

FRI-2G.201-1-HC-01

SUPERVISION IN NURSING - A PROMISE FOR THE QUALITY OF HEALTH CARE

Prof. Sonya Koleva Toncheva, PhD

Medical University "Prof. Dr. Paraskev Stoyanov"-Varna

Shumen Affiliate

Tel. 0888348554

E-mail: toncheva2960@abv.bg

***Abstract:** Supervision in Bulgaria is not associated with nursing practice because it is not regulated by law. The autonomous nursing practice is not acknowledged either. The skills for implementing clinical supervision are actually upgraded on the basis of the existing basic communication skills. These skills can be developed by gaining experience and by reflexion on practice. The academic preparation of nurses in Bulgaria guarantees that they have the ability:*

- ✓ *To identify real and/or potential problems of somatic, psychical and social character of the individual, family, community*
- ✓ *To plan and participate in carrying out promotive, preventive and medico-social activities.*
- ✓ *To know and put into practice new techniques and technologies in the field of health care.*
- ✓ *To provide quality health care in accordance with the contemporary scientific achievements, normative regulations and ethical principles.*

In countries such as Great Britain, Australia, the USA and others, where clinical supervision is applied in nursing and the autonomous practice of nurses is acknowledged, they play a key role in ensuring the quality of health care.

To what degree clinical supervision should develop is essential for acknowledging the autonomous nursing practice within their acquired professional competence. The survey points out the opinion of nursing officers from different cities in the country (31) with Master's Degree in Healthcare Management about the need for the preparation of supervisors and the implementation of clinical supervision in nursing practice. Based on the international experience, A Model of Nursing Clinical Supervision has been suggested, a model which can be employed in Bulgaria.

Keywords: nurse, clinical supervision, nursing practice, health care

JEL Codes: I 1, I 18

INTRODUCTION

Despite some differences reflecting the specificity of each country considered separately, the nurse is seen as a central figure in all modern health systems. A great deal of the European countries have changed their health legislation in order to meet the needs of the population and define nursing as an important resource for each health system-opportunities have been provided for nurses to manage their practice within their acquired competences and to take responsibility for the quality of health care. Nurses in the modern world share a new philosophy of care and it is offered to patients through a variety of organizational models, aiming at improving their effectiveness and making the price fair. There is long-term care, integrated socio-medical care, patient-centered care, case management etc. Regardless of which model of care is applied by nurses in the different countries, the search for new ways that guarantee the quality and continuity of care is common.

In Bulgaria, nurses have different levels of competence:

- Different qualifications
- Different work experience
- Different kinds of postgraduate training (short-term, specializations, Bachelor's or Master's degree in Healthcare Management and others.)
- First or Second Certificate (Professional card) as a guarantee for the provision of quality health care as well as non-certified ones.

Consequently, the professional view needed can be that of the prepared and specially trained nurse.

EXPOSITION

Care, either provided in the community or in a healthcare institution, is a process which demands the active participation of doctors, nurses, midwives, psychologists, pedagogues, social workers and others, but constant training is a prerequisite for maintaining the high quality of health care.

There is a common tendency to deinstitutionalization of care-with the exception of the severely disabled people- either home-based care in accordance with the individual needs or community care as well as employing new technologies –electronic healthcare, telemonitoring and telemedicine etc. which will facilitate the provision of care.All this means qualified health professionals. The role of the nurse in establishing policies for prevention and rehabilitation, aiming at encouraging an active and healthy way of life means well-trained and qualified workforce and effective use of information and communication technology.

The legislative framework for the nursing education and practice in Bulgaria includes a number of acts and regulations concerning the education and the professional realization of nurses:

- The Uniform State Requirements Act for obtaining higher education in Nursing, Midwifery and Physician Assistant- for the educational-qualification degree Bachelor
- The Ordinance No1 of 8th February, 2011 on professional activities which nurses, midwives and associated medical specialists can carry out upon instruction or independently-Health Law
- The Higher Education Act
- The Ordinance on Postgraduate education in the healthcare system
- The Ordinance on uniform state requirements in Healthcare Management
- The Law on medical institutions
- The Ordinance No19 of 22nd July, 1999 on keeping record of healthcare institutions for outpatient care and hospices.
- The Professional organization of nurses, midwives and associated medical specialists Act

The latest amendments of the Act (DV issue103 of 27th Dec, 2016) outline new regulations in nursing practice

(2) (new) The aim of the professional development of nurses, midwives and associated medical specialists is to maintain, enhance and broaden the theoretical knowledge and practical skills needed to provide quality health care.

7a. (new) It adopts a Qualification Framework for the professional development of nurses, midwives and associated medical professionals consisting of Qualification levels;

4. (New) "Qualification levels" are levels of professional development of nurses, midwives and associated medical specialists, reflecting acquired knowledge, skills and competences adopted in the framework of continuing medical education and / or specialty in the healthcare system for a period of 5 years.

The aim is to regulate the professional development of healthcare professionals. The professional development of nurses should guarantee that the theoretical knowledge and practical skills necessary for the provision of quality health care are maintained, upgraded and expanded. Professional development should be reflected in the qualification levels defined in the Qualification framework adopted by the Bulgarian Association of Healthcare Professionals. Qualification levels should certify the knowledge, skills and competences acquired in the course of continuing medical education or acquired specialty in the healthcare system for a period of five years. The notion “good medical practice” in the field of health care provided by nurses should be

defined. Introducing Qualification levels should facilitate the accomplishment of the objectives and the measures in the Program for Sustainable Development of Bulgaria for the period 2014-2018 and “Health 2020”. Another aim is to respond to the demands on the qualification of medical specialists and thus guarantee the high levels of safety and protection of patients. To the maximum extent, to verify the continuing training that the Association conducts.

We can summarize that the existing legislative framework, despite its incompleteness, is a great opportunity for the development of modern nursing in Bulgaria.

There are different ways of nursing performance *THE NURSING PROCESS is a scientifically - based method which creates opportunity for:*

- Dynamic patient condition monitoring/data collection
- Analysis and assessment / problem identification - nursing diagnosis
- Setting up a goal/goals
- Planning individualized care
- Nursing interventions according to the degree of violation of the patient's autonomy
- Evaluation of patient results
- Self-assessment of the nursing activity

The nursing process is not regulated and is not recognized as nursing practice in the delivery of care in Bulgaria. However, nurses in Bulgaria face the challenge of providing ongoing quality health care to improve patient satisfaction. Another important aspect of the work of the nurse is preserving the comfort - both emotional and spiritual and preventing burnout syndrome - as an important condition for motivating nurses to maintain the quality of health care.

The role of the nurse in the process of providing quality health care

The role of the modern nurse is directed either at the individual or the family and the community. The focus is on the healthy and the sick people as well. The work of the nurse in outpatient and hospital settings should be based on competence, additional upgrading qualification and specialization, ensuring the delivery of quality nursing care.

The above mentioned parameters for education, qualifications and competence of the nurses determine their crucial role in the implementation of health services. Good theoretical and practical training, as well as good knowledge of ethical norms and conscientiousness in fulfilling the professional commitments of nurses, is a prerequisite for improving the quality of health care. The continuous training of medical specialists is essential and necessary in the context of the constant advance of medical equipment and the delivery of highly specialized care and manipulations. Continuing training of healthcare professionals is an important element of the healthcare system and a promise for the higher quality of healthcare.

In Bulgaria, the academic education of nurses helps to achieve sufficient basic competences, a key element for continuous training and thus guarantees their preparation and the ability they have:

- To identify realand/or potential problems of somatic, psychical and social character of the individual, family, community
- To plan and participate in carrying out promotive, preventive and medico-social activities.
- To know and put into practice new techniques and technologies in the field of health care.
- To provide quality health care in accordance with the contemporary scientific achievements, normative regulations and ethical principles.

In Bulgaria, **supervision** is not associated with the nursing practice and is not regulated as an activity by law. There is no established practice for the nurse to learn the knowledge and skills to apply supervision.

The experience of the others ...

Abroad, clinical nursing supervision was introduced in Britain in the late 1980s and has since become an integral part of the public health system in terms of clinical management and quality assurance. Things are different in the wider context of Australian nursing practice. The exception is the support for mental health. Considering the fact that it can lead to clinical supervision not only for practitioners but also for healthcare organizations and their clients when accomplishing the objective of improving and developing clinical practice (Bond & Holland, 2010), Moxham, L. & Gagan, A. (2015). Clinical supervision as a means of professional development in nursing. *Australian Nursing and Midwifery Journal*, 23 (2).

Continuing professional development is a mandatory element of the nurse's license to practice. One of the possibilities for professional development is through clinical supervision.

Clinical supervision is a formal agreement built into a structure aiming at assisting staff and improving outcomes for both clinicians and service users. It has a long and well-established history in many areas of health care, including social work, psychology and psychiatric nursing. Leith (2000: 728) describes clinical supervision as "A supportive mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure confidential environment to improve knowledge and skills."

Clinical supervision has been conceptualized as having four goals. Corey et al (2014) describes them as what:

- 1) promotes the improvement and development of the supervisee
- 2) protects the well-being of the client
- 3) monitors the supervisee performance and acts as an observer of the profession
- 4) and is a process that empowers the supervisor to self-monitor and reach these goals as an independent professional

The goals illustrate the value that clinical supervision has in terms of professional development in nursing care. They also interact with Proctor's model of clinical supervision (Proctor 1986, 2001), which is one of the most influential models in nursing. The model focuses on the three main supervisory functions:

FORMATIVE - educational-provides a framework and reflection as a way of education. It enables the practitioner to recognize the strengths and weaknesses of their work and further develop skills and gain knowledge to relate theory to practice in a critical way.

NORMATIVE - managerial-is concerned with safe practice, maintaining and developing standards, and ensuring that with local and national clinical standards are adhered to.

RESTORATIVE - supportive-provides the practitioner with supportive relationship which facilitates sharing emotional responses, reducing stress arising from stressful situations and relationships.

The process works in a positive direction to "enable" the supervisee to:

- To have time to engage in critical self examination and reflect on practice
- To be more self aware in clinical supervision
- To identify practice issues and consider approaches to practice based evidence
- Consider the recipients of the service in terms of their perceptions of what is happening in their lives
- To be challenged in a safe environment
- To have the opportunity to consider future training and development needs
- Maintain and promote standards and innovations in practice in their own interest and the interest of the patient and the service.

Clinical supervision is an established practice of professional support and training which enables professionals to develop knowledge and competences, to take responsibility for their own

actions and ensure the best protection for patients in complex clinical situations. (Department of Health (1993) A vision for the future. Report of the Chief Nursing Officer, England (1993).

The models of clinical supervision can be developed in nursing on the basis of clinical practice in order to ensure the necessary support for more independence (Proctor, B. (2001), Training for the supervision alliance attitude, skills and intention, in J.R. Cutcliffe, T. Butterworth and B. Proctor(eds), *Fundamental Themes in Clinical Supervision*, London: Routledge.

In the UK ... new lexis for nurses emerges and is kept in record by the regulators. The letter from the English National Board for Nurses, Midwives and Healthcare Professionals (ENB), "Training Teachers, Specialists, Mentors and Supervisors in the Context of Project 2000" is one of the first documents to pay attention to the evolution in the relationship between nurse –trainee and even nurse- patient. It is assumed that "those who are trained to train and assist others in training, supervision and evaluation will need certain qualities and competencies."

Who is a supervisor? Some authors have little doubt about who is most suitable for a supervisor. Pembrey (1980) highlights the need for the most competent nurses at ward levels in terms of clinical supervision. This in turn requires the development of a system that provides a career structure and appropriate incentives in the clinical situation to retain the most capable. In guidelines issued by the British Association for Counselling, it is pointed that those who seek accreditation must have undertaken a total of 900 hours training and practice within which will have been "200 hours of skills development, supervision and case discussions".

It is possible to find considerable literature on clinical supervision in professions such as psychology, social work and counselling but there is little of substance in nursing. There is little literature on supervision in nursing in general and what is there is related to the maintenance of standards rather than to encouragement and personal growth.

In this context the model of the superior/novitiate relationship springs to mind. Indeed it is suggested by Hill (1989) that people at work tend to think of their supervisors as authoritarian and that the whole concept of supervision is linked conceptually to an authority figure. This is a pity, because clinical supervision is much wider and more generous in its intentions.

Peer support is often given as an example of supervision carried out by nurses and most nurses would agree that this occurs regularly on an informal basis although few have found the opportunity to formalize peer support.

According to Platt-Koch (1986) the goals of supervision are:

1. To expand the knowledge base
2. To assist in developing clinical proficiency
3. To develop autonomy and self-esteem as a professional

These suggestions are connected with the statement that **clinical supervision is a process which does not punish but provides opportunities for personal and professional development.**

What is clinical supervision? Clinical supervision has been promoted as a method for ensuring safe and accountable practice in nursing. In literature there are various definitions such as:

"A term to describe a formal process of professional support and learning which enables practitioners to develop knowledge and competence. Assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations". (DOH 1993)

"Regular, protected time for facilitated, in-depth reflexion on clinical practice aimed to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development"

Clinical supervision is a dynamic process of collaboration including the components of teaching and mentorship, which goes beyond a nurturing role. In a study by Brammer (1979), in which he looked at teachers, psychotherapists, priests and nurses, it is suggested that factors which allow users to recognize a 'good' person with whom to form an interpersonal relationship do not

depend on a particular school of thought or ideological position. Rather, it is factors related to opportunity for intellectual and personal development which make the difference.

Driscoll. J suggests a Continuum of supervision in nursing which can advance to an autonomous nurse, who can act as a clinical supervisor (Model 1).



Model 1: Continuum of supervision in nursing

1. An employee supporting nurses
2. A Nursing student
3. A nurse-young employee
4. A nurse with at least 3 years' experience
5. A nurse with specialization
6. A nurse with a Master's Degree and/or specialization
7. A nurse with autonomous functions
8. An autonomous nurse

Driscoll. J (2000) Practising Clinical Supervision- A Reflective Approach. Bailliere Tindall

Some authors point out *the basic skills of the clinical supervisor in nursing*:

- Skills to provide clinical supervision are upgraded on the existing basic communication skills. These skills can be developed with the accumulation of experience and reflexion.
- Willingness to participate in the process of co-operation at the time of clinical supervision when interacting with the supervisee.
- To take care of and pay attention to needs of the supervisee during the process of interaction.
- To use effective techniques when addressing issues which support the improvement and development of the supervisee
- To be ready to give and receive feedback on their work
- To be able to manage the process of supervision.

A study on the opinion of experts (nursing officers working at University hospitals, General hospitals and other healthcare establishments), was conducted about the necessity, conditions and prerequisites for the introduction of supervision in nursing. According to 93,50% (29) of nursing officers it is necessary to introduce clinical supervision in Bulgaria. The remaining 6,50% (2) cannot express their opinion.

The experts pointed out that there could be certain setbacks in the introduction of clinical supervision. (fig.1)

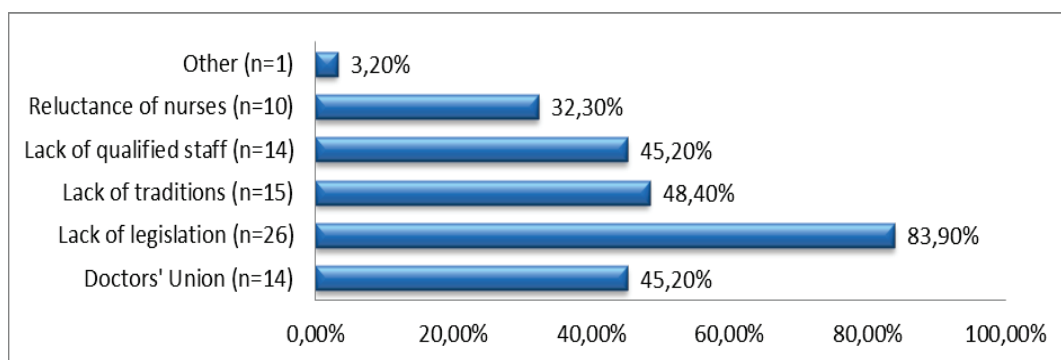


Fig. 1. Setbacks in the introduction of clinical supervision in nursing

The necessity for changes in legislation is also estimated by experts so that it would regulate the training and practice of nurses in order to introduce clinical supervision. (fig.2)

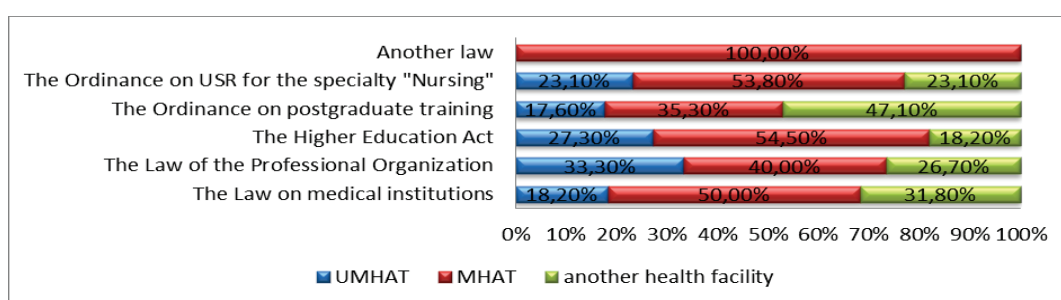


Fig. 2. Opinion on the the necessary changes in the normative acts (in relation to the place of work)

The nursing officers working at University Hospitals think that The Law of the Professional Organization should be amended first of all (33.30 %), considering the new qualification levels, while those working at General Hospitals believe that The Higher Education Act(54.50%) and other normative acts(100%) need changes. The nursing officers of other healthcare institutions are to the greatest extent in favour of changes in The Ordinance on postgraduate training (47.10%).

The opinion on the duration of the specialization Clinical Supervision was also studied. (fig.3)

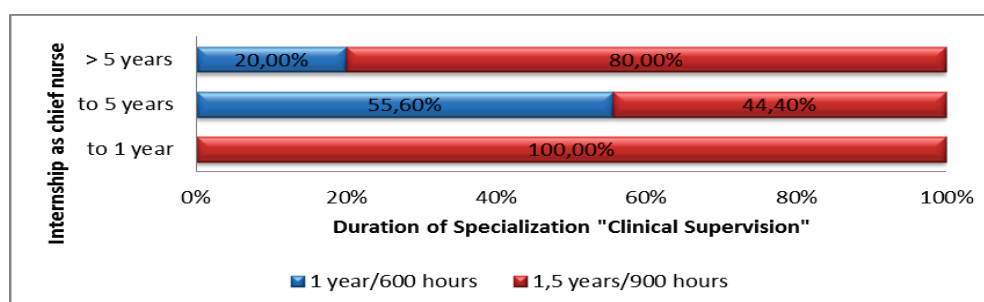


Fig. 3. Duration of Specialization "Clinical Supervision" in relation to the experience as a nursing officer/chief nurse/

Despite the fact that there are no significant differences, it can be said that most of the nurses with work experience up to 5 years prefer the duration of the specialization Clinical Supervision to be 1 year/600 hours, while those with work experience as nursing officers for more than 5 years prefer it to be 1,5 years/900 hours.

It was important to find out if the experts expect changes for the professional organization together with the introduction of clinical supervision. (Fig.4)

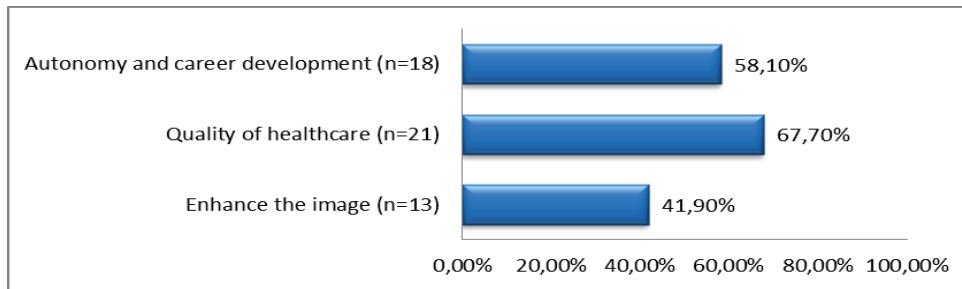


Fig. 4. Issues of the professional organization in Bulgaria that can be settled by introducing clinical supervision

Experts believe that the introduction will lead to changes in the quality of health care (67.70) as well as to autonomy and career development.

After presenting the Continuum of nursing supervision, the experts were asked to express their opinion about the appropriateness of the Model for Bulgaria. (Fig. 5)

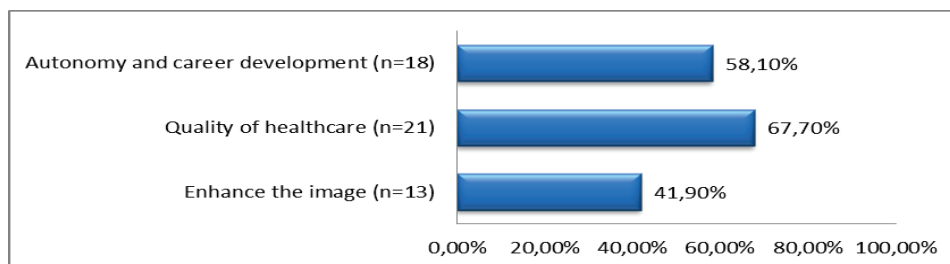


Fig. 5. Opinion on the suggested Model (continuum) of clinical supervision Most of the respondents are convinced of its appropriateness (77.40%)

CONCLUSION

In Bulgaria, the recognition of autonomous nursing practice can be acceptable if clinical supervision is introduced by specially trained nurses, which will guarantee the quality of health care.

Introducing clinical supervision in nursing practice means additional training of experienced nurses with communication skills and desire to become supervisors in line with the nursing traditions.

The supportive professional role of the supervisor will contribute to the greater motivation of nurses and prevention of the burnout syndrome as well as the maintenance of high quality of health care.

REFERENCES

- Bond, M&Holland, S (2010). Skills of clinical supervision for Nurses: a practical guide for supervisees, clinical supervisors and managers, (2nd ed.) New York, McGraw-Hill.
- Corey, G., Haynes, R., Moulton, P. & Muratori, M. (2010). Clinical supervision in the helping professions: a practical guide (2nd ed.) American Counselling Association, Wiley
- Lynch, L., Hancox, K., Happel, B. & Parker, J. (2008). Clinical Supervision for Nurses. Wiley Blackwell, United Kingdom
- Lyth, G. (2000). Clinical supervision: a concept analysis. Journal of Advanced Nursing, vol. 31(3), pp.722-729
- Winstanley J, & White E. (2003). Clinical supervision: models, measures and best practice. Nurse Researcher, vol. 10(4), pp.7-38
- Moxham, L. & Gagan, A. (2015). Clinical supervision as a means of professional development in nursing. Australian Nursing and Midwifery Journal, 23(2), pp.37-37.