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Evaluation of the Implementation of Peer Group Clinical Supervision for Nurses and Midwives in NMPDU West Mid West area, Ireland

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Evaluation of the Implementation of Peer Group Clinical Supervision for Registered Nurses and Registered Midwives - HSE West Mid West.

Dr Owen Doody, Dr Kathleen Markey, Dr Claire O Donnell, Dr Louise Murphy, Dr James Turner

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Background

- Providing quality healthcare that is safe, person-centred, effective and efficient, are core priorities for global healthcare services and professionals working within these services.

- Clinical supervision is a solution focused approach that supports nurses and midwives in busy healthcare environments by providing a safe space to critically examine their behaviours and practices whilst also supporting quality patient care outcomes (Markey et al 2020).

- NMPDU HSE West Mid West established two nursing and midwifery peer group clinical supervision steering groups in May 2018 to provide strategic oversight and governance of the introduction, implementation and evaluation of peer group clinical supervision in the area.

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Aim of the Evaluation

- Four phases were specified to inform the evaluation and meets its objectives.
- 1. Facilitate and analyse focus groups with both steering group committees.
- 2. Facilitate and analyse individual interviews with external clinical supervisors.
- 3. Collect and analyse data from a validated online questionnaire (MCSS-26) to identify new peer group clinical supervisors' perceptions of clinical supervision.
- 4. Facilitate and analyse individual interviews with new peer group clinical supervisors.

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Sample

The sample size consisted of:

- external clinical supervisors (n=5),
- peer group clinical supervision steering group members (n=24),
- new peer group clinical supervisors (n=74) (nurses and midwives who successfully completed the Professional Credit Award: Clinical Supervision: Supporting Continuing Professional Development module provided by University of Galway) across 5 programmes over 3 years.

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Data Collection

- Focus group interviews with the HSE West Mid West peer group clinical supervision Steering Group members.
- Semi-structured tele-interviews with the external clinical supervisors **AND** the new peer group clinical supervisors.
- Survey via an online self-reporting questionnaire on Qualtrics using the Manchester Clinical Supervision Scale-26 (MCSS-26) (Winstanley and White, 2011).

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Data analysis

- Qualitative thematic content analysis.
- Quantitative analysis SPSS

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Findings

- External clinical supervisors viewed themselves as an active part of the peer group clinical supervision process, helping to grow and build its successful implementation. They along with organisational support are key to delivering a strong sustainable service.
- The total mean MCSS-26 score across all peer group clinical supervisors was 76.47, higher than the clinical supervision threshold score of 73 identified as the indicative threshold for effective clinical supervision provision.
- Clinical supervisors' experiences represented developing the foundations, engaging in action and living the reality.

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Benefits

- The benefits related to self (confidence, leadership, personal development, resilience), service and organisation (positive working environment, retention, safety) and professional patient care (critical thinking and evaluation, patient safety, quality standards, increased standards of care).

  'Well, I think the main thing that was positive with the peer is I think there's a huge amount of learning among each other. I think the recognition of similar issues that they're having. I think that's a huge benefit in the peer group. Also I think it's the whole sense of the amount of people that you can actually get to see in the same amount of time' (E.S. 1)

- Peer group clinical supervision appeared to help reduce stress and anxiety, as participants identified that it enabled them to focus on personal and professional development and created opportunities to discuss and reflect on professional situations both emotionally and rationally.

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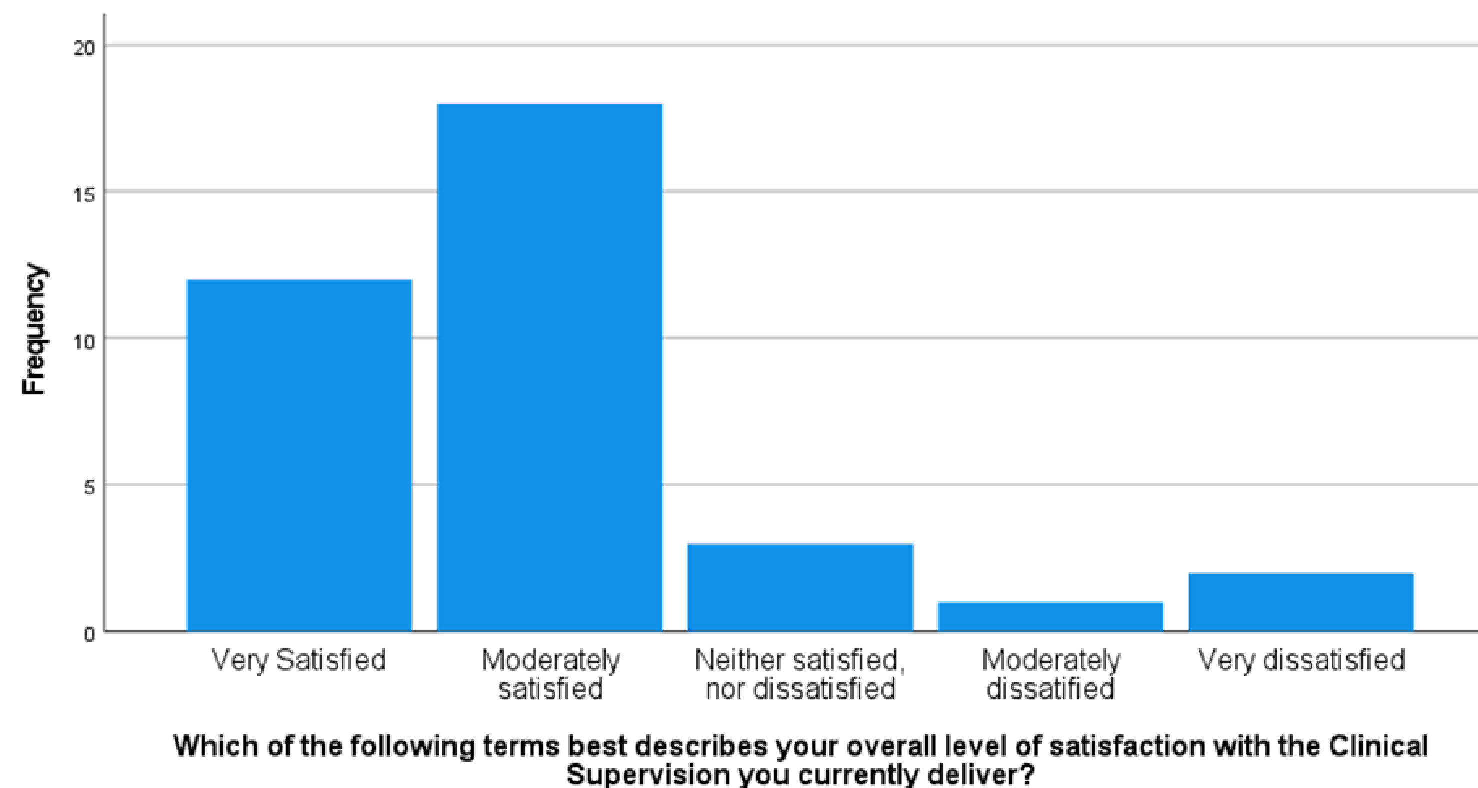
Level of overall satisfaction with clinical supervision currently delivered



83.3% of supervisors reported that they very satisfied (n=12, 33.3%) and moderately satisfied (n=18, 50%) with the clinical supervision they currently delivered. When supervisors were asked to rank how frequently certain themes arose in clinical supervision, supervisee related issues (n=17, 47.2%), work environment related issues (n=16, 44.4%), staff related issues (n=15, 41.7%) were reported as the most frequent issues, with patient/client related issues being less frequent (n=8, 22.2%).

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Establishing and Facilitating Groups

- Having established a group was fundamental to the peer group clinical supervisors learning and development.
- Key aspect, the environment, ground rules, group size and building relationships, trust, respect and confidentiality.

  'We need to respect each person's point of view. And I suppose to be conscious of peoples, and fears in contributing to the group and outlining the roles and responsibilities of each person, is setting the ground rules' (E. S. 3)

- Addressing the lack of awareness or misconceptions.
- Education preparation through the UoG peer group clinical supervision module (Clinical Supervision: Supporting Continuing Professional Development) and the support of external clinical supervisors.
- Clinical supervisor to be credible they need to be an expert in their professional field and understand work-related issues so as to be better placed to support the clinical supervision process and have familiarity and experience of the cultural and organisational context.
- Regular and constructive feedback and spending time to reflect on practice.

Support and Commitment

- Management support and buy-in essential for success and organisational culture and attitude is an important factor.

  'Management really have to buy into it and when I say buy into it, it's not just tick the box and they can say, 'Oh yes, we are providing supervision. It is the level of supervision and the commitment to it. That is another thing. (E.S. 5)

- A lack of time and heavy workloads main barriers, when time is pressurised, there is often a lack of opportunity for reflection, leaving supervisees feeling they must figure things out themselves without adequate support.

  'It should be scheduled within people's working and career week or month or wherever our day is and as appropriate, and that it wouldn't be the ad hoc nature where you're drawn from people's own time'(E. S. 3)

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Support and Commitment

- The real question is the value placed on clinical supervision and how it was embedded in the culture / fabric of the organisation / profession (custom and practice).

  'It should be scheduled within people's working and career week or month or wherever our day is and as appropriate, and that it wouldn't be the ad hoc nature where you're drawn from people's own time'(E. S. 3)

- Available to all grades.

  '...time its valuing something as if something is valued then you give it time so clinical supervision has to be valued at all grades within the service and recognised as an essential element of one professional practice (C).'

- Mode of delivery.
- Module.

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Culture

- Participants did not draw reference to any cultural issues which may indicate the monocultural aspect of the implementation and engagement with peer group clinical supervision.

  ‘So, 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’ would use or the few, but it will become the many, which is great’ (SFG2).

- Did acknowledge the uniqueness of each person and understand that every person has a distinct self-identity, apart from the culture that shaped them.
- As the initiative broadens will need to be aware of biases, as no one is culturally neutral, and working with colleagues from different cultural backgrounds is considered a core clinical supervision skill.

Strategy

- The quality of the peer group clinical supervisor and clinical supervisee relationship is key to success.
- Where feasible, peer group clinical supervisees should choose their clinical supervisor.
- Greater session frequency, with regular progress reviews, is related to positive outcomes.
- Nurse/midwife managers played a key role in facilitating peer group clinical supervision through the provision of protected time and providing an appropriate environment and space for it to take place.
- At an organisational level clinical supervision should be included in the job descriptions of nurses and midwives and consideration should be given to ensure equal access to supervision, particularly for those who work night shifts.
- Education cannot be a one-off investment, CPD for clinical supervisors.
- Such investment means peer group clinical supervisors are more likely to stay in their role and develop and continue to improve their facilitation skills.

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Sustainability

- Peer group clinical supervision should be regular and at a minimum for one hour once a month.
  - *'Occasions when through no fault of anybody, 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' (SFG2).*
- What is most likely to affect sustainability is familiarity with the purpose and format of clinical supervision, providing time to discuss and reflect on issues, receiving feedback and the benefits of clinical supervision delivered in a group.

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Sustainability

- Groups need to be relatively small to allow all members to contribute to group rules, safety, participation and ownership (4-6).
- Support for and release of staff to travel and attend peer group clinical supervision is a clear demand on services and alternative mechanisms of delivery are warranted.
- Support provided through external clinical supervision sessions.

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On-going Review

- Peer group clinical supervisors and clinical 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 to consider experience, ability, and expertise 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 clinical supervisee at the centre.
- 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.

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Conclusions

- Through this evaluation many benefits of peer group clinical supervision are highlighted (individual, service, organisation, patient/service user).
- The key to success – address lack of awareness and misconceptions and when establishing sessions having the right environment and set ground rules.
- There needs to be management/organisational support - release of staff, valuing and embedding within practice.
- Ongoing support - external clinical supervision and CPD.
- Organisational and national strategic - accessible to all grades, address capacity, recruitment, retention and sustainability issues.

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Recommendations

- Clearly define and identify the aim and intention across all services and staff grades within an organisation.
- Organisational policies to reflect its importance.
- The inclusion in job specifications (value as a method to develop, recruit and retain staff).
- Ongoing external clinical supervision and CPD.
- Guidance regarding the preferred method of delivery e.g., face-to-face, online or a combination of both.
- Implementation should be standardised and equitable across all services and all nursing and midwifery grades.
- Inbuild evaluation measures (benefits – PGCS, nurse/midwife, patient/service user, practice).

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Publications

- Doody, O., Markey, K., Turner, J., O Donnell, C., Murphy, L. (2024) Clinical supervisor's experiences of peer group clinical supervision during COVID-19: a mixed methods study. BMC Nursing. 23, 612. https://doi.org/10.1186/s12912-024-02283-3
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Link to report

- https://healthservice.hse.ie/about-us/onmsd/onmsd/nursing-midwifery-planning-development/hse-clinical-supervision-report.pdf

Any Questions?

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Thank you

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