

Effect of Implementing Clinical Supervision Program for Head Nurses at Tanta International Teaching Hospital

¹Rehab Abou Shaheen, ²Seham Ibrahim Hamouda, ³Safaa Abd El-Moneim Zahran, ⁴Safaa Mohammed Eldemerdash

¹Assistant lecturer, ²professor, ³Assistant Professor, ⁴Assistant Professor of nursing administration, Faculty of nursing, Tanta University

Abstract: Clinical supervision is an opportunity for reflection and supportive learning of the personal for professional development. It is the responsibility of both supervisor and supervisee. Aim of the present study was to study effect of implementing clinical supervision program for head nurses at Tanta International Teaching Hospital. Method: Quasi experimental design was applied. The study was conducted at Tanta International Teaching Hospital, Tanta University in all inpatient departments: ICU and wards. Subject: All (31) head nurses working in all inpatient departments. Also, representative random sample of staff nurses (280) working in the same inpatient departments. Data were collected using three tools: (I) head nurses' knowledge about clinical supervision questionnaire, (II) observational checklist for head nurses' practice about clinical supervision, and (III) Manchester clinical supervision scale to assess staff nurses' perception about clinical supervision. Results: Majority (91.8%) of staff nurses had low perception about effectiveness of clinical supervision before program. Total knowledge of head nurses about clinical supervision improved statistically significant immediate post program and three months post program than before program. There was statistically significant improvement of head nurses level of total practice before and within three months post program. Conclusion: Staff nurses at Tanta International Teaching Hospital had low level of clinical supervision effectiveness. Immediately after implementation of a designed program on clinical supervision, a significant improvement in all head nurses' knowledge and practice about clinical supervision were found. Recommendations: Provide ongoing training for head nurses to ensure that clinical supervision is conducted in an appropriate and supportive manner. As well as provide adequate, regular and timely feedback to them concerning both strength and weakness points in their competencies.

Keywords: Head nurses, Clinical supervision, Supervisor, Supervisees.

I. INTRODUCTION

The head nurses' role is currently seen as one of the hardest, most complex roles in healthcare. The head nurse is accountable for translating strategic goals and objectives expressed at the operational level into practice ⁽¹⁾. Thus, the position of head nurse requires an ability to interpret general concepts and integrate them into specific clinical and management performance, while simultaneously determining and monitoring outcomes through managerial and clinical supervision. This head nurse role is important because it is the direct link between the administrative mission and vision, and the direct care provider. In addition, the head nurse role delivers not only managerial and clinical supervision, but also has 24- hour responsibility for all patient care activities on the unit ⁽²⁻⁵⁾.

Clinical supervision has been defined as a formal process for supporting, training, and professional learning. It provides a safe and confidential environment for the staff nurses to reflect on and discuss their work, which enhances their awareness

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and clinical skills which leads to improved competency. The supervisee should accept responsibility for their performance. In nursing, clinical supervision is a process between two or more professionals (novice nurse or practitioner nurse and clinical supervisor), the focus of clinical supervision is to provide a basis for monitoring, assessing, examining practice and receiving feedback at work, which could lead to the development of professional skills⁽⁶⁻⁸⁾.

Nursing, as a practice based profession, has a commitment to the ongoing development and improvement of clinical practice in order to ensure patients and their families consistently receive the highest standards of care and treatment. Practice development is described as the process where outcomes gained through professional development activities are translated into practice and result in improved health outcomes. Clinical supervision forms an vital part of practice improvement as it boosts nurses to focus on practice issues and therefore can be the impulsive for change⁽⁹⁾.

Clinical supervision is critical for head nurses as it fosters individual professional growth in a compassionate environment⁽¹⁰⁾. It was noticed that, in Tanta International Teaching Hospital, clinical supervision has not yet been established and the two main concerns of supervisors (head nurses) are scheduling and daily routine work. No doubt that, this will affect the quality of patient care, the practical skills and the professional development of staff nurses and the development of the organization as a whole. Thus, the present study concerned with implementing program about clinical supervision for head nurses to promote head nurses' knowledge and practice on clinical supervision and prepare them to be effective clinical supervisor.

II. AIM OF THE STUDY

Aim of the study was to study effect of implementing clinical supervision program for head nurses at Tanta International Teaching Hospital.

III. RESEARCH HYPOTHESIS

Head nurses' knowledge and practice were expected to be improved after implementation the clinical supervision program for them.

IV. SUBJECTS AND METHOD

Subjects:

Study design: A quasi experimental research design was used to achieve the aim of the present study. Such design fits the nature of the problem under investigation. It is an experimental study that is used to evaluate the casual impact of an intervention on its target population and the criterion for assignment is designated by the researcher⁽¹¹⁾.

Setting: The study was conducted at Tanta International Teaching Hospital, Tanta University in all inpatient departments: ICU and wards.

Subjects: All (31) head nurses working in all inpatient departments. Also, representative random sample of staff nurses (280) working in the same inpatient departments.

Tools: To achieve the aim of the study using three tools.

Tool I: Head Nurses' Knowledge about Clinical Supervision Questionnaire included two parts: **Part (1)** included Personal characteristics of head nurses such as age, department, qualification and years of experience.

Part (2) included 54 questions classified into two sub groups as follows

- a) Structuring clinical supervision sessions.
- b) head nurses' knowledge about clinical supervision included 5 categories as follows:
 - ❖ Concepts, importance and dimensions of clinical supervision.
 - ❖ Clinical supervisor.
 - ❖ Structuring clinical supervision process.
 - ❖ Clinical supervision models.
 - ❖ Rights, responsibilities and documentation in clinical supervision.

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Each item of knowledge test was allotted a score of (1) for correct answer and (0) for wrong answer. The scaling for head nurses' level of knowledge was determined as follow: High head nurses knowledge > 75%, Moderate head nurses knowledge = 75 - 60% and Low head nurses knowledge < 60%

Tool II: Observational Checklist for Head Nurses' Practice about Clinical Supervision. It included 43 items divided into: **Part 1:** Items related to structuring of clinical supervision sessions

Part 2: Items related to supervision functions, classified into two subscales: 1- Professional functions, 2- Psychosocial functions .

Observed head nurses' practice was measured on three points Likert Scale as follow: Completely done =3 Partially done =2 Not done =1 (Not applicable= 0) Levels of head nurses' practice were determined as follow :High head nurses practice > 75% ,Moderate head nurses practice = 75 - 60% and Low head nurses practice < 60%

Tool III: Manchester Clinical Supervision Scale (MCSS). It included two parts:

Part 1: Staff nurse identification data such as age, sex, department and years of experience.

Part 2: Manchester Clinical Supervision Scale. Divided into seven dimensions:

- 1- Trust and rapport included
- 2- Supervisor advice and support
- 3- Improved care and skills
- 4- Importance and value of clinical supervision
- 5- Finding time
- 6- Reflection
- 7- Personal issues

Perception of staff nurses related to the clinical supervision they have been received rated on a five-points Likert Scale ranged from "5" strongly agree to "1" strongly disagree. The rating scores are summated by sub-scales. A high score for subscales reflected a high degree of effectiveness of the clinical supervision process.

Methods:

- Official permission was obtained from responsible authorities at Tanta International Teaching Hospital to obtain the approval and assistance in data collection.
- **Ethical consideration:** the aim of the study was explained to staff nurses and head nurses to gain their cooperation, verbal consent for their participation in the study was obtained and they had the right to withdrawal. They were informed that their information was kept confidential and the results were in group form.
- The tool I, II, III were presented to a jury of seven experts in the area of specialty to check content validity and clarity of the questionnaire. The seven experts were three assistant professors and two lectures in Faculty of Nursing, Tanta University, one professor and one lecture in Faculty of Nursing, Alexandria University.
- The responses of the experts were denoted in four points rating score (4-1) ranging from; 4 =strongly relevant, 3 = relevant, 2= little relevant, and 1= not relevant. Necessary modifications were done, included clarification, omission of certain items and adding others and simplifying work related words. The content validity value for tool I was 84.7%, for tool II was 96%and for tool III was 97%
- Reliability of tools was tested using Cronbach Alpha Coefficient test, its value = 0.765 for head nurses' knowledge about clinical supervision questionnaire, 0.867 for checklist of head nurses practice about clinical supervision and 0.896 for staff nurses perception about clinical supervision
- A pilot study was carried out after the experts' opinion and before starting the actual data collection. It was carried out on a sample 10% of staff nurses (n=28) and head nurses (n=4), and they excluded from the main study sample during the

actual collection of data. The aim of pilot study was to test the sequence of items, clarity, applicability, and relevance of the questions. Necessary modifications were done. Pilot study also served to estimate the time required for filling the questionnaire sheets. The estimated time needed to fulfill knowledge test tool I for head nurses was approximately 30 minutes and (15 – 20) minutes to complete the questionnaire items from staff nurses.

- **Data collection phase:** staff nurses' perception assessment sheet (tool III) was distributed by researcher to all staff nurses to assess their perception about effectiveness of clinical supervision before implementation of program.
- Observational checklist tool II was done by the researcher before and within three months after implementation of the program. Every head nurse were observed three times
- Head nurses Knowledge about clinical supervision was obtained using knowledge test tool (I). This tool was used pre and post implementation of program to assess changes in head nurses' level of knowledge about clinical supervision.
- After program implementation, researcher follow up for head nurses was done within three months after implementation of program using observational check list tool (III). After 3 months of program implementation tool I was used to determine the level of knowledge retention for head nurses
- The appropriate time for data collection was according the type of work and workload for each department. The data collection started from May 2017 and lasted 8 months

*Development of the educational program

The first step in the construction of this program was the statement of instructional objectives. These objectives were derived from the head nurse knowledge test scores on clinical supervision and literature review.

Instructional objectives

The main objective of program was to improve head nurses knowledge and practice regarding clinical supervision.

Selection and organization of program contents

After determining the objectives of program, the content was specially designed, method of teaching and evaluation was identified. Simple scientific language was used. The content designed to provide knowledge and skills related to clinical supervision. The program contents were divided into five sessions as follow:

- First session: Concept, principles, benefits and dimensions of clinical supervision.
- Second session: The clinical supervisor.
- Third session: Clinical supervision process.
- Fourth session: Models of clinical supervision.
- Fifth session: Rights, responsibilities and documentation in clinical supervision.

Teaching-learning strategies:

Selection of teaching method was governed by studying the subjects themselves and content of the program. The methods used were lecture, group discussion, case study and role play.

Teaching aids:

The teaching aids used in the program were data show, flow sheet, handouts, pen and papers.

Implementation of program:

The study was carried on 31 head nurses. Head nurses were divided into four groups. The program time was 5 hours for each group. One session every day for 5 days, every session was 1 hour. They preferred to start the session after finishing necessary work. The program theoretical sessions were held in the conference room and head nurses room at Tanta International Teaching Hospital.

The head nurses were informed about the general objectives of program and each session. The researcher build good relationship and gave a simple form of motivation to enhance their participation and more involvement in the program activities.

V. RESULTS

Table (1) shows distribution of staff nurses according to their characteristics. More than sixty (60.4%) of staff nurses work in ICU department and the majority (86.1%) of them were female nurses. More than sixty (68.9%) of staff nurses' age ranged from 20-30years. High percent (79.3%) of staff nurses had 2-5 years of experience. Regarding receiving clinical supervision session, the majority (95.4%) of staff nurses don't received any clinical supervision session while only 4.6% of them were received clinical supervision sessions. About seventy percent (69.2%) from this group was their session about four hour monthly and the majority of them received session in a group format. Almost eighty (76.9%) of them their sessions lasted <15-30 minutes

Table (2) shows distribution of head nurses according to their characteristics. It was noticed that more than half (58.1%) of head nurses worked in ICU department and the majority (90.3%) of them had Bachelor of nursing degree. Slightly less than half (48.4%) of head nurses had more than 10 years of experience and more than thirty 32.3% of them had less than 5 years of experience. Less than half (45.2%) of head nurses had age more than 35 years

Figure (1) shows distribution of total staff nurses' levels of perception according to effectiveness of clinical supervision. The majority (91.8%) of staff nurses had low level of perception about effectiveness of clinical supervision. While only 2.1% of staff nurses had high level of perception about effectiveness of clinical supervision

Table (3) represents distribution of the staff nurses' level of perception according to effectiveness of clinical supervision. The majority (90.0%, 87.1%, 86.8% and 81.1 %) of staff nurses had low perception regarding dimensions of supervisor advice/support, trust/rapport, personal issues and reflection, respectively. Moreover, staff nurses total mean score was 51.43 ± 7.45 . Mean score of staff nurses ranged from 62.74 ± 11.12 to 39.63 ± 14.08 regarding dimensions of improved care/ skills and supervisor advice/support respectively.

Table (4) shows head nurses' level of total knowledge about clinical supervision before, immediate post and 3 months post program. There is statistically significant difference between total knowledge of head nurses about clinical supervision before program, immediate post program and 3 months post program at $p < 0.001$. Before program, head nurses' knowledge total mean score was 37.94 ± 7.37 which increased to 94.19 ± 6.20 and 91.74 ± 8.47 immediate post program and 3 months post program respectively. All of head nurses had low level of total knowledge before program. But none of head nurses showed low level of total knowledge immediate post and 3 months post program.

Figure (2) shows head nurse correct knowledge about clinical supervision items before, immediate post and 3 months post program. As regard to clinical supervision concepts, before program 19.4% of head nurse had correct knowledge compared to 96.8% immediate post program and 90.3% 3 months post program. Slightly more than half 54.8% of head nurse had correct knowledge before program while 100% and 93.5% of head nurse had correct knowledge immediate post and 3 months post program respectively regarding the clinical supervisor.

Regarding clinical supervision process and models of clinical supervision all head nurses had incorrect knowledge before program compared to 96.8% and 87.1% of head nurse had correct knowledge immediate post and 3 months post program respectively regarding clinical supervision process. While 100% and 96.8% of head nurse had correct knowledge immediate and three months post program respectively regarding models of clinical supervision. Small percent (19.4%) of head nurse had correct knowledge before program while 100% and 93.5% of head nurse had correct knowledge immediate post and 3 months post program respectively regarding right, responsibilities and documentation of clinical supervision.

Table (5) illustrates head nurses levels of total practice about clinical supervision before and within 3 months post program. It was observed that there was statistically significant improvement of head nurses levels of total practice at ($p < 0.001$). Before program head nurses practice means score was (25.57 ± 10.29) increased to (83.66 ± 29.88) within 3 months post program.

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Before program all of head nurses had low level of total practice. But majority (83.9%) of head nurses had high level of total practice and only 16.1% had low level of total practice within 3 months post program

Table (6) shows correlation between head nurses knowledge and their practice about clinical supervision post program. There was positive significant correlation between total head nurses knowledge and total practice about clinical supervision post program ($r=0.013$). There was positive significant correlation between head nurses knowledge about clinical supervision process and head nurses practice about structure of clinical supervision session post program ($r=0.496$). Also there was significant correlation between head nurses' total knowledge about all domains of clinical supervision and head nurses' total practice about professional function ($r= 0.425$) and psychosocial function($r= 0.516$).

Table (7) represents correlation between nursing staff perception about effectiveness of clinical supervision and head nurses practice about clinical supervision. The table showed positive significant correlation between nursing staff perception about effectiveness of clinical supervision and head nurses practice about clinical supervision ($r=0.133$)

Table (1): Distribution of staff nurses according to their characteristics (n = 280)

Demographic data	No.	%
Department		
ICU	169	60.4
Ward	111	39.6
Sex		
Male	39	13.9
Female	241	86.1
Age		
<20	40	14.3
20-30	193	68.9
>30	47	16.8
Years of experience		
<2yrs	11	3.9
2-5yrs	222	79.3
>5yrs	47	16.8
Do you receiving clinical supervision session with your supervisor?		
No	267	95.4
Yes	13	4.6
How often is your clinical supervision session?(n =13)		
Four hours monthly	9	69.2
Two hours monthly	2	15.4
One hour monthly	2	15.4
Are your clinical supervision session? (n =13)		
One to one	2	15.4
Triad	0	0.0
Group	11	84.6
Others	0	0.0
How long is your clinical supervision session? (n =13)		
≤15 minutes	2	15.4
15-30 minutes	10	76.4
31-45 minutes	1	7.7
46-60 minutes	0	0.0
>60 minutes	0	0.0

Table (2): Distribution of head nurses according to their characteristics (n = 31)

Demographic data	No.	%
Department		
ICU	18	58.1
Ward	13	41.9
Qualification		
Bachelor degree	28	90.3
Master degree	3	9.7
Doctoral degree	0	0.0
Years of experience		
<5 years	10	32.3
5-10 years	6	19.4
>10 years	15	48.4
Age		
>25	8	25.8
25 - 35	9	29.0
>35	14	45.2

Table (3): Distribution of the staff nurses' level of perception according to effectiveness of clinical supervision (n = 280)

Effectiveness of clinical supervision dimensions	staff nurses' level of perception						Total score	% score
	High		Moderate		Low			
	No.	%	No.	%	No.	%	Mean ± SD.	Mean ± SD.
• Trust/rapport	13	4.6	23	8.2	244	87.1	18.64 ± 4.66	41.57 ± 16.63
• Supervisor advice / support	9	3.2	19	6.8	252	90.0	15.51 ± 3.38	39.63 ± 14.08
• Improved care/ skills	72	25.7	26	9.3	182	65.0	24.57 ± 3.11	62.74 ± 11.12
• Importance/value of clinical supervision	40	14.3	65	23.2	175	62.5	20.80 ± 2.29	61.65 ± 9.55
• Finding time clinical supervision	4	1.4	112	40.0	164	58.6	12.54 ± 2.20	53.35 ± 13.78
• Reflection	9	3.2	44	15.7	227	81.1	9.45 ± 1.33	53.72 ± 11.06
• Personal issues	4	1.4	33	11.8	243	86.8	8.56 ± 1.63	46.34 ± 13.54
Overall perception	6	2.1	17	6.1	257	91.8	110.06 ± 10.73	51.43 ± 7.45

Table (4): Head nurses' level of total knowledge about clinical supervision before, immediate post and 3 months post program (n = 31).

level of total head nurses' knowledge	Before		Immediate post		3 months post		p ₁	p ₂	p ₃
	No.	%	No.	%	No.	%			
- Low	31	100.0	0	0.0	0	0.0	<0.001*	<0.001*	0.083
- Moderate	0	0.0	0	0.0	3	9.7			
- High	0	0.0	31	100.0	28	90.3			
Total score							<0.001*	<0.001*	<0.001*
Min. – Max.	13.0 – 25.0		38.0 – 50.0		35.0 – 50.0				
Mean ± SD.	18.97 ± 3.68		47.10 ± 3.10		45.87 ± 4.23				
% score									
Min. – Max.	26.0 – 50.0		76.0 – 100.0		70.0 – 100.0				
Mean ± SD.	37.94 ± 7.37		94.19 ± 6.20		91.74 ± 8.47				

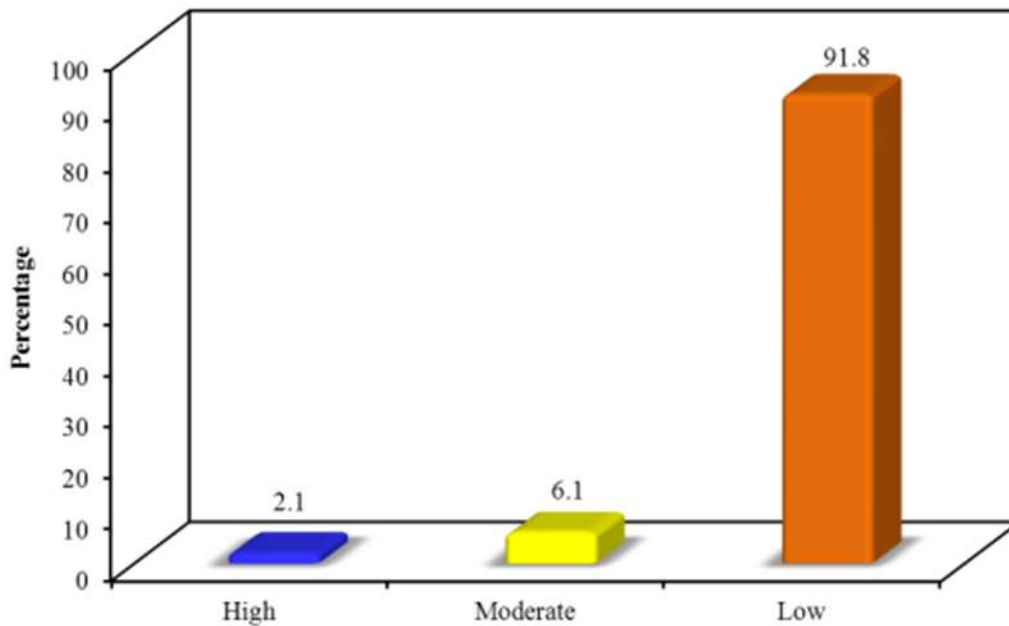


Figure (1): Distribution of total staff nurses' levels of perception according to effectiveness of clinical supervision

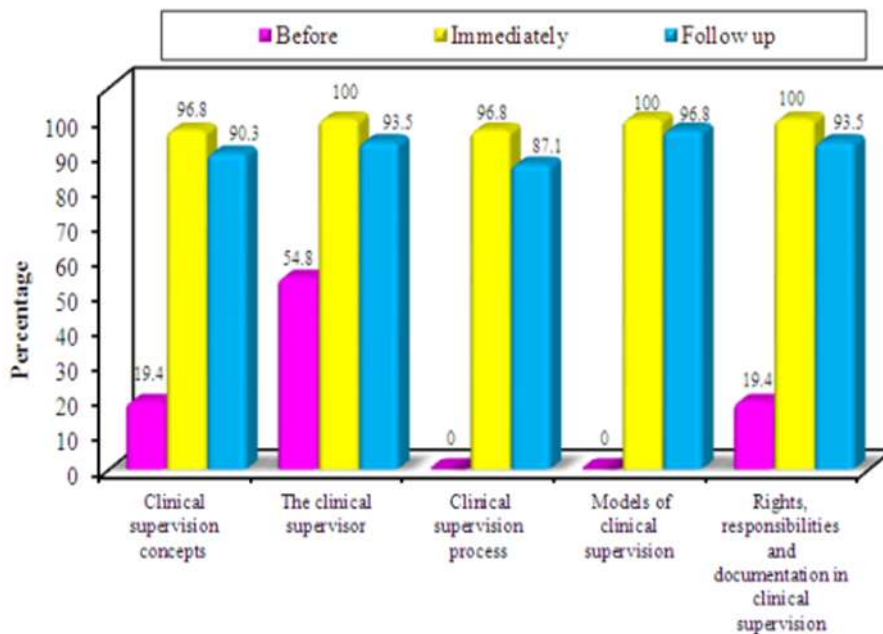


Figure (2): Head nurse correct knowledge about clinical supervision items before, immediate post and 3 months post program

Table (5): Head nurses levels of total practice about clinical supervision before and within 3 months post program (n = 31)

levels of total practice about clinical supervision	Before		Within 3 months post program		p
	No.	%	No.	%	
Low practice	31	100.0	5	16.1	McN _p <0.001*
Moderate practice	0	0.0	0	0.0	
High practice	0	0.0	26	83.9	
% score					t _p <0.001*
Min. – Max.	12.40 – 42.25		4.65 – 96.51		
Mean ± SD.	25.57 ± 10.29		83.66 ± 29.88		

t, p: t and p values for **Paired t-test**

McN: **McNemar test**

p: p value for comparing between before and within 3 months post program

*: Statistically significant at $p \leq 0.001$

Table (6): Correlation between head nurses knowledge and their practice about clinical supervision post program (n = 31)

Over all practice Over all knowledge	Structure sessions		Professional Functions		Psychosocial Functions		Total practice	
	r	p	r	p	r	p	r	p
Concepts of clinical supervision	0.320	0.079	0.377*	0.037*	0.421*	0.018*	0.384*	0.033*
The clinical supervisor	0.342	0.060	0.427*	0.016*	0.543*	0.002*	0.452*	0.011*
Clinical supervision process	0.496*	0.005*	0.750*	0.001*	0.668*	<0.001*	0.596*	<0.001*
Models of clinical supervision	0.182	0.328	0.223	0.227	0.246	0.182	0.224	0.225
Rights, responsibilities and documentation in clinical supervision	0.155	0.404	0.225	0.223	0.310	0.090	0.238	0.197
Total knowledge	0.346	0.057	0.425*	0.017*	0.516*	0.003*	0.443*	0.013*

Table (7): Correlation between staff nurses perception about effectiveness of clinical supervision and head nurses total practice about clinical supervision

	head nurses total practice	staff nurses perception
ICU		
Min. – Max.	12.40-42.25	43.75-76.39
Mean ± SD	26.27±10.36	52.23±6.59
Wards		
Min. – Max.	12.40-42.25	43.06-84.72
Mean ± SD	24.60±10.54	50.21±8.49
r(p)	0.133*(0.026*)	

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

VI. DISCUSSION

Clinical supervision is essential in achieving and sustaining high quality practice which is safe, effective and improves the patient's experience⁽¹²⁾. Clinical Supervisors must have the appropriate qualifications, skills and experience to ensure that clinical supervision is a meaningful process. Clinical Supervisor promotes effective clinical practice and reflects appropriate accountability arrangements. He/she facilitates the clinicians learning and development and evaluates how this learning is transferred into practice⁽⁶⁾.

Assessment of staff nurses' perception about effectiveness of clinical supervision before program revealed that majority of staff nurses had low levels of perception about effectiveness of clinical supervision. The majority of staff nurses had low mean scores regarding all dimensions of clinical supervision. This may be due to that clinical supervision did not included in the hospital policy and not supported by hospital administration. Head nurses don't conduct clinical supervision sessions as they don't have appropriate knowledge and skills about clinical supervision. This resulted in a negative perception of staff nurses toward the effectiveness of clinical supervision.

These findings supported by **Halema (2016)**⁽¹³⁾ who study effect of clinical supervision program for head nurses on nursing documentation and patient safety and reported that highest percentage of head nurses and staff nurses had low level of opinion about clinical supervision before program. Also, **McCarron et. al. (2018)**⁽¹⁴⁾ found low level of staff acceptance of clinical supervision value due to a low availability of it.

On the other hand, **Saleh (2016)**⁽¹⁵⁾ studied effect of clinical supervision program for head nurses on quality of care and stated that staff nurses had moderate level of perception regarding clinical supervision effectiveness before implementing the program. **Abou Hashish (2012)**⁽¹⁶⁾ also reported that staff nurses had moderate level of perception regarding clinical supervision effectiveness before implementing clinical supervision program for first line manager.

The current study findings showed that the lowest mean scores of staff nurses were related to the dimensions of supervisor advice/support, trust/rapport and personal issues. This result related to that more than half of staff nurses cannot discuss sensitive issues with their supervisor and they see that their supervisor offers biased opinion to them and don't improve their clinical knowledge base. Staff nurses see that their head nurses don't give them support and encouragement. As they don't receive clinical supervision from their head nurses and small percent who received clinical supervision session lasted for 15-30 minutes only. That reflects their needs to clinical supervision.

Along with the present study, **Rosnaes et. al. (2017)**⁽¹⁷⁾ reported that the participants who wanted more supervision had lower scores on dimensions of trust/rapport, supervisor advice and finding time. Also **Martine et. al. (2014)**⁽¹⁸⁾ supported the present study results and found that the amount of supervision received was significantly correlated with supervisee satisfaction with supervision.

On contrary, **Dawson et. al. (2012)**⁽¹⁹⁾ studied effective clinical supervision for regional allied health professionals from the supervisee's perspective and found that dimensions of trust/rapport, advice/support, improved care/skills and reflection were perceived by supervisees as being effective areas of clinical supervision. However, the dimensions of finding time for clinical supervision and addressing personal issues in clinical supervision were perceived to be significantly less effective than the other dimensions.

In addition to, **Gonge and Buus (2011)**⁽²⁰⁾ studied model for investigating the benefits of clinical supervision in psychiatric nursing and reported that the highest mean scores by participants was related to trust/rapport and improved care/skills dimensions. Also, **Severinsson (2012)**⁽²¹⁾ found that the most important dimensions of the Manchester Clinical Supervision Scale perceived by staff nurses were trust/rapport, supervisor advice/support, improved care/skills and reflection dimensions which are directly related to the relationship with the nurse supervisor.

Finding of the present study indicated that high statistical significant improvement in level of overall knowledge of head nurses' regarding of clinical supervision before and immediate post implementation of program. Head nurses were low level of overall knowledge before program and significant improved of them were high immediate post program. The total scores of knowledge regarding all domains of clinical supervision were very low before program implementation because of a lack of understanding of what clinical supervision actually is and the ambiguity associated with its nomenclature. But it was significantly increased post program. This is due to effect of clinical supervision program on improving head nurses' knowledge about most topics of clinical supervision.

Present study finding is consistent with the finding of **Morsy(2014)**⁽²²⁾ who revealed that, there were high statistical significant improvements of both head nurses and their assistants' knowledge and about clinical supervision after implementation of the program. In the same line, **Health Workforce Australia (2011)**⁽²³⁾ conducted a study on clinical supervision support program, support present study results and found that there was strong support for the development of clinical supervision education and training program where led to improve knowledge and skills of clinical supervision for participants.

In addition to, **Saleh (2016)**⁽¹⁵⁾ supported the result and reported high statistical significance improvement when comparing between knowledge of head nurses pre and post three months of implementing the program. She illustrated that the nurse managers were interested with the subject during the training course and were initiative to improve the quality of nursing care in their units so they gain knowledge easily.

Similarly, **Abou Hashish (2012)**⁽¹⁶⁾ reported statistical significance improvement of first line managers knowledge pre and post implementing of clinical supervision program. Also, **Lynch and Happell (2010)**⁽²⁴⁾ found that, all participants in the 4-day course for training on clinical supervision clearly reported that training was a huge success. It clarified what

clinical supervision was, the forms of clinical supervision sessions and benefits of it. It also provided valuable information on the legal and ethical considerations, models, and overall information on how to implement clinical supervision for the individual and organization. In contrary, both **Genuchi et. al. (2014)**⁽²⁵⁾ and **Rings et. al. (2009)**⁽²⁶⁾ found that practicing supervisors reported themselves “neutral” on the necessity for supervisors to receive coursework on clinical supervision.

After three months of program implementation, the result of present study revealed that head nurses’ knowledge slightly decreased especially for the item of clinical supervision process. This may be due to time factor, the point that some theoretical knowledge that not utilized in regular practice is expected to be decreased, diminished or even lost with passage of time. This indicated the importance of continuous follow up and guidance after program implementation. Giving periodical enforcement or educational program for head nurses is very important as recommended by **Shokier (2012)**⁽²⁷⁾ and **Ramadan (2015)**⁽²⁸⁾.

In the same line **Kamel (2010)**⁽²⁹⁾ found that there was a gradual decrement in participants knowledge by time all over after one, two, three months post program implantation and reported that the improvement in knowledge can be influenced by the rate of memorization, ability of knowledge acquisition, the accumulation of learned knowledge of life and the refreshing information using different approach of active learning during implementation of program. Also, **Standing (2010)**⁽³⁰⁾ reported that the review of head nurses knowledge and skills in supervision depend on a commitment to reflecting on practice, achieving meaningful learning and applying this to future practice.

The present study findings revealed that there was statistically significant difference between total head nurses’ practice. Before program, all head nurses had low level of practice due to limited formal preparation of head nurses on clinical supervision and they also had low level of knowledge about all clinical supervision domains. Post program majority of head nurses had high level of practice. This can be attributed to effect of clinical supervision program for head nurses. They gained new knowledge that facilitated them to be additional reflective and confident in their practice with their staff. They know how to apply clinical supervision sessions.

On this regard, **Pires et. al. (2016)**⁽³¹⁾ and **Paul (2012)**⁽³²⁾ supported the present study and reported that clinical supervision is complex and requires a specific knowledge base and unique skills. Without the rigor and accountability associated with education program exposure to clinical supervision, theories, skills and the quality of clinical supervision has to be questioned. Aiming to ensure the effectiveness of the nursing clinical supervision implementation and enhancement of nurses’ personal and professional development is required. The clinical supervisor must have supervision skills, training, teaching and pedagogical knowledge and should consider the adoption of specific strategies and methodologies, ensuring all the appropriate resources pertaining to practicing clinical supervision.

This finding also is in agreement with **Morsy (2014)**⁽²²⁾ who reported that there was a highly significant difference in clinical supervision performance assigned by the head nurses throughout the three phases of the program. They were completely unsatisfied at preprogram and majority of them became satisfactory immediate post program. Also, **El-Deeb (2010)**⁽³³⁾ found statistically improvement in unit managers skills about clinical supervision before and after implementation of educational program about clinical supervision. In addition to, **Health Workforce Australia (2011)**⁽²³⁾ reported that the development of clinical supervision education and training program lead to increased knowledge and skills of clinical supervision for stakeholders. **Sloan and Grant (2012)**⁽³⁴⁾ reported that undertaken training in clinical supervision for clinical supervisors, provided them with understanding and skills relevant to the common supervision competencies.

The current study finding shows correlation between head nurses knowledge and their practice about clinical supervision post program. It was observed that, there was positive significant correlation between total head nurses knowledge and total practice about clinical supervision post program. This can be interpreted by training had a positive effect in improvement of head nurses’ knowledge, the knowledge they gained during training program help them to improve their clinical supervision competencies well. They were able to conduct and apply clinical supervision in their practice with staff nurses.

Along with the present study, **Ramadan (2017)**⁽³⁵⁾ reported that there was a statistical significant correlation between knowledge and competencies scores of head nurses about clinical supervision in intensive care units post program intervention. Also, this result was compatible with **Abou Hashish (2012)**⁽¹⁶⁾, and **Morsi, (2014)**⁽²²⁾ who found a highly statistically significant improvement in nurses’ knowledge immediately after program implementation, as significant

differences were found between the mean pre and post - test knowledge score, and mentioned that the educational program was effective in improving head nurses knowledge and performance related to clinical supervision.

In addition to, **Fulton et. al. (2014)**⁽³⁶⁾ stated that clinical supervision education program where led to increase knowledge and skills of clinical supervision for clinical supervisors. While **El-Deghaidy and Nouby, (2008)**⁽³⁷⁾ not support the present finding and reported that there was no significant statistical relation between head nurses' clinical supervision knowledge and practices scores.

The study finding revealed that there was a positive significant correlation between nursing staff perception about effectiveness of clinical supervision and head nurses practice about clinical supervision. Before the program staff nurses had low level of perception about effectiveness of clinical supervision and their head nurses had low level of practice. Actually, before implementing of clinical supervision program head nurses did not have knowledge and skills to apply clinical supervision sessions so staff nurses had low level of perception about effectiveness of clinical supervision. Also, clinical supervision is not included in the hospital policies and had no administrative support so staff nurses felt with low effectiveness of clinical supervision. Additionally the work overload of head nurses and head nurses negligence about the important of establishing good relationship with staff nurses.

In this regard, **El-Shawadfy et. al. (2015)**⁽³⁸⁾ reported that there was positive correlation between knowledge of head nurses' regarding clinical supervision and nurses' perception of clinical supervision pre, immediately post and after three months of the clinical supervision program implementation. This shows that head nurses gained and enhance self-sufficiency in the ongoing acquiring of skills and knowledge from topics of clinical supervision, its elements, and how to implement the clinical supervision for nurses, which reflected on improving nurses' perception of clinical supervision and their performance.

Clinical supervision is considered a vital part of modern effective health care systems. Providing active clinical supervisory support to allied health professionals improves quality, safety and output. Clinical practice training on clinical supervision could result in changes in the attitudes, values, and behaviors of clinical supervisor as well as the supervisees' perception of their managers⁽³⁹⁾. The provision of training program for clinical supervision for head nurses has been effective in enhancing the attitude of both head nurses and staff nurses and results in clinical supervisors' understanding of clinical supervision, its importance and how it occurred^(6,40). moreover, clinical supervision encourage nurses to take responsibility for their practice, develop ingenuity, critical thinking and political awareness, improve relationships with managers and become effective modelers of best practice⁽⁴¹⁾.

VII. CONCLUSION & RECOMMENDATION

Staff nurses at Tanta International Teaching Hospital had low level of clinical supervision effectiveness. Their head nurses had low level of knowledge about all domains of clinical supervision. Head nurses also had low level of practice about structure clinical supervision, professional function and psychosocial function of clinical supervision. This result indicated that those head nurses had a great need for educational program about clinical supervision and how to apply it in their practice. Immediately after implementation of a designed program on clinical supervision, a significant improvement in all head nurses knowledge about clinical supervision were found, but after three months, their knowledge were slightly declined. Similarly, there was statistical significant difference between their practice about clinical supervision before and within three months post program. Also, there was positive significant correlation between total head nurses knowledge and total practice about clinical supervision post program. So we recommended with Provide ongoing training for head nurses to ensure that clinical supervision is conducted in an appropriate and supportive manner. As well as provide adequate, regular and timely feedback to them concerning both strength and weakness points in their competencies.

REFERENCES

- [1] Armstrong S., Rispel L. and Penn-Kekana L. The activities of hospital nursing unit managers and quality of patient care in South African hospitals. *Global Health Action*. 2015; 8(1):1-9.
- [2] Gunawan J. Managerial competence of first-line nurse managers: A concept analysis. *International Journal of Nursing Practice*. 2017; 23(1):1-7.
- [3] Wise P. *Leading and Managing in Nursing*. 1st ed. Philadelphia. Mosby Co., 2015; 114.

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- [4] Chase L. First-Line Nurse Manager Role. Published Doctoral Thesis. Graduate College. University of Iowa. 2010. Available at: <http://ir.uiowa.edu/etd/2681>
- [5] Kolawole I. Management Principles in Nursing/Organization of Health Care. Distance Learning Centre. University of Ibadan. 2016. Available at: www.dlc.ui.edu.ng
- [6] Dehghani K., Nasiriani K. and Salimi T. Requirements for nurse supervisor training: A qualitative content analysis. *Iranian Journal of Nursing and Midwifery Research*. 2016; 21(1): 63–70.
- [7] Johnson W., Skinner C. and Kaslow N. Relational mentoring in clinical supervision: The transformational supervisor. *J. Clin. Psychol*. 2014;70 (11):1073-81
- [8] Bifarin O. and Stonehouse D. Clinical supervision: An important part of every nurse's practice. *Br. J. Nurs*. 2017; 26(6):331-35.
- [9] Moxham L. and Gagan A. Clinical supervision as a means of professional development in nursing. *Australian Nursing and Midwifery Journal*. 2015; 23 (2): 37.
- [10] McTaggart K., Mayer L., Ebeling S., Lvinge J. and Brennan R. Clinical Supervision Toolkit. 2014. Available at: <https://www.helenanddouglas.org.uk/.../2018/.../hdh-clinical-supervis>.
- [11] Bärnighausen T., Rockers P., Shemilt I. and Tugwell P. Quasi-experimental study designs: Introduction: two historical lineages. *Journal of clinical Epidemiology*. 2017; 89(1):4-11.
- [12] Tomlinson J. Using clinical supervision to improve the quality and safety of patient care: A response to Berwick and Francis. *BMC Medical Education Journal*. 2015; 15(103): 1-8.
- [13] Halema W. The Effect of Clinical Supervision Training Program for Head Nurses on Nursing Documentation and Patient Safety. Unpublished Master Thesis. Faculty of Nursing, Zagazig University. 2016.
- [14] McCarron R., Eade J. and Delmage E. The experience of clinical supervision for nurses and healthcare assistants in a secure adolescent service: Affecting service improvement. *J. Psychiatr. Ment. Health Nurs*. 2018; 25(1):145–56.
- [15] Saleh N. Effect of Clinical Supervision Program for Head Nurses on Quality of Nursing Care. Unpublished Doctoral Thesis. Faculty of Nursing, Mansoura University. 2016; 75.
- [16] Abou Hashish E. Effect of Clinical Supervision Program for First- Line Manager on Quality of Care and Job Satisfaction. Doctoral Thesis. Faculty of Nursing, Alex University. Lambert Academic Publishing. 2012
- [17] Rosnaes E., Jolstad A., Severinsson E. and Lyberg A. Reflection as a skill-clinical supervision as a prerequisite for professional development to ensure patient safety. *Open Journal of Nursing*. 2017; 7(1): 979-92.
- [18] Martin P., Copley J. and Tyack Z. Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. *Medical Teacher Journal*. 2014; 36(1):201-7.
- [19] Dawson M., Phillips B. and Leggat SG. Effective clinical supervision for regional allied health professionals – the supervisee's perspective. *Australian Health Review*. 2012; 36(1): 92-97.
- [20] Gonge H. and Buus N. Model for investigating the benefits of clinical supervision in psychiatric nursing: A survey study. *International Journal of Mental Health Nursing*. 2011; 20(1): 102–111.
- [21] Severinsson E. Evaluation of the Manchester Clinical Supervision Scale: Norwegian and Swedish versions. *Journal of Nursing Management*. 2012; 20(1): 81–9.
- [22] Stain-Parbury J. Patient and Person: Interpersonal Skills In Nursing: Clinical Supervision. 4th ed. London. Churchill Livingstone Elsevier Co., 2011; 291.
- [23] Health Workforce Australia. National Clinical Supervision Support Framework. Health Workforce Australia: Adelaide. 2011. Available at: www.hwa.gov.au.

International Journal of Novel Research in Healthcare and NursingVol. 5, Issue 2, pp: (384-397), Month: May - August 2018, Available at: www.noveltyjournals.com

- [24] Lynch L. and Happel B. Implementing clinical supervision: Laying the ground work. *Int. J. Ment. Heal. Ng.* 2010; 17(1):57–64.
- [25] Genuchi M., Rings J., Germek D. and Erickson A. Clinical supervisors' perceptions of the clarity and comprehensiveness of the supervision competencies framework. *Training and Education in Professional Psychology.* 2014; 9(1): 68–76.
- [26] Rings A., Genuchi C., Hall D., Angelo M. and Cornish A. Is there consensus among pre doctoral internship training directors regarding clinical supervision competencies? A descriptive analysis. *Training and Education in Professional Psychology.* 2009; 3(1): 140–7.
- [27] Shokier M. Quality of Ambulatory Oncology Nursing Practice for Chemotherapeutic Patient. Unpublished Doctoral Thesis. Faculty of Nursing. Tanta University. 2012; 120.
- [28] Ramadan A. Designing Time Management Program for Nurse Managers. Unpublished Doctoral Theses. Faculty of Nursing. Tanta University. 2015; 115.
- [29] Kamel F. Study the Effectiveness of Teaching the Clinical Administrative Course by Using Computer Based Training in Developing Nurse Intern Administrative Knowledge and Skills at Benha University Hospital. Unpublished Doctoral Thesis. Faculty of Nursing. Benha University. 2010; 96.
- [30] Standing M. *Clinical Judgement and Decision Making in Nursing and Interprofessional Healthcare.* 4th ed. U.S.A. Churchill Livingstion Elsevier Co., 2010; 291.
- [31] Pires R., Santos M., Pereira F. and Rocha I. Most relevant supervision strategies in nursing practice. 2nd international conference on health and health psychology. *The European Proceeding of Social and Behavioral Sciences.* 2016. Available at: <https://www.journals.elsevier.com/...social-and-behavioral-sciences/sp>.
- [32] Paul L. A study of clinical supervision techniques and training in substance abuse treatment. *Journal of Addiction and Offender Counseling.* 2012; 33(1):66-81.
- [33] El-Deeb Gh. Impact of a Clinical Supervision Program on Unit Managers skills at Menoufyia University Hospital. Unpublished Doctoral Thesis. Faculty of Nursing. Menoufyia University. 2010;94.
- [34] Sloan G. and Grant A. A rationale for a clinical supervision database for mental health nursing in the UK. *Journal of Psychiatric and Mental Health Nursing.* 2012; 19(1): 466–73.
- [35] Ramadan S. Effect of Clinical Supervision Training Program for Nurse Managers on Quality of Nursing Care in Intensive Care Units. Unpublished Master Thesis. Faculty of Nursing. Cairo University.2017; 113.
- [36] Fulton J., Lyon L. and Goudreau K. *Foundations of Clinical Nurse Specialist Practice.* 2nd ed. United States of America. Springer Publishing Co., 2014; 66.
- [37] El- Deghaidy H. and Nouby A. Effectiveness of a blended e-learning cooperative approach in an Egyptian teacher education program. *Journal of Computer and Education.* 2008; 51(3):988-1006.
- [38] EL-shawadfy N., Sleem W. and EL-Shaer A. Effect of clinical supervision program for head nurses on quality nursing care. *Journal of Nursing and Health Science.* 2015; 4(6):65-74.
- [39] Allan R., McLuckie A. And Hoffecker L. Effects of Clinical Supervision of Mental Health Professionals on Supervisee Knowledge, Skills, Attitudes and Behavior, and Client Outcomes. *The Campbell Collaboration.* 2017. Available at: www.campbellcollaboration.org.
- [40] Sharrock J. Clinical supervision for transition to advanced practice. *Perspectives in Psychiatric Care.* 2013; 49 (1): 118–25.
- [41] Royal Children's Hospital Melbourne. Clinical Supervision for Advanced Practice Nurses: Information for Clinical Supervisors and Supervisees. 2014. Available at: www.rch.org.au/.../nursing.../Clinical%20Supervision%20-%20FAQ.