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Clinical supervision: A panacea for missed care

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Title: Clinical supervision: a panacea for missed care

Aim: Clinical supervision is proposed as a solution focused approach that supports nurses in busy healthcare environments, helping address the mounting incidents of missed care.

Background: The pervasive nature of missed nursing care is concerning. The growing body of evidence on missed care predominantly focuses on types and causes. However, effectiveness of solution focused interventions used to reduce incidents of missed care has received less attention.

Evaluation: Drawing on the literature, it is proposed that clinical supervision supports; personal and professional development, positive working environments, quality patient care outcomes and thereby reduce missed care incidents.

Key issues: Clinical supervision fosters a supportive working environment where opportunities to critically reflect on caring values are provided, commitment to improving standards of care are nurtured and courage to challenge care standards are encouraged.

Conclusion: In an era of reports highlighting declining standards of nursing care and a wealth of evidence highlighting the benefits of clinical supervision, it remains underused in many areas of nursing.

Implications for Nursing Management: Nurse managers need to recognise the value of clinical supervision in improving standards of nursing care and assume leadership in its successful implementation.

Key words: Clinical supervision; missed care; personal and professional development; positive working environments; support for nurses.

Introduction

Mounting reports of missed nursing care emphasises the negative implications on patient outcomes, illuminating the stark realities currently facing the profession (Recio-Saucedo et al., 2018; White et al., 2019). Kalisch et al. (2009, p.1510) defines missed care as, care omitted, not completed or delayed, and subsequently compromises patient safety. Recent evidence highlights the correlation between staffing and resource deficiencies and the incidents of missed care (Hessels et al., 2015; Kim et al., 2018) as without adequate staffing and resources, care standards are compromised and patient safety is threatened. However, cultivating positive working environments is also paramount, as nurses working in complex environments are at risk of developing stress and burnout, which are identified as contributing factors to missed care (Dhaini et al., 2017; White et al., 2019). Although, the importance of nurturing supportive working environments in reducing incidents of missed care is acknowledged (Kim et al., 2018; Labrague et al., 2019), there is limited guidance on how this can be achieved. This paper proposes clinical supervision as a proactive and solution-focused intervention that can help support nurses and nurture positive working environments, thus, address the increasing incidents of missed care.

The benefits and cautions of clinical supervision

Clinical supervision, although not a new phenomenon in nursing, is an approach that assists nurses to reflect on behaviours and decisions, which potentially lead to missed care incidents. However, there are varying definitions of clinical supervision that are used interchangeably within the literature. Subsequently, the concept is ambiguously and incongruously used (Cutcliffe et al., 2018). Although no universal agreement over the definition of clinical supervision exists, there is consensus regarding its function and purpose, which can be summarised as the facilitation of 'professional support and learning, enabling safe practice' (Pollock et al., 2017, p.1826). For the purpose of this paper, the term 'clinical supervision' refers to a professional relationship between a supervisor and supervisee where the supervisor facilitates the supervisee; reflects

critically upon their practice, provides learning opportunities, support and professional guidance within a safe environment (Health Service Executive, 2019).

Clinical supervision is generally recognised as having three core functions; formative (educational/learning), normative (standards of care/accountability), and restorative (supportive) (Proctor, 1986). Although often presented as separate functions, they intersect in practice (Brunero and Lamont, 2012) and recent reviews report on the value of clinical supervision (Snowdon et al., 2017; Cutcliffe et al., 2018; Kuhne et al., 2019). In particular, clinical supervision as a supportive mechanism (Evans and Macroft, 2015), as a professional development activity (Snowdon et al., 2017) and with general positive effects (Maplethorpe et al., 2014). However, while the evidence reports the benefits of clinical supervision, questions remain regarding the effects of clinical supervision on improving patient care (Cutcliffe, 2018) and its effectiveness (Pollock, 2017; Kuhne et al., 2019). Nonetheless, while clinical supervision is recognised as a method of improving working environments and enhancing quality care (Parlour and Slater, 2014), it remains underused. Nurse managers need to value clinical supervision as a means of addressing missed care, providing appropriate planning and preparation for its implementation and committing to integrating meaningful clinical supervision within everyday practice.

Although the majority of evidence reports on the benefits of clinical supervision, questions remain regarding the effects of clinical supervision on improving patient care (Cutcliffe, 2018) and the dearth of empirical evidence evaluating its effectiveness is acknowledged (Pollock, 2017; Kuhne et al., 2019). Therefore, nurse managers need to be mindful of the complexities of clinical supervision and care is needed when implementing it as a strategy for reducing missed care. Goodyear and Bernard (1998) note three aspects of concern; not confusing supervision with training; a paucity of evidence; and over reliance on trainee satisfaction. More recently, the uncertainties over its purpose (Bifarin and Stonehouse, 2017), availability of suitably trained clinical supervisors (Kuhne et al., 2019) and the organisation needed for staff to manage supervision time and balance other commitments were identified (Wallbank and Hatton

2011). In addition, Shaw (2014) raises the tension between mentoring and monitoring roles of clinical supervisors versus manager lens. This highlights the need for roles to be distinguished (Bond and Holland, 2011), focusing on the stages of the supervisory relationship (Sloan 2005). Nonetheless, mangers need to recognise the valuable contribution clinical supervision can bring to professional practice.

Cultivating supportive working environments through clinical supervision

Developing commitment, resilience, and courage to cope in rapidly changing healthcare environments are core to addressing missed care. Hessels et al. (2015) argue missed care incidents can be decreased by 7.3-13.5% by improvements to practice environments. Similarly, Kirwan et al., (2013) highlight the importance of enhancing supportive working environments for safer patient care. Clinical supervision is one strategy that supports positive working environments and quality care outcomes, which can help reduce missed care incidents. It has been associated with higher levels of job satisfaction and improved staff retention and effectiveness, by helping to support quality improvements, managing risks and increasing accountability (O' Connell et al., 2013; Cutcliffe et al., 2018). Providing such support can promote positive working environments and reduce incidents of missed care (Kim et al., 2018). In particular, it reduces staff stress and burnout (Wallbank and Hatton, 2011; Turner and Hill, 2011a), aids the delivery of quality care (Bifarin and Stonehouse, 2017) and promotes greater resilience and coping mechanisms when working in complex environments (Gong and Buus, 2011). Nurses experience feeling valued and supported when engaged in clinical supervision (Pollock et al., 2017) and this increases job satisfaction. In addition, clinical supervision supports; effectiveness of care (Cutcliffe et al., 2018), patient safety (Snowdon et al., 2016) and improves processes of care (Snowdon et al., 2017), thereby helping reduce incidents of missed care. In adopting Proctors functions of clinical supervision (Proctor, 1986), the authors discuss how clinical supervision can be used as a strategy to address missed care.

Clinical supervision provides support (Restorative function)

Health care work is complex and demanding, and noticing the early signs of emotional exhaustion, fatigue, and frustration for example can be the difference between success and burnout (Pereira et al., 2012). Nurses who are dissatisfied in their work are 2.6 times more likely to miss necessary elements of care, whilst nurses experiencing burnout are 5 times more likely to miss care (White et al., 2019). Clinical supervision supports nurses through restorative means (Proctor, 1986), by providing designated time for staff to share concerns about their practice, build confidence and support staff to feel valued and appreciated. Thereby, increasing job satisfaction and reducing stress and burnout (Gong and Buus, 2011; Wallbank and Hutton, 2011) which contributes to reducing incidents of missed care. In their review Cutcliffe et al. (2018) noted that 'statistically significant reduction in burnout and stress were discovered' (p1360) through clinical supervision. Thus, highlighting the potential to reduce missed care as it involves the facilitation of support and learning that empowers professionals to cope in stressful environments (Turner and Hill, 2011; Kuhne et al., 2019) and develops resilience through exploring emotions, managing expectations and developing coping strategies (Francis and Bulman, 2019). A clinical supervisor has a supportive role in addressing burnout and nurturing resilience, providing a scaffolding of support, but also has a monitoring function with regard to supporting standards of care. Therefore, the self and the texture of the relationship needs to be brought into one's consciousness as tensions in care can arise between the supportive functions and perceived monitoring (Shaw 2014). However, for nurse managers', parallels can be made to that of a therapeutic relationship where considerations are given not only to function and structure but also on the process.

Clinical supervision supports accountability (Normative function)

Generally, the evidence on missed care to-date examines organisational and contextual contributing factors. However, the growing acceptance of, and failure to challenge

missed care is an important contribution to our understanding of perpetuating missed care that requires further attention. 'Cutting corners' (Jones et al., 2016) and 'gaps in care' (Markey et al., 2019) are regular occurrences in daily nursing practice, however this often goes unnoticed and subsequently continues. Consequently, nurses are at risk of developing 'pragmatic acceptance' (Gibbon and Crane, 2018) or 'resigned indifference' (Markey et al., 2019) to declining standards of care where frequently witnessing missed care, becomes replicated, accepted and subsequently perpetuated (Bagnasco et al. 2017). While the evidence to date presents self-reported incidents of missed care (Recio-Saucedo et al., 2018) demonstrating nurses' ability to report truthfully on what is happening clinically, there is a dearth of interventions reporting how nurses are supported following reporting of such conflicting care delivery episodes. The implementation of clinical supervision as a support strategy for formal reporting of missed care offers a platform in supporting staff and encouraging a 'no blame' culture. This illuminates that clinical supervision has a normative function (Proctor, 1986) by providing opportunities for nurses to review and take ownership of delivery of standards of care, recognising deficiencies in care delivery, and accepting greater accountability for their actions. This enables greater self-awareness and insights into attitudes, behaviours and practices underpinning standards of care (Tomlinson 2015) to empower changes in behaviours leading to missed care (Labrague et al., 2019). Understanding the professional self is a marker of skilled practice (Dewane, 2006), which is a target of clinical supervison.

Clinical supervision promotes education and learning (Formative function)

As a process, clinical supervision has a formative function (Proctor, 1986) as it provides a forum for learning by promoting patient safety, staff support and improved standards of care, which is central to its purpose and philosophy (Dilworth et al., 2013; Tomlinson, 2015). Clinical supervision encourages learning and self-critique of knowledge, skills and attitudes, critical thinking and empowers nurses to take responsibility for their future learning. Clinical supervision provides direction for staff in identifying personal and

professional development opportunities aiming to reduce missed care and acts as a conduit for professional supportive conversations that encourage; critical reflection of behaviours, improvements to standards of care and the culture of care within organisations. This empowers professionals to negotiate learning and development requirements and improve the quality and safety of care they provide (Esfahani et al., 2017).

Implications for nurse managers

Nurse managers need to consider ways of nurturing a positive working environment that encourages commitment to quality care, courage to challenge sub-standard care and resilience to respond positively to stressors in meeting the changing demands on nurses. Dilworth et al. (2013) identifies the need for genuine support and ownership from managers in order for clinical supervision to be effective. However, effectively implementing clinical supervision remains challenging and needs careful planning (Pollock et al., 2017; Kuhne et al., 2019). Despite literature advocating the use of clinical supervision, inconsistency in its operationalisation warrants consideration. Nurse managers need to give consideration to planning the process and logistics of clinical supervision and consider the potential challenges associated with its implementation. There is a need for strategic buy-in and an agreement on the definition, purpose, function and vision for its implementation. Clearly clinical supervision requires; support from managers, release of staff and adequately trained clinical supervisors and the goals of both parties to be articulated all of which are critical to its success (Pollock et al., 2017). However, for clinical supervision to be effective nurse managers need to be cognisant of the challenges in its implementation and need to be supported in the process. Firstly, through the provision of relevant education and training for their role in clinical supervision. Secondly, by going through the process of being clinically supervised themselves and thirdly, by having a critical companion to support their development and implementation of clinical supervision. The clinical supervision process encompasses leadership which is central to human flourishing (Levine and

Boaks, 2014), a concept that is current, timeless and a vehicle for organisational change.

Conclusion

With growing reports on missed care, nurse managers need to adopt a proactive approach to supporting positive working environments, and clinical supervision is a process that can assist this. We need to move beyond focusing on types and causes of missed care and consider examining interventions that can be used to address this problem. Although the empirical evidence on clinical supervision is sparse, the evidence on missed care is growing and clinical supervision is one approach that should be considered for improving the working environment. While the evidence highlighting the benefits of clinical supervision is available it remains underused in many practice areas and nurse managers need to examine and plan for enablers and barriers for its successful implementation.

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