



Title	Nurses' and midwives' experiences of clinical supervision in practice: a scoping review protocol
Authors(s)	Gill-Meeley, Nicola, Hernon, Orlaith, Cuddihy, Ciaran, Frawley, Timothy, Smyth, Siobhán
Publication date	2024-05-15
Publication information	Gill-Meeley, Nicola, Orlaith Hernon, Ciaran Cuddihy, Timothy Frawley, and Siobhán Smyth. "Nurses' and Midwives' Experiences of Clinical Supervision in Practice: A Scoping Review Protocol." BMJ, May 15, 2024. https://doi.org/10.1136/bmjopen-2023-081619 .
Publisher	BMJ
Item record/more information	http://hdl.handle.net/10197/27033
Publisher's version (DOI)	10.1136/bmjopen-2023-081619


Downloaded 2026-05-01 03:54:43

The UCD community has made this article openly available. Please share how this access benefits you. Your story matters! (@ucd_oa)



© Some rights reserved. For more information

BMJ Open Nurses' and midwives' experiences of clinical supervision in practice: a scoping review protocol

Nicola Gill-Meeley ,¹ Orlaith Heron,¹ Ciaran Cuddihy,² Timothy Frawley,³ Siobhan Smyth¹

To cite: Gill-Meeley N, Heron O, Cuddihy C, *et al.* Nurses' and midwives' experiences of clinical supervision in practice: a scoping review protocol. *BMJ Open* 2024;**14**:e081619. doi:10.1136/bmjopen-2023-081619

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<https://doi.org/10.1136/bmjopen-2023-081619>).

Received 02 November 2023
Accepted 01 May 2024



© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹School of Nursing and Midwifery, University of Galway, Galway, Ireland

²Health Service Executive West, Galway, Ireland

³Health Sciences Centre, University College Dublin, Dublin, Ireland

Correspondence to
Ms Nicola Gill-Meeley;
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.^{1 2} 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.^{1 3 4}

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.⁵⁻⁷ The merits of clinical supervision for healthcare professionals have been widely reported,⁵⁻⁹ beneficial outcomes include greater self-awareness, professional self-confidence and enhanced awareness of own competence,⁶ clinical supervision has also been reported to reduce work-related psychological burden and ultimately lead to greater fulfilment in professional roles.^{7 9} 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 professionals¹⁰⁻¹⁶ 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.^{17 18}



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.^{4,9} 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.^{8,9} 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;^{17,18} 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.^{8,9} 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^{3,4} 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.⁴ 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 practice⁹ 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.⁹ This was supported by Masamha *et al*¹⁹ who reported mistrust, lack of time and training as barriers to clinical supervision. Cutcliffe *et al*⁸ 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.⁹ 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 reviews²⁰ 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.²¹ 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.²⁰ 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.²⁰

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 Synthesis²⁰ 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.²⁰ 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.²² In line with JBI methodology, the review team will not assess or report on the quality of the evidence²⁰ or synthesise the findings of this scoping review.²⁰

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.

Contributors NG-M, SS, CC, OH and TF involved in drafting the manuscript or revising it critically for important intellectual content; NG-M, SS, CC, OH and TF gave final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; NG-M, SS, CC, OH and TF agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Funding This project received funding from the Office of Nursing and Midwifery Services Director, Ireland: Funding no. 22017.

Disclaimer The funding did not influence the review in any way

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

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

REFERENCES

- 1 Brunero S, Stein-Parbury J. The effectiveness of clinical supervision in nursing: an evidenced based literature review. *Aust J Adv Nurs* 2008;25:86–94.
- 2 Proctor B. Group Supervision. *Group Supervision*, 2008:1–248.
- 3 Doohar J, Fowler J. Clinical Supervision in Multidisciplinary Groups: Qualitative Evaluation Using a Focus Group Technique. *Routledge Handbook of Clinical Supervision*. Routledge, 2010:277–87.
- 4 Butterworth T. What is clinical supervision and how can it be delivered in practice. *Nurs Times* 2022;118:2–20.
- 5 Bernard JM, Goodyear RK. *Fundamentals of Clinical Supervision*. New York: Pearson, 2019.
- 6 Golia GM, McGovern AR. A if you save me, I'll save you: the power of peer supervision in clinical training and professional development. *British Journal of Social Work* 2015;45:634–50.
- 7 Gonge H, Buus N. Is it possible to strengthen psychiatric nursing staff's clinical supervision? RCT of a meta-supervision intervention. *J Adv Nurs* 2015;71:909–21.
- 8 Cutcliffe JR, Sloan G, Bashaw M. A systematic review of clinical supervision evaluation studies in nursing. *Int J Ment Health Nurs* 2018;27:1344–63.
- 9 Rothwell C, Kehoe A, Farook SF, et al. Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. *BMJ Open* 2021;11:e052929.
- 10 Office of the Nursing and Midwifery Services Director. *Clinical Supervision Framework: For Nurses Working in Mental Health Services*. Dublin: Health Service Executive, 2015.
- 11 Health Service Executive. *HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals: Improving Performance and Supporting Employees*. Dublin: Health Service Executive, 2015.
- 12 Nursing and Midwifery Planning and Development Unit. *HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan, 2017–2020*. Ireland: Health Service Executive, 2017.
- 13 Nursing and Midwifery Planning and Development Unit. *Guidance Document on Peer Group Clinical Supervision*. West Mid-West. Ireland: Health Service Executive, 2019.
- 14 Nursing and Midwifery Council. *The Code*. London, 2020. Available: <https://www.nmc.org.uk/standards/code>
- 15 Nursing and Midwifery Board of Ireland. *Code of professional Conduct and Ethics, 2021*. Available: <https://www.nmbi.ie/NMBI/media/NMBI/Code-of-Professional-Conduct-and-Ethics.pdf?ext=.pdf>
- 16 Australian College of Nursing. *Clinical supervision for nurses and midwives (joint) position statement*. ACN 2019. Available: https://www.midwives.org.au/sites/default/files/uploaded-content/field_content_file/20190408_clinicalsupervision_final.pdf
- 17 Laming H. *The Protection of Children in England. A Progress Report*. London: The Stationery Office, 2009. Available: http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf
- 18 Health Service Executive. *Roscommon Childcare Case: Report of the inquiry Team, 2010*. Available: <https://www.hse.ie/eng/services/publications/children/roscommonchildcarecase.pdf>
- 19 Masamha R, Alfred L, Harris R, et al. Barriers to overcoming the barriers: a scoping review exploring 30 years of clinical supervision literature. *J Adv Nurs* 2022;78:2678–92.
- 20 Aromataris E, Munn Z. JBI reviewer's manual. In: *Chapter 11: Scoping Reviews (2020 Version)*. 2017. In: *Joanna Briggs Institute Reviewer's Manual [Internet]*. JBI, Available: <https://reviewersmanual.joannabriggs.org/>
- 21 McGowan J, Sampson M, Salzwedel DM, et al. PRESS peer review of electronic search strategies: 2015 guideline statement. *J Clin Epidemiol* 2016;75:40–6.
- 22 Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for Scoping reviews (PRISMA-SCR): checklist and explanation. *Ann Intern Med* 2018;169:467–73.