INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PROGRESSIVE EDUCATION & DEVELOPMENT

OPEN ACCESS JOURNAL

Vol 1, Issue 1, (2012) E-ISSN: 2226-6348

Effects of Course Content on Student Attitudes and Expectations Regarding the Clinical Supervisory Process

Larry Barnes

West Texas A&M University WTAMU Box 60757 Canyon, Texas USA, 79016

Email: lbarnes@mail.wtamu.edu

To Link this Article: http://dx.doi.org/10.6007/IJARPED/v1-i1/10931 DOI:10.6007/IJARPED/v1-i1/10931

Published Online: 17 March 2012

Abstract

The clinical supervisory process can be positively or adversely affected by the attitudes and expectations of the student clinician. Changes in both attitudes and expectations can be brought about by a knowledge and understanding of the supervisory process itself. This study examined the relationship between clinical student attitudes and expectations of the supervisory process and the completion of a course of study relating to the process. The problem is student expectations of supervisors and attitudes toward clinical supervision affect student progression during the supervisory process. This A-B design evaluated the effect of course content on the attitudes and expectations of clinical students during the supervisory process. Seventeen graduate clinicians participated in the study. Standardized tools were used as baseline and post assessment measures. Instructional modules were designed to engage the students in specific activities corresponding to specific content. Results indicated a positive change in both attitudes and expectations as a result of course completion.

Keywords: Supervision, Attitudes, Expectations, Supervisory Process

Introduction

The clinical supervisory process in speech-language pathology continues to be a topic of focus secondary to the need for quality outcomes. Recently researchers have been focusing on variables that may contribute to making the supervisory process a more meaningful experience for both supervisor and supervisee. More specific, the attitudes and expectations of the supervisee have come into focus as either assisting or hindering the supervisory process. Although many factors play a role in shaping attitudes and expectations research indicates they can be influenced by various usages of social power displayed by the supervisor.

Social power is defined as the supervisor's influence over the supervisee's behavior, attitudes, and perceptions (Rahim, 1989). Wagner and Hess (1999) examined the supervisee's perception of supervisor's use of social power with beginning and advanced supervisees. Participants from 14 universities included 61 supervisors, 69 beginning graduate students and 69 advanced graduate students. Results indicated no significant differences in supervisee perception of social power use between the two student groups.

The implication is that even though various stages of authority may be employed by supervisors the attitudes and expectations of those being supervised may not be changed by subtle supervisory roles alone resulting in less than productive outcomes.

These results are beneficial when examining an earlier study by Wagner and Hess (1997) that investigated the supervisee's perspective of the ideal use of social power by a supervisor. Five French and Raven (1959) social power manifestations (expert, reward, referent, legitimate, and coercive) were used by graduate students to rate their current versus perceived ideal supervisor. Results indicated significant differences between social power experiences in current clinical situations and what they perceived to be ideal. The authors concluded a need exists for supervisors to modify their power roles with supervisees. However, additional studies indicate that modification on the part of the supervisor alone may not be enough to positively change the supervisee's attitudes and expectations of supervisors and the supervisory process.

Teitelbaum (1990) discovered that the supervisor's attitudes and expectations during the supervisory process have significant effects on the supervisee's attitudes and expectations. Supervisor's can unwittingly contribute adversely to the supervisory process through the influence of self-absorbed investment in the process and expectations of the supervisee. Severinsson (2008) corroborated this view suggesting that if the supervisor's approach to caring includes learning as a focus, application of compassion, and a genuine relationship with the supervisee then the negative attitudes of supervisees in stressful clinical experiences will be positively altered.

Abidden (2008) advises that relationship be defined as a clear understanding of roles and responsibilities between supervisor and supervisee. His research indicates that regardless of well intentioned managerial applications, if both parties are not clear in understanding and application of roles and responsibilities then a positive relationship cannot be achieved. Such understanding may be predicated by administrative and managerial responsibilities as well.

In a multidisciplinary study of attitudinal positions relating to clinical supervision, Cutcliffe and Hyrkas (2006) discovered supervisors in administrative positions are less able to maintain a healthy supervisory relationship in clinical settings than those in non-managerial roles. Their study included a sample size of 74 participant who rank-ordered statements regarding the supervisory process. Eight different disciplines were represented in the sample including Nurses, Chiropodists, Physiotherapists, Mental Health professionals, and more. Results indicated attitudes and expectations towards the supervisor changed significantly if the supervisor wore an administrative hat. The implication is that the expectation of the supervisor can alter the attitudes of the supervisee. The researchers concluded that it is in the best interest of the supervisory process to separate supervisor roles from administrative ones.

Adding to the need for clearer roles and responsibilities, Powell (1992) advocated that in-service training to supervisory models can have a significant effect on attitudes and expectations. Utilizing a Likert scale as a pre and post measure, Powell designed a series of training sessions for the purpose of determining the effect of education on supervisor attitudes and expectations toward the supervisory process. The Cogan (1973) model of clinical supervision was the emphasis of the training sessions. Comparison of the pre and post

measures revealed significant changes in attitudes and expectations secondary to familiarity with the supervisory process. These finding are promising i.e. if similar training was offered to supervisees then positive changes toward the supervisory process may replicate those found among supervisors.

Method

The problem is student expectations of supervisors and attitudes toward clinical supervision affect student progression during the supervisory process. Whether the progression is positively or negatively affected may be dependent upon an understanding of the supervisory process itself. This study hypothesized that attitudes and expectations would change secondary to learning about the key components of the supervisory process.

The following research questions were posed:

1. To what extent will courses in supervision change the expectations student clinicians have of supervisors?
2. To what extent will a course in supervision change the student clinician's attitudes toward the supervisory process itself?

Seventeen second year graduate students studying communication disorders were enrolled in an on-line course entitled, "The Supervisory process in Speech-Language Pathology and Audiology". The text by E. McCrea and J. Brasseur bearing the same title was used as the content source. Modules were designed to engage the students in specific activities corresponding to the Textbook. The course was presented in an on-line format allowing students to complete modules at their own pace. The course lasted approximately four weeks requiring completion of one module per week.

The course required students to complete journal entries related to text reading, synopsis of research articles regarding the supervisory process, and synthesizing material in case study application. Powell's Attitudes toward Clinical Supervision Scale and Tihen's Expectation Scale were used as pre and post measures. The Scales were administered on-line and the students were not informed of the purpose for the pre and post measures to avoid intentional skewness. Statistical analysis included t-Test: Paired Two Sample for Means and F-Test Two-Sample for Variances.

Results

Significance was noted ($p<.05$) when comparing the means of responses between pre and post measures of Tihen's Scale. Table 1 identifies the significance in responses.

Graph 1 represents the similarity and differences in responses across the Likert scale. Most notably, the differences between pre/post responses of "neutral" indicate student uncertainty regarding many supervisory process issues. This suggests the course content persuaded students to change their expectation of supervisor and supervisee roles and responsibilities through increased clarity of the supervisory process itself. Less "neutral" responses at the post survey require a greater response pattern elsewhere in the Likert scale. This is notable in with the change in response pattern for "very unimportant". More students indicated answers to be 'very important' following the course of study. This suggests a change in perspective of roles and expectations resulting from an increased understanding of the supervisory process.

Specific answers indicated student's shifted from thinking the majority of responsibility during the supervisory process belonged to the supervisor to thinking the supervisee should assume equal amounts of responsibility. Student responses indicated greater importance of shared responsibility at completion of the course of study. Student responses also indicated their relationship with supervisors should be a collaborative model that eventually leads to self-supervision. Importance of obtaining increasing independence during the supervisory process was valued more highly once the process itself was better understood.

Significance was also noted ($p<.05$) in variance between pre and post measures of Powell's scale (Table 2). Responses indicated a shift in attitudes toward clinical supervision after the course was completed. Graph 2 illustrates the variances in extreme and neutral response patterns within the scale. Following course completion fewer responses fell in the "undecided" category and more responses fell in the "strongly agree" and "strongly disagree" categories. This indicated that the course content persuaded students to more definitive thoughts and change in attitude about the supervisory process.

Specific answers indicated student's perception of the supervisory process shifted from one of anxiety and negativity to one more positive and confident. It is postulated that these differences are due to the knowledge base acquired regarding a better understanding of the supervisory process.

Conclusion

Although supervisory styles and related factors influence the attitudes and expectations of supervisees, they are often not enough to make the supervisory process a meaningful learning experience. A course focusing on the supervisory process can have a positive effect in changing both attitudes and expectations of supervisees. In addition to introducing clearer roles and responsibilities, a course can familiarize the supervisee with the process itself. The result of such a knowledge base can significantly change attitudes and expectations beyond what other factors alone can produce. It is highly recommended that both supervisors and supervisees complete a short course on the supervisory process prior to advancing in the process itself.

It was hypothesized that just as supervisor training positively affected attitudes and expectations of supervisors (Powell, 1992) so too, supervisee attitudes and expectations would be effected by training. This study validated the concept that training about the supervisory process helps to set a more positive mindset with regards to attitudes and expectations related to both supervisor and the supervisory process. These findings have direct implications for instructional environments that contain a clinical supervision component. Previous research encouraged supervisors to obtain formal instruction about the supervisory process before engaging in a supervisory role (Powell, 1992). The same recommendations can be made for students prior to engaging in clinical activity under direct supervision. It is further recommended that institutions coordinating clinical practicum (universities, hospitals, clinics, etc.) provide formal instruction regarding the supervisory process both for supervisors and supervisees.

Student progression through clinical practicum can be adversely effected by attitudes and expectations of supervisees (Rahim, 1989). Defining supervisor roles and responsibilities,

training of supervisors, and altering the use of social power are not enough to significantly change a supervisee's attitudes and expectations of the supervisor or the process. Such change is positively affected by formal instruction prior to process implementation. It is believed that clinical practicum outcomes will derive greater success when precipitated by formal instruction for both supervisors and supervisees.

References

Abiddin, N. (2008). Exploring clinical supervision to facilitate the creative process of supervision. *The Journal of International Social Research, 13*, 13-33.

Cogan, M. (1973). Clinical Supervision. Boston: Houghton Mifflin Company

Cucliffe, J., & Hyrkas, K. (2006). Multidisciplinary attitudinal positions regarding clinical supervision: a cross-sectional study. *Journal of Nursing Management, 14*, 617-627.

French, J., & Raven, B. (1959). The bases of social power. In: Cartwright, D., Editor, 1959. *Studies in social power*, Institute for Social Research, Ann Arbor, MI, pp. 150–167.

Powell, T. (1992). Attitudes towared the clinical supervisory model. *The Clinical Supervisor, 9,* 53-62.

Rahim, M. (1989). Relationships of leader power to compliance and satisfaction with supervision: Evidence from a national sample of managers. *Journal of Management, 15*, 545-556.

Severinsson, E. (2008). The phenomenon of clinical supervision ins psychiatric health care. *Journal of Psychiatric and Mental Health Nursing, 2*, 301-309.

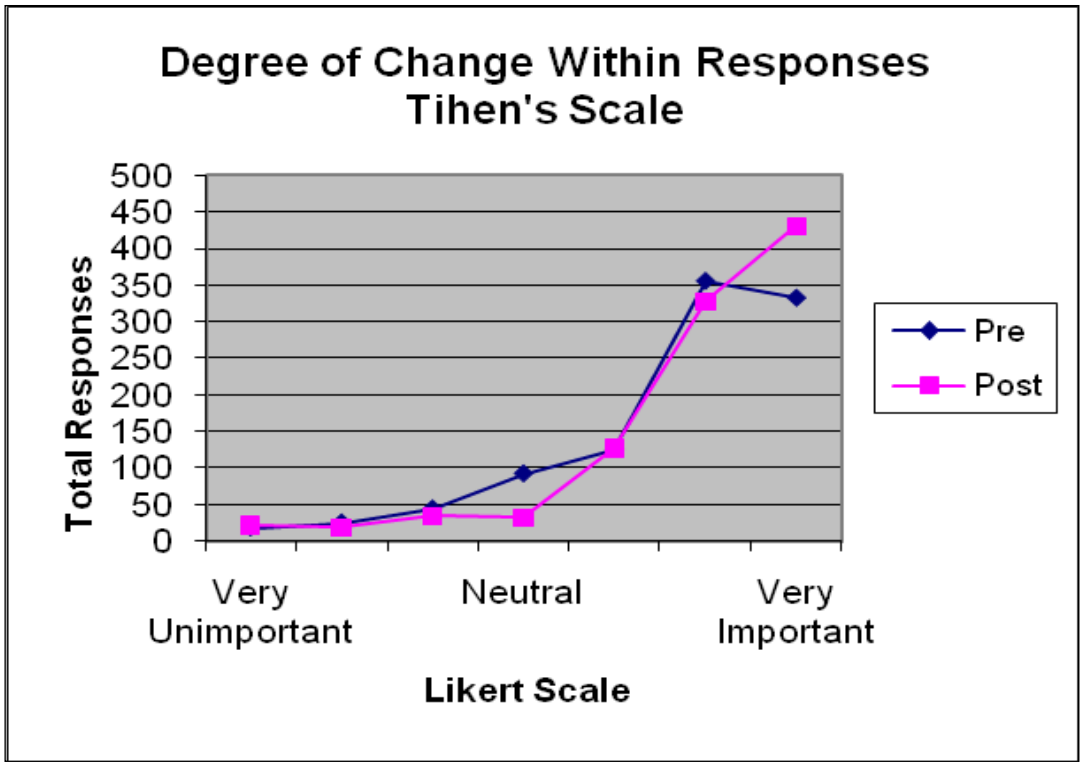
Teitelbaum, S. (1990). Supertransference: The role of the supervisor's blind spots. *Psychoanalytic Psychology, 7*, 243-258.

Wagner, B., & Hess, C. (1999). Supervisors' use of social power with graduate supervisees in speech-language pathology. *Journal of Communication Disorders, 32*, 352-368.

Wagner, B., & Hess, C. (1997). Supervisees' perceptions of supervisors' social power in speech-language pathology. *American Journal of Speech-Language Pathology, 6*, 90-95.

Appendices

Graph 1 Differences in Response Pattern for Tihen's Scale



Graph 2 Differences in Response Pattern for Powell's Scale

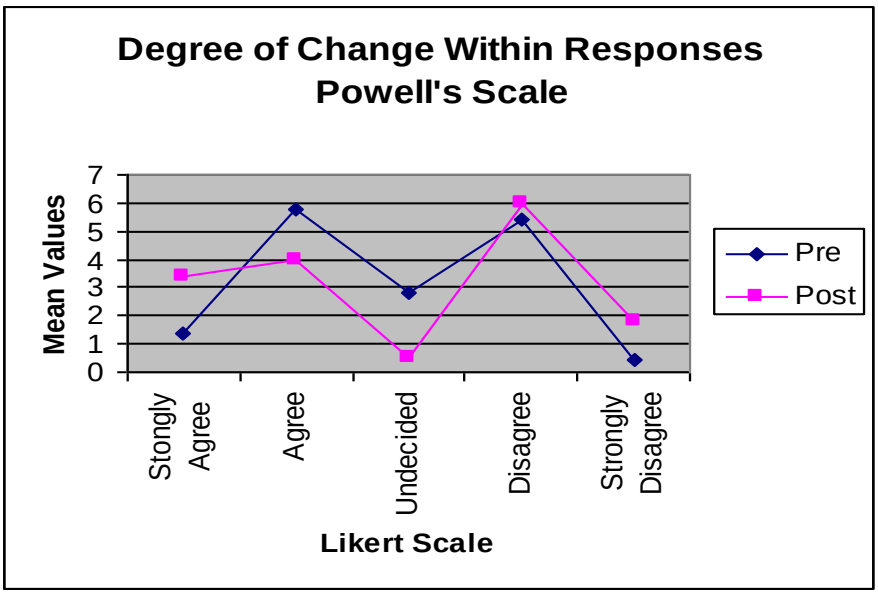


Table 1
Tihen's Scale Comparison of pre/post Means

t-Test: Paired Two Sample for Means

	Variable 1	Variable 2
Mean	5.696774	5.958065
Variance	0.530481	0.703458
Observations	62	62
Pearson Correlation	0.786871	
Hypothesized Mean Difference	0	
Df	61	
t Stat	-3.94072	
P(T<=t) one-tail	0.000106	
t Critical one-tail	1.670219	
P(T<=t) two-tail	0.000212	
t Critical two-tail	1.999624	

Table 2
Powell's Scale - Strongly Agree

F-Test Two-Sample for Variances

	Variable 1	*Variable 2*
Mean	1.4	3.466667
Variance	3.828571	18.40952
Observations	15	15
df	14	14
F	0.207967	
P(F<=f) one-tail	0.002911	
F Critical one-tail	0.402621	

Table 3
Powell's Scale - Undecided

F-Test Two-Sample for Variances

	Variable 1	*Variable 2*
Mean	2.8	6.066667
Variance	2.6	17.6381
Observations	15	15
Df	14	14
F	0.147408	
P(F<=f) one-tail	0.000487	
F Critical one-tail	0.402621	

Table 4
Powell's Scale - Strongly Disagree

F-Test Two-Sample for Variances

	Variable 1	*Variable 2*
Mean	0.466667	1.866667
Variance	0.838095	6.552381
Observations	15	15
Df	14	14
F	0.127907	
P(F<=f) one-tail	0.000222	
F Critical one-tail	0.402621	