Which Clinical Supervision in Nursing Strategies Nurses Wish to be Implemented in Their Health Contexts? Construction and Validation of a Questionnaire

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Regina Maria Pires, RN, MS
## Faculty disclosure

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<tr>
<th>Faculty Name:</th>
<th>Inês Alves da Rocha e Silva Rocha, RN, MS</th>
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<td>São João Hospital - Porto</td>
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Goals and objectives

• **Session Goal:**
  - Analyze the phenomenon of Clinical Supervision in Nursing (CSN) in the health contexts.

• **Session Objectives:**
  - Identify the CSN strategies that nurses wish to be implemented in their health contexts.
  - Explain the process of constructing and validation of the Questionnaire of Frequency Assessment of Clinical Supervision in Nursing Strategies (QFACSNS).
Purpose of the study

CLINICAL SUPERVISION IN NURSING

Knowledge
Skills

Autonomous decision-making

Well being of professionals / Safety of care / Patients protection

NURSING QUALITY OF PRACTICE

(Abreu, 2007; Winstanley & White, 2003)

(Butterworth et al., 2008; Correia & Servo, 2006; Hyrkäs & Shoemaker, 2007; Moura & Mesquita, 2010)
Purpose of the study

Implementation of CSN Strategies

*Perception of nurses regarding:
  * the frequency which they wish the CSN strategies were implemented in their practice.*
Instrument for collecting the data

**QUESTIONNAIRE OF FREQUENCY ASSESSMENT OF CLINICAL SUPERVISION IN NURSING STRATEGIES (QFACSNs)**

I. Define the information to collect

II. Build a database of questions

III. Formulate questions

IV. Sort the issues

V. Writing the introduction and guidelines

VI. Submit the draft questionnaire to review
   - International experts
   - National experts

VII. Pre-test the questionnaire
   - Nurses without training in CSN
   - Nurses with training in CSN

(Fortin, 2009)
Design of the study

- Quantitative
- Cross study
- Comparative Descriptive/Exploratory
Sample and ethical considerations

Criteria for inclusion in the study
• Being a nurse
• Agree to participate in the study

273 Nurses:
- Hospital
- Primary Health Care (PHC)

Direct application of QFACSNS
Application of QFACSNS through an electronic platform

The investigator should take ethical behavior since the selection of the problem to the point of publishing the results, basing his performance on explicit recognition of dignity as a core value of every human person.

(Martins, 2008)
Presentation, discussion and analysis of results

Validation of the QFACSNS

- The following psychometric properties were evaluated: validity and reliability.

**VALIDITY**

- Content validity
  - Group of international and national experts
  - Group of nurses who participated in the pre-test

(Polit & Beck, 2010)
The following psychometric properties were evaluated: validity and reliability.

RELIABILITY

- Internal consistency
  - Calculating the Cronbach alpha coefficient (>0.80)
- Frequency related to the desire of implementation of the CSN strategies:
  \[ \alpha = 0.913 \]

(Pallant, 2010)
Presentation, discussion and analysis of results

Characterization of the sample

- **Age** - from 24 to 58 years; $M=34; SD=7.05$

- **Gender** - female: 83.2%; $n=227$
  - male: 16.8%; $n=46$

- **Experience in Nursing** - between 1 and 36 years; $M=11; SD=6.77$

- **Context** - Hospital: 64.3%; $n=175$
  - PHC: 35.7%; $n=97$
## Presentation, discussion and analysis of results

### Frequency related to the desire of implementation of the CSN strategies in health contexts

<table>
<thead>
<tr>
<th>CSN Strategies</th>
<th>% scores</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Individual supervision sessions</td>
<td>20,5</td>
</tr>
<tr>
<td>Group supervision sessions</td>
<td>9,2</td>
</tr>
<tr>
<td>Feedback</td>
<td>27,1</td>
</tr>
<tr>
<td>Critical and reflective analysis of practice</td>
<td>31,1</td>
</tr>
<tr>
<td>Case analysis with the supervisee</td>
<td>13,2</td>
</tr>
<tr>
<td>Case analysis in group</td>
<td>5,1</td>
</tr>
<tr>
<td>Self supervision</td>
<td>32,2</td>
</tr>
<tr>
<td>Analysis of nursing care documentation</td>
<td>25,3</td>
</tr>
<tr>
<td>Demonstration</td>
<td>41,4</td>
</tr>
<tr>
<td>Reflective report</td>
<td>4,8</td>
</tr>
<tr>
<td>Supervision at distance: telephone</td>
<td>9,5</td>
</tr>
<tr>
<td>Supervision at distance: email</td>
<td>13,6</td>
</tr>
<tr>
<td>Supervision at distance: skype®</td>
<td>7,0</td>
</tr>
<tr>
<td>Support</td>
<td>38,5</td>
</tr>
<tr>
<td>Continuing training</td>
<td>17,2</td>
</tr>
<tr>
<td>Observation</td>
<td>48,0</td>
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Presentation, discussion and analysis of results

Results of Mann-Whitney test on the desire to implement the CSN strategies due to the work context

<table>
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<th>PHC (n=97)</th>
<th>Hospital (n=175)</th>
<th>p</th>
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<tr>
<td>Reflective report</td>
<td>124,25</td>
<td>143,29</td>
<td>0.044</td>
</tr>
<tr>
<td>Supervision at distance: telephone</td>
<td>120,72</td>
<td>145,25</td>
<td>0.012</td>
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<tr>
<td>Supervision at distance: email</td>
<td>119,98</td>
<td>145,65</td>
<td>0.008</td>
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</table>

There are statistically significant differences (p<0.05) between the PHC nurses and the hospital nurses regarding their desire to implement the strategies ‘reflective report’, ‘supervision at distance: telephone’ and ‘supervision at distance: email’: nurses from the PHC want to use more these CSN strategies than nurses who work at the hospital setting.
Conclusion

• The CSN strategies that nurses wish to be more implemented in their health contexts are ‘observation’, ‘demonstration’ and ‘support’.

• The QFACSNS is a reliable instrument and has content validity therefore:
  - can be applied in Mentorship, Preceptorship or CSN;
  - the data obtained from the application of this questionnaire can be an important contribution to reconsider the existing clinical supervision policies and programs or can be crucial in the planning of a clinical supervision program adjusted to each context.
References


References


