Nursing clinical supervision in Integrated Continuous Care Unit

Regina Pires
Filipe Pereira
Clinical supervision (CS)

• Facilitator process of professional support and learning with the purpose to improve practice, the quality and safety of care, based on interactive functions: formative, restorative and normative.

Long-Term-Care Team (LCTT)

• Multidisciplinary team, responsible for Primary Health Care, providing care to people in situations of dependency, helping them to regain or maintain their independence and maximize their quality of life.
• Inserted in the National Network of Long-Term-Care (NNLTC).
• Home care of a preventive, curative, rehabilitative and palliative nature, and the visits should be scheduled, regular and based on the needs detected.
Purpose

• To identify the core elements of the clinical supervision process for nurses of Long-Term-Care Team
Method

✓ Qualitative study

✓ Participants - 16 nurses from a primary health center in north of Portugal
  - The majority were female: 15
  - Average age of 46.4 (Mn: 31 - Mx: 56 years)

✓ Data were collected by half-structured interviews

✓ Data analysis according the principles of the grounded analysis using Nvivo10

✓ Ethical approval granted by the Board of Director and Ethic Committee

✓ Nurses' participation was voluntary and all signed the consent form
Results

Bases of CS for nurses of LCTT
Formative Elements

- Reflection on practice
- Development of critical thinking
- Development of scientific knowledge
- Practice based on evidence
- Continuing education
- Individual and professional development
Results

Bases of CS for nurses of LCTT

Restorative Elements

- Emotional support
- Positive reinforcement
- Nurses’ professional motivation
- Care with supervisor collaboration
Results

Bases of CS for nurses of LCTT

Normative Elements

Observation of practice
Identification of training needs
Formative feedback
Ensure quality standards
Ensure ethical issues
Conclusions

❖ In Portugal, CS in primary health care is little explored

❖ In LCTT, the implementation of CS is at an embryonic stage, and it is necessary to identify policies that make sense to the respective nursing teams

❖ CS policies to be implemented in nursing practice, in LCTT, should result from research involving these professionals, so as to reflect their needs and the reality of the context
The central elements of the CS process identified for the nurses of the Long-Term-Care Team reflect the three interactive functions of CS proposed for Proctor (1987) and Nicklin (1997).
Conclusions

❖ This results corroborates much of the research in this area, both in primary care or in a hospital

❖ The identification of this set of elements gave an important contribution to the design of a nursing CS program that nurses consider more relevant to their professional development and quality of care
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Regina Pires - regina@esenf.pt