

CLINICAL SUPERVISION IN NURSING: A QUALITATIVE STUDY ON THE DIFFICULTIES OF NURSE SUPERVISORS

Supervisão clínica em enfermagem: estudo qualitativo sobre as dificuldades dos enfermeiros supervisores

Supervisión clínica en enfermería: estudio cualitativo sobre las dificultades de los enfermeros supervisores

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ABSTRACT

Background: clinical training of nursing students plays a crucial role in professional development, making it essential to understand the difficulties associated with the clinical supervision. **Objectives:** to characterize the model used to supervise nursing students during clinical training; to map constraints and challenges experienced in the supervision process; and to analyze the contribution of clinical supervision to the development of students' competencies. **Methodology:** this study adopts a qualitative exploratory approach, involving a sample of 10 nurse supervisors working in healthcare institutions in the Lisbon and Tagus Valley region. Data were collected through a focus group and analyzed using thematic content analysis. **Results:** the findings revealed three main categories: models of student supervision in clinical settings, difficulties in the clinical supervision process, and contributions of clinical supervision to competency development, as well as suggestions for improving the supervisory process. **Conclusion:** clinical supervision is a complex process influenced by organizational, pedagogical, and relational factors, requiring investment in supervisors' training, recognition of this role, and the promotion of care contexts that support learning, to improve the quality of both education.

Keywords: nursing; education, nursing; professional competence; students, nursing

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RESUMO

Enquadramento: a formação dos estudantes de enfermagem em contexto clínico assume um papel determinante, sendo essencial compreender as dificuldades associadas ao processo de supervisão clínica. **Objetivos:** caracterizar o modelo de acompanhamento dos estudantes de enfermagem durante o ensino clínico; mapear constrangimentos e desafios sentidos no processo de supervisão; analisar o contributo da supervisão clínica para o desenvolvimento de competências dos estudantes.

Metodologia: este estudo adota uma abordagem qualitativa de natureza exploratória, tendo como amostra 10 enfermeiros (supervisores), que exercem funções em instituições de saúde da região de Lisboa e Vale do Tejo. A recolha de dados foi realizada através de um *focus group* e os dados analisados por análise de conteúdo temática. **Resultados:** os resultados evidenciaram três categorias principais: modelo de acompanhamento dos estudantes em contexto clínico, dificuldades no processo de supervisão clínica e contributos da supervisão clínica para o desenvolvimento de competências, bem como sugestões de melhoria do processo superviso. **Conclusão:** a supervisão clínica constitui um processo complexo, influenciado por fatores organizacionais, pedagógicos e relacionais, exigindo investimento na formação dos supervisores, na valorização desta função e na promoção de contextos de cuidados favorecedores da aprendizagem, com vista à melhoria da qualidade da formação.

Palavras-chave: enfermagem; educação em enfermagem; competência profissional; estudantes de enfermagem

RESUMEN

Marco contextual: la formación de los estudiantes de enfermería en contexto clínico desempeña un papel determinante en el desarrollo profesional, siendo fundamental comprender las dificultades asociadas al proceso de supervisión clínica. **Objetivos:** caracterizar el modelo de acompañamiento de los estudiantes de enfermería durante la formación clínica; identificar las limitaciones y desafíos del proceso de supervisión; y analizar la contribución de la supervisión clínica al desarrollo de competencias de los estudiantes. **Metodología:** este estudio adopta un enfoque cualitativo de carácter exploratorio, con una muestra de 10 enfermeros supervisores que trabajan en instituciones sanitarias de la región de Lisboa y Valle del Tajo. La recogida de datos se realizó mediante un focus group y el análisis se llevó a cabo mediante análisis de contenido temático. **Resultados:** los resultados evidenciaron tres categorías principales: modelos de acompañamiento de los estudiantes en contexto clínico, dificultades en el proceso de supervisión clínica y contribuciones de la supervisión clínica al desarrollo de competencias, así como propuestas de mejora del proceso superviso. **Conclusión:** la supervisión clínica constituye un proceso complejo, influenciado por factores organizativos, pedagógicos y relacionales, que requiere inversión en la formación de los supervisores, la valorización de esta función y la promoción de contextos de cuidados que favorezcan el aprendizaje, con el fin de mejorar la calidad de la formación.

Palabras clave: enfermería; educación en enfermería; competencia profesional; estudiantes de enfermería

INTRODUCTION

Clinical supervision in nursing is a complex pedagogical and relational process that is essential to healthcare education, involving three key stakeholders: nursing students, nurses (supervisors) and lecturers. This process plays a central role in the development of clinical skills, particularly in terms of clinical reasoning, decision-making, therapeutic communication and teamwork, and is equally important in providing emotional support to students, helping to reduce the stress and anxiety associated with clinical training (Karaduman et al., 2022; Lee et al., 2023; Madhavanprabhakaran et al., 2023).

The supervision of students in a clinical setting is thus a fundamental element of learning, promoting the development of critical thinking and the integration of theory and practice, based on ethical and professional principles that underpin the quality of nursing care (Fathi & Ibrahim, 2023; Rodríguez-Leal et al., 2023).

However, clinical supervision takes place in demanding and dynamic contexts, making it essential to understand the difficulties associated with this process, particularly from the perspective of supervising nurses. Identifying these difficulties enables the optimisation of teaching strategies, improves the quality of supervision, and contributes to the development of students' clinical skills, with a direct impact on the quality of care provided (Karaduman et al., 2022; Rodríguez-Leal et al., 2023).

In this regard, it is essential to analyse not only the difficulties faced by students in clinical settings, but also the constraints experienced by supervising nurses in the exercise of supervision, particularly regarding coordination between educational institutions and health services, the workload, and pedagogical

preparation for the role (Fathi & Ibrahim, 2023; Franco & Milão, 2020).

This study is grounded in the qualitative paradigm, aiming to understand the difficulties and challenges perceived by supervising nurses in the clinical supervision process within a clinical teaching context. To this end, the focus group technique was employed as a data collection strategy, which allows for an in-depth and contextualised exploration of participants' experiences and perceptions, followed by content analysis of the data obtained.

BACKGROUND

There are numerous studies that seek to define the role of the supervisor in a clinical teaching context, recognising that it is a demanding and multifaceted role that requires a specific set of skills. The supervisor must demonstrate a willingness to interact with the various stakeholders in the training process, as well as communication skills, active listening, empathy, critical thinking and the ability to support problem-solving in a clinical context (Lee et al., 2023; Longo & Moutinho, 2022).

Despite the different conceptual approaches and the characteristics attributed to the supervisor, difficulties persist in organising clinical teaching settings, particularly in providing settings suited to students' training needs. The scarcity of clinical settings, combined with the growing complexity of healthcare, the integration of advanced technologies and the coordination between multiple healthcare professionals, poses a significant challenge to the clinical supervision process (Fathi & Ibrahim, 2023; Johannessen et al., 2021).

In recent years, the demands associated with the role

of the supervisor have also intensified, in line with the changes that have taken place in education systems and healthcare settings. The changes resulting from the reorganisation of curricula, particularly following the Bologna Process, have necessitated the adaptation of teaching strategies and clinical supervision models, reinforcing the need for integration between theory and practice (Karaduman et al., 2022; Rodríguez-Leal et al., 2023).

The supervision of students in clinical settings is widely recognised as a fundamental element for the personal and professional development of future nurses, contributing to the promotion of safety and quality of care. This centrality is reinforced by regulatory bodies and accreditation processes, which value clinical supervision as a cornerstone of nursing education (Madhavanprabhakaran et al., 2023; Ordem dos Enfermeiros, 2020).

Identifying the challenges associated with the clinical supervision process enables the development of improvement strategies, leading to better learning outcomes and the development of skills essential to professional practice. Clinical teaching plays a key role in this context, enabling students to develop skills in a real-life care setting, as part of multidisciplinary teams and in direct contact with patients (Fathi & Ibrahim, 2023; Rodríguez-Leal et al., 2023).

Nursing education also plays a decisive role in the development of critical thinking, problem-solving skills and clinical decision-making. It further contributes to the development of communication and care management skills, promoting an understanding of clinical situations and reinforcing students' sense of self-efficacy, self-esteem and self-confidence (Lee et al., 2023; Madhavanprabhakaran et al., 2023).

In this context, it is essential to understand the difficulties and challenges faced by supervising nurses in the clinical supervision process, in order to contribute to the improvement of training practices and the quality of care.

METHODOLOGY

In order to understand the experiences and perceptions of nursing supervisors regarding clinical supervision (CS) in a clinical teaching context, an exploratory qualitative approach was adopted. This approach allows for a deeper understanding of the meanings attributed by participants to their experiences, and is particularly suited to the study of complex phenomena in real-world contexts (Braun & Clarke, 2021; Moser & Korstjens, 2018).

The research was guided by the following specific objectives: i) to characterise the model of support for nursing students during clinical education; ii) to map constraints and challenges experienced in the supervision process; iii) to analyse the contribution of clinical supervision to the development of students' competencies.

Data collection took place on 6 June 2024, via an online focus group (Zoom platform), lasting approximately 90 minutes. This technique is widely used in qualitative research, allowing for the exploration of perceptions, experiences and interactions among participants (Krueger & Casey, 2015; Nyumba et al., 2018).

The focus group comprised ten supervising nurses who work in healthcare institutions in the Lisbon and Tagus Valley region and who are involved in supervising students in a clinical teaching setting. The following inclusion criteria were defined: i) more than two years' professional experience; ii) involvement in the clinical

supervision of students; iii) willingness to participate in the study. The composition of the group took into account the principle of information saturation, given that the richness and redundancy of the data obtained in the focus group enabled the study's objectives to be met.

The focus group guide was developed based on the study's objectives and the scientific literature, comprising ten guiding questions. The guide was submitted for review to two experts in the field of clinical supervision and qualitative research, to assess the clarity, relevance and appropriateness of the questions. Subsequently, a pre-test of the guide was conducted with three nurses experienced in clinical supervision, with the aim of assessing the comprehensibility, relevance and applicability of the questions, which allowed for minor adjustments to be made prior to its implementation.

The aim of the literature review was to identify current scientific evidence on clinical supervision in nursing, difficulties in the supervisory process and associated pedagogical strategies, to inform the development of the focus group guide and the interpretation of the results.

The data were analysed using thematic content analysis, following the stages of coding, categorisation and interpretation of the data (Bardin, 2011; Braun & Clarke, 2021). The categorisation process involved floating reading, defining units of record, initial coding and the inductive construction of categories and subcategories based on the data.

To ensure methodological rigour, the quality criteria proposed by Lincoln and Guba (1985) were considered: credibility, transferability, consistency and confirmability.

The data were categorised by the principal investigator, with independent validation by two researchers experienced in qualitative analysis, thereby reinforcing the consistency of the analytical process and fidelity to the participants' narratives. The analysis was carried out manually, without the use of qualitative analysis software.

Prior to the focus group, participants were informed about the study's objectives, confidentiality conditions, the voluntary nature of participation, and authorisation to record the session. Informed consent was obtained from all participants, ensuring voluntary participation, the right to withdraw at any time, and the confidentiality of the data collected. The study received approval from an Ethics Committee, ensuring compliance with the ethical principles of health research.

To ensure anonymity, each participant was assigned an alphanumeric code (e.g. S1, S2); no identifying details were recorded in the transcripts, thereby safeguarding the participants' identities.

RESULTS

The study included ten clinical supervisor nurses, each with more than two years' experience in supervising students in a clinical teaching setting. These professionals work in various healthcare institutions located in the Lisbon and Tagus Valley region, all of which have established agreements with higher education institutions that authorised the conduct of this study.

Content analysis of the focus group transcripts, conducted using a qualitative approach, identified three main categories consistent with the objectives outlined for this research. These categories are

organised into specific subcategories, emerging from the empirical data, and are systematised in Table 1. This structure enabled the participants' contributions to be clearly organised, highlighting both the

facilitating factors and the constraints of supervisory practice, as well as proposals for its future development.

Table 1

Categories and subcategories emerging from content analysis

Categories	Subcategories
Student support model	Shared management model
	Clinical Facilitator Model
Challenges in the clinical supervision process	Role of the Supervisor
	Supervisory relationship
	Supervisory Process
	Student characteristics
	Clinical Teaching Context
Contributions from clinical supervision	Skills development
Suggestions for improving the supervisory process	Improvements to the training process

The results presented in Table 1 are discussed below, in accordance with the categories identified.

With regard to the model for supervising students in clinical training, two main models emerged: the shared management model and the clinical facilitator model. The shared management model is characterised by collaboration between different stakeholders in the training process, promoting greater coordination between educational institutions and clinical settings. In turn, the clinical facilitator model shows a greater focus on the supervising nurse, who assumes a predominant role in guiding the student.

The difficulties identified by the participants are spread across different components of the supervisory process. Regarding the supervisor's role, constraints related to insufficient supervision of students, a lack of specific pedagogical training, and inexperience in supervisory

duties were highlighted.

In the relational component, difficulties were reported relating to limited communication and the fragility of the bond between those involved. With regard to the supervisory process, the inadequacy of clinical teaching objectives, the short duration of placements and limitations in the assessment processes were highlighted.

Difficulties associated with student characteristics were also identified, particularly regarding attitudes, as well as constraints related to clinical teaching contexts, including a shortage of places and the distance between institutions.

Participants acknowledged various benefits of clinical supervision, particularly in the development of technical, relational and organisational skills. The role of supervision in promoting professional responsibility,

emotional management and the ability to adapt to complex clinical contexts was also highlighted.

With regard to suggestions for improving the supervisory process, participants highlighted the need to review study plans, increase the duration of clinical training, strengthen feedback to students and invest more in pedagogical strategies, such as case studies and simulated practice.

DISCUSSION

The results of this study show that clinical supervision in nursing is a complex process, influenced by organisational, pedagogical and relational factors. This complexity is widely recognised in the literature, which highlights the existence of weaknesses, contradictions and ambiguities associated with the different contexts, actors and processes involved (Franco & Millão, 2020; Longo & Moutinho, 2022). The findings reinforce this perspective by highlighting constraints related, on the one hand, to organisational conditions and, on the other, to the coordination between stakeholders. Overall, the results highlight constraints at the organisational, relational and pedagogical levels, as well as the coexistence of different forms of clinical supervision organisation.

At the organisational level, a key issue is the limited time available for student support, coupled with the burden of care, which can hinder closer and more systematic support. At the same time, the coordination between the school and the clinical setting emerges as a demanding aspect of the process, requiring continuous communication between the various stakeholders. Although such coordination exists, the data suggest that it is not always easy to implement consistently, which may pose an additional challenge

in the supervisory process. These findings are supported by the literature, which highlights the influence of organisational conditions and the teaching-service link on the quality of clinical supervision (Franco & Millão, 2020; Lee et al., 2023; Longo & Moutinho, 2022).

With regard to the model for supporting students in clinical training, participants describe different ways of organising supervision, although they do not use conceptual terminology to characterise them. The practices described — namely the coordination between educational institutions and clinical settings, the sharing of responsibilities and regular communication between stakeholders — are similar to the shared management model described in the literature. This lack of explicit reference may be linked to the fact that supervisors do not use theoretical language when describing their practices, even though these fit within recognised conceptual models. This is evident in the participants' narratives, which refer to moments of coordination and joint monitoring, namely: "...exchanging phone numbers... meetings... at the beginning, in the middle and at the end..." (S5), as well as the identification of specific points of contact between institutions: "...knowing who is responsible... who the supervisor is..." (S9). These findings corroborate those of other studies that highlight the importance of inter-institutional collaboration in promoting coherence between curricular objectives and clinical practice (Amaral & Figueiredo, 2022; Santos & Jayasekara, 2020).

On the other hand, there are also descriptions that can be likened to the clinical facilitator model, albeit less frequently. In these situations, the supervisory process centres on a professional who combines clinical and

teaching roles, whilst simultaneously ensuring the student's support and assessment. This arrangement may promote continuity in the training process and greater proximity to the student, as the same individual oversees the entire clinical pathway. This is suggested in narratives such as: "...as I belong to the school and the institution... it is all our responsibility..." (S7), highlighting the integration of roles within a single professional.

With regard to the difficulties encountered in the clinical supervision process, the results highlight constraints in various aspects of the supervisory process, relating to the role of the supervisor, the supervisory relationship, the supervisory process itself, the characteristics of the students, and the conditions of the clinical teaching environments.

With regard to the role of the supervisor, difficulties arise in relation to the simultaneous management of clinical and training duties, as well as pedagogical preparation for the exercise of supervision. These aspects are widely cited in the literature as factors affecting the quality of student supervision, particularly in high-pressure settings (Karaduman et al., 2022; Lee et al., 2023). Participants highlight these limitations by stating that "...sometimes we don't have much time to support students..." (S5) and that "...we should have more time to support students..." (S8), revealing the tension between clinical demands and the supervisor's pedagogical role.

With regard to the supervisory relationship, the data suggest challenges in communication and in establishing a consistent pedagogical bond, particularly when student engagement is low. The literature highlights that the quality of the supervisory relationship, based on trust, closeness and feedback, is

crucial to the success of learning in a clinical context (Franco & Millão, 2020; Rodríguez-Leal et al., 2023). However, participants report difficulties associated with students' attitude and motivation, namely "...students who aren't there to do much..." (S2) or who resist guidance, which can compromise the pedagogical dynamic and the effectiveness of the supervisory process.

With regard to the supervisory process, constraints have been identified relating to the integration of theory and practice, the alignment of clinical teaching objectives, and the assessment tools used. These aspects highlight difficulties in applying knowledge in real-world contexts, and are frequently cited in the literature as challenges in nursing education (Fathi & Ibrahim, 2023; Johannessen et al., 2021). Participants illustrate these difficulties by stating that "...theory does not align with practice..." (S3) and that students "...are not comfortable with knowledge considered basic" (S3), highlighting weaknesses in the integration of theoretical knowledge into clinical practice.

With regard to the characteristics of the students, difficulties arise in relation to their attitudes, motivation and ability to apply knowledge to real-life care situations. These factors can directly influence the supervision process, requiring supervisors to constantly adapt their teaching strategies. Participants mention, for example, that "...students had much more responsibility... in the past..." (S1) and that "...they have great difficulty in linking knowledge and transferring it to practice..." (S6), which suggests challenges in terms of professional maturity and the application of skills. These findings are consistent with the literature, which highlights the variability in students' characteristics as a critical factor in the clinical supervision process

(Peixoto et al., 2022).

Finally, in the context of clinical training, structural constraints stand out, such as a shortage of places, the quality of training settings and service overload. These factors limit the time available for supervision and the diversity of training experiences, and are widely cited in the literature as barriers to the effectiveness of clinical supervision (Lee et al., 2023; Prados et al., 2021). Participants' narratives highlight these limitations, particularly when they refer to "...a shortage of quality placements for clinical teaching..." (S10) and difficulties in the distribution of students "...sometimes the distribution of students among supervisors is difficult" (S8), which may compromise the equity and quality of learning experiences.

With regard to the contributions of clinical supervision, the results highlight its central role in the development of technical, interpersonal and organisational skills. The literature confirms that clinical teaching constitutes a privileged space for the integration of knowledge and the development of clinical reasoning (Augusto et al., 2021; Marques et al., 2021). Participants highlight the importance of practical experience in consolidating learning, noting that "...clinical teaching gives them the opportunity to apply their knowledge to real-life situations..." (S4), as well as exposure to different contexts and professionals: "...contact with patients... with diverse experiences... with other realities... that is essential..." (S1). Nevertheless, the data do not allow for a detailed exploration of the specific mechanisms involved in the development of these skills, particularly with regard to the teaching strategies used by supervisors.

With regard to suggestions for improving the supervision process, participants highlight the need to

review the curricula, ensure greater integration between theory and practice, and strengthen active teaching strategies. These recommendations are supported by the literature, which highlights the importance of student-centred methodologies, such as case studies and simulated practice, for the development of complex skills (Peixoto et al., 2022; Rocha et al., 2019). The importance of continuous feedback is also highlighted, with one participant noting that "...at the end of the week... give feedback... so they can improve later..." (S2), reinforcing the role of formative monitoring of learning.

Overall, the results of this study reinforce the need for an integrated approach to clinical supervision, which takes into account not only pedagogical aspects, but also organisational conditions and coordination between institutions. Improving clinical supervision requires investment in the pedagogical training of supervisors, in valuing this role, and in creating conditions that enable effective support for students, as well as the promotion of care settings that foster learning, facilitating students' integration into teams and the progressive development of skills.

Despite the contributions of this study, it is nevertheless important to acknowledge certain limitations. The use of a single focus group limits the generalisability of the results, although it does allow for an in-depth understanding of the participants' perceptions. Furthermore, the data obtained do not allow for an in-depth exploration of certain aspects of the supervisory process, namely the pedagogical strategies employed by supervisors and their effectiveness, highlighting the need for further research.

CONCLUSION

This study has provided an insight, from the perspective of clinical supervisors, into the complexity of the clinical supervision process in nursing, highlighting the influence of organisational, pedagogical and relational factors on its implementation.

The results demonstrate that, despite changes in higher education and care settings, clinical supervision continues to face significant challenges, particularly regarding coordination between educational institutions and clinical settings, the workload of supervisors, and the alignment of training processes with the demands of practice. These constraints reinforce the need to rethink the organisation and support of the supervisory process.

Furthermore, the findings highlight difficulties associated with integrating theory and practice, as well as with adapting teaching strategies to students' characteristics, which calls for a more flexible approach centred on learning within a clinical context.

In this regard, it is important to emphasise the need to strengthen the pedagogical training of clinical supervisors, as well as to enhance the status of this role within healthcare and educational institutions. Equipping supervisors with the skills for reflective and pedagogical supervision is essential for promoting more effective and sustainable learning processes. At the same time, it is vital to foster greater coordination between educational institutions and healthcare settings through communication strategies and joint planning, which promote consistency in training and the quality of the clinical teaching experience.

Overall, the results of this study underscore the need for an integrated approach to clinical supervision, one

that takes into account not only pedagogical aspects but also the organisational and relational conditions that underpin it. Fostering care settings that promote learning, combined with investment in the training and development of supervisors, is a key element in the development of students' clinical, relational and professional skills.

This study contributes to an understanding of the dynamics of clinical supervision in nursing, highlighting critical areas for intervention and contributing to the improvement of training processes in clinical settings.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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