



## Review

## Supervisors' experiences of workplace supervision of nursing and paramedic students in rural settings: A scoping review

Franziska Trede <sup>a,\*</sup>, Celina McEwen <sup>a,1</sup>, Amanda Kenny <sup>b,2</sup>, Peter O'Meara <sup>b,3</sup><sup>a</sup> The Education For Practice Institute, Charles Sturt University, Locked Bag 450, Silverwater, NSW 2128, Australia<sup>b</sup> La Trobe Rural Health School, Faculty of Health Sciences, La Trobe University Health Sciences, Bendigo, VIC 3550, Australia

## ARTICLE INFO

Article history:  
Accepted 7 October 2013

Keywords:  
Supervision  
Supervisor  
Rural  
Nursing  
Paramedicine

## SUMMARY

**Objectives:** We present our findings from a scoping review that sought to identify what is known about nursing and paramedic clinical supervisors' experiences of their supervision practices in rural settings. Our interest in these two groups is based on the central role that nurses and paramedics play in rural health care.

**Design:** Scoping reviews support identification of a broad range of literature, including all types of study designs. We adopted Arksey and O'Malley's five-stage approach: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarising and reporting results.

**Data Sources:** Databases searched included Academic Search Complete, Springer, Factiva, ProQuest, Ebsco, Informit, VOCEdplus and Scopus.

**Review Method:** Based on our research question and inclusion and exclusion criteria we selected relevant literature and summarised and reported it using Arksey and O'Malley's framework.

**Results:** The review yielded five articles from four countries: Sweden, Belgium, Malaysia and Australia.

**Conclusion:** From this scoping review, we identified key themes related to supervisors' experiences, including clarification of expectations, support from managers and colleagues, the need for shared understanding between university, students and supervisors and required skills and competence in supervising students.

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## Introduction

In this article, we present our findings from a scoping review of the literature on supervisors' perspectives of their experiences in supervising nursing and paramedic students undertaking rural placements. Understanding supervisors' perspectives can help identify issues associated with student supervision and develop understanding of the enablers that support quality supervision practices. Many different definitions, roles and understandings are used for the term supervisor such as mentor, preceptor and educator (Billay and Yonge, 2004; McCarthy and Murphy, 2010). For the purpose of our review, we defined supervisors as health care professionals employed within a health care agency who mentor, monitor, teach, provide feedback and assess undergraduate students.

In our review, the key focus was on supervisors of nursing and paramedic students. Our focus on rural, which we define as non-metropolitan, was triggered by findings from a study by Siggins Miller Consultants (2012) that identified that workforce maldistribution,

under-resourcing, geographical isolation and poor access to the internet (characteristics of clinical rural settings) have a major impact on quality student supervision. The focus on nursing and paramedicine was fuelled by the central role that these two groups play in ensuring sustainable health service delivery in rural areas (Duckett and Kenny, 2000; Kenny and Duckett, 2003; Mulholland, 2010). In a study by Mulholland (2010), a dearth of literature relating to rural paramedic education was identified. In the rural nursing literature, Kenny and Duckett (2003) state that the key to building a sustainable rural nursing workforce is ensuring that undergraduate nursing students in rural settings have a positive and well-supported experience. In the recently released Australian National Strategic Framework for Rural and Remote Health (Australian Health Ministers Advisory Council Rural Health Standing Committee, 2012), quality student education in health settings is identified as central to sustainable rural health delivery.

Nursing students in Australia spend approximately 1000 h in unpaid, supernumerary placements over the course of a three or four year degree (Kenny et al., 2012). For paramedicine, there are no prescribed hours for student placement, but placement is integral to course accreditation. Given the central role of student placement for both nursing and paramedicine, we were surprised by our cursory review of the Australian literature that yielded few studies on the experiences of student supervisors in the rural context.

Mills et al.'s (2010, p.10) integrative review on the status of rural nursing identified the importance of rural nurses as 'translators of

\* Corresponding author. Tel./fax: +61 2 9752 9003.

E-mail addresses: [ftrede@csu.edu.au](mailto:ftrede@csu.edu.au) (F. Trede), [cmcewen@csu.edu.au](mailto:cmcewen@csu.edu.au) (C. McEwen), [a.kenny@latrobe.edu.au](mailto:a.kenny@latrobe.edu.au) (A. Kenny), [p.omeara@latrobe.edu.au](mailto:p.omeara@latrobe.edu.au) (P. O'Meara).<sup>1</sup> Tel.: +61 2 9752 9013; fax: +61 2 9746 3647.<sup>2</sup> Tel.: +61 3 5444 7545.<sup>3</sup> Tel.: +61 3 5444 7870.

local culture' and identified their role as crucial in supporting neophyte clinicians. More recently, researchers have identified the need to foster and develop clinical academic leadership in the rural context (Doherty et al., 2013; Bish et al., 2012), but an apparent lack of knowledge on the experiences of supervisors in the rural context makes clinical academic leadership development difficult. We were keen to complete a broader, international review to identify what is known about nursing and paramedic clinical supervisors' experiences in rural settings.

## Background

Globally, student placement experiences in health settings are important for many reasons (Kilminster and Jolly, 2000). It socializes students into their future professional role and identity (Higgs, 2012). While student experience in health care settings is a feature of most health professional courses, universities and health care agencies, two of the main actors in preparing the future health workforce, have different views and interests in relation to supervision practices (Billett, 2001). Universities have a major interest in ensuring that their students have effective and productive placement experiences, because in most cases, placements are a requirement for course accreditation. In contrast, the prime objective of health care agencies is to ensure a sustainable workforce for the delivery of quality, safe and timely healthcare that meets efficiency and productivity indicators. This productivity imperative, based on ever tighter budgets and under-resourced health care services, attenuates health care agencies' interest to offer placements, because in many instances, it requires staff take on the role of supervisor, in addition to their main clinical role. This often results in students being seen as a burden or a risk to productivity, which in turn places low priority and value on student supervision (Heath, 2002; Barton et al., 2005; Sanderson and Lea, 2012). From a student and staff perspective there are consequences, with poor experiences leading to student disenrollment or dissatisfaction (Leduq et al., 2012; Boyle et al., 2008; Lucas and McCall, 2013) and for supervisors', burn out, withdrawal from taking students on placement or even resignations (Sanderson and Lea, 2012).

This situation creates a challenge for universities, especially within nursing and paramedicine, as their student intake increases and the competition amongst universities for placements escalates accordingly (Siggins Miller Consultants, 2012; Barnett et al., 2010; Magnusson et al., 2007). This competition amplifies the need to make effective use of placements and to understand what is required from students, supervisors and the workplace environment.

Many student placement models have been developed worldwide. In some cases, researchers have reported on reducing the responsibility and time involved in supervising students by employing supervisors through universities (Sanderson and Lea, 2012; Lavender, 2013). University staff, government agencies, and health services have focused on developing learning and teaching resources for supervisors and providing training and support (Health Workforce Australia, 2011). Innovative approaches have addressed peer learning models (Hoffman et al., 2008), student-led clinics, where senior students mentor junior students (Grealich et al., 2013), and interprofessional placements where supervision is shared across professions (Jansen, 2008). Few studies have addressed the wider health care agencies' workplace learning environment (Grealich et al., 2013; Siggins Miller Consultants, 2012; Moscaritolo, 2009; Robinson et al., 2007).

A comprehensive literature review and stakeholder consultation report completed by Siggins Miller Consultants (2012) documented key enablers and barriers to quality student placements. Authors of this report identified enablers that improve student placement experience including: a culture of quality; effective supervision; learning opportunities; effective communication and collaboration; and resources and facilities to conduct placements. In the report it is stated that two factors clearly hinder satisfaction and success in the health care learning environment: occupational stress; and workplace

incivility and aggression. The consultants identified that most enablers and barriers relate to socio-cultural aspects of the workplace, rather than to micro skills in supervising students.

While the authors of the Siggins Miller report (2012) highlight enablers and barriers to quality student placements, the focus is on student needs rather than on supervisors' experiences and needs. Within the nursing and paramedicine literature a similar trend is evident. That is, there is a growing knowledge base on the experiences of students during health care placements (Williams et al., 2012; Lucas et al., 2013; Henderson, 2012; Wallin et al., 2013) but little is known about the experiences of supervisors and what they perceive as enablers and obstacles to their supervision practices.

## Methods

A scoping review was undertaken to identify what is known about the experiences of rural nursing and paramedicine supervisors of undergraduate students. Scoping reviews are useful to map, collate and summarise existing literature on a topic. Unlike systematic reviews, the focus of a scoping review is not on the assessment of the quality of the research (O'Malley and Croucher, 2005), rather, the approach supports identification of a broader range of literature, including all types of study designs (Arksey and O'Malley, 2005). The work of Arksey and O'Malley provides a useful methodological framework for scoping reviews. For this study, we adopted their five-stage approach: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarising and reporting results.

### Identifying the Research Question

Arksey and O'Malley (2005, p.23) recommend that a broad question and key terms are central to 'generate breadth of coverage'. As our aim was to capture a broad range of literature pertaining to the experiences of supervisors of nursing and paramedicine students, the research question 'what is known about nursing and paramedicine clinical supervisors' experiences of their supervision practices in rural settings?' guided the search strategy.

### Identifying Relevant Studies

Researchers have identified the need to establish clear criteria to place some boundary around a study and achieve a balance between a thorough review and the practicalities of time and cost limitations (Kenny et al., 2013). In this study, key search terms were identified and the following Boolean search string was developed: supervisor\* AND student\* AND (nurs\* OR paramedic\*) AND work environment AND (region\* OR rural OR remote). The use of truncated words and wild cards (in this instance \*) allowed a broadening of the search to include all terms with the same root word. In order to refine this search, additional inclusion and exclusion criteria, consistent with our review purpose, were also developed. These are outlined in Table 1.

An initial search of Google Scholar was carried out to determine the likely size and relevance of key terms, but the results were not included in our findings due to the lack of replicability of this search strategy (Giustini and Kamel Boulos, 2013). A search of the Cochrane Library failed to retrieve any registered Cochrane reviews. Databases searched included Academic Search Complete, Springer, Factiva, ProQuest, Ebsco, Informit, VOCEDplus and Scopus.

### Study Selection

Using the developed search terms, 92 articles were identified. The title, abstract and keywords of the articles were scrutinised against the inclusion and exclusion criteria, with the research team involved in agreeing and confirming the elimination of irrelevant studies. Many articles that initially appeared relevant were excluded. For example,

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