

# Clinical Supervisory Approaches That Are Perceived To Promote Or Hinder Motivation Amongst Audiology Students: A Qualitative Investigation

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## ABSTRACT

Mentoring students in the clinics through clinical supervision is a crucial part of providing them with real-world experience, but not much is known about effective supervision techniques in the field of audiology. **Background:** The purpose of this study is to explore the characteristics of clinical supervision that motivate and demotivate students' learning during their undergraduate study. **Methods:** A qualitative descriptive study approach was applied as it enabled in-depth exploration of students' opinions on supervisory approaches based on their experiences during undergraduate study. Interviews had been carried out among ten graduating Audiology students from the International Islamic University Malaysia, Kuantan. **Results:** Seven themes emerged from the qualitative content analysis which were constructive behaviour during discussion, positive interaction between students and supervisors, constructive behaviour during testing, unconstructive behaviour during discussion, unconstructive behaviour during testing, conflicting approaches between supervisors, and negative attitude towards students. **Conclusion:** Actions that negatively affect students' motivation should be identified and addressed, while actions that positively affect students' motivation should be maintained and internalized to help students advance their audiology abilities.

## Keywords:

Clinical supervision; audiology; promote; hinder; motivation

## INTRODUCTION

Clinical supervision plays a vital role in healthcare practices and clinical education to guarantee the safe and ethical delivery service (Cokely & Deplacido, 2012). The definition of clinical supervision can be summarized as the provision of guidance and feedback on matters of personal, professional, and educational development in the context of a trainee's experience of providing safe and appropriate patient care (Kilmnister et al., 2007). Clinical education is part of the Audiology curriculum for undergraduate students which takes place in university or hospital settings and normally being supervised by experienced clinicians that covers counselling and history-taking techniques, assessment methods, and the intervention of hearing impairment cases (Mormer et al., 2013).

Clinical supervision is a multidimensional and complicated process that involves the interaction between clinical educator and the student in which the clinical educator needs to train students and deliver the patients' services

simultaneously which make them encounter the logistical and pedagogical problems (Mormer et. al., 2013 & Falender & Shafranske, 2017). Several recognized models were developed to understand the concept of clinical supervision in healthcare. Proctor's model outlines the functions of supervision in nursing to be normative, formative, and restorative while in speech pathology, the Anderson's continuum model is observed which highlights the directive, collaborative, and consultative styles of supervision. In audiology, several recognized models have been described and adopted which are Deliberate Practice, Reflective Practice, Cognitive Apprenticeship and Supervision, Questioning and Feedback Model of Clinical Teaching (Dudding et. al, 2017). These supervision models agree that the level of supervision is based on the capability of the supervisees (Dudding et. al, 2017; Winstanley & White 2003).

Several themes of clinical supervision attributes have been found as helpful and unhelpful to supervisees were highlighted in medical and health science literature. Positive aspects of clinical supervision were emphasized, including professionalism, zeal, concern, mentoring and direction, active teaching techniques, students' independence and autonomy, and providing constructive criticism (Reising et al., 2018; Naidoo & Van Wyk 2016). According to Kilminster et al. (2007), clinical supervisors'

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favourable attributes—such as their ability to interact well with others, give role feedback, and having up-to-date knowledge—have a beneficial impact on students' motivation. In contrast, unhelpful qualities of clinical supervision, like the use of outdated approaches, unorganized sessions, threatening attitude, lack of practice time, and supervision in big groups were identified as potential barriers to students' motivation. (Reising et al., 2018; Killam & Heerschap, 2013). Despite the established models and recognized positive and negative supervisory attributes, there are few studies on clinical supervision in the field of audiology especially in Malaysia. Therefore, the goal of this study was to investigate the aspects of clinical supervision that both encourages and discourages undergraduate students' learning particularly amongst audiology undergraduate students at the International Islamic University Malaysia.

## MATERIALS AND METHODS

Ten participants were recruited for this study consistent with the suggestion from Milne & Oberle (2005) that proposed 10 to 20 individuals for an interview. The participants were recruited through the International Islamic University Malaysia (IIUM) Audiology alumni group in the Whatsapp™ (Google Inc, California) mobile application. The target participants were graduating Audiology students from the IIUM Kuantan Campus who had just completed their clinical training within 6 months prior to the recruitment drive. This criterion was set to ensure that the participants had the most recent memory of their experience in clinical training and would be able to provide a rich description on the study topic (Bengtsson, 2016).

A brief research information about this study was posted in the Whatsapp™ group (Google Inc, California) and personal contact was made with interested candidates who met the selection criterion. During the personal contact, detailed research information was provided to the interested candidates to ensure their full understanding of what was required of them. An online consent was obtained using the Google Form™ (Google Inc, California) before arranging for an interview. A one-to-one interview was conducted over the online platform Google Meet™ (Google Inc, California) at a time convenient to each participant. Whenever clarifications on the interviews were needed, the participants were contacted within 2 weeks from their interview session for a follow-up interview. Ethical approval was obtained from the International Islamic University Malaysia (IIUM) research ethics committee (IREC).

This study applied the semi-structured interview format

that used open-ended questions with probing questions (Ryan et al., 2009). The semi-structured questions were formed based on past study from Reising et. al, (2018) that questioned more towards the characters of clinical instructors that foster and hinder students' learning. After developing the question guide, it was translated from English into the Malay language to prevent language barrier during actual interview (Squires, 2009). The translation process was carried out by N.S. and then reviewed by the N.H and S.J. Pre-testing of the interview guide was conducted by N.S, who was undergoing training in qualitative investigation, on the first participant. A verbatim transcription was made upon completion of the first pre-test interview and was discussed with N.H. and S.J. who had experience in qualitative investigation. The unnecessary, redundant, inappropriate, and misleading questions from the transcription were modified accordingly. Additional probing questions were also created to ensure a thorough exploration of the participants' experiences. After the first modification, the interview guide was used for the second interview. During the second interview, the interview guide and probing questions were found to be optimised to explore the experiences of the participants. The finalised interview guide is as follows:

- 1) Can you begin by telling me about your experiences during your past clinical supervision?  
  
Probe: Can you explain further about...?
- 2) In your opinion, what are the factors that affect the effectiveness of clinical supervision?  
  
Probe: Can you talk more about that?; Can you give example about that?
- 3) Can you tell me about supervisory styles that you feel encourage learning during your clinical training?  
  
Probe: Can you elaborate further on the supervisory styles that encouraged you to learn?; How did these supervisory styles affect you?; Could you please give some examples?
- 4) Can you tell about supervisory styles that you feel did not encourage learning during your clinical training?  
  
Probe: Can you elaborate further on supervisory styles that discouraged you to learn?; How did these supervisory styles affect you?; Could you please give example?

Qualitative content analysis was carried out based on the

qualitative descriptive approach (Jameel, Shaheen & Majid, 2018; Sandelowski, 2000; Krauss SE, 2005). Firstly, the recorded interviews were transcribed verbatim by N.S. Then, a familiarization process occurred in which all authors read the transcripts word by word to get the whole idea of the transcription before breaking them down into smaller meaning units. The meaning units that produced the insights that the authors needed or a group of sentences or paragraphs that shared the same ideas or related ideas were identified. Then, the meaning units were condensed while maintaining the core of the units. The condensed meaning units were labelled with codes, which were then grouped based on similarities within the

context. Then codes with shared commonality were grouped into sub-categories or categories. Finally, the themes were formulated by interpreting the underlying meaning of the categories (Graneheim & Lundman, 2004).

## RESULTS & DISCUSSION

Tables 1 and 2 reveals the three themes of supervisory attributes that foster and four themes of supervisory attributes that hinder students' learning, respectively.

**Table 1:** Themes and categories for characteristics that foster students' learning. Number in brackets indicate the frequency of reported categories.

Themes	Categories
Constructive behaviour during discussion	Constructive behaviours that boost students' knowledge (3) Promote self-reflection during discussion (6) Providing feedback to students (6) Provide discussion about the sessions (7) Provide homework for student to learn (3) Informing student's mistakes after session (5) Suggesting the correct technique after commenting (2) Catching-up with students about the session (6)
Positive interaction between students and supervisors	Being approachable to students (6) Being casual with students (3) Being responsive to students' questions (5)
Constructive behaviour during testing	Remind students directly during testing (4) Remind students in respectful manner (7) Allow time for students to think during testing (6)

### Characteristics That Foster Students' Learning

#### **Constructive Behaviour During Discussion**

Under this theme, seven categories were identified. Firstly, the action of Promoting Self-Reflection was perceived as helpful practices as described in the excerpt from participant S4 of this study:

*S4 : "...and then, after the session ends, the supervisor will be like...we will reflect back what we have done just now. Supervisor will ask me like, okay, what did you learn today? From this session, what did you learn?..."*

The questions posed by supervisors seem to encourage students to think critically about themselves and encourage introspection. Apart from Promoting Self-Reflection during Discussion , Providing Feedback to Students was also regarded as positive behaviour in which

the students would be able to gauge their strength and weaknesses from their clinical sessions with supervisors. Next, majority of students viewed that Providing Discussion About the Sessions was very important for their learning as expressed below:

*S4 : "...If the supervisor conducts discussion after the session, there will be many things that we can learn..."*

*S9 : "...Having discussion is very important for me..."*

Additionally, Informing Student's Mistakes After Session was found to be useful for students' learning as described by S1:

*S1 : "...Usually after the clinical sessions, we will have discussion, and the supervisor will point out our mistakes at that time. That is okay for me..."*

Participants also revealed a few behaviours or actions that were motivating the students to improve themselves (Constructive Behaviours that Boost Students' Knowledge). These were represented by sub-categories Discussing the Significance of the Test during the discussion session, following-up with the students on the task given at the end of the clinic session (Follow-up on Task Given), and Encouraging Students To Learn More about certain aspects of testing or conditions related to the cases seen by the students.

**Positive Interaction Between Supervisors and Students**

The second theme revolves around personal interaction and communication between supervisors and supervisees. One of the behaviours that showed positive interaction between supervisors and students was identified as Being Approachable to Students. For example :

*S6 : " When we are not performing well on some days during the session, they will ask for one-to-one session, discussion after the session or after the clinic day. So, they will ask if there is any wrong with us, there's one way for us to communicate on what we actually felt during the session..."*

Apparently a casual persona during interaction with students (Being Casual with Students) also positively

influenced students to learn as revealed by participant 2:

*S2 : "...some supervisors like to tell jokes during discussion but there are not so much jokes that they share. They just want to make us feel calm and at ease..."*

**Constructive Behaviour During Testing**

Participants reported that interaction during the audiological testing session played an important part in their training. Three categories made up the third positive theme which are 1) Remind Students Directly During Testing, 2) Remind Students in Respectful Manner and 3) Allow Students to Think During Testing. As an example, the manner on reminding students' mistakes during testing influenced students' learning positively if delivered in a respectable manner (Remind Students in Respectful Manner), as described by S4:

*S4 : ...The supervisor will ask gently with a nice tone like "okay, can you check back what you have done?, "try to check back..."*

**Characteristics that Hinder Students' Learning.**

Table 2: Themes and categories for characteristics that hinder students' learning. Number in brackets indicate the frequency of reported categories.

Themes	Categories
Unconstructive behaviour during discussion	Give unconstructive homework (3)
	Unconstructive behaviours during discussion (2)
	Poor responsiveness during discussion (4)
Unconstructive behaviour during testing	Urging students to perform the test quickly (5)
	Interrupt student's session (3)
	Takes over the session completely (6)
	Takes over the session without giving the reasons (2)
	Let students make mistakes during testing (3)
	Does not suggest ways to correct mistakes (1)
Negative attitude towards students	Criticizing behaviour (4)
	Showing anger (6)
	Show dissatisfaction in many forms (5)
	Degrading behaviour (6)
	Degrading student's performance (7)
Conflicting approaches between supervisors	Conflicting approaches between supervisors (2)

### **Unconstructive Behaviour During Discussion.**

Supervisors' interaction style could also hinder students' motivation and as presented by the three categories under this theme. It was identified that students felt demotivated when supervisors persistently focus on students' mistakes (sub-category; *Only Highlighting Students' Mistakes During Discussions*) and not providing them constructive criticism (sub-category; *Providing No Suggestions to Students*) as described by S6.

S6 : "...but then even during the discussion after the session, they still like telling us that what we are doing is wrong, "you should not do this in front of the patient, you should not do that in front of the patient...Because they just told us what we did wrong, but they don't tell us what we can do instead of the mistakes that we've done. They just like "you should know what to do..."

### **Unconstructive Behaviour During Testing.**

During the training session, particularly during assessments, six participants revealed that *Taking Over the Session Completely* seems to be detrimental to learning, for example:

S6 : " ... Okay so..if I'm the tester, if I like doing something not right....doing a late presentation time, and then they just like "okay, let me do this audiometer test"...

Participant S6 also reported that the supervisor did not give adequate opportunity to overcome the difficult situations independently by taking over the clinical session. Similar views were shared by Participant S4 as she could only observe the supervisor performing the test after being taken over when she was getting confused:

S4 : "... For example, like... when I do masking during PTA, there are times that I feel confused with the steps. Once my supervisor notices me in that state, he will take over the session immediately. So, I just sit beside and observe the session until finished..."

In relation to the above, *Interrupting Students' Session* was also regarded as unconstructive behaviour during testing. In contrast, some participants (n=3) regarded

the action of *Letting Students Make Mistakes During Session* was also unhelpful.

*Urging Students to Do Test Quickly* was also considered as unconstructive behaviour in which the students would feel pressured when performing the tests as described below:

S2 : "... Then, perhaps he is impatient, so he urges me to do the test quickly like "Quick! Quick! Quick!" sometimes he will raise his voice while pushing me..."

### **Negative Attitude Towards Students.**

Under this theme, the most hindering behaviour that was perceived by students was *Showing Anger* with 24 codes in total. The action of showing anger like *Scolding Students in Front of the Patients* was the most unfavourable among the participants. For example:

S1 : "...or they will get extremely mad at us, it is not like the usual one, but their scolding is very harsh, like using harsh tone, plus they scold me in front of the patients..."

Participant S3 also shared when the supervisor scolded the participant in front of the patients, the participant felt that the clinical session was not successful:

S3 : "...and then, when the supervisor starts to raise her voice in front of patient. Like directly scolds me. It makes me feel like...like "I have done this terribly"...

Some participants disliked the behaviour of *Degrading Students' Performance* during testing by comparing between students of the same batch (*Comparing Students' Skills With Their Peers*). Additionally, *Comparing Students With Other Batches* was also reported to negatively influence students' motivation to learn. For instance, Participant S4 shared the experience of being compared with juniors when the participant's felt confused in doing basic tests:

S4 : "...while doing acoustic reflex, ...sometimes I feel blurred doing the test...then, my supervisor likes...comparing me with junior. He says, "your junior can do this, why are you still doing the same mistakes, the basic ones?..."

Then, *Criticizing Behaviour* was also expressed to negatively influenced the students' motivation to learn:

S1 : "...However, when the supervisor starts saying some words that can hurt us like "if you're still like this, you think you can pass the clinics?..."

*Criticizing Students' Mistakes In Front of Patients* was reported to also demotivate students to learn:

S6 : "...we prefer to do like one ear first and then second ear. But then the supervisor would like, "no, you can't do this, you need to do like this, you need to do this and this". So, it's like actually really like ruin the rhythm of .....my performance at that time..."

### ***Conflicting Approaches Between the Supervisors***

The supervisory style that was unfavourable to some participants was *Conflicting Approaches Between the Supervisors*. Students felt confused about which methods to utilize throughout clinical sessions because different supervisors had taught different approaches.

From these findings, primary theme of clinical supervision that highly influenced the students' motivations was the *Constructive Behaviours During Discussion*. During the discussion, the students were asked by supervisors to reflect on their actions and overall conduct of the sessions and everything that they learnt. Andrews (1996) stated that incorporating the reflection in learning activity will make the learning process become purposeful and intentional with the purpose of changing behaviour. Through practicing self-reflection, students will recognize their own strengths, weaknesses, and what they should strive for to improve themselves.

Providing room for discussion to students was found to be very meaningful for students. This is when students get the opportunity to ask supervisors and seek clarification. Because the patient's appointment time is being prioritized for service delivery, students may not have many opportunities to ask supervisors questions during testing sessions. At the same time, *providing feedback* during discussion is crucial as students will gain insight into what they performed correctly or poorly as well as the implications of their actions

(Ramani & Leinster, 2008). According to Dudding et.al (2017), providing objective and non-evaluative feedback on clinical performance intend to enhance students' clinical skills. In delivering the feedback, there are certain aspects that supervisors should be aware of such as the form of feedback, intonation, and use of words. From this study, students preferred that their supervisors would first highlight their strengths before discussing their weaknesses.

Regarding the supervisors' behaviours during testing, one of the behaviours that is mostly mentioned by participants is pointing out mistakes of students. It is found to be both constructive and unconstructive behaviour for learning. While some participants preferred to be able to complete the tests without any interruptions, others preferred their mistakes to be immediately pointed out during the test. Pointing out errors during a session implies that the students will be corrected in front of clients, which some participants felt had a negative effect on their learning. Jarski et al. (1990) corroborated this, observing it as a behaviour that hinders learning. This study also showed that most students could accept if their supervisors pointed out the mistakes they made in a constructive way, including by speaking in a calm tone, avoiding interruptions, and providing a suitable form of encouragement. As mentioned by Sahl ibn Sa'd who reported that The Messenger of Allah, peace and blessings be upon him, said, "The believer is friendly, for there is no good in one who is not friendly or befriended." (Musnad Aḥmad 22840).

Lastly, the *conflicting approaches between the supervisors* may negatively affect the students' motivation to learn as it will lead students to confusion to follow the best approaches for their clinics. The differences in approaches that participants reported to be unhelpful could be similar to the theory-practice gap observed in clinical training in nursing in which there is a difference between what is taught in the classroom and what is practiced. In addition, the dissimilarity in principles or protocols and guidelines of practice in the clinical setting and those learnt by students may lead to a theory-practice gap (Kaphagawani, 2015).

### **CONCLUSION**

In conclusion, perceived supervisory behaviours during the testing and discussion sessions can have a positive or negative effect on IUM audiology students' motivation to study, indicating a major influence on their attitude toward learning. In addition to focusing on and correcting behaviours that hinder students' learning, supervisors should identify the qualities that would benefit students during training. Enhancing supervisory techniques can be achieved through an organized training session that includes a discussion on harmonizing opposing perspectives.

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## REFERENCES

- Andrews, M. (1996). Using reflection to develop clinical expertise. *British Journal of Nursing (Mark Allen Publishing)*, 5(8), 508–513. <https://doi.org/10.12968/bjon.1996.5.8.508>
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 2, 8–14. <https://doi.org/10.1016/j.npls.2016.01.001>
- Cokely, C. G., & DePlacido, C. G. (2012, February). Fostering reflective skills in audiology practice and education. In *Seminars in hearing* (Vol. 33, No. 01, pp. 065-077). Thieme Medical Publishers.
- Dudding, C. C., McCready, V., Nunez, L. M., & Procaccini, S. J. (2017). Clinical supervision in speech-language pathology and audiology in the United States: Development of a professional specialty. *Clinical Supervisor*, 36(2), 161–181. <https://doi.org/10.1080/07325223.2017.1377663>
- Falender, C. A., & Shafranske, E. P. (2017). Competency-based Clinical Supervision: Status, Opportunities, Tensions, and the Future. *Australian Psychologist*, 52(2), 86–93. <https://doi.org/10.1111/ap.12265>
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Jameel, B., Shaheen, S., & Majid, U. (2018). Introduction to qualitative research for novice investigators. *Undergraduate Research in Natural and Clinical Science and Technology Journal*, 2, 1-6.
- Killam, L. A., & Heerschap, C. (2013). Challenges to student learning in the clinical setting: A qualitative descriptive study. *Nurse Education Today*, 33(6), 684–691. <https://doi.org/10.1016/j.nedt.2012.10.008>
- Kilminster, S., Cottrell, D., Grant, J., & Jolly, B. (2007). AMEE Guide No. 27: Effective educational and clinical supervision. In *Medical Teacher*. <https://doi.org/10.1080/01421590701210907>
- Krauss, S. E. (2005). Research paradigms and meaning making: A primer. *The qualitative report*, 10(4), 758-770.
- Mormer, E., Palmer, C., Messick, C., & Jorgensen, L. (2013). An evidence-based guide to clinical instruction in audiology. *Journal of the American Academy of Audiology*, 24(5), 393–405. <https://doi.org/10.3766/jaaa.24.5.6>
- Musnad Ahmad 22840, Tarikh Musnad Al Ansar.
- Milne, J., & Oberle, K. (2005). Enhancing rigor in qualitative description. *Journal of Wound Ostomy & Continence Nursing*, 32(6), 413-420.
- Naidoo, D., & Van Wyk, J. (2016). Fieldwork practice for learning: Lessons from occupational therapy students and their supervisors. *African Journal of Health Professions Education*, 8(1), 37. <https://doi.org/10.7196/ajhpe.2016.v8i1.536>
- Reising, D. L., James, B., & Morse, B. (2018). Student Perceptions of Clinical Instructor Characteristics Affecting Clinical Experiences. *Nursing Education Perspectives*, 39(1), 4–9. <https://doi.org/10.1097/01.NEP.0000000000000241>
- Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: The one-to-one interview. *International Journal of Therapy and Rehabilitation*, 16(6), 309–314. <https://doi.org/10.12968/ijtr.2009.16.6.42433>
- Sandelowski M. (2000). Whatever happened to qualitative description? *Research in nursing & health*, 23(4), 334–340.

[https://doi.org/10.1002/1098-240x\(200008\)23:4<334::aid-nur9>3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4<334::aid-nur9>3.0.co;2-g)

Winstanley, J., & White, E. (2003). Clinical supervision: models, measures and best practice. *Nurse Researcher*, 10(4), 7–38.  
<https://doi.org/10.7748/nr2003.07.10.4.7.c5904>

Kaphagawani, N. C. C. (2015). *Nursing students clinical learning experiences in selected colleges in Malawi: a model to facilitate clinical learning* (Doctoral dissertation).

Ramani, S., & Leinster, S. (2008). AMEE Guide no. 34: Teaching in the clinical environment. *Medical teacher*, 30(4), 347-364.

Jarski, R. W., Kulig, K., & Olson, R. E. (1990). Clinical teaching in physical therapy: Student and teacher perceptions. *Physical Therapy*, 70(3), 173–178.  
<https://doi.org/10.1093/ptj/70.3.173>

Squires, A. (2009). Methodological challenges in cross-language qualitative research: A research review. *International Journal of Nursing Studies*, 46(2), 277-287. doi:  
<http://dx.doi.org/10.1016/j.ijnurstu.2008.08.006>