



Experiences of supervision during clinical education among specialised nursing students in Sweden: A cross-sectional study

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ABSTRACT

Background: The importance of the clinical learning environment in nurse education has gained increasing attention over the last decades. However, there is a lack of research on the learning environment, its significance and meaning in specialist nurse education.

Objective: The objectives of the study were to investigate specialised nursing students' experiences of supervision during clinical practice and to compare students who were satisfied with the supervision with those who were dissatisfied with respect to a) organisation of supervision and number of preceptors, as well as time allocated by preceptors for b) supervision, c) reflection, d) discussion of intended learning outcomes, and e) assessments of students' performance by preceptors.

Design: This study used a cross-sectional design.

Sample and settings: A convenience sample of specialised nursing students was derived from five Swedish universities in the years 2016 and 2017.

Methods: Data were collected using a questionnaire. Statistical analyses and a qualitative conventional content analysis were performed.

Results: While almost all specialised nursing students reported that there had been time for discussion on their performance assessment, almost half of the students reported not getting time for supervision, or time for reflections and discussions on intended learning outcomes with the preceptor. Students reporting having time allocated for supervision by preceptors were found to be more satisfied with supervision. It was described as important that the preceptor(s) acknowledged the students previous work experiences. Even though being a registered nurse, reflections and feedback were described as valuable for the students learning. Several preceptors were described as positive allowing a broader picture and different views regarding working as a specialist nurse.

Conclusions: This study indicates that supervision, in terms of discussions and reflections, of specialised nursing students is significant for learning experiences and satisfaction during clinical placement.

1. Introduction

The importance of the clinical learning environment for quality nurse education has long been recognised. The learning environment of student nurses on their clinical placements has gained increasing attention over the last two decades (Bisholt et al., 2014; Gustafsson et al., 2015; Sundler et al., 2014). However, research on the learning environment in clinical practice and its importance for specialist nurse education (SNE) is still lacking. This paper is an attempt to explore

specialised nursing students' (SNS) experiences of supervision during clinical placements.

2. Background

Currently, the need for specialised nurses is evident. Specialist nurses are experts in a specific area of health care. While the role and practice of registered nurses has been clearly outlined, those of specialist nurses remain unclear across Europe (Dury et al., 2014).

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Changing patterns of disease, conditions related to ageing and population growth in today's society is placing increasing demands on healthcare systems (WHO, 2012). Sufficient healthcare practitioners with appropriate skills and competencies are needed to improve the health and well-being of populations. To facilitate this, harmony and a mutual commitment between educational and healthcare institutions is required, and there is a need for nurses with specialist degrees.

In Sweden, similar to many other countries, specialist nurses are certified and have a second cycle higher education upon graduation as nurses. As a result of the European educational reform, the SNE in Sweden was changed in 2007. Specialist nurses were required to have a Master's degree rather than a Bachelor's degree, and greater emphasis was placed on critical thinking, research and ethics in both theoretical and clinical aspects (Wijk et al., 2009). Millberg et al. (2014) describe academic learning as meaningful for SNSs when there is a clear communication about what skills specialist nurses require. Still there seems to be confusion remaining specialist nurses, and the required level and length of SNE widely vary across Europe (Dury et al., 2014). The discussions on the regulation and role of specialist nurses are ongoing. In one study, the successful completion of a Master's degree was found to have a positive effect on nurses personal and professional confidence, cognitive functioning and evidence-based practice development (Watkins, 2011). In a study by Knisely et al. (2015), important characteristics of specialist nurse preceptors in clinical practice were found to be clinical competence and ability to stimulate students' involvement according to students. Fowler et al. (2015) argue that clinical practice can yield a more realistic understanding of the complexity of nursing for SNSs.

SNE has the intent of expanding the practice perspective of SNSs and allowing SNSs to reflect on their nursing roles (Graue et al., 2015). In the transition from being registered nurse, engagement at practical, academic and emotional levels, as well as reflections on learning, can support SNSs in becoming specialist nurses. SNSs may be experienced practitioners, but they are also students and beginners in their roles as specialists and must develop their nursing skills through experiences with preceptors.

More knowledge of SNSs' learning in clinical practice is needed, especially on the significance of supervision. Hence, the objectives were to investigate SNSs experiences of supervision during clinical practice and to compare students who were satisfied with the supervision with those who were dissatisfied with respect to a) organisation of supervision and number of preceptors, as well as time allocated by preceptors for b) supervision, c) reflection, d) discussion of intended learning outcomes, and e) assessments of students' performance by preceptors.

3. Methods

The study had a cross-sectional design. A questionnaire survey was used to collect quantitative and qualitative data according to a mixed method approach (Sandelowski, 2000). The questionnaire was answered by SNSs during the Specialist Nurse Programme for District Nursing at five Swedish universities. This study is a part of the research programme L-Pro aiming to generate knowledge on learning environments in clinical practices of nurse educations.

3.1. Sample and setting

A convenience sample of SNSs undergoing SNE was derived from five Swedish universities from 2016 to 2017. Of the 199 students who were eligible, 140 of them participated in the study, representing a response rate of 70%. The Specialist Nurse Programme for District Nursing forms part of the national regulations established by the Swedish government and corresponds with 75 credits in the European Credit Transfer System with a postgraduate programme for registered nurses that result in a one-year Master's degree. Even though there are national regulations, there were some organisational differences

regarding the length of the clinical placements at these five universities, which were not possible to standardize. The length of the clinical placements in primary health care and community-based home care varied between three to five weeks. All universities also had local regulations with surrounding healthcare organisation regarding supervision that stipulated students to achieve supervision by nurses employed in the healthcare organisation. Thus, registered nurses on staff at the clinical placement facility provided supervision. The goal is for preceptors to have a specialist nurse degree, although this is not always possible. The Specialist Nurse Programme in District Nursing is the largest educational programme for specialist nurses in Sweden.

3.2. Data collection

A questionnaire was answered by SNSs around one week after they had finished their clinical placements at primary health care and community-based home care. To determine whether SNSs were satisfied with supervision, a statement was included in the questionnaire: 'Overall, I am satisfied with the supervision I received'. The students rated this statement on a 5-point Likert-type scale: fully disagree (1), disagree to some extent (2), neither agree nor disagree (3), agree to some extent (4) or fully agree (5). The questionnaire also contained items concerning demographic characteristics, such as age, gender and time working as registered nurses. Other items concerned the clinical placement, such as location of the clinical placement, length of the clinical placement and study rate. Moreover, additional items concerned supervision and concerned the organisation of supervision and whether time was allocated by the preceptor(s) for supervision, reflection, discussion of intended learning outcomes and assessment of student performance. Finally, two open-ended questions were used to gather qualitative data on the students' experiences: "What has been important for your learning during your clinical placement?" and "Do you have anything more to tell about your clinical placement?". The open-ended questions were used to give the SNSs the opportunity to describe aspects of learning that were meaningful to them during their clinical placements.

3.3. Data analyses

To compare students who were satisfied and those who were dissatisfied with supervision, students were divided into two groups. Those who assigned the item: 'Overall, I am satisfied with the supervision I received' a score of 1–3 with respect to supervision during the clinical placement formed the group that was 'dissatisfied with supervision'. Those who assigned the item a score of 4–5 formed the group that was 'satisfied with the supervision'. To statistically analyse the differences between the groups, we used chi-square tests for responses given on nominal scales and independent *t*-tests for responses given on continuous scales. A statistical analysis of gender differences between the groups could not be performed because the conditions for the chi-square test were not met. Statistical analyses were performed in the IBM SPSS Statistics software, version 24. The level of statistical significance was set at 0.05.

A conventional qualitative content analysis (Hsieh and Shannon, 2005) was performed on the answers provided by the students to the open-ended questions. The process of analysis was inductive and grounded in the actual data. The answers from the SNSs were read several times by two authors (ML and AJS), and the content was organised into themes according to differences and similarities. The analysis process involved a movement between the whole data and the emerging themes. All researchers were involved in discussions and reflections upon the result of the analysis. The themes are illustrated in the results with supporting quotes.

3.4. Ethical considerations

The study followed the Code of Ethics of the Declaration of Helsinki. According to an advisory recommendation from the Regional Ethical Review Board in Uppsala (reg. no. 2011/071), ethical approval was not required for the study on the basis of the ethical regulations outlined in Swedish law (The Ministry of Education and Research, 2003).

The SNSs participating in this study received written and verbal information on the study one week after completing their clinical placements at their universities. It was made clear that participation was voluntary and that the students could withdraw at any time without any consequence on their education. Informed consent was obtained from all participants before they answered the questionnaires in a classroom at their universities. Their answers were anonymous and handed over to a researcher or teacher at the local university in sealed envelopes. The researchers who collected the questionnaires were not involved in the examination or assessment of students at the time of the recruitment or data analysis.

4. Results

4.1. Characteristics of study participants and clinical placements

The SNSs consisted of 96% women ($n = 135$) and 4% men ($n = 5$), see Table 1 for sample characteristics. Their ages ranged from 26 to 55 years, with a mean age of 38 years ($SD = 7.1$). They had been working as registered nurses for 2 to 29 years and for an average of 10 years before enrolment to the Specialist Nurse Programme in District Nursing.

The SNSs completed their clinical placements in primary health care centres (56%, $n = 78$) or in community-based home health care settings (44%, $n = 62$). Their placements ranged from 3 to 5 weeks: approximately half of the students had a 4-week long placement. The pace of study varied: most students studied full-time (81%, $n = 113$), and the rest studied part-time except during their clinical placements, which always were full-time.

4.2. Experience of supervision during clinical placements: organisation and time allocated for supervision

The organisation of supervision differed between clinical placements (see Table 2). The most frequent type of supervision was supervision by a personal preceptor (40%, $n = 56$) followed by supervision by several preceptors (37%, $n = 52$). Some students (23%,

Table 1
Characteristics of specialist nursing students and their clinical placements.

	Descriptive statistics N = 140
Gender, n (%)	
Female	135 (96%)
Male	5 (4%)
Age, m (SD)	38.1 (7.1)
Previous work experience as a registered nurse in years, m (SD)	9.7 (5.7)
Location of the clinical placement, n (%)	
Primary health care centre	78 (56%)
Community-based home health care	62 (44%)
Length of the clinical placement ^a , n (%)	
3 weeks	29 (21%)
4 weeks	74 (53%)
5 weeks	37 (26%)
Pace of study, n (%)	
Full-time	113 (81%)
Part-time	27 (19%)

^a All clinical placements were full-time, as only university courses were possible to fulfil part-time.

$n = 32$) also reported working independently with limited supervision during their clinical placement.

Supervision also differed greatly in regard to the time allocated for supervision and how supervision was actually conducted. Preceptors are expected to allocate time for supervision, reflections, discussions on intended learning outcomes and assessment of students' performance. The result shows that approximately half of the students reported that preceptors allocated time for supervision (46%, $n = 64$), for reflections (54%, $n = 75$) and for discussions on intended learning outcomes (64%, $n = 90$). However, almost all of the students, 97% ($n = 136$), did report that the preceptor(s) allocated time for communicating the performance assessment.

With respect to student satisfaction, 80% ($n = 112$) of the students were satisfied with supervision (see Table 2). Statistical analyses of differences between students being satisfied versus students being dissatisfied with supervision showed that dissatisfied students reported that significantly less time was allocated to supervision, reflections and discussions on intended learning outcomes with the preceptor(s). No differences were found between the groups regarding the organisation of supervision and time allocated for assessment of students' performance with the preceptor(s). Statistical analyses also showed a significant difference in age between the groups. The group of SNSs who were satisfied with supervision had a mean age of 39 years (range of 26–55 years), while students in the group who were dissatisfied had a mean age of 36 years (range of 27–50 years). Concerning other characteristics, no statistical differences were found between the groups.

4.3. Experiences of supervision during clinical placements; open-ended answers

Ninety-four students answered the open-ended questions. Most answers were quite short (one or two sentences) and ranged from two to eleven lines in length. Of all written answers from the students, about half of the text was about supervision and the preceptor(s). The content of these answers was analysed, resulting in four themes:

- The need for preceptor(s) to account for different student demands based on student background
- Atmosphere of respect and recognition for students
- Reflection and feedback
- Several preceptors rather than a single preceptor

4.3.1. The need for preceptor(s) to account for different student demands based on student background

SNSs reported that their previous experiences as registered nurses influenced their demands of the preceptor(s). Although students were in need of guidance from the preceptor(s), they also considered that their own previous nursing experiences should have been acknowledged or taken into account. For example, one student 'had worked in municipal care previously' and wrote that 'clinical placement gave me nothing special' (120). Having previous experience as a registered nurse was described as increasing the demand for preceptors with certain skills and abilities that could support students' further development of knowledge. As one student wrote: 'It would be preferable to have a more experienced preceptor [who would be] able to give me more insights from his or her skills' (60). The significance of a positive attitude was also highlighted: 'My supervisor wasn't interested in me, or my learning' (29). Descriptions from some SNSs stressed that tutoring should be implemented to balance between previous experiences and to support preparation for new roles as specialist nurses. It was not enough for preceptors to be polite and correct, as students indicated that preceptors should take on a more supportive role and point to new insights or perspectives for understanding real-world situations.

4.3.2. Atmosphere of respect and recognition for students

SNSs reported wanting to be respected for their knowledge from

Table 2
Differences between specialist nursing students satisfied and dissatisfied with supervision.

	Total n = 140	Satisfied with supervision n = 112	Dissatisfied with supervision n = 28	p-Value
Organisation of supervision				0.289
Supervised by a personal preceptor	56 (40%)	47 (42%)	9 (32%)	
Supervised by several preceptors	52 (37%)	38 (34%)	14 (50%)	
Worked independently with limited supervision	32 (23%)	27 (24%)	5 (18%)	
Time allocated for supervision by the preceptor(s)				< 0.001
Yes	64 (46%)	61 (55%)	3 (11%)	
No	76 (54%)	51 (45%)	25 (89%)	
Time allocated for reflections with the preceptor(s)				< 0.001
Yes	75 (54%)	69 (62%)	6 (21%)	
No	65 (46%)	43 (38%)	22 (79%)	
Time allocated for discussions on intended learning outcomes with the preceptor(s)				0.014
Yes	90 (64%)	78 (70%)	12 (43%)	
No	50 (36%)	34 (30%)	16 (57%)	
Time allocated for assessment of students' performance with the preceptor(s)				0.179
Yes	136 (97%)	110 (98%)	26 (93%)	
No	4 (3%)	2 (2%)	2 (7%)	

previous experiences as registered nurses. Yet, at the same time, they also wanted to be recognised as students. In this respect, interaction with the preceptor(s) was important. Some SNSs described the desire to have greater flexibility to be involved in more challenging learning situations. For example, one student described her participation as limited by preceptors' 'willingness to educate and capacity to plan for my clinical placement' (53). Others suggested that their preceptor(s) should cede some control and allow the SNSs to handle and solve various healthcare situations: 'My preceptor was good and dared to put me [on a task] that I did not feel quite one-hundred percent comfortable with. But I did the task' (34). The SNSs sometimes described learning situations as being contradictory, desiring independence and respect for their own knowledge but, at the same time, expressing a need for guidance as novices.

4.3.3. Reflection and feedback

Overall, reflections with the preceptor(s) during the clinical placements were described as valuable for SNSs' learning. Some reported that reflections enabled their learning, and the discussion and feedback from the preceptor(s) were central aspects: 'The preceptor was curious about my earlier knowledge, and we could discuss [topics] concerning our common knowledge' (105). For such reflections, time was required, although time was not always available: 'Time pressures, care, reception work, it was a fight against the clock. Difficult to reflect' (21). In some of the answers, students emphasised their need for feedback that was not too negative or critical. If feedback was too negative, it was perceived as a hindrance for learning.

4.3.4. Several preceptors rather than a single preceptor

The number of preceptors involved was described to have an impact on supervision: 'I have been following several preceptors to see as much as possible, such as reception and telephone consulting, and so on' (52). Several preceptors could provide SNSs with practical educational experiences from multiple angles and expand their perspectives. Another student wrote, 'I have had different preceptors, which means that I have had some different views and working methods on how to work as a specialist nurse' (54). Following a single preceptor during a particularly peaceful period was sometimes perceived as negative, as students expressed a desire to learn in challenging situations and environments. Several supervisors were described positively, yet students perceived lack of continuity with these supervisors as a hindrance.

5. Discussion

Overall, the SNSs in this study were satisfied with the supervision of preceptors during clinical placements. The number of preceptors, e.g.

having a single or several preceptors, was not found to significantly impact students' satisfaction in the statistical analyses, contrasting with a prior study on student nurses at the bachelor level (Sundler et al., 2014), who reported being more satisfied when having a single preceptor. Thus, there seems to be some differences between novice students versus SNSs who have previous experiences as registered nurses. There were SNSs preferring several preceptors to facilitate a broader perspective of different aspects of nursing and deepen their learning. Watkins (2011) describes that master's education in nursing increased professional confidence and improved nurses' critical thinking. In that study, critical thinking was associated with thinking differently. Similar, SNS in our study reported thinking differently, and that preceptors facilitated them to gain new insights and broaden their previous knowledge in nursing. Supervision was deemed important by SNSs in regard to how supervision was performed and organised, regardless of the number of preceptors involved.

The findings show students being more satisfied when having time allocated with preceptors for supervision, reflections and discussions. Fowler et al. (2015) argued that, for SNSs' clinical placements to be successful, theoretical knowledge must be transformed into practice, and different learning opportunities should be provided. In addition, Graue et al. (2015) point to reflections as important in SNE. SNSs in this study described a need for reflection on daily practices as important to make sense of and understand the complexity of their new specialist nurse professions. While the importance of reflections to transform theoretical knowledge into practice in undergraduate nursing education is well established (Ekebergh, 2007; Levett-Jones, 2007), research on the master level and in SNE in particular is sparse.

However, the findings also point to the complexity of supervising SNSs with previous working experience as nurses. SNSs with experiences as registered nurses had distinct demands for preceptors and expected preceptors to have skills and abilities that would support their learning and development of knowledge. Previously, the most important characteristics of preceptors were reported to be clinical competence and the ability to be a positive role model (Knisely et al. (2015)). The best teaching and learning strategies to be used in SNE are according to Hickman et al. (2018) unclear, and they suggest further needs for research on best practices to support and guide master students research and knowledge translation.

It is notable that some SNSs (23%, n = 32) reported working independently with limited supervision during their clinical placements. Interestingly, a self-directed approach to learning (SDL) has been emphasised to increase undergraduate nursing students' learning (Levett-Jones, 2007). SDL can be linked to professional autonomy and lifelong learning and may be relevant to SNSs during clinical placements. SDL can facilitate students to develop independent learning skills. Thus,

working independently may facilitate learning as well. Still, we argue that it is important with time dedicated for discussions and reflections with preceptors. Overall, it appears that preceptors provide SNSs with new perspectives, knowledge and understanding of clinical practices that are important in the transition from being a registered nurse to becoming a specialist nurse.

5.1. Method discussion

Data were collected from SNSs at five Swedish universities, to obtain a sufficiently large sample for comparisons. All universities followed national regulations, even though there were some minor differences regarding the organisation of the SNEs. For our comparison, it was possible to standardize the location of the clinical placements, i.e. primary health care and community-based home care, but not the length of the clinical placements. Moreover, the groups compared were analysed for differences. Except for age, there was no significant difference between the groups. Still, the distribution of age was regarded as comparable.

Data collected were both quantitative and qualitative, allowing answers reported on a scale to be complemented with open-ended descriptions to obtain a broader description of SNSs experiences of supervision during clinical education. Yet, the qualitative data were limited to comments given to the open-ended questions. Even though, these comments were relatively rich in their descriptions and complemented the quantitative results.

6. Conclusions

This study provides insights concerning the importance of supervision in facilitating SNSs clinical learning experiences. The findings indicate that supervision, in terms of discussions and reflections, is significant for specialist nurse students' learning experiences and satisfaction with supervision during clinical placements. Thus, discussions and reflections seem to be a prerequisite for a supportive learning environment needed to be acknowledged by preceptors. The supervision of SNSs is of interest to preceptors as well as nurse educators. However, there is more to be done to improve learning environments for SNSs and to enhance quality clinical placements in specialised education for nurses.

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Contribution statement

All authors have agreed on the submission of the paper and confirmed that they meet the ICMJE criteria for authorship (www.icmje.org/ethical_1author.html), based on: (1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content.

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Declaration of competing interest

The authors have no conflict of interest.

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