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Clinical supervision: priority strategy to a better health

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Abstract

We carried out a study with the aim to relate the implementation of a clinical supervision (CS) model with the supervised nurses' answers to stress and the coping resources they use. 38 paired questionnaires with the Portuguese versions of the Manchester Clinical Supervision Scale$^©$ (MCSS$^©$) and the Brief Personal Survey$^©$ (BPS$^©$) were obtained. SPSS$^©$ version 18.0 was used to treat data. MCSS$^©$ Cronbach's alpha value for the total score was 0,938 and BPS'$^©$ was 0,60. Several correlations were found. Our study pointed out that CS can optimize the nurses' coping resources and help them to answer to stress.

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Keywords: Clinical supervision model in nursing; Stress; Coping; Manchester Clinical Supervision Scale$^©$; Brief Personal Survey$^©$

Introduction

The NHS (2011) refers the difficulty to assess clinical supervision and its effectiveness but they recognize arguments on its capacity to decrease stress, prevent burnout and others benefits. So, we decided to carry out a study which problem was: which is the relationship between the implementation of a clinical supervision model in nursing and the nurses' answers to stress and the coping resources they use? The aim of this study was to relate the implementation of a clinical supervision model with the supervised nurses' answers to stress and the coping resources they use through the application of a questionnaire comprised by several parts such as the Portuguese versions of the Manchester Clinical Supervision Scale$^©$ (MCSS$^{©)}$) and the Brief Personal Survey$^©$ (BPS$^©$) and with this paper we pretend to publicize the results of the study.

This paper is divided into three main sections: the first one is related to the methodology, in the second one we presented the results and finally the discussion and the conclusion of it.

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1. Methodology

We carried out an action research study which can be conceptualized as a problem solving activity and a research activity (Marshall & McKay, 2006), although this paper is related to a small phase of the large research. After several phases of the study, we implemented a clinical supervision model in nursing for six months in three wards of a Hospital Centre in Portugal.

The population comprises all the individuals with common characteristics for the research. Therefore, our participants, in this phase of the study, were all the supervised nurses (n=62) who have been under the implemented model. The instrument used to collect data was a questionnaire divided into several parts such as the Portuguese versions of the MCSS[©] and the BPS[©]. We had privileged personal contact with all supervised nurses from the selected care units, allowing us the opportunity to explain the study, methodology, ground rules to fill in the questionnaire and the periods for doing it. They answered the questionnaire twice (the second time was after the implementation of the clinical supervision model and the supervised nurses were not allowed to look at the first questionnaire when they were filling the second one).

The absence of instruments to evaluate clinical supervision in nursing made it difficult the development of it in the nurses' field (Cruz & Carvalho, 2012). The MCSS[©] was developed by Julie Winstanley (2000) in the United Kingdom and tested in Australia (Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen, 2003; Cruz, 2011) and it "(…) evaluates the quality and effectiveness of the supervision provided and the supervisees' opinion of the effect of clinical supervision in their professional development, improvement in skills, time for reflection and the quality of the supervisory relationship" (Cruz, 2011).

This scale was used as an "(…) outcome measure in more than 80 clinical supervision evaluation studies, in 12 countries worldwide (…) (White & Winstanley, 2010, p. 153), and has been translated from English into Swedish and Norwegian (Severinsson, 2012), Portuguese (Cruz, 2011; Cruz & Carvalho, 2012), Finnish (Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen, 2003) and other languages.

Accordingly, the current version of the MCSS[©] is named the MCSS-26[©] (Winstanley & White, 2012, p. 950).

In the supervised nurses' questionnaire we also used the Portuguese version of the BPS[©] (McIntyre; McIntyre & Silvério, 1999). To fill the BPS[©], it is requested to the participants to point 'true' or 'false' in each of the 99 statements of the instrument. Then the answers are compared with a matrix which allows the researcher to give a value of 1 or 0 to each statement accordingly to what was stipulated by the author.

A paired sample with 38 filled out questionnaires was obtained from the supervised nurses. Statistical Package for Social Sciences[©] (SPSS[©]) version 18.0 was used for data analysis.

We requested permission to use the Portuguese versions of the MCSS[©] and BPS[©] to the authors. For the research, we obtained permission from the Centro Hospitalar do Médio Ave E.P.E. (Médio Ave Hospital Centre). The questionnaire had an introductory part where we explained the study and the ethical issues we were going to respect like the anonymity and confidentiality of the collected information. We also outlined the voluntary nature of the nurses' participation.

2. Results

After the implementation of a clinical supervision model in nursing in the selected wards, we requested to the supervised nurses to answer a questionnaire comprised by several parts.

A total of 61 questionnaires were obtained with a MCSS[©] Cronbach's alpha value for the total score of 0,938 and BPS[©] Cronbach's alpha value for the total score of 0,60. The response rate was 98%. The relevant socio demographic data are shown in table 1.

Table 1. Socio demographic data

	n=61	%
Sex		
Female	55	90
Male	6	10
Professional Category		
Nurse	48	79
Specialized Nurse	13	31

In our sample, 90% of the respondents were female and 79% had the professional category of nurse.

Appropriated statistical tests were used to assess the significant relations between the variables (table 2). We highlighted that the paired questionnaires were 38.

Table 2. Correlation between the Portuguese Versions of the MCSS© and the BPS©

BPS© Difference between the 2 times of data collection		Trust/ rapport	Supervisor advice / support	Improved care / skills	Importance/ value of CS	Finding time	Personal issues	Reflection	Total
Philosophical spirit	SCC	-0,012	0,087	0,052	0,021	-0,098	-0,019	-0,024	0,015
	p	0,946	0,624	0,768	0,904	0,582	0,916	0,894	0,934
Coping	SCC	-0,163	-0,176	-0,028	-0,253	0,031	-0,007	**-0,385***	-0,196
	p	0,350	0,311	0,871	0,143	0,862	0,970	0,023	0,260
Denial	SCC	-0,229	-0,173	-0,116	-0,321	-0,006	-0,060	**-0,371***	-0,224
	p	0,185	0,321	0,507	0,060	0,972	0,731	0,028	0,196
Distress and Health	SCC	0,075	0,102	0,117	0,094	0,127	0,241	-0,029	0,174
	p	0,668	0,562	0,504	0,590	0,468	0,164	0,870	0,318
Excessive Pressure	SCC	0,176	0,155	0,071	0,081	0,089	0,032	0,229	0,167
	p	0,313	0,374	0,687	0,642	0,609	0,854	0,186	0,337
Anger/ Frustration	SCC	0,189	0,207	0,144	**0,355***	0,052	0,178	0,276	0,209
	p	0,277	0,233	0,408	0,036	0,768	0,306	0,109	0,229
Anxiety	SCC	0,089	0,141	0,005	0,069	-0,028	0,126	-0,065	0,088
	p	0,611	0,419	0,979	0,696	0,875	0,472	0,710	0,616
Depression	SCC	0,113	0,109	0,212	0,228	0,216	0,041	0,214	0,179
	p	0,518	0,533	0,222	0,187	0,214	0,814	0,216	0,302
Social Support	SCC	-0,263	-0,250	-0,246	**-0,344***	0,114	-0,242	-0,189	-0,256
	p	0,126	0,148	0,155	0,043	0,514	0,162	0,277	0,137
Hostility	SCC	0,211	0,189	0,070	0,114	0,047	-0,098	0,128	0,185
	p	0,224	0,278	0,690	0,516	0,789	0,574	0,465	0,288
Physiological Answer	SCC	0,116	0,084	-0,043	-0,005	0,063	0,066	-0,039	0,065
	p	0,509	0,631	0,806	0,977	0,717	0,706	0,825	0,712
Dysphoric Emotionality	SCC	0,322	0,285	**0,339***	**0,412***	0,061	0,152	0,283	**0,345***
	p	0,059	0,098	0,046	0,014	0,730	0,383	0,100	0,042
Ineffectiveness	SCC	0,040	0,164	-0,011	0,173	0,179	-0,091	0,119	0,101
	p	0,821	0,345	0,950	0,320	0,303	0,604	0,496	0,563
Loss of Control	SCC	0,100	0,182	0,261	0,125	0,125	0,152	0,281	0,271
	p	0,567	0,295	0,130	0,474	0,476	0,385	0,102	0,116

Guiltiness	SCC	0,162	0,056	0,187	-0,018	0,241	0,011	0,121	0,167
	p	0,353	0,750	0,281	0,917	0,164	0,952	0,488	0,338

SCC – Spearman Correlation Coefficient; *****Significant Correlation, significance level of 5%.

From the analysis of table 2, we verified that there are several significant correlations such as moderate correlation between the '*dysphoric emotionality*' scale of the BPS[©] and the subscale of '*importance/value of CS*' of the MCSS[©] (0,412) and we verified a weak correlation between:

- the '*coping*' scale of the BPS[©] and the subscale of '*reflection*' of the MCSS[©] (-0,385);
- the '*denial*' scale of the BPS[©] and the subscale of '*reflection*' of the MCSS[©] (-0,371);
- the '*anger/frustration*' scale of the BPS[©] and the subscale of '*importance/value of CS*' of the MCSS[©] (0,355);
- the '*social support*' scale of the BPS[©] and the subscale of '*importance/value of CS*' of the MCSS[©] (-0,344);
- the '*dysphoric emotionality*' scale of the BPS[©] and the subscale of '*improved care/skills of CS*' of the MCSS[©] (0,339).

3. Discussion and conclusion

Nowadays, "(…) economic constraints, downsizing, restructuring, and the burden of emerging and remerging diseases on healthcare systems have created stressful working environments for many providers" (Ulrich; O'Donnel; Taylor; Farrar; Danis & Grady, 2007, p. 1709). Montes-Berges and Augusto (2007) state that "(…) as stress affects a large number of nursing professionals and gives rise to different negative consequences, it is necessary to pay attention to the resources or devices that nurses could use to diminish these effects" (p.163-164). It is undeniable that nurses need support in their professional practice because their practice is much more complex and unpredictable than what is said in the nursing theory. Through clinical supervision, nurses can perform with expertise, improve and develop the quality of the care they provide to their clients, reduce stress and optimize their coping resources.

The implementation of the clinical supervision model in nursing was for a short period of time (six months) but even though, our study pointed out that when the supervised nurses felt more '*anger/frustration*'or '*dysphoric emotionality*' (mood changes) greater was the '*importance/value of CS*'.

Teasdale and Brocklehurst and Thom (2001) refers in their study that the "Nursing in Context Questionnaire detected some statistically significant differences with supervised nurses reporting a more listening and supportive management, coping better at work and feeling that they had better access to support than unsupervised nurses" (p. 216). Nielsen and Tulinius (2009) state that stress and burnout is major problem among general practitioners. Therefore is necessary to be aware of the positive effects of CS in these variables and we need to invest in all strategies that can reduce stress and improve coping. Our study pointed out that CS can optimize the nurses' coping resources, becoming, by this way, a priority strategy to a better health simultaneously for the patients and for the supervised nurses.

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