An Exploration of Canadian Physiotherapists' Decisions about Whether to Supervise Physiotherapy Students: Results from a National Survey

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ABSTRACT

Purpose: To explore Canadian physiotherapists' perceptions of the factors that influence their decisions whether to supervise students in clinical placements. **Methods:** Using accepted survey development methodology, a survey was developed and administered to 18,110 physiotherapists to identify which factors contribute to the decision to supervise students. The survey also gave respondents opportunities to provide comments; these were analyzed via directed content analysis, using the factors identified in an exploratory factor analysis as an organizing structure. **Results:** A representative sample of 3,148 physiotherapists responded to the survey. Qualitative analysis of respondent comments provided a rich understanding of the factors contributing to the decision on whether to supervise students, which centred on themes related to stress, workplace productivity, the evaluation instrument, student preparation, and physiotherapists' professional roles and responsibilities. Challenges specific to loss of income and the ethics of charging for student services in private practice were also identified. **Conclusions:** Supervising students can be stressful, and stress is perceived by respondents to be most influential in deciding whether to supervise students. Effective supervisor training may mitigate some of the stresses related to supervising students. A collaborative approach involving all stakeholders is needed to resolve the issues of student placement capacity.

Key Words: factor analysis; internship and residency; preceptorship; students; survey.

RÉSUMÉ

Objectif : Explorer les perceptions que les physiothérapeutes du Canada ont des facteurs qui jouent sur leur décision d'accepter ou non de surveiller des étudiants en stage clinique. **Méthodes :** On a utilisé une méthodologie reconnue de création de sondage pour créer un sondage et l'administrer auprès de 18 110 physiothérapeutes afin de dégager les facteurs qui contribuent à la décision d'accepter ou non de superviser des étudiants. Le sondage a aussi permis aux répondants de formuler des commentaires dont on a analysé directement le contenu. On a utilisé comme structure les facteurs dégagés à la suite de l'analyse exploratoire des facteurs. **Résultats :** Un échantillon représentatif de 3 148 physiothérapeutes a répondu au sondage. L'analyse qualitative des commentaires des répondants a enrichi la compréhension des facteurs qui contribuent à la décision d'accepter ou non de superviser des étudiants, qui pivotait sur des thèmes liés au stress, à la productivité du lieu de travail, à l'instrument d'évaluation, à la préparation des étudiants et aux rôles et responsabilités professionnels des physiothérapeutes. Les répondants ont aussi mentionné des défis particuliers au manque à gagner et à l'éthique de la facturation de ce service d'étudiants dans la pratique privée. **Conclusions :** La supervision d'étudiants peut être stressante et les répondants considèrent le stress comme le facteur qui a le plus d'influence sur leur décision d'accepter ou non de superviser des étudiants. Une formation en supervision efficace peut atténuer une partie du stress lié à la supervision d'étudiants. Tous les intervenants doivent se concerter pour régler les enjeux liés à la capacité de placement d'étudiants.

Clinical education (CE) is critical to physiotherapy education; it allows students to develop and apply classroom knowledge, skills, and behaviours in a clinical setting under the supervision of a registered physiotherapist.¹⁻⁷ By developing students' professional socialization,⁸ CE helps to prepare them for entry into the work-

force.⁶ Integral to CE is the willingness of supervising physiotherapists, or clinical instructors (CIs), to provide quality placement experiences. A meaningful and positive learning environment is created when CIs have time available for discussion and provision of feedback, form

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good interpersonal relationships with their students, and are enthusiastic about teaching.⁷

In physiotherapy, as in many other health science programmes in Canada and elsewhere, quality clinical placements are in short supply.^{1,7,9,10} Staff shortages, increased patient acuity and health care complexity, reorganizations of health care delivery, and lack of funding have reduced clinical placement opportunities.^{10–12} In addition, anecdotal reports have indicated that the Clinical Performance Instrument (CPI),¹³ currently used to evaluate students on clinical placements in Canada, has a negative impact on physiotherapists' willingness to supervise students.

The shortage of clinical placement opportunities is significant for physiotherapy university programmes in Canada and abroad, which have steadily increased student enrolment to meet health workforce needs.^{10,14,15} As physiotherapy programmes grapple with placement shortages, understanding the factors that influence physiotherapists' supervisory decisions is a critical first step in addressing them.

Current literature specifically addressing Canadian physiotherapists' attitudes toward and opinions on CE is limited to small-scale qualitative studies not necessarily generalizable to the physiotherapy population or the Canadian context.¹⁶ A recent Canadian study highlighted stress related to time and space limitations, apprehension about challenging students, and the decreased flexibility associated with having a student as significant barriers to supervision. Employer support and workplace culture seemed to affect physiotherapists' perceptions of the barriers to and benefits of supervising students and often contributed to their decisions.¹⁶

Similar themes of increased stress, the need for employer support, and lack of recognition and direct benefit to CIs recur in previous international work.^{1,8} All, however, take the perspective of public-sector physiotherapists actively supervising students. We have found no Canadian studies in which the views of private practitioners or those of physiotherapists who do not participate in CE are represented, even though a significant number of practising physiotherapists in Canada fall into these two groups.¹⁵ Lack of empirical evidence on physiotherapy CE in Canada makes it difficult for educators and policymakers to reach informed decisions about CE, building placement capacity, or student evaluation. Comprehensive, generalizable empirical evidence on the factors that may contribute to physiotherapists' decisions about becoming involved in CE is needed; therefore, the overall goal of our study was to provide a national, cross-sectional perspective on CE-related issues affecting Canadian physiotherapists in public and private practice.

This article presents results on the qualitative component of a national survey study that identified the factors contributing to physiotherapists' decisions on whether to supervise physiotherapy students. The development of the survey instrument and statistical analysis

of survey data are presented in detail elsewhere;¹⁷ this article focuses on the qualitative analysis of respondent comments, using the identified factors as an organizing structure.

METHODS

Survey instrument

A review of the literature on physiotherapy CE highlighted several themes related to clinical placements. Augmented by anecdotal reports from Canadian physiotherapists, these themes became constructs to be measured. Using standard survey and item development methodology,^{18–20} we developed a 53-item survey (see Appendix 1 online) to measure four main constructs: personal and professional, context, evaluation, and student. The survey used a 5-point Likert-type scale with only the extreme anchors (*strongly agree* and *strongly disagree*) labeled. Survey validation procedures involved review by an expert panel consisting of the academic coordinators of clinical education (ACCes) and assistant ACCes from 14 Canadian physiotherapy programmes, as well as survey pretesting with a small sample of clinicians from diverse clinical areas.^{19,21} To ensure that the survey fully captured the contributors to the decision to supervise a student, respondents were also given the opportunity to provide additional comments.

Participant recruitment

Each of the 11 regulatory colleges in Canada sent a link inviting participation in the online survey via email to all actively practising Canadian physiotherapists registered with the college ($n = 18,110$). The survey was completed anonymously; completion of the survey implied consent. The survey remained open for 3 weeks. The number of reminder emails sent by the regulatory colleges varied, but each college circulated at least one reminder. Ethics approval was granted by the University of Alberta Health Research Ethics Board.

Data analysis

Respondent comments were analyzed using directed content analysis (DCA) to generate validation evidence.²² In this study, the six factors identified in the exploratory factor analysis represented the theoretical framework to be validated.¹⁷ One author with experience in CE (MH) coded respondents' comments deductively, using the six identified factors as the organizing structure; the factor items served as operational descriptors for the code. Items not explicitly represented by the six factors were flagged and analyzed after initial coding. The flagged comments were examined to determine whether they fit within the six-factor coding structure or whether they represented a new category; when possible, new categories were aligned with the existing factors. In an effort to enhance procedural rigour and address trustworthiness, we then conducted a peer debrief and external audit; as part of this process, an external consultant, a

Table 1 Survey Response Rates by Province and Territory, Number of Supervisors Active in the Previous 3 Years, and Percentage of Surveys Completed in French*

Province/territory	No.		% response rate	No. (%) active in past 3 years	% completed in French
	Email addresses	Responses			
British Columbia	3,022	804	27	406 (53)	0.4
Alberta	2,172	314	15	192 (64)	0.3
Saskatchewan	646	84	13	61 (76)	0
Manitoba	825	166	20	122 (77)	1
Ontario	7,180	921	13	595 (67)	2
Quebec	2,839	479	17	311 (67)	88
New Brunswick	502	178	36	89 (52)	29
Nova Scotia	636	153	24	89 (63)	0
Prince Edward Island	—†	3	—‡	3 (100)	0
Newfoundland and Labrador	254	27	11	15 (58)	0
Yukon	34	4	12	4 (100)	0
Northwest Territories	—§	4	—‡	3 (75)	0
Nunavut	—§	1	—‡	1 (100)	0
Missing		10		124 (4)	
Total	18,110	3,148	17	1,895 (63)	16

*Not all respondents completed all survey items; percentages given in this table have been calculated based on the number of responses to each item.

†Data not provided.

‡Unable to calculate.

§No regulatory college; numbers not known.

physiotherapist with qualitative research training, reviewed all comments and examined coding and categorization to determine whether the data supported our findings.^{23,24}

For the purposes of this study, physiotherapists who had supervised at least one student in the previous 3 years were considered active supervisors; those who had not supervised a student in the previous 3 years were considered inactive or non-supervisors.

RESULTS

A total of 3,148 Canadian physiotherapists completed the survey; of these, 1,895 (63% of those who responded to this item) reported supervising at least one student in the previous 3 years. Table 1 presents survey response rates by province and territory; Table 2 presents respondent demographics.

Description of factors

The six factors generated by the exploratory factor analysis represent the multiple and complex issues that ultimately contribute to Canadian physiotherapists' decisions whether to supervise a student: *clinical instructor feelings of stress*, *student contribution to workplace efficiency*, *dislike of the assessment instrument*, *student preparation and attitude*, *clinical instructor preparation to evaluate*, and *professional role and responsibility*. We analyzed the 1,792 respondent comments using DCA, as described earlier, and organized them into 18 categories, 16 of which aligned with the six-factor structure.

Clinical instructor feelings of stress

Factor 1 captured physiotherapists' feelings of stress and anxiety related to student supervision, including the added workload of having to supervise students while also completing their own job-related tasks, fear of being judged by students because their knowledge or skill set might be limited, and worrying that supervising students might be a burden. In total, 124 comments were classified into this category; a further 259 comments referred to aspects of supervision and the work environment that ultimately increased CIs' stress. These comments were placed in nine sub-categories: timing–vacation, staffing, lack of time, employer/team support, space, loss of income, private practice ethics, and personal. Stress seemed to arise as a result of the perceived extra work involved in supervising a student, including juggling existing caseloads, feelings of being overwhelmed, and the stress caused by a challenging student. These feelings were exacerbated by a lack of physical space to accommodate students, lack of employer and team support, and staffing shortages. In addition, fear of supervising a struggling student and the extra time and emotional energy required during such a placement—though they happen infrequently—left a lasting impression on the CI:

Having had a weak student this adds to the stress level and your ability to ensure all the patients are seen while still supervising the student and providing feedback along the way to keep them progressing. It is a lot of work and personally I have put in overtime during those 5 weeks to ensure that patient care gets done. It is exhausting. (active supervisor, Manitoba)

Table 2 Respondent Demographic Statistics, Area of Practice, Practice Setting, and Workplace Geographic Distribution*

Variable	No. (%)†			
	Sample	Active supervisors	Inactive or non-supervisors	Population of actively practising physiotherapists in Canada‡
Sex				
Female	2,607 (83)	1,553 (82)	959 (85)	14,204 (77)
Male	520 (17)	328 (17)	163 (14)	4,265 (23)
Mean (SD) age, y	42.41 (10.62)	41.95 (10.12)	43.09 (11.35)	42.0
Mean (SD) experience, y	17.87 (11.36)	17.32 (10.76)	18.71 (12.27)	—
Work full time	1,983 (63)	1,294 (68)	609 (54)	8,810 (65)
Practice area§				
Musculoskeletal	1,940 (62)	1,115 (59)	746 (66)	5,606 (41)
General practice	1,000 (32)	587 (31)	374 (33)	4,419 (32)
Neurology	918 (29)	636 (34)	251 (22)	949 (7)
Cardiorespiratory	528 (17)	358 (19)	149 (13)	508 (3)
Practice setting§				
General hospital	1,045 (37)	752 (40)	263 (23)	6,288 (34)
Rehabilitation facility	497 (18)	382 (20)	92 (8)	1,437 (8)
Private practice	885 (32)	395 (21)	433 (38)	6,308 (34)
Community settings	276 (10)	130 (7)	137 (12)	1,202 (7)
Practice location				
Urban	2,513 (80)	1,570 (83)	852 (75)	16,626 (90)
Rural	566 (18)	296 (16)	237 (21)	745 (4)
Remote	49 (2)	22 (1)	27 (2)	713 (4)

*Not all respondents completed all survey items; percentages given in this table have been calculated based on number of responses.

†Unless otherwise indicated.

‡Values based on Canadian Institute for Health Information (CIHI) physiotherapy statistics for 2012.¹⁵ CIHI reports primary practice area; however, respondents were permitted to select all that applied. For the sample, rural includes semi-rural; however, CIHI data report rural only. Mean years of experience and standard deviation for the Canadian population are not available.

§Respondents could choose more than one practice area and more than one practice setting.

One category unique to private practitioners was the loss of income associated with supervising a student and the ensuing stress—particularly with junior students, who are not able to see as many clients in a day and who require more of the supervising physiotherapist's time. In each case, respondents reported a substantial loss of earnings that made supervising students difficult to justify:

It is difficult in a private practice setting to have the time to teach clinical skills, especially to someone at a junior student level. Patients paying privately don't always consent to paying full price to have a student learning new skills on their bodies. I find I ended up running way behind, as I would be teaching as I was going along, which is why I found supervising a student stressful. If I was compensated for my time, I could see less patients in an hour, to allow for a good learning experience for the student. (inactive or non-supervisor, British Columbia)

Not all comments were negative; several respondents acknowledged that although stress might be part of the experience, particularly at the beginning, placements were ultimately rewarding, and the initial discomfort was outweighed by the overall positive outcome:

Although I have had negative experiences, and despite the fact that there are times I am concerned/stressed that a student will challenge my knowledge etc. I feel it is very important to provide students with clinical placements—and so I ignore the stress and occasional discomfort. It is important for our profession. (active supervisor, Nova Scotia)

Student contribution to workplace efficiency

The second factor related to physiotherapists' efficiency and productivity while a student is with them. This factor included items targeting efficiency related to students at specific levels (junior vs. senior). Six respondents commented directly on workplace efficiency; additional comments coded under the student preparation and attitude factor captured elements of student performance and efficiency related to preparation and training level. Four comments mentioned the CI being slowed down by the student, and two mentioned clients receiving less effective care—for example, "I feel students slow me down and decrease the quality of care provided to my patients" (active supervisor, Ontario). Alternatively, one respondent mentioned a collective increase in department productivity as a result of students' contributions: "It doesn't make me more productive but it might

make our whole department more productive (especially a more senior student)" (active supervisor, Alberta).

Dislike of the assessment instrument

Factor 3 captured physiotherapists' dissatisfaction with the CPI and the amount of time required to complete it. A total of 80 comments coded for this factor validated a general dislike for the CPI. Some respondents described the CPI as a barrier to supervising students and stated that if a user-friendly instrument were available, they would do so more often:

I have long considered the evaluation tool to be vague, lengthy, and awfully time-consuming. Another tool that has opposite characteristics would be a pleasure rather than an absolute chore to complete and could attract other physiotherapists in becoming supervisors. (active supervisor, Ontario)

Student preparation and attitude

Factor 4 pertained to student-related factors that may contribute to the outcome of the placement, including academic preparation, adequacy of the student's education, and the student's attitude and professional behaviour. A substantial number of comments (225) were coded for this factor; they related in particular to students' preparation for complex caseloads, the student's level (senior vs. junior), and students' attitudes. In many cases, respondents felt that students did not have the academic training for complex (often neurological or pediatric) caseloads.

Private practitioners' perspective was again apparent in this factor, particularly with respect to students' proficiency in an environment in which clients are paying directly for physiotherapy services. Two other codes, loss of income and private practice ethics (57 comments), also appeared to fit here. Students often needed extra time to treat clients, and many respondents reported feeling unethical about charging clients the same amount as they would for service provided directly by a registered physiotherapist; the unbilled extra time-decreased clinic productivity and revenue.

Clinical instructor preparation to evaluate

Factor 5 related to physiotherapists' opinions of their own preparation to evaluate a student, including both preparation to use the CPI and readiness to evaluate the student through the programme's provision of clear guidelines and instructor training. We coded 44 respondent comments under this factor, many of which related to the physiotherapy programme's support for CIs dealing with struggling students and having the skills to manage that situation. Struggling students increased stress and anxiety for some CIs, particularly those who lacked appropriate supervisory training to deal with challenging situations:

[I] want to avoid a situation where negative comments have to be given to a student (i.e. professionalism, appropriateness, dress code or attendance). Also, [I] feel anxious about having to fail a student due to lack of skill. [I] lack confidence in my skill and don't want this to be evident to a student. (inactive or non-supervisor, New Brunswick)

Professional role and responsibility

Factor 6 focused on physiotherapists' responsibility to supervise students as part of their health professional role. Items captured elements of professional practice, including reflection, continual professional learning, and formal recognition of physiotherapists' efforts. A total of 125 comments, the majority extremely positive, described the personal rewards associated with supervising students and passing along one's own positive experiences—for example, "Having a very strong and excellent mentor has influenced and shaped who I am as a physiotherapist; I want to be able to provide that same mentorship to other new therapists" (active supervisor, British Columbia); "a great way to recharge my physio batteries" (inactive or non-supervisor, Alberta).

We coded 53 comments pertaining to recognition and compensation for the work done by supervisors in both public and private practice as recognition, which aligns with Factor 6. There was a sense that because extra work goes into supervising students, clinicians should receive some form of compensation—monetary or otherwise—for their expertise, making the supervisory experience more meaningful. The need for recognition from universities, employers, or regulatory colleges was apparent in the number of respondents who suggested that CIs receive some form of thanks for providing a service, but not all suggested monetary compensation; others highlighted access to the university's library and e-journal collections, clinical educator awards, and recognition that supervision may be a form of continuing competence as compensation options.

Two categories—part-time work and work type—clarified two reasons for not supervising students but did not align with any of the six factors. The 145 comments coded as part-time work came from physiotherapists who work part time and therefore have not offered to supervise a student; the 129 comments coded as work type highlighted physiotherapists working in unusual or specialized roles that they assumed would be unsuitable for students.

DISCUSSION

Our goal was to identify Canadian physiotherapists' perceptions of the factors that influence their decisions whether to supervise students. An exploratory factor analysis of survey responses from a diverse and representative sample of practising Canadian physiotherapists identified six contributing factors: clinical instructor feel-

ings of stress, student contribution to workplace efficiency, dislike of the assessment instrument, student preparation and attitude, clinical instructor preparation to evaluate, and professional role and responsibility. This article describes respondents' comments related to these factors, which enhance our understanding of the challenges and benefits associated with physiotherapy student supervision in Canada.

Stress experienced by CIs is perceived to be the most influential contributor to the decision to supervise a physiotherapy student—not unexpected, given that previous research has highlighted stress in CE.^{8,16,25} Two components of CI stress emerged from our analysis: first, the feelings of stress associated with student supervision—fear of being judged, being unprepared, or getting a challenging student—and, second, those associated with a demanding work environment and with completing caseload assignments in addition to providing mentorship and supervision. Both component or elements of stress may be reduced by adequate and appropriate supervisor preparation and training^{26,27} and a workplace that supports student teaching.¹⁶

Although Canadian physiotherapy programmes do provide supervisor training, and online supervisor training resources are freely available (e.g., <http://www.preceptor.ca>), some physiotherapists evidently do not feel adequately prepared to supervise students. More effective supervisor training is one mechanism for addressing some of the stresses associated with student supervision and could lead to improved CE experiences.²⁶ The importance of CI training for effective and positive CE experiences, and of lack of training as a barrier to participation in CE, has been reported elsewhere,^{25,26,28,29} but the literature on physiotherapy CE is sparse. In a nursing study, attendees at supervisor training workshops reported a better appreciation for the role of preceptor and a greater understanding of the placement expectations, which gave them confidence for the supervisory process.²⁷ Failing or struggling students, as reported here and elsewhere, contribute substantially to supervisor stress;^{8,16,30} Ilott³¹ found that specific training to deal with the struggling student was the most valuable component of supervisor training, and it remained valuable even 1 year after the workshop.

Support from employers is often necessary for employees to attend supervisor training sessions, and workplace culture and employer support are reported to contribute to participation in physiotherapy CE.¹⁶ Allen and Simpson³² found that attendance at workshops was sometimes poor because of a lack of employer support. Sometimes information about workshops did not reach clinicians because their managers did not want to arrange coverage for staff attending the workshops.³² Another study found that supervisors who lacked employer support perceived supervising students as more stressful²⁵ and were less likely to use personal time to attend supervisor training sessions. Davies and colleagues¹⁶ highlighted

employer support and institutional culture as factors in physiotherapists' decisions to supervise students. The stress and barriers associated with student supervision appeared smaller in supportive environments but were magnified in institutions that did not support student teaching, which ultimately affected physiotherapists' decision to participate in CE experiences.¹⁶

Anecdotal reports have indicated that the CPI also influences physiotherapists' decisions to supervise students. Recently, these anecdotal reports have become more frequent, and some CIs have refused to supervise students if doing so requires using the CPI. Research findings to support these reports have been limited, but our study provides empirical evidence that the CPI is a factor in decisions regarding whether to supervise students and validates the general dislike of the instrument in Canada. In their comments, our respondents criticized the CPI's repetitive nature and lengthy completion time. Our findings corroborate those of Creaser³³ and highlight a need for change in student evaluation.

Professional role and responsibility also influenced the decision to supervise students. According to Baldry Currens and Bithell¹ and Sevenhuysen and Haines,³⁴ most CIs consider CE a core professional role and have a strong sense of duty to the profession; however, this responsibility is sometimes eroded by workplace demands,¹ and the drawbacks associated with supervising students represent a barrier to increased student placements.³⁴ Although the Canadian Physiotherapy Association Rules of Conduct state that student supervision is the professional responsibility of Canadian physiotherapists,³⁵ it appears that many physiotherapists are not involved in CE; however, this has not been investigated.

Our study is unique in giving a voice to the roughly 40% of Canadian physiotherapists who work in private practice.¹⁵ A substantial proportion of our sample (28%; $n = 885$) reported working in private practice settings, and this group articulated challenges with student supervision that have not previously been reported. Two themes related to private practice emerged that pertain to the unique stresses faced in these settings: (1) ethical considerations concerning charging fees for services provided by students and (2) loss of income as a result of perceived reductions in productivity. Private physiotherapy services are often not funded by provincial health insurance plans, and clients (or their private insurance) must pay for the services they receive. Some respondents felt uneasy charging clients for services delivered by a student rather than a registered physiotherapist; they felt an obligation to provide proficient, appropriate care, particularly for clients paying out of pocket, because funds for physiotherapy services may be limited.

Other respondents reported stress about the loss of income associated with supervising a student. In contrast to previously published accounts of increased overall productivity of inpatient physiotherapists,^{36,37} some physiotherapists in our sample reported a reduction in

productivity and throughput of clients that they attributed to the extra time allocated to mentoring and teaching a student. The difference, we suspect, is that a junior student may require more intensive supervision and may take longer with clients, whereas a proficient senior student may in fact increase productivity and the CI's overall income. This may counterbalance the effect of supervising a junior student at a different time, but the question warrants further investigation.

Both of these issues pose a challenge for physiotherapy programmes, and neither is easily resolved. Although students provide care under the supervision of registered physiotherapists, the care they provide is unlikely to be of the same standard and proficiency as that of an experienced practitioner. This discrepancy has been acknowledged elsewhere by students.³⁸ At the same time, however, students acquire and refine clinical skills as they progress through their CE and, later, their own clinical practice;³⁸ in addition, because students may spend longer with each client, clients may in fact feel they are receiving extra attention and getting better value for their money. In general, clients are often satisfied with the care provided by students,³⁹ but the impact of students on productivity and physiotherapist income in a private practice setting should be explored.

Clearly, the decision to supervise a student is multi-factorial and often individual, which poses a challenge to stakeholders in physiotherapist education (e.g., employers, health care agencies, physiotherapy programmes), who face considerable pressures associated with shortages in clinical placement capacity. Although supervisor training and preparation for the role of CI is within the control of physiotherapy programmes, factors external to physiotherapy programmes, such as employer support, also play a role in the challenges related to CE. For these reasons, a shared approach between educators and employers is needed if meaningful resolution to the issues surrounding clinical placement capacity is to be achieved. It is unlikely that a single intervention will resolve all the issues. Moving forward, all stakeholders in CE will need to collaborate in multi-factorial solutions to make supervising students a more rewarding undertaking.

Our study has several limitations. First, the overall response rate was 17%, which is low but comparable to those of other recent surveys of physiotherapists conducted in Canada (3% for education-related surveys;⁴⁰ 36% for practice-specific surveys⁴¹). The variation in reminder emails sent out by regulatory colleges may have affected response rates. Despite the low response rate, however, our sample was large, diverse, and, on the basis of recent population statistics, generally representative of the Canadian physiotherapist population.

Second, although our sample—in contrast to other studies—included physiotherapists from throughout Canada, both supervising and non-supervising physiotherapists, and representation from the large private prac-

tice community, it also included an over-representation of supervising physiotherapists. Survey participants self-selected, and although we specifically encouraged non-supervising physiotherapists to participate, it is possible that they chose not to complete the survey because they are disengaged from physiotherapy CE. Finally, our results may be affected by social desirability bias; respondents may have placed greater emphasis on factors external to student supervision and may have underreported those internal to each respondent.

CONCLUSIONS

Our goal in this study was to discover factors that contribute to Canadian physiotherapists' decisions about whether to supervise physiotherapy students. Although no single factor alone influences that decision, CI stress appears to be most influential. Our findings confirm several previously identified contributors (e.g., stress) and highlight new ones (e.g., private practice concerns). A substantial component of stress seems to be related to supervisors' feeling unprepared to supervise a student, despite the availability of training workshops and resources to prepare and support CIs.

Our findings also highlight positive aspects of supervision, which can be overshadowed by the many challenges associated with CE. When motivated and well-prepared students are supervised by dedicated CIs working in a supportive environment, the result is successful clinical placements benefiting all parties. A multipronged approach that includes consultation with all stakeholders is needed to resolve the issues of student placement capacity.

KEY MESSAGES

What is already known on this topic

A shortage of clinical placements poses a challenge for many physiotherapy programmes. Current understanding of the factors affecting clinicians' participation in clinical education is anecdotal or not generalizable to the Canadian physiotherapy community as a whole.

What this study adds

This study's findings confirm previously reported factors and identify new ones, based on data from a representative sample of the Canadian physiotherapy community, including private practice and non-supervising physiotherapists. Supervisor training may be a key element in the decision to supervise a student.

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