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<b>Authors(s)</b>	Gill-Meeley, Nicola, Hernon, Orlaith, Cuddihy, Ciaran, Frawley, Timothy, Smyth, Siobhán
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# BMJ Open Nurses' and midwives' experiences of clinical supervision in practice: a scoping review protocol

Nicola Gill-Meeley ,<sup>1</sup> Orlaith Heron,<sup>1</sup> Ciaran Cuddihy,<sup>2</sup> Timothy Frawley,<sup>3</sup> Siobhan Smyth<sup>1</sup>

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<sup>1</sup>School of Nursing and Midwifery, University of Galway, Galway, Ireland

<sup>2</sup>Health Service Executive West, Galway, Ireland

<sup>3</sup>Health Sciences Centre, University College Dublin, Dublin, Ireland

**Correspondence to**  
Ms Nicola Gill-Meeley;  
[nicola.gillmeeley@universityofgalway.ie](mailto:nicola.gillmeeley@universityofgalway.ie)

## ABSTRACT

**Objective** To outline and examine what evidence exists related to nurses' and midwives' experiences of participating in clinical supervision.

**Introduction** The practice of clinical supervision is increasingly prevalent in nursing and midwifery, yet disparity remains in relation to professionals' understanding and experience of this clinical support and how it is implemented in practice. This scoping review will identify the available evidence and gaps in knowledge that exist in relation to nurses' and midwives' experience of this practice and examine how the various forms are defined in the literature.

**Methods and analysis** Comprehensive searches of CINAHL Complete, MEDLINE (EBSCO), PsycINFO (EBSCO), Embase, Scopus and the Cochrane Library will be carried out. Grey literature will also be searched and all results will be screened independently by two reviewers using identified inclusion and exclusion criteria. All empirical data that identify and report nurses' and midwives' experiences of clinical supervision will be included in the review. Studies that include other health and social care professionals will be excluded where the nursing and midwifery cohort is not reported independently. Data from all relevant studies will be extracted using a validated adapted data extraction form. Our review will be guided by the Joanne Briggs Institute Methodology and findings will be guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols Extension for Scoping Reviews statement.

**Ethics and dissemination** This review does not require ethical approval. Our dissemination strategy includes peer-reviewed publication, presentation and conferences and sharing through stakeholder networks.

## INTRODUCTION

Clinical supervision is a formal process of professional support that aids nurses and midwives to develop professionally and learn from experience through structured reflection on their practice. Reflection on experiences from clinical practice is the foundation of clinical supervision, allowing professionals to review how they work, develop a greater depth of self-awareness in their clinical practice and identify areas that require improvement for professional development.<sup>1 2</sup> Furthermore,

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This is a unique scoping review designed to report on what evidence exists on how nurses and midwives experience the practice of clinical supervision.
- ⇒ The results will inform further research into the practice of clinical supervision in nursing and midwifery.
- ⇒ Studies that are not available or easily translated into the English language will not be included in this review potentially leading to some studies being excluded.

structured clinical supervision provides nurses and midwives the opportunity to reflect on their practice and learn from their experiences in a safe and supportive environment.<sup>1 3 4</sup>

The adoption of clinical supervision as a support for nursing and midwifery practice has magnified in recent years due to heightening awareness that this is a valuable support mechanism that has the potential to positively influence professional practice and advance professional development.<sup>5-7</sup> The merits of clinical supervision for healthcare professionals have been widely reported,<sup>5-9</sup> beneficial outcomes include greater self-awareness, professional self-confidence and enhanced awareness of own competence,<sup>6</sup> clinical supervision has also been reported to reduce work-related psychological burden and ultimately lead to greater fulfilment in professional roles.<sup>7 9</sup> The former is particularly relevant in recent times as the worldwide crisis resulting from COVID-19 pandemic has highlighted the emotional impact of nursing and midwifery practice and the need for professional supports.

Progressively, nursing and midwifery regulatory bodies and health service organisations globally are recommending clinical supervision for all nursing and midwifery professionals<sup>10-16</sup> and enquiries into cases of failures in practice resulting in detrimental outcomes for service users have specifically highlighted the need for clinical supervision to be made available to enhance professional support.<sup>17 18</sup>



Yet despite this, access to this aid remains inequitable as the availability of clinical supervision in nursing and midwifery settings continues to vary greatly between disciplines and services. Evidence suggests that this may be a result of inconsistency in how it is practised leading to misinterpretation of how this support functions, mixed messages dilute the beneficial aspects of this support and potentially lead to suspicion that it is a form of managerial surveillance rather than a support mechanism.<sup>4,9</sup> Although existing research has explored a variety of aspects of clinical supervision it has also been suggested a paucity of readily available and accessible evidence may impact negatively on its acceptability and perceived value in practice.<sup>8,9</sup> Therefore, it is important to establish what evidence exists and to identify the gaps in knowledge to direct future research.

Several models of clinical supervision are used in practice settings with no universal consensus on what form it should take;<sup>17,18</sup> this inconsistency creates obstacles for measuring its effectiveness and potentially impacts on how it is actualised in clinical practice due to reduced transparency in what it entails and how it should be implemented.<sup>8,9</sup> The format of clinical supervision can vary from one-to-one supervision to peer group supervision, each individual format has its own benefits and challenges and it is recognised that no one ideal form of clinical supervision exists<sup>3,4</sup> meaning those undertaking clinical supervision need to really understand the practice to enable them recognise the system that will work for best for their own service.<sup>4</sup> Identification of current evidence to underpin how this support is executed in practice is of utmost importance and ongoing research will need to address gaps identified.

Although numerous individual studies have been undertaken that explore professionals' experiences of this support in practice, there is, currently, little in the way of review evidence in this field. A small number of reviews exist but these are not wholly specific to the experiences of nursing and midwifery professions participating in clinical supervision. A previous rapid review that focused on barriers and enablers of clinical supervision in practice<sup>9</sup> highlighted important facilitating factors that included the accommodation of regular protected time, a culture of acceptance of clinical supervision and value for the process. This review also highlighted barriers to the implementation of clinical supervision including time constraints, poor availability of a physical space to undertake clinical supervision in and poor confidence in professional relationships.<sup>9</sup> This was supported by Masamha *et al*<sup>19</sup> who reported mistrust, lack of time and training as barriers to clinical supervision. Cutcliffe *et al*<sup>8</sup> conducted a systematic review of clinical supervision evaluation studies in nursing in a bid to uncover empirical data regarding its effectiveness and established that there is a growing body of evidence to support clinical supervision but also highlighted that high-quality training in this practice is required to ensure clinical supervision is facilitated effectively. The studies included in this systematic review represented the findings from studies across many different professions and included both undergraduate

and post graduate nurses. Findings from these reviews highlighted valuable data and may be transferable to nursing and midwifery, however, it is recognised that each profession is likely to have their own individual challenges and needs.<sup>9</sup> Much of the data included these reviews was heterogeneous in nature encompassing a broad set of health and social care professionals whose frame of reference, role and professional values vary from that of nursing and midwifery.

The objectives of these systematic reviews are distinct from those of this scoping review, the purpose of this review is to identify what research has been done that focuses on how nurses and midwives experience clinical supervision, including the methodologies used, and to identify how this practice is defined in the literature. This will allow the authors to identify forms of clinical supervision that have an evidence base regarding how these are experienced by nurses and midwives and identify knowledge gaps. It is important to identify the availability of this evidence in relation to clinical supervision as those who have experienced this in the practice environment are best placed to report on it and potentially identify areas that require further exploration. A scoping review methodological approach will be used as it is particularly useful for identifying what available research exists to highlight current knowledge and bring attention to those areas that warrant further exploration.

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted and no other current or in progress scoping reviews or systematic reviews were identified. To our knowledge, there is no scoping review that has sought to examine what research exists on nurses' and midwives' experiences of clinical supervision internationally in practice. For these reasons, this scoping review is timely as it will allow for a comprehensive picture of the evidence in the nursing and midwifery population and provide insight into what is already known about how clinical supervision is undertaken within a practice to help inform future research opportunities.

## METHODS AND ANALYSIS

### Review questions

What evidence exists on nurses' and midwives' experiences and perceptions of participating in clinical supervision?

What are the definitions of clinical supervision in the literature?

What forms of clinical supervision have evidence regarding nurses' and midwives' experience of participating in them?

### Inclusion criteria

#### Participants

The population will include all registered nurses and midwives who have participated in clinical supervision in clinical practice.

## Concept

This scoping review will ascertain what evidence exists that explores nurses' and midwives' experiences of the various forms of clinical supervision and it will seek to identify key definitions of this practice in the literature. The inclusion criteria will include any sources that explore the experiences of nurses and midwives involved in clinical supervision. The exclusion criteria will eliminate studies focusing on clinical supervision of students or other professionals who are not nurses or midwives.

## Context

The context will be hospital, community and any other setting where clinical supervision is practised by nurses and midwives. Because clinical supervision is practised internationally, there will be no limit on the geographical setting of the research in order to examine the most up-to-date sources regarding current clinical supervision practices the search strategy will be limited from 2010.

## Types of sources

This scoping review will consider qualitative, quantitative and mixed-methods studies. Scoping, systematic and literature reviews will also be included. Presentations and conferences proceedings will be excluded; however, where relevant, experts and organisations and authors of conference abstracts will be contacted for further information about unpublished or studies that are in progress. Commentaries and opinion pieces will not be included.

## METHODS

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews<sup>20</sup> between November 2022 and March 2024.

### Patient and public involvement

None.

### Search strategy

The search strategy, consisting of three stages, was devised in association with a librarian who has expert knowledge of search strategies. An initial search of the CINAHL Database was performed to establish potentially relevant free-text and index terms. Keywords were identified through consultation with the librarian and other authors, and additional keywords were ascertained by reviewing texts in the scoping phase of the search. Based on these terms, a complete search strategy of the CINAHL Database was prepared and validated with the support of a health sciences research librarian using the Peer Review of Electronic Search Strategies checklist to enhance the quality and comprehensiveness of the search.<sup>21</sup> Online supplemental appendix 1 contains the CINAHL Database complete search strategy.

The keywords and index terms will be combined and searches will be conducted in CINAHL Complete (EBSCOhost), MEDLINE (Ovid), PsycINFO (EBSCO), Embase (Elsevier) and the Cochrane Library. These

databases were selected because of their relevance to the subject area and to ensure an extensive range of literature is searched. Each database will have an adapted search strategy aligned with its unique requirements, using both relevant index and free-text terms. The reference lists of the included studies will also be examined to identify any additional relevant studies. It has been acknowledged that scoping review searches may be quite iterative and potentially require adjustment as reviewers become more familiar with the evidence base.<sup>20</sup> With this in mind, any adaptations will be documented and reported in the final manuscript to ensure complete transparency of the entire search strategy.

To access the maximum range of available literature and minimise publication bias, a search for grey or unpublished literature will be conducted on ProQuest and Google Scholar (reviewing the first 50 sources returned). An appendix of websites accessed will be included in the final manuscript.

Language restrictions will not be applied during the initial screening of articles. Google Translate will be used to translate the titles and abstracts of non-English articles. If an article is identified as meeting the inclusion criteria, where possible, a translation of the full article will be conducted.

### Study selection

Following database searches, the collated results will be uploaded into EndNote V.X9 (Clarivate Analytics, Pennsylvania, USA) and duplicates removed. Two independent reviewers will carry out an initial screening of titles and abstracts using RAYYAN. The scoping review inclusion and exclusion criteria will be used to identify potentially relevant studies. Studies that meet the inclusion criteria will be retrieved in full. All potentially relevant full-text articles will be further screened for suitability for inclusion in the scoping review independently by two reviewers. Any conflicts that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer. Full-text studies that fail to meet the inclusion criteria will be excluded and the reasons for exclusion will be included in an appendix of the review. In the event that an article cannot be retrieved in full or clarification is required, the review team will contact the corresponding author. The results of the search and study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.<sup>20</sup>

### Data extraction

Data will be extracted using the extraction tool developed by the reviewers, this tool was adapted from the tool recommended in the JBI Manual for Evidence Synthesis<sup>20</sup> to ensure all information relevant to the review is captured. The data abstraction form will be piloted on a randomly selected sample of 10% of the relevant articles and modified as required based on feedback from the team. Full

data abstraction will begin once broad consensus among the team had been achieved (ie, per cent agreement >90%). This reflexivity is necessary to ensure an iterative process as data collection tools may require adjustment as the reviewers become familiar with the body of existing evidence.<sup>20</sup> Any modifications to the instrument will be detailed in the full scoping review.

### Data analysis and presentation

Data extracted from the relevant body of evidence will be presented in a narrative summary and in tables, according to the categories listed in the extraction tool. Descriptive analysis will involve numerical calculations of frequency in order to display the breadth, character and distribution of studies included in the scoping review. The review team will provide a descriptive analysis of the available evidence focusing on geographical locations, type of research methods, design, data analysis, the demographic characteristics of the sample and the components of the supports identified. Data will be categorised and a descriptive analysis presented in tables. The PRISMA-Protocols Extension for Scoping Reviews checklist will be used to guide the review to ensure methodological rigour and enhance the reporting of the results.<sup>22</sup> In line with JBI methodology, the review team will not assess or report on the quality of the evidence<sup>20</sup> or synthesise the findings of this scoping review.<sup>20</sup>

### Ethics and dissemination

This review does not require ethical approval. Our dissemination strategy includes peer-reviewed publication, presentation and conferences and sharing through stakeholder networks.

**Correction notice** This article has been corrected since it was first published. Author byline has been updated.

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### ORCID iD

Nicola Gill-Meeley <http://orcid.org/0000-0002-2488-3157>

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