



# The Importance Of Appropriate Implementation Of Essential Skills, Clinical Supervision, And Competency Skills Among Nursing Students In Providing Nursing Care – A Conceptual Framework

Salida Johari<sup>1\*</sup>, Wail Muin Ismail<sup>2</sup>, Umi Kalsum Mohd Salleh<sup>3</sup>

<sup>1\*</sup>School of Nursing, KPJ Healthcare University, Nilai, Negeri Sembilan Malaysia.

<sup>2,3</sup>Faculty of Education, University of Malaya, Malaysia

**Citation:** Salida Johari, et al (2024), The Importance Of Appropriate Implementation Of Essential Skills, Clinical Supervision, And Competency Skills Among Nursing Students In Providing Nursing Care – A Conceptual Framework, *Educational Administration: Theory and Practice*, 30(5), 12027-12032

Doi: 10.53555/kuey.v30i5.5059

## ARTICLE INFO

## ABSTRACT

Nurses are always challenged on how they can contribute to society as professionals. They are expected to take professional responsibilities such as providing direct care, advocating individual lives, and supporting patients' activities in daily living. To acquire nursing competency, nurses are expected demonstrate the skills and personal traits necessary to effectively perform their duties; while incorporating multiple elements including knowledge, techniques, attitude, thinking ability and values that are relevant in specific contexts. These benefit, not only nurses but, hospital management, and communities especially when the result is affecting the quality and standard of nursing care.

For that reason, the nursing colleges should prioritize the awareness, the development, and the implementation of key components among nursing students; to produce graduates who are competent and ready for the workplace. Therefore, it is important to identify the three key components: 1) essential skills, 2) effective clinical supervision, and 3) competency skills-for a quality and standard of nursing care. The integration of these components is vital at workplace especially in healthcare industries. Students should demonstrate their mastery of essential skills and competency skills, which allow them to adapt to the work environment. In addition to this, clinical supervision plays a mediating role in promoting nursing students' professional competence and in supporting their nursing career. Finally, a conceptual framework is introduced to developed and implement appropriate essential skills, clinical supervision, and competency skills among nursing students in delivering nursing care to patients.

**Keywords:** Essential skills, Clinical Supervision, Competency skills, Nursing students'

## Introduction

Nursing is a practice-based profession. Nursing education aims to develop professional clinical competencies and to enhance the quality of nursing care (Forsberg, E., et al. 2011). Developing, maintaining, and evaluating nurses and nursing students' competencies are among the greatest challenges in nursing profession. Moreover, the health systems have become increasingly complex, subsequently quality nursing education has also become crucial. It makes the nursing education a complex and comprehensive combinations of knowledge, skills, and aptitudes to be mastered by nursing students. These components have been recognized as the core components of professional standards in nursing profession. In other words, these can be categorised as essential skills, clinical supervision and competency skills Furthermore, Flinkman M, Leino-Kilpi H, Numminen O, et al. N (2017) revealed that components of essential skills, clinical supervision and competency skills will be more effective with the application of cognitive, psychomotor and affective domains; applied in nursing care.

The challenge occurs when nursing students often find the clinical environment as an intimidating experience, despite learning and practising essential skills in the classroom and skills lab, under supervision and simulated environment. For that reason, it is extremely important that clinical instructors incorporate the adequate essential skills, effective clinical supervision and correct competency skills in developing nursing students' holistic learning domains, as to prepare them for their professional responsibilities in clinical settings.

### **Focus of the study**

This paper, therefore; focuses the collaboration between appropriate implementation of essential skills, clinical supervision and competency skills, which are significant for nursing students in providing nursing care to patients, patient's family and community. Ultimately, these are the components that contributes to the stature of nursing education and management, especially when the graduates demonstrate exquisite skills, knowledge and attitude.

### **Literature review**

The economic growth and interest in global health have led to a demand for improved quality health care. These changes in the external environment, medical institutions are making great efforts to meet the needs of high-quality medical services and medical consumers (Song, H.J.; Lee, S.M,2016). There also has been an increasing prioritization in quality of care among nurses and nursing students, working in the healthcare industries. As the needs of patients ,patient's family and community become diverse and complex due to these changes in the social environment; hospitals are striving to innovate management methods through recent changes in medical and nursing services. Nurses and nursing students are the most important health care personnels who are required to understand the patients and family members' predicaments. Subsequently, address ones physical, emotional, psychological and spiritual needs.

Therefore, the hospital management and nursing education should persistently, focused on improving the essential skills, clinical supervision and competency skills among nursing students in both academic and simulated clinical environment. The development of these crucial skills and competencies will support in contributing to the development of nurses and students' professional growth (Kang, K.H.; Han, Y.H.; Kang, S.J. 2012). This is because high-level nursing not only effectively fulfils responsibilities and roles for patient care, but also satisfies the needs of patient (Choi, I.Y.; Park, N.H.; Jeong, J.H.s 2019), and consequently contributes to achieving the goals of hospitals. As part of this commitment, nursing education and hospitals management should consider addressing and rectifying issues related to nursing students' essential skills, clinical supervision and competency of skills in clinical environment.

### **Discussion on the importance of appropriate implementation of Essential skills, Clinical supervision and Competency skills for nursing students**

The appropriate combination components of essential skills, clinical supervision and competency skills are very important in nursing field. In this study the essential skills comprise of elements namely communication skills, critical thinking, teamwork and lifelong learning. Essential skills include a broad range of personal competences such as critical thinking, social aptitudes, communication capability, teamwork ability and ethical attitudes (Bergh et al., 2014; Cimatti, 2016; Heckman and Kautz, 2012; Tulgan, 2015). Preparing students to take over their job responsibilities and to perform care duties safely and effectively is one of the most challenging duties of nursing schools and hospital management. Both, clinical instructors and healthcare industry recognised that essential skills are vital for personal life, professional career and organisational success (Cimatti, 2016; Jain and Anjuman, 2013; Osman et al., 2012; Platt, 2008; Prodanovic, 2014).

Communication is a required skill in all human activities (Johnston et al., 2012). In the medical such as nursing professions, communication is one of great importance, because it leads to desirable outcomes in patients, such as reducing pain and improving health (Baghcheghi et al., 2011; Claramita et al., 2016; Rosenberg & Gallo-Silver, 2011). Thus, communication plays an important role in clinical nursing performance, and nurses must be able to effectively communicate with patients to perform their different roles (Street Jr, 2013). Birks and colleagues (2015) wrote that one of the most important aspects of professional communication was therapeutic communication between the nurse and the patient.

Three studies have been conducted by different experts: nurses and patients were interview by Loghmani et al. (2014), engaged nurses and nursing students by Jouzi et al. (2015), and interview sessions with nursing students by Heidari and Mardani Hamooleh (2015). The outcomes of these studies highlighted the insufficiencies in nursing students' therapeutic communication skills and the crucial influence of nursing educators' guidance to enhance therapeutic communication in clinical environments (de Lima et al., 2011;

Heidari & Mardani Hamooleh, 2015; Suikkala & Leino-Kilpi, 2005). These findings align with additional quantitative research on the therapeutic communication of nursing students with patients (Baghcheghi et al., 2011; Kiani et al., 2016; Shafakhah et al., 2015; Sheldon & Hilaire, 2015). Drawing from their respective research experiences, it's evident that the dynamic of therapeutic communication between nursing students and patients is influenced by the interactions among nursing students, clinical instructors, and patients.

Critical thinking is a skill that nursing students need to foster throughout their nursing education to prepare themselves to deliver high-quality care after graduation (Whiffin and Hasselder, 2013). Critical thinking is the foundation of nurses' thinking and is applied daily in clinical practice. As such, it is an essential component of the curricula of nursing programmes. Critical thinking allows nurses to select the best nursing interventions and nursing care for their patients using their contextual clinical experience and educational backgrounds (Ignatavicius, 2001).

Nurses apply logical thinking and goal-oriented attitudes to deliver evidence-based care; considering many factors such as professional standards of care, ethics, procedures, rules, health policies and regulations, and applying their knowledge, skills and experience (Tajvidi et al, 2014). Professional nurses who apply critical thinking in their practice, provide better quality services and solve clinical problems, despite their educational level with a positive impact on both patients and colleagues (Hoffman et al., 2004). Preparing nursing students to become qualified nurses comprised developing their critical thinking abilities: students must learn how to identify a problem, collect, interpret and prioritise data, and plan to solve the problem (Menezes et al, 2015).

Meanwhile, Clinical instructor plays a crucial role during clinical supervision. They must coach students to develop critical thinking, (Por, Barriball, Fitzpatrick & Roberts ,2010). Therefore, academic faculty need to implement teaching strategies that focus in developing students' critical thinking development (Nelson, 2017). These teaching strategies should be integrated in the curricula early in the educational process and continue throughout the nursing education to encourage both the development and practice of critical thinking (Burrell, 2014; Chang et al., 2011; Von Colln-Applying and Giuliano, 2017).

One of strategies to develop critical thinking, among nursing students are by encouraging them to participate in lifelong learning. Lifelong learning has been recognized as a necessity for the nursing profession (NLM,2011). As mentioned by Popei (1969) and Schoen (1979) cited by Bad – Nyarko (2003) reported that the purpose of lifelong learning for nurses is fivefold:

- 1) to acquire knowledge, skill and attitudes that would enable them to perform his/ her job better,
- 2) to learn new nursing roles, techniques or skills,
- 3) to provide for self- development and professional growth,
- 4) to show competence for relicense, and
- 5) to contribute to the professionalization of nursing.

This fivefold produce them become health care personnel with interprofessional team player.

To be a skilled interprofessional team worker is an important learning outcome in nurse education programs (WHO,2010). Interprofessional teamwork is crucial for fostering effective healthcare performance and for minimizing adverse medical events e.g., (Reeves, Perrier, Goldman, Freeth & Zwarenstein,2013). Culture, incorporated routines, and experiences, all of which differ from department to department, may influence nurses' role during the huddle and affect what is taught to the students. For this reason, the concerns that learning about teamwork through huddles can become inconsistent and overly personalized (Murray, McKenzie & Kelleher,2016) This is supported by findings from an integrated review of interprofessional communication in healthcare (Foronda, MacWilliams, McArthur,2016) which indicated a need for "handover tools" in nursing and medical education.

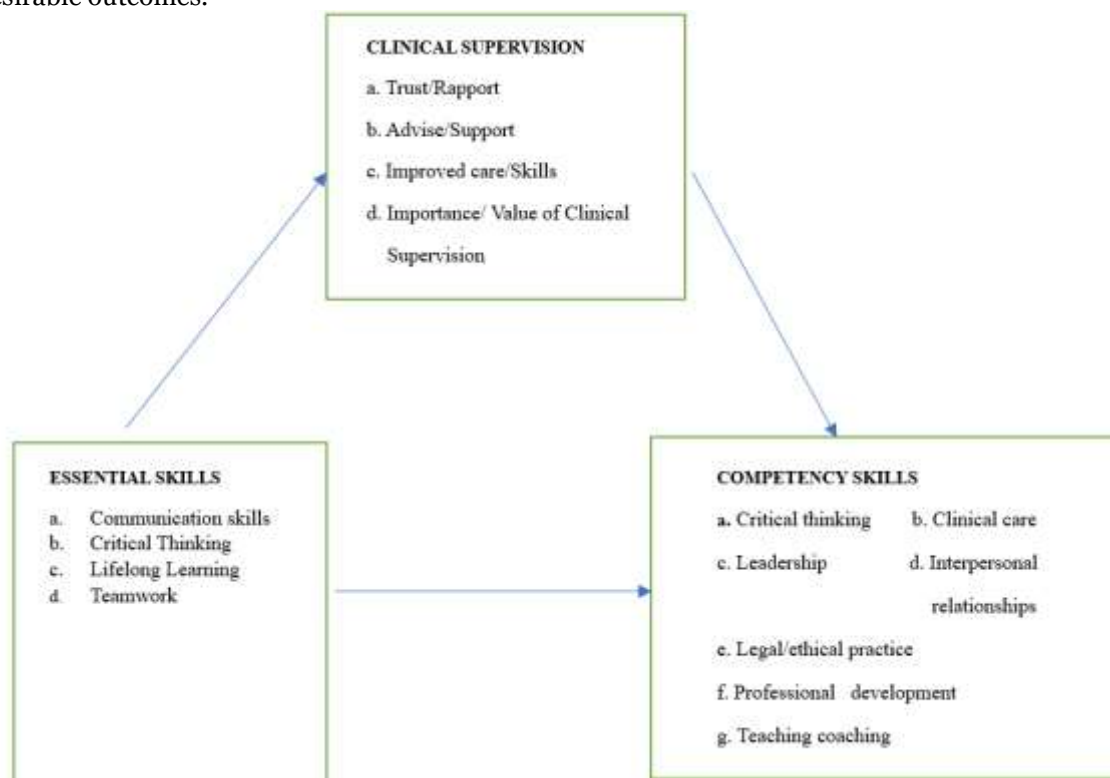
The effective clinical supervision will enhance the learning experiences of nursing students and they employ the process of reflection in order to identify and meet their needs for professional development. Therefore, clinical supervision helps in developing mediating tools to prepare nursing students for interprofessional teamwork in clinical practice seems essential. Clinical supervision has been defined as a formal regular event, supervised by trained individuals/instructors, in which qualified nurses can reflect on their clinical practice with the purpose of advancing their care (Cleary et al., 2010). Clinical supervision is internationally recognized as being an integral part of professional health care practice (Gonge & Buus, 2015) and recommended as a process of learning and professional support (Fowler, 2010) for students. The support provided through clinical supervision helps the students to link theoretical classroom knowledge with patient care in clinical environment (Asmsrud, Lyberg&Severinsson,2015; Bruno&Stein-arbury,2011, Franklin,2013).

Due to the above reasons, nursing education and clinical instructor has become more focused on clinical supervision and clinical performance in managing patients' health problems, families and communities. Good

clinical environment is a positive starter or pushing factor to nursing students to go further in their learning process. It is an important momentum area for students to develop the essential skills and competency skills level in a clinical setting. According to Kahya and Oral (2018) good clinical performance means providing appropriate nursing care to patients to improve patient outcomes. Nursing students' clinical performance is a key educational outcome and results from an accumulation of theoretical knowledge and practical training (Park JW, Kim C-J, Kim YS, Yoo MS, Yoo HR, Chae S-M, et al., 2012).

It is crucial for nursing students to improve their clinical performance, which relates to the combination of knowledge, skills, and attitudes that nursing students achieve before graduating, Nabolsi M, Zumot A, Wardam L, Abu-Moghli F, (2012). Hartigan-Rogers, Cobbett & Amirault, (2007) states that clinical performance is affected by many factors such as nursing skills, knowledge, and relationships between students and clinical instructor. This domain involves during the clinical experiences, Porter et al. (2013) reveals that clinical experience, underpins the self-confidence for all clinical competencies as the experience exposed is in a reality.

To create and develop clinical competency skills, clinical instructor should provide nursing students with a variety of nursing skills opportunities through the clinical practicum, so that they can adequately assess patients and provide effective nursing care in a dynamic environment (Twibell, Ryan and Hermiz, 2005). These opportunities and varieties of nursing activities will prepare students to become competence nurse. Meanwhile, the competence itself is a complex multidimensional phenomenon and is defined as the ability of the registered nurse and student to practice safely and effectively, fulfilling his or her professional responsibility within ones' scope of practice (NMBI 2015) and it is also defined as the ability to perform a task with desirable outcomes.



**Figure 1: Suggested conceptual framework: shows the importance of appropriate implementation of essential skills, clinical supervision and competency skills among nursing students in providing nursing care to patients.**

### Suggested conceptual framework

The display suggested conceptual framework (in figure 1) describes about the importance of appropriate implementation of essential skills, clinical supervision and competency skills that should be implemented by nursing students in providing nursing care. In this study, the researcher explored these three (3) important components. These components skills (essential skills, clinical supervision and competency skills) are capable to distinguish the cognitive, affective and psychomotor domains of the students so that strategies and interventions could be implemented to rectify the students' capabilities in performing and implementing nursing skills.

The above components were adopted from Communication skills scale (Reeset all., 2002), Critical Thinking (SF-CTDC, 2002) Lifelong learning (JESPLL, 2009), Teamwork Skills (Soft skills Elements, 2015), The

Manchester Clinical Supervision Scale (Winstanley, 2000), Competency Inventory Skills (ICN Framework of competencies for generalist nurses, 2003).

### Conclusion

Nursing competency is a core ability that is required for fulfilling nursing responsibilities and patients care. Therefore, it is important to clearly define nursing competency to establish a foundation for nursing education curriculum. The systematic integration of the 3 components studied in this paper are aimed to help nursing education, healthcare industries, nurses, nursing students and communities to have benefits of high standard of service delivery and quality of nursing care to patients, families and communities.

While these components are critical in enhancing nursing quality, it is important for Nursing Faculty and the Nursing Board to consider facilitating curriculum planning. Further specifications may need to be introduced on the importance of appropriate implementation of essential skills, clinical supervision and competency skills among nursing students. Nursing Institutions need to ensure that curricula cover all required components of nursing competencies. These components are adequately addressed in all available learning venues. Therefore, further investigation is needed to establish a full concept of nursing competency in providing nursing care at every level in healthcare industries. This enables to the development of appropriate model and concept.

### References

1. Amsrud K, Lyberg L, Severinsson. E. *The influence of clinical supervision and its potential for enhancing patient safety-undergraduate nursing students views*. Journal Nursing Education Practice ,2015;5(6):87-95
2. Birks, M., Chapman, Y. B., & Davis, J. (2015). *Professional and therapeutic communication*. South Melbourne, Vic.: Oxford University Press.
3. Baghcheghi, N., Koohestani, H. R., & Rezaei, K. (2011). *A comparison of the cooperative learning and traditional learning methods in theory classes on nursing students' communication skill with patients at clinical settings*. Nurse Education Today, 31(8), 877-882.
4. Choi, I.Y.; Park, N.H.; Jeong, J.H. *Effects of clinical nurses' self-leadership and nursing organizational culture on nursing performance*. Int. J. Contents 2019, 19, 502–516. [CrossRef].
5. Cleary, M., Horsfall, J., & Happell, B. (2010). *Establishing clinical supervision in acute mental health inpatient units: Acknowledging the challenges*. Issues in Mental Health Nursing, 31(8), 525–531. <https://doi.org/10.3109/01612841003650546>
6. Flinkman M, Leino-Kilpi H, Numminen O, et al. *Nurse Competence Scale: a systematic and psychometric review*. Journal of Advanced Nursing. 2017; 73(5): 1035-1050. <http://dx.doi.org/10.1111/jan.13183>
7. Forsberg, E., et al. (2011) *Virtual Patients for Assessment of Clinical Reasoning in Nursing. A Pilot Study*. Nurse Education Today, 31, 757-762. <http://dx.doi.org/10.1016/j.nedt.2010.11.015>
8. Foronda C, MacWilliams B, McArthur E. *Interprofessional communication in healthcare: an integrative review*. Nursing Education Practice. 2016; 19:36–40. <https://doi.org/10.1016/j.nepr.2016.04.005>
9. Gonge, H., & Buus, N. (2016). *Exploring organizational barriers to strengthening clinical Supervision of psychiatric nursing staff: A longitudinal controlled intervention study*. Issues in Mental Health Nursing, 37(5), 332–343. <https://doi.org/10.3109/01612840.2016.1154119>
10. Hartigan-Rogers JA, Cobbett SL, Amirault MA, Muise-Davis ME. *Nursing graduates' perceptions of their undergraduate clinical placement*. International Journal of Nursing Education Scholarship. 2007;4(1).
11. Heidari, H., & Mardani Hamooleh, M. (2015). *Improving communication skills in clinical education of nursing students*. Journal of Client Centered Nursing Care, 1(2), 77-82.
12. Ignatavicius DD. *Six critical thinking skills for at-the bedside success*. Dimension Critical Care Nursing. 2001;20(2):30-33. <https://doi.org/10.1097/00003465-200103000-00008>. PMID:22076296
13. Johnston, J., Fidelia, L., Robinson, K.W., Killion, J. B., & Behrens, P. (2012). *An instrument for assessing communication skills of healthcare and human services students*. Internet Journal of Allied Health Sciences and Practice, 10(4), 1- 6.
14. Jouzi, M., Vanaki, Z., & Mohammadi, E. (2015). *Factors affecting the communication competence in Iranian nursing students: A qualitative study*. Iranian Red Crescent Medical Journal, 17(3), 1-9.
15. Kang, K.H.; Han, Y.H.; Kang, S.J. Relationship between organizational communication satisfaction and organizational commitment among hospital nurses. J. Korean Acad. Nurs Adm. 2012, 18, 13–22. [CrossRef].
16. Kahya E, Oral N. *Measurement of clinical nurse performance: developing a tool including contextual items*. Journal of Nursing Education and Practice. 2018;8(6):112-23.

17. Loghmani, L., Borhani, F., & Abbaszadeh, A. (2014). *Factors affecting the nurse-patients' family communication in intensive care unit of Kerman: A qualitative study*. *Journal of Caring Sciences*, 3(1), 67-82
18. Meretoja R, Isoaho H, Leino-Kilpi H. *Nurse competence scale: development and psychometric testing*. *Journal of Advanced Nursing*. 2004; 47(2): 124-133. <http://dx.doi.org/10.1111/j.1365-2648.2004.03071.x>
19. Menezes SSC de, Corrêa CG, Silva R de C, Cruz D de A. *Raciocínio clínico no ensino de graduação em enfermagem: revisão de escopo [Clinical reasoning in undergraduate nursing education: a scoping review]*. *Rev Esc Enferm USP*. 2015;49(6):1037-1044. Article in Portuguese. <https://doi.org/10.1590/S0080-623420150000600021>
20. Murray K, McKenzie K, Kelleher M. *The evaluation of a framework for measuring the non- technical ward round skills of final year nursing students: an observational study*. *Nurse Educ Today*. 2016;45:87-90, ISSN 0260-6917. <https://doi.org/10.1016/j.nedt.2016.06.024.19>
21. Nabolsi M, Zumot A, Wardam L, Abu-Moghli F. *The experience of Jordanian nursing students in their clinical practice*. *Procedia - Social and Behavioral Sciences*. 2012;46:5849-57. <https://doi.org/10.1016/j.sbspro.2012.06.527>
22. Park JW, Kim C-J, Kim YS, Yoo MS, Yoo HR, Chae S-M, et al. *Impact of critical thinking disposition, general self-efficacy, and leadership on clinical competence in nursing students*. *Korean Journal Medical Education*. 2012;24(3):223-31. <https://doi.org/10.3946/kjme.2012.24.3.223>
23. Por J, Barriball L, Fitzpatrick J, Roberts J. *Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students*. *Nurse Educ Today*. 2011 Nov;31(8):855-60. <https://doi:10.1016/j.nedt.2010.12.023>
24. Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. *Interprofessional education: Effects on professional practice and healthcare outcomes (update)*. *Cochrane Database of Systematic Reviews*. Song, H.J.; Lee, S.M. *The effects of hospital nurses' self-esteem and communication skill on self-leadership and the quality of nursing service*. *J. Korean Acad. Nurs. Adm.* 2016, 22, 220-229. [CrossRef]
25. Suikkala, A., & Leino-Kilpi, H. (2005). *Nursing student-patient relationship: Experiences of students and patients*. *Nurse Education Today*, 25(5), 344-354
26. Street Jr, R. L. (2013). *How clinician-patient communication contributes to health improvement: Modeling pathways from talk to outcome*. *Patient Education and Counseling*, 92(3), 286-291.
27. Tajvidi M, Ghiyasvandian S, Salsali M. *Probing concept of critical thinking in nursing education in Iran: a concept analysis*. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2014;8(2):158-64. <https://doi.org/10.1016/j.anr.2014.02.005>.
28. World Health Organization (WHO). *Framework for action on interprofessional education and collaboration practice*. Geneva: World Health Organization. 2010.