

Proceeding Paper

Contribution of Clinical Supervision to the Quality and Safety of Care: A Case Study [†]

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[†] Presented at the International Congress of Research in Nursing ESEP 2022, Porto, Portugal, 14–15 July 2022.

Abstract: Clinical supervision has been incorporated into health policies in response to concerns about client safety and quality of care. The objective of the study was to analyze the perception of a nurse manager on the contribution of clinical supervision to the quality and safety of care. Qualitative, exploratory study, data collection was conducted through semi-structured interviews with a nurse manager. Data analysis is according to Bardin. The following subcategories emerged from the analysis: quality of practices; care safety; quality standards. Subcategories were aggregated in the categories Guarantee of Quality and Safety Standards of Care.

Keywords: quality assurance health care; nursing supervisory; nurse manager

1. Introduction

The World Health Organization established the goal ‘Health for All by the year 2000’, leading to the investment of health systems in quality policies and clinical governance [1]. Clinical supervision has been incorporated into these policies in response to concerns about care failures, patient safety, and quality of care [2,3].

Clinical supervision consists of a process of professional development, through reflection on practices, which facilitates the adequacy of nurses’ interventions and the maintenance of quality standards, contributing to improving the quality of care and safety of patients [2–4].

The aim of this study was to analyze the perception of a nurse manager on the contribution of clinical supervision to the quality and safety of care.

2. Materials and Methods

Qualitative methodology, adopting the case study as a means of investigation. It allows detailed observation of the context, which has become particularly useful, given that we are facing the study of a well-defined problem and context, whose contours studied are typical of the same.

Data collection was carried out in April 2018, through a semi-structured interview that allowed access to the participant’s narratives. The interviews were audio-recorded and then verbatim transcribed for digital support. Data analysis was performed according to Bardin’s principles of content analysis [5].

The material was organized, and the pre-analysis was carried out, then the exploration of the information and the codification were carried out, with the clipping of the record and context units, and then the categorization was carried out.

A nurse manager of a health organization in the northern region of Portugal participated in the study, the only one who exercises functions of this nature in the organization.



Citation: Pires, R.; Oliveira, P.; Pinto, C.B.; Ribeiro, I.; Porfírio, C.; Pires, M. Contribution of Clinical Supervision to the Quality and Safety of Care: A Case Study. *Med. Sci. Forum* **2022**, *17*, 6. <https://doi.org/10.3390/msf2022017006>

Academic Editor: Carlos Sequeira

Published: 26 December 2022



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Ethical procedures were ensured, namely obtaining organizational authorization to carry out the study. The participant signed an informed consent form and confidentiality was ensured. Interview coding was used, and the respondent was assigned the code 'E'.

3. Results

The following subcategories emerged from the analysis: 'Quality of Practices'; 'Care Safety'; and 'Quality Standards'. These are added to the category 'Guarantee of Quality and Safety Standards of Care'.

4. Discussion

Regarding the 'quality of practices', the findings corroborate studies that found that greater satisfaction and better attitudes at work, and less stress, are considered beneficial for the quality of practices [6]. Several authors identified studies that established a relationship between the provision of clinical supervision and an increase in the quality of care [3].

As for 'safety of care', the results confirm the evidence that CS's focus on professional development is central to clinical governance, quality assurance, and care safety [2,4]. Some authors argue that through clinical supervision greater patient safety is achieved by ensuring the quality of practices [7].

Regarding 'quality standards', some authors argue that the normative function of clinical supervision (quality control) facilitates the development of supervisees' skills, allowing them to work effectively while maintaining delimited standards [8].

The findings on the nurse manager's perception of the contribution of clinical supervision to the quality and safety of care are in line with available scientific evidence. However, the investigation has significant limitations, as it studies a specific case, which involves only one participant, and it is necessary to develop studies in the area, involving this population.

5. Conclusions

The nurse manager identified contributions from clinical supervision to the quality of practices, safety of care, and quality standards, aspects central to the normative function of clinical supervision.

Evidence on the direct contributions of clinical supervision to the quality and safety of care is scarce. It is often estimated based on the effects that clinical supervision has on nurses, in the field of professional training and support. It is essential to carry out research in this area, in order to support the implementation of clinical supervision in health services, making it more plausible for professionals and management.

Author Contributions: Conceptualization, R.P., P.O., C.B.P., I.R., C.P. and M.P.; methodology, R.P., P.O., C.B.P., I.R., C.P. and M.P.; data collection, R.P. and M.P.; data analysis, R.P. and M.P.; writing—original draft preparation, R.P., P.O. and M.P.; writing—review and editing, R.P., P.O., C.B.P., I.R., C.P. and M.P. All authors have read and agreed to the published version of the manuscript.

Funding: This article was supported by National Funds through FCT—Fundação para a Ciência e a Tecnologia, I.P., within CINTESIS, R&D Unit (reference UIDB/4255/2020 and reference UIDP/4255/2020).

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Ethics Committee of Northern Regional Health Administration (n° 56.2010CES).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: All data generated as part of this study are included in the article. The recording of the interview and its files were destroyed.

Conflicts of Interest: The authors declare no conflict of interest.

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