



CLINICAL SUPERVISION IN NURSING PRACTICE: A COMPARATIVE STUDY IN PORTUGAL AND THE UNITED KINGDOM

SUPERVISÃO CLÍNICA DAS PRÁTICAS DE ENFERMAGEM: UM ESTUDO COMPARATIVO
EM PORTUGAL E NO REINO UNIDO

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ABSTRACT

This research examines the practice of clinical supervision in nursing in both The United Kingdom and Portugal, one important pillar of safety care. The study was funded by the British Council under the Treaty of Windsor scheme. Forty five nurses from both countries completed questionnaires. One focus group interview was held in both countries involving three participants, six in total (only three volunteered) who had also completed the questionnaire. The quantitative data from the questionnaires were analysed using the Statistical Package for the Social Sciences and the qualitative data from both the questionnaires and the focus groups were analysed using Colaizzi's (1978) framework. The findings suggest that clinical supervision has positive benefits for professional development of nurses and their clinical practice. Constraints are evident, particularly in The United Kingdom and these included lack of time, lack of understanding of clinical supervision and lack of commitment. Implications for Nursing Management: Managers need to support clinical supervision for it is important for quality care and evidence based practice. Protocols for clinical supervision practice would enable managers to lead and support staff's professional development and help to ensure quality care within the organisation.

Key words: *Nursing, Quality of Health care, Professional Practice*

RESUMO

Preende-se, com esta pesquisa, analisar a forma como é desenvolvida a supervisão clínica no Reino Unido e em Portugal, um dos pilares importantes de uma política de segurança nos cuidados de saúde. O estudo foi financiado pelo British Council, através do Tratado de Windsor. Foram participantes deste estudo 45 enfermeiros, aos quais foi aplicado um questionário. Recorreu-se ainda a um grupo focal em cada um dos países, envolvendo seis participantes (três por país). Os dados quantitativos obtidos com os questionários foram tratados com recurso ao Statistical Package for the Social Sciences e os dados qualitativos provenientes do questionário e do grupo focal foram analisados a partir do modelo de análise de conteúdo de Colaizzi (1978). Os dados obtidos sugerem que a supervisão clínica possui benefícios para o desenvolvimento profissional e para as práticas profissionais dos enfermeiros. Mas identificaram-se também constrangimentos, principalmente no Reino Unido – apontaram-se a falta de tempo, um entendimento deficiente sobre a natureza da supervisão clínica e mesmo falta de interesse. Implicações para a enfermagem: Os gestores devem apoiar a supervisão clínica, dado que esta se revela importante para a qualidade de cuidados e para a prática baseada em evidências. Devem ser redigidos protocolos para o desenvolvimento da supervisão clínica, tendo em vista o desenvolvimento profissional dos enfermeiros e a segurança dos cuidados disponibilizados nas instituições.

Palavras-chave: *Enfermagem, Qualidade dos Cuidados de Saúde, Prática Profissional*

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INTRODUCTION AND BACKGROUND

This collaborative research project was initiated and developed through insights into the work of many professional groups and organisations. These insights include ideas and research from both The United Kingdom and Portugal, developments from the European Commission founded Thematic European Nursing Network (TENN), and a European Commission founded 'Curriculum Development' project, resulting in a Master of Science in Advanced Nursing Practice (Nurse Practitioner, Leadership and Clinical Supervision).

The focus of this research is on clinical supervision as a quality tool within clinical nursing practice in The United Kingdom and Portugal. The research was funded by the British Council under the 'Treaty of Windsor' scheme. The aims of the research were to:

- explore the practice of clinical supervision in nursing
- examine nurses' perception of the concept
- define an integrated and comprehensive clinical supervision framework

This paper discusses some of the findings of the study. The sample is small thus not representative generally. However, the findings could help to raise awareness of the issues relating to clinical supervision in practice.

There is a growing concern that the quality of hospital care needs to be improved and monitored systematically in many European Hospitals. In The United Kingdom, the Office for National Statistics showed that more than 40 people died and 280 were recorded by doctors as being malnourished when they died in hospitals. A recent report revealed wide variations in care within The United Kingdom. More recently, it was discovered a very problematic situation in the Stafford Hospital. The Healthcare Commission, in UK, was alerted by the apparently high mortality rates in patients admitted as emergencies. A public inquiry was announced and the final report (Robert Francis Inquiry report) was published on February 2013, making 290 recommendations. The development of supervision and clinical management were highly recommended. Quality and patient safety are the cornerstones of the commitment and mission of hospitals, communities and caregivers. For years, health professionals and other caregivers have developed methods and strategies to deliver the best care they can¹⁻³. One of the key factors relating to quality of care is the education and development of the nursing profession⁴⁻⁵. Clinical support and education in its many forms provide students and nurses with the opportunity to learn, integrate and develop competences within a closely supervised environment. Thus, the model of clinical supervision for nurses helps to develop safe and quality care for clients and the community⁶.

Quality initiatives within UK and Portugal

Within The UK there is strong evidence to illustrate that organisations that encourage and facilitate a culture of learning amongst the workforce outperform those that do not⁷. Indeed, the concept of quality is highly recognised within government National Health System (NHS) and Health and Social Care papers. For example: 'The Operating Framework for the NHS in England⁸'; 'High Quality Care for All'⁹ and 'Inspiring Leaders'; leadership for quality: Guidance for NHS talent and Leadership Plans¹⁰.

In Portugal, the recent evolution of the Portuguese health system suggests that improvements have been made in terms of providing safety and quality care. Since the early 1990s, a considerable increase in total expenditure on health care has occurred, driven mainly by the growth of public health care spending¹¹. Proposals for reform were introduced at the end of the 1990's, namely the concept of "local health systems" and a policy of health organizations quality accreditation.

Although there have been problems with expenditure and budgets, the health care system has been subject to many reforms. In 2008, the Portuguese Nurses Order ("Ordem dos Enfermeiros") established a "Model of Professional Development", based on clinical supervision. Clinical supervision became an important subject in the curricula of the post graduate courses in many nursing schools. Moreover, evidences are demonstrating that the quality management systems in the hospitals, based on ISO 9001: 2008 only can be fully operative if include a strong and integrated system of clinical supervision.

Literature Review

As a result of the increasing interest in clinical education and knowledge, there has been a gradual growth in the use of clinical supervision in the health organisations over the last few decades. There is also increasing evidence that it is becoming an important quality indicator of organisational performance⁴.

The focus of this research is on clinical supervision as a quality tool within clinical nursing practice in The United Kingdom and Portugal.

Various characteristics of the clinical setting including location, shift work and environmental factors may affect the outcome of clinical supervision.

Many of the research studies illustrate that there are problems relating to the lack of understanding of the concept; poor development of clinical supervisors and lack of support and commitment to the practice of clinical supervision.

Therefore, a comprehensive framework could help to explain the concept of clinical supervision and develop strategic clinical supervision procedures which are focused on safety, support and improvement of quality of nursing care.

Proctor's seminal work¹² on the three interactive functions of clinical supervision namely: Formative; Restorative and Normative. Berg & Hansson¹³ carried out a study to partly reveal thirteen nurses' experiences of group supervision.

Data were collected using tape-recorded open-ended interviews and questionnaires. The second part of the interview partly focused on the nurses' experiences of the group supervision.

The main findings illustrated that the nurses and indirectly the patients became seen and confirmed as unique persons. This confirming process was perceived as involving development of the nurses' professional competence and personal qualities partly through encouragement to reflect on and narrate their practice.

Teasdale, Brocklehurst & Thor¹⁴ also assessed the effects of clinical supervision and informal support on qualified nurses. The research design involved an opportunistic sample of two hundred and eleven qualified nurses from eleven randomly selected hospital and community NHS Trusts in one region in England.

Quantitative data using the Maslach Burnout Inventory (MBI) and the Nursing in Context Questionnaire (NICQ) were obtained. Qualitative data were acquired from written critical incidents.

Five hundred and twenty two questionnaire packages were distributed and two hundred and eleven packages were completed and returned. The NICQ found that some of the supervised nurses felt more supported and more able to cope at work and this appeared more significant with more junior nurses.

Marrow¹⁵ investigated clinical supervision in nursing as a means of developing supervisors, supervisees and clinical practice. Forty qualified nurses from a variety of clinical settings were involved in the study. Focus group interviews, individual interviews, rating scales and reflective statements were utilized to collect the data.

The findings illustrated that clinical supervision with colleagues in clinical settings encouraged their professional development and the process illustrated that by using Heron's interactional framework¹⁶ – supervisors could analyze and polish their supervision skills.

However, time, lack of knowledge and commitment were

key impediments to the concept in practice; the relationship between supervision, staff development and professional development is widely reported¹⁷.

Buus & Gonge¹⁸ surveyed 239 psychiatric nurses to investigate how often the nurses participated in clinical supervision and to identify any issues among individuals and the practice setting in relation to the participation.

The findings suggested that participation varies considerably and that many of the nursing staff may not have participated in clinical supervision at all. Various characteristics of the clinical setting including location, shift work and environmental factors may affect the outcome of clinical supervision.

In Portugal, a significant number of research studies on clinical supervision were implemented in recent years. Maia & Abreu¹⁹ found in their research, that clinical supervision was an integral dimension of the nurses' culture and working life in the wards. They found that clinical supervision was both a collaborative and a supportive process between two or more nurses to encourage the development of professional skills, promote quality standards in practice and enhance quality and safety of patient care. Similar issues were identified by Varandas²⁰. She developed a case study which was carried out in a psychiatric hospital (Portugal). The main goal of the study was to understand the broad and complex learning processes developed in the clinical context and the way they shape nursing clinical supervision. In her research clinical supervision is considered an important tool to promote the quality of the relationship between nurses and patients. The study systematically conceptualizes the origin of and interplay among the factors influencing education and supervision. The participants of the study were¹⁸ nurses working in the hospital. The data for the study were collected by a questionnaire (Clinical supervision In Nursing Inventory - V1) and semi-structured interviews. Varandas²⁰ concluded that nurses had an overall positive attitude towards clinical supervision. They felt that clinical supervision offers emotional stability to nurses and a link to continuing education.

This small scale study will therefore help to further our understanding of the current state of clinical supervision in one Health Care Trust within both The UK and Portugal.

Such as evidenced in this literature review, there is indication of the positive benefits of clinical supervision. Many of the research participants in these studies have identified the payback of clinical supervision for themselves, their practice, the organization and patient care. Clinical supervision could be perceived as a powerful professional relationship where there are sometimes intense interactions and feelings. This can result in many ethical considerations, such as the importance of ground rules, contracts and respect for persons, which can curb researcherly analysis of what goes on under the label of clinical supervision. Furthermore, there is little evidence of comparative studies of clinical supervision in different countries apart from Cutcliffe & Lowe²¹ discussed above. This small scale study will therefore help to further our understanding of the current state of clinical supervision in one Health Care Trust within both The UK and Portugal.

THE STUDY

Research Design and sample

The study took place in one Acute Health Care Trust in the United Kingdom and one General Hospital in Portugal. Volunteers were requested from registered nurses to form two groups: registered nurses (30) and supervisors, also registered nurses (20). The intention was to have within each group 50% of participants from each country. A total of 45 nurses from both Portugal and The UK participated in the study.

Ethical Issues

The study was approved by Ethics in both countries (it was classed as professional development). Ground rules regarding confidential and anonymity were established, as stated in both of the institutions.

Data collection methods

A questionnaire and a focus group interview were conducted. The questionnaire contained closed questions, rating scales and one open question on the amount and quality of clinical supervision. In both countries the questionnaires were given to NHS Trust managers (UK) and to the Director of Nursing (Portugal) requesting that they disseminate them to registered nurses who were or had been involved in clinical supervision either as a supervisor or a supervisee. A total of 45 nurses completed the questionnaires 23 from Portugal and 22 from the UK. The focus groups (UK and Portugal) involved a total of 6 nurses (three from each country) who had completed the questionnaire and who had responsibility for the facilitation of clinical supervision within their working environment. An open ended question was utilised inviting discussion on the participants' experience of clinical supervision in practice. The intention was to have three focus groups but because of staffing difficulties there were problems in getting all participants together at one time.

ANALYSIS OF DATA

The data presented is based on a total of 45 nurses, 51% from Portugal and 48.9% from the UK. The participants worked in a variety of clinical settings including: Medical Care, Elderly Care, Oncology and Critical Care. The data is based on a simple rating of answers.

Quantitative Data from the Questionnaires

Table 1 – Participants by country

Frequencies	n ^o	%
Portugal	23	51.1
UK	23	48.9
Total	45	100,0

The majority of the participants appear not to provide clinical supervision to peers, as shown in Table 2. At the Portuguese Hospital many novice nurses were employed and not able to offer clinical supervision to peers. Even in this reality, the number of participants that provided clinical supervision was five times superior in Portugal. Those who provided clinical supervision were invited to indicate the number of hours they spent in doing so.

Table 2 – Number of participants that currently provide clinical supervision (UK and Portugal)

Frequencies	Do you currently provide clinical supervision?	
	Yes	No
Portugal	14	9
UK	4	18
Total	18	27

Table 3 illustrates the number of people that the supervisors supervised. It appears that in Portugal the supervisors have responsibility for supervising quite large numbers of nurses – which can indeed be stressful.

Table 3 – Number of people that the research participants supervise (UK and Portugal)

Frequencies	Portugal		UK		Total	
	n°	%	n°	%	n°	%
1 - 5	8	57.1	3	75.0	11	61.1
6 - 11	6	42.9	1	25.0	7	38.9
Total	14	100.0	4	100	18	100.0

Participants that provided clinical supervision were asked to indicate if they received supervision themselves; 13 (72,2%) did receive supervision. The supervision of supervisors by country is as follows. The contexts are dramatically different, as we can see in the Table 4:

Table 4 – Number of supervisors that received supervision (UK and Portugal)

Frequencies	Portugal		UK		Total	
	n°	%	n°	%	n°	%
Yes	13	92.9	0	0	13	72,2
No	1	7.1	4	100.0	5	27,8
Total	14	100.0	4	100.0	18	100.0

Those who provided clinical supervision were invited to indicate the number of hours they spent in providing clinical supervision. The following Table shows the results of the answer, divided in groups. It is interesting to note that in Portugal 6 nurses were providing 41 or more hours of supervision per month which is 10 or more hours per week!

Table 5 – Number of hours that participants spend in providing CS (UK and Portugal)

Country	Hours / Month				Total
	1 - 10	11 - 20	21 - 30	41 or more	
Portugal	2	5	1	6	14
UK	4	0	0	0	4
Total	6	5	1	6	18

In both countries, we tried to identify the number of participants that received clinical supervision. Table 6 displays this information: 24 (53.3%) demonstrates those that received clinical supervision.

Table 6 – Participants that receive clinical supervision

	Do you receive CS?		Total
	Yes	No	
Portugal	21	2	23
UK	3	19	22
Total	24	21	45

There are a significant number of nurses in Portugal that receive clinical supervision (21), in comparison with the colleagues from UK (3).

Table 7 – Participants views on how they would rate clinical supervision

	How would you rate the CS?			Total
	Fair	Good	Excellent	
Portugal	2	20	0	22
UK	1	0	2	3
Total	3	20	2	25

As we can see above, 20 (80%) of them rated the clinical supervision as Good, 2 (8%) as Excellent and 13 (2%) as Fair.

In one question, we tried to understand the participants' opinion about the relevance of clinical supervision to their professional daily work; 15 (60%) of the participants stated that clinical supervision was definitely important to nurses' work. It was interesting to notice that 2 participants from Portugal stated that it was not relevant to their work!

Table 8 – Participants' opinion about the relevance of clinical supervision to the professional daily work (UK and Portugal)

	CS and work effectively as a nurse			Total
	No, not really	yes, generally	yes, definitely	
Portugal	2	7	13	22
UK	0	1	2	3
Total	2	8	15	25

In another question (Table 9), we tried to understand the participants' satisfaction with the clinical supervision they receive; 15 (60%) of the participants stated that

they are indifferent or mildly satisfied. It is important to acknowledge that 9 (36%) were quite dissatisfied. The question asked 'how satisfied are you with the supervision you receive?' does not delve into what actually they are dissatisfied with. However, the findings here suggest that the supervision overall could be improved in both Portugal and the UK.

Table 9 – Participants' evaluation of clinical supervision they have

Level of satisfaction with clinical supervision	Portugal		UK		Total	
	n°	%	n°	%	n°	%
Most satisfied	1	4.5	0	0	1	2.3
Indifferent or mildly satisfied	14	63.6	1	33.3	15	33.3
Quite dissatisfied	7	31.8	2	66.7	9	20.0
Total	22	100.0	3	100.0	25	100.0

Analysis of the qualitative data

Thematic analysis of the qualitative data from both the questionnaires and the focus groups was undertaken using Collaizi's²² seven – stage process of analysis. Eight themes emerged which were later consolidated to four, which were validated by sending the transcripts back to the participants.

Data from the Focus group

The focus groups involved discussion of an open question asked so the participants their views on the clinical supervision that they have experienced either as a supervisor or supervisee.

The five key themes from the 1st focus group data

Five key themes were established and included the following: Benefits; Constraints; Process issues; Staff Development and Clinical Practice.

Benefits

(UK) Yes – for my career pathway there are jobs I would not have gone for without having participated in CS

(UK) There are issues that you have discussed that have been helpful for your managerial and clinical role

(PORT) Clinical supervision, is a quite new concept and process in our hospitals, it has an important role in the process of promoting safe and quality care, but also to

preserve the psychological integrity of the carer.

(PORT) Clinical supervision helps nurses, namely those that are new in the profession, to develop knowledge and competencies in nursing domain (e.g. decoding phenomena, formulate nursing diagnosis, defining consistent interventions).

Constraints Lack of time

(UK) We did it for 3 years but there were time issues. That is the reason it is not done regularly. The benefits of clinical supervision are not seen because of the time factor.

(UK) Clinical supervision needs to be integrated effectively in the nurse's clinical role; otherwise, it will depend only on the motivation of some professionals...

(PORT) Time is a problem. Without time it is impossible to reach the objectives.

Process issues Lack of skills, knowledge and understanding

(UK) The supervisors often lack knowledge, understanding and time

(UK) We started it on Ward X 4 years ago so we have experience and have also completed a course. Knowing the theory that underpins it makes it more effective – not just a chat. You need to be more challenging and have mutual trust.

(PORT) Very few people understand clinical supervision. It is often seen as a chit chat and thus not productive. I have tried it a couple of times (being supervised) – but they did not understand it.

(PORT) Without clinical supervision, it was impossible to develop the process of accreditation and developing the use of information regarding clinical supervision based on ICNP.

Confidentialty

(UK) Confidentiality is important

(PORT) We have to ensure that the supervisee feels safe but also have to maintain the rights of the clients – so ground rules regarding confidentiality are important.

(UK) Some models state that confidentially is a main point of clinical supervision; we need to take care in this matter, namely when supervisors are at the same time leaders with responsibilities in the unit governance.

Staff Development

(UK) Supervision has been important for my career

pathway, there are jobs I would not have gone for.

(PORT) It helps both the personal and professional development.

Clinical Practice

(UK) There has been improvement in practice for a clinical support worker. She was given the time and explored things further. We had a whole session on an issue that the RGN should not do but after clinical supervision she changed her opinion.

(PORT) Clinical supervision helps nurses, namely those that are new in the profession, to develop knowledge and competencies in the nursing domain (e.g. decoding phenomena, formulate nursing diagnosis, defining consistent interventions).

Qualitative data extracted from the questionnaires

This data answers the only open question in the questionnaire. The number in the brackets is the number of people who stated the issue:

What do you think is the biggest single obstacle to clinical supervision in your area?

Qualitative data from 22 questionnaires (UK)

Freeing up time for any kind of continuing professional development. This is not taken seriously in this Trust (1)

Trying to find someone who can supervise can be difficult (1)

Clinical supervision used to be approximately 30 hours per month but now we are being pulled away to other areas of work (1)

Lack of time (11)

Lack of staff and inadequate skills mix (10)

No ward manager for some time (1)

Lack of resources and no structured sessions anymore (1)

Workload (4)

Ability to get people together regularly in order to provide quality clinical supervision, as people unlikely to attend unless time owing or payment received (1)

A lot of work was done by myself a couple of years ago, changing from 1:1 supervision to group. A model was adopted (Proctor) and our own framework devised. Lots of topics for the Clinical supervision sessions were suggested. Unfortunately, this clashed with the introduction of long days and loss of shift overlap. Working on minimal staffing levels in a busy environment with no allocated time means running clinical supervision sessions is virtually impossible (1).

Qualitative data from 23 questionnaires (Portugal)

The biggest difficulty I felt in providing clinical supervision was related to the small number of nurses by shift; I accumulated supervision of nurses, supervision of students and at the same time the delivery of care (1)

The major obstacle to do clinical supervision is that we need to develop it while performing the duties related to delivery of care (4)

The number of nurses by shift don't permits that supervisor develop with the supervisee the reflexivity he want. The problem is the same with the students' supervision (1)

The amount of work and the small number of nurses by shift in the delivery room (1)

Lack of time (2)

Lack of orientation (1)

Lack of time to support the supervisees (1)

Lack of preparation of supervisors to develop clinical supervision (2)

Supervisors need to have enough time and to have a clear idea of the objectives defined by the institution related to the clinical supervision process. Adding the responsibility of develop supervision to developing nursing care to many patients is difficult to conciliate sometimes! We need to spend more energy and sometimes this is a factor of stress! (1)

SUMMARY AND DISCUSSION

In this study, clinical supervision appears to be more prevalent in general nursing in Portugal than in the UK. This could be because of all the recent and current changes that have taken place in the UK Hospital Trusts. The relevancy of clinical supervision to the evaluation of the Hospitals in Portugal and the introduction of the electronic record based (in the case of nurses) care plan documentation and explain

In this study, clinical supervision appears to be more prevalent in general nursing in Portugal than in the UK.

why hospitals are supporting clinical supervision in nursing, even the process to be in its beginning. It is important to note that in the last five years, nursing schools included clinical supervision as a subject extensively in the curricula. That said, it has been demonstrated that although clinical supervision is more prevalent in the Portuguese hospital, the supervisors have responsibility for supervising more nurses at one time than in the UK, which does indeed question whether the quality of the supervision process is in place.

Notwithstanding, this study took place in one small Acute Hospital Trust in the North of England and therefore cannot be representative of the whole of the UK. In other Trusts in the UK clinical supervision may indeed take place and be effective. At the same time, the study carried out in Portugal cannot be representative also of the whole of the country.

Our findings illustrate that the majority of the respondents (53.3%) reported that at some time they had experienced clinical supervision. Data also demonstrates differences between the two groups (Portuguese and English), regarding their experiences and evaluation of clinical supervision. These results support the argument that clinical supervision has been accepted, but on occasions is understood as an extra responsibility within their daily work and therefore sometimes perceived negatively. This is concerning, as research has shown that the concept can help in supporting and developing nurses in practice.

Qualitative data from the UK and Portugal (Focus group and the questionnaires) illustrates that some of the nurses in the study have benefitted in some way and perceived clinical supervision as a supportive mechanism for staff development, improvement in clinical care and important for career development. This is supported by the literature¹⁸. Indeed, Abreu⁶ and Faugier & Butterworth²³ suggest that supervision needs to be understood as a tool to promote consistent clinical practices and as a special learning, developmental and supportive method of professional reflection and counselling. Marrow, MaCauley & Crumbie²⁴ underline the importance of clinical supervision to promote reflexive practices, as a basis to ensure safety care,

However, many limitations to the implementation of clinical supervision have been expressed by the same authors.

Although small, this study has illustrated important data for us to develop a clinical supervision strategy for practice.

It is sad to note that from the UK questionnaire data, that clinical supervision used to be in place and appeared to be valued. However, there were numerous concerns about the lack of time and resources, poor skills mix and heavy workloads. Curiously, the Portuguese nurses point out the same problems, in general – lack of time, small number of nurses by shift, simultaneity of activities... Also the change in shift patterns seems to also display discontent regarding clinical supervision in practice.

LIMITATIONS, CURRENT AND FUTURE WORK

There were some limitations in this study, with respect to the sample size and data analysis. The fact that the sample observed was a sample of convenience, and not a random sample, may have presented a problem of representation. However, the information from this study could help to give an indication of the value of clinical supervision within these particular organisations and indeed other institutions of similar size may identify with some of the issues. Further to this, we cannot utilise inferential statistics as it is harder to find significant relationships from the data, as statistical tests normally require a larger sample size.

Although small, this study has illustrated important data for us to develop a clinical supervision strategy for practice. This will include a contact and ground rules for clinical supervision practice, recognition of models to structure the process and education of both supervisors and supervisees. Collaborative work on this development is ongoing between the Portuguese and UK partners.

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