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Clinical supervision in nursing: effective pathway to quality

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Abstract

Effects of clinical supervision on the quality of care are a key aspect in the improvement of quality and they were defined as a target area by the World Health Organization (Hyrkäs & Lethi, 2003).
The aim of this exploratory, descriptive and longitudinal study was to develop a clinical supervision in nursing model that best supports the nurses' professional practice. The research was done in several health institutions.
With this article we pretend to publicize the results of the application of the Portuguese version of the Manchester Clinical Supervision Scale© after the implementation of our clinical supervision in nursing model.

Selection and/or peer-review under responsibility of Dr Zafer Bekirogullari.
Keywords: Quality; Nursing; Effects; Clinical Supervision in Nursing Model; Manchester Clinical Supervision Scale©.

Introduction

Nowadays, in Portugal, we are increasing our experience and research on clinical supervision in nursing. So, we decided to carry out a research which problem was: what clinical supervision in nursing model best supports the nurses' professional practice?

The aim of this exploratory, descriptive and longitudinal study was to develop a clinical supervision in nursing model that best supports the nurses' professional practice. The research was done in several health institutions. Focus group was used to build the model and the choice of the care units for its implementation was been the nurse director' responsibility.

With this article we pretend to publicize the results of the application of the Portuguese version of the Manchester Clinical Supervision Scale© after the implementation of our clinical supervision in nursing model.

This article is divided into three main sections: the first one is related to the methodology and the study design, in the second one, we presented the results of the application of the Portuguese version of the Manchester Clinical Supervision Scale© and finally the discussion and the conclusion of it.

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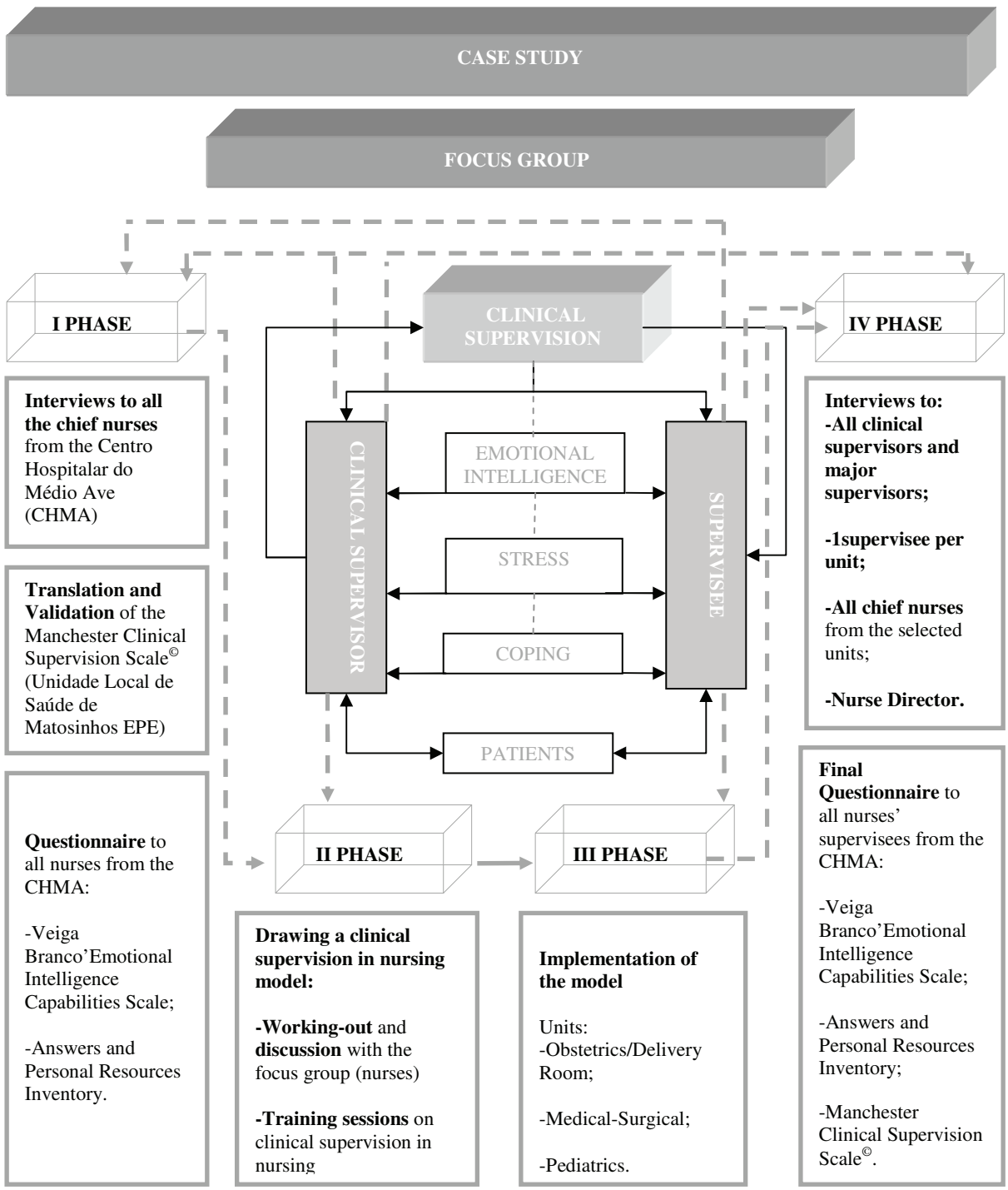
1. Methodology and study design

The literature pointed out the need for more research on the effects and on the core of clinical supervision in nursing therefore we decided to carry out an exploratory, descriptive and longitudinal study (figure 1).

Figure 1 – Representative scheme of the study



Our case study was divided into different phases (figure 1) to achieve the goals that we have previously defined such as: to know the clinical supervision in nursing phenomenon at the Centro Hospitalar do Médio Ave EPE (Médio Ave Hospital Centre EPE) (CHMA); to define a clinical supervision in nursing model to implement at the CHMA; to implement a clinical supervision in nursing model at the CHMA; to identify the clinical supervision in nursing effects after the implementation of the model; to explore relations between the clinical supervision in nursing effects and some variables (nurses' answers to stress, nurses' coping and nurses' emotional intelligence capabilities).

In the first phase which was essentially an exploratory one, we interviewed all chief nurses from the CHMA in order to know the phenomenon of clinical supervision in nursing or its absence in the Institution.

Simultaneously, we applied an initial questionnaire to all nurses which was comprised by three dimensions. The first one was related to the socio demographic data, the second one to the Answers and Personal Resources Inventory and the third one to the Veiga Branco' Emotional Intelligence Capabilities Scale.

In this phase, we also conducted a research to translate and validate the Manchester Clinical Supervision Scale© from English into Portuguese from Portugal. This methodological work grew in several care units of the Unidade Local de Saúde de Matosinhos EPE (Matosinhos Local Health Unit EPE).

In the second phase, focus group was used in order to define the objectives, the assumptions and the structure of clinical supervision that was gone to be implemented in the pilot care units chose by the nurse director. We performed a 12hours' clinical supervision course for the nurses with training sessions on clinical supervision theory and cases studies.

In the third phase, we implemented the model for a six month period in a medical-surgical unit, obstetric/delivery room and in the pediatric ward (in two hospital units from the CHMA.

The fourth and final phase of the study which was essentially an evaluative one, interviews were made to all chief nurses from the wards involved, to all major supervisors, to all supervisors and to a supervisee from each unit. We also interviewed the nurse director. We applied a final questionnaire to all nurses' supervisees which was comprised by four dimensions: the first one was related to the socio demographic data, the second one to the Answers and Personal Resources Inventory; the third one to the Veiga Branco' Emotional Intelligence Capabilities Scale and finally the last dimension of the questionnaire was related to the Portuguese version of the Manchester Clinical Supervision Scale©.

We obtained permission from the two Institutions mentioned above: Centro Hospitalar do Médio Ave EPE and Unidade Local de Saúde de Matosinhos EPE.

All the questionnaires applied had an introductory part where we explained the study and the ethical issues that we were going to respect like the anonymity and confidentiality of the collected information. We outlined the voluntary nature of the individuals' participation. We obtained permission from the authors of the several scales we used in the questionnaires.

All interviews were audio recorded with the permission of the participants. Only one nurse did not allow the recording but gave us permission for the interview. We also outlined the voluntary nature of their participation.

2. Results of the application of the Portuguese version of the Manchester Clinical Supervision Scale©

After the implementation of a clinical supervision in nursing model for a six month period, in the pilots wards chose by the nurse director of the CHMA, we applied a final questionnaire with four dimensions to all nurses' supervisees from the selected units. One of the scales included in this questionnaire was the Portuguese version of the Manchester Clinical Supervision Scale©. This scale is a 36 – item questionnaire with a Likert – type scale comprised by seven sub scales: trust/rapport; supervisor advice/support; improve care/skills; importance/value of clinical supervision; finding time; personal issues and reflection (Winstanley, 2000).

According to Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen (2003): "the aim of the instrument is to measure the efficiency of, and satisfaction with, the supervision received from supervisees' perspective, to investigate the skills acquisition aspect of clinical supervision and the effect on the quality of clinical care" (p.360).

We asked the nurses' supervisees to answer the final questionnaire to evaluate the clinical supervision process among other aspects. A total of 61 questionnaires were obtained with a Cronbach's alpha value for the total score of 0,938 and in the sub-scales the lowest value found was 0,522 in the sub scale "personal issues" and the highest one

was 0,899 in the sub scale "improve care/skills". We have had a convenience sample. The response rate was 98% (n=62 nurses). 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	21

In our sample, the majority of the respondents were female (90%) and nurses (79%).

Appropriated statistical tests were used to find the results of the comparison of the dimensions of the Portuguese version of the Manchester Clinical Supervision Scale© in the two hospital units after the implementation of the clinical supervision in nursing model that we have created. Unit A is comprised by two wards and Unit B only for one. The results are shown in table 2.

Table 2 – Comparison of the dimensions of the Portuguese version of the Manchester Clinical Supervision Scale© in the two hospital units

		Hospital Unit		
Dimensions	**Total (n=61)**	**A (n =36)**	**B (n=25)**	
	Med (P25 – P75)	Med (P25 – P75)	Med (P25 – P75)	*p§*
F1 (Trust/rapport)	28 (26 – 31)	30 (27 – 31)	26 (24 – 29)	***0,002***
F2 (Supervisor advice/support)	23 (20 – 24)	24 (22 – 25)	20 (18 – 23)	***<0,001***
F3 (Improve care/skills)	25 (22 – 27)	26 (25 – 27)	22 (18 – 26)	***<0,001***
F4 (Importance/value of clinical supervision)	24 (22 – 26)	25 (23 – 27)	23 (19 – 24)	***0,002***
F5 (Finding time)	13 (12 – 15)	13 (12 – 14)	14 (12 -16)	0,171
F6 (Personal issues)	9 (8 – 10)	10 (9 – 11)	8 (6 – 9)	***<0,001***
F7 (Reflection)	12 (12 – 13)	13 (12 – 15)	12 (11 – 12)	***0,002***
F Total	136 (125 – 143)	139 (133 – 147)	126 (113 – 136)	***<0,001***

Med-Median; P-Percentile; *p§* Mann-Whitney test

This data allows us to state that there were statistically significant differences of opinion in all dimensions of the Portuguese version of the Manchester Clinical Supervision Scale© with the exception of the sub scale "finding time".

3. Discussion and conclusion

Nurses need to have a great flexibility and be prepared to complex and demanding clinical situations. According to Hyrkäs & Lethi (2003), the effects of clinical supervision on the quality of care, are a key aspect in the improvement of quality and they were defined as a target area by the World Health Organization.

After the application of the Portuguese version of the Manchester Clinical Supervision Scale©, this study pointed out that there were statistically significant differences of opinion in all dimensions of the Portuguese version of the Manchester Clinical Supervision Scale© with the exception of the sub scale "finding time" and the Cronbach's alpha value for the total score was 0,938 and in the sub-scales the lowest value found was 0,522 in the sub scale "personal issues" and the highest one was 0,899 in the sub scale "improve care/skills".

In the Finnish version, Cronbach's alpha value for the total score was 0, 9227 and the lowest Cronbach's alpha value found was 0, 6393 in the same sub-scale ("personal issues") (Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen, 2003).

In their professional practice, nurses don't usually discuss personal issues and they try to focus their attention and their expertise on issues related to their professional activities.

The major target of the clinical supervision in nursing is the supervisee's needs and in our sample the supervisors work in the same care unit as the supervisees.

Winstanley (2000) reported that: "A high score for any sub-scale reflects a high degree of effectiveness for that aspect of the clinical supervision process. A high total evaluation score reflects a high level of overall effectiveness of the clinical supervision process" (p. 9).

Unit A had a total median of 139 which is very good and demonstrated the effectiveness of the process. According to White & Winstanley (2010): "Efficacious clinical supervision (indicated by a median supervisee total Manchester Clinical Supervision Scale© score of >136)" (p. 164).

On the basis of our findings, we recommend that the clinical supervision in nursing should be mandatory for every nurse in the clinical practice because its positive effects can't be denied but the clinical supervision process should be monitored systematically with accurate instruments such as the Manchester Clinical Supervision Scale©.

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