The establishment and value of peer group clinical supervision: A qualitative study of stakeholders' perspectives

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EMPIRICAL RESEARCH QUALITATIVE

The establishment and value of peer group clinical supervision: A qualitative study of stakeholders' perspectives

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Abstract

Aims: Explore perspectives of steering group members and external clinical supervision facilitators of developing and establishing peer group clinical supervision.

Background: The climate of healthcare is complex which can lead to staff burnout and challenges to practice. Clinical supervision is suggested as an approach to managing and leadership of such complexities.

Design: Qualitative descriptive.

Methods: Focus group interviews with 19 members of the peer group clinical supervision steering groups and individual interviews with five external clinical supervision facilitators from the Western region of Ireland were conducted. Data analysis followed Elo and Kyngäs' content analysis method, involving preparation, organising and reporting, to extract meaning and identify patterns from the qualitative data collected.

Results: Developing peer group clinical supervision practice requires, clarity of purpose and function that address the pros and cons of clinical supervision. Organisational leadership is required to support and release staff for peer group clinical supervision and peer group clinical supervisors need to be credible and have a level of expertise in practice. When prepared and supported, the aspects of confidence, leadership, personal development and resilience develop.

Conclusion: Peer group clinical supervisors need training and ongoing continual professional development for their role, scope of practice and responsibilities. Sustainability rests on staff awareness and familiarity with the purpose and format of peer group clinical supervision and the regularity of sessions.

Statistics: The authors confirm that there are no statistics within this submission applicable to the Journal's statistical guidelines.

Implications for the profession and/or patient care: Peer group clinical supervision is a means of supporting improvement of patient care delivery while in parallel supporting personal and professional development of staff, building resilience in the workplace.

Impact: This study explored the implementation of peer group clinical supervision for staff across nursing and midwifery disciplines. It found that implementing peer group clinical supervision had a positive impact on staff well-being and morality and on patient care delivery. These findings influence healthcare service providers in implementing peer group clinical supervision in a sustainable way enabling nurses to continue working in complex healthcare environments delivering safe person-centred care.

Reporting method: The qualitative reporting guidelines Standards for Reporting Qualitative Research (SRQR) were followed.

Patient or public contribution: Patient/public involvement was addressed in this study by staff, managers, planners, directors, leaders and educationalists being involved at all stages of the study (concept, design, analysis and reporting).

KEYWORDS
implementation, peer group clinical supervision, personal development, professional development, retention

1 | INTRODUCTION

A core priority of healthcare services and professionals is providing quality healthcare that is safe, person-centred, effective and efficient. However, achieving these objectives are not without challenges, as healthcare services are evolving rapidly. Growing evidence underpinning practice, changing demographics of patient population and the evolving nature of service needs have effects. These are further compounded by changing healthcare environments, global nursing and midwifery shortages, and reduced resources. Care provision in such environments proves challenging for nurses and midwives and supports are warranted to help frontline staff and management through implementing strategies. Clinical supervision can be one support, in maintaining quality care delivery, and in supporting personal and professional staff development (Proctor, 1986). Global staff shortages are concerning (Both-Nwabuwe et al., 2018) and evidence suggests that poor workforce planning (Squires et al., 2017), job dissatisfaction (Sasso et al., 2019) and healthcare migration (Gea-Caballero et al., 2019) are contributing factors. Without adequate staffing and resources, compromising standards of care and threats to patient safety will be imminent. The importance of developing effective strategies for retaining competent registered nurses and midwives is therefore important in today's climate of increased staff shortages and is well acknowledged within the literature (Both-Nwabuwe et al., 2018).

Markey et al. (2020) propose clinical supervision as a solution focused approach that supports nurses and midwives in busy healthcare environments, that supports quality patient care outcomes and reduces the widespread incidents of missed care. Providing positive

What does this paper contribute to the wider global community?

1. This paper contributes to the wider global community by exploring the structures necessary for implementing effective peer group clinical supervision and addressing the associated challenges to support nurses and midwives in delivering safe, high quality, person-centred care within their daily roles in an evolving complex healthcare environment.
2. This paper highlights how peer group clinical supervision can serve as a crucial mechanism for healthcare services and organisations within the wider global community to support frontline nursing and midwifery staff in delivering safe, person centered care during challenging periods, building staff resilience by facilitating and supporting both personal and professional growth.
3. Considering global widespread reports of staff shortages in nursing and midwifery following the advent of COVID-19, this study reinforces the timeliness of re-evaluating the role and implementation of peer group clinical supervision as a potential way of supporting nurses and midwives within the wider global healthcare community and alleviating these challenges in relation to sustaining and retaining nurses and midwives in the workforce.

and supportive working environments can help retain nurses and midwives, ensure adequate staffing and resources (Scott et al., 2019) and good leadership (Conroy, 2018) subsequently improving standards of care. However, the need to implement strategies such as peer group clinical supervision that offer support, guidance and provides a safe space for nurses and midwives to critically examine their behaviours and practices, is essential. In Ireland, peer group clinical supervision has been recommended and guidelines have been developed (Health Service Executive—HSE, 2023) and refers to where both clinical supervisees and clinical supervisors are peers at the same level/grade. However, greater evidence is required to inform future decisions on the implementation of peer group clinical supervision. To meet the need for evidence of implementation and in recognising and valuing the contribution of peer group clinical supervision to improving and maintaining quality, safe care of patients and service users; the HSE established two steering groups covering the Western area of Ireland and utilised external clinical supervision facilitators to oversee the delivery of peer group clinical supervision for nurses and midwives in the area. The purpose of the steering groups was to provide strategic oversight and governance for the introduction and implementation of peer group clinical supervision for nursing and midwifery professions in the Western region of Ireland, and the external clinical supervision facilitators were experienced clinical supervisors who acted as peers and a support to new clinical supervisors. This study investigates and presents the perspectives of steering group members and external clinical supervision facilitators who guided and supported the development of peer group clinical supervision.

2 | METHOD

2.1 | Design

A qualitative descriptive approach (Bradshaw et al., 2017) was used to gain a deeper understanding of developing and establishing peer group clinical supervision by describing it from the perspective of steering group members and external clinical supervision facilitators. This approach focuses on exploring the perspectives, experiences and meanings attributed to the phenomenon under study, without imposing preconceived theories or frameworks (Bradshaw et al., 2017). Focus groups and individual interviews were chosen as they allow the researchers to capture rich, detailed information directly from participants in their natural context. The study is reported in line with and adheres to the Standards for Reporting Qualitative Research (SRQR) guidelines (O'Brien et al., 2014) (Appendix S1).

2.2 | Participants

This study was conducted with members of the peer group clinical supervision steering groups ($n=19$) and external clinical supervision facilitators ($n=5$). The specific selection criteria for participants were that they were involved in the peer group clinical supervision initiative for registered nurses/midwives within the Western region of Ireland. Members of the steering group and external clinical supervision facilitators were invited to participate in the study via an invitation email and information sheet. An agreed date for the focus groups with the steering group were arranged in two central locations and all external clinical supervision facilitators were invited to an individual interview. All steering group members and external facilitators participated in the study.

2.3 | Measures and procedures

Focus group interviews were directed by an interview guide to capture participants experiences and were facilitated by the last author, moderated by the second author and the third and lead author took notes, sought clarity and provided summary feedback. The focus groups lasted on average 90 min. The semistructured interviews were also directed by an interview guide to capture participants experiences and were facilitated by the lead author and lasted an average of 37 min.

2.4 | Ethical considerations

Two health service institutional review boards approved this study (Approval No's: Ref: C.A. 2199, Ref: 091/19). Participants were recruited after receiving a full explanation of the study's purpose and procedure and received all relevant information. Participants were aware of potential risks and benefits and could withdraw from the study at any time. Informed consent was recorded, and participant identities were protected by using a pseudonym to protect anonymity.

2.5 | Data analysis method

The data from the focus groups and semistructured interviews were analysed using content analysis guided by Elo and Kyngäs (2008) three distinct phases: preparation, organising and reporting. In the preparation phase, the emphasis was on becoming familiar and making sense of the data as a whole and selection of the units of analysis. The organising phase includes open coding, creation of categories and abstraction of meaning. The list of categories was grouped together under higher order headings to present a more refined understanding of the data.

2.6 | Research rigour

Reporting rigour was demonstrated using the Standards for Reporting Qualitative Research guidelines (O'Brien et al., 2014). To

mitigate against bias, reflexivity, member checking, providing detailed descriptions of phenomena and generating areas for further investigation were utilised and identified.

3 | RESULTS

Through data analysis three themes were identified (Table 1), getting 'buy-in', organisational readiness and personal and professional development and are presented.

3.1 | Getting 'buy-in'

Successful implementation and operationalising of peer group clinical supervision requires commitment at several levels for its successful roll out. The importance of getting buy-in from staff, managers, health care organisations and Higher Education Institutes were identified. This buy-in was recognised as important as peer group clinical supervision was seen as a means of supporting staff working in complex health care settings.

3.2 | Buy-in from staff and management

The steering group saw the key to implementation and success being the commitment of staff to engage with peer group clinical supervision but this commitment could not be guaranteed.

> The commitment was so great that in a lot of cases, they were coming in on their days off and their time off and that was the reality.
>
> (SGFG2)

TABLE 1 Themes and subthemes.

Getting 'buy-in'	Buy in from staff and management
	Organisational commitment and resourcing
	Visibility in undergraduate curricula
Organisational readiness	Collaborative approach and engagement
	Building capacity
	Demystifying clinical supervision and increasing awareness
Personal and professional development	Supports staff
	Builds resilience
	Increases patient safety
	Need for sustainability

> Where I am, there isn't as much buy-in from the staff to come on board.
>
> (SGFG1)

While the steering groups saw the value of peer group clinical supervision, there was hesitancy from staff in volunteering to engage in the peer group supervisor's education programme to become a peer group clinical supervisor.

> I have nobody coming forward to do the module and that's for a number of reasons…we're a small cohort of staff but also staff are less keen to take on the responsibility of being a clinical supervisor, I think they're a bit overwhelmed by the whole idea of it, they like the idea to be supervised, but they don't really like the idea of being a clinical supervisor'.
>
> (SGFG1)

In addition, to the buy-in from staff was buy-in from management and the organisation which were seen as central to ensuring successful implementation of peer group clinical supervision from the external clinical supervision facilitators perspective.

> You really need the buy-in from management, that management see the priority, you know, are seeing the importance of supervision and it's just, you know, an hour, an hour and a half by the time they get there and back a month, to really prioritise that when they'd be doing the off-duties and things like that, so they would see that management would be, you know, see the benefits of it and plan for it.
>
> (ECS1)

However, fundamental to promoting and gaining buy-in from the steering groups perspective was promoting the value and positive experiences of peer group clinical supervisors and supervises.

> There were people like that who didn't know why they were sent, who didn't understand, they just hadn't taken time out of their busy lives and one of them had said my god, you know, this is why I actually did nursing and to feel the care.
>
> (SGFG2)

> What I've seen here is huge positive experiences and very positive discussions about the benefits of clinical supervision and it was in my opinion a much-needed service and there wasn't anything out there currently providing what clinical supervision is providing.
>
> (SGFG2)

3.3 | Organisational commitment and resourcing

From the steering groups perspective organisational commitment to embed peer group clinical supervision within the organisational culture was paramount in the implementation of peer group clinical supervision and was of utmost importance for its successful roll out.

> But you know, we'll manage any challenges with its {clinical supervision} implementation as an organisation because we're so enthusiastic to do that, and that's really important.
>
> (SGFG1)

> I think that the management support is so that it becomes part of the culture, that it's not something that only the elite, and I'm using the word 'elite' for the few, but it will become the many, which is great.
>
> (SGFG2)

Furthermore, management must lead by example and embrace peer group clinical supervision in supporting each other and role modelling for staff.

> I think a huge benefit is the support that's been given by management so that it is being embraced by management and that they then can support their team members to see well, actually if management are supporting this, we need to try and embrace it and they are embracing it.
>
> (SGFG2)

Thus, the importance of having a fair, transparent and inclusive approach to peer group clinical supervision for all levels of staff is vital.

> If the management are encouraging the staff at all levels, and I think it's wonderful that staff nurses are moving along as they'll be the CNMs {clinical nurse managers} and the specialists of tomorrow.
>
> (SGFG2)

From the external clinical supervision facilitators perspective, they saw that to support peer group clinical supervision, staff need to be released from work commitments to avail of the peer group clinical supervision sessions. Peer group clinical supervisors also require adequate support to facilitate peer group clinical supervision. This support in terms of time is also often intertwined with the need for the provision of financial support for travel expenses incurred in travelling to peer group clinical supervision sessions.

> If you go for supervision outside of the organisation, you know, you are paying, and paying heavily, I mean these things don't come cheap, but self-care, you know, care within the health services, be it our patients or staff, you know, comes at a cost and with peer supervision, it's meant to be incorporated into their current role and I think that that can be difficult, especially in the group because getting release, you know, and patient care has to come first, and that it can be hard as you know they can be short of staff, I can't come, so it's hard to challenge that and with a group, trying to get the whole group together, I think it's very difficult.
>
> (ECS3)

The external clinical supervision facilitators recognised that currently release of staff is very much on an ad hoc basis and not everyone is supported with time, and many are committed to engaging in the process for their own personal and professional development that they attend during their own time.

> We need to look at it being more of a scheduled group activity rather than an ad hoc situation where we're working on the cooperation and sharing of time and ideas and resource and people doing it in their own time.
>
> (ECS4)

Some external clinical supervision facilitators reported that the complexities of meaningful peer group clinical supervision stretches beyond dedicated time and finances and that for peer group clinical supervision to work effectively, peer group clinical supervisors need to receive clinical supervision themselves.

> With peer supervision the issues that are raised are common to everybody, the supervisor and the supervisees, and sometimes things can get blurred and that can be challenging, I think, for people who are in the role say of supervising their peer group and having limited supervision themselves, but in time, I think by them attending the supervision for the supervision they're providing, I think that they're beginning to understand the divisions of roles and the boundaries around the roles.
>
> (ECS5)

3.4 | Visibility in undergraduate curricula

Participants expressed the need for peer group clinical supervision to be introduced early in the nurse/midwives' career as a means of growing capacity and nurturing a culture of engaging with peer group clinical supervision. Embedding clinical supervision in the undergraduate nursing/midwifery curriculum and ensuring it is a more visible requirement of the nurse/midwife graduate was seen as important to the steering groups and the external clinical supervision facilitators.

> In the reflective practice, we use a clinical supervision framework, I think we're doing it and that will have a ripple effect and while they don't see it we've a real opportunity here as the undergraduate programme is the introduction and we can't lose the opportunity.
>
> (SGFG1)

All saw having protected reflective time for undergraduate students to reflect on practice provides a good platform to nurture peer group clinical supervision.

> Because the undergraduates are currently getting four hours a week in relation to reflection, so they are ideally placed to transition from that four hours of reflection into clinical supervision.
>
> (SGFG2)

The steering groups also highlighted that building on the undergraduate programme and offering peer group clinical supervision is a clear means of supporting new graduates and building capacity for the future.

> I see it as essential that they get clinical supervision as they must be at a loss when they go out as newly qualified staff nurses and there's no support for them, and this would bring about a culture change, because they're going to be the nurses of the future.
>
> (SGFG2)

However, caution was also voiced by the steering groups regarding the potential introduction of peer group clinical supervision at undergraduate level, highlighting the importance of having adequate clinical practice exposure for it to have value.

> I'm not sure that the undergraduates would be ready for that, I think that they have enough going on as undergraduates and they wouldn't have had the exposure in clinical practice to the same level that the staff nurse and other grades would have, so, I think that it's something that could be introduced once they get six months, 12 months' experience.
>
> (SGFG2)

Nonetheless, the steering groups saw the importance of engagement with the universities in strategically planning clinical supervision within the undergraduate curriculum and having national guidance and standards on how this can be achieved, was acknowledged.

> We need to get this embedded into the undergraduate curriculum across the board and this needs to become a requirement with adequate guidance.
>
> (SGFG1)

For successful implementation, the steering groups saw the need for a national standard and guide supporting peer group clinical supervision.

> We probably need a strategic level if we're going to move forward with this, we probably need to look at one model of clinical supervision for everyone and have a national standardised approach.
>
> (SGFG2)

3.5 | Organisational readiness

The strategic planning, collaboration, partnership approach and organisational preparation was seen as paramount in ensuring organisational readiness for successful roll out of peer group clinical supervision. Building capacity, creating a greater awareness and demystifying peer group clinical supervision are core strategies that are important in implementation.

3.6 | Collaborative approach and engagement

An inclusive partnership approach to implementation was seen as very beneficial and effective by the steering groups. This partnership approach needs to have wide representation in order to succeed and recognise challenges that can occur and as they occur.

> Engagement between the project officers and our academic colleagues, the new clinical supervisors and the line managers is key to successes…Having a core group with representation from right across all of the divisions of the register, all of the services from acute, older persons, mental health, intellectual disability, palliative care, public health etc. and the higher education sector was really helpful and beneficial and they could recognise and acknowledge challenges and perspectives and look for a way of supporting services that are struggling with staffing and the issues that they have no control over when implementing clinical supervision.
>
> (SGFG1)

Fundamental to a successful implementation was the collaboration and commitment from Directors of Nursing/Midwifery, having Project Officers to oversee the implementation and having a funded peer group clinical supervision training programme.

> To have two steering groups, to have the commitment of the directors, to have 100% backing, to have a module that's 100% funded for participants who wish to avail of it and two project officers on the ground going into clinical areas, meeting with potential candidates, meeting with people who

> are currently undergoing and completed the programme, you do not see that level of support for many initiatives.
>
> (SGFG2)

Preparing an environment conducive to peer group clinical supervision was viewed as essential by all external clinical supervision facilitators. Having a consistent environment and a 'safe space' for meaningful peer group clinical supervision was essential. This required extensive commitment from the new peer group clinical supervisors in terms of locating and arranging an appropriate venue and creating the right atmosphere.

> Also, space, you know, rooms, I mean that can be a nightmare, I could spend 10 minutes trying to find a room, and then I sourced a room in a day centre and the CNM2 kindly allowed me to use it in the afternoon, you know, when any of, you know, the attendees weren't there and that it was vacant, and so, I'm in a constant place and the response from the supervisees, you know, when I got that into place was that they found it much better because they felt that when they were in their place of work, they didn't know if somebody was going to come knocking on the door and say, look, I need you out here.
>
> (ECS2)

However, the advent of COVID-19 strongly influenced the environment, and this was recognised.

> To have a venue where that social distancing and all the requirements, they have to have now you know with sanitation and everything like that is so important.
>
> (ECS4)

The external clinical supervision facilitators emphasised that the physical environment was important, as it provided the initial step and support in providing a safe haven. However, external clinical supervision facilitators noted challenges that arose for new peer group clinical supervisors in setting up their groups and bringing the groups together for peer group clinical supervision. Of specific note were the difficulties with getting time off to engage with peer group clinical supervision and sometimes the resentment when this dedicated staff release time was not provided. In particular, the diversity as to how staff were supported with regards to staff release from clinical duties varied across disciplines.

> One of the big differences, and I suppose it was more with mental health compared to general, we'll say, the nurses from the general side were more keen as they were quite willing to come in on their days off because they said that would be normal practice if you wanted to go to something, to guarantee you could go on it, you would go on your day off and then get your time back. So, a lot of them will have done their supervision on their day off, whereas from the mental health staff they were saying no, if it wasn't in our working hours, they weren't really willing to commit to it, so, trying to manage the off-duty, annual leave, that kind of thing was difficult for them when they were setting up their groups.
>
> (ECS1)

The external clinical supervision facilitators made specific reference to the size of the peer group clinical supervision groups as an issue that affected the experience and noted that smaller groups were less effective in terms of role modelling.

> I suppose the groups were quite small, I think it would have been nice to have a larger group in the sense that I felt for my role because they were going onto facilitate their groups and there could have been a little bit more role-modelling if the groups were a little bit bigger, so, like if you had six then, you will be able to role-model a lot more of what was going on, sometimes we might only have two.
>
> (ECS1)

The group size appeared to have been affected by workload and people's ability to attend.

> It started off with five and ended up with four, but I think there's only been a couple of occasions when the full four have actually been able to attend and that's because of clinic commitment or for personal reasons any time that they didn't come.
>
> (ECS5)

External clinical supervision facilitators saw setting up the environment physically as one component of facilitation while also generating the right atmosphere is a particular aspect of peer group clinical supervision facilitation. However, gaining the trust of members within the group and developing respect for each member was essential for full disclosure enabling the best facilitation of peer group clinical supervision sessions.

> I cannot stress enough the confidentiality because it needs to be a safe space because if that is broken and the way hospitals run and you know, it would come back to me, and my professionalism would be called into question.
>
> (ECS5)

Holding respect for peers was perceived as critical in promoting a positive atmosphere and helps build respect and confidentially.

External clinical supervision facilitators identified the need to develop guides for implementing/rolling out the peer group clinical supervision session or formally directed groups to draft agreements.

> What I suppose enabled the process was the respect and feeling safe and feeling people were being heard by peers, the non-judgmental aspect to it and that it was a shared journey for all and setting boundaries, making the group as safe as possible, developing a working as they call it, well a contract, well instead we develop a working agreement, that's the word we were using.
>
> (ECS4)

3.7 | Building capacity

It was seen by all participants that building peer group clinical supervision capacity is core to nurturing a peer group clinical supervision culture within nursing and midwifery.

> It's going to take a lot to overcome it, taking it across the line into it being the normal culture, I think maybe the barriers can be overcome if we build capacity in our services, it's all about building a critical mass.
>
> (SGFG1)

Participants highlighted forward planning regarding supports required, such as providing dedicated time and release of staff, and necessary structures and processes, as core elements necessary to foster organisational readiness. The steering groups suggested developing an organisational readiness checklist as a mechanism to support capacity building.

> They have to, before ever they send anyone on a course, they complete an organisational readiness checklist and identify how many people they can support to release from their service, I mean whether it's one or three, it doesn't matter as long as that person can be supported to be released and then that they can also support the release of supervisees.
>
> (SGFG1)

However, the importance of reviewing and evaluating such systems and supports was also acknowledged by the steering groups.

> To build up that critical mass and then evaluate it and take that as a learning going forward in terms of the benefits to the individuals and the service.
>
> (SGFG2)

Both the steering groups and the external clinical supervision facilitators highlighted the role of experience, and it was seen that working with those with previous expertise in peer group clinical supervision and learning from them, further supports capacity building and successful implementation.

> Yes, and I think the sharing of the best practice has been worth a mention with {named expert} coming over and sharing their learning, that has worked very well and it's bringing heads together, that's critical expertise and obviously we've our own expertise over here now and bringing all that together.
>
> (SGFG2)

It was recognised that building capacity by having more qualified peer group clinical supervisors would result in greater availability of peer group clinical supervisors and increase the opportunity for peer group clinical supervision for staff throughout the health service.

> You know, it's not a luxury, but it does need to become the norm to build capacity and have more qualified clinical supervisors for this to occur.
>
> (SGFG1)

It was felt that providing peer group clinical supervision as an approach would increase the available opportunities and capacity for staff to engage with peer group clinical supervision as there would be trained peer group clinical supervisors within organisations rather than have to outsource this service.

> We introduced peer group clinical supervision to enable as many grades and as many nurses and midwives as possible to engage with the process because heretofore, even in the HSE, different services were buying it in, so, we said what we would buy in was the education of our own peer group supervisors.
>
> (SGFG1)

External clinical supervision facilitators highlighted the importance of being prepared and organised for sessions. Being prepared helped set the scene for supportive peer group clinical supervision sessions. For external clinical supervision facilitators having the appropriate qualifications in clinical supervision was hugely valued and seen as beneficial be it at master's or postgraduate level and this was reinforced by clinical experience with the combination of both enabling the peer group clinical supervisor to support their group/s.

> I trained in {named place} as a clinical supervisor with a group there, you need these pieces of paper to validate what you're doing.
>
> (ECS5)

However, there was an overwhelming consensus that peer group clinical supervision is still very much in its early development in Ireland.

> It's in a very infancy stage really, you know, I mean, in some ways and big developments for the nursing profession we are pioneers in some way.
>
> (ECS.3)

3.8 | Demystifying clinical supervision and increasing awareness

The collaborative approach to strategically planning peer group clinical supervision implementation created a greater awareness of its benefits, value and ways of implementing it.

> We have no clinical supervision…or at least very limited, so we're hoping now that we will be able to discuss with all the DONs and to start the process and it's very valuable if we can get the system up and running.
>
> (SGFG1)

However, participants consistently described various misconceptions regarding peer group clinical supervision, which was a barrier to engagement and emphasised the importance of demystifying what peer group clinical supervision is.

> Demystify what clinical supervision is, I think that is a huge challenge really, demystifying because it's been confused with managerial supervision.
>
> (SGFG1)

It was acknowledged that the terminology used greatly contributes to the various misunderstanding regarding what peer group clinical supervision is and its' purpose.

> There's an element of suspicion around the word 'supervision', the terminology is something we might look at, clinical support as opposed to clinical supervision as sometimes words can have a huge impact on a person most needing the process.
>
> (SGFG1)

> I suppose if I had anything I would change, it is the term 'clinical supervision' because these are advanced nurse practitioners that are autonomous practitioners and all of a sudden, they're doing clinical supervision, and it's supervising, it's those two words.
>
> (SGFG2)

The negative connotations surrounding peer group clinical supervision and terminology was perceived as impacting on individuals motivation and commitment to engage with peer group clinical supervision opportunities available.

> There is a myth about clinical supervision, you know, that you're being monitored or being called in because there's a problem.
>
> (SGFG1)

The importance of creating a greater awareness of the purpose and function of peer group clinical supervision was seen as core to successful implementation and opportunities to challenge understanding and discuss the meaning and understanding of peer group clinical supervision is essential.

> Initially, there would have been confusion in what clinical supervision is and what people were asked to sign up to, and a lot of the work done would have been demystifying that, confusion around what the term means and teasing that out but when the students do the module and start supervising, that's when it really starts rippling out.
>
> (SGFG1)

It was felt that explaining the purpose and taking time to discuss understanding would help with clarifying peer group clinical supervision expectations and processes.

> It's giving you a supervision on what you're doing, it's getting you to step outside and looking in, instead of you looking.
>
> (SGFG1)

Strategies such as a roadshow for peer group clinical supervision were identified as a means to create a connection with staff, providing an opportunity to clarify queries and support the implementation of peer group clinical supervision.

> Yes, and it has been quite successful from those who have been on the roadshow, that people hear, that there isn't this fear of what am I going into? Is it something I've done?
>
> (SGFG2)

It was seen that the benefits of such strategies resulted in increased interest in peer group clinical supervision opportunities.

> They now have waiting lists, and this is huge, I think, you know, for their whole professional development and personal development…they feel empowered

> using the model, having something robust that we can share with their peers.
>
> (SGFG1)

However, despite the benefits and value of peer group clinical supervision, opportunities for peer group clinical supervision is not available to all staff, which is an area that requires further consideration.

> The reality in clinical practice is when the front-line staff are busy, their priority is patient care…this should be something that all nurses and midwives deserve.
>
> (SGFG2)

3.9 | Personal and professional development

The wide range of benefits associated with engaging in peer group clinical supervision were acknowledged and recognised as encouraging personal and professional development, through offering a supportive mechanism, building resilience and increasing patient safety.

3.10 | Supports staff

In acknowledging the busyness and complexities of healthcare services, peer group clinical supervision was seen as a mechanism for providing a supportive working environment that offers support to staff and encourages quality and safe standards of care.

> There's nowhere for nurses here to go, there's no help for them at ground level when things start to go wrong and you're going straight to management and so this is very, very welcome I have had clinical supervision in two areas where I worked, and I found it very beneficial on a personal level.
>
> (SGFG1)

This supportive mechanism supports personal development which benefits the service and ultimately improves standards of care.

> I started to get a better appreciation and understanding of what clinical supervision was and the benefits to the individual and more importantly, the benefits to the service.
>
> (SGFG2)

Participants saw peer group clinical supervision as a process of self-care and a means of reducing feelings of burnout.

> Patient care has to be the core to why we're doing all this, but also, it's about the self-care of the person, if the person isn't being self-cared and have nowhere to go, how can you provide that really high-quality care of the patient, if we don't have support for staff, you will have total burn-out, you know it's emotional.
>
> (SGFG1)

Peer group clinical supervision was seen as creating a positive working environment and a means of empowering staff within their roles to promote quality standards of care.

> Valuing staff is huge and giving staff a voice and being able to be listened to, I think is hugely empowering and you could see the lightbulb moment, dare I say for some younger staff as well, that just they really felt supported and they kind of went out with a 'pep in their step' to do things better.
>
> (SGFG2)

It was seen that peer group clinical supervision was a mechanism that can support staff and increase staff retention.

> I suppose the initial ask really was the group director of nursing approached [named person] and asked them to start looking at it as a means of enhancing recruitment and retention of staff because certainly we have a huge issue with that and it's about retaining our staff.
>
> (SGFG1)

An advantage of peer group clinical supervision frequently reported by external clinical supervision facilitators was the ability to meet a group of staff at the onetime and the collective peer learning that occurred through the opportunities to listen and engage with the experiences of peers in different contexts and this was perceived as a particular strength of peer group clinical supervision.

> I think the recognition of similar issues they're having, that's a huge benefit in the peer group and it's the whole sense of the amount of people that you can actually get to see in the same amount of time.
>
> (ES1)

This was reinforced by the opportunity for colleagues to support each other while learning from each other.

> Obviously the notion is that the group begins to support itself, I think that's probably a huge difference to one to one clinical supervision, and certainly what I would hear coming anecdotally from supervisors and I supervise the nurses is their idea of that group support, you know, building together and the support network that they have, them all coming from similar experiences, similar

ideas and maybe that they can support each other that way, and a group grows like that.

(ES2)

Enhancing and developing the leadership aspect amongst all staff.

It develops clinical leadership and suppose what needs to be recognised is that we all have a role in leadership it's not just the managers, staff have a role and responsibility and is accountable for their own practice…and clinical supervision exposes one area that helps guide and facilitate people.

(ES3)

3.11 | Builds resilience

The need for building resilience amongst staff in busy settings was acknowledged.

Nurses should be more equipped in our current climate and be skilled to be able to have that resilience to help.

(SGFG1)

Peer group clinical supervision was seen as one mechanism that can support the development of resilience and empower staff to enhance patient care.

Building resilience in our staff, enabling them, empowering them to enhance their patient care through reflection, the peer group supervisors and the supervisors say that's been very powerful for them in enabling that for them, I think it's life-altering for people once they do engage with it.

(SGFG1)

Peer group clinical supervision also helps build resilience to respond appropriately in busy and complex healthcare environments.

They went back to the frontline feeling a bit better, well, they would have said it to me as well, it was just that resilience piece, you could see they were building in confidence.

(SGFG2)

This resilience and ability to respond stems from the opportunity to think critically about one's practice and examine ways of improving it.

It's good, it's healthy, there was many, many lightbulb moments and the programme got you thinking of practice and the ways we practice.

(SGFG2)

3.12 | Increases patient safety

Some participants reported the value of peer group clinical supervision in identifying 'near misses' thereby contributing to a patient safety culture and encourages the nurturing of a safe clinical environment.

I would say that something like risk assessments, it's like it catches the near misses to be in a safe environment.

(SGFG1)

Peer group clinical supervision encourages staff to question and critically evaluate their knowledge, skills, attitudes and behaviours supporting patient safety.

We seem to take on more and more without saying, NO, and also around the whole area, you know, am I competent to do that? and am I working within my scope of practice? and let me talk about that in a safe place with my peers, so the benefits I see are huge.

(SGFG2)

In addition, it was seen that peer group clinical supervision helps encourage a safety network.

But in this environment, there's a safety network, it's just highlighting something and then your peers are saying yes, that was good, but maybe next time, think of X or Y and learning from those issues at times.

(SGFG1)

Peer group clinical supervision inspired staff to critically review their practice and develop their curiosity and commitment to seek solutions and improvements to their practice.

I identify with the people in the room, that we all have the same issues, we all have the same challenges, ok, we deal with them differently and I would hope that as a result of clinical supervision, that people would look and seek help quicker because they know it's not just me.

(SGFG2)

Consequently, there is increased enthusiasm for engaging with peer group clinical supervision.

It has created an energy in some areas where they didn't have that before, and staff now are looking forward to that support and that support is huge because they know now, they can link in.

(SGFG1)

Despite the reported benefits of peer group clinical supervision, concerns were raised regarding sustainability and the importance of

examining ways of sustaining peer group clinical supervision in busy environments was acknowledged.

> The system is just so busy that you have to prioritise and attending your clinical supervision right now may not be the priority, but we might be able to fit it in tomorrow or next week. So, it's keeping it, if you like, keeping it on the road, but being mindful that there are times that we have no choice other than to let it go, but bring it back in again.
>
> (SGFG2)

3.13 | Need for sustainability

Participants acknowledged the importance and the benefits of engaging with peer group clinical supervision education. Preparing future peer group clinical supervisors is essential in sustaining success. This involves both preparing people while also thinking of how peer group clinical supervision can continue to be delivered thus building internal capacity.

> As involvement grows (in the peer supervision sessions), there is an increase in understanding.
>
> (ES3)

With this increase in participants understanding and engagement with peer group clinical supervisors, confidence grows within the group and capacity builds.

> I felt very much that I was more active in the beginning, and I was more passive as the sessions went on and allowed them to do it themselves, and the support network that they have from each other.
>
> (ES2)

Looking forward to how sessions can be delivered, participants spoke of a blended approach to peer group clinical supervision sessions as COVID-19 was seen as having a positive influence.

> Blended sessions and I suppose there's challenges but with COVID and running groups, and the move into more online formats, I think they can be as effective if a group is already established or has done one or two of the face-to-face sessions for the kind of storming and forming phase of the group and the ground rules, building the relaxing environment and the trust.
>
> (ES3)

The necessity of having prior experiences of being a supervisee before engaging in education and training to become a clinical supervisor was seen as critical to the external clinical supervision facilitators and was a key recommendation as a strategy for success and sustainability.

> I suppose one of the things that had come up a few times is that they weren't participants in supervision themselves and it was one of the recommendations I made, that people who were going on the course would go as supervisees themselves first.
>
> (ES1)

Also, the external clinical supervision facilitators noted the importance of being supported and for peer group clinical supervisors to engage in external clinical supervision themselves.

> Now, I go for supervision, my own supervision, and that's outside and that was one of the stipulations that I put down, that I wouldn't provide supervision for the staff until I was able to source supervision for myself, so I did and I go for supervision for the supervision work that I do.
>
> (ES5)

To support sustainability, it was seen that the mix of disciplines worked well allowing for interprofessional learning opportunities for supervisees and peer group clinical supervisors.

> As people became more engaged and involved, supervision became easier, and their understanding of supervision became clearer…you learn so much in relation to how things are done from different centres in different organisations or different hospitals, that mix within the group is important.
>
> (ES3)

4 | DISCUSSION

From this research, three primary conclusions emerged. First, developing peer group clinical supervision practice requires, clarity of purpose and function that address the pros and cons of peer group clinical supervision. Second, organisational leadership is required to support and release staff for peer group clinical supervision. Third, peer group clinical supervisors need to be credible and have a level of expertise in practice. While peer group clinical supervision is not a new phenomenon, Ireland is at the early stages of its adoption and thus misconceptions about peer group clinical supervision were evident within this study. It is important that clarity is created regarding the purpose and function of peer group clinical supervision (Driscoll et al., 2019; Wilson et al., 2016) and negative associations with the term are addressed (Love et al., 2017). Engaging in peer group clinical supervision requires a commitment from both the organisation (release of staff), supervisors (facilitation) and supervisees (engagement). Therefore, supporting and valuing peer group clinical supervision is essential from both perspectives in order to make the process meaningful and functional (Colthart et al., 2018; Franklin, 2013).

Fundamental to the process is establishing the right environment through setting ground rules, building the relationship, personal and professional preparation and active participation, developing trust, being respectful and upholding confidentiality (Feerick et al., 2021; Harvey et al., 2020; Tulleners et al., 2024). Within peer group clinical supervision dual pillars exists, that of 'the unique individual' and 'the unique group' with identified responsibilities in each pillar that facilitate interactions within the group. These core foundations underpin and support peer group clinical supervision in nursing and midwifery practice facilitating opportunities for reflection, support and professional guidance (Tulleners et al., 2024). It is important to acknowledge that issues relating to these components can influence engagement and essentially undermine the foundations of peer group clinical supervision, so it is essential to address this form the outset and continuously review these (Buus et al., 2018; Howard & Eddy-Imishue, 2020). For peer group clinical supervision to be effective it must occur regularly, have protected time, and be facilitated in a private space (Bifarin & Stonehouse, 2017). Furthermore, peer group clinical supervision can benefit from ongoing evaluation and review to sustain momentum within the group and address any challenges as it is a fluid process (Colthart et al., 2018).

For a peer group clinical supervisor to be credible, they need a level of expertise in their practice and understand work-related issues to be better placed to guide the clinical supervision process (Love et al., 2017). Participants in this study were very aware of the benefits of peer group clinical supervision and identified aspects within this evaluation related to self (confidence, leadership, personal development and resilience), service and organisation (positive working environment, retention and safety) and professional patient care (critical thinking and evaluation, patient safety, quality standards and increased standards of care). These findings are reinforced by the wider literature: self-confidence and facilitation (Saab et al., 2021), leadership (Markey et al., 2020), personal development (Rothwell et al., 2021), resilience (Markey et al., 2020), positive/supportive working environment (Coleiro et al., 2022), staff retention (Stacey et al., 2020), sense of safety (Feerick et al., 2021), critical thinking and evaluation (Corey et al., 2021), patient safety (Sturman et al., 2021), quality standards (Alfonsson et al., 2018) and increased standards of care (Coelho et al., 2022).

To address sustainability peer group clinical supervision should be regular and at a minimum for one hour, once a month (Dilworth et al., 2013; Saxby et al., 2015). What is most likely to affect sustainability is people's awareness and familiarity with the purpose and format of peer group clinical supervision (Driscoll et al., 2019), providing time to discuss and reflect on issues (Dawson et al., 2012), receiving feedback (Martin et al., 2015) and the benefits of supervision delivered in a group (Taylor, 2013; Tulleners et al., 2024). However, consideration needs to be also given to the training of peer group clinical supervisors, so they feel prepared and able to fulfil their role (Love et al., 2017). Within this training and after, peer group clinical supervisors need to be made familiar with professional guidelines and ethical standards, create role clarity and understanding of the peer grouop clinical supervisor's scope of practice and responsibilities (Love et al., 2017). Training and educating peer group clinical supervisors is an investment and not a one-off investment as ongoing external clinical supervision for peer group clinical supervisors (Wilson et al., 2016) and continual professional development (Noelker et al., 2009; Tulleners et al., 2024) is required so peer group clinical supervisors stay in their role. Such training could focus on the qualities identified by Bogo and McKnight (2006) as involving clinical supervisors who: (a) are available, (b) are knowledgeable about tasks and skills and can relate these techniques to theory, (c) hold practice perspectives and expectations about service delivery similar to the supervisee's, (d) provide support and encourage professional growth, (e) delegate (shared responsibility) to supervisees to fulfil their tasks and responsibilities, (f) serve as a professional role model and (g) communicate in a mutual and interactive supervisory style.

This research study has implications for practice, particularly from an organisational level when implementing and sustaining effective peer group clinical supervision. Peer group clinical supervisors need training and ongoing continual professional development for their role, scope of practice and responsibilities. Sustainability rests on staff awareness and familiarity with the purpose and format of peer group clinical supervision and the regularity of sessions. Based on the results of this study, there is an opportunity to build on the fact that clinical supervision is widely used as a formal process of professional support for both nursing and midwifery staff and undergraduate nursing students (Franklin, 2013, Australian College of Nursing, 2019). For peer group clinical supervision to be effectively developed there has to be management support and consideration given to the organisational culture (Markey et al., 2020). There needs to be managerial support and buy in with peer group clinical supervision supported both at a management and individual level (Stacey et al., 2020, Tulleners et al. 2024). From a management perspective consideration must be given to the issues of time and workloads (Lalani et al., 2018) and the value placed on peer group clinical supervision so that it can become embedded into the culture and fabric of the organisation and nursing/midwifery profession. The support for the release of staff to travel and attend peer group clinical supervision is a clear demand on services and the use of online formats in the delivery of peer group clinical supervision has been growing and with COVID-19 it became a necessity, with its usefulness highlighted (Anderson et al., 2022; Bender & Werries, 2022). The advent of COVID-19 has further emphasised the need for peer group clinical supervision and support for our nursing/midwifery workforce (Turner et al., 2022) as there is a need to assist them to maintain their wellbeing and problem solve.

For long-term sustainability peer group clinical supervisors and supervisees need to ensure peer group clinical supervision sessions are specific to the needs of each individual and their profession, meet the demands of a range of settings, and consider experience, ability and stage of training of everyone. Priority areas within peer group clinical supervision sessions may include clinical practice, skills development, career development or confidence building, and thus peer group

clinical supervision should be person-centred placing the supervisee at the centre (Gardner et al., 2018). Ongoing review and feedback should be inbuilt into the peer group clinical supervision process to ensure the purpose and function of clinical supervision is being met for all involved (Pesqueira et al., 2021; Tugendrajch et al., 2021).

While this study highlights and contributes to the knowledge base there are some limitations. First, the study data was collected in one geographical area only. Second, different models of clinical supervision exist, and this study only represents peer group clinical supervision. Third, the perspectives of peer group clinical supervisors and supervisees is absent in this study. Fifthly, from a methodological perspective the findings may not be easily generalised to broader populations or settings, researcher subjectivity and biases may have influenced data collection, analysis and interpretation, the emphasis on description may have limited the exploration of relationships and oversimplifying or superficial understanding or interpretation of the data.

5 | CONCLUSION

This research study provided different perspectives of peer group clinical supervision and outlined the experiences of peer group clinical supervision steering groups and external clinical supervision facilitators actively involved in peer group clinical supervision process. It is evident from the findings of the study that nurses and midwives benefit from peer group clinical supervision, and it facilitates opportunities for reflection, support and professional guidance within practice. The importance of the process and getting this right from the outset when implementing and engaging in peer group clinical supervision is key to effectiveness. In particular, the aspects of buy in and support, awareness and engagement, and the benefits and sustainability of peer group clinical supervision. The study highlights implications for practice at both managerial and organisational levels when implementing effective peer group clinical supervision and reinforces the importance of fostering a culture that embraces this practice while ensuring its sustainability within the organisational healthcare structures. When prepared and supported, the aspects of confidence, leadership, personal development and resilience can develop amongst nurses and midwives in practice. There is an opportunity to build on the fact that clinical supervision is widely used as a formal process of professional support for undergraduate nursing students (Franklin, 2013:34) with support from both management and individuals (Stacey et al., 2020). Through consideration to time and workloads (Lalani et al., 2018) peer group clinical supervision can become embedded into the culture and fabric of the organisation and the nursing/midwifery profession (Markey et al., 2020).

AUTHOR CONTRIBUTIONS

Study conception and design: OD, COD, KM, LM, JT. Data collection OD, LM. Data analysis, All authors. Contribution in the discussion and final write-up: All authors. Manuscript drafting and revision and approval of final manuscript: All authors.

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CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DECLARATION

We confirm that any data utilised in the submitted manuscript have been lawfully acquired in accordance with The Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization to the Convention on Biological Diversity. Relevant fieldwork permission and approval was obtained (Ref: 091/19, Ref: C.A. 2199).

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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