



SCIENTIFIC ARTICLE

Nursing tutors' perception of clinical supervision skills

Ernestina Silva^{a,*}, Ana Cristina Figueira^b, Sérgio Soares^c, Daniel Silva^a,
Lídia Cabral^a

^a Escola Superior de Saúde de Viseu, CIDETS, Instituto Politécnico de Viseu, Viseu, Portugal

^b Hospital Dr. Nélcio Mendonça, SESARAM, Funchal, Portugal

^c Escola Superior de Enfermagem da Cruz Vermelha Portuguesa de Oliveira de Azeméis, Oliveira de Azeméis, Portugal

KEYWORDS

Supervisor;
Nursing tutor;
Clinical Supervisor;
Nursing;
Supervision

Abstract

Introduction: The evolution of science and technology, changes within the healthcare organizations and new healthcare emerging philosophies require an active participation from healthcare professionals in helping in their peers' training. The supervision process is therefore more and more important.

Objectives: To identify specialist nursing instructors' perception of the clinical supervisor skills in child-health area and paediatrics.

Material and methods: Qualitative-descriptive and phenomenological study composed by a sample of ten nursing tutors in the Dr. Nélcio Mendonça Hospital's Paediatrics Department. We used a semi-structured interview and recordings of the conversations. We performed a content analysis on the corpus of all the interviews, once we had defined subcategories and indicators.

Results: The category "clinical supervisor skills" emerged from our study and the subcategories which were the most commonly referred were "personal characteristics with a 38% record unit and "professional skills" (25.7%). As far as the relevant aspects in the child-health area and paediatrics are concerned, personal and professional skills stood out once again, with a 40.4% rate each. The main facilitating factor in the supervision process was the fact that it is a structured process (21.6%), and the inhibition factor was the deficit that exists in interpersonal relationships (21.7%). Globally, there were more record units associated with inhibition factors.

Conclusion: Knowing what supervisors' insights in such a specific area as child-healthcare and paediatrics are, we think that this study can be a contribution to improve the quality of the supervision process in nursing. A joint effort between supervisor and supervised nurse will be needed to improve the processes that link institutions and their actors, processes where knowledge, experiences and professional objectives are commonly shared.

© 2016 Elsevier España, S.L.U. All rights reserved.

*Corresponding author.

E-mail: ernestinabatoca@sapo.pt (E. Batoca Silva).

Introduction

Nowadays, professional development is an unquestionable reality in our society. To promote, to encourage and to allow the improvement of each person's human capital is an urgent need to give the proper answer to the deep and complex changes that affect all the dimensions of our lives: physical, social and economical, intellectual, moral and spiritual. Clinical nursing supervision is a formal process of professional practice support which objectives are to help nurses take their decisions autonomously, favouring both the person's protection and the safety of the healthcare provided through a process of reflection and analysis of their clinical performances.¹ This requires a process of structured and formal cooperation which allows the supervised nurse to understand what being a healthcare professional means and the responsibility which is implicit and inherent to this medical profession² in other words, they stimulate the student's desire to develop personal and professional knowledge and ethical and moral standards during his career.³ The supervisor, in turn, will assume a prominent role in this relationship and in the cooperation that will have to exist between schools and Healthcare institutions by passing on his knowledge, experience and standards to the supervised student. This process will enable the development of the clinical practice through the promotion and development of healthcare quality standards. As for supervisors' characteristics, they have to be experienced professionals who, after having undergone specific training programmes, are responsible for the supervision of future healthcare professionals.² All this suggests that this process should be achieved through participatory dialogue and shared ideas,⁴ which are vital elements when we want to promote a good working environment and thus turn opportunities and experiences into learning moments where a faster and more efficient integration of the professional in his working context will be a reality.⁵ We know that a good working environment in any healthcare organization depends on the well-being of its professionals. The clinical teachings of nursing students bring school closer to real-life context in which healthcare practice happens, allowing the development of professional skills through real-life working situations that do not depend directly on teaching, but on the capacity to know how to get results using knowledge students got at school.⁶ Teachers and nurses are sure that there are skills associated with the way people do things, the way people have to behave and the way people have to act according to certain standards that can only be understood and developed by the students in working context.⁷ So, monitoring, guidance and help in delivering healthcare are aspects which are essential to the construction and mobilization of knowledge when students are in real-life situations. There are, however, certain aspects that clinical nurses say will make this guidance/supervision process more difficult: the ones that stand out are associated with human resources, material and structural resources, the way tasks are organized and distributed among the staff and the one associated with interpersonal relationships.⁸ Clinical supervision in child-healthcare and paediatrics must be adapted to the child/family focus and its intention is to work in partnership with the family/person that matters to the child, regardless of the context in which the child can be found.¹

The interaction between the child, the nurses and the family makes it possible for all the participants to share experiences, moral standards, knowledge and powers that will lead to changes in the way both healthcare professionals and families will act and behave. This way we build a relationship which objective is to ensure the best conditions for the child's global development. The parents' involvement will have to be negotiated and the role of each of the participants will have to be clarified.⁹

In this context, we think that it is essential to identify the nursing tutors' perception of the skills that a clinical supervisor in child-care and paediatrics areas should have; to understand the dynamics that come from this training process in that area and that takes place in a clinical supervision context and to analyse the constraints and potentialities that will limit or make clinical supervision possible. The purpose of this study is to raise awareness about the importance played by the clinical supervision process and to the role played by the nurse supervisor in healthcare delivery and in the ongoing improvement of the quality of healthcare.

Material and methods

Qualitative study with a descriptive phenomenology nature, with a non-probability sampling composed of ten nursing tutors specialized in Child-Care and paediatrics who were working in the Paediatrics Emergency Unit and in the Neonatal and Paediatrics Intensive Care Unit in November and December 2015. We got the participants and the Hospital Ethics Board permission to collect the data. A questionnaire to help typify the sample was then applied and we performed a semi-structured interview. The questions that formed the interview were verified by an expert in clinical supervision and we performed two interviews to two nursing tutors specialized in child-care and paediatrics that worked as pre-tests.

Results

40% of the 10 participants were between 32-36 years old and the average age is 40.5 years. 90% were female nurses and 50% were married or unmarried couples. As far as their job experience is concerned, 70% of the participants have a 13-19 years career. 40% of them have been working in the child-care and paediatrics field for 4-10 years and 40% have been working in this field for 11-17 years. When asked about their experience as clinical tutors, 60% of them answered that they have played that role for 2-10 years, 30% for 11-18 years and 10% have answered that they have been nursing/clinical tutors for more than 38 years. As for the number of supervised students in each clinical practice, we witnessed that 50% of the participants had already guided students/professionals in training courses. The institutions with which there has been a greater cooperation were São José de Cluny Nursing School, which was referred 38% of the time and the University of Madeira which got 29% of the given references. Those institutions are the only ones that are currently teaching a Nursing Course and specialization in nursing in Madeira. We found out that 20% of the participants have

undergone a specialized training in clinical supervision. One of the participants got a post-graduation course in clinical supervision and one of the others got a professional training course in the field.

Clinical Supervisor's skills

From the content analysis we performed emerged the category "clinical supervisor's skills" which was divided into the following subcategories: "personal traits", "professional skills", "professional skills in child-care and paediatrics", "advantages of clinical supervision" and "facilitating factors and inhibiting factors in the clinical supervision process". Several indicators, record units and enumeration units can be observed in Table 1.

Personal traits

The "clinical supervisor's personal traits" was the most referred subcategory and the most commonly referred indicator was the "good interpersonal relationships" with 13 enumeration units and that can be seen in the participants' expressions: "[...] should make their coworkers feel at ease [...]", "[...] I'm here to help you without that learning stress". Another indicator was "good communication" which was mentioned 7 times. Some of the sentences referred were: "[...] he has to develop a good communication", "[...] be able to pass his knowledge calmly and patiently [...]" As far as indicators were concerned, "empathy" and "capacity of observation and analysis" were referred 3 times: "[...] a

good relationship, a good empathy [...]", "[...] be very confident about what you are sharing".

Professional skills

The second subcategory was about "professional skills" with a 25.7% rate and the indicators with higher references were "a good leadership capacity", "planning and organization" with about 10 enumeration units (13.5%) and "technical skills" with 9 units (12.2%). The following sentences are examples of what was referred: "[...] skillfulness [...]", "[...] has to master the techniques associated with certain procedures [...]", "[...] the know-how, knowing the theory and the practical aspects [...]". We wish to emphasise some sentences associated with "technical skills": "[...] the more experience someone has in this field, the more organized he will be when he has to pass his knowledge [...]", "[...] must be skilled in healthcare management [...]", "[...] has to know how to organize his interventions to be able to pass this to his colleagues [...]", "[...] management of the material resources [...]".

Professional skills in child-care and paediatrics

In the "professional skills in child-care and paediatrics" category the indicator that was seen as the most relevant was "taking care of the child/young person and of the family in especially complex situations" and "provide the specific care that is the most suitable to meet the child's needs". As examples, we can show some of the participants' expres-

Table 1 Clinical supervisor skills categorization matrix

Subcategories	Indicators	UE	%
Personal traits	Empathy	3	4.1
	Positive self-esteem	2	2.7
	Facility to create good interpersonal relationships	13	17.6
	Observation and analysis capacity	3	4.1
	Good communication (feedback)	7	9.5
Professional skills	Technical skills	9	12.2
	Good leadership, organization and planning capacity	10	13.5
Professional skills in child-care and paediatrics	To assist the child/young patient to maximize his health	2	2.7
	To take care of the child/young person and of the family in complex situations and provide the specific care that is the most suitable to meet the child's needs	7	9.5
Advantages of clinical supervision	To provide learning and to promote the development of the supervised student	11	14.9
	To ensure an induction and/or a safe socio-professional transition and the quality of the nursing care provided	5	6.8
	To promote a collaborative relationship that will encourage development	2	2.7
Facilitating factors of the clinical supervision process	Structured process	13	21.6
	Supervision contract	6	10.0
Inhibiting factors in the clinical supervision process	Supervision relationship	7	11.6
	Human resources	2	3.3
	Material and structural resources	8	13.3
	Tasks organization/distribution	11	18.3
	Interpersonal relationships	13	21.7

sions: “[...] knowledge regarding the child’s diagnosis [...]”, “[...] having a minimum knowledge about what to do in certain pathologies and clinical situations [...]” The “assisting the child/young patient with his family to maximize his health” was referred twice (2.7%): “[...] may feel comfortable enough to pass the knowledge, to deal with the child and with the parents [...]”.

Advantages of clinical supervision

The advantages of clinical supervision were identified by the participants and we have concluded that the most recorded indicator was “to provide learning and to promote the development of the supervised student” (14.9%). We selected the following expressions: “[...] follow a plan that will be beneficial to the clinical practice and to the person concerned [...]” and “[...] also according to the person who stands in front of us, adapt our experience and guide [...]”. The indicator “to ensure an induction and/or a safe socio-professional transition and the quality of the nursing care provided” obtained 6.8%. We selected a few expressions: “[...] has to get informed before or when the student questioned him [...]”, “[...] then ask his colleague to do it himself, giving him the opportunity to gradually improve his technique [...]”. The last indicator in this subcategory “to promote a collaborative relationship that will encourage development” was referred by 2 participants (2.7%): “[...] giving his colleague enough space so they can follow their learning process [...]”.

Facilitating factors of the clinical supervision process

In the clinical supervision process facilitating factors, like the fact that it is a structured process (which obtained a 21, 6% rate), were recognized. We transcribed the following sentences: “[...] since the student already has some paediatric knowledge we managed to [...] gives us more time and we don’t need to explain everything [...]” and “[...] first the initiative of the student, be aware of new situations, new instructions [...]”. Other facilitating factors were “the supervision relationship” (11.6%) and the “supervision contract” (10.0%). The affirmations we took from the answers were: “[...] is to give them enough freedom, in other words it is the relationship I have with the student [...]” and “[...] when I monitor someone during practice, apart from what is already set I build a mental plan than work as a leitmotiv to the student’s practical guidance and to the supervisor [...]”.

Inhibiting factors in the clinical supervision process

From the participants’ interventions, we understood there are inhibiting factors of the clinical supervision process. The most commonly referred indicator was “personal relationship” (21.7%). These sentences will illustrate that position: “[...] don’t give the student enough room so he can show some capacity of intervention [...]” and “[...] when he (the supervisor) isn’t able to create an environment in which students feel at ease, it is very bad [...]”. “The way tasks are organized/distributed” was another indicator which obtained 11 mentions (18.3%). Examples are: “[...] you, at a certain moment, can be available to a colleague and at an-

other moment you will have to perform the functions which belong to a team leader [...]” and “[...] when we are with too many children, there is no time to explain [...]”. Material and structural resources were also referred as inhibiting factors and mentioned in two extracts: “[...] need to have a private space so there can be a more confidential conversation between supervisor and supervised student [...]” “Human resources” were also seen as an inhibiting factor: “[...] the boss had to set a more experienced team so that I, as a tutor, could have had more time to monitor my colleague [...]”.

Globally the relevant skills in child-care and paediatrics clinical supervision that stood out the most were “personal skills” and “professional skills” which obtained both 19 record units (40.4%). Those are some sentences we selected: “[...] if you subtly manage to gain his trust, you can have a better reaction and the cooperation from both sides (parents/children) [...]” and “[...] it’s not only the techniques that matter, it’s important to have relational skills [...]”. In the “professional skills” subscale, we selected the following expressions: “[...] knowledge and he has to show confidence in providing healthcare [...]” and “[...] he has to be aware of the parents too because we are not taking care of the child on his own [...]”. The indicator “clinical supervision skills” obtained 9 record units (19.2%). The following sentences can be considered as relevant examples: “[...] it’s important that, in a comprehensive manner, he can help and supervise them during their training and clinical practice [...]” and “[...] if he has both qualities (clinical supervision course and supervisor skills) it will help [...]”.

Discussion

This type of study doesn’t allow us to generalize the results we had obtained, however it introduced us to a very specific reality that deals with the nurses’ perception of clinical supervision in the field of child-care and paediatrics. New ideas and new themes have arisen to be investigated and it allowed us to reflect upon the practices which are followed in such a specific field, practices that can and must be improved.

We have to stress out that the perception a healthcare professional has regarding his supervisor’s skills is always subjective and greatly influenced by his professional career and by the working context in which he performs his activity.

Next we will stress out the main aspects of our study. As far as the clinical supervisor skills are concerned, we found out that the skills which were considered the most relevant were “personal skills”, “professional skills”, “professional skills in child-care and paediatrics” and “advantages of clinical supervision”.

Our data are in agreement with the study¹⁰ which had concluded that the features which were most valued by supervisors were “professional experience”, “the theoretical and practical knowledge in nursing and pedagogy” and “technical, scientific and relational skills”. In another study about clinical supervision⁴ we could see that the nurses who had been interviewed refer a diversity of features they consider as essential: up-to-date knowledge, relational skills, the promotion of autonomy, being a reference when it comes to providing healthcare and showing good partner-

ship during practice. To complement the aforementioned study¹¹ we can add team work, communication and respect as other nuclear skills. Similarly, a study about the clinical supervisor's profile,¹² concluded that several features are associated with the supervisor's ideal profile, features that will play an important role in the student's well-being and success. These qualities are responsible for the emotional support, for scientific and technical guidance and are essential to solve the problems with which the students has to deal while providing care. Tutors are indeed seen by their students as a professional role model and have to know very well how to master time management, how to organize their work correctly, they have to value the relationships with their patients, encourage a proximity relationship, be good professionals, have confidence in their capacities/skills, know how to maintain enthusiasm, be good friends, have a good sense of humor, be thoughtful and understanding.¹³ The supervisor's role is undoubtedly to support his students in their ethical ideal, in their intellectual and affective investment, in their will to speak about the healthcare they are learning about and providing. He has to know how to adapt strategies that will encourage students to build their own course of action in order to become efficient and capable professionals.²

In our study, as well as in others,¹³ we could witness that there are several factors that can make supervision more difficult. From all these factors, work overload should be taken into account because it will lead to a deficient supervision from the nursing tutors: to be able to achieve a good time management they will value healthcare delivery instead of students' monitoring and guidance. Other inhibiting factors we identified and that were also referred in another study⁸ have to do with human resources: shortage of healthcare professionals, excessive working time, work overload caused by the absence of other technical and auxiliary workers that will force nurses to work more than they should. The lack of nurses, material shortage, lack of adequate structures, architectural obstacles, work distribution and organization and conflicts were also referred as relevant inhibiting factors.

The supervisor's role is to guide his training students through their learning process keeping in mind its nature and the stages that are part of this process.¹³ Knowing how to respect individuality and how to create learning situations for the training student are relevant aspects. Students' own learning styles must be taken into account, too.

Other aspects that have to be respected are the work meetings, finding time and space for innovation and creativity that will be important to identify situations that can be potentially problematic. People should also discuss action alternatives, work on reflexive potentiality and the supervised student's decision-making capacity. We know that the supervision process requires a formal structure and formal processes. There are many models that have contributed to the supervision process and, regardless of the adopted model, all the supervision processes include an operational dimension which will make them transparent and easy to understand.

It is necessary to develop student skills that will promote an easy decision-making, a better self-confidence about themselves and about their attitudes and behaviours.¹³ The presence of their supervisor is essential if we want those

aspects to work successfully. His presence will give the students a higher confidence and they will feel safer during their practice. The trainer and the trainee are two independent figures involved in a mutual relationship which main goal is the development of both of them through a mutual learning/teaching process.¹⁴

As far as relevant clinical supervision skills in the field of child-care and paediatrics are concerned, we have concluded that the most commonly reported indicators were "personal skills" and "professional skills". Other authors¹⁵ also refer that the quality of supervision depends on the characteristics that a good clinical supervisor should have: he is considered as the one who stands out from the others because of his expertise granted through experience and through his supervised students' acceptability and because of his professional experience which represents the highest status he achieved in his field of expertise.

In such a specific field as child-care and paediatrics, personal and professional skills are very important because the child does not exist as a separate entity, the nurses actions have to include the child's family, too. Because of the wide range of ages of the paediatric patients, the need to build partnerships in care providing with the child's parents may be fundamental to the success of that child's healthcare process. A care providing partnership stands out as a fundamental condition that will meet the child and the family's needs while there are in a paediatric environment. Therefore all the nurses who work in this medical context should be aware of his importance.

All the nurses who are specialized in working with children and young patients must work in partnership with the child and this family (or with the person who means the most to him) regardless of the context in which they can be found.

We can conclude that clinical practice nursing tutors are renowned because of the important role they play. They make the students' integration easier; they supervise their learning keeping in mind higher objectives like providing a maximum quality healthcare. The nurse is seen as a role model to his students, therefore he has to adopt a correct set of attitudes and behaviours. Simultaneously he must act as a learning facilitating agent and work to promote the students' personal development. The supervisor must be aware of the supervised students' formative needs, of their motivations, their capacities and skills to be able to adapt his interventions and communication to the students' uniqueness as a person.¹⁴

Still, we consider cooperative supervision a way to build collaborative bridges, a situation which will allow the deconstruction and creation of clinical practices and the professional development to reach a maximum quality in the healthcare which is provided. The supervisor and the supervised student's joint efforts are thus essential, improving the processes that exist between the institutions and their actors, processes where the sharing of knowledge, experiences and professional objectives is a constant presence.

Aknowlegements

To all the nurses who have kindly participated in the interviews and to all who helped achieve this study.

What we know about the theme

- Clinical supervisor's skills and the supervision process play a very important role in nurses' professional development.
- The process of cooperative clinical supervision has to be improved.

What we get out the study

- Nurses had the opportunity to reflect on their peers' clinical supervision process. This reflection had reflexes in the continuous improvement of the quality of healthcare providing.
- Data reveal that nurses had identified some of the clinical supervisor's characteristics: personal traits, professional skills, child-care and paediatrics skills, advantages of clinical supervision and some of the facilitating and inhibiting factors of clinical supervision.

Conflicts of interest

The authors declare that there are no conflicts of interest.

References

1. Ordem dos Enfermeiros (PT), Conselho de Enfermagem. Modelo de desenvolvimento profissional: fundamentos, processos e instrumentos para a operacionalização do sistema de certificação de competências. Lisboa: Ordem dos Enfermeiros; 2010 [accessed 2016 Jun 29]. Available at: <http://www.ordemenfermeiros.pt/documentosoficiais/documents/cadernostematicos1.pdf>
2. Garrido A, Pires R, Simões J. Supervisão clínica em enfermagem: perspectivas práticas. Aveiro: Universidade de Aveiro; 2008.
3. Simões J, Garrido, A. Finalidades das estratégias de supervisão utilizadas em ensino clínico de enfermagem. *Texto Contexto Enferm.* 2007;16:599-608.
4. Pinheiro G, Macedo AP, Costa N. Supervisão colaborativa: concepções dos enfermeiros. In: França AP, Ribeiro CI, Pinto CB, Segadães F, Carvalho L, Santos MR, et al, editors. II Congresso Internacional de Supervisão Clínica: Livro de comunicações e conferências. Porto: ESEP; 2014. p. 87-92 [Accessed 2016 Jun 29]. Available at: http://www.esenf.pt/fotos/editor2/i_d/publicacoes/978-989-98443-6-0.pdf
5. Guedes M, Lourenço S, Mateus H. O que fazem os supervisores na integração? In: Antunes C, editor. A supervisão clínica em enfermagem: trabalho de projeto. Vila Real: Universidade de Trás-os-Montes e Alto Douro; 2013. p. 11-30.
6. Soares S. De um conhecimento às competências. 2008 [accessed 2016 Jun 29]. Available at: https://www.researchgate.net/publication/292092857_DE_UM_CONHECIMENTO_AS_COMPE-TENCIAS
7. Carvalhal R. Parcerias na formação: papel dos orientadores clínicos: perspetivas dos actores. Loures: Lusociência; 2003.
8. Gonçalves C, Minhava C, Jesus L, Baptista P. Que fatores institucionais dificultam o processo da supervisão clínica? In: Antunes C, editor. A supervisão clínica em enfermagem: trabalho de projeto. Vila Real: Universidade de Trás-os-Montes e Alto Douro; 2013. p. 43-62.
9. Mendes M, Martins M. Parceria nos cuidados de enfermagem em pediatria: do discurso à ação dos enfermeiros. *Revista de Enfermagem Referência.* 2012;3:103-21.
10. Cácio BR, Martins CAF, Passos LSS, Bartolomeu NMS. Relação supervisiva: o papel do supervisor. *Nursing.* 2012;24:16-9.
11. Koch C, Prata AP, Frade J, Santos MR. Supervisão clínica em enfermagem: contributo para o desenvolvimento de competências para a mobilidade. In: França AP, Ribeiro CI, Pinto CB, Segadães F, Carvalho L, Santos MR, et al, editors. II Congresso Internacional de Supervisão Clínica: Livro de comunicações e conferências. Porto: ESEP; 2014. p. 114-7 [accessed 2016 Jun 29]. Available at: http://www.esenf.pt/fotos/editor2/i_d/publicacoes/978-989-98443-6-0.pdf
12. Calado MG. Ser supervisor de ensino clínico: contributos para um perfil. In: França AP, Ribeiro CI, Pinto CB, Segadães F, Carvalho L, Santos MR, et al, editors. II Congresso Internacional de Supervisão Clínica: Livro de comunicações e conferências. Porto: ESEP, 2014. p. 167-74 [accessed 2016 Jun 29]. Available at: http://www.esenf.pt/fotos/editor2/i_d/publicacoes/e-book/cse4.pdf
13. Abreu WC. Formação e aprendizagem em contexto clínico, fundamento, teorias e considerações didáticas. Coimbra: Formasau; 2007.
14. Cunha M, Ribeiro OP, Vieira C, Pinto F, Alves L, Santos R, et al. Atitudes do enfermeiro em contexto de ensino clínico: uma revisão da literatura. *Millenium.* 2010;38:271-82. Available at: https://www.google.es/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjqs3K-6rOAhXJbhQKHT_2Cr4QFggcMAA&url=http%3A%2F%2Fwww.ipv.pt%2Fmillenium%2FMillenium38%2F18.pdf&usq=AFQjCNFE82JGKzhsUR8Qr6C5kwTL5aGfA&bvm=bv.129391328,d.d24&cad=rja
15. Faria S. Supervisão clínica na enfermagem no caminho da excelência dos cuidados. 2007 [accessed 2016 Jun 29]. Available at: <http://www.forumenfermagem.org/dossier-tecnico/item/2959-supervisao-clinica-na-enfermagem-no-caminho-da-excelencia-dos-cuidados#.V3LlgfkrLIU>