ORIGINAL RESEARCH

Clinical supervision factors as perceived by the nursing staff

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ABSTRACT

Objective: Assess clinical supervision factors as perceived by nurses and first line nurse managers at Assiut University Hospital, and explore the relationships among personal characteristics and clinical supervision factors of studied nurses and first line nurse managers.

Methods: A descriptive design was utilized in Medical and Surgical departments at Assiut University Hospital for A convenience sample of first line nurse managers (N = 30) and nurses (N = 151) by using study tools for nurses included two parts: 1) personal characteristics data sheet; 2) clinical supervision factors, and Study tool for first line nurse managers included two parts: 1) personal characteristics data sheet; 2) clinical supervision factors.

Results: The highest mean scores were in trust and rapport & Supervisor advice and support of clinical supervision factors among the studied nurses. While among first line nurse managers' the highest mean scores were in improved care and skills & personal issues and reflection of clinical supervision factors.

Conclusions: The most important clinical supervision factors which had the positive correlations were between finding time and ward atmosphere with age & years of experience with importance and value of clinical supervision among the studied first line nurse managers, while there was a negative significant correlation between age and trust and rapport & leadership style of the ward manager among the studied nurses. Nurse Managers should direct, monitor and evaluate the staff nurses through scientific standards of supervision as recommendation for the study results.

Key Words: Clinical supervision factors, Nursing staff, Perception

1. INTRODUCTION

Clinical supervision provides nurses the opportunity to improve quality of patient care and maintaining standards of care provided. In addition, clinical supervision (CS) provides an avenue for nurses to demonstrate active support for each other as professional colleagues, and providing reassurance and validation.[1]

Many nurses and nurse managers feel that the most future task for them is clinical supervision. So, most of first line manager functions are concerned with supervision, development of the moral, interest, and satisfaction of the staff nurses in their unit.[2]

Furthermore, the position of head nurses is vital at each unit and is one of the most difficult, demanding, and challenging jobs in any organization; where they should assess and evaluate the work performance of nurses, review completed medical forms to assess record keeping abilities, and inspect work areas for organization.[3]

Clinical supervisor had to be able to assist and support su-

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pervisees in the best possible way, and should demonstrate commitment and empathy. Empathetic supervisors are more successful because they understand what makes supervisees tick and can customize their approaches in order to reach others. In addition, they know how to give supportive, positive feedback, and encouragement.[4]

In addition, clinical supervisor should be active, open, and constructively help supervisees to effectively explore and develop clinical practice and allow them to discuss clinical and critical issues openly as the culture of clinical discussion seemed to develop in a more open manner and direction of clinical supervisor. Within these boundaries, explicit parameters should be made with regard to issues which could be addressed and which should not. Also, the work discussion that takes place in CS time offers a sustaining environment for nurses to develop their competencies.[5]

The significance of the study is a clinical supervision that increased clinical insight, personal confidence and stronger working, interrelationships, professional development, support, reflection and improvements to standards of care.[6] By searching on the internet it was noticed that there were no studies done in Upper Egypt about clinical supervision among nursing staff. So, the researchers enthusiastic to find the results of clinical supervision factors among nursing staff at Assuit University Hospital.

The study aims are to assess clinical supervision factors as perceived by nurses and first line nurse managers at Assiut University Hospital and explore the relationships among personal characteristics and clinical supervision factors of studied nurses and first line nurse managers at Assiut University Hospital. The research question, what are the associations among personal characteristics and clinical supervision factors among studied subjects?

2. METHODS

A descriptive design was utilized for the current study. This study was conducted in Medical and Surgical departments at Assiut University Hospital. A convenience sample of first line nurse managers (N = 30) and nurses (N = 151) working in Medical and Surgical departments at Assiut University Hospital.

2.1 Data collection tools

Study tool for nurses included two part, 1st part included personal characteristics data sheet: it was designed to collect data about nurses' age, gender, educational qualification, department name, and years of experience. 2nd part included clinical supervision factors which developed by Burns and Grove[7] then translated by the researchers. It covers 16 ques-

tions classified into three factors as follows: trust and rapport, supervisor advice and support, and leadership style of the ward manager.

Tool for first line nurse managers included two parts, 1st part included personal characteristics data sheet which designed to collect data about first line nurse managers' age, gender, educational qualification, department name, and years of experience. 2nd part included clinical supervision factors which developed by Polite & Beck[8] then translated by the researchers. It covered 34 questions classified into five factors as follows: Improved care and skills, Importance and value of clinical supervision, Finding the time, Personal issues and reflection, Ward atmosphere, and Supervisory relationship. Scoring system for both tools the participants were answered all questions by yes scored (one) or no scored (zero).

2.2 Study procedures

The pilot study served to test the feasibility, clarity, and practicability of the data collection tool. It was carried out on 20 nurses from different inpatient departments at Assiut University Hospital. The pilot study collected in February 2018. The study subjects included in the pilot study were excluded. Data collected from the pilot study were reviewed and used in making the necessary modifications prior to the finalization of the study tools for data collection.

Official permission was obtained from the hospital director, the nursing service administration director, and the head of each department before embarking on the data collection. The actual data collection was started in May 2018 and ended in June 2018. The researchers met the eligible first line nurse managers and nurses, explained to them the purpose of the study, and asked them for their oral consent to participate. Those who agreed to participate were given the tool and asked to fill them out and return them anonymously in the same setting or at most the next day. The participants' oral consent was obtained after informing them about their rights to participate, refuse, or withdraw at any time. Total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequency, percentages, mean and standard deviation Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value < .05.

3. RESULTS

More than half of nurses were aged from 19 -30 yrs. and from The Medical Department, nearly three quarters were male nurses, 98.7% had Secondary School of Nursing Diploma, more than two-thirds had from 5-10 years of experiences. As regards to first line nurse managers, 43.3% were aged from 31-35 yrs. All of them were females, 60.0% had Bachelor Degree of Nursing from Medical department and more than one quarter had from 5-10 years of experiences (see Table 1).

Table 2 shows that the highest mean scores were in trust and rapport & Supervisor advice and support of clinical supervision factors among the studied nurses (3.54 $\pm$ 2.30 & 3.48 $\pm$ 2.78) respectively.

Table 1. Distribution of personal characteristics for the studied subjects

Personal characteristics	Nurses (n = 151)		First line nurse managers (n = 30)	
	No.	%	No.	%
Age (years)				
19-30 yrs.	77	51.0	13	43.3
31-35 yrs.	30	19.9	13	43.3
36-40 yrs.	26	17.2	3	10.1
More than 40 yrs.	18	11.9	1	3.3
Mean $\pm$ SD	1.90 $\pm$ 1.07		1.73 $\pm$ 0.78	
Gender				
Female	106	29.8	30	100.0
Male	45	70.2	0	0.0
Educational qualification				
Secondary school of nursing diploma	149	98.7	11	36.7
Technical Institute of Nursing	2	1.3	1	3.3
Bachelor degree of nursing	0	0.0	18	60.0
Department				
Medical Units	82	54.3	18	60.0
Surgical Units	69	45.7	12	40.0
Years of experience				
5-10 yrs.	62	41.1	9	30.0
11-15 yrs.	33	21.9	8	26.7
16-20 yrs.	41	27.2	8	26.7
More than 20 yrs.	15	9.9	5	16.6

Table 2. Mean scores of clinical supervision factors among the studied nurses at Assiut University Hospital (N = 151)

Clinical supervision factors	Nurses
	Mean $\pm$ SD
1. Trust and Rapport.	3.54 $\pm$ 2.30
II. Supervisor advice and support.	3.48 $\pm$ 2.78
III. Leadership style of the ward manager.	2.33 $\pm$ 1.82

Table 3 presents that the highest mean scores were in improved care and skills & personal issues and reflection of clinical supervision factors among the studied first line nurse managers (6.00 $\pm$ 0.04 & 5.06 $\pm$ 1.77) respectively.

Table 3. Mean scores of clinical supervision factors among the studied first line nurse managers at Assiut University Hospital (N = 30)

Clinical supervision factors	First line nurse managers
	Mean $\pm$ SD
1. Improved care and skills.	6.00 $\pm$ 0.04
II. Importance and value of clinical supervision.	2.16 $\pm$ 2.23
III. Finding time.	2.90 $\pm$1.66
IV. Personal issues and reflection.	5.06 $\pm$ 1.77
V. Ward atmosphere.	3.43 $\pm$ 1.38
VI. Supervisory relationship.	3.90 $\pm$ 2.05

Table 4 depicts that the positive correlation between supervisor advice and support with trust and rapport & leadership style of the ward manager with a statistically significant relation among studied nurses (0.745** & 0.634**, $p < .05$) respectively.

Table 5 demonstrates that, the positive correlation between finding time and ward atmosphere and improved care and skills as regard clinical supervision factors with highly statistically significant relations among first line nurse managers

(0.618** & 0.505**) respectively.

Table 6 illustrates that, there were negative significant correlations between age and trust and rapport & leadership style of the ward manager among the studied nurses (-0.169* & -0.194*, $p < .05$) respectively.

Table 7 describes that, there was a positive significant correlation between age with finding time & years of experience with importance and value of clinical supervision among first line nurse managers (0.005 & 0.008) respectively.

Table 4. Correlation between clinical supervision factors among nurses at Assiut University Hospital

Clinical supervision factors	Pearson correlation coefficient		
	Scores		
	Trust and Rapport	Supervisor Advice and Support	Leadership Style of the Ward Manager
Trust and Rapport		0.745**	0.634**
Supervisor Advice and Support	0.746**		0.745**
Leadership Style of the Ward Manager	0.634**	0.760**	

**$p < .01$

Table 5. Correlation between clinical supervision factors among first line nurse managers at Assiut University Hospital

Items	Pearson correlation coefficient					
	Scores					
	Improved care and skills	Importance and value of clinical supervision	Finding time	Personal issues and reflection	Ward atmosphere	Supervisory relationship
Improved care and skills		0.409*	0.505**	0.301	0.323	0.214
Importance and value of clinical supervision	0.409*		0.482**	0.065	-0.023	-0.018
Finding time	0.505**	0.482**		0.362*	0.618**	0.339
Personal issues and reflection	0.301	0.065	0.362*		0.114	0.416*
Ward atmosphere	0.323	-0.023	0.618**	0.114		0.501**
Supervisory relationship	0.214	- 0.018	0.339	0.416*	0.501**	

Note. *$p < .05$; **$p < .01$.

Table 6. Correlation between the scores of clinical supervision factors and nurses' personal characteristics at Assiut University Hospital

Personal Characteristics	Spearman rank correlation coefficient		
	Trust and Rapport	Supervisor Advice and Support	Leadership Style of the Ward Manager
Age[#]	-0.169*	-0.146	-0.194*
Qualification	-0.070	0.026	0.025
Years of experience	-0.055	-0.038	0.123

[#]Pearson correlation coefficient; *$p < .05$.

Table 7. Correlation between the scores of clinical supervision factors and first line nurse managers' personal characteristics at Assiut University Hospital

Personal Characteristics	Spearman rank correlation coefficient					
	Improved Care and Skills	Importance and Value of Clinical Supervision	Finding Time	Personal Issues and Reflection	Ward Atmosphere	Supervisory Relationship
Age[#]	0.085	-0.191	0.005	-0.160	0.110	0.026
Qualification	0.078	-0.025	-0.043	-0.354	0.024	-0.275
Years of experience	0.083	0.008	-0.191	-0.001	-0.110	0.059

[#]Pearson correlation coefficient

4. DISCUSSION

Clinical supervision is a cornerstone of clinical practice and concerned with the provision of evaluation, guidance, and feedback on matters of personal, professional, and an educational development for nursing care of patients. The present study was conducted with the aim to assess clinical supervision factors as perceived by nurses & first line nurse managers at Assiut University Hospital.

The highest mean scores were in trust and rapport & supervisor advice and support of clinical supervision factors among the studied nurses. This could be attributed to that first-line nurse managers try to learn and gain knowledge about clinical supervision and its elements as well as the essential skills and how to implement the clinical supervision for nurses from their postgraduate study, this resulted in positive perception of nurses toward the effectiveness of clinical supervision provided by their direct clinical supervisors.

This finding consistent with Brunero & Stein[9] who reported that clinical supervision enables nurses to safe, supportive environment through participation nurses to their colleagues in an effort to increase understanding about clinical issues and CS provides peer support and stress relief for nurses as well a means of promoting professional accountability and skill and knowledge development. This could be supported by Edward et al.[10] who indicated that training on clinical supervision could result in changes in the attitudes, values, behaviors of the clinical supervisor as well as the supervisees' perception of their managers. But it inconsistent with the finding results among the studied nurses, because not provide good supervision systems can enable nurses to feel in trust and empowered to be more confident and competent.

The highest mean scores were in improved care and skills & personal issues and reflection of clinical supervision factors among the studied first line nurse managers. This finding consistent with Abou-Hashish[11] who explored that, the positive effect of the clinical supervision on the quality of care for the first line of the nurse manager and staff nurses and how it reflected on improving the patient care and believed to advance the outcome. Also, consistent with El zeneny,[12] who reported that clinical supervision competencies for nurse manager have higher mean scores in her results and a high score in quality of care for patients. Moreover, Petty et al.[13] showed that the positive effect of clinical supervision on patient and residency outcomes.

5. CONCLUSION

The most important clinical supervision factors which had the positive correlation were between finding time and ward atmosphere with age, and years of experience with importance and value of clinical supervision among the studied first line nurse managers, while there was a negative significant correlation between age and trust and rapport & leadership style of the ward manager among the studied nurses.

Recommendations

The researchers recommended the following: formulate training sessions about effective clinical supervision at hospitals, First line nurse managers must be designated a schedule for supervision, Frequent meeting with nursing directors and supervisors and encouraging discussion of clinical issues using leadership abilities in guiding and supporting nursing personnel, Nurse Managers should direct, monitor and evaluate the staff nurses through scientific standards of supervision, and Integrate the clinical supervision in the philosophy of the hospital through developing a set of policies that related to the principles and methods of its application as recommendations for the study results.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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