Abstract

Background
The one-to-one style of mentorship of pre-registration nursing students has been identified across the globe as not always fulfilling the requirements of the profession or the individual. In recent years, there has been a move toward a coaching-based style of student supervision. This shift in supervision is welcomed by regulatory bodies and is supported in the UK by the NMC (2018).

Methodology
A structured state-of-the-art review was used to assess the impact of a coaching-based style of student supervision on staff and students' experiences of clinical placements. 14 papers, published between 2007 and 2020 were reviewed, and data was extracted using thematic analysis

Findings
Three themes were established; a, the relationship between students and registered staff in clinical practice, b, student autonomy and c, change management.

Conclusion
The use of a coaching style of student supervision is widely beneficial to nursing culture. The enhanced quality of the working relationship between staff and students serves to create more autonomous, critical, and skilled staff nurses in the future.

Introduction

Recent reports highlight shortcomings in the one-to-one style of pre-registration student mentoring, referring to staff burden when mentoring students, collusion, and challenges in failing students (Cavendish, 2013; Bennett and McGowen, 2014; Bhurtun et al., 2019). Student satisfaction, whilst on placement, is linked to feeling like a valued member of the team, as well as the availability of varied and relevant learning opportunities (Jokelainen et al., 2011). This was highlighted by a Royal College of Nursing report (RCN, 2015) expressing concerns regarding the current format of mentorship for pre-registration nurses in the UK (RCN, 2015). This is supported by a national review of nurse education in the UK undertaken by Willis (2012). The report recommended that the Nursing Midwifery Council (NMC) move away from the one-to-one style of student supervision and instead, adopt a means of mentorship centred around the coaching based Collaborative Learning in Practice (CLiP) approach (University of East Anglia, 2014).

The coaching approach allows students to work toward undertaking the direct care of patients with the supervision of registered staff, subsequently learning skills of management and leadership much earlier on in their programme. This model suggests that students feel more empowered, learn to practice safely, use their initiative, and refer to evidence-based practice more readily (Underwood et al., 2019). The emphasis is placed on students taking a more proactive role in their education, with registered staff ensuring they are guided in their learning, rather than having knowledge and teaching simply delivered to them (Narayanasamy and Penney, 2014). Table 1 highlights the roles within this model of supervision within practice.

Table 1 Insert Glossary of terms used within Coaching Model of Supervision

As an example, Health Education England (2016) discuss the CLiP approach which involves the allocation of up to 22 students (fewer when appropriate) to a practice placement setting, utilising the coaching method. It is then advised that students are separated into small groups of up to 3, from all year groups, under the supervision of a coach, to deliver holistic care to their patients (Lobo, Arthur and Lattimer, 2014). This includes essential clinical skills, documentation, and ward rounds amongst other skills. In this environment, students can follow their patient's 'journey', by visiting specialist bays, observing theatre cases, and partaking in specialised treatments, thus expanding their knowledge and experience.

Methodology

This study uses a State-of-the-Art literature review methodology to synthesise the evidence, it brings together qualitative and quantitative research that have a shared focus (Grant and Booth, 2009). When establishing the focus within a State-of-the-Art Review, it is important to consider its searchability in relation to the evidence-base (Cronin, Ryan, and Coughlan, 2008; Grant and Booth, 2009). Avoiding topics of too broad, or indeed too specific a nature, is an effective means of avoiding too many or too limited search results (Riva et al., 2012; Stern et al., 2014). Richardson et al. (1995) recommend the use of their four-stage process to enable the formulation of precise and searchable terms, utilising four key aspects; the patient/problem (P); the intervention/exposure (I); the comparison intervention/exposure (C), if appropriate; and the outcome (O), forming the PICO tool (Table 2).

Insert Table 2 here

As seen in Table 3, search terms were generated using the PICO tool and were applied to the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Morgan (2018) states

that CINAHL contains references from over 3000, biomedicine and healthcare journals utilising almost 4 million records dating back to 1971; an eclectic collection which justifies the use of CINAHL in gathering evidence for this review.

Insert table 3 here

The application of exclusion and inclusion criteria for search engines provides a clear guideline as to the standards and specific of research that will be used in a literature review (Abrami, Cohen, & d'Apollonia, 1988). In this instance, the use of a filter to only include search results from 2007 to 2020, and a filter to exclude results from outside the UK and Ireland garnered 40 results, of which, following the removal of duplicates, 7 were relevant. More evidence was gathered through the searching of reference lists and an element of handsearching.

Findings

As there was a noteworthy limitation of high-quality evidence on the use of coaching as a means of student supervision in the initial search, a pragmatic approach was adopted to ensure this review could be completed. Therefore, the use of single case studies, expert editorials and background papers have been utilised despite the methodological quality being somewhat diminished, this is aligned with a State of the Art methodological process (Grant and Booth, 2009).

From these papers, thematic analysis was used to obtain data and identify three central themes:

- the relationship between students and registered staff in clinical practice.
- student autonomy whilst in clinical practice.
- change management.

Insert Table 4 here

The impact of coaching styles of student supervision on the relationship between students and registered staff in clinical practice

Student perceptions of their clinical learning environments are improved by positive relationships between pre-registration nurses and registered staff, as described by Levett-Jones et al, (2009). This is supported by Irwin, Bliss and Poole (2018) (Table 4) who note that an interpersonal relationship is key to facilitating students' learning in clinical practice and ensuring effective co-operation between supervisors and students, enhancing the autonomy of nursing students. Rowbotham and Owen (2015) acknowledge that supervisors are essential to the functioning of this relationship, and should support students by offering suggestions for improvement, identify strengths and limitation, communicate expectations, give positive reinforcement, and correct, without belittling. Nursing education has, however, placed emphasis on the role of students in this relationship, placing a focus on student independence and promoting students being active participants in the mentoring relationship (Andrews and Chilton, 2000).

Research by Lobo et al. (2014) (Table 4) reports that prior to a trial of the CLiP style of student supervision, nurses had previously described students as being a 'burden' and express apprehension towards working with them. Perry, Henderson and Grealish (2018) (Table 4) explain this - staff have enough to worry about with the increasing acuity of patients and limited staffing. Similar issues have been found with nursing preceptorship, with studies showing that 15% of newly qualified staff did not value preceptorship citing that patronisation, preceptors lacking motivation and preceptors feeling unable to refuse preceptorship contributed to a reduced quality in the preceptor/preceptee relationship (Irwin, Bliss and Poole, 2018).

Interestingly, participants in this study believed that using multiple preceptors, as CLiP does with supervisors and students, would reduce personality issues in the relationship and expose the preceptee to a wider view of practice due to the increased flexibility of the working relationship between students and supervisors.

In a comparison between one-to-one, two-to-one and three-to-one mentorship, it was found that one-to-one placements offer more opportunities to observe students and provide more individualised feedback (Martin et al., 2004), experiences which, as previously discussed, work toward building an enhanced relationship between the student and educator (Rowbotham and Owen, 2015). There is, however, a view that the interpersonal relationship seen in some cases of one-to-one mentoring has made it difficult to assess students effectively. Bennett and McGowen (2014) recognise that there is a culture of mentors 'failing to fail' due to building strong interpersonal relationships with students. The concept of 'failing to fail' in nurse education was first discussed following a grounded theory research study conducted by Duffy (2003). This initial study highlighted that assessors could be reluctant to fail students despite insufficiencies in their competence (Duffy, 2003). This is attributed, in part, to staff feelings of guilt owing to a lack of sufficient time spent with students due to staff shortages and work pressures (Duffy, 2004; Duffy and Hardicre, 2007a: Duffy and Hardicre, 2007b). These claims are affirmed by Health Education England (2016) (Table 4) who note that 67% of staff find that due to the demands of 1:1 mentoring as registered practitioners, they do not have time to complete practice assessment documentation to the extent they feel is needed.

A case study by Health Education England (2016) demonstrates that CLiP can alleviate the pressure on practice supervisors by creating the separate role of practice assessor; this increase in staff involved in the education of students releases supervisors of the constant responsibility of overseeing students, leaving them with more time to complete student documentation during work hours. Underwood et al. (2019) (Table 4). developed on this point by stating that due to

students being supervised by several registered staff, the coaching approach makes assessment simpler by reducing staff anxiety and easing the perceived burden of students (Leigh, Littlewood and Heggs, 2018). This is further aided by the role of peer assisted learning in CLiP; the increase in student dependence on each other reduces the likelihood of conflict in the relationships between students and assessors (Clarke, Williamson and Kane, 2018) (Table 4). When practicing within the principles of CLiP, students take more ownership of their learning and become more autonomous removing the pressures described by Bennett and McGowen (2014) (Table 4). Moreover, Chaffe et al. (2013) (Table 4) highlight that both staff and students demonstrated an increased sense of self-awareness during the programme in relation to developing relationships, not just between the involved parties, but across the multidisciplinary team (MDT).

Hill, Woodward and Arthur (2020) (Table 4) present a contrasting view, suggesting that CLiP may have a detrimental effect on nurse/student relationships because there is less chance to develop one-to-one interpersonal relationships. Jokelainen et al. (2011) (Table 4) has established that this type of relationship had proved to be beneficial for staff and students, something seen in the previous style of mentorship (Bennett and McGowen, 2014). In response to this, Mort et al. (2017) imply that the type of peer assessment promoted by CLiP encourages positive interpersonal relationships between students, with little or no negative impact on the relationship between registered staff and student nurses.

Ultimately, the evidence suggest that the coaching model has a significantly positive impact on the relationship between staff and students. Testimonies collected by Power and Wilson (2019) (Table 4) describe the relationship as one of ‘partners in care’, stating that this is built on trust, mutual respect, and professionalism. Similarly, Byrne (2007) (Table 4) had described the coaching relationship as ‘non-judgemental and non-directive’ adding that staff take away

skills such as clarity of thinking, commitment to action and enhanced communication skills, improving wider nursing culture.

The impact of coaching styles of student supervision on student autonomy whilst in clinical practice

The 2012 Willis Report identified several areas for improvement as a means of reinforcing the significance of nursing as a profession. One theme established by the report was what Willis (2012) described as 'learning to nurse', and the importance of gaining authentic clinical experience as fundamental in developing an autonomous nursing workforce. Chaffe et al. (2013) recognised that self-awareness and development are among the founding principles of a coaching model and this is noted across the literature. Practising in a genuine clinical environment, as recommended by Willis (2012), offers students a realistic learning experience in which they can interact with and care for their patients relatively independently from their supervisors (Liljedahl et al., 2016). Byrne (2007) describes coaching as an empowering approach to nursing, which offers the workforce motivation and inspiration, in turn developing staff and student autonomy. The emphasis coaching places on autonomy can assist nurses to engage in productive partnerships with their patients, reducing the negative ramifications reported by Kak, Burkhalter and Cooper (2001).

Hirdle et al. (2020) found that the implementation of a coaching model as a means of student supervision is rewarding for registered staff, developing their communication skills as well as their commitment to action in practice (Byrne, 2007). Correspondingly, students have been seen to develop their own critical analysis as well as their leadership and management skills when practising within a coaching model, developing their autonomy through authentic clinical

practice (Underwood et al., 2019). Furthermore, the basis of the coaching framework is a philosophy whereby professionals are encouraged to provide solution focussed care, assume responsibility by placing the central focus on patient care (Lobo, Arthur and Lattimer, 2014).

Coaching is an effective approach for individual professional development as seen in an evaluation of CLiP by Hill, Woodward and Arthur (2020). Students on a CLiP placement felt an increased sense of autonomy and self-efficacy when utilising coaching and peer supervision (Hellström-Hysona, Märtenssonab and Kristofferzonab, 2012), whilst those mentored in the previous one-to-one method felt that they were overlooked in their role and made no significant development in their clinical practice. Additionally, CLiP placements have been found to promote greater self-awareness in student nurses, which Chaffe et al. (2013) attribute in part to the significance of reflection in the CLiP model. Reflection is an essential part of nursing as it demonstrates a clear commitment to development and improving on practices in healthcare (Naicker and van Rensburg, 2018).

Irwin Bliss and Poole (2018) stated that newly qualified nurses feel that at the point of registration, their practical skills and clinical knowledge is somewhat lacking. Literature suggests that a coaching model of supervision assists students with this as they begin the transition to a registrant (Power and Jewell, 2018) (Table 4). Coaching is particularly useful during this period as pre-registration nurses can find transitioning into the role of a registrant challenging and overwhelming, however the sense of belonging and heightened independence offered by a coaching model has reportedly made this easier across several studies (Power and Jewell, 2018; Hart, 2019).

Perry, Henderson and Grealish (2018) acknowledge that in their role as supervisors, nurses require up to date and relevant knowledge of their students' ability in order to promote a gradual increase in student independence. This can be difficult within a coaching framework due to the involvement of multiple students and nurses and the increased flexibility of rostering (Perry, Henderson and Grealish, 2018). This is supported by Millington et al. (2019) (Table 4), who found that students felt working in a style of supervision like CLiP was beneficial during the initial stages of placement due to supported peer learning, however felt one-to-one mentorship allowed for greater autonomy. This was explained in the study as being a result of the perceived lack of individualised feedback received by students, hindering the interpersonal nature of the relationship and consequently decreasing the likelihood of increased autonomy. Evidence shows that such interpersonal relationships can heavily influence a student's confidence and willingness to be more self-directed in their practice (Perry, Henderson and Grealish, 2018) (Levett-Jones et al., 2009).

Change management during the implementation of a coaching style of student supervision.

The process of change management in clinical practice can be delicate, with the way change is implemented affecting its ultimate efficiency and sustainability (Leigh, Littlewood, and Heggs, 2018). In order to make it easier for staff and students to accept change, it must be implemented widely and consistently (Underwood et al., 2019). This is especially true when trying to amend the current system of mentoring which is widely embedded across nursing culture. Hirdle et al. (2020) highlighted in their study that staff may struggle with the challenges of moving from previous one-to-one style of mentorship relationship to a coaching approach.

Emphasis must be placed on the significance of effective leadership and management in order to secure a shift in mindset from the traditional mentorship model to a coaching model (Clarke, Williamson, and Kane, 2018; Leigh, Rutherford, Williamson, 2017). Moving to a new model of supervision should be an opportunity for a measured and resourced implementation of change management and not an ineffective ill-considered resolution to staffing issues regarding student supervision (Clarke, Williamson, and Kane, 2018). Hill, Woodward and Arthur (2020) support this and identify the need for a positive culture if there is a change to the supervision of students in practice; a culture which is accepting of and adapts well to change and is focused on learning (Mort et al., 2017); strong and supportive management was considered to be fundamental in the successful implementation of the coaching model (Mort et al., 2017). According to Levett-Jones et al. (2009) teamwork is advantageous in ensuring the coaching framework is implemented effectively. This includes the preparation and education of the full MDT surrounding the principles of coaching (Chaffe et al., 2013). McCusker & Welply (2020) make the case that whilst the procedural aspects of coaching are easily adopted, the attitudinal aspects require greater acculturation. Leigh et al. (2018) add to these suggestions, highlighting that effective communication, consultation, engagement with those involved with students' clinical learning experience helps to establish a culture that welcomes change and a sense of belonging for all parties from the outset. Whilst a coaching model can enhance nursing culture, it can only truly thrive in a pre-established positive culture (Byrne, 2007).

The need to prepare involved parties prior to the implementation of a new model of supervision was explored by Narayanasamy and Penney (2014) who, whilst acknowledging the importance of effective leadership, report that for coaching to be effective, there must be sufficient

engagement by students and coaches. Research has shown that insufficient preparation of the learning environment and lack of commitment from staff can be barriers to introducing a coaching model (Hirdle et al., 2020). Nelson et al. (2004) documented the significance of effectively preparing staff nurses for their role as coaches, to ensure their effectiveness. Henderson et al. (2010) suggest that preparation is an effective means of increasing staff and student commitment to a new model of supervision. The findings of Hill, Woodward and Arthur (2020) seem to suggest that preparation of both pre-registration and registered nurses in the initial application of the CLiP model were insufficient. They propose the need for a more standardised approach to preparation in order to better facilitate implementation and increase engagement.

Leigh et al. (2018) describe coaching as a system which requires behavioural change, encouraging people to develop their own solutions to problems in practice. Likewise, Hirdle et al. (2020) note the transferability of coaching outside of student supervision warrants its use across nursing practice and can ensure change is navigated effectively in a way which is beneficial for staff.

Limitations

Little reference is made to the role of first years in coaching models and in some studies, they are not involved at all (Chaffe et al., 2013). Whilst the same degree of autonomy expected by third years is not expected by novice students, it is not beyond reason to believe that in a coaching environment, first years could be overlooked (Hill, Woodward and Arthur, 2020).

Conclusion

The implementation of a coaching model of student supervision is beneficial to nursing culture. With careful implementation and sufficient preparation in clinical areas, the enhanced quality of the working relationship between staff and students serves to create more autonomous, critical and skilled staff nurses in the future. Ultimately, it is the effect this approach will have on patient care which earns its merit. An autonomous and safe workforce with a strengthened team ethic and wider understanding of each other's roles, as well as the roles of other professionals, promotes a positive culture with patient care at the centre.

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