

Implementation of clinical nursing supervision with the proctor and reflective models: literature review

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ABSTRACT

Nursing supervision can impact nurses' ability to generate, direct, and maintain behaviors relevant to nurses' work environment. However, the fact is that oversight has not been implemented optimally. The following are the sample inclusion criteria in this research article: i) Research articles published between 2018 and 2023. ii) The article's research design is experimental or publication. iii) Research studies examine how the process of establishing vision supervision is carried out. iv) The research article is about clinical nurse supervision. A systematic review was performed in this study to assess 12 journals that were studied and included in the inclusion criteria. The findings of this investigation were achieved. The framework and clinical supervisor's perceptions are divided into three themes: organizing learning, supporting tool for understanding what nursing care is, and developing own supervision practice. Supervisors view the fundamentals of care framework favorably and utilize it to structure and stimulate students' contemplation on what nursing is and demands.

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1. INTRODUCTION

Quality nursing administrations are not entirely the obligation of the executing attendant; the top of the ward as the leader bears accountability for nursing care exercises and collaborates with the executing attendant to have the option to execute nursing work on as per regulations [1]. As a result, a comprehensive nursing managerial system is essential to direct the administration of nursing services. Thus, nursing administration administration needs the suitable nursing administrative situation to coordinate all nursing specialists in providing spectacular and excellent nursing administrations. This should be achievable with the support of the room's leader, who possesses strong administrative skills to fulfill the parts of planning, organizing, coordinating, and managing nursing exercises [2]. The supervision of the directing role in the management process by a manager helps assure the provision of high-quality nursing services [3].

Oversight is essential for the coordinating capability of heading (in the administration capability whose goal is to ensure that customized actions of all kinds are accomplished successfully and easily, particularly in ensuring patient security throughout treatment) [4]. Direct supervision helps nursing chiefs to identify numerous obstacles/issues in the delivery of nursing care on the ward by attempting to identify the influencing elements and collaborating with nursing professionals to find solutions [5].

Nursing management can be performed by partners at various levels, such as group pioneer, head of ward, medical caretaker administrator, segment head, head of nursing, or representative overseer of nursing.

To be more specific, the primary supervision actions consist of four components. i) Defining issues and boundaries; ii) Outlining the cause of the issue, needs, and arrangements; iii) Progressing to the exit; and iv) Surveying the outcomes obtained for the next development. The implementation of effective supervision is accomplished through two approaches: direct and indirect. Managers on duty (MOD) is provide oversight by monitoring, watching, assessing, organizing, and pushing work for health professionals, clinic administrations, offices, and medical clinic marketplaces in general [4]. While clinical/nursing management is performed in stages, most notably once like clockwork in mid-2018, standard operating procedures (SOPs) for the execution of nurse supervision do not yet exist because they are in the draft stage. The execution is in charge of the nursing boss/top of the room/group pioneer. According to the top of the room in one of the longterm wards, the oversight execution isn't ideal, for example, the execution recurrence isn't normal, the material administered isn't clear at this point, and the management did is simply limited to noticing and recording what is done by implication [5]. In light of this peculiarity, a chief directing nursing management may need to use the board's information and authority to perform supervision and, ideally, urge medical caregivers to work harder. Nursing administrations will be more skilled and qualified as a result of this [6].

2. METHOD

This study is a systematic review using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) approach, which is accomplished methodically by following the proper research phases or processes [7]. There are several steps in this systematic review process: i) gathering background and purpose; ii) formulating the research question; iii) conducting a literature search; iv) determining the selection criteria; v) carrying out a practical screen; and vi) developing a quality checklist and processes. vii) data extraction strategies and viii) data synthesis strategies [8].

Based on paper search results for the aforementioned keywords on researchgate, sciencedirect, and pubmed. The research population was included in all studies on clinical supervision of nursing published in international journals and grey literature. The study's samples contain papers on clinical supervision of nurses that met the inclusion criteria and were published in national, international, and grey literature journals.

The following are the sample inclusion criteria for this research article: i) Research published between 2018 and 2023. ii) The research design used in the essay is experimental or publication-style. iii) Research looks into the implementation of visual monitoring. iv) The research article discusses clinical nurse supervision. v) Respondents to the study article stated that 263 papers might be found in international journals. Using the search phrases "nursing supervision, clinical nursing supervision, and nursing supervision," relevant research publications were retrieved.

3. RESULT AND DISCUSSION

3.1. Findings

After reviewing the abstracts of the 263 selected publications, 231 were considered ineligible due to a lack of research on nurse supervision. The following stage was a fulltext review, to which 32 papers were submitted. After searching for fulltext on 231 selected articles, 85 of them were found; the remaining 73 were deleted owing to not satisfying the inclusion criteria. In total, twelve selected publications were submitted for review.

3.2. Implementation of nursing supervision based on selected journals

The perspective of clinical supervisors and the application of the fundamentals of care framework in nursing student supervision [6], [9], [10]. Clinical managers' perceptions and utilization of the fundamentals of care structure in nursing understudies investigate clinical managers' perceptions and utilization of the fundamentals of care structure in nursing understudies acquaint themselves with the structure, they generally embraced the structure and invited it as a material device to help their oversight of nursing understudies [11]. The bosses agreed the system is significant and clinical practice illustration and that it assists them in structuring students' learning.

Before utilizing the FoC structure, the bosses thought that attracting on hypotheses administration and reflection with understudies was finished aimlessly and that they in some cases were occasionally unsure about how and when to allude to them [12]. One boss depicted this as 'knocking against a wall'. Collaborations in the center gathering (FG) interviews, in any way, demonstrated that the system's components energized bosses to recollect hypotheses for reflection practices with nursing understudies.

The purpose of this study was to find out how clinical supervisors perceive the conceptual FoC framework and its application to supervise nursing students in clinical settings [13]. The findings revealed that healthcare managers had a good approach to incorporating the FoC framework into their boss practice. They included the structure in various aspects of oversight and revealed discovering it useful in working with

as well as assistance the understudies in depicting and examining the nursing care complexities. The approach was used to organize understudies' learning in a consistent learning environment and to further enhance their own manager practice. The need to foster reflection and a robust learning climate are shared characteristics of the three subjects [14]. The findings are thus discussed under two topics: i) Working with fundamental reflection and nursing difficulties and ii) Creating a consistent learning environment through commonality [15].

3.3. Psychiatric mental health nurse practitioners' clinical supervision experiences in south korea: a grounded theory approach [9]

This subjective review utilized grounded hypothesis to extensively analyze the clinical oversight experience of psychiatric emotional well-being attendant practitioner in South Korea's sociocultural setting. Based on the concept of representational correspondence, grounded hypothesis is a subjective examination approach that can be used to advance reasonable knowledge in sectors where adequate comprehension is lacking or to explain current hypotheses. To solve the core issue, five tactics were used: "requesting assistance", "escalated preparing and imparting to the clinical manager", "demonstrating clinical bosses and developing abilities", "proceeding with self-reflection and learning", and "participating in proficient exercises". The dynamic and repeated use of these strategies to solve the focus characteristics enabled the members to " help each other become specialists in medical services," which was chosen as the center class. This core classification was divided into four subcategories that would unfold in stages [16].

"Asking for assistance", "escalated preparing and going with", "creating skill", and "independent collaboration". However, this progression could be hampered if the psychiatric psychological well-being medical caretaker practitioner stopped using these approaches or moved from emergency clinic settings to community settings to begin a new role. If the assistance its good for work, the want to make a good team and good quality of services [17].

Requesting for assistance, "escalated preparing and going with", "creating skill", and "independent collaboration". Be that as it may, this movement could be impeded if the psychiatric psychological well-being medical caretaker practitioner quit utilizing these methodologies or shifted from emergency clinic settings to local area ones to begin a new position. Viable supervision is an essential component of students' expert turn of events. During the improvement of clinical management, the members' level of patient awareness and "self-other mindfulness" began with dread, progressed to become more understanding driven, and then extended toward reconciliation of an expert character. This is the outcome that supports the advisor's incorporated improvement model premise [18]. As a result, during the initial period of "intensive training and accompanying," detailed, positive, and, above all, supportive clinical supervision should be offered. Furthermore, procedures supporting more relaxed clinical supervision in distinct places during work hours must first be developed. During the clinical oversight advancement procedure, the members began with strong persuasive desires that changed in the middle stage and became steadier and more created in the final stage. Their motivation was influenced by unambiguous mediating conditions that advanced or hampered clinical management: "character attributes", "poor clinical management frameworks", "institutional clinical oversight strategy", and "relationship with clinical bosses" [19].

Powerful supervision is an essential component of learners' expert turn of events. During the improvement of clinical management, the members' level of patients' awareness and "self-other mindfulness" began with dread, progressed to become more understanding driven, and then extended toward reconciliation of an expert character. This is the outcome that supports the guide's included advancement model premise [20]. As a result, specific, positive, and, most importantly, robust clinical management should be provided at the outset in accordance with "serious preparation and going with." Furthermore, regulations encouraging more flexible clinical monitoring in distinct places during work hours must be established initially. During the clinical oversight improvement process, the members began with persuasive yearnings that fluctuated in the middle stage before becoming more consistent and produced in the final stage. Their motivation was influenced by unambiguous mediating conditions that advanced or hampered clinical management: "character attributes", "poor clinical management frameworks", "institutional clinical oversight strategy", and also "clinical bosses' relationship" [21]. The "sort of challenge-arranged" member was livelier in clinical management, and its impressive skill was discovered to improve in light of the fact that they had a fair transparency, scholarly craving, energy, and sympathy to help clients, which concurs with past discoveries. The past educational plan in South Korea included "escalated preparing and offering to the manager" and was efficiently overseen.

3.4. A personal and professional journey-online training to be a supervisor in professional nursing supervision [8]

A blended learning method is used in the course leadership and professional supervision in nursing. Blended learning is a combination of classic classroom approaches and more modern computer-mediated activities, with the innovative challenge being to conduct skills training in online tutoring. The course's theoretical curriculum included the nursing profession, nursing supervision, nursing value base, ethics, and methodologies, communication, group dynamics, and leadership, with a concentration on nursing supervision. Participation in a supervisory group (1st Semester) and practice in supervising groups (2nd-4th Semesters) were part of the practical training for registered nurses. The group composition stayed same throughout the semester. The training's goal was to build and reflect on personal leadership in supervising, planning, and assessment, based on the group members' particular needs and conditions, as well as the many phases of supervision [8].

The findings revealed that learning to be a professional online nursing supervisor was a personal and professional adventure, and that online tutoring was beneficial rather than detrimental. The findings are presented in a logical order; nevertheless, the participants' learning processes alternated during the course. They expected to learn how to coach themselves, to improve their communication skills, to solve personal problems, and to perceive new opportunities. They desired personal growth and wanted to understand their own strengths and weaknesses. They also expected to find internal balance [22].

They expressed how they felt chosen in certain ways and taking the course was an "ego boost" for them, providing them the opportunity to develop and undergo supervision themselves. They also called it a chance to slow down and reduce stress. Participants with prior supervisory experience had strong aspirations for their future development as supervisors. They indicated a desire to learn how to truly listen and step back, which they perceived as a difficulty in and of itself. They also wanted to improve their readiness, obtain supervision tools, and learn how to stand firm. Participants also showed a desire to assist others. They "wanted to learn how to help other people put words to their feelings," to ponder, and to have faith in themselves [23].

Nursing's mission is to deliver safe, and good standard of care. Nurses must strengthen their professional function as nurses through supervision in order to accomplish this. Today's nurses frequently operate alone in complex contexts with uncertain responsibilities; thus, access to supervision must be guaranteed. Based on our findings, we conclude that online tutoring can be used to learn how to become a supervisor. Implications include the fact that online tutoring makes the course more accessible to more registered nurses, which may lead to more RNs being provided supervision in the future [12]. In order to pursue online tutoring, it appears necessary to establish a social presence in this context. This can be accomplished by making available online places, organized activities that stimulate and support engagement, and discussions regarding social presence, as well as a firm engagement in interaction.

3.5. What about the supervisor? a phenomenographic study of clinical supervisors' role in student nurses' peer learning [24]

This viewpoint is further expanded by the category "stimulator," which recognizes the function of Please expand the full term of an acronym when it is mentioned for the first time (excluded from the main article). Other staff members, student interactions, and the clinical setting as a whole in defining and establishing the supervisor's standpoint. The type of "team player" is at the top of the hierarchy; they consider a wide range of variables, not just their own activities, as contributing to the peer learning community. Furthermore, it is considered that these elements—like the behaviors and attitudes of other employees—are dynamic and interconnected, continuously redefining the supervisor's function. The culture that team members foster for the ward as a whole has a higher impact on students' peer learning than anything they say or do directly with the students [25]. Each participant, as well as other members of the other professions (administrative nurses, supervising nurses, and assistant nurses), articulated the various levels of awareness in their own unique way. These layers of comprehension were linked dynamically rather than statically.

There was a certain amount of temporal flow, where supervision changed as students grew older and the supervisor-student connection consolidated. Additionally, there was temporal flow across a longer time span, with staff members who had worked on a student ward for a longer period of time tending to provide more responses that reflected the supervisor's perspective in the more inclusive categories. Even the staff members with the least amount of experience in a student ward, though, offered opinions in every category. The responses from participants on both wards and from all staff members are represented in the results. The three widest categories had the bulk of responses, and their distribution was fairly even.

There was a certain amount of temporal flow, where supervision changed as pupils grew older and the supervisor-student relationship solidified. Additionally, there was temporal flow across a longer time span, with staff members who had worked on a student ward for a longer period of time tending to provide more responses that reflected the supervisor's perspective in the more inclusive categories. Even the staff

members with the least amount of experience in a student ward, though, offered opinions in every category. The responses from participants on both wards and from all staff members are represented in the results. The three widest categories had the bulk of responses, and their distribution was fairly even [15]. According to earlier research, a supervisor's responsibilities in peer learning include helping students solve clinical problems, stepping back to offer support but still fostering student contact, creating activities that foster collaboration, and fostering student independence. In traditional learning environments, the supervisor has also been characterized as a facilitator who empowers students to be self-reliant and take ownership of their education [24].

3.6. Meta-supervision content in a nursing educational setting [10]

Clinical supervisors' emotions were a recurring theme in meta-supervision. Clinical supervisors frequently should consider their personal moods and emotions when supervising. A fearful or anxious feeling was the most prevalent one. The most frequently encountered problem was the so-called "case-draught," which refers to the lack of cases for group members to consider, as a result of which clinical monitoring is impossible and the clinical supervisors are deprived of material for the clinical supervision session. Occasionally, they experienced anxiety about separation and struggled to let go of the group. The fatigue of the clinical supervisor was another recurring theme in meta-supervision [26].

A sentiment that stems from years of overseeing and witnessing some groups as immature or undeveloped. The clinical supervisor then felt helpless to continue as a result. The clinical supervisors, who thought clinical supervision was an essential component of nursing education, were saddened by their sense of helplessness. In other sessions, the topic of getting agitated with some group members was discussed. Finally, because they have communicated something significant and have not received the response they had hoped for from the group, clinical supervisors may feel left out of supervising sessions and exposed [10].

Additionally, the findings only reflect one meta-supervisor's perception of the substance of metasupervision in the context of clinical supervisor supervision in a nursing education setting. If this study were to be conducted with clinical supervisors overseeing in a nursing context or in a different cultural one, it is uncertain whether the outcomes would remain the same. Examining the first author's involvement is crucial as well, as she served as the meta-supervisor who gathered the data. Given that this researcher's perception of the contents of each clinical supervision session exists, there may be some bias [1]. It is necessary to consider how a different meta-supervisor would have interpreted and understood these sessions. Additionally, since the meta-supervisor has a powerful function and can influence meta-supervision content in a variety of ways, it is highly possible that the content would be completely different if a different meta-supervisor was used [24].

3.7. The experiences of registered nurses supervising international nursing students in the clinical setting [27]

Registered nurses' supervisory experiences with international nursing students can be broadly categorized into four themes: i) communication; ii) supervision's role; iii) language and culture; and iv) the supervisor's sense of responsibility. It is noteworthy that although certain conclusions may have relevance for nursing students from both domestic and foreign backgrounds, they were derived from inquiries that were particularly linked to the oversight of abroad nursing students. According to the current study, supervisors discovered a lack of contact as well between universities and healthcare facilities [1]. This is a common result, as registered nurses often report receiving insufficient help from their superiors. The evidence of the supervisor role's self-development in the lack of adequate training and support indicates that many supervisors are operating inside vague, inadequately informed frameworks. This finding raises concerns given recommendations that strong relationships between academic institutions, healthcare facilities, and supervisors are necessary for successful clinical placements [27].

3.8. The nurse teacher's pedagogical cooperation with students, the clinical learning environment and clinical practicum supervision: a european cross-sectional study of graduating nursing students [28]

Experiences of graduating students with the nurse teacher's educational collaboration with students in increasing clinical learning of students (hereinafter, the cooperation of the nursing teacher), the clinical learning environment in terms of pedagogical atmosphere, the leadership style of the ward manager, and on-ward care facilities, as well as mentor supervision in their final clinical practicum, are essential. Scholarly Mentors assist students in their learning and evaluation processes by visiting with both nurses and students in clinical settings [28].

Ireland, on the other hand, is in a distinct position where nursing students are supervised by a clinical placement coordinator (CPC) as well as a nursing educator, even if the nurse teacher does not have a defined clinical role. As evidenced by a number of prior studies, the subscales supervisory connection and the

ward's pedagogical climate received the highest ratings among nursing students who were about to graduate. The aforementioned findings underscore the significance of the mentor-supervisor connection and the educational environment within the ward [29].

In the clinical learning setting and general nurses' supervisory experiences, there are significant variations between countries. These variations can result from national differences in how educational institutions and the participating nations implement their policies. It is noteworthy because the nursing and midwifery board of Ireland's (NMBI) Standards and Requirements set a lengthy 36-week duration for the final clinical practicum, making Ireland the only nation where this requirement was consistently met [30].

3.9. Impact of clinical supervision program on nursing students' achievement [31]

Having good clinical supervision is essential to the undergraduate nursing program. It does not merely allow students to apply what they've learned in the classroom to the real-world of practical nursing, but also functions as a socialization process, instilling expectations and behaviors in students. In addition to raising student accomplishment, which is still crucial in producing top-notch graduate students who will serve as the nation's leaders and labor force [31].

A key component of the undergraduate nursing program is effective clinical supervision. In addition to giving students opportunities to apply classroom theory to the clinical nursing field, it serves as a process of socialization that thoroughly instills expectations and habits in the students. Along with raising student accomplishment, which is still crucial in producing top-notch graduate students who will supply the nation with labor and leadership [32]. The study's findings demonstrated a highly statistically significant increase in clinical instructors' understanding of clinical supervision aspects both within the first three months following the program and beyond. Additionally, the clinical instructors demonstrated exceptional proficiency in their fields immediately following the training. This may be related to the fact that clinical instructors understood the value of clinical supervision sessions and how to make the procedure as realistic as possible by combining theory, practical skills, and patient engagement. They also knew that these sessions helped students develop empathy for patients, diagnose instructional issues, identify the benefits and drawbacks of their classroom performances, track students' understanding progress, and/or pinpoint areas in need of further development [33].

This could draw attention to the fact that the current educational program's execution was successful in raising the level of expertise among clinical instructors working on current studies. The educational program helps clinical instructors become proficient in clinical supervision content, capable in their line of work, autonomous, in charge of their work, self-directing, and equipped with strong clinical supervision knowledge and abilities to carry out their duties. Endorsed the study's findings and emphasized the need of educational programs for teachers so they can give student nurses the chance to advance their fundamental knowledge and abilities [25].

3.10. The clinical supervision model's effectiveness based on proctor theory and interpersonal relationship cycle [PIR-C] on the performance of nurses in documenting nursing care quality improvement [14]

Nursing service supervision benefits nurses by increasing feelings of support, decreasing professional isolation, reducing work and emotional stress, increasing job satisfaction and morale, and developing professional practice and support in practice. Additionally, nursing service supervision can strengthen the bonds between nurses and other nurses as well as between nurses and supervisors. The clinical supervision model of supervision for normative, formative, and restorative components can be used with a documentation format to promote process success and sustainability of supervision [14].

A helpful model for implementation and assessment techniques that guarantee the effectiveness of the monitoring process is Proctor's supervisory model. Proctor's three-function interactive model is gaining traction in the nursing field and is arguably the most often used supervision model in the United Kingdom. The only supervision model with instruments that have already received international validation is Proctor's supervision model. While supervision is divided into three domains: normative, formative, and restorative and the improvement in the quality of the supervisors' relationships through the implementation of the following steps: orientation, identification, exploration, and resolution, the clinical supervision model, which is based on proctor theory and the interpersonal relationship cycle, focuses on organizational, work-related, and individual aspects [34].

The purpose of implementing clinical supervision is to enhance the continuous nursing process in addition to ensuring that all nursing staff members carry out their responsibilities as best they can in accordance with the guidelines or directives. All nursing staff participates as subjects as well as objects in the supervisory activities. In nursing, supervision is used to make sure that activities are conducted in accordance with established standards and the organization's vision, mission, and goals. According to this research,

supervision is one of the aspects that affects performance. The process of monitoring all organizational processes to ensure that all work is completed in line with planned plans is known as supervision [1].

Relationship cycle between people (orientation, identification, exploration, and resolution) the implementing nurse's orientation in the formative component has encouraged her to impart information and skills to the nurses on working with other nurses to analyze situations and identify, clarify, and recognize problems that already exist. The exploitation stage allows the nurse to establish positive rapport with their supervisor and positive impression of their ability to address issues pertaining to nursing care documentation and advance their expertise. The resolution stage outlines how the supervisor and the executing nurse are working together to address the nurse's needs [35].

3.11. A qualitative study of clinical psychologists' experiences in cultivating reflective practice in trainee clinical psychologists during supervision [36]

Relationship cycle between people (orientation, identification, exploration, and resolution) the implementing nurse's orientation in the formative component has encouraged her to impart information and skills to the nurses on working with other nurses to analyze situations and identify, clarify, and recognize problems that already exist. The exploitation stage gives the nurse a chance to develop a positive rapport with their supervisor and a positive impression of their ability to address issues pertaining to nursing care documentation and advance their expertise. The resolution stage outlines how the supervisor and the executing nurse are working together to address the nurse's needs [36].

Three main types of supervision models have been identified: process-based models, psychotherapy models, and development models. In the last 20 years, competency-based models have grown in popularity and are being examined by practitioners, educators, and supervisors in the health-related professions training. Competency models' salient characteristics are around learning objectives, supporting data, and the range of disciplines and practices. As a result, reflective abilities are regarded as critical for the development of capable professionals who can self-assess their performance and pursue longlife learning [37].

It is critical for the development of reflective practice in trainee clinical psychologists to examine how this idea is interpreted and supported by licensed clinical psychologists who supervise trainees. According to several experts, reflective supervision is the most common and effective method of encouraging healthcare practitioners to employ reflective practice despite the fact that the concept of reflective practice was not fully grasped, and there is still doubt about how to encourage reflective practice. Considering how crucial it is to cultivate thoughtful practitioners.

The observation that interpersonal aspects of supervision are important and significant in supporting reflective practice emphasized the need of establishing an appropriate and conducive learning environment to promote the engagement of reflection. There isn't much research available right now on how to provide a secure and dependable environment that supports the growth of reflective practice. This study suggested several strategies for creating a secure environment for introspection, including establishing sensible boundaries, remaining appropriately directed and self-disclosing, acting as a curious supervisor, and employing humor when supervising. The discovery that interpersonal features of supervision are valuable and crucial in supporting reflective practice highlighted the need of establishing an appropriate and conducive learning environment to promote the engagement of reflection. There isn't much research available right now on how to provide a secure and dependable environment that supports the growth of reflective practice. This study suggested several strategies for creating a secure environment for introspection, including establishing sensible boundaries, remaining appropriately directed and self-disclosing, acting as a curious supervisor, and employing humor when supervising. It would seem that encouraging reflective practice while keeping trainee preferences in mind will benefit trainees' growth and have beneficial ramifications for training programs and placement agencies. Identifying the essential elements of reflective supervision— such as the characteristics and actions of a supervisor, as well as the structure and procedure of reflective supervision —and it is critical to incorporate them into professional trainings or educational programs across disciplines, regardless of supervisors' psychological posture or preference for specific supervision approaches.

3.12. Qualitative insights from nurse supervisors, managers, and supervisors on peer group clinical supervision [16]

For healthcare workers, clinical supervision is an essential part of successful professional practice. Proctor's model of supervision as shown in Figure 1 describes the formative, restorative, and normative aspects in clinical supervision. A peer group clinical framework was created based on this approach to support peer group clinical supervision meetings. Five guiding principles comprise this framework: i) providing clinical peer supervision to all nurses and midwives; ii) supporting patient care and best practices;

iii) taking care of the requirements of nurses and midwives; iv) encouraging ongoing practice development and professional learning; and v) assisting in the provision of high-quality patient care [16].

The peer group clinical supervision model was either supervisor-led or facilitator-led. Supervisees can discuss their experiences with peers and more in this structured paradigm, and they can also get comments from peers and seasoned clinical supervisors. It was thought that doing this would improve the caliber of the job and strengthen team dynamics. The benefits of general clinical supervision to the organization were also described as indirect and "something that will be seen in due course" (M1). The majority of supervisors felt that having employees that are more self-assured, autonomous, composed, and empowered will benefit the organization. Some even thought that peer group clinical supervision might assist lower the number of sick days that employees take [17]. A number of supervisees expressed the opinion that the benefits mentioned above would not have been achievable in the absence of supervisors leading peer group clinical supervision sessions. Supervisees described their supervisors using terms such as "peaceful," "empathetic," "well-grounded," "determinate," "fostering," "considerate to individual needs," and "capable of finding solutions to problems raised during peer group clinical supervision sessions." Furthermore, supervisees felt that the structured way in which supervisors led peer group clinical supervision sessions helped to keep them on target [38].

Peer group clinical supervision is a procedure that facilitates reflection on work, professional role, and interactions with colleagues for supervisees. Additionally, it provided a certain level of assistance to nurses who indicated that they required clinical supervision from peers, particularly lone workers in remote places. International literature has extensive documentation of comparable benefits from clinical supervision [39].

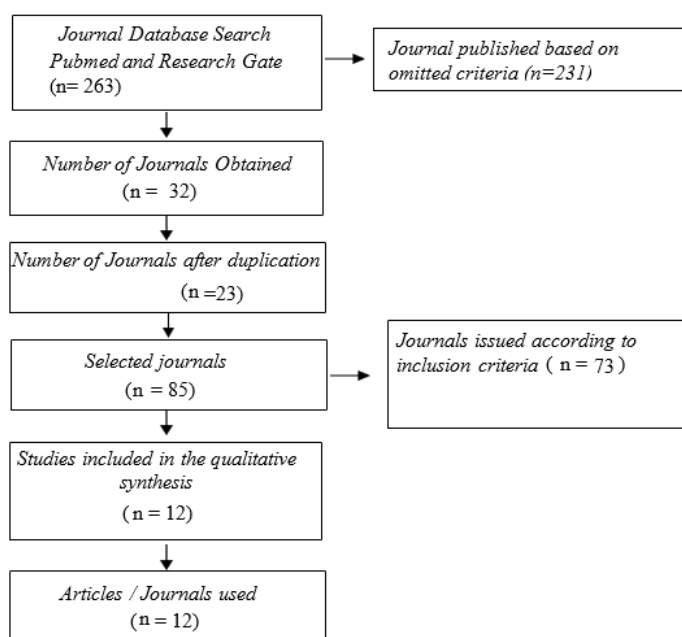


Figure 1. Prisma 2019 flow diagram

3.13. Experiences of supervisors on undergraduate nursing students' learning in clinical practice when caring and learning are applied as simultaneous processes in a caritative caring conceptual learning model (Part 2) [16]

Providing clinical faculty, nursing faculties, and supervisors with the necessary assistance for students to learn during clinical practice presents significant problems. Effective integration of theory into practice is a prerequisite for learning, and for undergraduate nursing students to acquire the necessary information and techniques in nursing and caring, cooperation between academic institutions and clinical placements is crucial [16].

This was thought to be beneficial for learning and for the pupils' comprehension of compassion. When meeting patients and working together to discover solutions to nursing and caring issues, the supervisors defined nurse education in practice as involving students being receptive to each other's feelings and ideas in the moment. It has been said that knowing how to take a compassionate approach—which entails

being transparent and receptive to the feelings of the patient—is crucial for therapeutic practice. Caring ethics and accountability are intimately associated, and a patient's sense of obligation comes from being a witness to their needs. Caring ethics and responsibility go hand in hand, and witnessing the needs of patients gives one a sense of responsibility for them [34].

According to the supervisors, nursing abilities improved when nurses collaborated while providing care for patients. Students mentored and instructed one another based on the experiences of their classmates in the past. The supervisors saw that the students learned practical skills and engaged in caring behaviors more regularly and organically when they were learning alongside one another, carrying out learning activities, and observing one another [1]. When given the opportunity to engage with one another, the students showed courage and improved their nursing abilities by learning how to prioritize nursing activities and assessments. It was thought that the chance for students to concentrate on a small number of patients was significant since it allowed them more time to choose priorities [25].

4. DISCUSSION

Professional competence may be acquired by health care workers and students through guided inquiries and self-reflection as part of the recognized process of professional support and learning known as professional supervision. The term is used in a variety of settings and with a variety of concepts, tactics, and procedures. Furthermore, it is synonymous with expressions such as "guided supervision" and "clinical supervision." According Leisubun *et al.* [40] supervision helps nurses feel supported by their colleagues, decreases stress, and promotes professional accountability. The nursing course Leadership and Professional Supervision is taught using a hybrid learning method. The term "blended learning" refers to a group of learning scenarios that combine classic classroom approaches with modern computer-mediated assignments, with the creative challenge being to provide online tutoring skills training [26].

According to the findings, the content was mostly focused on instructional aspects and psychological components emerging from scenarios experienced by clinical supervisors during their clinical supervision [12]. Nursing was covered in the content lifted by clinical supervisors in meta-supervision, although it was not a significant component [15]. Every type of supervision is a learning experience that includes both practical and emotional aspects. It raised clinical supervisors' awareness of their responsibilities. In clinical supervision and helped them comprehend the relational perspectives in clinical supervision. It also assisted clinical supervisors with the important and educational parts of the procedure. Clinical supervisors did not show any support when given the opportunity to present theoretical perspectives on the subject of meta-supervision [32].

It is worth noting that there is a strong desire for in-person supervision, and that distance monitoring may be viewed as a barrier to effective supervision [41]. According to our findings, individuals felt more exposed in an unfamiliar context that might offer opportunities for growth. They were pretty self-centered and astonished to learn about the training. As a result, they were afraid, distrustful, and restless. They did, however, learn to value being tested in a secure setting, as well as supporting one another and exchanging expertise [2]. The clinical supervisor-supervisee connection is critical to successful clinical supervision, and the value of this relationship grows with time. According to the current study's findings, the most important factor was getting to know a capable clinical supervisor (a connection with clinical supervisors) [42]. A fellow-group-conducted clinical supervision connection developed from spending time with two to three qualified clinical supervisors [29].

The supervisors reflected on, expressed, and modeled the care they provided in various circumstances, using the framework to help students see and comprehend their own nursing practice's complexities. Supervisors are essential to the nursing learning process because their students look up to them as role models and act as a source of inspiration for them to get insight into the industry. Supervisors may be able to use the framework as a supplementary tool to describe their own practice and demonstrate what nursing care includes [43]. According to the supervisors, the framework aided students in developing their professional identities by encouraging critical thinking about personal nursing practice and having students consider what they observed the supervisor doing. According to research, newly minted nurses struggle to develop and embrace their professional identities [44]. This is critical for their role development and sense of self, which may eventually influence how they practice nursing. Using the framework to promote and generate thinking about what nursing is and demands based on a supervisor's own behaviors is one strategy for assisting students obtain a grasp of the complexity of nursing and, eventually, the development of a professional identity [34].

Reflection research has been conducted for over 150 years and is seen as essential to longlife learning. First, establish and present the concept of reflective thinking. Consider any belief or alleged kind of knowledge "actively, persistently, and carefully in light of the grounds that support it and the further

conclusions to which it tends" when engaged in reflective thinking [45]. In order to develop reflective practice in technical clinical supervision nurses, it is crucial to investigate how licensed clinical psychologists who supervise trainees interpret and support this idea [46]. Supervisors thought reflective frameworks were a great help in helping to further comprehend the idea of reflective practice [47]. The application of learned knowledge in practice was made simpler with the use of general reflective models like those developed by Kolb, Gibbs, and Schön [48]. Regardless of a supervisor's psychological attitude or preference for certain supervision models, identifying the core principles of reflective supervision is crucial — like supervisor's characteristics and behaviors, as well as the structure and technique of reflective supervision—and incorporate them into cross-disciplinary professional training or education programs [49]. A minority of participants, however, believed that some total clinical placement systems were still struggling with reflective practice in their last year of training, and that there was no evident association between the training stage and the degree of engagement. Supervisors would benefit from monitoring the cultivation of reflective practice and modifying the promotion of reflective abilities depending on trainees' level of comfort with engagement, especially in the face of opposing viewpoints and limited reflective abilities. This could be done during supervision by measuring the level of reflection using standardized evaluation tools such as the Self-Reflection and Insight Scale and the Reflective Questionnaire [29]. According to the study, the primary impediments to self-reflection include focusing excessively on the technical aspects of therapeutic practice, time limits, high stress levels, and a lack of understanding. Earlier research has found similar impediments to self-reflection. These deficiencies include a deficiency in metacognitive abilities, self-monitoring and self-evaluation are two examples, as well as a lack of awareness and desire [35].

Proctor's supervisory model is an excellent model for implementation and evaluation approaches that ensure the effectiveness of the monitoring process. The goal of instituting clinical supervision is to strengthen the continuous nursing process and to guarantee that every member of the nursing staff does their duties to the best of their abilities in accordance with the rules or orders. All nursing staff members participate in supervision activities as both subjects and objects [50]. In the field of nursing, supervision is employed to guarantee that actions are carried out in accordance with established standards and the vision, purpose, and goals of the organization. According to this study, one of the factor's influencing performances is supervision. Supervision is the discipline of monitoring all organizational activities to ensure that all work is accomplished in accordance with planned plans [30].

5. CONCLUSION

Reflective supervisions (including a supervisor's traits and actions, moreover, the structure and procedure of reflective supervision) and use them in professional trainings or even in educational programs that cut over academic boundaries. Peer group clinical supervision is a procedure that facilitates reflection on work, professional role, and interactions with colleagues for supervisees. Additionally, it provided some level of assistance to nurses who indicated that they required clinical supervision from peers in groups, such as lone workers in remote places. Extensive international literature has proven.

The only supervision model with instruments that have already received international validation is Proctor's supervision model. The supervisory domain can be separated into three categories: normative, formative, and restorative and the improvement in the quality of relationships between supervisors and supervisees by implementing the four steps of orientation, identification, exploration, and resolution. The clinical supervision approach, on the other hand, is based on proctor theory and the interpersonal interaction cycle and emphasizes organizational, work characteristic, and individual aspects.

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