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**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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# Goals and objectives

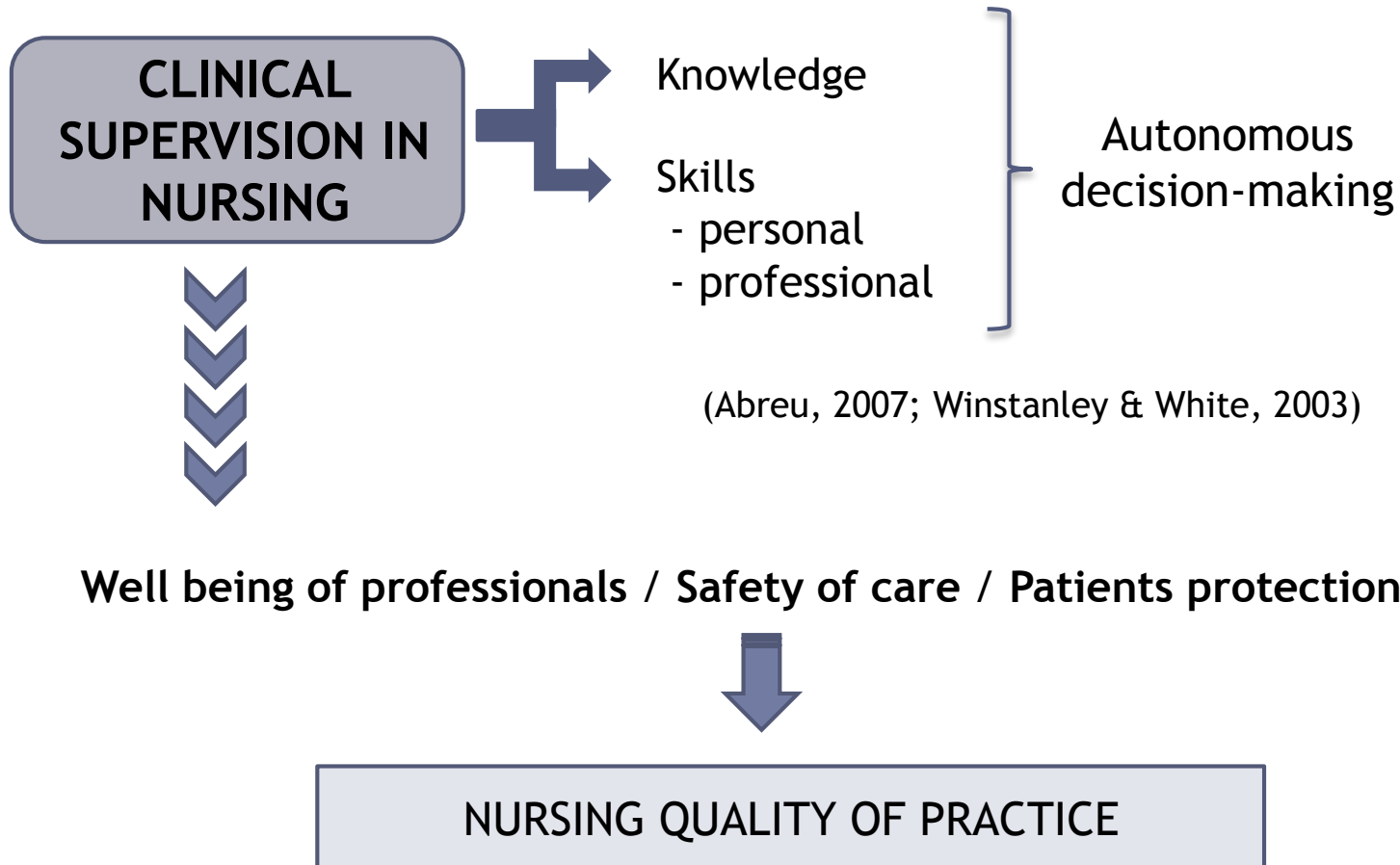
- **Session Goal:**

- 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



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

# Purpose of the study

NURSING QUALITY OF PRACTICE

**Clinical Supervision:**  
- Questioning nursing interventions

Implementation of CSN Strategies

(Fonseca, 2006; Jones, 2006)



**Perception of nurses regarding:**

- the frequency which they wish the CSN strategies were implemented in their practice.

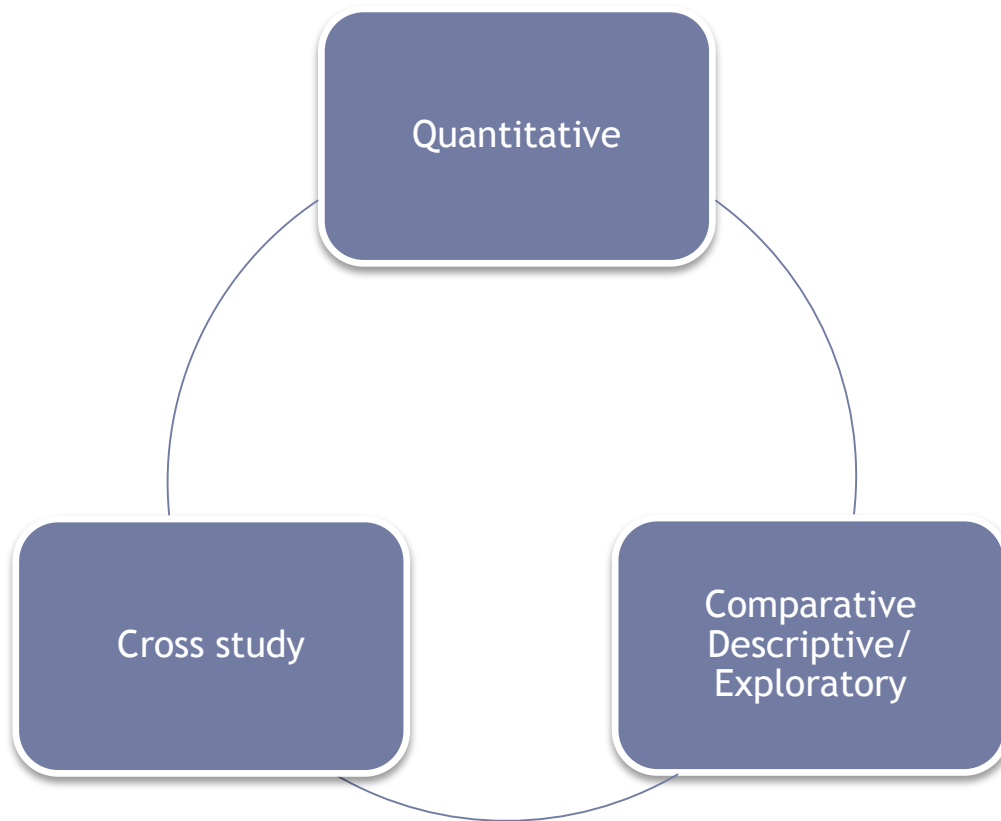
# Instrument for collecting the data

## QUESTIONNAIRE OF FREQUENCY ASSESSMENT OF CLINICAL SUPERVISION IN NURSING STRATEGIES (QFACSNS)

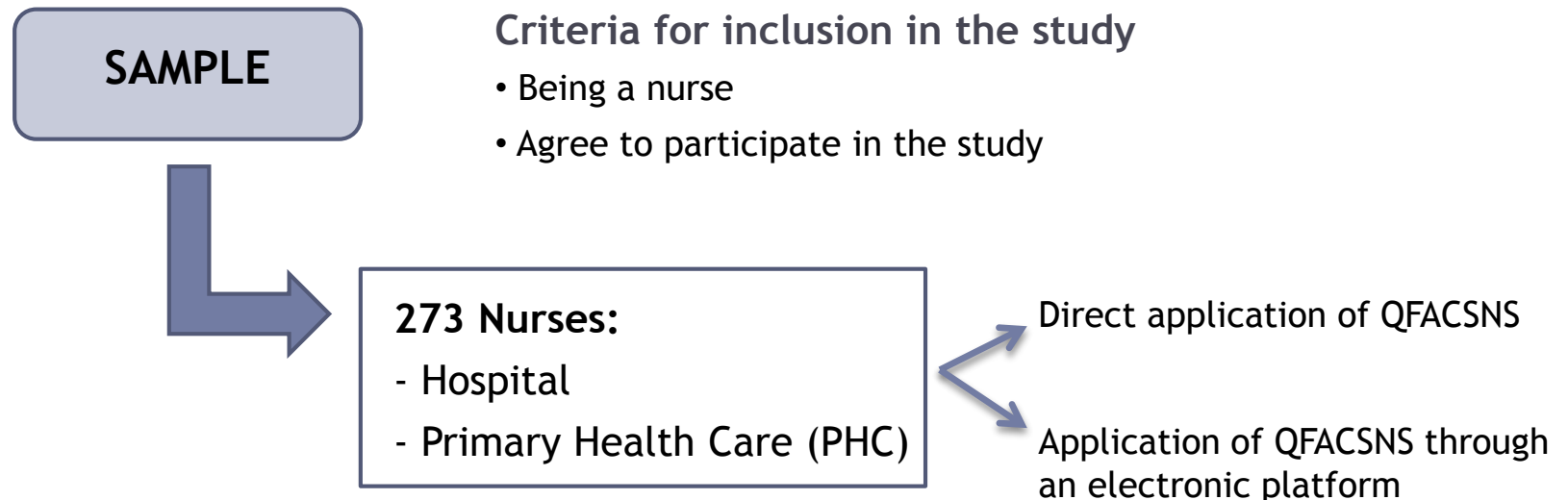
- I. Define the information to collect
- II. Build a database of questions
- III. Formulate questions
- IV. Sort the issues
- V. Writing the introduction and guidelines
- VI. Submit the draft questionnaire to review
  - International experts
  - National experts
- VII. Pre-test the questionnaire
  - Nurses without training in CSN
  - Nurses with training in CSN

(Fortin, 2009)

# Design of the study



# Sample and ethical considerations



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)

# Presentation, discussion and analysis of results

## → Validation of the QFACSNS

- 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

CSN Strategies	% scores				
	1	2	3	4	5
Individual supervision sessions	20,5	36,6	22,7	18,7	1,5
Group supervision sessions	9,2	35,2	33,0	19,4	3,3
<i>Feedback</i>	27,1	28,9	28,6	14,3	1,1
Critical and reflective analysis of practice	31,1	29,7	24,2	12,8	2,2
Case analysis with the supervisee	13,2	44,0	26,0	14,7	2,2
Case analysis in group	5,1	34,1	38,5	19,4	2,9
Self supervision	32,2	33,7	22,0	9,9	2,2
Analysis of nursing care documentation	25,3	33,3	26,0	12,5	2,9
Demonstration	41,4	24,9	16,5	13,9	3,3
Reflective report	4,8	18,3	32,6	39,2	5,1
Supervision at distance: telephone	9,5	19,0	25,3	21,6	24,5
Supervision at distance: email	13,6	25,3	24,2	22,7	14,3
Supervision at distance: skype <sup>®</sup>	7,0	16,1	18,3	20,1	38,5
Support	38,5	25,3	22,3	11,4	2,6
Continuing training	17,2	21,2	39,2	19,0	3,3
Observation	48,0	15,0	18,3	14,3	4,4

# Presentation, discussion and analysis of results

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

	PHC (n=97)	Hospital (n=175)	
	Average Order	Average Order	<i>p</i>
Reflective report	124,25	143,29	,044
Supervision at distance: telephone	120,72	145,25	,012
Supervision at distance: email	119,98	145,65	,008



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.

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