical activities.

6.2.4 Respondents' Perception of the use of Reflective Education in Clinical Supervision

This objective revealed that reflective education occurred among the respondents, and that supervisors paid close attention to the process of reflection, linking theory and practice. Reflective education is crucial in a student's professional development as it provides the student with an opportunity to reflect and see things as they should be seen and create self-awareness. Though the domain was rated highly, respondents did rate dealing with emotions lower. Nursing students go through emotions in clinical environments which can be due to a death of a patient or feeling sad about a traumatic event and it can also be a person if these emotions are not dealt with students can view nursing as a stressful profession. Clinical supervisors therefore play an important role to allow time for reflection to discuss these emotions with nursing students.

6.2.5 To Describe Students' Perception of Clinical Supervisors as Role Models

This objective was the highest-rated domain out of all the objectives, which means that respondents perceived the supervisors as excellent role models. The results indicates that respondents perceived a supervisory relationship as one that is facilitated by a supervisor that is respectful with mutual respect from both supervisor and student. Role modeling is a fundamental aspect of nursing education as students learn through observation and turn to mimic or adapt such displayed behaviour. Therefore, professional nurses are expected to uphold good behaviour for the benefit of developing future nurses.

6.2.6 Students' Perception of the Role of Formative Feedback in the Clinical Supervision Experience

This domain was highly rated, and the objective highlighted that the respondents were satisfied with the formative feedback that was provided during the clinical placement. This included positive feedback, though negative feedback was rated lower revealing that helpful negative feedback on their performance was not fully given. Formative feedback is important for nursing students' professional development. Negative feedback needs a skilled approach as it can be perceived as being condemning and clinical supervisors must be observant of timing and space where negative feedback.

6.3 Limitations of the Study

The aim of this study was to describe the students' perceptions of the clinical supervision relationship in an undergraduate nursing programme at a university in the Western Cape. The data was collected amid the pandemic, and this may have led to contact supervision being affected more than at normal times and could have influenced the results of the study. The instrument that was used to collect the data has not been used before in South Africa and may require further validation.

6.4 Recommendations

The following recommendations were developed based on the findings of this study:

6.4.1 Recommendations in Nursing Education

- Clinical supervisors are to be updated with the theory that is taught in the classroom to maintain ongoing integration of theory with practice.
- Clinical supervisors are to attend ongoing training on how to provide negative feedback and how to use a collaborative approach in the supervision of nursing students.
- Clinical supervisors and academic educators to work together, in planning and preparation for teaching theory and clinical teaching to ensure consistency in practice and teaching

6.4.2 Recommendations in Nursing Practice

- Supervisor to student ratio is to be observed by the school to allow regular student supervision.
- Consistent communication between the nursing schools and health facilities about nursing students' objectives is needed as this will help students to acquire the clinical objectives that are aligned with their year level.
- Nursing students are to be provided time out from practical work for verbal reflection sessions with their clinical supervisor.

6.4.3 Recommendations in Nursing Research

- Further research studies can be conducted using the same instrument in the Western Cape.

- The objectives of the study can be further researched using a qualitative design to allow for human elaborated perceptions.
- Further research studies can be conducted researching each objective to fully address the supervisory relationship.

6.5 Conclusion

Results highlight those supervisory relationship characteristics are those that have a role model, reflective education, formative feedback, commitment, safe base, and structure of which role modeling was rated the highest indicating the value it holds in supervisory relationships. The study also revealed that students are not satisfied with how supervisors deal with their unspoken feelings, which need attention as they interfere with students' learning abilities. It was discovered in this study that clinical supervisors did not use a collaborative approach in the supervision sessions, and this should be encouraged.

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Appendix 1:

UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

Private Bag X 17, Bellville 7535, South Africa Tel: +27 21-9599702, Fax: 27 21-959351

2865674@myuwc.ac.za

INFORMATION SHEET

Project Title: Title: Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.

What is this study about?

This is a research project being conducted by S Mpopoma at The University of the Western Cape. We are inviting you to participate in this research project because you the intended participants and you will add value to the study. As a nursing student, you obtain clinical practice with the aid of a clinical supervision relationship and this makes you be a study object for the study as the study investigates the nursing student perception of clinical supervision relationship. The purpose of this research project is to describe the students' perceptions of the clinical supervision relationship in an undergraduate nursing program at a university in the Western Cape.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire form that has about 67 questions, the first session will be your demographic questions and the second will be the 67 questions with six subscales: safe base, structure, commitment, reflective education, role model, and formative feedback. The questionnaire will be distributed to students in class at a specific time and date agreed by the year level coordinator at each year level. If the students are not on campus an electronic Google Form questionnaire developed will be sent to students via student email. Before completing the questionnaire, a consent form will be provided to you to sign. The information

will be kept confidential in a safe locker, only the researcher and supervisor will have access to the information.

Would my participation in this study be kept confidential?

Yes, it will be kept confidentially, the survey questionnaire will not contain information that may personally identify the participants. Your name will not be included on the surveys and other collected data, a code will be placed on the survey and other collected data, through the use of an identification key, the rese archer will be able to link your survey to your identity, and only the researcher will have access to the identification key. To ensure your confidentiality, any information related to you such as the consent form will be kept in the form of codes to protect your identity. All data generate d in this study will be password protected so that only those involved in this study will have access to it. The computer used for this study will also be password protected. If we write a report or article ab out this research your identity will be protected

What are the risks of this research?

There may be some risks from participating in this research study. You might feel negative and mood may change, and you may experience stress as you reflect on your clinical supervisory relationship, debriefing will be given to those that are affected. You might also feel fear to express yourself as the researcher is a clinical supervisor, but you are assured that the information will not be used against you.

We will nevertheless minimize risk and act promptly to assist you if you experience any discomfort, psychological, or otherwise during the process of your participation. in this study. Where necessary an appropriate referral will be made to suitable professionals for further assistance or intervention

What are the benefits of this research?

The benefits to you include changes that may be implemented in a clinical supervisory relationship. This research is not designed to help you personally, but the results may help the investigator learn more about the clinical supervisory relationship. We hope that, in the future,

other people might benefit from this study through an improved understanding of the clinical supervisory relationships.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will
not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by S Mpopoma from the school of nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact S Mpopoma at 0817407928 and via email at 2865674@myuwc.ac.za.Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J. Chipps

Head of Department: School of Nursing

University of the Western Cape

Private Bag X17
Bellville 7535
jchipps@uwc.ac.za

Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17 Bellville 7535
chs-deansoffice@uwc.ac.za

HSSREC

Research Development Office,

Tel: 021 959 4111 email: research-ethics@uwc.ac.za

Appendix 2:

UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences
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CONSENT FORM

Title of Research Project: Title: Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name…….

Participant's signature…….

Date……

Appendix 3:

Title: Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.

Section A:

Demographics

Section A: Demographic information

1. Age						
2. Gender	Male		Female			
3. Year Level	ECP1	ECP2	BN1	BN2	BN3	BN4

Section B.

The following statements describe some of the ways a person may feel about his/her supervisor. Please Tick the column that matches your opinion. Your opinion should be based on your most recent clinical supervisory relationship.

Score from 1-7 using strongly disagree to strongly agree

As follows:

Strongly Agree	7
Slightly Agree	6
Agree	5
Neither Agree or disagree	4
Slightly Disagree	3
Disagree	2
Strongly Disagree	1

Safe Base Subscale

1.My Supervisor was respectful of my views and ideas	1	2	3	4	5	6	7
2.My supervisor and I were equal partners in supervision	1	2	3	4	5	6	7
3.my supervisor had a collaborative approach in supervision	1	2	3	4	5	6	7

4. I felt safe in my supervision sessions	1	2	3	4	5	6	7
5. My supervisor was non-judgemental in supervision	1	2	3	4	5	6	7
6. My supervisor treated me with respect	1	2	3	4	5	6	7
77. My supervisor was open minded in supervision	1	2	3	4	5	6	7
8. Feedback on my performance from my supervisor felt like criticism	1	2	3	4	5	6	7
9. The advice I received from the supervisor was descriptive rather than collaborative	1	2	3	4	5	6	7
10. I Felt able to discuss my concerns with the supervisor openly	1	2	3	4	5	6	7
11. Supervision felt like an exchange of Ideas	1	2	3	4	5	6	7
12. My supervisor gave feedback in a way that feels safe	1	2	3	4	5	6	7
13. My supervisor treated me like an adult	1	2	3	4	5	6	7
14.I was able to be open with my supervisor	1	2	3	4	5	6	7
15.I felt If I discussed my feeling openly with my supervisor, I would be negatively evaluated	1	2	3	4	5	6	7

Structure Subscale

16. My supervision sessions took place regularly	1	2	3	4	5	6	7
17. Supervision sessions were structured	1	2	3	4	5	6	7
18.My supervisor made sure that our supervision sessions were kept free from interruptions	1	2	3	4	5	6	7
19. Supervision sessions were regularly cut short by my supervisor	1	2	3	4	5	6	7
20. Supervision Sessions were focused	1	2	3	4	5	6	7
21.My supervision sessions were disorganised	1	2	3	4	5	6	7
22. My supervision sessions were arranged in advance	1	2	3	4	5	6	7
23.My supervisor and I both drew up an agenda for supervision together	1	2	3	4	5	6	7

Commitment Subscale

24. My supervisor was enthusiastic about supervising me	1	2	3	4	5	6	7
25.My supervisor appeared interested in supervising me	1	2	3	4	5	6	7
26. My supervisor appeared uninterested in me as a person	1	2	3	4	5	6	7
27.My supervisor appeared interested in me as a person	1	2	3	4	5	6	7
28.My supervisor appeared to like supervision	1	2	3	4	5	6	7
29.I felt like a burden to my supervisor	1	2	3	4	5	6	7
30. My supervisor was approachable	1	2	3	4	5	6	7
31.My supervisor was available to me	1	2	3	4	5	6	7
32. My supervisor paid attention to my spoken feelings and anxieties	1	2	3	4	5	6	7
33. My supervisor appeared interested in my development as a professional	1	2	3	4	5	6	7

Reflective Education.

34. My supervisor drew from a number of theoretical models	1	2	3	4	5	6	7
35. My supervisor drew from a number of theoretical flexibility models	1	2	3	4	5	6	7
36. My supervisor game an opportunity to learn about a range of models	1	2	3	4	5	6	7
37.My supervisor encouraged me to reflect on my practice	1	2	3	4	5	6	7
38. My supervisor linked theory and clinical practice well	1	2	3	4	5	6	7
39. My supervisor payed close attention to the process of supervision	1	2	3	4	5	6	7
40. My supervisor acknowledge the power differential between supervisor and student	1	2	3	4	5	6	7
41.my relationship with the supervisor allowed me to learn by experimenting with different therapeutic techniques	1	2	3	4	5	6	7
42. My supervisor paid attention to my unspoken feelings and anxieties	1	2	3	4	5	6	7
43. My supervisor facilitated interesting and informative discussions in supervision	1	2	3	4	5	6	7
44. I learnt a great deal from observing my supervisor	1	2	3	4	5	6	7

Role Model Subscale.

45. My Supervisor was knowledgeable	1	2	3	4	5	6	7
46. My supervisor was an experienced clinician	1	2	3	4	5	6	7
47. I respect my supervisor's skills	1	2	3	4	5	6	7
48.My supervisor was knowledgeable about the organisation system which they worked	1	2	3	4	5	6	7
49.Colleagues appeared to respect my supervisor's views	1	2	3	4	5	6	7
50. I respected my supervisor as professional	1	2	3	4	5	6	7
51. My supervisor gave practical support	1	2	3	4	5	6	7
52. I Respected my supervisor as clinician	1	2	3	4	5	6	7
53.My supervisor was respectful of patients.	1	2	3	4	5	6	7
54. My supervisor appeared uninterested in his/her patients	1	2	3	4	5	6	7
55. I respect my supervisor as a person	1	2	3	4	5	6	7
My supervisor treated his /her colleagues with respect	1	2	3	4	5	6	7

Formative Feedback Subscale

57. My supervisor gave me helpful negative feedback on my performance	1	2	3	4	5	6	7
58. My supervisor game me positive feedback on my performance	1	2	3	4	5	6	7
59. My supervisor was able to balance a negative feedback on my performance with praise	1	2	3	4	5	6	7
60. My supervisor's feedback on my performance was constructive	1	2	3	4	5	6	7
61. My supervisor payed attention to my level of competence	1	2	3	4	5	6	7
62. My supervisor helped me to identify my own learning needs	1	2	3	4	5	6	7

63. My supervisor did not consider the impact of my previous skills and experience on my learning needs	1	2	3	4	5	6	7
64. My supervisor thought about my training needs	1	2	3	4	5	6	7
65.My supervisor gave me a regular feedback on my performance	1	2	3	4	5	6	7
66.As my skills and confidence grew, my supervisor adapted supervision to take this into account	1	2	3	4	5	6	7
67. My supervisor tailored supervision to my level of competence	1	2	3	4	5	6	7

Developed by Palomo 2010.

Appendix 4:

UNIVERSITY *of the* WESTERN CAPE

27 October 2020

Ms S Mpopoma
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number:	HS20/8/22
Project Title:	Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.
Approval Period:	26 October 2020 – 26 October 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: HSSREC-130416-049

Appendix 5:

18 May 2021

Dear Ms Mpopoma

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE SCHOOL OF NURSING, UNIVERSITY *of the* WESTERN CAPE

Name of Researcher: Ms Siyamthanda Mpopoma
Research Topic: *Nursing students from a university in the Western Cape's perceptions of the clinical supervisory relationship.*
Ethics Clearance Reference No.: HS20/8/22
UWC Permission Reference Code: UWCRP050321SM
Target population: 1st to 4th year B Nursing students
Validity Period: 5 March 2021 – 26 October 2024

As per your request and evidence provided, we acknowledge that you have obtained the necessary permission and ethics clearance. Permission is therefore granted for you to conduct your research as outlined in your proposal.

Please note that while permission is granted to conduct your research (i.e. interviews and surveys) staff and students at the School of Nursing are not compelled to participate and may decline to participate or withdraw should they wish to.

Should you wish to make use of or reference the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

As per your letter of permission to conduct research at the UWC from Dr Ahmed Shaikjee, Deputy Registrar, assistance to access student contact information, must be done through the office of the Deputy Registrar or be facilitated by your supervisor.

We wish you success with your research.

Yours sincerely

Prof Jennifer Chipps
Director: School of Nursing
Faculty of Community and Health Sciences
UNIVERSITY *of the* WESTERN CAPE
T: +27 21 959 3024 E: jchipps@uwc.ac.za