

## **Advance leadership and supervision**

### **Introduction**

Nursing practitioners typically have the most direct contact with patients and play a crucial part in the provision of care. One of main fundamental principles in the clinical context is the provision of patient-centered care. Clinical leadership and supervision allow for the potential to adjust this method. Different leadership approaches and supervision strategies are used to achieve this goal, and nursing practitioners are now urged to use this strategy in their daily practise (Pelletier & Stichler, 2014). The objective of this essay is to provide a reflection of different leadership models for practise, their efficacy, and how a professional value-related nursing requirement. In addition to this, I will address the role of clinical practice and suggest areas that require improvement.

### **1. Role of nurse as an accountable, Educator and allied health care professionals**

By helping the medical professionals on its registry provide better and safer care, the Nursing & Midwifery Council (NMC) plays a significant role in protecting members of public. Because Of this, NMC established standards for training, education, behaviour & performance to ensure that nurses & midwives are governed & consistently provide good quality healthcare in the course of their careers. In response to evolving healthcare requirements, there have been certain changes made to nurse education over time.

According to the NMC, competency is the capacity to perform tasks safely without the need for direct supervision (NMC,2008). Competency is the cornerstone of nursing education and is crucial to evaluating the attitude, skills and knowledge needed to do the role as a nurse. Applicability of several different types of knowledge, attitudes, skills, performance & values is necessary in nursing practise (Cowan, Norman & Coopamah, 2008). Mentors are now responsible for determining whether or not students have attained the NMC standards for skill in practise required for registration.

The NMC assigns mentors the duty of assisting students and preparing them for registration in order to ensure that clinical placement students always uphold a high

standard of practise. Stuart (2013) Mentors are accountable for assessing the skills of their mentees. Assessments can be used to inspire pupils, which will affect their attitudes and perhaps lessen the anxiety experienced by students who are conscious of being observed constantly by others (Butterworth & Faugier, 2013). Most importantly, assessment can be applied to aid in clinical learning and training. To determine their strengths and limitations, students are evaluated. To assess the degree to which students have met certain learning objectives, Howard (2016); to encourage students' future learning and advancement (Allin and Turnock, 2017). Education-related difficulties that consign accountability education to the hidden curriculum are caused by an unclear concept of professional nursing accountability (Mueller & Billings, 2009; Crigger & Godfrey, 2011; Shultz, 2009).

Thesaurus definition: Leadership is the capacity to lead; it is an action of directing, guiding, and leading people. In the clinical setting, novice or student nurses are led by experienced nurses, senior nurses, and ward managers. Nurses that are aware about patient care and needs display effective leadership in the clinical setting. In 2012, Thompson and Kenward As a result, in the clinical setting, nurses are likely to participate in a variety of leadership activities on a regular basis. The entire nursing team is accountable for establishing & keeping up a welcoming environment for s keeping up a welcoming environment for children to learn in students to learn in (RCN, 2016, Griffith, 2015). Even though there are numerous aspects that go into good learning, the environment has an impact on how well people learn. An earlier study revealed that practise location was challenging to regulate and continuously shifting (Papp et al,2008). Studies reveal that when the atmosphere is uncertain, disorganised, or overpowering, pupils report feeling vulnerable and anxious. Students' worries have been made worse by ongoing problems including staff shortages, increasing workload, greater acuity, or a lack of mentors. The results of Masoumi and Sharif from 2018, which were quoted by Emmanuel and Pryce-Miller in 2013, reflect this. Leaders must constantly learn about the values and beliefs of the people and organisation they are working with in order to collaborate effectively and reduce the likelihood of conflict (Stanley 2008).

A crucial component of a mentor's work is teaching beginners and students. 2013's Emmanuel & Pryce-Miller. The leadership style espoused by Thompson and Kenward in 2012., Planned leaders direct their teams toward their desired objectives

(Mahoney 2008). Accountability is relevant at many levels (NMC, 2015). According to Bray and Nettleton's (2017) argument, effective mentoring requires appropriate training as well as teaching and evaluation abilities. To ensure the best learning experiences, clinical placement leaders should constantly examine the available learning options.

### **Health care professionals**

Nursing education needs to consciously incorporate professional ideals if nursing is to have a future (Astorina, 2016; Karami et al., 2017). Through socialisation and the guidance of their teachers, nursing students initially learn professional ideals. Professional socialisation is the process of developing a profession's values, attitudes, and practises (Blais & Hayes 2015).

In order to become competent and independent professionals, students need supervision while they are in the field. Midwives, licenced nurses, and nursing assistants can act as mentors and examples of safe and effective practise (NMC, 2018c). The NMC has also determined that other licenced healthcare and social service providers can supervise students, with the necessary level of supervision being adapted to the needs of the students at the proper stage of their training.

The practise supervisor's responsibility is to serve as an example of safe and efficient practise in accordance with the NMC Code (NMC, 2018a). The ability to learn independently should be given to students so they can complete their training with the necessary proficiencies while also taking into account their area of practise (NMC, 2018b). Practice supervisors should be equipped with the necessary resources and confidence to carry out their duties and flag issues as necessary. As a result, practise assessors will be better able to assess the pupils' potential for advancement. Prior to qualifying, every student should get preparation to become a practise supervisor. The Code makes this a mandatory (NMC, 2018a), which recognises that partnership functioning and, consequently, clinical practise, depend on facilitating the education of colleagues and pupils.

The requirements for monitoring and evaluating students are still present for the use of evidence-based, impartial, & thorough assessments of students (NMC, 2018c). The roles of the practise assessor and academic assessor have been identified

within this paper. While there isn't a requirement for yearly updates, the NMC has noted that assessors will need continuing assistance to carry out their duties. A professional nurse with relevant, comparable experience in the students' field of study must serve as the practice assessor. The duties of a practice assessor are: opportunity to monitor the student and evaluate them whether they are proficient at the necessary level, to verify that programme objectives and proficiencies have been met, to assess students' progress and suggest next steps, keeping their knowledge and experience current in relation to the abilities and programme. Because practice assessors can now use their knowledge without being constrained by the previous Standards, there is more flexibility to aid practice-based learning and assessment.

## **2. Strategies & theories**

Nursing professionals are expected to serve to supervise clinical practice, which is a significant component of nursing education. As a result, they ought to be able to design educational chances that satisfy academic education's requirements. To effectively serve as preceptors, nurses must possess pedagogical competency. Precepting literature frequently highlights pedagogical ability and abilities as crucial elements for effective precepting (Häggman-Laitila et al., 2017; Begley et al., 2013). However, empirical studies describing pedagogical competency in relation to instructional strategies appear to be few and far between. In accordance using a study of interviews by (Adar et al., 2010, Burns et al. (2016) discussed many methods for effective clinical teaching. These methods included showing and identifying learning requirements (Banning, 2008).

Each learning theory offers its own explanation of how learning occurs, eventually focusing on offering a manual for successful and efficient teaching methods that will help students' knowledge gain. To attain one's intended learning outcomes in nursing education, it is crucial to use one or more learning theories (Aliakbari, Parvin, Heidari & Haghani, 2015). The ideas of Pedagogy, Andragogy, behaviourism, cognitivism, and constructivism are examined in this essay along with how they relate to and benefit nursing education.

### **Pedagogy**

A practicum's goal of pedagogy theory is to prepare students to become nursing practitioners by allowing them to utilise principles learned in the classroom to real-world situations and acquaint themselves with the practise settings (Franklin, 2013; Brown, 2011).

Clinical supervision is an essential part of nursing education because it gives pupils the opportunity to solidify their understanding & promotes professional development. Most of the time, a skilled nurse with knowledge and experience in clinical or administrative nursing serves as the clinical nurse educator. A complex fusion of knowledge, practise, institutionalised expectation, and accountability underpins clinical teaching. Instructing students in learning skills and procedures, guiding students in planning care for the patient, assisting students in integrating theoretical concepts into practise, and encouraging students to think critically about their nursing practise are some of the main responsibilities of a clinical nurse educator.

Teaching a significant quantity of theoretical knowledge is important for nursing practice so that students can provide patients with good care. Clinical nursing education involves putting theoretical concepts into reality, applying that knowledge, conceptualising information experientially, and continuing socialisation into the profession. Procedural, embodied, and experiential knowledge are all used in the clinical setting. For instance, a learner uses procedural knowledge when they carry out a skill like nasogastric insertion (insertion of a tube through the nose) for the first time. Drawing from experiences that have personal significance and actuality for the learner constitutes experiential knowledge. The student nurse grows on their knowledge and understanding of nursing practise by drawing on their individual learning from their clinical experience. The experience influences the student's practice's fluency and effectiveness while also influencing learning.

### **Andragogy**

The learning and self-direction elements from Knowles' theory of andragogy were applied to the nursing practise, where they can be employed by students and teachers.

## **Key assumptions on learning from andragogy**

1. Determining educational needs.
2. Creating learning requirements.
3. Finding human and material resources for education.
4. Deciding on and using effective learning techniques.
5. Assessing learning results.

The learning process and results can be enhanced by taking an epistemological (knowledge construction) and learning-process-focused approach. The learning process can be aided by incorporating neurocognitive learning strategies. Aside from the non-negotiable work necessary training, the health setting also has a variety of training and education requirements. As educators, we must also be driven and consistent in our core training, as well as in our approach to new teaching possibilities. The philosophy of education will need to change because health is continuously changing, forcing nurses to constantly change as part of lifelong learning. As educators, we can take into consideration that adult learners prefer a setting that encourages them to take charge of their education and accept accountability for their actions. Therefore, student-centered learning is preferred by adult learners. When creating thorough models of adult learning, educators must take the initiative to incorporate andragogy, or adult learning theory, in order to perform in contexts for adult learning.

Practically speaking, andragogy dictates that adult education put greater emphasis on the approach than the content. And among these, simulations, self-evaluation, case studies & role-playing are the most beneficial. Instead of playing the typical lecturer or grader, instructors adopt the position of a resource or facilitator.

Andragogy has been widely utilised in creating programmes for organisational training, especially for 'soft skill' areas like management development. It is applicable to any sort of adult education. Adult learning theories, on the other hand, are based on the unique characteristics of adults as learners, necessitating unique teaching strategies.

The best illustration of the more current adult-oriented learning techniques that can serve as a model for developing programmes and training exercises is the

foundation of nursing education. Adult learning strategies must constantly take into account the particular characteristics of adult learners.

### **Behaviourist theories**

Behaviourist theories place a strong emphasis on learning that results from associations made as a result of environmental events or stimuli and an individual's subsequent response, which results in learning and a change in behaviour.

According to behaviourist ideas, operant and responder conditioning are the two main strategies for altering behaviour and promoting learning (Ormrod, 2011, Sotto 2017, Kharb et al., 2013, Hean 2009).

### **Cognitive learning**

Theorists of cognitive learning concentrate on what happens in the learners' minds as understanding, organising, and consciousness enable learning to take place, with perceptions and thoughts changing as individuals develop new understandings and insight (Braungart & Braungart, 2011). Cognitive development happens when a person's degree of information perception, thinking, and reasoning increases as a result of growth and maturity (Santrock, 2013, Tennant 2016, Hooyman & Kiyak 2011).

### **Constructivism**

Constructivism, which emphasises metacognition, can be thought of as a combination of cognitive ideas from the works of Piaget, Bruner, Goodman, and Vygotsky (Copple & Bredekamp;2009, Elloit 2017). Constructivism is centred on the observation and scientific investigation of how individuals learn, or it focuses on how one derives meaning from experiences during learning (Ertmer & Newby, 2013).

### **3. Critical appraisal: personal and professional leadership**

Because nursing is a career focused on practise, a positive setting for instruction and evaluation is essential. According to Lynch (2009), the nursing profession is dedicated to continuously developing & improving clinical practise to guarantee that the highest calibre of care & treatments are offered. Time, tools, & training distinction as the primary central concepts in education among other things that affect learning for a student nurse. These three key elements are necessary for providing excellent

practical training and experience, which will support a student nurse's successful advancement. Time is a fundamental barrier to successful learning, according to Wilkes (2016). By being exposed to varied individual perspectives and working methods, nursing students gain experience. Therefore, registered nurses and auxiliary nurses are essential teaching resources for student nurses during their clinical placements. Earnshaw discovered that student nurses regard all employees, including monks and auxiliary nurses, as assuming a variety of mentoring responsibilities in addition to learning from their mentors. A mentor is essential in determining how nursing students' learning experiences will be shaped. According to West et al. (2017), mentor is principal example of respect & appreciation for pupils to aspire to. It follows that it is no accident that mentors are crucial for identifying existing skills, assisting in the acquisition of new abilities, reviewing documentation, encouraging assumption of new responsibilities, offering support where it is required, and offering guidance to nurses throughout their training. Additionally, aiding in the acquisition of clinical abilities, mentors, according to Burns & Patterson (2018), should also engage in critical thought & reflection on practise. Students constantly watch mentors' every move; therefore they must always conduct themselves professionally and in accordance with the NMC's standards. This is further reinforced by Valentine, who claimed that since role modelling mainly relies on observation, pupils might quickly adopt incorrect, unethical, and unprofessional behaviours.

The success of the healthcare industry is largely dependent on the leadership of the nurses in charge, whether that be a nurse manager who oversees a single unit or a nurse executive who oversees many. The nurses must possess the essential leadership abilities to effectively guide the group and work through any problems (Mahoney, 2008). In the health industry, decision-making will benefit greatly from good leadership abilities. In order to transform the nursing profession by upstanding morality and diligent effort, a leader must focus on transformation. Leader nurses can use a variety of leadership philosophies, such as democratic or authoritarian leadership. In this regard, the leadership styles of the nurses can vary depending on the circumstance and level of nursing experience. Cook outlines four leadership philosophies that nurses can use to increase their efficiency. The styles, which include transactional, transformational, connected, and renaissance, are tied to the nursing care techniques. The ability of leaders and followers to push each other's



work to greater heights is a hallmark of transformative leadership. This is mostly accomplished through motivation and morals, where they share responsibility for one another's fate. On the other side, transactional leadership practises an autocratic leadership style in which the nurses are required to perform because they are paid to do so. The leaders must provide strong orders to the subordinates, and they must comply without question or criticism. Regardless of the style used, leaders feel confident that they will accomplish their goals when they use it because they are led by experience and circumstance. Since they are aware that the experienced nurses they are managing are skilled at what they do and don't require much supervision, transformational leadership is often used while leading nurses. In contrast, when managing newly licenced nurses, transactional leadership may be used to make sure they are properly supervised prior to being given their tasks (Mahoney, 2008).

#### **4. Compare and contrast paradoxical nature of nurturing future**

The Nursing Role is one of the most reputable and trustworthy professions out there are nursing, so the saying goes. A nurse's primary responsibility has always been to care for the sick, elderly, and even those who are nearing the end of their lives, but their work doesn't end there. The field of nursing has advanced significantly and encompasses far more facets than is even recognised. A nurse must carry out tasks other than tending to evident wounds and wear multiple hats. The nature-nurture controversy is often used promote conversation recognising the significance of environmental interactions in "moulding" the individual. The idea of holistic care serves as the foundation for nursing education. This strategy has a disadvantage because a large portion of the literature-cited study focuses primarily on psychological interactions. While models of nursing care emphasise the necessity for nurses to understand the interactional basis of health, this imparts a limited perspective on holism and gives the impression that the discussion not applicable to Other elements Of health & wellbeing.

Nurse educators are paving the way for future patient care by mentoring, instructing, and inspiring the nursing workforce. They are essential to helping newly graduating nurses meet the continuously changing demands of the modern, dynamic healthcare system. The most effective nurse educators set out time to get to know their groups and students on a personal level. The majority of nurse educators continue to coach

and guide nurses throughout their careers after they graduate, preparing aspiring nurses for the transition from school to the working world.

Nursing nurturers are now universally recognised as being crucial to delivering overall effective healthcare because nurses are currently the single largest healthcare discipline (Swearingen, 2009). Nursing leadership, according to Cummings (2008), is perceived differently than general leadership because nurses are given more responsibility for changing, influencing, and improving the practise environment. By employing nurturer Nurses may play a vital part in this to build a culture where all staff are held accountable for providing high-quality care (Malloy, 2010).

In accordance with NMC guidelines All nurses on the team must adhere to the concepts of accountability and delegation Whether you are a nurse, a health care assistant, an assistant practitioner, a registered nurse, a student, or an associate in nursing. The legislation requires all practitioners—HCAs, APs, nursing associates, students, RNs, doctors, and others—to exercise appropriate care. They are still owed a duty of care regardless of whether they are performing straightforward procedures like bathing patients or complex surgery.

Every decision a nurturer makes should take into accounts both responsibility and accountability because they are ultimately two different concepts. While accountability enables and necessitates seeing beyond the boundaries of one's current obligations, responsibility is restricted to the responsibilities that are explicitly assigned to a person. A nurse should organise their actions according to the parameters of their responsibilities and then modify them as they are being carried out according to what accountability requires. According to Griffith and Tengnah, being accountable entails being held accountable for one's activities and liable for them (2008). Healthcare practitioners must always make the best decision possible given the circumstances. However, in a clinical setting, each person is responsible for their own behaviour. Their employer also shares in this obligation.

## **Conclusion**

This essay defines management and leadership and discusses their applicability to nursing practise, with a particular emphasis on how they affect motivation. Different

leadership styled play different role in management of clinical practice to enhance teaching and learning capabilities. Three theories behaviourism, cognitivism, and constructivism emphasized for the betterment of learning environment in accordance with clinical practice. To assess the efficacy of leadership and supervision in other nursing specialisations, more study is required. The distinctions between similar types of supervision, such as mentorship groups and action learning sets, deserve further investigation. In order to accomplish their aims and objectives, leaders can use any approach they see fit. Additionally, they have the option to use one, both, or a different approach if they feel one is ineffective. They must be able to guarantee growth and sustainability in the health sector, where patients must be satisfied with all that occurs in the sector, regardless of the management approaches they employ.

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