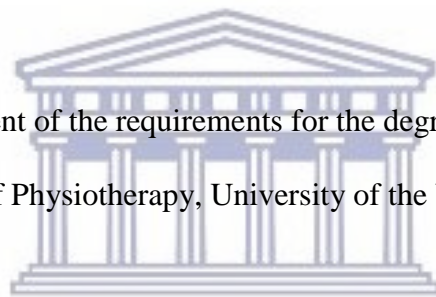


**THE PERCEPTIONS OF CLINICAL PHYSIOTHERAPISTS OF THEIR ROLE IN
SUPERVISING UNDERGRADUATE STUDENTS IN SELECTED TERTIARY
HOSPITALS IN TANZANIA**

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A thesis submitted in fulfilment of the requirements for the degree of Master of Science in the
Department of Physiotherapy, University of the Western Cape



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ABSTRACT

Background

Clinical exposure is a major training component that professional training institutions use to inculcate among undergraduate physiotherapy students clinical knowledge and skills from a real world context. Good perceptions of clinical supervisors of their roles are an important element in enabling effective clinical supervision. However, there is poor engagement of supervisors in students' supervision resulting from different perceptions of the supervisors of their respective roles in this endeavour.

Evidence shows that clinical supervisors perceive their responsibilities both positively and negatively, in addition to the supervision benefits and counterbalanced by the challenges that impact on their ability to supervise students effectively. Effective and ineffective engagement of clinical supervisors in students' supervision necessitated this study to explore the perceptions of clinical physiotherapy supervisors of their supervisory roles in this endeavour. The results of this study may assist with making recommendations to address clinical supervision benefits and challenges. The aim of the study is to explore clinical physiotherapists' perceptions of their supervisory roles during undergraduate clinical supervision.

Methodology

The study was conducted in three tertiary hospitals in Tanzania. It employed an exploratory study design to explore clinical supervisors' perceptions of their roles. The study population comprised all clinical physiotherapy supervisors, who were engaged in students' clinical supervision. Purposive sampling was used to generate a sample of twelve clinical supervisors

who voluntarily participated in this study. Ethical approval for this study was obtained from all relevant authorities. Written consent was obtained from each research assistant and respondent before any interview was carried out. A semi-structured interview guide was used to gather all necessary information on the perceptions of all clinical physiotherapy supervisors of their supervisory. Data was collected through individual face-to-face interviews, which were recorded and then transcribed verbatim. The transcripts were then subjected to inductive thematic data analysis that involved coding, categorising and theme extraction. Handling of the data collected entailed taking into account all the relevant ethical considerations.

Findings

Four major (4) themes emerged from the data: Support for clinical supervisors, management of clinical supervision, time constraints, and the perceived benefits of engaging in clinical supervision. The study recognised the readiness of clinical supervisors to participate in fulfilling their roles the supervision challenges notwithstanding. The gaps in clinical physiotherapists' support and lack of knowledge and skills in performing certain supervisory roles were the challenges they identified to affect their effective clinical supervision.

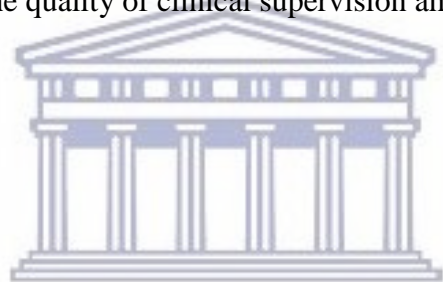
Recommendations

Based on the research findings, the recommends for the availing of requisite support to motivate and facilitate clinical supervisors' participation in students' supervision. Moreover, the study recommends for the strengthening of the appropriate learning resources that might cut across all learning environments in facilitating and standardising the supervision process. Doing so can help improve the students' clinical supervision. In this regard, the study found a positive

perception among clinical supervisors of their roles despite the supervision challenges they identified in the course of this study.

Conclusion

Clinical exposure requires a learning environment with a positive perception among supervisors of their supervisory roles. In addition, there is a need for conducive learning environment that could ensure the availability of components necessary to induce a positive perception among supervisors of their roles in this endeavour. On the whole, this study calls for the development of standardised supervision guidelines coupled with the training of clinical supervisors in components that can improve the quality of clinical supervision among clinicians in Tanzania.



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Keywords:

Clinical supervisor

Clinical supervision

Perception

Physiotherapist



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DEFINITION OF KEY TERMS

Physiotherapy: This refers to “a health care profession concerned with identifying and maximising quality of life and movement potential within the spheres of health promotion, prevention, treatment interventions, habilitation, and rehabilitation to facilitate physical, psychological, emotional, and social well-being of an individual or population” (World Confederation of Physical Therapy, 2013a).

Perception: This is the product of receiving, integrating and processing stimuli whereby a person responds to environmental information in relation to the recognition of various phenomena (Munoz & Blumstein, 2012a).

Clinical physiotherapist supervisor: This refers to an experienced clinical physiotherapist capable of conducting students’ clinical supervision. Though a clinical physiotherapist supervisor is not formally involved by their employers but they have a big role in students’ learning environment. Their roles are supporting students in transforming their theoretical knowledge into practical knowledge, ensuring clients’ welfare and supporting students in professional development within the secured time schedule (Öhman, Hägg & Dahlgren, 2009a).

Clinical supervisors’ role: This is the role played by clinical personnel during the students’ supervision process aimed to enhance physiotherapy students’ skills, competence and confidence. The supervisor’s roles are to provide a reflective space for learning, emotional support, assistance with professional development, ensure that services to clients are safe, ethical and competent, and to ensure that students comply with professional and organisational treatment standards and practice (Garling, 2008a; Wall, 2009a).

Probation: the period required to be attained by the newly-employed in practising successfully under the supervision of senior staff for a year before being confirmed for the post allocated to them.



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ABBREVIATIONS

BMC	Bugando Medical Centre
CoHu	College of Humanities
CPD	Continuous professional development
ICU	Intensive Care Unit
KCMC	Kilimanjaro Christian Medical Centre
KCMUco	Kilimanjaro Christian Medical University College
MNH	Muhimbili National Hospital
MOI	Muhimbili Orthopaedic Institute
MUHAS	Muhimbili University of Health and Allied Sciences
SLEs	Simulation Learning Environments
UWC	University of the Western Cape



DECLARATION

I declare that the study entitled “*The perceptions of clinical physiotherapists of their role in supervising undergraduate students in selected tertiary hospitals in Tanzania*” is my own work.

This study has not been submitted anywhere else. All sources or quotations in this study have been indicated and acknowledged with complete references.

Signed by:

Dionysius M.Rwelamira

23rd September, 2018

Signed.....



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May I praise and thank the Almighty God who made this task possible. Without Him, nothing is possible.

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May the almighty God bless you all abundantly.



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DEDICATION

I dedicate this work to my beloved late father, Christian Muthayabarwa Mubeezi, who struggled for my future to ensure that my education takes place as planned. May The Almighty God allow him to rest in peace. Amen.



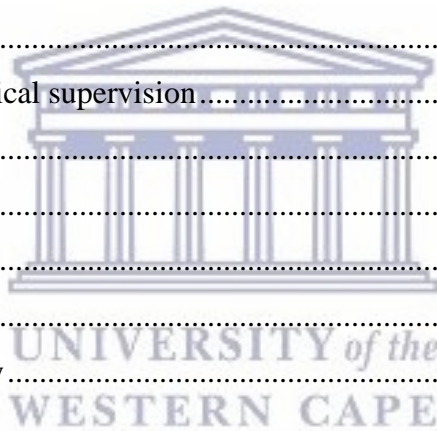
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CHAPTER ONE: INTRODUCTION

1.0 Background to the study

Students' clinical exposure is the process that gives undergraduate physiotherapy students an opportunity to experience the real world of their professional career in physiotherapy. This exposure enables them to utilise the knowledge and experience gained from their supervisor to address any gaps in clinical knowledge or skill, thus developing their professional skills, attitudes and values to improve their own clinical performance and quality patient care (Bernard & Goodyear, 2014). Moreover, clinical supervision also supports staff and promotes professional development (Hall & Cox, 2009a) also providing a safe and confidential environment for the physiotherapy staff to reflect on and discuss their work which may lead to the development of professional skills (Timpson, 1996; Wheatley, 1999). Furthermore, evidence associates clinical supervision with increased effectiveness of healthcare (Snowdon, Leggat & Taylor, 2017a). Therefore, senior clinical physiotherapists have the responsibility of overseeing and guiding the clinical practice of undergraduate physiotherapy students for them to transfer theoretical knowledge into practice (Öhman et al., 2009b; Snowdon, et al., 2017b). This situation requires the availability of skilled and competent supervisors with appropriate perceptions of their roles in mentoring and empowering students with professional competency for them to achieve their own clinical performance, foster healthcare effectiveness and promote the growth of the physiotherapy profession (Amsrud, Lyberg & Severinsson, 2015a).

A physiotherapist is a specialist healthcare professional in the provision of a therapeutic touch aimed to relieve symptoms such as pain, muscle weakness, and the stress of illness that results in body dysfunction (Nicholls & Holmes, 2012). The physiotherapist works as part of the multidisciplinary team in various health settings, including hospitals, community health centres

or clinics, sports teams and in home-based rehabilitation centres. With such a broad range of practice, students who aim to master the clinical knowledge and skill of physiotherapy may require assistance from a competent clinical supervisor to facilitate their transforming of acquired theoretical knowledge into practical skills (Bjorbækmo & Mengshoel, 2016a).

Physiotherapy is a healthcare profession that identifies the dysfunctions of the patient using physical modalities to optimise these functions. Moreover, the service maximises the quality of life and movement potential within the “spheres of health promotion, prevention, treatment interventions, habilitation, and rehabilitation to facilitate physical, psychological, emotional, and social well-being of an individual or population” (World Confederation of Physical Therapy, 2013b). It also relieves pain and rehabilitates otherwise poorly-functioning musculoskeletal organs such as joints of the upper and lower limbs and the vertebral column.

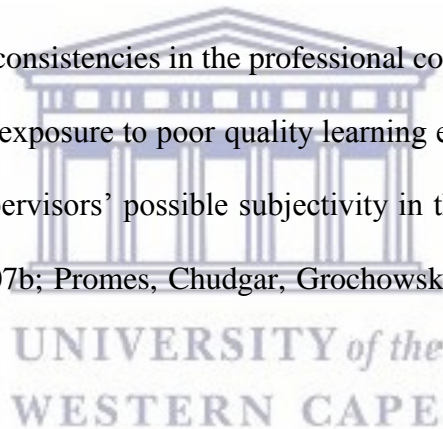
Perception is a product of the reception, integration and processing of stimuli in which a person responds to environmental information in relation to the recognition of various phenomena (Munoz & Blumstein, 2012b). It is also an individual emotion that allows a physiotherapist to fulfil his or her supervisory roles while maintaining clinical roles (Ernstzen, Bitzer & Grimmer-Sommers, 2009a). The perception of clinical supervisors of their roles enables them to allocate adequate contact hours for their students’ practical training. This attitude may help to develop reflective practice in addition to promoting clinical discussions on professional development issues that may lead to joint problem-solving and two-way communication channels (Martin, Kumar, Lizarondo & Tyack, 2016a).

The clinical physiotherapist supervisor is an experienced clinical expert who supports students during their clinical placement through managing clinical and supervision activities within the constrained time schedule (Öhman et al., 2009c). The roles of clinical supervisors are to raise

students' awareness about clinical practice, empower them with ways to conduct clinical practice, overcome challenges during clinical practice. Furthermore, they have the role to prepare the learning environment, develop the learning organisation support and strengthen the supervised physiotherapy students to enhance the quality of care (Holloway & Neufeldt, 1995a). Clinical supervisors' are also play the role of protecting the patients' welfare during the students' practical training (Garling, 2008b; Wall, 2009b). Besides, the scope of the clinical supervisors' practice is not solely limited to the patients' care; as it includes leadership, research, administration and clinical supervision (Furaker, 2008). With such a broad range of practice, a competent clinical physiotherapy supervisor ought to facilitate the transforming of the students' theoretical knowledge into practical knowledge (Bjorbækmo & Mengshoel, 2016b).

Alongside the benefits identified, the supervision process faces challenges that threatened its very existence (Haugan, Aigeltinger & Sørli, 2012a; Msiska, Munkhondya & Chilemba, 2014a). These challenges may be associated with the whole process of managing the students' clinical supervision, thereby obliging a supervisor to handle the students' supervision and patients' care in the same clinical areas where there has been inadequate preparation for the supervisory role (Leach, 1995). Literature recommends training of clinical supervisors to enhance familiarisation with the new role of students' supervision (Butterworth, White, Carson, Jeacock & Clements, 1998a). Owing to lack of resources for education and training, as well as insufficient support from supervisors the training and educating resources are restricted. In this regard, the supervisors believe that they do not have enough readiness for supervisory role (Haugan et al., 2012b; Msiska et al., 2014b) which limits them from handling patients and students with different needs (Engum, 2003a). This aggravates the occurrence of the supervision challenges including time constraints, negative perception of supervision as being non-clinical,

poor recognition of the supervisors' contribution, lack of standardised assessment tools, unremunerated tasks, and additional tasks relative to their primary responsibilities (Engum, 2003b; Lekkas et al., 2007a; Sevenhuysen & Haines, 2011a; Haugan et al., 2012c; Msiska et al., 2014c). In fact, the supervision challenges complicate the learning environment, which in turn affects the supervisors' perceptions when serving as role models in their practice, when managing the different needs of patients, students and administrative tasks (Higgs & McAlister, 2007a; Chipchase, Buttrum, Dunwoodie, Hill, Mandrusiak & Moran, 2012a; Msiska et al., 2014d). The interference of the supervision challenges on the supervisors' roles leads to inconsistent students' learning, limited opportunities for allocating time for students' supervision and patients' care (Ernstzen et al., 2009b; Ernstzen, 2013a; Msiska et al., 2014e). Consequently, these challenges may lead to inconsistencies in the professional competencies of supervisors with implications for their students' exposure to poor quality learning experiences. These experiences may be associated with the supervisors' possible subjectivity in the evaluation and judgment of the students (Lekkas et al., 2007b; Promes, Chudgar, Grochowski, Shayne, Isenhour, Glickman & Cairns, 2009).



Nevertheless, many studies conducted on improving the quality of clinical supervision during students' practical training. Yet, there is no study explored the perceptions of clinical physiotherapy supervisors about their roles during students' supervision among the two studies conducted at the institutions under study. Bradley, Kamwendo, Masanja, de Pinho, Waxman, Boostrom and McAuliffe (2013) explored the perceptions of supervision in Tanzania and Malawi and the challenges to effective supervision at the district level. Konje, Kabangila, Manyama and van Wyk (2016) identified the basic medical procedural skills that medical students should master, and determined the level of the students' exposure to these procedures at the end of

junior rotation in internal medicine. Yet the knowledge of supervisors' perceptions of their supervisory roles remains largely unexplored. Both of these studies recommended for students' supervision to be adequately resourced, supported, monitored and practised to improve students' and supervisors' clinical performance.

However, literature provides different perceptions of clinical supervision as in the United Kingdom, which recognise it as one aspect of continuing professional development (CPD) and reflective practice (Hall & Cox, 2009b). In the South African context, the role of health professional includes the provision of quality education to undergraduate students in the clinical setting (Archer, 2011). The indifference in understanding clinical supervision makes a major contribution to poor perception of their roles during the supervision process (Haugan et al., 2012d; Msiska et al., 2014f).

Unfortunately, there is relatively limited literature in Sub-Saharan Africa, including Tanzania, on the perceptions of clinical physiotherapy supervisors of their roles during such supervision. This situation inspired this study to be conducted so as to find out the perceptions of clinical supervisors of their supervisory roles. The findings of this study may help to bridge the existing gap of knowledge on supervisors' perceptions of their roles during clinical supervision that may promote the effective management of clinical supervision in Sub-Saharan Africa. The findings of this study may promote new insights into clinical supervisors with a role in organising and improving undergraduate physiotherapy clinical supervision in Tanzania. Furthermore, the study findings may assist to improve clinical supervision by developing appropriate clinical supervision programme.

1.1 Problem Statement

Physiotherapy clinical practice is an important part of physiotherapy students' learning and serves to enable students' acquisition of practical skills with the assistance of experienced physiotherapy clinical supervisors. In the clinical area, students learn from their supervisors and other clinicians through demonstrations and hands on practice with real patients. However, their learning could either be negatively or positively influenced by the environment or the perceptions of their clinical supervisors. Literature indicates that clinical supervisors may have such negative perceptions of their supervisory roles to that they treat their participation in students' supervision as a non-clinical obligation. The negative perception directly affects the quality of their students' supervision and the care provided to patients. On the other hand, their positive perception might be attributable to the perceived benefits associated with their engagement. There is currently a knowledge gap in Tanzania's clinical supervisors' perceptions of their supervisory roles despite the students' supervision globally being conducted in similar learning environments. Certainly, understanding the Tanzania clinical supervisors' perceptions of their roles may contribute to the body of knowledge in addressing strategies for improving clinical supervision. Failure to fill the gap of knowledge among Tanzanian supervisors on their perception of supervisory roles while organising students' supervision in a similar learning environment might result in continue negative impacts on the students' development and with detrimental outcomes for patients and their professional growth. It is, therefore, essential to study the supervisors' perceptions of their roles during student clinical supervision to address the challenges, and improve physiotherapy clinical supervision and professional development.

1.2 Research question

What are the perceptions of clinical physiotherapists on their supervisory roles, during clinical supervision of undergraduate physiotherapy students at selected training institutions in Tanzania?

1.3 Aim of the study

To explore clinical physiotherapists' perceptions of their supervisory roles during undergraduate clinical supervision in Tanzania

1.4 Objectives

- i To explore clinical physiotherapists' experiences during the clinical supervision of undergraduate physiotherapy students.
- ii To explore how clinical supervisors fulfil their supervisory roles during the supervision of undergraduate physiotherapy students.
- iii To identify the challenges clinical supervisors experience while supervising undergraduate physiotherapy students.

1.5 Significance of the study

Clinical exposure at the workplace is an activity of learning for undergraduate students. Such kind of practice promotes the effectiveness of health services by ensuring patients' safety and quality improvement. Generally, studies on clinical supervision of undergraduate students have been conducted in Tanzania. However, many of them were conducted in other health disciplines and not specifically in physiotherapy. In specific terms they did not explore the clinical supervisors' perceptions of their roles during supervising undergraduate students in the context of Tanzania. Yet, clinical supervisors are the key potential participants in clinical settings when fully engaged in students' supervision to attain effective supervision. Consequently, less is

known about clinical physiotherapy supervisors' perceptions of their roles during the supervision of undergraduate physiotherapy students.

The current study, therefore, explored the physiotherapists' perceptions of their roles during the supervision of undergraduate students in Tanzania. Exploring the clinical supervisors' perceptions might help clinical supervisors and higher education institutions to utilise more effectively the process of the students' clinical supervision. The study worked on the assumption that, the exploration of the perception of clinical supervisors of their roles and its benefits would fill the gap of existing perceptions among clinical supervisors; hence ultimately help to improve the quality of clinical supervision. The findings of this study may serve as a catalyst for obtaining more findings related to the perceptions of clinical physiotherapy supervisors in addition to enriching findings from previous studies. Consequently, it may contribute to the improvement of the clinical learning environment of undergraduate physiotherapy clinical supervision in Tanzania, thereby facilitating the production of competent graduates in various clinical settings. Furthermore, the results of the study may also inform the strategies on how to overcome the supervisors' challenges highlighted during the students' clinical supervision in enhancing awareness among health professionals and students, supervisors and clinical placements in health education. Due to scarcity knowledge of the perception of clinical supervisor, this study may serve as a baseline study for other studies related to this study.

1.6 Conclusion

Students' clinical supervision is conceptually an essential opportunity for career development of physiotherapy students in clinical learning environment once given full support and guidance by experienced clinical supervisors to enhance professional knowledge and skills. To positively influence students' supervision and meet their expectations, supervisors' perceptions in fulfilling

their supervisory roles is important because it influences their involvement in the supervision process. Also, various supervision challenges reported in this chapter are susceptible to supervisors' negative perceptions, although, the "goodwill" of supervisors on their roles enabled them to continue engaging with clinical supervision. Thus, the awareness of clinical supervisors' perceptions of their roles is paramount primarily because such understanding may pave the way to influencing positive perception of clinical supervisors of their participation in students' supervision. The following chapter reviews literatures on the perception of clinical supervisors of their supervisory roles, on fulfilling students' clinical supervision and on the challenges encountered during students' supervision.



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CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to the perceptions of clinical supervisors of their roles during their supervision of students. It is habitually to organise physiotherapy students' clinical supervision within clinical settings as evidence indicate to be a favourable place that may develop physiotherapy students' personal growth and identity, professional competency, as well as caring attitudes towards patients also associated with effectiveness of patients' care (Dawson, Phillips & Leggat, 2013a; Amsrud et al., 2015b). The appropriateness of clinical setting is identified when undergraduate physiotherapy students may acquire clinical knowledge and skills within the context of providing patient care essentially for their professional development (Kilminster, Cotrell, Grant & Jolly, 2007a; Lekkass et al., 2007c). This review of literature focused on the participation of clinical supervisors during the students' clinical supervision and the functions of supervision, including the aspects such as developing capacity, professional identity, clinical performance, and promoting patients' quality of care (Lyth, 2000; Milne, 2009; Dawson et al., 2013b). In addition, the literature also explained the situation where clinical physiotherapists play supervisory roles despite being engaged in their primary responsibility of providing patients with care (Manninen, Henriksson, Scheja & Silèn, 2015a).

Through clinical supervision, undergraduate physiotherapy students acquire information, clinical skills and competencies necessary for their clinical practice (Amsrud et al., 2015c). Moreover, it helps physiotherapy students to gain confidence in their clinical reasoning and converting theoretical into practical knowledge necessary for their professional competency development (Amsrud et al., 2015d). Furthermore, clinical supervision facilitates the professional development of the clinical physiotherapists engaged in addition to improving the patients'

safety and quality of service (Hall & Cox, 2009c; McKimm & Swanwick, 2011; Snowdon et al., 2017c). Also, clinical supervision may potentially assist supervisors to overcome primary clinical barriers for health professional by providing the support, resources and direction required to enhance their uptake of evidence-based practice (Solomons & Spross, 2011a; Harding, Porter, Horne-Thompson, Donley, Taylor, 2014a).

Physiotherapy clinical supervisors have the direct responsibility of supervising physiotherapy services and helping physiotherapy students in reaching the organisation's goals with supporting and expanding knowledge, skills, commitment, and performance (Dehghani, Nasiriani & Salimi, 2016). To achieve the anticipated outcomes of clinical supervision, there is a need to improve physiotherapy students' supervision by developing competent clinical supervisors who have the ability to identify clinical problems and assist clinical physiotherapists to accept the new role of students' supervision (Holloway & Neufeldt, 1995b; Kelly, Long & McKenna, 2001). According to Butterworth et al., (1998b) professional training courses for supervisors are emphasised because they are believed to have the ability to improve the supervision that may enable them to acquire qualitative monitoring of clinical physiotherapy services and familiarise them with the clinical supervision process. Supervisors may therefore believe that they do not have enough readiness for the supervisory role (Haugan et al., 2012e; Msiska et al., 2014g). Consequently, this prohibits them from balancing the pressure of managing patients and students during clinical supervision and may contribute to supervisors' negative perceptions of the supervisory roles by regarding the task as non-clinical and leading to uneasiness with performing supervisory roles (Engum, 2003c; Haugan et al., 2012f; Msiska et al., 2014h). Moreover, difficulties in balancing the pressures in the supervision learning environment contributes challenges such as time constraints, poor recognition of supervisors' contribution, poor incentive, and the negative

perception of the supervision process (Lekkas et al., 2007d; Sevenhuysen & Haines, 2011b; Msiska, et al., 2014i). In fact, clinical supervisors perceive clinical supervision as a non-clinical task, a perception that negatively impacts on the supervisors' perceptions of their roles (Engum, 2003d; Haugan et al., 2012g; Msiska et al., 2014j). All these represent major challenges that physiotherapy supervisors experience when fulfilling their roles during supervision (Ernstzen, 2013b).

2.2 Experience of clinical supervisors

According to Recker-Hughes, Wetherbee, Buccieri et al. (2014), clinical supervision describes a practical learning environment managed by experienced professionals capable of supporting a student's translation of theoretical into practical knowledge. Clinical supervision enables students to learn clinical skills in the workplace and initial stage for learners to develop clinical reasoning expertise. Jokelainen, Turunen, Tossavainen, Jamookeeah and Coco (2011) assert for clinical supervision being a process of facilitating students' learning and strengthening professionalism during clinical placements.

The physiotherapy profession ought to place more emphasis on improving the quality of training activities that enhance professional growth and clients' quality assurance, in particular the clinical supervision of undergraduate students (Amsrud et al., 2015e). To achieve that, there is a need to manage the supervision challenges and fostering of the learning environment that may ensure the preservation of quality of clinical supervision (Sevenhuysen, Farlie, Keating, Haines & Molloy, 2015a). Literature, recommends improving supervision to overcome clinical barriers for health professionals through training of supervisors regarding supervision despite, the restriction of training, educating resources and insufficient support from supervisors (Solomons & Spross, 2011b; Harding et al., 2014b).

2.3 Learning environment

Clinical supervision takes place in an environment not being designed to optimise the students' learning. Instead, patient care is a priority, which places students' supervision at a disadvantage (Ernstzen, Bitzer & Grimmer-Somers, 2010a). Using such kind of working environment as a learning space requires a competent physiotherapy clinical supervisor capable of ensuring best practice in the provision of safe and effective learning environments, while at the same time ensuring that patients' needs are also met (Ernstzen et al., 2010b).

Mandrusiak et al. (2014a) describes the learning environment as the environment in clinical settings that permits students to practice assessment, clinical decision-making, and practice in a supportive and safe environment. The study further suggested that a controlled environment has low risk and is, therefore, well-suited for developing students' skill levels. Furthermore, it has the advantages of allowing for the provision of immediate feedback, the ability to reflect on practice, and can be altered to meet students' learning needs.

The evidence that a learning environment that prevents students from observing demonstrations, practising on patients, and receiving and giving feedback, lacks the qualities of being an appropriate learning environment (Sevenhuysen & Haines, 2011c). In addition, a learning environment with a shortage of resources may lead to a lack of supervision support from managers. Finally, the selection of supervisors without reference to their competence in students' supervision contributed to low quality clinical supervision (Caspersen, Kårstein & Kvalitetipraksis, 2013). Thus, inadequate resources may make supervisors focus more on their primary responsibility of patient care than on student supervision (Msiska et al., 2014k). In of their roles, with positive impacts on students' learning and acquisition of professional clinical skills (Pearcey & Draper, 2008; Ernstzen et al., 2009d).

2.4 Collaboration

Academic staff are partners in clinical supervision during and after the process and, thus, have a role to play in maintaining and reinforcing the collaboration between universities and clinical training sites to promote the clinical supervisors' sense of contribution to the students' development (Frantz & Rhoda, 2007a). To achieve and maintain high quality physiotherapy professional care and standards, the relationship of the parties involved ought to be reinforced and maintained regularly with good collaboration (Davies, Hanna & Cott, 2011a). On the other hand, poor collaboration between training institutions and clinical placements may contribute to line managers rendering poor support. Also, collaboration enhances the supervisors' interpersonal skills and a sense of personal satisfaction, although inconsistencies on its provision may present challenges (Edgar & Connaughton, 2014).

2.5 Supervisors' perceptions and fulfilment of their roles

Generally, a positive perception of supervisors can influence the effectiveness of the students' clinical development and their overall performance (Pasupahty & Bogschews, 2013a). Moreover, positive perceptions motivate and raise clinical supervisors' sense of pro-activeness in designing students' learning activities (Hoffman & Donaldson, 2004; Sevenhuysen et al., 2013a; Falender & Shafranske, 2014).

Although some studies have acknowledged the positive perceptions of clinical supervision, there is evidence that some clinical supervisors perceive physiotherapy students' supervision as non-clinical, additional, and time-consuming task, and that it may interfere with their primary responsibilities, including patient management (Sevenhuysen & Haines, 2011d). The difference in perception of clinical supervisors of their roles during students' supervision creates the hypothesis of missing something with potential to harmonise and control students' supervision

activities to influence common supervisors' perceptions. Such assumption, as literature elucidates, necessitated the setting of clinical supervision measures to facilitate the supervision process. These measures include the merging of clinical and supervision activities, sharing of responsibilities among clinical and academic staff, creating a positive learning environment, and helping to motivate students during their supervision (Sevenhuysen et al., 2013b).

2.6 Clinical supervision strategies

Clinical supervision of undergraduate physiotherapy students takes place in clinical settings that may make undergraduates students experience the real world context of professional practice. It is, therefore, the core responsibility of the clinical physiotherapy supervisor to promote the supervision process regardless of the challenges encountered during the process (Manninen et al., 2015b). Implicitly, it is essential for clinical supervisors' engagement in students' supervision to be rendered out of "goodwill" coupled with professional responsibility and the perceived accruing benefits for the department, student, supervisor and the patient (Sevenhuysen & Haines, 2011e). In fact, clinical supervision can promote the development of physiotherapists' competency to master the challenges of practice (Dancza, Warren, Copley, Rodger, Moran, McKay & Taylor, 2013a). By involving students in the daily schedule of practice, the supervisor helps them to gain confidence in the field and replicate the supervisors' professional clinical skill and practice (Koski, Simon & Dooley, 2013a). The process of clinical supervision conducted in a complex environment integrated within the existing practice may significantly help to ensure its existence (Snowdon, Millard & Taylor, 2015a). Moreover, the evidence pointed out the invention of supervision strategies specifically designed to manage the pressure exerted in learning environment (Sevenhuysen & Haines, 2011e). These supervision strategies entail the

merging students' supervision, sharing of responsibilities, incentive and simulation learning aimed to enhance the quality and capacity of clinical supervision (Öhman et al., 2009d).

Merging the managing of students' clinical supervision and clinical care activities can help to overcome some of the supervision challenges (Snowdon et al., 2015b). For example, supervisors concentrating more on one activity at the expense of the other, omit some supervisory role such as securing time for demonstrations and presentations, a trend that compromises the service provided. In addition, such merging can help to enhance physiotherapy students' clinical skills, professionalism, cultural competency, communication skills, and understanding of patient-centred care beyond basic technique competencies (Lattanzi, Campbell, Dole & Palombaro, 2011a).

Furthermore, sharing of clinical responsibilities between clinical physiotherapists and supervisors during supervision supports a deeper conceptual understanding of the students' needs in addition to helping supervisors fulfil their roles (Pearcey & Draper, 2008b; Ernstzen et al., 2009e; Mochaki, 2009). Other studies found that the rearrangement of clinical supervisors during the students' supervision period may be useful, whereby some focus on clinical duties while others concentrate on student supervision (Hawkins & Shohets, 2012a). In settings where the school of physiotherapy is near the clinical setting, academic staff may also be involved in the learning activities in the clinical setting. However, Engum (2003e) and Msiska et al., (2014l) have suggested that sharing responsibilities is not practical in places with staff shortages and high demand for patient care. Nevertheless, the need to share responsibility remains relevant to students as it may help them get exposure, replicate clinical procedures, and ensure that they have sufficient time with their supervisors. Thus, the use of both strategies may create sufficient

time for demonstrations and practice on patients as well as giving and receiving feedback on their clinical skills.

Simulated learning environment is another strategy for managing students' clinical supervision organised in higher risk learning environments, particularly those with a challenging learning experience, for example, medically unwell patients in intensive care units (ICU), post-renal transplant, cardiac surgeries (Blackstock et al., 2013a). Literature highlighted the challenge of organising students' clinical supervision in sensitive clinical areas where learning experiences in the clinical environment may be limited (Yuan et al., 2012). Approaches to design learning environments that aim to maximise efficiency during students' clinical practice while also ensuring students' and patients' safety are important (Eppich & Cheng 2015; Eppich et al., 2015). The use of a simulated learning environment helps to tackle the problem of limitation for students' exposure in intended clinical area using this alternative method.

Overall, the benefits students' supervisors and clinical placement staff realise during clinical supervision made clinical supervisors declare to be motivated when engaged in students' clinical supervision (Davies et al., 2011b). Literature has also highlighted the importance of student incentive in engaging supervisors much more effectively in the process (Sevenhuysen & Haines, 2011f).

2.7 Challenges Clinical Supervisors Experience

Clinical supervisors voluntarily participate in physiotherapy students' supervision despite the various challenges found in the learning environment such as time constraint, inadequate space, and under-staffing (Sevenhuysen & Haines, 2011g). In addition, there were problems of lack of standardised clinical supervision guidelines, lack of incentives, lack of equipment, and students'

congestion resulting from limited clinical placement opportunities in some areas (Ernstzen, 2013c; Msiska et al., 2014m; Mafumo, Netshandama & Netshikweta, 2017a). Moreover, there are also global operational challenges that contribute to the hampering supervisors from performing their supervisory roles such as students' learning inconsistency, limited time for students' supervision, lack of standardised assessment tools and unremunerated task (Ernstzen et al., 2009f ; Ernstzen, 2013d; Msiska et al., 2014n).

2.7.1 Time constraint

Time constraint found to be a barrier to effective supervising of physiotherapy students in clinical settings with tight schedule (Davies et al., 2011c). Indeed, insufficient time for students' clinical supervision negatively impacted on the proper implementation of clinical and supervision duties. Hence, leading to stress, increased workload and reduction of job satisfaction of the supervisors (O'Keefe, Burgess, Mcallister & Stupans, 2012). The stress of limited time may affect the quality of service extended to the students and patients care, respectively (Higgs & McAllister, 2007b; Davies et al., 2011d). As a result, clinical supervisors end up being trapped with the obligation of fulfilling both tasks regardless of the fixed time schedule. Such a situation necessitated students' taking personal charge in engaging in clinical practice (Faure, Unger, & Burger, 2002a). This approach not supported by evidence since clinical supervision is effective once coupled with role modelling provided by clinical teachers (Conn, Lake, McColl, Bilszta & Woodward-K., 2012). To overcome such stress during clinical supervision, supervision models were designed to have an impact and engender effectiveness of clinical supervision once applied (Martin, Morris, Moore, Sadlo & Crouch, 2004; Lekkas et al., 2007e; Sevenhuysen et al., 2013c; Sevenhuysen et al., 2015b). These approaches help to minimise the challenges identified in the learning environment for students' supervision, supervisors and clinical placement staff by

reducing students' anxiety, stimulating active learning, and boosting their confidence for clinical practice by reducing their dependency on supervisors (Sevenhuysen et al., 2013d). Furthermore, these approaches also reduce the workload of those supervisors. Nevertheless, skilled supervisors remained accountable for designing effective learning experiences as professional supervision is vital in fostering professional growth (Öhman et al., 2009f).

Scheduling students' supervision in well-organised clinical settings also reportedly enhances the clinical supervision process whereby students may acquire appropriate clinical skills that translate into improvements in patient care (Ernstzen, 2013f). In addition, well-organised clinical settings may provide sufficient time for student supervision with opportunities for demonstration, practising on patients and each other, and marking, which are indicators for successful student supervision.

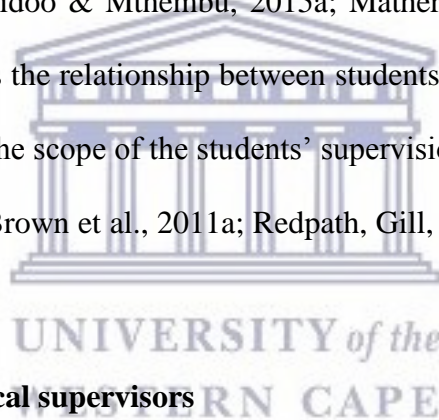
2.7.2 Physical space and equipment

Accommodating students in a clinical physiotherapy environment requires a lot of space that may allow for demonstrations and clinical discussions. Unfortunately, many physiotherapy settings in developing countries are dogged by limited working space, inadequate equipment and paucity of supplies that could otherwise be used for student practices (Frantz, 2007b; Ernstzen, 2013g; Msiska et al., 2014o). The insufficient physical space failed to accommodate effectively both activities of patient care and student supervision. In addition, the lack of physical resources and equipment limited the students' clinical exposure (Engum, 2003f), possibly leading to inconsistencies in the development of physiotherapy professional competencies which is against the central mission of students' clinical exposure (Engum, 2003g; Kilminster et al., 2007b). Also, having limited resources may complicate the clinical supervision exercise by challenging clinical supervisors in the allocation of resources between competing parties in a learning environment,

such as the allocation of time for patients and for students. These situations may cause misunderstanding and lead to a negative perception of supervisory roles and reluctance for clinical physiotherapists to participate in student supervision (Chipchase et al., 2012b).

2.8 Lack of standardised supervision guidelines

Extant literature attests to the fact that lack of standardised guidelines for clinical physiotherapy supervisors might expose students to poor quality of practical learning (Lekkas et al., 2007f). On the other hand, proper guidance for organising and managing the clinical supervision process maintains a standard and high quality of supervision. Standardising the supervision process may enable supervisors to focus on the content of supervision and thus utilise the time more efficiently and confidently (Naidoo & Mthembu, 2015a; Mather, McKay & Allen, 2015). The supervision guideline facilitates the relationship between students and the supervisor and, hence, might provide support, clarify the scope of the students' supervision and assist in goal-setting the prospected supervision goals (Brown et al., 2011a; Redpath, Gill, Finlay, Brennan & Hakkennes, 2015).



2.9 Lack of incentive for clinical supervisors

The lack of incentive for physiotherapy clinical supervisors was an area of concern that has been identified in the literature. In this regard, personal satisfaction and “goodwill” have been highlighted as an important motivating factor for supervisors who were engaged in student supervision (Davies et al., 2011d; Sevenhuysen & Haines, 2011h). As a result, some clinical supervisors who do not receive personal satisfaction during supervision may not be motivated enough to participate in such supervisory activities. Furthermore, other factors that influenced supervisors included individual perspectives on feedback, a supportive learning environment,

and the credibility of feedback they received (Dijksterhuis, Schuwirth, Braat, Teunissen & Scheele, 2013a).

2.10 Conclusion

This chapter has presented a literature review covering the perceptions of clinical supervisors on their supervisory roles during clinical supervision. The experiences of supervisors, methods of fulfilling their roles, and the challenges they encountered during clinical supervision have been discussed. From literature review, the clinical supervisors indicated both negative and positive perception when engaging in students' supervision as dictated by either the unresolved supervision challenges or realisable benefits, respectively. Moreover, clinical supervisors encounter operational challenges such as managing different roles in the same clinical learning environment with each role competing for fulfilment of its needs. Missing an official entitlement of students' supervision in learning environment makes clinical supervision vulnerable to poor quality of procedures in the management and supervisors' perception of their involvement in this endeavour. Also, the literatures have revealed lack of confidence among clinical supervisors due to the insufficiency of supervision knowledge, a trend that affects their understanding of their supervision roles. Knowledge on the supervisors' perceptions of their supervisory roles is very important. This knowledge may contribute to the development of strategies that may enhance the students' clinical supervision, skills and professional ethics in addition to serving as means for professionals to evaluate their clinical practice.

The next chapter focuses on the research methodology applied in this study to achieve the set objectives. In particular, the next chapter presents the qualitative research paradigm, methodology, data collection, data analysis trustworthiness and ethical considerations.

CHAPTER THREE: METHODOLOGY

3.1 Study design

The study employed a qualitative research paradigm. According to Burn and Grove (2009a) this approach is used to explore thoroughly social phenomena, such as the clinical supervisors' perceptions of their roles during student supervision. To achieve this objective, the study used an exploratory design, which enabled the researcher to describe people's experiences, perceptions, perspectives, and how they interpret their own social interaction experiences (Donalek, 2004). By employing this approach, the researcher was able to discern the supervisors' perceptions of their roles during students' clinical supervision. The method provided the researcher with a wide range of options to explore the supervisors' perception of student supervision. Thorough interviews have the advantage of gathering rich and in-depth information from participants, while also providing an opportunity to clarify the misunderstandings that occur due to language barriers and differing points-of-view by providing opportunities for asking probing questions (Speziale & Carpenter, 2007; Mack, Woodsong, McQueen, Guest & Namey, 2005a). Probes are neutral questions, phrases, sounds or gestures that interviewers can use to gain more depth and breadth of a phenomenon (Mack et al., 2005b). However, the technique also has the disadvantage of consuming a lot of time and can be expensive.

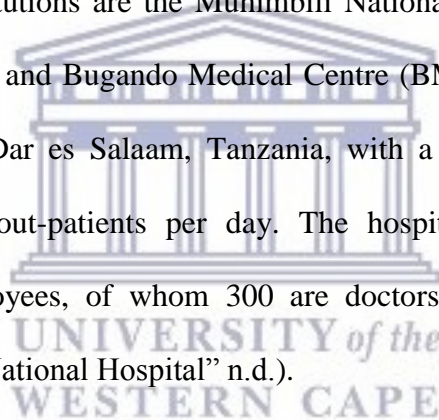
3.2 Study setting

The study took place in three university teaching hospitals in the United Republic of Tanzania (URT) that physiotherapy schools use for their students' clinical exposure.

Demographic profile: This study took place in Tanzania a country that occupies an area of 945,087 km² including 59,050 square kilometer with a population of 50.1 million people. It is

located in east Africa just south of the equator. Mainland Tanzania lies between the area of the great lakes—Victoria, Tanganyika, and Nyasa—and the Indian Ocean. The nation is bordered on the north with Uganda and Kenya and on the east by Indian Ocean. On the south, the country is bordered by Mozambique and Malawi; and on the south-west it is bordered by Zambia. On the west, the country is bordered by DR-Congo, Burundi and Rwanda. Tanzania also shares maritime borders with the Comoros and the Seychelles. The section of the United Republic known as Zanzibar is comprised by two islands of Zanzibar and Pemba, both with the coastline totaling 19 kilometers long (“Tanzania country profile” n.d).

The three tertiary university teaching hospitals involved in the study are situated on Tanzania Mainland. These medical institutions are the Muhimbili National Hospital (MNH), Muhimbili Orthopaedic Institution (MOI), and Bugando Medical Centre (BMC). The MNH is a university teaching hospital situated in Dar es Salaam, Tanzania, with a bed capacity of 1,500, and a capacity to see 1,000-1,200 out-patients per day. The hospital has eight directorates, 26 departments, and 2,700 employees, of whom 300 are doctors, 900 are nurses, and 21 are physiotherapists (“Muhimbili National Hospital” n.d.).



The Muhimbili Orthopaedics and Trauma Institution or MOI, on the other hand, is a specialised referral hospital in orthopaedics, neurosurgery and traumatology with a bed capacity of 380. The hospital is located adjacent to the MNH in Dar es Salaam, Tanzania. The hospital has 800 employees, including 17 clinical physiotherapists who are full-time employees. It provides primary, secondary, and tertiary care, as well as preventive and curative health services. It also supports undergraduates with practical training (“Muhimbili Orthopaedic Institute” n.d.).

Finally, the Bugando Medical Centre (BMC, 2018) is a tertiary university teaching and referral hospital situated in Mwanza region on Lake Victoria in western Tanzania. It is a teaching

hospital for St. Augustine University of Tanzania. It has a bed capacity of 900 patients and has 900 employees, including 12 physiotherapists. The hospital offers specialised health care, research, training and consultancy services that are guided by Catholic Church ethics and morals (“Bugando Medical Centre” n.d.).

All three tertiary hospitals accommodate undergraduate physiotherapy students for practical training both from inside and outside Tanzania. The majority of physiotherapy students attending clinical practice are from the Kilimanjaro Christian Medical Centre (KCMC) School of Physiotherapy and the Zanzibar School of Physiotherapy.

According to the training standards set by the government in Tanzania in its Allied health training institutions, there are two sessions for students’ clinical exposure as stipulated in physiotherapy training curriculum. The fourth semester of the second year, physiotherapy student is exposed in Institutional community based for forty hours per day times five working days for four weeks. Thus, the student is exposed for eight hundred contact hours in community based practice. The second phase is during the second semester of the fourth year where physiotherapy student is expected to cover one thousand six hundred contact hours in clinical practice. Students’ physiotherapy clinical supervision expected to use eight contact hours per day in clinical settings for five days in one month. That means physiotherapy student requires forty hours per day times five working days for eight weeks for clinical exposure (personal communication by mobile phone with Coordinator of undergraduate students at KCMUco, on 2nd September 2019). There is no memorandum of understanding (MOU) between the training institutions and the academic institutions apart from seeking chance for exposing students for clinical training.

The process of allocating students for specific clinical placements took place following written communication between the training institutions and the respective hospitals. This communication clarifies the dates for starting and ending the clinical practice, and includes the list of students allocated to each placement.

3.3 Study population and sampling procedure

The study population included all 50 employed clinical physiotherapists by MNH, MOI, and BMC during the period of 2017 - 2018. According to De Vos, Strydom, Fouche & Delpont, (2011a) population is a collection of objects, individuals having common characteristics that the researcher is interested in the study. Thus, the study population of this study includes all full time employed clinical supervisors participating in supervising undergraduate students at the institutions under study during the study period.

The study used purposive sampling to obtain the sample of clinical physiotherapy supervisors by employing an inclusion criterion. Purposive sampling refers to the selection of study participants for the purpose of describing an experience in which they participated (Lincoln & Guba, 1985a).

The study intended to include all the full-time employed clinical physiotherapists, who agreed to be part of this study, with a working experience as students' clinical supervisors at the MNH, MOI and BMC. Out of 50 clinical physiotherapists, 20 prospective participants volunteered to participate in the study, including four in a pilot study. The sample comprised 12 participants, the number at which the study reached a data saturation point. Maxwell, (2013) explained that in qualitative research it is not the researcher's intention to generalise from the sample to a population, but rather to explain, describe, and interpret a phenomenon, which renders the use of large sample sizes less important. The researchers' concern focused on understanding the perceptions of physiotherapy clinical supervisors of their role in student supervision. In this

respect, as soon as important information on the phenomenon was obtained and no new information was being reported, the researcher concluded the interview process (Saunders et al., 2017).

3.4 Instrument design

The study employed a semi-structured, self-developed interview guide (see Appendix 1) to collect data from clinical supervisors. The development of the interview guide was based on the study objectives and attendant research questions, with a focus on learning about the experiences of clinical supervisors and their perceptions of their respective roles during students' supervision. The demographic profile of the participants was included in section A of the questionnaire. Section B contained three different open-ended questions that were followed by several probing questions aimed to help participants remember and share their experiences in a narrative form. Since the study was conducted in Tanzania, the interview guide was developed in both Kiswahili and English languages (Burn & Grove, 2009b). Two independent professional translators were consulted for back-to-back translation of the interview guide from English to Kiswahili. This translation exercise also involved an external clinical physiotherapist with experience in students' supervision and qualitative research training, who was consulted over the back translation into the source language (Harkness, 2003). To improve the validity of the instrument used in this study, two supervisors from UWC and MUHAS, together with one field expert who had experience in research and student supervision, were consulted to determine whether the interview guide answered the research questions in line with the research objectives. They analysed and evaluated the content of the interview guide so as to determine and improve its trustworthiness, as well as face- and content-validity.

Piloting of the study instrument

After the field experts validated the tool, two experienced clinical physiotherapists working in different clinical areas were selected to pilot the interview guide to review and revise the questions. This helped the researcher to determine the appropriateness of the questions developed and their capacity to gather necessary information from participants (Kim, 2011). The pilot study involved four participants from two different hospitals in study settings. These participants did not participate in the main study. It was established that the interview would last for 45 to 60 minutes.

3.5 Data collection and procedure

Prior to data collection, the researcher organised a one week training session for two research assistants who were taught the protocols of data collection, confidentiality and ethical considerations during and after the research process. The research assistants were responsible for assigning unique identification codes to each participant and interviewing participants using the semi-structured interview guide. Moreover, the research assistants signed a consent form to protect the identity and information provided by the participants before engaging in the data collection procedure.

The data collection lasted from September 2017 to July 2018 using face-to-face interviews with the primary source participants who were clinical supervisors. An individual interview is an exchange of ideas with the intent of obtaining answers to questions rather than to evaluate or to test the hypotheses (De Vos, Strydom, Fouche & Delpont, 2005). All the participants received printed information sheets (Appendix 2) with the aim and objectives of the study. Participants were asked to provide their cell phone numbers to facilitate interview scheduling and immediate

contact just in case a need for clarification arose in the aftermath of the interviews. All the participants were asked to sign an informed consent form (see Appendix 3) before the interview.

The participants' interviews conducted in a private, quiet room situated at their working place, which enabled all interviews to be conducted at their convenience time and place without distractions. All the sessions were conducted in either Kiswahili or English and participants were at liberty to use either language. During the study, research assistants led all the interviews in the presence of the researcher to ensure they were conducted properly. The study employed bracketing to ensure that the researcher's own experience did not influence the participants' responses by putting aside one's own belief about the phenomenon under investigation (Carpenter, 2007; Hamill & Sinclair, 2010). The researcher also employed various interview techniques to engage the participants and ensure that rich data was obtained. During the interviews, the participants were asked for clarification whenever there were ambiguous issues in their responses. As already mentioned, probing was also employed to ensure that the topic was fully explored. Before concluding the interviews, the researcher used summaries and paraphrases to confirm that the participants' views were recorded accurately (De Vos et al., 2011b). All the participants were free to introduce any related topic outside the interview guide. The interviews were audio-recorded. Before any audio recording, the researcher obtained consent from all the research participants and thereafter the audio recordings were transcribed using a digital audio recorder for further data analysis.

Each interview lasted between 45 and 60 minutes as determined during the piloting phase for the research instrument. After each interview, the researcher backed the information from the audio recorder up on the personal computer and sent the recorded audio to an independent transcriber. Experienced personnel in data transcription were hired from the University of Dar es salaam

(UDSM) College of Humanities (CoHu) Department of Foreign Languages and Linguistics to transcribe verbatim the recorded information.

3.6 Data analysis

After receiving the verbatim transcriptions from the transcriber, the researcher compared the written transcripts to the audio recordings to ensure its accuracy.

The researcher made use Braun and Clarke's six step framework (2006a) to analyse the data. The initial step was familiarisation with the data by reading and re-reading the transcriptions. Coding the data was the second step whereby the researcher reviewed all of the data by scrutinising each word, phrase, sentence and paragraph of the transcripts to develop and group words with similar meanings. The codes were generated from the entire data set and assigned to categories to examine the relationships and trends in the data. The transcriptions were given codes "R" depending on when they were interviewed, for example "R1", "R2" and "R3" (Braun & Clarke, 2006b). Member checking was used to enable participant verification of everything captured and asked if it reflected their real experiences. To ensure consistency in coding, the researcher spent additional time reading the transcripts, looking for relevant themes and their relationship with former codes as well as to the research question.

Searching for potential themes was the third step entailing the identification of different codes with similar meanings to fit to their respective themes. The researcher considered the relationship between the themes and the overall narratives they conveyed.

Reviewing of the themes was the fourth step aimed to enhance the quality of the coded data.

Defining and clearly identifying the themes was the fifth step in the process aimed to facilitate on-going data analysis by recognising the overall features of each theme and the overarching themes that formed sub-themes.

In the sixth step. The researcher produced the study findings report related to the research question, objectives and literature.

3.7 Trustworthiness

Polit and Beck (2012a) define trustworthiness as the degree of assurance and rigour that the researchers have applied in their handling of the data during the research. Using (Polit & Beck, 2012b) framework for trustworthiness, the researcher considered following aspects:

Credibility: The researcher used member checking by sending the transcript and interpretations back to the participants for confirmation on whether the information that was gathered reflected their true experience and perceptions of clinical supervision.

Dependability: This refers to the evidence that the process of data collection and analysis is consistent. In other words, repetition of the same study several times in a similar context, a similar finding was likely to yield similar results (Polit & Beck, 2004a; Lincoln & Guba, 1985b). To achieve the aspect of dependability, the researcher carried out data analysis in close consultation with the local supervisor to minimise bias during the data analysis process.

Confirmability: This refers to the objectivity of the study whereby outcomes are supported by the data collected (Polit & Beck, 2004b; Lincoln & Guba, 1985b). To assure this was the case in the study, all the individual face-to-face interviews with the participants were audio-recorded and transcribed verbatim by an independent transcriber. In addition, the researcher checked the data contents and their interpretations with all the participants, and probed them immediately during

the interview to provide further explanations to the study findings as per the attached appendix 10. Furthermore, after every interview I paraphrased before the participants' responses to confirm the accuracy of the data captured. The detailed methodological description of the research procedure provided an audit trail throughout the study by involving an external physiotherapist with qualitative training in research to review all the comments and examine the codes and categories to determine data support of the study findings.

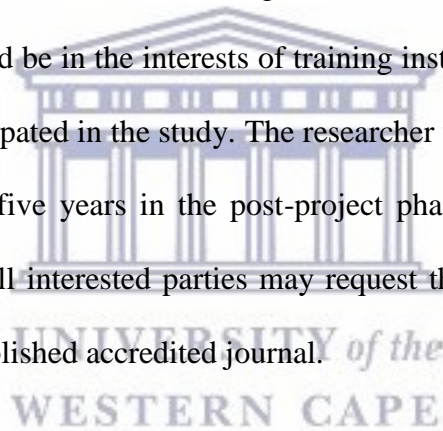
Transferability: To improve external validity, the researcher provided a rich description of the phenomena under investigation by providing participants' verbatim quotations to provide a deeper understanding for the reader.

3.8 Ethical considerations

Ethical clearance and permission to conduct the study was obtained from the relevant Senate Research Committee and Biomedical Research Ethics Committee at the UWC before the study commenced (registration number BM17/6/16) and was provided in August 2017 (see Appendix 4). The researcher then presented the ethical clearance and permission to conduct research to the respective Executive Directors of the MNH, MOI and BMC in Tanzania. The researcher also informed them about the purpose of the research, the expected duration and procedures, as well as about any prospective research benefits in a brief meeting. The directors then granted permission to discuss with potential participants the aims and objectives of the study (see appendices 5, 6, 7). Permission to discuss with potential participants' on the objectives of this study was sought from the relevant hospital departments after meeting and presenting them with relevant study documents.

The researcher sought permission from heads of physiotherapy departments at MNH, MOI and BMC for participants to participate in the study and to obtain a quiet room for conducting the

interviews. Participants were given a detailed information sheet explaining the objectives and purpose of the study (Appendix 2). Information sheets were also given to all the potential participants that informed them about their voluntary participation and right to withdraw from the study at any time with no negative consequences in addition to outlining clearly such terms in the signed consent form (Appendix 3) subsequently signed by the participants. Participants were assured of confidentiality at any cost and the names of the participants were replaced with unique identification numbers. Moreover, only the researcher, study supervisor and a transcriber had access to the data collected. Apart from reassuring the participants of the minimal risks associated with the study, the researcher also assured them that in case any sensitive matter arose, participants would have access to counselling. Furthermore, the researcher explained the benefits of this study as it would be in the interests of training institutions and the hospital rather than the individuals who participated in the study. The researcher was also committed to keeping the data in a safe storage for five years in the post-project phase in accordance with clinical practice research guidelines. All interested parties may request the final results of the study or access the study results in a published accredited journal.



3.9 Conclusion

This chapter has described research methods. Since the study set out to generate an understanding of the social or human problem, a qualitative research paradigm using explorative design was deemed to be ideal for exploring the lived experience of the participants. The study used a semi-structured interview guide to obtain data from a sample size of twelve (12) participants after reaching a data saturation point. The sample was purposively selected due to its ability to inform the understanding of the problem. These participants could share their clinical experience on clinical supervisors' perceptions of their supervisory roles. All the participants had

an opportunity to share their experiences through these interviews. Their participation was purely voluntary with each participant given an opportunity to share his or her experiences.



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CHAPTER FOUR: STUDY FINDINGS

4.1 Introduction

This chapter presents the findings of the perceptions of clinical physiotherapy supervisors with respect to their supervisory roles in three tertiary hospitals in Tanzania. Individual interviews were employed to explore the perceptions of participants. The study findings also describe the major themes encountered by the supervisors when supervising physiotherapy students such as the support for clinical supervision, management of clinical supervision, time constraints and the perceived benefits realised during clinical supervision at the Muhimbili National Hospital (MNH), the Muhimbili Orthopaedics and Trauma Institution (MOI), and the Bugando Medical Centre (BMC). This chapter presents and analyses findings on the participants' understanding of clinical supervision and its organisation during implementation.

4.2 Presentation of the research findings

The themes of this study have been derived from the data collected based on the study objectives using inductive thematic analysis of twelve (12) verbatim transcripts. The data from the transcripts resulted in the following four (4) themes: Support for clinical supervision; time constraints; management of clinical supervision; and perceived benefits of clinical supervision. In addition, twelve (12) sub-themes emerged. There was consensus on the themes and sub-themes were between the researcher and the supervisor. The findings of this chapter are arranged into two sections as follows: Section A. Participants demographical profile; and Section B. In-depth interview results

4.2.1 Section A: Study participants' socio-demographic characteristics

The study participants comprised twelve (12) out of fifty (50) clinical physiotherapists from all three tertiary hospitals involved in this study. The participants' enrolment and socio-demographic characteristics are presented below.

The participants' ages ranged from thirty-six (36) to fifty-eight (58) years old. To control the gender bias of this study, gender distribution was observed to ensure a ratio of 1:1 (n = 6) male: female. Sixty-seven percent (n = 8) of the participants had an education level of either a BSc in Physiotherapy or higher qualification. Other participants' socio – demographic characteristics are as shown in table 1 below:



Table 1: Socio-demographics of the study population

Pseudonyms	Gender	Work experience as clinical physiotherapists	Work experience as clinical supervisors	Professional qualifications
P.1	M	10yrs	8yrs	MSc
P.2	M	10yrs	8yrs	BSc
P.3	F	10yrs	8yrs	BSc
P.4	F	39yrs	15yrs	Diploma
P.5	M	5yrs	3yrs	Diploma
P.6	F	12yrs	10yrs	MSc
P.7	M	10yrs	3yrs	Diploma
P.8	F	20yrs	8yrs	Diploma
P.9	F	10yrs	8yrs	BSc
P.10	M	31yrs	8yrs	Diploma
P.11	M	15yrs	8yrs	BSc
P.12	F	17yrs	9yrs	BSc

4.2.2 Section B: Findings of in-depth interviews

This section presents an overview of research findings with the themes and sub-themes that emerged from interviews with clinical supervisors regarding their supervisory roles during students' supervision. The four themes that emerged from the analysed data and the sub-themes are as presented in Table 2:

Table 2: Themes and sub-themes from interviews

THEME	SUB-THEME
Support for clinical supervision	Learning environment
	Preparation for clinical supervision
	Collaboration
	Institutional support
	Training of supervisors and Standardisation of supervision
Management of clinical supervision	Supervision strategies: <ul style="list-style-type: none"> - Integration of students' activity within the daily routine - Sharing of responsibilities among supervisors - Simulation learning strategy - Incentives
Time constraint	Planned personal responsibility
	Workload issues
Perceived benefits of clinical supervision	Attitude : <ul style="list-style-type: none"> - Personal and professional development - Stimulate reflection

4.3 Support for clinical supervision

The effectiveness of clinical supervision requires more support of the learning environment to facilitate the supervision process. The support that was highlighted in this study included the learning environment with the characteristics that may easily translate theoretical into practical knowledge. This well organised supportive environment may aid preparation for clinical supervision such as setting a flexible working schedule up to accommodate students' supervision, and the specific allocation of its staff for the supervision process. Other characteristics include a learning environment that may initiate communication with students, supervisors and clinical placement staffs.

4.3.1 Learning environment

The findings from this study indicate that, in some clinical areas the process of student supervision has been endorsed at the top administrative level. This endorsement has facilitated clinical supervisors' perception of the students' clinical supervision as their responsibility. Based on that perception, clinical supervisors are involved in preparing the learning environment, which helps them to find ways of balancing the pressure of time and space during student supervision. The location of adequate space for students' clinical practice in a learning environment was facilitated through the improvement of communication between training institutions and field placements. As a result, support for clinical supervision emerged as a potential theme that contributes to the success of organising students' clinical supervision process:

“In fact, there are many patients for students’ exposure although supervisors are very busy with patients’ care. Due to proper institutional arrangements, during students’ supervision all the physiotherapy clinical staff are encouraged to participate by being

ready to accept students allocated in their respective clinics for supervision when attending patients”. [P.11]

However, other participants reported the challenge of understaffing and inadequate space that was allocated for students’ supervision:

“The learning environment does not have anything with potential to support me regarding the scope of students’ supervision, expectations of students, areas to be covered and some confidential information about the students’ behaviours”. [P.7]

“I think in terms of conditions for exposure, there were more than enough patients for students’ exposure, but the problem of understaffing negatively impacts on the effectiveness of students’ supervision”. [P.4]

4.3.2 Preparation for clinical supervision

Lack of prior preparation for supervision has been identified by the participants as a source of some supervision challenges, particularly in terms of unstructured schedules, insufficient learning facilities, and staff shortages. There was also a lack of proper clinical supervision programmes, as the following verbatim statements illustrate:

“...the first time to supervise students was without any prior preparation and students’ supervision manual guide during students’ supervision, this was a challenge since I was not prepared and knew nothing regarding students’ supervision ...”. [P.2]

“There is a problem for not being prepared and unfamiliar with students’ supervision process for the first time. I experienced an inferiority complex due to lack of such preparations. Moreover, I was assigned the task of supervising [students] without being

exposed to preliminary preparations. The questions I had in my mind were like what would I offer to them? There were so many uncertainties”. [P.6]

“Currently, students’ clinical placement is by surprise, given at short notice and with poor preparation as compared to the previous years. This practice leads to difficulties in identifying an experienced clinical supervisor for involvement in students’ supervision and provision of adequate space. Missing prior assessment for clinical placements leads to lack of unity in action by remaining within the same areas all the time, which leads to congestion”. [P.4]

4.3.3 Collaboration

Supporting clinical supervision through enhancing collaboration during and after students’ clinical placement is an important way of ensuring that all necessary information is timely and efficiently conveyed to all the students, supervisors and clinical placement staff. Inadequate communication between clinical placements students, supervisors and clinical placement staff during and after clinical supervision was, on the other hand, reported by participants to be one of the constraints for successful students’ supervision.

“...the information between the training institutions and the head of the Physiotherapy Department is too general as the relationship is very loose. In fact, the existing relationship does not pave the way to the sufficiency of communication for enhancing the smooth preparation of clinical supervision”. [P.1]

“Mind you, I need to procure some of teaching facilities/machines and to prepare my patients, so prior collaboration between training and clinical placement needs to be

reinforced to enhance personal preparation so as to deliver the best to the students”.
[P.7]

“Prior collaboration with supervision partners including patients may reduce patients’ resistance from being attended to by students and may facilitate the screening of clinical supervisors according to their willingness for exposure to students’ supervision”. [P.5]

4.3.4 Institutional support

Based on the participants’ responses, it was apparent that clinical supervisors face difficulties in meeting students’ expectations, especially when they have inadequate institutional support in the learning environment:

“I don’t have any fixed schedule to supervise students since institutional policy does not entertain students’ supervision activities due to negative perception of affecting institutional revenues”. [P.6]

“Despite perceiving clinical supervision as my responsibility, my clinical roles are limited to patients’ care. Thus, I accept it since is the only alternative through which students may develop clinical knowledge, skills and attitude”. [P.7]

4.3.5 Training of supervisors and standardisation of clinical service

The lack of knowledge and skills among supervisors may limit their creativity and effective handling of students’ supervision together with their primary responsibilities of patient care and other administrative issues. Clinical supervisors in this study reported not feeling competent enough in conducting clinical supervision without getting assistance from senior staff. Participants, therefore, suggested initiating preliminary training of supervisors during preparations for clinical supervision:

“Supervision is kind of teaching; therefore, to be a teacher or a good tutor, training in that particular discipline is necessary to ensure confidence and trust in performance. I utilized the supervision opportunity to learn more about supervision by asking for help more often from experienced senior clinicians”. [P.2]

“... I get problem to find out how and what I can do to accomplish all the assigned activities including clinical supervision. And sometimes I find myself failing to review my work schedule due to lack of supervision knowledge and skills, updates and guidelines on students’ supervision. It becomes a challenge to be certain with my involvement in students’ supervision. I always ask myself if I do it in a correct way or not”. [P.6]

“As a junior practitioner in the profession, I am not certain about my involvement in students’ supervision if I do it in a correct way or not. This leads me to participate in supervision by being close to senior staff that could immediately assist me to go through the protocols of dealing with students such as assigning students to patients, scope of students’ practice, evaluation process, filling the scoring forms as well as organising discussion with students after attending to the patient”. [P.12]

Standardisation of supervision

Participants expressed a need for a clinical supervision standardised guideline to facilitate the supervision process. They reported losing focus during the supervision of physiotherapy students due to lack of standardised guidelines. The standardised students’ supervision guidelines would include supervision content and structure for organising the supervision necessary for maintaining uniformity in the process:

“There are no specific standardised guidelines from the training institution that may enable common practice in conducting students’ supervision rather than being conducted just based on individualised knowledge about and experience with supervision”. [P.6]

Indeed, without standardised supervision guidelines, participants reported having different ways of conducting students’ supervision based on their own understanding and experience. This implies that supervisors, sometimes, in collaboration with students, improvised and developed local supervision guidelines based on their own objectives. In fact, some participants reported wanting to develop these standardised guidelines according to their own understanding and experience:

“Lack of supervision standardised guidelines interferes with my supervision because I lose focus to an extent of not knowing what follows next. Therefore, I usually ask students about their objective or aims so that together we can develop a supervision guide. Having a standardised guideline for students’ supervision could easily guide me during supervision to fulfil the requirement per students and Institution’s expectation. It will also make the supervision to be focused”. [P.10]

“... I have been supervising students by developing my standardised guidelines according to our set-ups in the department. The availability of a standardised supervision guideline will help supervisors perform their roles, attend to patients and enable students to meet their expectations of practical training”. [P.9]

4.4 Management of clinical supervision

The findings show that clinical supervision cannot be delivered separately from clinical care since students need clinical experience with real patients while working in a clinical

environment. Clinical supervisors are also responsible for delivering services to both patients and students during the supervision process, while ensuring that patient safety and quality are prioritised during student learning sessions. Considering the challenges found in the learning environment, participants declared to have developed various supervision strategies that facilitated the management of both patients and students without compromising one aspect during clinical supervision:

“For me, having in and out patients consecutively is not a big deal since I normally divide my working schedule. I have to start with students together in attending patients through the orientation that involves introduction, discussion, and demonstration about the management regimen of the patient concerned, and later on leave the patient under the management of students”. [P.12]

“It is upon me to secure time during my work schedule to manage students’ supervision responsibility and treat patients”. [P.8]

“It is upon me to plan accordingly in which way that I can manage supervision and maintain my primary responsibility of patients’ care”. [P.3]

4.4.1 Supervision strategy

During students’ clinical supervision, there is a need for support during the supervision process that may help to minimise the supervision challenges and promote the supervision process. This support may help the clinical supervisor impart on clinical knowledge and skills of students in addition to helping them to reach institutional targets and meet the expectations of the students’ supervisors and clinical placement staff without compromising their primary responsibility of patient care. The strategies highlighted by the participants to manage clinical supervision

included integrating students' supervision and patients' care activities, sharing clinical responsibilities, establishing simulation learning, and offering incentives to clinical supervisors.

4.4.1.1 Integrating of students' activity within the daily clinical practice routine

Considering the challenge of handling students' supervision within the daily clinical schedule of patient care, participants reported integrating clinical and supervision activities to facilitate clinical supervision while ensuring the development of students' self-confidence and trust with the patients. This was achieved by supervisors working closely with students in the provision of clinical support in the early stages while attending to patients, withdrawing supervisory support after the students were confident and more familiar with the learning environment:

“To overcome workload and maintain my schedule, I always change my work schedule by combining the activities and organising the afternoon session for discussion, demonstration and teaching when the need arises”. [P.3]

“I, therefore, spend more time performing together the two activities of attending to patients and conducting students' supervision in mentoring and offering of clinical support to students until they become confident in clinical practice”. [P.2]

The study findings show that physiotherapy supervisors had a fixed schedule for patient care in their routine job description and that there was no specific time allocated for student supervision. They also reported that clinical supervision was more easily performed when it was conducted together with patient management. In this regard, they recognised the benefits accruing for all parties through the integration of the two activities:

“OK. That has been my challenge as it takes time but I have to work on it. Because my normal routine as clinician has specific time allocated for attending to patients without

students' supervision unless there is an increase in the supervision. Although for the matter of developing students' and patients' confidence, trust, I am obliged to conduct students' supervision during clinical session to empower students with clinical experience on real patients". [P.7]

4.4.1.2 Sharing of responsibilities among supervisors

Sharing of the responsibility for treatment between clinical supervisors and other staff was found to be a more frequent occurrence in students' clinical supervision so as to ensure adequate students' supervision and maintain clinical care services. This approach has limited some supervisors to doing one activity while others continue with clinical activities:

"...as you can see, I do not have time to attend to patients and supervise students [at the same time]. I, therefore, share the responsibility with my fellow clinicians by either dealing with the students and leave the patients to them or get involved in teamwork...". [P.6]

"I will have to use the time available as the best period for supervision...thinking that we are more than three physiotherapists, the student will get various experience from all of us through alternating supervision. The sharing of responsibility will benefit the student to be assessed by all the physiotherapists and the supervisors to share caseload with other clinicians while the main supervisors remain with the responsibility of writing reports and other duties". [P.4]

"...from the clinicians' view, there is sharing of responsibilities whereby some engage in students' supervision while others continue with patients' care by adjusting according to

prevailing situations to carry student supervision out as an additional task in my primary responsibility”.[P.1]

4.4.1.3 Simulation learning strategy

Simulation learning environments (SLEs) are the learning environments that are purposely designed to support physiotherapy students working in a limited clinical learning environment in the translation of theoretical knowledge into application in the clinical environment. The approach is most useful in the management of higher risk learning environments with challenging learning experiences such as Intensive Care Units (ICUs), renal transplants, and patient with cardio-respiratory conditions. In this regard, participants reported difficulties in exposing students to some clinical areas, for example, critically ill patients. Despite not being fully trained in simulation techniques, they acknowledged familiarity garnered through in-house training to face such challenges using simulated learning environments (SLEs) to ensure that students get exposure to those areas without including real patients:

“During clinical supervision, the doctor in charge of critically ill patients prefers their patients to be handled by qualified personnel not students. On such circumstances I use simulation learning environment where students utilise simulation tools as an alternative to real patient to acquire clinical skills”. [P.12]

“I really feel bad about it since it is the institutional policy in securing institutional revenue and retaining its potential customers. Since there are important conditions for students’ exposure, I sometimes try to practice simulation learning”. [P.5]

“The sensitivity of critical care and ICU policy prohibits students from getting experience within clinical environment for handling very serious patients. I, therefore, utilise simulation learning to ensure students get exposure in that area”. [P.2]

4.4.1.4 Incentives

Incentives for clinical supervisors who were involved in student supervision were an issue that was raised by the participants. Some supervisors reported being motivated by a good relationship between themselves and training staff, including students and other supervisors. However, others reported that they preferred to receive some tangible benefits in exchange for supervising students:

“I am so motivated when I am supervising students. Although there are some challenges to engaging in students’ supervision, still I recognise my supervisory roles in enabling clinical supervision since they may reinforce my practical ability by keeping me updated with professional matters. Thus, the supervisory roles may improve my performance, build my clinical skills, create good relationship with my students and other supervisors and add to my professional network”. [P.10]

“On my side, I feel motivated, safe and effectively engaged during the supervision of students. Therefore, if the supervision tools to facilitate implementation of supervision process are available, they could easily motivate me during supervision by guiding me to fulfil the requirements as per expectation of the academic Institution”. [P.8]

“This is very serious. Not even a single bottle of water to drink? To make it clear, the task is so hectic; I deserve an incentive or any kind of recognition for my contribution not

necessarily to me but even to my department (just school recognition of supervisors' participation in students' clinical supervision)".[P.2]

4.5 Time constraint

Many participants reported that time demands for supervision paralleled that which is required for patient care. The lack of time available specifically for clinical supervision may result in improper management of students during supervision. The findings of this study indicate that a more flexible clinical schedule may be a solution to these time constraints. Some participants participated in student supervision either by reducing the number of patients they see or introducing a flexible work schedule that may allow for sufficient time for student supervision.

4.5.1 Planned personal responsibility

Clinical supervision is a responsibility that is assigned to supervisors despite having a clinical workload, which is also very demanding. Clinical supervisors reported planning their schedules to accommodate student supervision:

"Time is very challenging; there is no time allocated for supervision. I don't get a chance to rest when dealing with such a task which does not even give me one bottle of water; it is tiresome. It is up to me to plan accordingly how I can manage supervision and maintain the primary responsibility of attending to patients". [P.1]

"... There is nowhere to accommodate students in my routine timetable as I am overwhelmed by the extra responsibilities assigned. It is individual wisdom to plan accordingly on how to accommodate students in clinical areas since the time students spend on practising with patients and supervise students is too short to attain the expected outcome".[P.8]

“There is a limited time, I always discuss with students the modality and time to be used during clinical supervision. It is, therefore, a matter of adjusting yourself according to the time and the tasks you have”. [P.3]

4.5.2 Workload issues

The clinical supervision process for undergraduate physiotherapy students can be effective as it helps them to gain work experience on real patients, thus preparing them for their professional careers. Supervisors noted that they were conducting students’ supervision concurrently with clinical work, regardless of the additional workload that this brought. There was also an inadequate number of staff, prompting some supervisors to engage students to offset this staff shortage. Even though the process may seem to be advantageous to both students and clinicians, the quality of both supervision and patient care is questionable:

“Although I am obliged to supervise students in their clinical practice, I use that opportunity to engage them as a readily available manpower that can assist me in reducing the workload as the time to engage them during clinical hours is not sufficient due to too much workload. As a result, I do consider students as a substitute in compensating for the staff shortage to deliver patients’ care with/without close supervision, short of which the supervision periods need to be extended”. [P.10]

“...I can just let them come and handle them like assistants to me in delivering health services to offset staff shortage. As neither of my working schedule nor the appointments for patients’ treatment is affected by students’ supervision since students’ placements is considered as an increase of manpower that deals with patients. I assign them the tasks that may help them to learn what they are supposed to learn and at the same time reduce of workload”. [P.4]

“Really, it affects my work schedule and is tiresome since I work like a bee with no time to rest. I play that role because of high chance of patients’ denial of students’ service or being combined with them [in offering patient care] due to lack of confidence when patients are attended to by students”.[P.12]

4.6 Perceived benefits of clinical supervision

The study also found that the fulfilment of supervisory roles was possible through weighing up of the benefits and challenges they observed during student supervision. The involvement of supervisors in the supervision process was influenced by the perceived benefits associated to such engagement, such as improving their own professional competency, stimulation of reflection, personal and professional development with respect to their own attitudes, and positive perceptions. These benefits may promote the positive perceptions of physiotherapy supervisors regarding their providing students’ supervision.

4.6.1 Attitude

Personal factors such as attitude, personality, and behaviour were among the components that were found to have a bearing on physiotherapists’ involvement in the supervision of undergraduate students. Despite supervisors reporting being unfamiliar with supervision, participants still had a positive perception of student supervision. Supervisors reported keeping in touch with students after office hours so that they could continue discussions and demonstrations of the requisite professional skills:

“I perceive clinical supervision as my professional responsibility though it is an additional responsibility to my routine work recognised by my employer of providing care to patients. I gain a lot of professional information/knowledge when supervising students that assists me in developing interpersonal and clinical skills”. [P1]

“... it is up to me to find time in my work schedule to do what my employer would like me to and give students the remaining extra hours after/before office hours since I cannot give students everything within the limited allocated time of office hours”. [P.4]

“The feeling is great that I am trusted and honoured by the department to take such a big responsibility to help someone, despite the difficulties inherent in achieving the expectations of the supervision process and workload compounded with challenges”.

[P.10]

4.6.1.1 Personal and professional development

Despite clinical supervision being used to impart practical skills and knowledge among undergraduate students, it has an added benefit for supervisors who use the opportunity to reflect on their own performance and professional development:

“Although it’s not an obvious benefit everyone can recognise. Some make different observations on supervision but personally I can say that whenever I have a student for supervision, I treat it as an opportunity for literature review and reflecting on my performance”. [P.9]

“It will assist me in knowing the updates in my profession, promoting my continuous learning and keeping me abreast of recent literature that contributes to my career development”. [P.10]

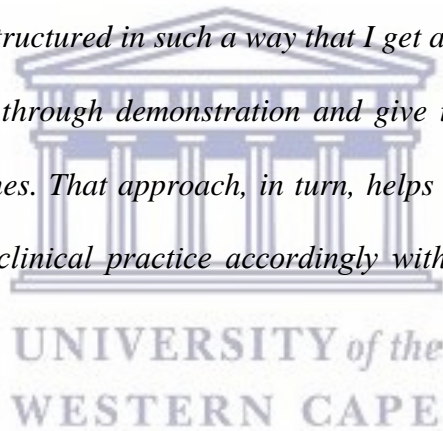
“I am always inspired in developing new physiotherapy colleagues during supervising students reproducing the induced positive change of professional conduct at the end of their practical training”. [P.3]

4.6.1.2 Stimulation of reflection

In addition, the study found that supervisors sometimes engage in supervising students to empower that student with the clinical skills necessary for their professional development. The participants explained the benefit of self-reflection on clinical practice through students in imparting requisite skills:

“I participate in clinical supervision to ensure reflection on my clinical skills on patients is imparted among students during physical assessment, organising and implementing of treatment plan for patient as expected”. [P.9]

“...as far as my working environment is concerned, during clinical supervision the working schedule was structured in such a way that I get ample time to introduce clinical approaches to patients through demonstration and give the students an opportunity to reproduce the approaches. That approach, in turn, helps the students to reflect on their practice, and improve clinical practice accordingly without ‘making mistakes’ on the patients”. [P.10]



4.7 Conclusion

The main focus of this study was to explore the perceptions of clinical physiotherapy on their supervisory roles during clinical supervision of undergraduate physiotherapy students at selected training institutions in Tanzania. The findings of the study have been discussed under their main themes and subsequent sub-themes as indicated in Table 2. Through the exploration of physiotherapy supervisors' perceptions of their roles, the study has established that they generally have positive perceptions of their supervisory roles. However, the major components of supervisors' positive perception was reliant on the availability of clinical supervision support, availability of time for supervision, managing strategies, and acknowledgment of the perceived

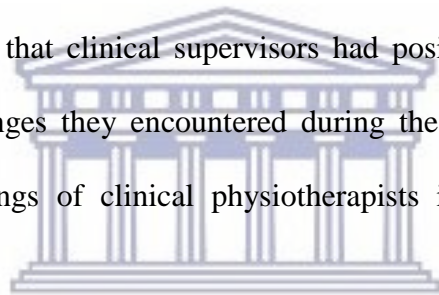
benefits of engaging in clinical supervision. The findings of this study revealed that clinical supervisors generally understood their roles, thus informing the positive perception that facilitates their engagement in clinical supervision. On the other hand, the supervision challenges encountered during the course of students' supervision made them also perceive students' supervision negatively. The reported supervision challenges contributing to this negative perception include time constraints, lack of supervision managing strategies and poor organisational supports, which also distract the learning environment atmosphere. Overall, without supervision being mandatory, no one would feel obligated to shoulder student supervision.



CHAPTER FIVE: DISCUSSION

5.1 Introduction

This chapter discusses the findings presented in chapter four in relation to the existing literature. Integrating literature in this discussion does not aim to confirm or to argue about the existing findings but to indicate how the findings relate to or differ from what is already known about the research phenomenon, as well as to try and develop a deeper understanding of what was found (Speziale, Streubert & Carpenter, 2011). In analysing the data inductively, the study findings reveal four major themes: Support for clinical supervision; management of clinical supervision, time constraints; and the perceived benefits for engaging in clinical supervision. Along with these themes, the study found that clinical supervisors had positive perceptions of their roles despite the supervision challenges they encountered during the process. The findings of this study only interpret the findings of clinical physiotherapists in the three training areas in Tanzania.

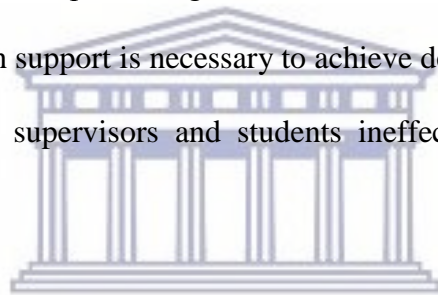


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5.2 Support for clinical supervision

Support for clinical supervision was the dominant theme that emerged during interviews in this study. Participants reported experiencing difficulties during supervision due to lack of clinical support in the learning environment. They described this factor in terms of limited work space, poor communication between training institutions and clinical placements, lack of suppliers, financial constraints and poor preparation for providing supervision. This lack of support prevented them from planning their work and, as a result, their engagement with the process tended to be rushed with limited resources and lack of quality.

Notably, enhancing clinical supervision support focuses on creating conducive learning environments that positively influence the interaction and relationship between clinical supervisors and students during clinical supervision (Bourgeois, Drayton, & Brown, 2011; Gidman, McIntosh, Melling & Smith, 2011; Ernstzen et al., 2012; Msiska, et al., 2014p). Along similar lines, Phillips, Mackintosh, Alison and Johnston (2017) reported that support has the ability to provide students with learning opportunities for including observation and reflection, the formation of learning objectives, and practising of new skills that may enable them to gain concrete clinical experience. Despite the geographical difference in locations of these studies relative to this one, the researchers also supported the effect of clinical support on facilitating good learning environments and promoting students' clinical supervision. For clinical supervision to be effective, such support is necessary to achieve desired goals. Lack of support in these areas may limit clinical supervisors and students ineffectively developing the desired clinical skills.



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5.2.1 Learning environment

To improve the quality of clinical supervision, the learning environment needs to be well-organised to support both students and supervisors. In this regard, the study found that the heads of department and other working staff in clinical placements were responsible for creating a supportive learning environment for students' supervision regardless of the availability of resources in the department. This study has also identified some of the factors that may influence good learning environments, for example, organisation of clinical supervision, time for service delivery, limitations of physical space, and flexibility of clinical supervisors and managers. These will be discussed later in the chapter.

This situation is not very different from what was found in Canada by Davies et al., (2011e) whereby the prepared learning environment for supervision was capable of supporting the existing supervisors and developing programmes, hence having a positive impact on facilitating clinical supervision, even in settings with scarce resources. In addition, Henderson & Eaton, (2013) reported that a well-equipped setting with valued team members, capable managers, and an appropriate work plan were features of good learning environments that may facilitate the acquisition of students' clinical knowledge and skills. However, Henderson and Tyre (2011) reported the limited availability of other teaching facilities that had a negative impact on students' learning environment, which may affect the supervisors' expected outcomes.

5.2.2 Preparation for clinical supervision

In this study, participants focused on their experiences of having a prepared learning environment, which they believed to be significant in developing a positive perception of their roles. The preparation for clinical supervision may promote an understanding of the student supervision requirements such as having specific objectives for supervision and appropriate selection of experienced clinical supervisors (Ernstzen et al., 2009g). In addition, it may help to prepare essential things such as equipment, structure the memorandum of understanding with clinical working staff, and restructuring the work schedules to integrate with clinical supervision (Brown et al., 2011b).

Despite the significant effects of having a well-prepared learning environment, the study participants reported experiencing disorganisation and limited work space at clinical placements during clinical supervision. Cementing on the participants' response, the study identified the tendency of training institutions to place students in clinical placement sites without providing prior notice of their coming. Yet, prior students' attachment information sharing between the

supervision students' supervisors and clinical placement staff is essential in facilitating the preparation to minimise, if not to eradicate, the multiple problems arising in the organisation of clinical placements (Wotton & Gonda, 2004; Secomb, 2008a). As a result, poor organisation of clinical placements hinders clinical supervisors from executing their roles such as the allocation of students based on their learning objectives and creating awareness of clinical supervisors with respect to the training institutional expectations. Furthermore, poor organisation might be the cause for the negative impact identified via poor engagement of clinical supervisors during student supervision, with these students being susceptible to poor learning experiences (Secomb, 2008b).

Inadequate physical space was also another area in the study found to be a problem experienced by clinical supervisors. They identified limited work space to be one of the challenges that affects the proper provision of students' supervision as it causes congestion with the resultant inability for supervisors to excel in their supervisory roles. Such as demonstration role play and case presentations (Skoien, Vagstol & Raaheim, 2009a). Inadequate space also contributes to the limitation of other learning exposure areas, such as Intensive Critical Care, which necessitated the use of simulation learning. The simulated learning environment (SLEs), as reported by Blackstock et al. (2013b) facilitates students' learning in circumstances where clinical instability of the patient prohibits them from touching or practising on patients. Simulated learning environments may help to maximise efficiency in training in addition to ensuring a standardised learning experience for all the students, hence improving the students' competency.

The need for training clinical supervisors was identified in this study as a major consideration during the preparation for students' clinical placement. The evidence indicates that the training provided by the clinical supervisors has a positive impact on their developing professional

competence to deliver high quality of clinical supervision with positive effects on the students' throughout as well as for patients' care (Hanson, 2011a). Knowledge and skills to supervise can empower physiotherapy clinical supervisors with the ability to offer high quality supervision that may positively affect students' success in the clinical context (Ernstzen, 2013h). Furthermore, Milne, Sheikh, Pattison and Wilkinson, (2011a) found eleven studies in their systematic review of the literature that highlighted clinical supervisor training as a means towards empowering them with the necessary knowledge and skills in supervision that may facilitate and support clinical learning. Despite the study underscoring training of clinical supervisors to orient them on supervision techniques, evidence hints at financial constraints to remain a primary challenge hindering further growth of the profession (Frantz, 2007a).

The lack of specific supervising knowledge and skills among clinical supervisors may be a reason behind the reluctance of clinical supervisors in this study to participate in supervision activities. Study participants reported feeling less confident when involved in student supervision due to lack of supervision knowledge and skills. If this is not seriously considered it may lower the quality of the supervision offered to the students with the potential of limiting professional development and reduce the quality of patient care in the future.

Likewise, the challenge of training and limited opportunities for exposure of clinical supervisors also aligned with similar concerns raised in the literature. Other studies have noted that supervisors with appropriate supervision experience are more likely to have effective supervision practices than those without it (Hall & Cox, 2009d; Fitzpatrick, Smith & Wilding, 2012a; Dawson, et al., 2013c; Blackstock et al., 2013c). The participants' emphasis on training as a way to reinforcing their knowledge and skills is not a new idea; however, it does clarify that the

supervisors in this study found this lack of training to be a significant important limitation to the delivery high quality student supervision in clinical practice in Tanzania.

These findings, together with those from extant literature, highlight the factors and challenges that contribute negatively to the learning environment, and suggest that the quality of clinical supervision can only be improved if they are taken into account when planning for future clinical supervision programmes.

5.2.3 Collaboration

Collaboration in clinical supervision is an essential process that may enable the exchange of information between training institutions and clinical placements. This study found that poor collaboration and feedback was a limitation for supervisors who were engaged in students' supervision. They reported poor collaboration as hampering the quality of the communication that existed during preparations for clinical supervision, as well as inadequate feedback from training institutions during the process. In addition, lack of information provided with respect to student objectives, abilities, and training expectations were highlighted as having an impact on physiotherapists' confidence in handling the supervision process.

Poor collaboration and feedback has been found to impact negatively on the students' learning and professional development (Vorster, 2011), particularly on matters that require immediate reinforcement to ensure future clinical supervision effectiveness. This aligns with Davies et al., (2011g), who found that the regular collaboration between the clinical supervision parties and the training institutions has an impact on their professional relationship, which contributes towards achieving a better quality physiotherapy care. In fact, student supervision can be enhanced through collaboration and feedback accompanied by suggestions for the relevant students, supervisors and clinical placement staff that aim to improve clinical supervisors' clinical

reasoning and skills. Thus, inadequate collaboration deprives clinical supervisors of an opportunity to understand the entire process of students' supervision which compromises further the improvement of student supervision and interaction with academic staff.

5.2.4 Institutional support

The organisation management entails health facilities responsible for students' clinical supervision such as hospitals and specialised clinics. The participants noted that there was a high demand for appropriate clinical placements for physiotherapy students due to the limited number of hospitals in the area that were willing to provide such placements for undergraduate students. As a result, clinical settings with an appropriate set-up for students' supervision experience a high demand for physiotherapy students requiring clinical supervision. The situation is different in clinical settings inappropriately prepared for supervision activity. In fact, this supervision activity has been a threat to their primary responsibility of providing patients' care.

The notion of lacking institutional support of student supervision was also reported in the literature by Davies et al., (2011f) and Sevenhuysen and Haines, (2011i), who highlighted the idea of personal satisfaction and "goodwill" to be the motive for their involvement in student supervision. The study participants similarly noted support from some clinical settings (especially teaching hospitals) to facilitate student supervision by providing a preparatory session. This is consistent with literature indicating that a well-organised clinical setting may indicate successful clinical supervision (Ernstzen, 2013i). The direct involvement in practice of clinical institution during the students' supervision may also help to minimise the internal institutional supervision challenges, including time constraint, inadequate space, and poor preparation.

5.2.5 Training of clinical supervisors and Standardised supervision services

The need for training of clinical supervisors was identified to be the measure component during preparations for clinical supervision. In this regard, participants highlighted having not been trained or prepared for supervision activity, apart from their professional training. Lacking such training opportunities and lack of exposure for physiotherapy supervisors to the supervision tasks may contribute to lack of confidence, knowledge and skills to enable smooth engagement in student supervision. In fact, several studies assert that the training of clinical supervisors has a positive impact on developing their professional competence with effects on delivering high quality clinical supervision and patient care (Hanson, 2011b). Furthermore, Ernstzen (2013f) and Milne et al., (2011b) insist on the ability of knowledgeable and skilled physiotherapy clinical supervisors to facilitate and support clinical learning through offering high quality supervision that may positively affect student success in the clinical context. Also, evidence indicates that supervisors with appropriate experience of supervision may be effective in supervision practices (Fitzpatrick et al., 2012b; Dawson et al., 2013d; Blackstock et al., 2013d) and capable of managing supervision challenges. The findings and the literature of this study highlight the importance of having a knowledgeable and skilled clinical physiotherapy supervisor as they have the capacity to influence positively their learning environment. Implicitly, the idea of training clinical supervisors ought to be considered as an essential measure of improving the quality of clinical physiotherapy supervision in any plan.

Standardised supervision services

Participants in this study suggested that the differences in their understanding of and expectations from supervision prompted them to try different approaches to supervision, depending on the learning environment and their own individual understanding of the

phenomenon. Frantz and Rhoda, (2007b) in their study that assessed clinical placements in the BSc physiotherapy programme found the training institutes to have had the responsibility of emphasising on various skills obtainable in clinical settings. On the other hand, clinical supervision may not be effective in learning environments in the absence of guidance for physiotherapists on how to supervise students effectively (Naidoo & Mthembu, 2015b). There is also a need to install a user-friendly instrument in the form of standardised guidelines that could assist clinical supervisors to focus on the consistency of professional competency during supervision as highlighted by these study participants. The importance of standardised supervision guideline was also highlighted by Hvalič-Touzery, Hopia, Sihvonen, Diwan, Sen and Skela-Savič, (2015) to have the ability of strengthening multicultural knowledge and skills of clinical supervisors in improving the international placement experience across health and social care fields.

This supervision guideline would help to maintain standards for responsible, accountable, and independent professionals who aim to deliver high quality supervision. Having the supervision guideline might also promote positive perception of clinical supervisors, hence resulting in job satisfaction (Maloney, Stagnitti & Schoo, 2013). This lack of standardised supervision guidelines may lead to clinical supervisors losing focus and direction, thus lengthening the supervision process, as reported in this study. The absence of a standardised supervision guideline was similarly recognised in this study when some supervisors in collaboration with students develop an independent supervision guideline depending on their field objectives to facilitate the procedure. However, the procedure of developing individual guideline may not result in standardised supervision training. This represents a good start that might be generalised to other clinical settings and the training institutions in Tanzania.

In addition, Ernstzen, (2013j) found open and relaxed environments to be an effective mechanism for enhancing students' learning, and accounted for the reasoning behind their views during clinical teaching and learning opportunities for undergraduate physiotherapy students. The mechanism is capable of facilitating learning and, thus, providing guidance for managing student supervision. This concept was also identified in this study when participants insisted on having standardised clinical guidelines on activities that promote the development of clinical competence. These activities could be demonstrations of patient management by teachers and students, discussion of patients' cases, provision of feedback, and carrying out of formative assessment. Once these activities are properly employed they may influence the supervision processes to be more focused and structured during clinical supervision. This may ensure students' exposure to a wide range of learning opportunities for the development of clinical competence (Naidoo & Mthembu, 2015c; Ernstzen, 2013k).

5.3 Management of clinical supervision

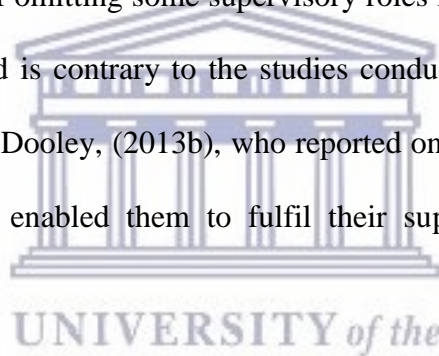
Physiotherapy students' supervision in clinical settings where patient care is a core function and where student clinical supervision is accommodated as a professional obligation presents additional challenges (Mandrusiak et al., 2014b). In fact, the presence of these two tasks that run parallel to each other requires special procedures to ensure that they are successfully managed without disadvantaging one of them. These processes are described below.

5.3.1 Supervision strategy

Students' clinical supervision is conducted during working hours whereby students get an opportunity to utilise clinical skills and reasoning on real patients. The managing of dual tasks taking place at the same time and in the same learning environment with two parties having different needs requires a supportive learning environment to balance the pressure so as to

deliver as required (Mafumo et al., 2017b). To meet the objectives of both tasks, various strategies must be observed (Sevenhuysen & Haines, 2011j).

Literature has reported different strategies in supervising students during clinical supervision, for example, integrating clinical and supervision activities, sharing of responsibilities among clinical and academic staff, creation of simulated learning environments, fostering standardised services, providing some incentives and communication during students' supervision (Sevenhuysen et al., 2013l). Lack of institutional supervision strategy, on the other hand, may contribute towards the difficulties of managing either or both tasks, for example, when clinical supervisors become overwhelmed or omit some supervisory roles to ensure student supervision is managed during clinical services. The process of omitting some supervisory roles may compromise the quality of student clinical supervision and is contrary to the studies conducted by Hawkins and Shohets, (2012b) and Koski, Simon and Dooley, (2013b), who reported on the struggles of supervisors to set supervision strategies that enabled them to fulfil their supervisory roles during student supervision.



5.3.1.1 Integration of supervision activities in clinical practice

The study found that student clinical supervision needed to be integrated with clinical services to facilitate the supervision of and students' learning. In this regard, the study participants reported that the integration of activities could allow students to translate theoretical knowledge into practice while dealing with reasonable supervision challenges. This strategy of handling activities simultaneously has been found to increase the workplace capacity and may help promote students' physiotherapy clinical skills, professionalism, cultural competency, enhanced communication skills, and understanding of patient-centred care beyond basic technique competencies (Secomb, 2008c; Skøien et al., 2009b; Lattanzi et al., 2011b). Furthermore, such

an integrative strategy has been complimented by two systematic reviews. To begin with, Snowdon, Hau, Leggat, and Taylor, (2016) reported clinical supervision to have the ability of reducing patients' adverse outcome. Farnan, Petty, Georgitis, Martin, Chiu, Prochaska et al., (2012), on their part, reported supervision to have the effects of increasing practitioners' clinical skills, competency and adherence to protocols in addition to reducing patients' complications. Also, clinical supervisors' interaction with students through questioning and clinical discussions during clinical supervision may develop their professional competency and identity (Laitinen-Väänänen, 2008).

However, the approach has been criticised by Hawkins and Shohets (2012c) who describe the approach to increase workload on the shoulders of clinical supervisors. Moreover, they claimed the accommodation of patient in a limited work space and time constraints to tend to affect one service while compromising the other. These perspectives were also reported by participants of this study as they experienced a pressure of work within a limited time and non-spacious work place. The study also found that students' supervision management without any standardised guideline increased the prospects of violating the students' and clinical supervisors' rights. Consequently, there is neither the supervision agreement made between the training institutions and clinical placement institution nor the Medical, Dental and Allied health professionals' regulatory body to which the professional association was recently affiliated.

5.3.1.2 Sharing of responsibilities during supervision activities

The sharing of responsibilities by locating some of the supervisors in clinical services and others in clinical learning was identified as a way of reducing the workload of the supervisors. This approach is supported by Lattanzi et al., (2011c) in their educational case report conducted in the United States on mentoring students in service-learning premises. The report highlighted the

potential of integrating students in clinical service provision by, for example, increasing workplace capacity, promoting students' physiotherapy clinical skills, professionalism, and cultural competency. Furthermore, sharing of responsibilities by locating some of the supervisors in clinical services and others in clinical learning constituted as a way of reducing the workload of supervisors since it incorporates clinical staff and academic staff in fulfilling their responsibilities simultaneously (Hawkins & Shohets, 2012d).

Additionally, the approach enhanced communication skills, and understanding of patient-centred care beyond basic technique competencies (Secomb, 2008d; Skøien et al., 2009c; Lattanzi et al., 2011d). However, the strategy has also been challenged in other studies showing that it results in increased workloads for clinical supervisors by accommodating students within limited working hours, and thus compromising both patient service and student contact hours (Pearcey & Draper, 2008c; Hawkins & Shohets, 2012e). Still, Engum, (2003g) and Msiska et al., (2014q) reported the challenges of sharing responsibilities in places where there are staff shortages and high demand for patient care. Nevertheless, the need for sharing responsibility may still be relevant since it can involve all the clinical and academic staff in helping students' exposure, replicating clinical procedures, and ensuring that they have sufficient time with their supervisors. If this approach is to be considered, then more local research is necessary to learn more about how the strategy will impact on the workload of clinical staff. Thus, the need to develop alternative supervision strategies in clinical settings is, arguably, very important since such a development may help clinical supervisors to perceive their roles positively by organising students' supervision within the scope of their work requirements while delivering the expected outcomes (Skøien et al., 2009d).

5.3.1.3 Simulation learning environment

In addition, a simulated learning environment (SLEs) was one of the clinical supervision strategies reported by study participants to be used at the situation of handling patients in higher risk environments (Heath Workforce Australia, 2012). However, evidence suggests that the impact of simulation learning on improving students' confidence is not cumulative (McGaghie, Siddall, Mazmanian & Myers, 2009). This suggests that students' clinical confidence is not transferable between different areas of practice. The lack of transfer of confidence between practice areas may be a reflection of particular learning experiences, which differ from other courses that may indicate greater integration across core practice areas. To build student confidence more progressively over the course of clinical placement, greater emphasis should be placed on the development of basic skills that students develop while on placement. The process should ensure that different practice areas complement each other throughout the placement (Wright, Moss, Dennis, Harrold, Levy, Furness & Reubenson, 2018). Overall, the challenges of workload and time constraint during clinical supervision make a significant contribution to negative perceptions of supervisors towards their roles; therefore, the utilisation of supervision strategies to facilitate students' supervision is essential in any clinical settings.

5.3.1.4 Contribution of incentives

In this study, incentives were found to have a big influence on students' clinical supervision. In a supervision context where clinical supervisors perceive the activity in different ways, the way they think about incentives may motivate their engagement with the process (Sevenhuysen & Haines, 2011k). This is not different in Tanzania where incentives are integral to clinical supervisors' participation in working with students since they believe that student supervision is an additional task to their primary responsibilities. Msiska et al., (2014r) described the challenges

of learning in poorly-resourced clinical settings, highlighting the lack of incentives as one of the operational challenges of clinical supervision. There is also currently no recognition given to clinical supervisors who participated in this study. Thus, training institutions may need to find a way to motivate physiotherapists who supervise students to engage more positively with the process. However, institutions should be aware that financial incentives may actually reduce the incentive of supervisors when they are not readily available or paid on time (Sevenhuysen & Haines, 2011m). Thus, monetary incentives should only be considered when necessary. Alternatively, an incentive need not necessarily be monetary and can also be in the form of simply recognising a supervisor's contribution towards supervision (Dijksterhuis et al., 2013b).

The issue of incentives has two sides. On the one hand, therapists may feel that they need to be incentivised externally to participate; on the other hand, clinical supervision also provides therapists with an opportunity grow professionally and give back to their community of practice (Sevenhuysen & Haines, 2011n). In fact, they consider their involvement in clinical supervision as a professional responsibility that should be included in a physiotherapist's job description. In this study, some clinical physiotherapists reported their willingness and internal incentive to help build the future physiotherapy professionals as their incentives for their involvement in student supervision. In that context, they perceived it as continuous professional development (CPD) and professional responsibility.

In addition, incentives could serve as recognition of the supervisors' contribution in the form of workshops, development of professional programmes necessary for promoting student supervision and providing feedback from training institutions (Davies et al., 2011g). In this context, we should acknowledge that the beneficiaries of clinical supervision are not only the

students but also the supervisors, and that this alone constitutes an incentive for participating in clinical supervision.

5.4 Time constraint

Time constraint during clinical supervision was a major challenge that was reported by study participants and found to be a challenge in the management of clinical supervision. Time that was supposed to be spent by supervisors on assisting students in translating theoretical knowledge into practice was spent on patients' care. As a result, students' practical skills and clinical reasoning were getting less time for practice. In this regard, setting a flexible supervision routine schedule might serve as a measure for managing the situation since students, supervisors and area of clinical placement are beneficiaries of clinical supervision. Literature also compliments this idea by emphasising on the creation of a learning environment that accommodates both students and patients (Manninen et al., 2015c).

5.4.1 Planned personal responsibility

Planned personal responsibility during clinical supervision is highly recommended for the two events (students' clinical and patients' clinical care) to be simultaneously placed within the existing time constraints. In this regard, every activity requires attention and needs a symbiotic behaviour for the components to be mutually supportive of each other (Papp, Markkanen & Von Bonsdorff., 2003). To counteract this challenge, flexibility of the routine schedule ought to be compulsory to enable the simultaneous activities to take place without compromising each other (Ernstzen et al., 2010c). In this study, clinical supervisors reported having inadequate time for managing both student supervision and clinical care, as complimented by findings of the study conducted by Ernstzen (2013m) in South Africa and Msiska et al., (2014s) in Malawi, who found that time constraints were a key barrier to effective clinical supervision.

Participants consistently indicated time constraints as a barrier to managing the two activities, hence the resultant less involvement in student clinical supervision activities, thus leading to their failure to fulfil their supervisory roles. This is similar to the results of a study conducted by Davies et al., (2011h) in Canada, who explored Canadian physiotherapists' perceptions of the factors that influence their decisions on whether to supervise students in clinical placements. They reported that time constraints was one of the factors that causes stress among clinical supervisors.

5.4.2 Workload

Managing students' clinical supervision and patients' care concurrently, without placing a planned schedule may result in imposing more workload on clinical supervisors. Sensing such a situation with inadequate numbers of staff, some supervisors were prompted to engage students to offset their staff shortage or omit some of their roles. However, evidence reported the incidence whereby students were engaged in offsetting the workload identified through involving them as substitutes to ease the staff shortage; the workload mentality does not suffice as a valid counter-argument on its own (Faure et al., 2002b). Indeed, once they received students and failed to engage them in clinical activities either due students/ supervisors negative attitude, the sense of workload may be experienced (Sevenhyusein & Haines, 2011o; Msiska et al., 2014u). Supervisors also experienced difficulties in managing patient care as a result of under-staffing, which created a burden for supervising therapists due to increased workload. Nevertheless, students' clinical supervision through integrating and exposing them to a real world is easily obtained in clinical settings. Thus, the experience of workload among clinical supervisors is likely to be experienced provided measures to ease such a burden so long as utilising supervision strategies and stimulating students to be active were in place.

5.5 Perceived benefits of clinical supervision

Clinical supervisors' involvement in clinical supervision leads to professional benefits such as personal and professional growth (gaining confidence in clinical supervision, establishing networks, and chances for continuous professional development) (Severinsson & Sand, 2010a). Apart from that, supervisors' involvement in clinical supervision is also influenced by their attitudes, and the stimulation of professional reflection (Ernstzen et al., 2009h). The study found that supervisors' participations in clinical supervision were encouraged by the perceived benefits of participation without remuneration. Some participants reported that their decision to participate was based on the benefits they expected from clinical supervision for themselves, including factors such as improving their own professional competency, stimulation of reflection on their own practice, personal and professional development (Severinsson & Sand, 2010b). Under this scenario, supervisors updated their own knowledge and skills, thus improving their clinical skills whereas students develop clinical knowledge and skills relevant for their professional careers (Pasupahty & Bogschews, 2013b).



5.5.1 Attitudes

The attitude of supervisors was highlighted in the study as another barrier to effective clinical supervision. In this regard, the study found that the participants perceived undergraduate supervision as additional workload and even as a burden. This perception seemed to stem from concerns that students appeared uninterested in learning and, therefore, avoided asking more about what is happening in the clinical area. In these situations, students do not get adequate clinical supervision (Sevenhyusein & Haines, 2011p; Msiska et al., 2014t). As a result, supervisors may develop negative attitudes toward students, which might lead to the development of poor professional skills following their graduation. Such negative attitude

worsens the relationship between undergraduate students and physiotherapy supervisors, when a positive relationship is a crucial component for effective clinical supervision (Ernstzen et al., 2009i).

5.5.1.1 Personal and professional growth

The study findings also indicate that some clinical supervisors' motives for participating in clinical supervision were based on their perception that supervision was a continuous professional development (CPD) programme. The study suggests that the benefits of participating in student supervision included building a close relationship with academic staff and students. Furthermore, they recognised that their participation would ensure that they keep up with new developments in the profession. These benefits have also been identified in the literature as positive outcomes for supervisors as a result of their engagement in student supervision (Davies et al., 2011i; Sevenhuysen & Haines, 2011q).

The study also noted the departmental benefits that were acquired when supervisors engaged in student supervision included improving the relationship between staff in clinical placements and training institutions, and improving the quality of service as a result of regular exposure to additional training. When therapists are involved in the supervision of students, the benefits are not limited to individual physiotherapists but rather extend to the entire department (Kilminster et al., 2007c; Sevenhuysen & Haines, 2011r). Because of the individual and departmental benefits of being more engaged in clinical supervision, therapists should be actively involved in the process. This study found that the perceived benefits (or lack thereof) for supervisors may encourage them either to engage or not in the process of clinical supervision.

5.5.1.2 Stimulation of reflection

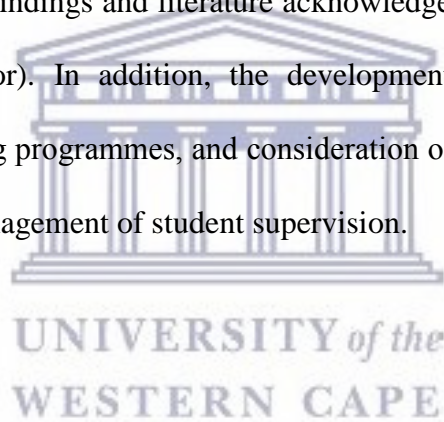
The study findings also indicate that some clinical supervisors participated in students' supervision as part of their self-assessment of their own clinical practice, as part of their continuing education, and as part of their professional development. Indeed, during clinical supervision physiotherapists have opportunities to improve their own clinical reasoning, as students regularly ask questions about patient care and management plans. Students also develop their own professional practice partly by participating in the discussions on clinical practice with their supervisors who support and guide them during clinical supervision (Pill & Pilli, 2013). Physiotherapists' engagement in clinical supervision do benefit in developing self-awareness and professional insights that may, sometimes, be lacking, and which may consequently help them to improve their own performance with respect to the quality of the service delivered (Dancza et al., 2013b)

5.6 Conclusion

The main focus of this chapter was to discuss the research findings on the emergent themes, including the support, management of clinical supervision, time constraints, and the perceived benefits within the learning environment in relation to student supervision improvements. Study participants' highlighted many factors that aggravated their indifference to student supervision despite generally having a positive attitude towards such participation. These factors are supervision challenges such as the inadequate organisation support of clinical supervision, poor planning, workload implications, uncertainty of clinical supervision management, and the expectations of participation in clinical supervision. These findings have generated insight into how the clinical learning environment could impact on the clinical supervision process. The

study also highlights the contribution of different supervision approaches once adapted to assisting in managing and improving the quality of students' clinical supervision.

The study also underscores the contribution of personal incentives and incentives of clinical supervisors during students' supervision. In fact, many participants indicated that they did not necessarily wish to earn anything tangible as acknowledged the non-monetary benefits of such supervisions. These included personal and professional development, stimulation of reflection, and development professional competency. On the other hand, the participants also noted that financial remunerations could compensate for the extra working hours and their involvement in extra duties. As such, the need to change clinical physiotherapy supervisors' mind-set is important. After all, the study findings and literature acknowledge that there are benefits to both parties (student and supervisor). In addition, the development of standardised supervision guidelines, supervisors' training programmes, and consideration of incentives for supervisors are necessary in enhancing the management of student supervision.



CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter provides an overall summary of the study and aims to answer the research question that was posed in Chapter 1. It also proposes recommendations for the improvement of physiotherapy clinical supervision in Tanzania and makes suggestions for additional research directions.

6.2 Summary and conclusion

This chapter contains the conclusion and recommendations that emerged from this study on physiotherapy clinical supervisors' perceptions about their roles during clinical supervision. The aim of this study was to explore clinical physiotherapists' perceptions of their supervisory roles during their supervision of undergraduate students at three tertiary hospitals (MNH, MOI and BMC) in Tanzania. To achieve this purpose, the study explored the experiences of clinical physiotherapy supervisors, their strategies for fulfilling their supervisory roles, and the challenges they experienced during their supervision of undergraduate physiotherapy students.

An explorative, qualitative paradigm was used and twelve clinical physiotherapy supervisors working at MNH, MOI and BMC were purposively invited to participate in the study. A semi-structured interview guide coupled with individual interviews was employed with all the twelve participants using open-ended questions derived from the literature and study objectives. The data were inductively analysed using six steps methods based on Braun and Clarke's (2006b) framework. The analysis process of six steps generated four themes and twelve sub -themes.

The male to female ratio of study participants was 1:1, with their work experience as physiotherapists ranging from five to thirty-nine years. Three quarters of the participants (n=10) had worked as clinical supervisors for between eight and fifteen years.

All the participants raised the issue of awareness of their supervisory role during the clinical supervision of undergraduate physiotherapy students. Their awareness is verified in acknowledging their participation in students' supervision upon realising the supervision benefits of their engagement. However, they also reported that the supervision challenges they encountered during supervision such as time constraints, poor remunerations or incentives, poor recognition for their contribution, poor communication, and lack of support from management and training institutions had a negative impact on the student supervision process.

Thus, they called on both the clinical placements and training institutions to improve the quality of the clinical supervision services provided. The study found that the knowledge of these participants in handling issues around students' supervision were different from one supervisor to another, which they believed had an impact on the outcome of student competencies. In addition, the participants identified factors that they thought might contribute to the negative perception of supervisors with respect to their supervisory roles. These included descriptions of poor working environments that limited what they could achieve during clinical supervision. Participants suggested strategies that might be considered for improving students' clinical supervision while encouraging reluctant clinicians to participate in the process. These strategies included suggestions for an extension of the clinical placement duration, and improving the incentives for supervisors through better use of incentives.

For both the training institutions and clinical setting to achieve their desired objectives, the current study identified challenges that, if sorted, might help to improve clinical supervision.

These challenges include lack of motivation in terms of incentives. The incentives mentioned for not necessarily being in monetary type but included a word of appreciation from the institute and involving clinical supervisors in training activities (curriculum development, workshops and final students' assessment). Other challenges are time constraint; improving the learning environment by having a proper means of managing clinical supervision like (supervision schedule, support from hospital management, improved collaboration of stakeholders, and recognition of supervisors' support) may promote better feeling of clinical supervisors engaging in students' supervision and overcome the time constraints challenge.

Strengthening of collaboration between clinical placements and training institutes may facilitate the process of clinical supervision either in targeting the development of a set of standardised supervision guidelines and supervision strategies, and professional training programmes for clinicians that aim to promote clinical supervision as part of professional practice. Through developing training opportunities and better preparation of the learning environment, physiotherapists may develop a more positive perception of student supervision, which may go some way towards negating some of the challenges that they experience.

6.3 Contributions of the study

The study's purpose and objectives were achieved in through the identification and exploration of clinical supervisors' perceptions of their supervisory roles during clinical supervision in Tanzania. The findings of this study are supported by research conducted in other countries suggesting that, though there are many challenges clinical supervisors face in Tanzania, existing evidence demonstrates strategies that have helped others improve their own supervision processes. This study is the first to be conducted in Tanzania, thus helping to develop a better

understanding of the process of clinical supervision in the context of undergraduate physiotherapy training.

The study has also made a contribution to the existing body of knowledge in this domain of professional practice, and has identified some of the factors that may contribute to the development of a more positive perception of supervisory roles among clinicians in Tanzania. The understanding of supervisors' perceptions of their roles may assist policy-makers, training institutions, and relevant government programmes in decision-making around how to address some of the challenges that emerged from the study.

The support for the process of clinical supervision would require the development of standardised supervision guidelines, provision of training for clinical supervisors, and motivating supervisors by introducing some incentive support that may assist institutional management to play a role in improving students' clinical supervision situation.

6.4 Recommendations

The study revealed that physiotherapy clinical supervisors have a positive perception of their supervisory roles if they are not confronted or faced by the challenges that negatively influence their engagement in such activities. The study recommendations are based on the findings and objectives of this study and aim to provide guidance on how to avoid or reduce the impact of those challenges on supervisors' perceptions and practice.

Support for clinical supervision

The study recommends the following:

To ensure optimal support of clinical supervision process, the study recommends clinical institutions to create an effective supporting system that may provide emotional and supervision

support from clinical supervisors. The emotional support from training institution may be in a form of stocking clinical centres with treatment facilities and involving clinicians in day-to-day academic activities such as final students' assessment and curriculum review.

The study recommends for the strengthening of collaborations between clinical placements and training institutions as lack of such collaboration was found to be a challenge in this study. In fact, promoting collaboration between training institutions and clinical placements may facilitate the integration of students' clinical supervision into clinical services and patient care. The improved collaboration may facilitate improved preparation for students' supervision. The collaboration could be in the form of active involvement of clinical staff in academic matters, for example, participating in professional workshops and other events taking place at the training institution.

To ensure optimal support of the clinical supervision process, the study recommends that clinical institutions must create an effective support system that can provide emotional and supervision support for clinical supervisors that also take pave way of the workload requirements for clinical staff.

To improve the standards of students' supervision, the training Institution in collaboration with clinical placements should develop a standardised guideline for students' supervision that may help supervisors during the process.

Measures for increasing the internal incentive of supervisors are highly recommended since it is also an important aspect of decision-making around participation. Even if other challenges are addressed, for example, the creation of a good learning environment, and the development of a supervision guideline, it will also be important to enhance supervisors' willingness to participate

in supervision through monetary incentives. The incentives can be recognition of clinical supervisors' or clinical placements support through certifications, paying attention to the feedback provided after students' supervision sessions and, strengthening collaboration by involving clinical supervisors on school events (workshops, seminars, curriculum development and final evaluation of students).

To ensure optimal support of clinical supervision process, the study recommends for the clinical institutions to create an effective supporting system that may provide emotional and supervision support from clinical supervisors. The emotional support from training institution may be in a form of stocking clinical centres with treatment facilities and involving clinicians in academic activities such as final students' assessment and curriculum review.

Management of clinical supervision

The management of the supervision process needs to be organised to integrate a supervision service in the clinical environment. In this regard, all the participants in this study appeared to be indifferent to organising student supervision due to a lack of standardised clinical supervision guidelines (together with the other challenges that were reported).

Thus, the study recommends for the improvisation of supervision strategies to manage the clinical workload, time constraints and encouraging reluctant clinicians to participate in the process. These strategies include strategies supported by evidence such as supervision models, sharing of responsibilities, and peer assessment learning (PAL). These strategies have been found to have benefits of managing the supervision challenges to some extent. Moreover, motivating of supervisors using the most achievable and measurable incentives is recommended to be used.

The recommendations around management challenges include the following:

Training of clinical supervisors

Empowering clinical supervisors with supervision knowledge and skills is an important measure that may build clinical supervisors confidence and motivate them to participate in students' supervision activities.

Therefore, the study recommends for the training of clinical supervisors as training may build their supervision confidence and encourage the reluctant clinicians to participate in students' supervision. The training may be in a form of elective short courses offered to potential current supervisors in a bid to orientate them on issues related to students' supervision such as clinical supervision strategies that are evidence-based, supervisory roles and underlined supervision benefits. Such training may need to be organised by a professional body in collaboration with clinical placements areas and training institutions.

In addition, the study calls on training institutions, in collaboration with supervisors, to develop standardised clinical supervision guideline. In this regard, the students' supervision guideline may promote the professional practice in the supervision in enhancing the quality of clinical supervision.

Time

Time constraints were identified by all the participants, often resulting in a tendency to prioritise their primary responsibility of patient care rather than pay attention to student supervision. The study highlighted that participants were concerned about being a role model in building students' experience but they also needed to spend more time on their primary responsibilities. They were clear that they were not unwilling to supervise students but there was a lack of time preventing them from fulfilling all of their responsibilities. This was evident from their reports of putting in

extra hours (for example, early in the morning, late in the evening after working hours, and during their lunch and tea breaks) to conduct student supervision.

The study also recommends that for clinical supervisors should be empowered to make their own choices with respect to how they manage their time in order to ensure that both student supervision and patient care can be effectively implemented. For example, peer-assessment could be considered as well as learning opportunities as time management strategies to ensure that patient care is not compromised during student supervision.

Perceived benefits of clinical supervision

Clinical supervisors claimed that the benefits realised when they were involved in students' clinical supervision. They identified the benefits during students' supervision as personal benefits such as a continuous professional development of an individual involved in the supervision process that could enhance their own professional networks. Their engagement in clinical supervision would also ensure keeping abreast of new developments in the profession.

The study further recommends for the Association of Physiotherapists in Tanzania (APTA), training institutions and clinical management teams to reinforce clinical supervisors' participation in students' supervision as part of their professional development as well as the development of the departmental profile where supervision takes place. This may attract more clinical sites to host students as part of their clinical learning in addition to motivating supervisors and reluctant clinicians to participate in student supervision.

Recommendation for further research

To explore undergraduate physiotherapy students level of supervision satisfaction with clinical in Tanzania and the development of the physiotherapy students' standardised supervision guidelines.

6.5 Study limitations

As a result of many different clinical environments that physiotherapy students train in, different sampling decisions, and methodological variations in research, precautions are suggested when comparing this study with the outcomes of other research in similar and related fields.

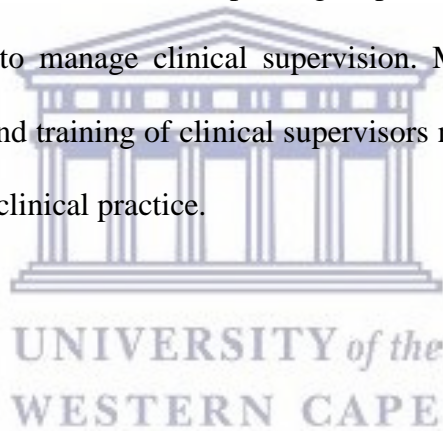
The study has a limited population size as it was conducted only in three tertiary academic institutions situated in Tanzania. The generalisation of these findings to other hospitals and clinical physiotherapy supervisors is, therefore, limited, but it may give a general understanding of clinical supervision in clinical placements.

The interviews were conducted in private offices based at a work place of the participants, although no information was lost during the interviews, there were a few interviews that had background noise in the audio recordings, which was noted during the transcribing process. The volume of the data made it difficult to analyse and prevent repetition. This caused the interpretation of the data to be time-consuming. The data was transcribed by different individuals, which implies that the study could be influenced by the researcher's, as well as the transcribers' personal biases.

6.6 Conclusion

Based on the findings of this study, it was learnt that all the clinical physiotherapists were aware of their supervisory roles and were generally positive about clinical supervision engagement

subject to the realised supervision benefits. Despite the difficulties experienced encountered during students' supervision, they were engaged in students' supervision. Since all the clinical supervisors acknowledge the supervision benefits, improving the learning environment by having a proper means of managing clinical supervision like (supervision schedule, support from hospital management, and improved collaboration of stakeholders, standardised supervision guideline and recognition of supervisors' support) may promote better understanding of clinical supervisors engaging in students' supervision. Many of these challenges can be prevented or managed effectively but only if they are addressed in a timely fashion, hence the ideal practice is addressing issues before they arise. Using the strategies highlighted in these study findings and from the literature, the study recommends improving supervision support, and developing clinical supervision strategies to manage clinical supervision. Moreover, restructuring of the clinical supervision schedule, and training of clinical supervisors may help to realise the benefits of supervision for an enhanced clinical practice.



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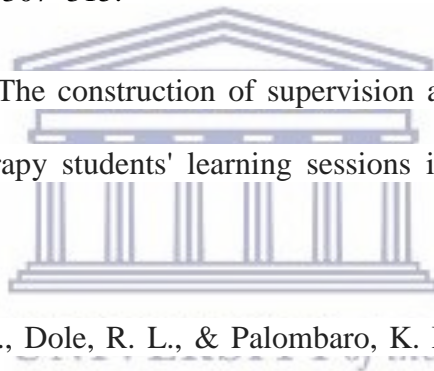
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APPENDICES

Appendices 1

SEMI – STRUCTURED INTERVIEW GUIDE FOR CLINICAL SUPERVISORS

PARTICIPANT’S CODE:

Project title:

THE EXPLORING CLINICAL PHYSIOTHERAPY SUPERVISORS’ PERCEPTIONS ON THEIR ROLES IN SUPERVISING UNDERGRADUATE PHYSIOTHERAPY STUDENTS IN TANZANIAN TERTIARY HOSPITALS

1. Explanation of the Research

Dear respondent, my name is Dionysius M. Rwelamira, student from the University of the Western Cape in South Africa pursuing MSc Degree in Physiotherapy. I am embarking on a study related to: “the perceptions of clinical physiotherapists on their roles in supervising physiotherapy students in Tanzanian tertiary hospitals”. The information sheet will be distributed to the participants and consent form for filling, while semi structured interview guide and audio recorder will be used during the individual interviews. You are kindly asked to participate in this study.

2. Physiotherapist Supervisors Rights.

Participation in this research project is completely voluntary. You have the right to say no or you may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time. Whether you choose to participate or not there will be no effect on your supervision and learning process.

3. Confidentiality

Your name is not included in this study and it will remain anonymous while your contributions will be confidential. Privacy is observed and unauthorized persons will have no right to access information collected. Your responses will be treated confidentially throughout this study and the data collected will be used not only for academic purposes but also for helping to design strategies to improve students' clinical supervision by strengthening physiotherapist supervisors' and students' practical competence and skills in Tanzania.

4. Contact Information for Questions and Concerns

If you have concerns or questions about this study, please contact the (PI) principal investigator:

Mr. Dionysius Mubeezi Rwelamira; Mob. +255 754 48 46 86 / 712 23 41 68; Email address: 3690934@myuwc.ac.za. or

Research supervisor:

Prof. Michael Rowe,

University of the Western Cape

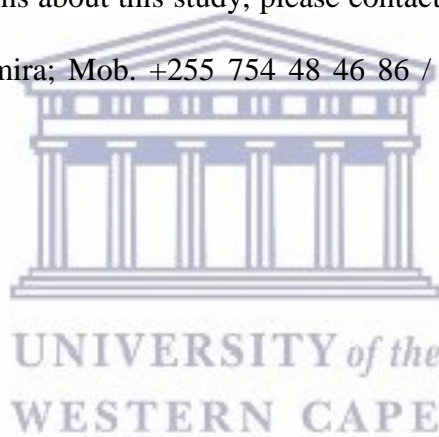
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UNIVERSITY *of the*
WESTERN CAPE

A. Demographic part. (Insert \surd at correct item)

Age group

36 – 40yrs 41-45 yrs 46yrs- 50yrs 51yrs and above

What is your level of education ?

Diploma Bachelor's Degree Master's Degree Ph.D

How many years of working experience as physiotherapist?

6 – 10yrs 11 – 15yrs 16- 20yrs 21 yrs and above

How many years of working experience as clinical physiotherapy supervisor?

1– 5yrs 6 – 10yrs 11- 15yrs 16 yrs and above

At which school of physiotherapy were you trained?

Tanzania In East Africa Other African Countries

Other countries outside Africa

B. In depth interview

How your working situation contributes to your participation as a clinical physiotherapist supervisors in students' supervision?

What kind of experiences you can tell on clinical supervision of undergraduate physiotherapy student?

How are your views in relation to collaboration between training institute and clinical placements during preparation, clinical practice and after students' clinical practice?

With your experience, how does your interaction with students relate to your age, gender, working experience as supervisor and clinician?

In which ways do you manage to fulfil your supervisory roles during supervision of undergraduate physiotherapy students?

How best do you make decision on allocating your time to accomplish your dual tasks (clinical supervision and clinical responsibilities)?

Tell me, how do you recognize and conclude your clinical supervision tasks in terms of attitude motivation experience and expectations when students allocated to you for supervision?

What are the challenges as a clinical supervisor you have experienced so far during supervising undergraduate physiotherapy students?

What are the challenges do you encounter during clinical supervision of undergraduate physiotherapy students?

How do you handle the challenges encountered during clinical supervision of undergraduate physiotherapy students?

In which way do you assess the impact of clinical supervision during undergraduate clinical supervision?

What kind of suggestion for changes do you recommend during supervision of undergraduate students?

Probing questions.

To gain more clarifications about the participants on information which is ambiguous or not clear, probing questions will be asked if necessary as follows;

Can you explain more?

Can you tell me about that?

How did you come familiar with it?

How did you feel like?

Why did you do it?

Like what?

When do you expect it?

What kind of change?

Such as what?



Appendices 2

INFORMATION SHEET

Project Title:

EXPLORING THE PERCEPTIONS ON THE ROLE OF CLINICAL PHYSIOTHERAPISTS IN SUPERVISING STUDENTS

This is a research project being conducted by Dionysius MubeeziRwelamira at Muhimbili National Hospital, Muhimbili Orthopaedics and trauma Institute and Bugando Medical Centre.

We are inviting you to participate in this research project because you are a potential participant on this study who lived or is living the required experience under study. The purpose of this research project is to explore the way clinical physiotherapists perceive their supervisory roles, fulfil the role, and challenges they encounter when supervising students at MNH, MOI & BMC.

The outcomes of this study will assist physiotherapy-training institute staff and clinical supervisors in understanding clearly their roles during clinical supervision, influence supervisors' perceptual changes regarding their roles during supervision that improves students' throughput. Study will bridge the existing gap of knowledge and provide viable evidence potential inputs to the literature available in the clinical teaching and learning environment.

You will participate in interview conversations about your experience regarding your clinical supervisory roles of undergraduate physiotherapy students. The personal interview will be conducted to your preferred teaching language(Kiswahili &English) and the conversation will be recorded. Each interview will last for about 45 – 60 minutes. The study will be conducted at Muhimbili National Hospital in physiotherapy department.

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the researcher will assure confidentiality, During study session and after, no participant's names will be mentioned instead the researcher will assign numbers and identification codes. Only the researcher will have an access to the identification codes. For the maximum protection of the participants' identity, the researcher will use "synonymous" names during the publishing of results. The researcher will secure the data collected within highly protected location and through monopolising access and data will be kept conservatively for three years after the project ends.

The researcher will reassure participants of the minimal risks associated with this study, with respect to arose of any sensitive matter, researcher will provide a referral to an expert for appropriate attention if this is necessary.

To ensure your confidentiality, _____

What are the risks of this research?

There may be some risks from participating in this research study such as social, emotional, legal, embarrassment or fatigue that may result from participating in the research and make your participation to be uncomfortable.

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks 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 a suitable professional for further assistance or intervention.

What are the benefits of this research?

The benefit of this study is not for the individual likely to benefit but that it is rather in the interests of training institutes and the hospital.

The benefits of this study will assist physiotherapy-training institute staff and clinical supervisors in understanding clearly their roles during clinical supervision. It will influence changes of supervisors' perceptions regarding their supervisory roles that will improve students' throughput. Study will bridge the existing gap of knowledge through providing the viable potential evidence of inputs from the available literature in clinical teaching and learning environment.

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

Your participation in this research is completely voluntary. You may choose not to take part at all. 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. In participation, there will be recording of interview conversation and signing the consent form. Non compliance to these might lead to subject participation termination.

This research is being conducted by Dionysius M. Rwelamira at the University of the Western Cape. If you have any questions about the research study itself, please contact Dionysius M. Rwelamira at: 3690934@myuwc.ac.za/dennisrwelamira@gmail.com +27 802 1259 / +255 754 484686 / +255 712 234168

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:

Dr NondweMlenzana

Head of Department: Physiotherapy

University of the Western Cape

Private Bag X17

Bellville 7535

nmlenzana@uwc.ac.za

Prof José Frantz

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's **Humanities and Social Sciences Research Ethics Committee**

(REFERENCE NUMBER: BM/17/6/16)



Appendices 3

CONSENT FORM

Title of Research Project:

EXPLORING THE PERCEPTIONS ON THE ROLE OF CLINICAL PHYSIOTHERAPISTS
IN SUPERVISING STUDENTS

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.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Dr Michael Rowe

University of the Western Cape

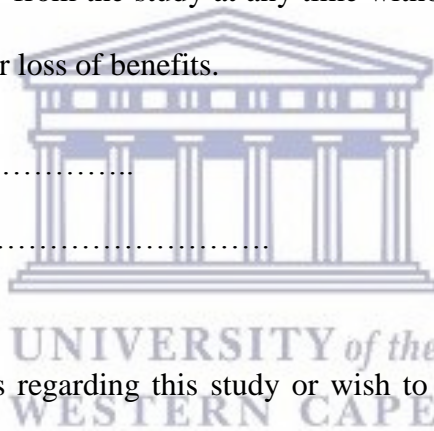
Private Bag X17, Belville 7535

Telephone: (021) 959 2542

Cell: 072 514 2309

Fax: (021) 959 1217

Email: mrowe@uwc.ac.za



Appendices 4



OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

08 August 2017

Mr DM Rwelamira
Physiotherapy
Faculty of Community and Health Sciences

Ethics Reference Number: BM17/6/16

Project Title: Exploring the perceptions on the roles of clinical physiotherapists in supervising students on clinical placements.

Approval Period: 28 July 2017 to 28 July 2018

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific 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 in good time for annual renewal.

The approval from the Tanzanian Health Ministry and/or facility must be submitted to the Committee for record keeping.

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

A handwritten signature in black ink, appearing to read 'Patricia Josias'.


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

PROVISIONAL REC NUMBER -130416-050

Appendices 5

MUHIMBILI NATIONAL HOSPITAL

Cables: "MUHIMBILI"
Telephones: +255-22-2151367-9
FAX: +255-22-2150534
Web: www.mnh.or.tz



Postal Address:
P.O. Box 65000
DAR ES SALAAM
Tanzania

In reply please quote:

MNH/TRC/Permission/2017/195 20th September, 2017

Mr. Dionysius Mubezi Rwelamira,
MUHAS

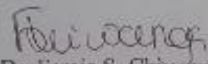
RE: PERMISSION TO COLLECT DATA AT MNH: 2017

Name of Student	Mr. Dionysius Mubezi Rwelamira
Title	"EXPLORATION THE PERCEPTIONS ON CLINICAL PHYSIOTHERAPISTS ROLE IN SUPERVISING STUDENTS".
Institution	Muhimbili University of Health and Allied Sciences
Supervisor	Prof. Milka Madaha Mafwiri
Period	2017 to 2018

You have been permitted to collect data in respect to the undertaking of the above mentioned study.

Please ensure that you abide to the ethical principle and other conditions of yours approval.

Sincerely,



Dr. Faraja S. Chiwanga
Head of Teaching, Research and Consultancy Coordination Unit

HEAD, TEACHING RESEARCH AND CONSULTANCY UNIT
MUHIMBILI NATIONAL HOSPITAL
P. O. BOX 65000
DAR ES SALAAM


Appendices 6



Appendices 7



**CATHOLIC UNIVERSITY OF HEALTH
AND ALLIED SCIENCES
BUGANDO**



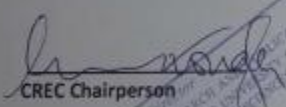
P.O. Box 1464 Phone: (255) 28-250-0881 Email: principal@bugando.ac.tz
Mwanza, Tanzania Fax: (255) 28-250-2678 Website: www.bugando.ac.tz

**CUHAS/BMC RESEARCH & ETHICAL COMMITTEE (CREC)
ETHICAL CLEARANCE FORM**


Date	29 th September 2017
Research Clearance Certificate No	CREC/249/2017
Name of researcher/PI	Dionysius Mubeezi Rwelamira
Purpose of the research	MSc. in Physiotherapy of the University of Western Cape , South Africa
Title of the Research	Exploring the Perception on the Roles of Clinical Physiotherapists in Supervising Students
Budget and Sponsor (s)	Tshs 9,600,000.00 /= Self - Sponsored
Research period	September 2017 to August 2018


Ethical clearance is hereby granted.

A progress report shall be submitted to the relevant Directorate every 6 months.




CREC Chairperson





CREC Secretary



Veronica Mkusa
Independent Consultant
P.O. Box 11617, Dar es Salaam, Tanzania
Mob: +255 754 292 682
E-mail: [ybmksa@yahoo.co.uk](mailto:ybmkusa@yahoo.co.uk); verofenesi@gmail.com

30 August 2018

To whom it may concern

Dear Sir/Madam,

RE: Editorial Certificate

This letter serves to prove that the Research listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, an Independent Consultant, a proficiency English language speaker.

Research Title

THE PERCEPTIONS OF CLINICAL PHYSIOTHERAPIST ON THEIR ROLE OF SUPERVISING UNDERGRADUATES IN SELECTED TERTIARY HOSPITALS IN TANZANIA

Author

Dionysius Mubeezi Rwelamira

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

In case you have any questions or concerns about this edited document, I can be reached through the listed telephone number and email.

Sincerely,



Veronica Mkusa,
Independent Consultant

Appendices 9



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2911 Fax: 27 21-9592911
E-mail: www.uwc.ac.za

RESEARCH ASSISTANT CONSENT FORM

Title of Research Project:

**THE PERCEPTIONS OF CLINICAL PHYSIOTHERAPISTS ON THEIR ROLE OF
SUPERVISING UNDERGRADUATES IN SELECTED TERTIARY HOSPITALS IN
TANZANIA**

The study has been described to me so that I understand what I have to do, and I agree to carry out research assistant duties for the mentioned research study. I understand that the participants' identity and all information provided to me will remain confidential.

Research assistant's name.....

Research assistant's signature.....

Date.....

Appendices 10

Original phrase during interview	After member checking phrase
Lack of preparation of clinical areas for the students' placement	Lacking of ongoing collaboration between the training part and clinical areas.
	Surprise students' clinical placements
There is a good response from supervisors and freedom of students to practice to enhance exposure	There is enough condition for students' exposure but the time spent on practicing to patient is too short. Proposed initiating time for students' exposure out of school calendar e.g during holidays
So the diversity of tasks for me I don't find it as a burden instead I find it as a pleasure.	If you approach it as hard job it will be hard. But for me it is pleasant experience, I love that and I feel so passionate when involved since supervision to me has a potential strategy for personal growth and sense of obligation towards my profession.
I will have to use the time available as the best time for supervision	For me the working time does not make me less accessible to see students because it is no where I need to put students in my routine time to profit.
So my way of supervising undergraduate students differs from one student to another in terms of their objectives.	The approach is tiresome and I usually make me to lose focus during supervision hence keeps on change the approach from time to time.
Time is the main constraints on students' supervision.	Despite, of time constraints, in supervising students, there are underlined benefits you acquire which are not obvious.
The standard supervision guideline could easily guide me during students' supervision to fulfill the students' requirement per Institute's expectation.	As a supervisor my primary role during students' clinical supervision is to empower students with practical training to enhance practical skills not otherwise.
I am not familiar with the students' supervision process and the time factor for conducting the supervision is very limited.	As you know supervising students is like being a teacher at a clinical area that requires someone who is equipped with the teaching methodology. As you can see, I am overwhelmed with patients' care; time does not suffice for supervising students.
I feel guilty conscious if I don't participate.	I am passionate in preparing the future competent therapists. I am proud of teaching students and account my success through their success.
I don't have any collaboration with the training Institute apart from participating in report writing and filling the evaluation forms after students' clinical	The collaboration is between head of physiotherapy department and the training Institute.

supervision.	
My engagement in clinical supervision is mandatory due to my institute's vision and mission of operating as a teaching institution	However, the freedom of participation need to be exercised because whoever lags behind in participation is either lacking confidence, evidence and inferiority complex to pursue the exercise or task divergence since is an extra work.
I suggest clinical supervisors to be motivated	Empowerment of supervisors with supervision knowledge and skills



UNIVERSITY *of the*
WESTERN CAPE