

Nurse's Perspective toward the Effectiveness of Clinical Supervision Session at Armed Forces Military Hospitals-Taif City

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Abstract: *In recent years, clinical supervision has gained wide recognition globally as a key element in continuing professional development of health care practioner. Therefore, the health care organizations is concerned with active and effective clinical supervision session for the development and advancement of nurse's career and improve the productive professional life. This study aim to assess the nurse's perspective toward the effectiveness of the clinical supervision session at Armed Forces Military Hospitals in Taif city. A quantitative, descriptive cross-sectional design & convenient sampling technique was used for the nurses (n=316).The data was collected using Manchester Clinical Supervision Scale (MCSS-26), developed by Winstanley&White (2000). The study revealed that nurse's perspective toward effectiveness of clinical supervision session was moderate level (64.2%). The highest mean score percentage exists in the education (79%), and supportive dimension (69%), of clinical supervision session. While, the lowest one found in managerial dimension (48%). In addition, the lowest percentage appeared as lack of awareness among the nurses about the importance and value of the clinical supervision session, as well as lack of time for attending clinical supervision session. Also, the majority (93%) of the nurses have no education or training concerning effective clinical supervision session. Therefore, the study recommended increasing awareness among staff nurses about the importance and value of the clinical supervision sessionfor enhancing the knowledge, practical skills and strengthen the professional and supportive relationship between nurses and their supervisors.*

Keywords:*Supervision, Clinical Supervision, Effective Clinical Supervision Session, Nurses Perspective.*

Date of Submission: 11-11-2019

Date of acceptance: 27-11-2019

I. Introduction

Supervision is an important and essential element of personal and professional development at workplace, which provide a safe and confidential environment for the employees on their clinical practice. Clinical supervision in health care organization introduced as a method of sharing knowledge, skills and experiences as a way of continuing professional development (NMC 2015 & Moxham 2016). As mentioned by previous researches, clinical supervision widely considered an integral part of good professional practice for healthcare practitioners (Brunero & Lamont 2012, Buus et al. 2013, Wiley & Sons 2014, Gonge & Buus 2015, Cutcliffe, 2018).

According to Bezuidenhout (2003), mentioned the definition of clinical supervision as "a formal process of professional support and learning, which enables individual practitioner to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection & safety in a complex situation". Moreover, CQC (2013), Bifarin & Stonehouse et al (2017), reported that a good clinical supervision in health organizations, linked with effective and efficient clinical supervision session through which the supervisees can receive effective feedback about clinical practices and share the information, thoughts and feelings with their supervisors.

In addition, supervisors should be qualified, have skills, experience and knowledge of the area required to undertake their role effectively. In the same line, supervisees should be ready to share their knowledge, thoughts and skills with their supervisor, which improve the effective communication and building a positive supervisory relationship (Oijen et al, 2013).

Nurses who attend the clinical supervision session have a great impact on their professional development, quality of the health service, maintain and develop competences by keep the nurse's knowledge and skills up to date and reduce as far as possible the likelihood of mistakes, near misses, harm if it takes place (Russell, 2013).

Clinical supervision session has become an absolute necessity in nursing practice, which create a work environment that inspires creativity and motivates the nurses to achieve outstanding clinical practice. Moreover, complex health needs, dynamic changes within the health system and demand for research and evidence based practice all emphasize the importance of having clinical supervision (Victorian Healthcare Association et al ,2010, Gonge&Buus 2011 , Abreu &Marrow et al 2012, Tien & John et al, 2017). In addition, many studies have found that increasing workload and staff shortage have reduced time available for clinical supervision session (Legard, 2013).

The vision of the Kingdom of Saudi Arabia (KSA) 2030, lies in three columns ; one of which is building human intellect and improving the efficiency of their quality & levels of productivity for which a direct supervision for employees knowledge , skills , attitudes , competences , performance , is crucial and necessary to launch strategic vision of the country. Because the broad supervision of the people performance has a direct relationship with the administrative process of building humans intellect.

Aim of the Study

The aim of this research is to assess the nurse's perspective toward the effectiveness of clinical supervision session at Armed Forces Military Hospitals-Taifregion.

II. Materials & Method

A quantitative, descriptive cross-sectional design was used in this study. The study was conducted in four Military Hospitals which located in different area in Taif city which are, Al-Hada Military Hospital (AMH) , Prince Mansour Military Hospital (PMMH) , Prince Sultan Military Hospital (PSMH) , and Rehabilitation Military Centre (RMC) .The sample was selected from the population of Military hospitals staff nurses in previously mentioned settings with different categories (SN-I, SN-II, SN-III), gender, education levels , and all nationalities who has freely accepted to participate in the study by method of non-probability convenient sampling technique used to select the nurses (n= 316).

The data was collected using Manchester Clinical Supervision Scale (MCSS-26), consists of 26 items categorized in 6 subscales and this is the only internationally validated research instrument to measure the effectiveness of clinical supervision in nursing and developed by Winstanley&White (2000). The responses were rated on 5- point likert scale ranging from (1) strongly disagree to (5) strongly agree, revision of the analysis of the scale was done in (2011). Another Rasch analysis was done in (2017) through Health Care Research Statistical Consultancy. The tool (MCSS-26), was translated into Arabic language to ensure the ease and clarity of content for all participants. The validity for the instrument was tested for content by five expert's panel in the field of Nursing Faculty. The reliability of the instrument was investigated according to the value of Cronbach's alpha that examine the internal consistency of the instruments components it was 0.92.

Ethical approval was gained from the King Abdul-Aziz University (Nursing Faculty), and from the Armed Forces Military Hospitals Administration to conduct this research on various settings.The investigator consent forms was signed and gained from the AFMHs and chairman Research Ethical Committee western region (M.S.D) to distribute the questionnaires to all Military Hospitals Nurses. In addition, the researcher took the permission from the (MCSS-26) original author and got the approval to use this instrument & complete PDF file was received by the author, were this file contains of the tool, its items, validity, and scoring analysis system.Also, brief background and the purpose of the study was explained to participant verbally in order to obtain their cooperation in answering the questionnaire.

A pilot study was done before starting the study were conducted on 10% , (32) of the Armed Forces Military Hospitals nurses with different categories (SN-I, SN-II, SNIII) to test the overall clarity, simplicity of all questions , and to estimate the time required for answering the questionnaires and review the overall response.All research data & resultswas fully protected and saved in secure place. Provide privacy and confidentiality of the study participant and their responses. All data was handled confidentially and privately by researcher only and could not be accessed by others.

III. Results

Table 1: Frequencies & Percentages for Demographic Characteristics of Nurses (n=316)

Demographic Characteristics		Frequency	Percentage (%)
Gender	Male	20	6.3
	Female	296	93.7
Educational level	Diploma	34	10.8
	Bachelor	284	89.2
Nationality	Saudi	22	7
	Non-Saudi	294	93
Current position	SN-1	215	68
	SN-2	79	25
	SN-3	22	7
Years of experience	< one year	32	10.1
	1-2 years	46	14.6
	3-5 years	162	51.3
	> 5 years	76	24
How often are your Clinical Supervision Session?	Weekly	14	4.4
	Every 2 weeks	0	0
	Monthly	292	92.4
	Every 2 to 3 months	4	1.2
	Over 3 months	6	2
How long is your clinical supervision session?	Less than 30 minutes	16	5.1
	30-60 minutes	235	74.4
	More than 60 minutes	65	20.5
Type of CSS they received	One to- one	22	7
	Group	294	93
Attend the training or courses about clinical supervision	Yes	22	7
	No	294	93

Table 2: Mean and SD of Total Clinical Supervision Dimensions as Perceived by Nurses

Clinical supervision dimensions	Mean	±SD	Mean score percentage
Normative Domain	2.38	±0.231	48%
Importance/ Value of CS	2.35	±0.292	47%
Finding Time	2.41	±0.327	48.2%
Restorative Domain	3.45	±0.304	69%
Trust/ Rapport	3.28	±0.283	65.6%
Supervisor advice / Support	3.62	±0.611	72.4%
Formative Domain	3.93	±0.233	79%
Improved Care/ Skills	3.88	±0.310	77.6%
Reflection	3.98	±0.278	79.6%
TOTAL	3.21	±0.640	64.2%

SD=Standard Deviation

(< 59.9% = low score percentage, 60% - 74.9%= Moderate, and ≥75% = High)

Table 3: Distribution of Clinical Supervision Formative Dimension as perceived by Nurses

Formative dimension	Mean	±SD	Mean score percentage
a- Improved care/skills:			
1- I learn from my supervisor's experiences	3.98	± 1.047	81.4%
2- Sessions with my supervisor widen my clinical knowledge base	3.60	±0.843	72%
3-Clinical supervision makes me a better practitioner	3.96	±0.856	79.2%
4-I can widen my skill base during my CS sessions.	4.01	±1.055	82.2%
b- Reflection:			
1-CS gives me time to reflect	3.94	±0.530	78.8%
2- CS sessions facilitate reflective practice.	4.01	±0.392	80.2%
3-CS sessions motivate staff.	4.00	±0.388	80%

SD=Standard

Deviation

Table 4: Distribution of Clinical Supervision Restorative Dimension as perceived by Nurses

Restorative dimension;	Mean	±SD	Mean Score percentage
a- Trust/rapport; -			
1- Work problems can be tackled constructively during CS sessions.	3.97	±0.551	80%
2- I can discuss sensitive issue encountered during my clinical case work with my supervisor.	3.84	± 0.627	43.2%
3-CS is unnecessary for experienced/established staff	1.89	± 0.449	20%
4- My supervisor acts in a supervisory manner during our session	2.57	± 0.51.4	79.4%
5- I think receiving clinical supervision improves the quality of care I give.	4.17	± 0.382	83.4%
b- Supervisor advice/support;			
1-My supervisor gives me support and encouragement	3.53	±1.047	81.4%
2- My supervisor offers an unbiased opinion	3.63	± 0.851	78%
3- My supervisor provides me with valuable advice	3.70	± 0.843	80.4%
4- My supervisor is very open with me	3.60	± 0.856	80%
5- My supervisor offers me guidance with patient/client care	3.67	±0.755	82%

SD=Standard Deviation

Table 5: Distribution of Clinical Supervision Normative Dimension as perceived by Nurses

Normative dimension	Mean	±SD	Mean score percentage
a- Importance/Value Of CS			
1-Other work pressure interfere with CS session	2.61	± 0.072	52.2%
2-CS session is not necessary	1.74	±0.640	34.8%
3-Fitting CS session can lead to more pressure at work	1.69	± 0.686	33.8%
4-CS sessions are not important	1.74	± 0.557	34.8%
5- My CS session is an important part of my work routine	3.98	± 0.475	80%
b- Finding Time			
1-Its difficult to find the time for CS session	2.27	± 0.752	45.4%
2-Time spent on CS takes me away from my real work in clinical area	1.85	± 0.724	37%
3-I find CS session time consuming	1.39	±0.586	27.8%
4-It is important to make time for CS session	4.14	±0.526	82.8%

		Total Clinical Supervision Dimensions	Mean	±SD	t-test	P(value)
Gender	Male	20	2.23	±0.211	0.061	0.085
	Female	296	3.15	±0.354	0.172	0.398
Level of education	Diploma	34	2.38	±0.231	0.063	0.276
	Bachelor	282	3.73	±0.243	0.160	0.372
Nationality	Saudi	22	2.28	±0.215	0.064	0.242
	Non-Saudi	294	3.05	±0.354	0.188	0.384

SD=Standard Deviation Independent sample t test. P < 0.05

Table 6: Distribution of Total Clinical Supervision Dimensions According to Nurse's Gender, Level of Education and Nationality

Table 7: Distribution of Clinical Supervision Dimensions According to Nurse's Current position & Years of experience

		Total Clinical Supervision Dimensions	Mean	±SD	ANOVA	P (value)
Current position	SN-I	215	3.53	±0.231	1.871	1.156
	SN-II	79	2.45	±0.204	0.485	0.616
	SN-III	22	2.28	±0.201	0.218	0.412
Years of	≤One year	32	2.21	±0.121	0.346	0.212
	>1-2 years	46	2.34	±0.223	0.399	0.223

In the context of this study, table(1), illustrates the distribution of nurses according to their demographic characteristics, where the majority of them (93%) were female. Also, the majority (93%), of the nurses were non-Saudi and (89.2%) had a Bachelor Degree in the Nursing Sciences. Moreover, two-third (67%), of them were staff nurses-1. In addition, the majority (93%) of the nurses have no education or training concerning clinical nursing supervision.

Table (2), shows the means score percentage of the nurse's perspective toward effectiveness of clinical supervision session were moderate level (64.2%). The highest mean score percentage was found in their responses to Formative dimension (79%), Specifically in the sub-scale of reflection which had the highest mean (3.98, ±0.278), in the nurses perspective to " clinical supervision sessions facilitate reflective practice, I can widen my skill base during my CS sessions". While the lowest mean score percentage was found in Normative dimension (48%), more specifically in the sub-scale(importance/value of CS) with lowest mean score (2.35, ±0.292).

In addition, table (3), shows the sub-scale of the Formative Dimensions, the study results revealed that the highest mean score (4.01,±1.055), for the items (I can widen my skill base during my CS sessions),of improved care/skills of CS. Also, in table (4) illustrates the Restorative Dimension, were the highest mean score (4.17, ±0.382), was for the item (I think receiving clinical supervision improves the quality of care I give). Furthermore, in table (5) the lowest mean score, were found in both items no-3 respectively; Fitting CS session can lead to more pressure at work, and I find CS session time consuming (1.69, ±0.686) and (1.39, ±0.586) respectively.

Moreover, in table (6), shows that there are no significant differences between both males & females around the three dimensions of clinical supervision according to their perspective(P=0.085,±0.211).So, the study result revealed that the highest mean (3.15, ±0.3), were found in the female. Also, for nurse's educational level, there are no significant differences toward the three dimensions of clinical supervision(P=0.276,±0.231). While, the study result indicates that the highest mean (3.73, ±0.243), were found in the nurses with Bachelor degree. In addition, for the nationality, it illustrates that there are no significant differences between the nurse's nationality towards the Clinical Supervision Dimensions(P=0.242,±0.215), and the highest mean, were found in the non-Saudi nurses (3.05 ± 0.354). Finally, in table (7), illustrates that there is no significant differences between the nurses with different current position towards the clinical supervision dimensions in all settings(P=1.156, ±0.231). While, the highest mean (3.53,±0.231), was found in staff nurse-1. Also, the table shows that there are no significant differences between the nurse's perspective with different years of experience towards the clinical supervision dimensions in all settings, with, the highest mean score (3.01, ±0.235), in the nurses had 3 to 5 years of experience.

IV. Discussion

Clinical supervision session is the main part of clinical supervision process, which concerned with the provision of monitoring, guidance, and receiving feedback on matters of educational, support, and professional development in the context of nursing care (Snowdon et al, 2017).The result of the current study showed that the overall means score of effectiveness of clinical supervision session for staff nurses were moderate in all settings.

In addition, the highest mean score percentage according to their response was found in formative (educational) dimension, which concerned with skill and knowledge development, as well as facilitate reflective practice. So, these can be gained from years of practical experience through an effective clinical supervision session and feedback during their clinical practice.This result is supported by Boweles & Young, (1999), who found that less years of nursing experience was associated with formative domain being dominant in clinical supervision, as well as facilitate reflective practice. So, these can be gained from years of practical experience through an effective clinical supervision session and feedback during their clinical practice.This result is supported by Boweles & Young, (1999), who found that less years of nursing experience was associated with formative domain being dominant in clinical supervision.

The result of present study reported that the nurse's perspective toward effectiveness of clinical supervision session were high for the component of restorative. This result may be due to that nurses feeling support and trust to discuss sensitive issue encountered during clinical supervision session with their supervisors. This study result is consistent with several studies as clinical supervision session is an important means of supporting and continuing professional development (Blisshen&Margarida, 2016, Koivu et al, 2011).

This study indicates that the nurse's perspective toward effectiveness of clinical supervision session were low percentage for the component of normative which concerned professional accountability, importance, value of CSS and finding time to attend CS session. This study result could be due to the other work pressure interfere with CS session, lack of nursing staff in the departments and time to attend the session as well as lack of knowledge and indifference to the importance and value of a clinical supervision session. Although, the clinical supervision session in Taif Military Hospitals and other health care organizations is not a new management role and many researches has supported the importance and value of clinical supervision session. According to Milne et al (2011), who found that the clinical supervision considered as essential in clinical practice that leads to increased depth of knowledge, greater job satisfaction, less stress and increased self-awareness.

According to study results were there is no significant differences between both gender toward the three dimensions of CSS. This result may be related to low number of males (6.3%) in study sample size. In addition, male and female are not the same and there have been differences in their personality, psychosocial, and environmental style which affect their work productivity. This study result consistence with Cifre, (2015), who demonstrates that different (work and non-work) environmental and individual characteristics might affect workers' well-being and recognizing gender differences has important implications for scientific knowledge and actively contributes to the highly professional development (European Commission, 2013).

In addition, this study result shows that there is no significant difference between the nurse's perspective with different educational levels regarding clinical supervision dimensions. This result could be due to that nurses with low education level have weak awareness about the nursing professional and lack knowledge, skills, about their clinical practices. This result consistent with Sibandze&Scafide, (2018), who mentioned that most of the studies found that registered nurses pursuing a bachelor of science in nursing or higher had a greater awareness about professional values than nurses with lower educational level.

Moreover, study result revealed that there are no relation significant differences in the nurse's perspective with different nationality regarding clinical supervision dimensions. This result may be due to language barrier were most nurses in Military Hospitals are non-Saudi who have limited knowledge of Saudi culture which effect on the staff, patient and organization outcome. This study consistence with Alosaimi, (2018), who explore the cultural challenges facing expatriate nurses working in the Kingdom of Saudi Arabia (KSA), and the study conclude that expatriate nurses acknowledge the importance of language especially when they dealing with direct patient which enhance proper nursing care.

This study result demonstrated that there are no significant differences in the perspective of the nurses with different positions (SN-I, SN-2, and SN-3), towards the three dimensions of clinical supervision session. This result may be due to that most of Staff Nurses-I, are nursing supervisor and they didn't follow the clinical supervision session in effective way. This study supported by Abu-Hashish (2011), who reported that nurse supervisors should be adequately trained, experienced and supported to perform clinical supervision session effectively. Moreover, our findings revealed that there is no significant differences for the nurse's perspective with different years of experiences toward clinical supervision dimensions in all settings. This may be due to that most of nurses in military hospital hade from three to five years of experience and they need to attend the group clinical supervision session which help them to exchange their view and practical experiences as well as improve the knowledge, skills and support function. This result is consistent with Hyrkas, (2012), who mentioned that nurses who attend the group clinical supervision session reported more motivate and committed to the organisation and feel of well-being than who didn't attend the group of clinical supervision session.

V. Conclusion

The results of this study concluded that the overall means score percentage of staff nurses perspective toward effectiveness of clinical supervision session were moderate level. The highest mean score percentage was found in formative (educational) component. While, the lowest mean score percentage appeared in normative (managerial) component. In addition, it was conclude that there is no significant differences between the nurse's perspective regarding the clinical supervision dimensions in all Military hospitals.

VI. Recommendations

-Increase awareness among staff nurses by encourage them to attend the training and educational courses about the importance and value of clinical supervision session to prepare them for their distinct roles. In

addition, provide regular meeting with superiors in the Military hospitals to clarify nursing needs and solve problems and obstacles that hinder the effective implementation of clinical supervision session. As well as establish clear comprehensive criteria to select supervisor in order to provide qualitative monitoring services.

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Maha Mohammed Al-Bogami "Nurse's Perspective toward the Effectiveness of Clinical Supervision Session at Armed Forces Military Hospitals-Taif City". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.06, 2019, pp. 65-71.