Clinical supervision: The way forward? A review of the literature

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Summary A discussion of clinical supervision to enhance existing support structures such as preceptorship and mentorship to positively influence the recruitment and retention of newly graduate nurses provides the main focus for this paper. The nursing literature provides evidence for alternative but equally worthy perspectives on clinical supervision. Essential to the successful practice of clinical supervision is the need to ascertain whether it is simply a system to ensure an effective workforce or one that will empower nurses to realise their vision of nursing.

Introduction

Graduate nurse attrition is an increasing phenomenon within nursing (Cowin and Hengstberger-Sims, 2006). The nursing profession has experienced significant problems retaining nurses (McCloghuen and O’Brien, 2005). This concern is echoed by others who suggest that recruitment and retention of nurses and midwives is a dilemma observed by Health Service Providers internationally (Kingma, 2001; Walker, 2005). Only India, the Philippines and Spain are reported to have a surfeit of nurses (Chaguturu and Vallabhaneni, 2005).

Research estimates that between 35% and 61% of new nursing graduates change their place of employment or leave the nursing profession altogether within their first year of nursing (Aiken et al., 2001). Newly graduate nurses exercise choice of where they wish to work because they are in demand and there a number of nurse graduates who opt not to register when they qualify (Dearmun, 2000). There is a dearth of evidence however, as to why new graduates leave the profession (Gaynor et al., 2006).

The transition period from student to staff nurse is therefore currently attracting the attention of nursing authors and researchers globally to explore strategies for optimum management of this transition (Cowin and Hengstberger-Sims, 2006). The purpose of this paper is to consider clinical supervision as a strategy to complement existing support models such as preceptorship or mentorship to address the current problems of recruitment and
retention in the context of transition from student to graduate nurse.

Literature review and parameters

Literature for this paper was identified through a variety of sources. Relevant articles were obtained from libraries, electronic databases and interlibrary loans. A search of electronic databases included: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Pub Med and Science Direct using key words clinical supervision, recruitment, retention and leadership. The journal search was limited to publications from 2001 to 2008. Literature predating 2001, when included, refers to seminal or frequently cited research of significance to this paper. A review of 72 international related journal articles was conducted. Critical review and analysis resulted in the inclusion of 49 papers in the literature review.

The new graduate transition

The preliminary nursing experiences of new graduate nurses most often occurs in the perspective of the clinical setting of a health service organisation (Heslop et al., 2001). The socialization and incorporation of newly registered nurses into the health care system is crucial due to the aforementioned shortage of nurses (Aiken et al., 2001). The quality of the transition experience from student to graduate nurse is thought to influence graduate nurse retention (Druscher, 2001; Ewens, 2003). New nurse graduates expect a hospital environment that is both challenging and supportive (Heslop et al., 2001). Supportive relationships such as those observed in clinical supervision are the key to ensuring supportive work environments where nurses want to remain (Mills et al., 2005).

Models of support for nurse graduates in the clinical learning environment

It has been proposed that the most important issue for a nurse is the provision of assistance and support during their transition period from student to staff nurse (Amos, 2001). The nursing literature highlights preceptorship, mentorship and clinical supervision as strategies of support for graduate nurses. A preceptor, usually a staff nurse, is responsible for teaching, role modeling and support for learning for nurses in the clinical setting (Baxter, 2006). Preceptorship is concerned with skill acquisition and socialization (Mills et al., 2005) and is considered a strategy to assist newly graduated nurses in their transition to the work environment (Mc Carty and Higgins, 2003). Similarly, it is postulated that preceptorship assists nursing students to develop their confidence in practice and facilitates their transition into their new nursing role (Corlett et al., 2003). Pre-requisites of clinical supervision for preceptors are understanding the significance of supervision, organisation of clinical supervision, theoretical and clinical skills (Häggman-Laitila et al., 2006).

Definition of clinical supervision

Various definitions of clinical supervision exist in the nursing literature however, the concept remains ill defined (Lyth, 2000). It is acknowledged that definitions of clinical supervision vary, however in essence, clinical supervision may be defined...
mic placement (Mills et al., 2005). In the United States of America (USA), the term clinical supervision has been recommended by the Royal College of Nursing (R.C.N.) (2003) provided impetus for the introduction of clinical supervision (Baxter, 2006). The Royal College of Nursing (R.C.N.) (2003) provided documentary evidence that clinical supervision is essential for the framework of clinical governance as it ensures opportunities for improvement and continued professional development.

Clinical supervision internationally

Early accounts of clinical supervision and its merit in nursing first appeared in the nursing literature 19 years ago (Hill, 1989). Much of the literature concerning clinical supervision in nursing originates predominantly in the United Kingdom (UK). Clinical supervision was endorsed by the Department of Health (DoH) in the UK in the 1990s by nursing academics and nursing professional bodies and it was proposed that clinical supervision should be an integral part of practice for all nurses (Davey et al., 2006). Educational reforms and increased emphasis on professional accountability in nursing in the U.K. provided impetus for the introduction of clinical supervision (Baxter, 2006). The Royal College of Nursing (R.C.N.) (2003) provided documentary evidence that clinical supervision is essential for the framework of clinical governance as it ensures opportunities for improvement and continued professional development.

Clinical supervision for nurses working in Australia is relatively novel and has been slow to gain recognition (Mills et al., 2005) a finding very evident in New South Wales (White and Roche, 2006). A possible reason for this might be that formal and informal clinical supervision has been recommended by the Australian Health Ministers’ Advisory Council for mental health nurses only (Winstanley and White, 2003). Literature on clinical supervision in Canada and New Zealand is written with reference to the supervision of nursing students while on clinical placement (Mills et al., 2005). In the United States of America (USA), the term clinical supervision is used in general to depict support for nursing students prior to professional registration (Teasdale et al., 2001).

Barriers to clinical supervision

In their review of the literature on clinical supervision there was little evidence that clinical supervision is a negative experience (Butterworth et al., 2007). Resistance to clinical supervision by nurses and midwives, if it occurs, may be due to a number of reasons. A qualitative study that evaluated factors which influence the effectiveness of clinical supervision revealed that short and occasional clinical supervision are of limited value to practitioners (Edwards et al., 2005). Similarly, another qualitative study found time to be the primary limiting factor with implementation of clinical supervision in everyday practice (Johns, 2003). An essential goal according to Edwards et al. (2005) is the creation of opportunities for more regular and longer clinical supervision sessions to occur, the accomplishment of this aspiration will involve both organisational and cultural change (Johns, 2003).

Some studies provide evidence that clinical supervision may not always have universally positive results. Participants in one study questioned the value of clinical supervision (Deery, 2005). In another study, three out of five hospitals concluded their supervision prematurely as participants perceived they were not benefiting (Hyrkäs et al., 2003). In a study of clinical supervision it was acknowledged that there are financial costs in the development and implementation of clinical supervision; however this investment is worthwhile in terms of benefits observed including reduced sick leave, reduced absenteeism and staff retention (Winstanley and White, 2003). Similarly, a recent empirical study which examined the clinical supervision experiences of nurse practitioners 18 months after qualifying from a diploma programme confirmed that investment in quality clinical supervision is a key strategy in retaining nurses (Davey et al., 2006). Finally, there may be barriers that may possibly impede implementation of clinical supervision, nevertheless, increasing evidence suggests that potential benefits can be realised (Lyth, 2000).

Evaluation studies of clinical supervision

As clinical supervision is becoming progressively established, measurement of its effectiveness is an important challenge (Butterworth et al., 1997; White and Roche, 2006). Albeit evaluation of clinical supervision is difficult, proving its effectiveness is critical for clinical supervision to be implemented and sustained (Lynch and Happell, 2008). The Clinical Supervision Evaluation Project, the largest study undertaken in the world (Butterworth et al., 1997) of 586 nurses actively involved in the process of clinical supervision was conducted in 23 centers in England and Scotland. This study reported an overwhelmingly positive response from.
nurses to clinical supervision. Findings of the study suggested that clinical supervision is associated with provision of support for practitioners, improved job satisfaction and reduced burn out levels (Butterworth et al., 1997).

The Manchester Clinical Supervision Scale (MCSS), the only internationally validated research instrument which measures the effectiveness of supervision received was developed using qualitative data from the Clinical Supervision Evaluation Project (Winstanley, 2000). In a descriptive quantitative study of 817 community mental health nurses in Wales, which replicated the work of Winstanley (2000), the MCSS was used to measure the effectiveness of clinical supervision received. Findings of this study highlighted that perceived quality of supervision was higher for nurses who had selected their own supervisor, when clinical supervision sessions lasted for over an hour and occurred at least monthly (Edwards et al., 2005).

In a survey design study of 211 qualified nurses, comprising of both quantitative and qualitative data from 11 randomly chosen hospitals and community NHS Trusts in one district in England the benefits of clinical supervision were evaluated (Teasdale et al., 2001). Results of this study demonstrated that clinical supervision provided valuable support for junior staff. A recommendation of this study is that if resources are scarce, the provision of clinical supervision should be to more junior staff as a valuable form of support in their early years as qualified practitioners.

Findings of an evaluation study of clinical supervision revealed that preparation of both supervisors and supervisees is of paramount importance for its successful implementation and that clinical supervision is very significant for nursing due to the potential benefits it may bring to patient care and nurses themselves, both individually and as a profession. Every effort should be made in achieving the full potential of clinical supervision (Aston and Molassiotis, 2003). Qualitative studies of clinical supervision in nursing suggest a reduced sense of professional isolation (Bedward and Daniels, 2005), enabling of professional development and personal growth (Lyth, 2000) enhancement of the quality of patient care (Hyrkäs and Paunonen-Ilmonen, 2001; Ashburner et al., 2004), the full potential of which might be recognised more readily in a group supervision context (Clouder and Sellars, 2004). Recent literature concerning nurse graduates and their initial employment period highlighted the need for a multifaceted new graduate programme to include excellent clinical supervision, preceptorship and mentorship (McCloughen and O’Brien, 2005; Rydon et al., 2008).

Clinical supervision, recruitment and retention of nurses and midwives

Staffing shortages represent a significant increasing challenge to the provision of effective health care (Cowan and Norman, 2006). Clinical supervision is considered a vital component of strategic workforce planning to address the problem of recruitment and retention (Mills et al., 2005). An evaluation initiative in which mental health nurses engaged in group clinical supervision found that students reported enhanced therapeutic skills, reduced personal stress and clinical supervision was suggested as a possible strategy in recruiting and retaining high-quality nursing staff (Ashmore and Carver, 2000).

Many qualitative studies have cited findings of improved recruitment and retention of nurses where clinical supervision is practiced. Clinical supervision has been suggested as an effective method of recruitment by increasing students’ satisfaction and their desire to remain in nursing following their graduation (Hyrkäs et al., 2006; Häggman-Laitila et al., 2006). Similarly, findings from a recent qualitative study suggested that investment in quality clinical supervision is a vital strategy in retaining nurses (Lynch and Happell, 2008). Employers in healthcare organisations could possibly influence cultural and organisational perceptions of clinical supervision positively by targeting new staff. Debatably, it is staff members who are assisted by clinical supervision in their transitional period who gain the most from clinical supervision, becoming ambassadors as they integrate into the system (Howatson-Jones, 2003).

Leadership behaviour that demonstrates support and consideration for staff impacts positively on staff nurse retention and is an essential component of any recruitment and retention strategy (Kleinman, 2004). Several studies have discussed clinical supervision as an opportunity for the development of leadership in nursing (Heath and Freshwater, 2000; Johns, 2003). Similarly, Mills et al. (2005) and Lynch and Happell (2008) considered leadership as pivotal in the implementation of clinical supervision and suggested that leadership such as that observed in clinical supervision is the key to ensuring supportive work environments where nurses want to remain. Leadership is essential to ensure cultural change within an organisation and approaches such as clinical supervision are essential for an espoused culture to be a culture in practice (Manley, 2000).
Implications for nursing education and practice

Essential to the successful practice of clinical supervision is the need to ascertain whether clinical supervision is simply a system to ensure an effective workforce or one that will empower nurses to realise their vision of nursing (Johns, 2003). Clinical supervision is an evolving practice, with experimentation and challenge as its building blocks (R.C.N., 2003). New graduate nurses have articulated their need for support to facilitate their transition from student to registered nurse (McCloughen and O’Brien, 2005). Little doubt remains that graduate nurses are an eagerly sought source of work-force recruitment (Cowin and Hengstberger-Sims, 2006). The findings of the studies described in this paper relevant to clinical supervision and recruitment and retention of graduate nurses have important considerations for both education and practice. The nursing literature provides evidence for alternative but equally worthy perspectives on clinical supervision. Health service providers are responsible to ensure that clinical supervision is available to individual practitioners, although presently clinical supervision is simply a recommendation and not a compulsory component of practice (Edwards et al., 2006).

Conclusion

The benefits of clinical supervision are evident in the studies presented in this paper. Graduate nurses are a precious resource and strategies must be employed to ensure their recruitment and retention. This paper has provided an overview of the concept of clinical supervision and promoted an awareness of its established relevancy to the concepts of recruitment and retention within nursing. Clinical supervision has been highlighted as a possible strategy to complement and enhance existing support models such as preceptorship or mentorship to address the present challenge of recruitment and retention of graduate nurses within the current health care system.

References


