

Original Article

Invitation as the Cornerstone for Supervision in Nursing Clinical Placement

Jessica Hemberg, PhD, PHN, RN

Postdoctoral Researcher, University Lecturer, Abo Akademi University, Vassa, Finland

Martina Sjoblom, MSc, RN

Midwife and Nurse, Axxell, Finland

Corresponding author: Hemberg, Jessica PhD, PHN, RN, postdoctoral researcher, university lecturer, Abo Akademi University, jessica.hemberg@abo.fi

Abstract

Background: Clinical placement represents an essential part of education within nursing. Only few studies, however, have focused on the invitation of nursing students from a caring science didactic perspective.

Aims: The aim of this study is to highlight, from a caring science perspective, how invitation is figured in clinical placement according to nursing students' own understanding, in order to increase the understanding of invitation.

Methodology: The study uses a hermeneutical approach. The material consists of texts from questionnaires with nursing students in clinical placement. The texts were analyzed through content analysis.

Results: Five main categories were identified: *Preparation facilitates invitation; Information highlights invitation; Support as vital for invitation; Participation as a cornerstone for invitation; and Recognition and respect as decisive for invitation and reception.*

Conclusion: This study shows that invitation is the cornerstone for supervision. Further research in this field should focus on uncovering invitation from the perspective of clinical supervisors.

Keywords: Invitation, supervision, nursing education, students, clinical placement, questionnaires, hermeneutics, content analysis

Introduction

Nursing students' clinical supervision is characterized by on-the-job learning. Moked and Drach-Zahavy (2016) raise the issue that supervision might involve a great deal of strain on the students, since they are requested to perform nursing activities that are complex and challenging in front of different kinds of people (patients, staff and patients' close family). Therefore, the students may find vital support in the relationship with the supervisor. However, research (Hakojarvi et al., 2011) has shown that if this relationship with the supervisor does not work it may have severe negative effects on both motivation and learning process. Therefore, invitation is seen as an important part of a successful supervision process for undergraduate students within nursing. Research indicates that few studies have focused on uncovering invitation and reception of nursing students from

a caring science perspective. Since invitation and reception so far have mostly been studied from the perspective of patients, this study considers it important to increase the understanding of the significance of invitation and reception in the supervision of students in clinical placement.

Lofmark et al. (2011) indicate that the clinical environment remains important for the development of nursing students' confidence and for the fulfillment of the learning outcomes. Uldis (2008) writes that nursing clinical supervision concerns a mutual relationship between a mentee and a mentor (supervisor) working amongst the staff, for example, in a nursing ward. The student's learning outcomes and professional skills as well as knowledge (clinically speaking) may improve alongside a high-quality relationship with a supervisor (Ali & Panther, 2008; Hodges, 2009). Kilcullen (2007) indicates that receiving constructive feedback

from a mentor correlates with positive outcomes regarding supervision. Also the personality of the supervisor (being kind and trusting) has an impact in the form of less perceived anxiety amongst nursing students. According to Tveiten (2014), supervision is defined as a formal, relational and pedagogical process of empowerment for the purpose of strengthening the supervisee's mastery competence through a dialogue based on knowledge and humanistic values. That supervision is a process of empowerment means that it has a beginning and an end. Low (2011) defines supervision as a common term for guidance, supervision, consultation, mentorship, coaching and intervision. In the professional pedagogical supervision, the student is at the centre, while the supervisor is responsible for the professional nature of the conversation. Petersson (2010) indicates that supervision is a didactic development process. In other words, it is a learning perspective where the supervisee acquires knowledge through supervision, guidance and instruction. Supervision has to do with the relationship between the supervisor and the supervisee. The supervisor's attitude towards the supervisee entails a responsibility to create an accepting and affirming climate so that the supervisee feels welcome and recognized in the supervision situation. Supervision facilitates increased emotional awareness. (Petersson, 2010) Supervision and teaching are not synonymous says Ekebergh (2004). The ultimate and clear aim of teaching is learning while supervision takes into consideration the complexity of learning, and focuses on the actual learning process itself. The supervisor's task is to lead and support learning processes. Hogstrom and Tolonen (2004) indicate that students work actively by themselves to dedicate and familiarize themselves with the knowledge substance while the supervisor remains a support. Consequently, *bildung* is not simply what is learned or knowledge but skills and growth.

Doyle et.al. (2017) emphasize the importance of a welcoming workplace with a with a good work climate, where employers show a positive attitude toward nursing students. Portaankova et al. (2012) indicate that good caring is characterized by invitation as a natural part because the way in which we invite the patient to the caring relation is the foundation for ethics in healthcare. Consequently, invitation is one of the ethical basic categories that appear as the most

fundamental in the ethics of caring and care work. The ethical ideal in the caring relation can be expressed through inviting the patient as the guest of honour. In the same way, it is possible to imagine that good supervision requires an invitation of the nursing student as a guest of honour (Portaankova et al., 2012). The invitation is active and standing. A sphere of intimacy and well-being is created if a person is made to feel welcome. A welcome presupposes an invitation from someone.

Supervision can be understood as an ethical act. Supervision always involves another human being. Its quality is closely tied to ethics. Thus, the affective and ethical aspects in the supervisor's competency, as well as the capacity to reflect and being responsive, are important. (Tveiten, 2014) According to Kaariainen et al. (2016), the task of nursing students is to become acquainted with the work culture of the ward; for this they need the support of a supervisor. Supervisors have a great impact on nursing students and supervisors should therefore be aware of their attitude towards the students (Birnik, 2010). All supervision begins with an encounter between supervisor and supervisee, and this encounter is often decisive for how the supervision is experienced and develops (Blohm et.al. 2007). The supervision of nursing students in a context of close cooperation with patients should be firmly established in caritative didactics, says Ekebergh (2004), which, in turn, creates the conditions for a learning relation based on the learning communion. Caritative supervision is characterized by tact and sensitivity towards nursing students' inner world and their ways of learning and understanding. Tveiten (2014) indicates that it is important in all supervision that the supervisors believe that the nursing student has inherent development potential that can be stimulated and realized. Being a supervisor means to initially have power over nursing students because supervisors have a greater professional competence than the students and they are also more competent in supervising. This requires that supervisors have ethical competence to maintain respect for nursing students. Respect as a value in supervision creates safety in the relation between supervisor and nursing student. To have power also means having responsibility for nursing students' learning. (Tveiten, 2014) Supervisors are responsible for that their supervision is morally defensible and correct. An ethical method of

working implies ethical awareness and the ability to reflect on one's ethical attitude in different supervision situations. Supervisors should also be aware of their own resources as supervisors to be able to take ethical responsibility for the nursing students. (Kyngas, et.al. 2007)

According to Appel & Bergenheim (2005), supervisors need to find a balance between freedom and control. This means that supervisors must be sincerely convinced of that there are other fully adequate ways of acting and thinking than their own. For supervisors, it can be easy to shower nursing students with suggestions and offers of help out of sheer goodwill. This, however, prevents rather than stimulates creativity. It is also important not to force the process too much, because nursing students must have time to think about and reflect on what they have learned. Handal (2007) points out that one should not use a form of supervision in which the supervisor clearly tells the nursing students what to do and how to act and then expect them to become independent and self-sufficient when left by themselves. A good supervisor can, according to Hawkins & Shohet (2008), teach nursing students how to better use their abilities and talents.

For Ekebergh (2004), finding the students' learning power is essential in the didactic relation and supervision. Learning cannot take place in isolation in the individual nursing student but requires a context and a communion. The supervisor acts as a role model for the nursing student and the affirmative didactic attitude plays a significant part for enabling a learning communion. The teacher's task is to support the nursing student and supervisor to set goals in accordance with the qualification requirements (Kaariainen et al., 2016). Supervision can also be integrated into joint work so that the supervisor and the supervisee plan and execute the work together. To make use of the supervisee's development potential the integrated supervision, learning model, needs to be supplemented with reflecting supervision. Supervision usually extends over a specific period of time during which its nature changes. (Lauvas & Handal, 2015) According to Sandvik et al. (2012), reflection in supervision helps nursing students to integrate new understandings with previously acquired knowledge and skills. According to Ekebergh (2004), supervision is the key to reflection which in turn opens up for the learning process. Reflection creates meaning in nursing

students' world and contributes to professional development and maturity. The application of knowledge without reflection limits the development of critical thinking. If nursing students do much of their work alone they will not reflect much upon the clinical studies.

Aims

The aim of this study is to highlight, from a caring science perspective, how invitation is figured according to nursing students' understanding, in order to increase the understanding of invitation and reception of nursing students in clinical placement.

Theoretical framework

This study's theoretical framework is based on Eriksson's caritative theory as part of the caring science tradition (Eriksson et al., 1995; Lindstrom, Nystrom & Zetterlund, 2014). The human being is placed at the centre of everything and is given dignity, and while yearning to belong to a communion the human being also wants to be unique. The caritas motive represents the fundamental value, a spontaneous will to carry responsibility and sacrifice something for the other and to alleviate suffering in love (Eriksson, 2011). Caritative care may enable the patients' becoming who they are in their innermost core, that is, finding their potential and experience harmony and meaning and attain a deeper understanding of their existential questions. Eriksson and Lindstrom (2000) indicate that openness for the other carries the attributes of sensitivity and vulnerability. The invitation itself carries the objective of promise to one's own life space to illuminate the space of infinity where communion welcomes also that which we cannot understand. Eriksson (1994) indicates that the experience of not being welcome when one arrives filled with expectation always gives birth to suffering. All human beings want to feel invited and welcome in a communion, to feel that someone waits for and longs to be with them. Not being welcome, regardless if it has to do with a concrete situation or with life in general, deprives the human being of hope and joy of living. To welcome someone means showing respect and recognizing the other. Suffering always entails a violation of a human being's dignity. Lindstrom et al. (2014) indicate that a caring communion represents the meaning context of caring and originates in the ethos of love, responsibility, and sacrifice, that is, caritative ethics. Communion is the foundation

for all human life and the human being is essentially interrelated to an abstract or a concrete other in communion. Thus, supervision and caring have the same ethical foundation and require that the supervisor invites the nursing student with love and compassion so that the nursing student's dignity can be respected and preserved.

Methodological aspects

This study uses a hermeneutical approach according to Gadamer (2004). The material used for creating the proposed deeper understanding of invitation in the supervision of students consists of texts from a qualitative questionnaire study conducted among nursing students. Data was analyzed through content analysis according to Elo och Kyngas (2008).

Data material and data collection

The population in this study consisted of Finnish nursing students from the age of 16-19. An electronic questionnaire with twenty set questions was used with possibilities for open answers. A total of 148 questionnaires were sent out. The nursing students filled in the questionnaire electronically through a link that was sent to them via an electronic web-based program. Along with the link to the questionnaire an information letter was sent to the nursing students. The questions were answered by 77 nursing students. This means that the response rate in the study was 52%. This study presents only the qualitative open answers from the questionnaire. Research ethics permission was granted 15 August 2015 by the school in southern Finland (an urban area) where the study was conducted. The study follows The Finnish National Advisory Board on Research Ethics (2012).

Results

The results in this study are presented in five different categories as follows: *Preparation facilitates invitation; Information highlights invitation; Support as vital for invitation; Participation as a cornerstone for invitation; and Recognition and respect as decisive for invitation and reception.*

Preparation facilitates invitation

Students emphasize that preparation for the clinical placement is crucial for creating a good platform on which to base a successful internship. These preparations can be divided

into the preparations of the student, those of the nursing school and those of the place of the internship. The students' preparations include familiarizing themselves with the clinical placement and going through the learning outcomes and everything else that the clinical placement requires. The preparations of the school include providing adequate support and information before the clinical placement period begins. The place where the internship will take place can prepare through designating a supervisor who introduces the nursing student. Students want detailed descriptions of the learning outcomes and everything else they need to know. One participant says: *"It is good that the school talks about and carefully goes through the whole clinical placement period, what one is supposed to learn, how many hours etc, before the internship begins."* Repetition can be productive because some students relate that they have forgotten much of the information if it has been given a long time before the clinical placement. Repetition of the same information as a reminder immediately before the internship begins would be useful, as one participant suggests: *"We should have had a rehearsal one day before the training."* Another way of preparing well before the training period would be to have a schedule or a to-do-list to bring to the clinical placement. One participant expresses it like this: *"One had forgotten everything we spoke about earlier so a to-do-list immediately before the training period would have been useful ..."*

Information highlights invitation

Students indicate that information highlights invitation. Information about the clinical placement and its objectives is also seen as important. One participant says: *"A little more information about what kind of places we were talking about and information about where I was going had been useful, I only got the name of a place, nothing else."* "Good information can thus positively affect the students' own preparations, because they can better prepare for the clinical placement if they receive sufficient information about the internship. One of the students says: *"I was not able to prepare well because I did not receive clear information as to where I should be."* At the same time, lack of information can impact the clinical placement negatively and if the school has not in advance provided adequate information to the place of internship students may not be able to fulfill the learning outcomes.

This is what one participant says: *“The place of the clinical placement had not received sufficient information from school which resulted in problems [during the internship]”*

Support as vital for invitation

According to the nursing students, invitation is highlighted through support. The ones who experienced lack of support from the school explain this by the fact that they had not been allowed to choose their clinical placements themselves or that their wishes had not been considered by the school. One of the participants indicates that the cooperation with the school worked well and that questions had been answered: *“Cooperation with the school about the clinical placement has worked well and my questions have been answered.”* Participants relate that initially support was inadequate before everything fell into place, but that they later received more support. Having been designated a supervisor who is on holiday is experienced as a waste of time, as one participant bears witness to in the following quotation: *“It was a little unclear at first [when the internship began], but then three to four days later it became clearer... I have not met the supervisor because she is on holiday. I think that is a little bit strange because she knows that she has students [that she is responsible for supervising these].”* Having been designated a supervisor can be viewed as unnecessary if the student does not receive supervision from that person, as one of the participants relates: *“I was designated a supervisor who has supervised me the least [experienced as a waste]”* This can also be understood by students as having been seen in a way, but at the same time that they are not that important because the supervisor has not concerned him- or herself with them. In turn this can have a very negative effect on the students' motivation. In the same way, a designated teacher from the school during the clinical placement period is experienced as superfluous and unnecessary if this teacher is largely inaccessible. As one participant expresses: *“I think that it is unnecessary [a designated teacher from the school during the internship] because this teacher is seldom available”.*

Participation as a cornerstone for invitation

The students emphasize participation as a cornerstone for creating a sense of invitation to clinical placement. This has to do with being able to influence one's own clinical placement or even

choose it oneself. Being allowed to participate and being affirmed in this way is experienced as positive, it arouses a sense of expectation before the clinical placement. One participant writes: *“I suggested a place where I wanted to intern... I expressed where I wanted to go [which produced a positive sense of expectation].”* Not being allowed to participate in the decision-making process is experienced as negative to which one participant bears witness in the following quotation: *“Being allowed to suggest where to intern and that they also consider where one lives [the student wants].”* Another aspect of participation has to do with the distribution of trainee posts. One student describes how she was part of the distribution process of the clinical placement. Yet, this indicates that the distribution of trainee posts and the students' participation in it do not work well, despite efforts to consider the students' wishes to be part of the decision-making process. One participant puts it like this: *“I did not get the clinical placement I wanted, it turned out that someone who lives even farther away from it got it instead, and this person had not wished to have it in the first place!”* Students who are allowed to participate in the choice of clinical placement are more likely to be motivated to do it. There are probably other factors influencing nursing students' motivations for clinical placement and this is something the teacher in the school need to reflect on together with the nursing student and the supervisor.

Recognition and respect as decisive for invitation and reception

Experiences of not being seen or recognized by the supervisor have a very negative effect on the experience of invitation and reception among the students. The students perceive this through subtle signals such as the supervisor's non-verbal communication and facial expressions; as one participant expresses it: *“The supervisor did not initially smile a lot. [The student had expected and wished for the supervisor to smile]”* That the supervisor did not smile indicates that the student was not important or significant, and this is understood by the student as not being received. Students also describe how the staff treated them in a disparaging way by excluding and not inviting the students to be a natural part of the staff. This became especially obvious, for instance, during coffee breaks in the staff room and to which one participant bears witness:

"At first I felt a little like an outsider, the staff does not always think about that one may not take the risk of saying something at first, so they were just sitting there talking to each other and I just sat there and watched. [which was experienced as disrespectful by the student because the student had expected to be recognized as a member of the staff]."

Discussion

The present study highlights invitation from the perspective of nursing students through preparations that are the joint responsibility of the students themselves, the school and the place of the internship. Nursing students who have been allowed to participate in the choice of their clinical placement are more motivated for preparations and the actual internship. Nursing students need to feel prepared for their clinical placement. School is important here; by providing adequate support and information before the clinical placement begins. The present study shows that nursing students are better motivated for the internship through good preparations, information, support and recognition. It is fruitful for students if the school has agreed upon routines for how to prepare nursing students for clinical placement. The school could also reflect on the competencies that are necessary for a successful clinical placement. The nursing students' own responsibility for preparing for the internship should also be emphasized (cf. Sandvik et al. 2012). Aberg (2015) points out that nursing students are responsible for their professional development as well as for respecting the supervisor.

Previous research has shown that nursing students experience a more productive clinical placement if there is a named supervisor or mentor (cf. Hilli, 2012; Papastavrou et al., 2016; Sandvik, 2012;) who takes care of the nursing students when they arrive to the ward, introduce them to the staff and routines. This is also confirmed in the present study. Students' satisfaction with the clinical placement and their learning increases with the frequency of meetings with the named supervisor (Papastavrou et al., 2016). It is also useful to designate a reserve supervisor who takes care of the students when the first supervisor is not present. Similarly, Kristofferzon, et al. (2013) establishes the fact that the division of labour between the supervisors need to be clear so that it is clear who does what in the supervision of the nursing

students. It would be ideal if supervisors could be free from normal work tasks on the introduction day (cf. Sandvik, 2012; Hilli, 2012). A checklist or information folder could then be used, as also this study shows (cf. Kaariainen et al. 2016). To sum up, small but significant efforts are needed from students, supervisors and teachers to improve the invitation and reception of nursing students in clinical placement. Making all the parties aware of what they can do to improve the cooperation between the place of the internship and the school can help and support nursing students to have a meaningful and worthwhile clinical placement.

Doyle et al. (2017) state that nursing students value a welcoming workplace where staff and educators have a positive attitude towards them and are happy to help during the supervision period. This factor, more than any other factor, appears to have the strongest influence on student satisfaction with the clinical placement. Also Papastavrou et al. (2016) conclude that the relationship with the supervisor, according to the students, is evaluated as the most influential factor for their satisfaction with the clinical learning. A supervisor who is motivated and has a sense of support from both the workplace and the school acts to a great extent as a key person in making the student feel welcome (cf. Johansson & Olsson, 2015) and important. The supervisor and the place of the internship must be prepared to receive the nursing students and not exclude them from the work communion. Simple and obvious things are important; a smile from the supervisor means much when students feel insecure. It is important to feel expected by the supervisor, to be introduced by name to other co-workers and that the supervisor has made time for the introduction. A professional attitude as supervisor involves three requirements: competence, knowledge, empathy and self-knowledge.

Feeling welcome as a student can be compared with what Eriksson (1984) suggests in terms of that every human being needs to be in relation and feel belonging to a context where he or she is invited and welcome. The experience of not feeling welcome always causes suffering. These experiences emerge among the nursing students in this study. According to the theoretical perspective, the supervision situation requires an invitation either from the supervisor or the nursing student as well as the acceptance of the invitation. Supervision of nursing students that is

firmly established in caritative ethics is characterized by tactfulness and responsiveness, and a permissive and affirming climate. This can also produce favorable effects that increase the students' motivation. Being excluded from the communion of the staff has in a deep sense to do with not being recognized as an equal human being. This can at worst have far-reaching negative consequences on the students. It does not merely affect the students' performance and experiences of the internship in a negative way but also impacts on their view of themselves as professionals. At worst, this negative self-image (of their professional selves) causes permanent damage when they become nurses themselves. The most tragic scenario occurs if this long-term effect also negatively affects the suffering patient, if the nurse treats patients in a disparaging way, or excludes them from a communion because of a self-perceived negative professional image and an ingrained pattern of action learned during clinical placements. At best, students can see through this and turn it around, to invite the patient and use their own negative experiences in clinical placement as a deterrent.

According to Hakojarvi et al. (2011), psychological abuse is an increasing problem in the workplace and also nursing students experience it during their clinical placement. The psychological abuse of nursing students finds expression both in verbal and nonverbal communication. The psychological abuse has a negative impact on the nursing student's health and ability to work, their professional growth, their view of the profession and their career plans. This can be compared with the results in the present study which also shows that the supervisor's body language showed subtle signals that immediately violated the nursing students' sense of dignity. This form of violation is very destructive for nursing students' motivation during clinical placement. Bergqvist Mansson (2015) also emphasizes how supervisors are responsible for the nursing students' motivation and have a crucial part to play as role models for future nurses. According to Lindberg (2015), the nursing students' empathic ability has decreased. One reason for this is that students during clinical placement encounter supervisors who do not themselves reflect or have the ability to encounter patients and their next-of-kin with empathy. In this way, the students are taught an unreflecting attitude

where it is legitimate to encounter the patient without empathy. The supervisor acts as a role model for the student, both as a nurse and as a supervisor. Even though the students at first may view the supervisor's behavior as unethical, they may reevaluate it and later understand it as an acceptable way of encountering patients and students. (Lindberg, 2015)

A close, ethical and reflective supervisor-student relation is one of the most crucial factors for learning during clinical placement. This can be compared with Mykra (2007) who suggests that the supervisor is a supporter and mentor who should support and foster the personal development and sound self-esteem of the student. This presupposes that the supervisor is genuinely interested in the nursing students' professional improvement and through continuous response and evaluation supports the students. In a similar vein Sandvik (2015) indicates that the supervisor's attitude towards the students' learning and development is central to learning in supervision. This study corroborates this, but also shows that the supervisor's view of the human being and fundamental attitude to the student as a person is decisive in creating a foundation for this. Professional growth and growth as a human being therefore requires that one in one's life space as nursing student is accepted and recognized the way one is. This is similar to Ekebergh's (2004) claim that caritative supervision is characterized by tact and responsiveness before the inner world of the nursing students and their way of learning and understanding.

This study has shown that preparations before the clinical placement is important to create a good platform for the internship. The school must create conditions for the nursing students to make adequate preparations before the clinical placement begins. This includes the teaching of theory, information and repetition, as well as contact with the place of internship when the students are in clinical placement. The more flexible the cooperation is between the school and the place of internship, the better the interning students thrive. Basing the supervision on that the nursing students are responsible for themselves and their deeds is important (Tveiten, 2014). Increased awareness of the significance of good cooperation between the different parties fosters a qualitatively good clinical placement for nursing students. By, for instance, regularly

inviting the supervisors from the clinical placement to the school and vice versa for joint discussions on the supervision of the nursing students fosters cooperation.

The present study has demonstrated that *the supervisor's invitation and reception of students represents the cornerstone for creating a safe environment for students that counteracts the violation of the students' integrity during clinical placement*, upon which a qualitative supervision stands. Earlier studies (e.g., Sandvik et al. 2012) highlight lack of support from supervisors and that students often end up working alone without a guiding aim. One way of developing the experience of safety during the supervision period would, according to Hellstrom-Hyson, et al. (2012), be to create student wards at existing care units because this could develop the students' ability for critical thinking, problem-solving and taking on more responsibility and work independently. In a student ward, nursing students have the opportunity to work more independently together with other nursing students according to the model for problem-based learning. The nursing students are together responsible for patients and have the same supervisor who supervises and guides them in the patient rooms. Similarly, Felton, et al. (2012) emphasize the advantages with supervising nursing students in groups. In a safe and well-functioning group nursing students can also rely on each other and share experiences (cf. Berntsen, et.al. 2010; Felton, et.al. 2012).

This study also shows that *nursing students also wish to be respected as future colleagues*. Ford et al. (2016) write that meaningful learning can take place when the environment facilitates mutual respect and shared expectations. Anderson et.al. (2016) note that factors that present obstacles to fulfilling support to nursing students in their clinical learning include: too much workload, lack of preparation for teacher role, low awareness of the competency requirements to support students and low self-confidence in teaching.

According to Hellstrom-Hyson et al. (2012), supervision in a student ward may give students a feeling of acknowledgement and more opportunities to develop independence, cooperation and confidence. Violation of the students' dignity thus inhibits their being as viewed from the ontological health model (Eriksson et al. 1995), whereupon an inner

development towards becoming as students in their professional role cannot take place. Being allowed to take responsibility, receive response and reflection leads to development and understanding (Sandvik 2015). It is important to have a safe supervisor with whom one can reflect together because reflection is a condition for the fulfillment of understanding. Without reflection focus easily remains on the performance of technical and practical tasks, says Sandvik (2015), whereupon *bildung* fails to appear. Cooper and Ord (2014), too, emphasize the significance of reflection for students' learning during clinical placement.

Becoming in supervision could, according to the ontological understanding in this study, mean to be in movement towards becoming in *bildung*. *Bildung* is the result of this constant movement that brings together this new knowledge that can be dedicated to the student's value base which in turn results in *bildung* (cf. Sandvik, 2015).

Conclusion

This study has shown that *invitation is the cornerstone for supervision*. In order for the invitation and supervision of nursing students to work in the best possible way, preparations for the clinical placement must be made and supervisors need to be educated and supported in their task. What is more, it is important that the teacher from the school does not abandon the nursing student during clinical placement or transfer the whole responsibility to the supervisor. The teacher acts as an important part in communicating the connection between theory and practice for students in clinical placement. Further research should focus on exploring invitation from the clinical supervisors' perspective.

The work was carried out at: Abo Akademi University, Faculty of Education and Welfare studies

Department of Caring Sciences, P.B. 311, 5101 Vaasa, Finland, Email: jessica.hemberg@abo.fi

References

- Ali PA & Panther W. (2008). Professional development and the role of mentorship. *Nursing Standard*.;22(42):35-39.
- Anderson C, Moxham L, Broadbent M. (2016). Providing support to nursing students in the clinical environment: a nursing standard requirement. *Contemporary Nurse*,52(5):636-642. <http://dx.doi.org/10.1080/10376178.2016.1215774>

- Aberg C. (2015). *Learning in clinical placement* (in Swedish: *Att lära i den verksamhetsförlagda delen av utbildningen*). In: Berglund M & Ekebergh M (red). *Reflection in learning and care – a challenge for nurses* (in Swedish.) Studentlitteratur, Lund.
- Appel M & Bergenheim A. (2005). *Reflecting research supervision* (in Swedish.) Studentlitteratur, Lund.
- Bergqvist Mansson S. (2015). *Keys to a good clinical education* (in Swedish.) In: Omvårdnadsmagasinet 1/2015. Svensk sjuksköterskeförening.
- Birmik H. (2010). *Supervising conversations* (in Swedish.) Studentlitteratur AB, Lund.
- Blohm A, Andersson M, Andersson J. (2007). *Supervision in care* (in Swedish.) Bonniers, Stockholm.
- Cooper S & Ord J. (2014). Developing 'know how': a participatory approach to assessment of placement learning. *Journal of Vocational Education & Training*. 66(4):518-536.
- Doyle K, Sainsbury K, Cleary S, Parkinson L, Vindigni D, Mcgrath I, Cruickshank M. (2017). Happy to help/happy to be here: Identifying components of successful clinical placements for undergraduate nursing students. *Nurse Education Today*.49,27-32.
- Ekebergh M. (2004). *Caritative didactics in a context of close cooperation with patients – the art of supporting learning on a scientific foundation* (in Swedish.) In: Matilainen, D & Eriksson, K. (red.) *The didactics of caring science, caritative didactics in the service of caring* (in Swedish) Abo Akademi, Vasa.
- Elo S & Kyngas H. The qualitative content analysis process. *Journal of Advanced Nursing*. 2007;62(1):107-15.
- Eriksson K. (1994). *The suffering human being* (in Swedish.) Liber utbildning, Stockholm.
- Eriksson K & Lindstrom UA. (2000). (red) *Dawn, A caring science anthology* (in Swedish.) Abo Akademi, Vasa.
- Eriksson K, Bondas-Salonen T, Herberts S, Lindholm L & Matilainen D. (1995). *Multidimensional Health – Reality and Visions*. (in Swedish). Sjukvårdsdistriktet SKN and Abo Akademi University. Department of Caring Science, Vaasa; 1995.
- Finnish National Advisory Board on Research Ethics. Responsible conduct of research and produces for handling allegations of misconduct in Finland – RCS guidelines. Helsinki, Finland. Retrieved from http://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf; 2012.
- Ford K, Courtney-Pratt H, Marlow A, Cooper J, Mason R. (2016). Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses. *Nurse Education Today*. 37:97-102.
- Gadamer H-G. (2004). *Truth and Method*. First edition 1960. Second Revised Edition. London New York: Continuum.
- Hakojarvi H-R, Salminen L, Suhonen R. (2011). Spiritual violence directed at nursing staff students in guided training - a literature (in Finnish), *Hoitotiede*. 2011; 3(23):162-174.
- Handal G. (2007). *The supervisor – guru or critical friend?* (in Swedish) In: Kroksmark, T. & Aberg, K. (red). Studentlitteratur AB, Lund.
- Hawkins P & Shohet R. (2008). *Supervision in treating professions* (in Swedish.) Studentlitteratur AB, Lund.
- Hellstrom-Hyson E, Martensson G, Kristofferzon M-L. (2012). To take responsibility or to be an onlooker. Nursing students' experiences of two models of supervision. *Nurse Education Today*. 32(1):105-110.
- Hilli Y. (2012). *The project of knowledge in development* (in Swedish.) In: Hilli (red) *Knowledge in development – supervision processes in health care* (in Swedish.) Yrkeshogskolan Novia, Vasa.
- Hodges B. (2009). Factors that can influence mentorship relationship. *Pediatric Nursing*. 21(6):32-35
- Hogstrom M-B & Tolonen L. (2004). *Thinking, feeling and acting care – figuring caring from a caring science bildung ideal* (in Swedish.) In: Matilainen, D & Eriksson, K. *The didactics of caring science, caritative didactics in the service of caring* (in Swedish.) Abo Akademi, Vasa.
- Johansson B & Olsson C. (2015). *Handbook for supervisors – supervision in practical vocational work* (in Swedish:.) Komlitt AB, Helsingborg.
- Kilcullen NM. (2007). Said another way: the impact of mentorship on clinical learning. *Nursing Forum*. 42(2):95-104.
- Kristofferzon M-L, Martensson G, Mamhidir A-G, Lofmark A. (2013). Nursing students' perceptions of clinical supervision: The contributions of preceptors, head preceptors and clinical lecturers. *Nurse Education Today*. 33(10):1252-1257.
- Kyngas H, Kaariainen M, Poskiparta M, Johansson K, Hivonen E, Renfors T. (2007). *Guidance in Nursing, (in Finnish)*. WSOY Oppimateriaalit OY, Helsinki.
- Kaariainen M & Koivula M. (2016). Student guidance in practice. In: Saaranen T, Koivula M, Swedish H, Wärna-Furu C, Salminen L. *Handbook of Health Professor*. (in Finnish). Tietosanoma, Helsingfors.
- Lindstrom UA, Nystrom LL & Zetterlund JE. (2014). Katie Eriksson. Theory of caritative caring. In: Alligood, M.R. ed. *Nursing Theorists and Their work*. 8th ed. Elsevier Mosby, St. Louis, Missouri, USA, 171–201.
- Lauvas P & Handal G. (2015). *Supervision and practical professional theory* (in Swedish.) Studentlitteratur AB, Lund.

- Lindberg E. (2015). *Formal demands on nurses to lead caring* (in Swedish.) In: Arman (red). Liber, Stockholm.
- Low O. (2011). *What is supervision? Pedagogical supervision* (in Swedish) Studentlitteratur AB, Lund.
- Lofmark A, Thorkildsen K, Raholm M-B, Natvig GK. (2011). Nursing students' satisfaction with supervision from preceptors and teachers during clinical practice. *Nurse Education Practice*. 12(3):164-169.
- Mykra T. (2007). Workplace supervisor as a promoter of learning.
- Moked Z & Drach-Zahavy A. (2016). Clinical supervision and nursing students' professional competence: support-seeking behaviour and the attachment styles of students and mentors. *Journal of Advanced Nursing*. 72(2): 316-327.
- Papastavrou E, Dimitriadou M, Tsangari H & Andreou C. (2016). Nursing students' satisfaction of the clinical learning environment: a research study. *BMC Nursing*. 15(44).
- Petersson B-O. (2010). *Supervision for nurses – a learning encounter based on the patient's world* (in Swedish.) Institutionen for Halso Vaxjo.
- Portaankorva ML, Kasen A, Nystrom L. (2012). The multidimensional invitation (in Swedish.) *Nordic Journal of Nursing Research*. 32(4): 23-28.
- Sandvik A-H, Melender H-L, Jonsen E, Jonsson G, Salmu M, Hilli Y. (2012). Nursing students' experiences of their first clinical learning period – a Nordic quantitative study (in Swedish.) *Nordic Journal of Nursing Research*. 2 3(32).
- Sandvik A-H. (2012). The development process in the care unit and surgical unit of the healthcare centre (in Swedish.) In: Hilli (red) *Knowledge in development – supervision processes in health care* (in Swedish.) Yrkeshogskolan Novia, Vasa.
- Sandvik A-H. (2015). *Becoming a caring nurse – the heart of the matter in nurse education*. Doctoral thesis, Abo Akademi University, Vasa.
- Trost J & Hultaker O. (2016). *The book of questionnaires* (in Swedish.) Studentlitteratur, Lund.
- Tveiten S. (2014). *Professional supervision – more than words* (in Swedish.) Studentlitteratur AB, Lund.
- Uldis KA. (2008). Preceptorship in undergraduate nursing education: an integrative review. *Journal of Nursing Education*. 2008;47(1):20-29.