ESCOLA SUPERIOR DE ENFERMAGEM DO PORTO

Curso de Mestrado em Supervisão Clínica em Enfermagem

PROGRAMAS SUPERVISIVOS IMPLEMENTADOS PELO ENFERMEIRO AO CUIDADOR NA COMUNIDADE: A SCOPING REVIEW

SUPERVION PROGRAMS IMPLEMENTED BY NURSES TO CAREGIVERS IN COMMUNITY: A SCOPING REVIEW

DISSERTAÇÃO

Inês Martins Moreira

Porto, 2024

ESCOLA SUPERIOR DE ENFERMAGEM DO PORTO

Curso de Mestrado em Supervisão Clínica em Enfermagem

PROGRAMAS SUPERVISIVOS IMPLEMENTADOS PELO ENFERMEIRO AO CUIDADOR NA COMUNIDADE: A SCOPING REVIEW

Dissertação orientada pela Professora Doutora Margarida Reis Santos e coorientada pela Professora Doutora Regina Pires

Porto, 2024

"A experiência é o nome que damos aos nossos erros."

Oscar Wilde

Dedico este trabalho,

Aos meus avós e aos meus pais por todo o apoio e amor...

Ao meu Gonçalo por ser sempre o meu porto seguro e a minha maior inspiração!

AGRADECIMENTO

Foram vários os desafios encontrados ao longo da realização desta Dissertação. Por conseguinte, quero expressar o meu agradecimento a todos os que me acompanharam e contribuíram para a sua realização. Quero assim, dirigir-me de forma muito especial:

À Professora Doutora Margarida Reis Santos, agradeço a orientação e suporte ao longo deste percurso académico. Agradeço toda a disponibilidade, toda a exigência, a partilha de conhecimentos e experiências, o apoio incondicional, a motivação e o carinho com que sempre me tratou. Obrigada por ter sempre uma palavra de incentivo e por me ajudar no meu crescimento pessoal e profissional.

À Professora Doutora Regina Pires, agradeço ter aceite coorientar esta Dissertação. Agradeço por todo o seu contributo que foi fundamental, agradeço toda a disponibilidade, sinceridade, carinho, motivação, bem como todos os conhecimentos partilhados.

Ao Professor Doutor Mauro Mota, agradeço ter aceite integrar este projeto. O seu contributo nesta Dissertação foi enriquecedor. Obrigada pela sua disponibilidade, pelos conhecimentos partilhados, pelo incentivo e motivação.

À colega Márcia Coelho, agradeço teres aceite integrar este projeto. Foste fulcral ao longo de toda esta jornada. A tua ajuda e a tua calma foram essenciais em todos os momentos. Obrigada por toda a tua disponibilidade e por todo o carinho sempre.

Aos meus pais e aos meus avós por toda a compreensão, por todas as oportunidades que me propocionaram, por acreditarem sempre em mim e por nunca me deixarem desistir.

Ao meu Gonçalo que é amor e luz na minha vida, que é o meu maior pilar e que é quem me inspira a ser mais e melhor todos os dias. Obrigada por todo o amor, todo o carinho, por toda a força e por acreditares sempre em mim mesmo quando

eu não acreditava. Obrigada por seres o melhor companheiro desta aventura que é a vida. Obrigada por tornares a minha vida mais bonita.

Aos meus colegas do Curso de Mestrado em Supervisão Clínica em Enfermagem, agradeço a amizade e a partilha de saberes e experiências.

Às minhas amigas por todo o incentivo e toda a amizade.

A todos o meu sincero obrigada.

RESUMO

Introdução: O envelhecimento populacional resulta num aumento da prevalência das doenças crónicas, o que acentua o aumento do número de cuidadores informais e por consequência a necessidade de investir na sua formação. Os programas supervisivos implementados pelo enfermeiro ao cuidador contribuem para a sua capacitação e para a promoção da qualidade e segurança na prestação de cuidados.

Objetivo: Mapear os programas supervisivos implementados pelo enfermeiro ao cuidador na comunidade.

Métodos: O estudo seguiu a metodologia do Instituto Joanna Briggs para *scoping reviews*. Foram considerados estudos publicados e não publicados em inglês, português e espanhol, desde 1993, sobre programas supervisivos implementados por enfermeiros a cuidadores na comunidade no sentido de promover a qualidade e segurança dos cuidados.

Resultados: Foram incluídos no estudo nove artigos. Os programas supervisivos comprovam a importância da supervisão clínica e através das sessões de educação e de treino é possível capacitar o cuidador para a prestação de cuidados seguros e eficazes. As caraterísticas dos programas supervisivos era variável e o contexto mais frequente de implementação é o domicílio.

Conclusão: Os programas supervisivos são um elemento essencial na formação e capacitação dos cuidadores para a prestação de cuidados. São importantes para aprimorar habilidades técnicas e interpessoais e para garantir a qualidade e segurança dos cuidados prestados. Investir no desenvolvimento de programas supervisivos para o cuidador é fundamental para uma saúde mais humanizada, refletindo diretamente na melhoria dos cuidados que prestam e no bem-estar da população.

Palavras-chave: Programa; Supervisão Clínica; Enfermeiro; Cuidador.

ABSTRACT

Introduction: The aging of the population results in an increase in the prevalence of chronic diseases, which accentuates increased number of informal caregivers and by consequence their need for training. The supervisory programs implemented by the nurse for the caregiver contribute to their training and to the promotion of quality and safety in the provision of care.

Objective: To map the supervisory programs implemented by nurses for caregivers in the community.

Methods: The study followed the methodology of Joanna Briggs Institute guidelines for scoping reviews. Published and unpublished studies in English, Portuguese, and Spanish, have been considered since 1993, on supervisive programs implemented by nurses to caregivers in the community to promote the quality and safety of care.

Results: Nine articles were included in the study. Supervisory programs demonstrate the importance of clinical supervision and, through education and training sessions, it is possible to empower caregivers to provide safe and effective care. The characteristics of supervisory programs varied and the most frequent context of implementation was the home.

Conclusion: Supervisive programs are an essential element in caring caregiver training and empowering for care delivery. Through that process, it is possible to not only enhance technical and interpersonal skills, but also to ensure the quality and safety of care provided. Investing in the development of supervisory programs for caregivers is essential for more humanized health, directly reflecting on the improvement of the care they provide and the well-being of the population.

Keywords: Program; Clinical Supervision; Nurse; Caregiver.

CHAVE DE SIGLAS e/ou ABREVIATURAS

DGS – Direção-Geral da Saúde

DoH – Department of Health

ESEP – Escola Superior de Enfermagem do Porto

INE – Instituto Nacional de Estatística

JBI – The Joanna Briggs Institute

OCDE – Organização para Cooperação e Desenvolvimento Económico

OMS – Organização Mundial da Saúde

SC – Supervisão Clínica

SCE – Supervisão Clínica em Enfermagem

ScR – Scoping Review

WHO – World Health Organization

Índice

NOTA PRÉVIA

Com a concretização do Curso de Mestrado em Supervisão Clínica em Enfermagem realizado na Escola Superior de Enfermagem do Porto (ESEP) pretendi adquirir conhecimento científico em Enfermagem na área da Supervisão Clínica (SC), em particular, SC de enfermeiros a cuidadores e na área da investigação.

A presente dissertação tem como objetivo mapear os programas supervisivos implementados pelo enfermeiro ao cuidador na comunidade.

O documento de forma metódica e sequencial expõe os resultados da pesquisa. Na introdução apresenta-se a contextualização e fundamentação do problema. No capítulo metodologia são detalhadas as escolhas metodológicas feitas e as suas justificações. No capítulo dos resultados, subdividido em dois subcapítulos, apresentam-se os artigos científicos elaborados. O artigo "Supervision programs implemented by nurses to caregivers in community: a scoping review protocol", submetido à revista *Frontiers in Public Health*, após seleção pela Comissão Científica do NursID 2024, corresponde ao protocolo da *scoping review* e discrimina todo o procedimento a adotar na realização da revisão. O segundo artigo "Supervision programs implemented by nurses to caregivers in community: a scoping review" submetido à revista *Enfermería Clínica* e a aguardar parecer, é o relatório da *scoping review*. As referências bibliográficas de ambos os artigos foram elaboradas conforme as diretrizes das revistas escolhidas para a publicação.

Algumas observações finais serão expostas no capítulo da conclusão. No capítulo intitulado referências bibliográficas, estão listadas, somente, as fontes utilizadas na elaboração da dissertação, seguindo as orientações do Manual de Publicação da American Psychological Association, 7.ª edição, como recomendado pela ESEP. Em anexo, encontra-se a divulgação científica efetuada no contexto da investigação.

As revistas científicas escolhidas para a publicação dos artigos desenvolvidos requerem que a redação seja em feita em inglês, desta forma, este documento foi redigido em português e inglês.

A dissertação foi redigida de acordo com as normas da ESEP, para a elaboração de trabalhos escritos, ressalva-se que a formatação do documento está feita cumprindo as normas para leitura online.

1. INTRODUÇÃO

De acordo a World Health Organization (WHO, 2021), o envelhecimento da população tem aumentado. Estima-se que até 2050, o número de pessoas com mais de 60 anos irá ultrapassar o de jovens com menos de 15 anos. Além disso, a nível global, a esperança média de vida está a aumentar o que contribui para o aumento do número de pessoas idosas. Em 2019, cerca de 703 milhões de pessoas tinham mais de 65 anos, representando 9% da população mundial. Estes números indicam um desafio crescente para os sistemas de saúde em todo o mundo, exigindo a implementação de políticas públicas que atendam às necessidades específicas desta população (WHO, 2021).

A Organização para Cooperação e Desenvolvimento Económico (OCDE), perspetiva que na União Europeia, em 2030, aproximadamente 70 a 80% dos custos de saúde sejam devidos ao tratamento de doenças crónicas, e que dois terços das pessoas com mais de 65 anos irão sofrer de pelo menos duas enfermidades deste tipo (OCDE, 2010).

Segundo a WHO (2021), o aumento da esperança média de vida conduz ao aumento da prevalência de doenças crónicas. As doenças crónicas são condições de saúde que exigem cuidados contínuos e muitas vezes permanentes, o que representa um grande desafio para os cidadãos e para os seus cuidadores informais. Estes cuidadores, na sua maioria são familiares ou amigos próximos e desempenham um papel fundamental no apoio e assistência às pessoas com doenças crónicas, ajudando-as a gerir os sintomas da doença, a cumprir as terapêuticas e a lidar com as dificuldades diárias, contudo a maioria dos cuidadores carece de conhecimento e de habilidades necessárias para prestar cuidados de qualidade o que resulta na diminuição da qualidade e segurança dos cuidados prestados (WHO, 2021). Além disso, as altas taxas de readmissões hospitalares indicam que a fragilidade das redes de apoio, tanto formais quanto informais, resultam num impacto negativo na qualidade dos cuidados, na vida das pessoas e nos serviços de saúde em diversos países. Ao

proporcionar o suporte adequado aos cuidadores é possível reduzir os custos com a saúde, melhorar a qualidade e a eficiência dos cuidados, além de promover o seu bem-estar (Torres et al., 2020).

Em conformidade com a WHO (2021), a visão futura dos cuidados de saúde requer a participação ativa, o envolvimento e a formação dos enfermeiros na tomada de decisões. Os enfermeiros, através da sua contribuição na investigação, na educação e na prática clínica, desempenham um papel crucial na abordagem dos diversos desafios relacionados à transformação dos sistemas de saúde. A Supervisão Clínica em Enfermagem (SCE) evidencia-se como uma estratégia capaz de catalisar os sistemas de saúde (Pollock et al., 2017).

Envelhecimento populacional e importância dos cuidadores informais

Em Portugal os dados do Instituto Nacional de Estatística de 2017 apontam para a manutenção e agravamento do envelhecimento demográfico, que só tenderá a estabilizar daqui a cerca de 40 anos. As alterações demográficas na composição etária da população residente em Portugal e para o conjunto da União Europeia, são reveladoras do envelhecimento demográfico da última década, apresentando Portugal o quinto valor mais elevado do índice de envelhecimento; o terceiro valor mais baixo do índice de renovação da população em idade ativa e o terceiro maior aumento da idade média entre 2003 e 2013 (Instituto Nacional de Estatística [INE], 2017).

Associado ao envelhecimento surgem as doenças crónicas, com custos individuais, familiares e sociais elevados e que representam a principal causa de mortalidade e morbilidade das pessoas mais envelhecidas (Broeiro, 2015; Cavalcanti et al., 2017; Romana et al., 2019). As mudanças na saúde afetam os papéis familiares e sociais, o que consequentemente causa impacto na autonomia da pessoa e nas atividades diárias (Sequeira, 2018; Freire et al., 2021).

Entende-se como «Cuidador informal» "o cônjuge ou unido de facto, parente ou afim até ao 4.º grau da linha reta ou da linha colateral da pessoa cuidada, que

acompanha e cuida desta, cumprindo os deveres referidos no artigo 6.º do Estatuto" (Lei 100/2019, p. 9). Os cuidadores informais são familiares ou membros da comunidade que oferecem suporte e assistência nas atividades diárias, sem remuneração e sem especialização técnica (Sanches et al., 2021). Os cuidadores frequentemente carecem dos recursos necessários para responder às complexas necessidades das pessoas com doença (Evangelista et al., 2016). De acordo com Sousa e colaboradores (2021), estes cuidadores na sua maioria são os familiares mais próximos (esposas/os, filhas/os e noras), mas também podem ser amigos, conhecidos e/ou vizinhos. Segundo Évora (2021), em Portugal, até 31 de março de 2021, existiam 8.122 cuidadores informais reconhecidos. Num cenário global, os peritos apontam que até 2030 haja um aumento de cuidadores informais que atingirá os 21,5 milhões (Sousa et al., 2021).

Goodhead e McDonald (2007) sublinham que os cuidadores informais contribuem para a realização de atividades que as pessoas não são capazes de desenvolver por si próprias de forma autónoma. Esta ajuda pode envolver diversas atividades da vida diária como o vestir, os cuidados de higiene, a alimentação, ou as atividades relacionadas com questões financeiras e administrativas. Envolve ainda um suporte de natureza emocional e cuidados de saúde pouco diferenciados, no sentido de proporcionar bem-estar e conforto.

Segundo a teoria do autocuidado de Dorothea Orem, as pessoas têm a capacidade e responsabilidade de cuidar de si mesmas, promovendo a saúde e prevenindo doenças. Esta teoria enfatiza a importância da autonomia do indivíduo em relação aos cuidados com a própria saúde, destacando a necessidade de autoconhecimento e autorregulação. Dorothea Orem sugere que o autocuidado envolve ações intencionais realizadas pelas pessoas, com o objetivo de manter e melhorar a sua saúde física e mental. A teoria do autocuidado de Dorothea Orem destaca a importância da educação para a promoção da saúde e do bem-estar, enfatizando a responsabilidade individual na manutenção da própria saúde (Orem, 2001). Orem afirma que o autocuidado produz vantagens para a pessoa, assim como produz vantagens no sistema

apoio-educação, permitindo que os vínculos criados entre a pessoa e o enfermeiro sejam mantidos para a produção da Enfermagem. Assim, o papel do enfermeiro é transformar a pessoa com doença num agente do autocuidado (Orem, 2001).

Os enfermeiros são os profissionais de saúde mais próximos das pessoas, das famílias e da comunidade e a sua influência é vital nos resultados de saúde. A relação entre o enfermeiro e a pessoa cuidada é crucial para permitir uma avaliação aprofundada da situação e do contexto, a identificação de prioridades e a elaboração de um plano de ação (International Council of Nurses [ICN], 2020).

Por estar próximo do cuidador informal, o enfermeiro desempenha um papel primordial ao ajudar na adaptação a essa nova realidade, promovendo a educação em saúde e incentivando o uso adequado dos serviços disponíveis. É fundamental que o cuidador informal seja capacitado para garantir a continuidade dos cuidados no domicílio de forma segura e também para aprender a lidar com a carga física e emocional proveniente do ato de cuidar (Fernandes et al., 2022).

Os cuidadores informais enfrentam um conjunto de desafios constantes, pelo que necessitam de se organizar e preparar adequadamente, para vivenciarem de forma saudável a transição para esse novo papel. Neste sentido, torna-se importante a coordenação com os enfermeiros para satisfazerem as suas necessidades, manterem o adequado nível de saúde e bem-estar e, de igual modo, garantirem a continuidade nos cuidados prestados à pessoa dependente (Melo et al., 2014).

Os cuidadores são parceiros extremamente importantes para garantir a continuidade de cuidados imprescindíveis para a pessoa dependente, pelo que os enfermeiros devem ter uma especial atenção para garantir a manutenção eficaz desta parceria (Melo et al., 2014). O cuidador deve sentir-se como um elemento da equipa de saúde, onde o seu papel é fundamental para a saúde e bem-estar da pessoa cuidada (Freire et al., 2021).

Importância dos cuidados no domicílio e dos cuidados de longa duração

Os cuidados no domicílio e os cuidados de longa duração desempenham um papel crucial na promoção da saúde e na melhoria da qualidade de vida das pessoas que necessitam de assistência contínua. Os cuidados no domicílio devem ser promovidos, pois previnem consequências prejudiciais como os internamentos e reinternamentos e, por sua vez, fortalecem o autocuidado (Puchi & Jara, 2015). Já os cuidados de longa duração representam um grupo diversificado de cuidados de saúde e de apoio social, de natureza formal e informal, dispensados a pessoas com graus de dependência variados (Grilo & Mendes, 2015).

Os cuidados de longa duração, em Portugal, estão em constante desenvolvimento e têm vindo a ganhar mais destaque nos últimos anos. De acordo com o relatório da OCDE publicado em 2020, Portugal tem vindo a melhorar o acesso e a qualidade dos cuidados de longa duração, embora ainda existam desafios a enfrentar, como a falta de profissionais qualificados e a necessidade de investimento em infraestruturas. Além disso, a Lei de Bases dos Cuidados Paliativos, aprovada em 2019, veio reforçar a importância de garantir cuidados de qualidade e humanizados a pessoas em fim de vida. Todo este contexto reflete a importância crescente dos cuidados de longa duração em Portugal e a necessidade de continuar a investir e aprimorar este setor (OCDE, 2020).

O domicílio pode ser visto como o contexto crucial na integração do envelhecimento na sociedade, funcionando como um elemento que promove uma melhor qualidade de vida para a população idosa. Esta pode ser uma das razões pela qual esta população prefere permanecer nas suas casas, mesmo apresentando algum nível de depedência, pois o ambiente familiar proporciona uma sensação de independência, conforto e segurança (Goes et al., 2019; Cunha et al., 2020). Envelhecer em casa é uma perspetiva defendida por vários autores e organizações, e integra o conceito contemporâneo de "*ageing in place*". Este conceito reflete uma mudança paradigmática nas políticas sociais,

que visam facilitar o envelhecimento de forma a preservar a autodeterminação, a autoestima e a confiança. Centra-se na importância de manter ou criar ambientes que sejam respeitosos em relação à evolução das capacidades intrínsecas da pessoa, permitindo que esta permaneça na sua comunidade local (Fonseca, 2021). O ambiente e os contextos em que a pessoa se integra apresentam uma relação particular podendo apoiar ou impedir a sensação de conforto e segurança, contribuindo para um envelhecimento saudável e independente (Brandão et al., 2019; Lamâs et al., 2020).

Os cuidados domiciliários são fundamentais para promover a saúde e o bem-estar das pessoas que necessitam de assistência, permitindo-lhes permanecer no conforto e na segurança da sua própria casa. Contribuem para a redução do número de internamentos hospitalares, promovem a autonomia das pessoas e melhoram a sua qualidade de vida. Além disso, a prestação de cuidados no domicílio pode também resultar em lucros para o sistema de saúde, reduzindo os custos com hospitalizações e procedimentos médicos. Neste sentido, investir em cuidados domiciliários é essencial para garantir uma assistência de qualidade e promover a continuidade dos cuidados de saúde (WHO, 2020).

O papel do cuidador familiar é fundamental e de extrema importância na rede de apoio informal, pois tem como objetivo assegurar a continuidade dos cuidados ao seu familiar dependente (Melo et al., 2014). No momento de transição para o domicílio, os cuidadores são fundamentais na adesão da pessoa ao plano da alta, adotando funções de assistência nos cuidados, advogando e supervisionando (Hahn-Goldberg, 2018). É de extrema importância conhecer as necessidades dos cuidadores informais quando recebem a pessoa dependente no domicílio, no sentido de proporcionar a redução das dificuldades dos cuidadores e potenciar um cuidado de qualidade e seguro (Lima et al., 2022).

Importância da supervisão clínica em enfermagem na capacitação dos cuidadores informais

Tendo em conta o aumento do número de cuidadores informais, é essencial identificar as necessidades que estes apresentam bem como as soluções para

combater estas necessidades, contribuindo para a promoção da sua saúde e bem-estar (National Association of Chronic Disease Directors [NACDD], 2018; Queluz et al., 2020). As necessidades mais comuns entre os cuidadores estão relacionadas com o apoio formal ou informal recebido, com a partilha de informações/educação e ainda com a sua sáude (Queluz et al., 2020). A SCE surge assim como uma resposta às necessidades sentidas pelos cuidadores, sendo esta um processo formal, de apoio e aprendizagem, com vista ao desenvolvimento do conhecimento, de capacidades e competências para a melhoria das práticas e da segurança dos cuidados prestados (Department of Health, 1993).

Durante a década de setenta do século XX, diversas enfermeiras investigadoras, como Hildegard Peplau, Betty Neuman, Imogene King e Martha Rogers, desenvolveram teorias de médio e longo alcance, demonstrando preocupações relacionadas à SCE (Abreu, 2007). Hildegard Peplau, foi a pioneira ao fundar uma teoria de médio alcance que enfatiza a importância do acompanhamento e supervisão das práticas (Garrido et al., 2008). O Departamento de Saúde do Reino Unido apresenta uma das primeiras e mais importantes definições de SCE definindo-a como um processo estruturado que confere suporte profissional e oportunidades de aprendizagem, permitindo que os profissionais desenvolvam os seus conhecimentos e habilidades, aceitem responsabilidades pelas suas ações e garantam a proteção e segurança do cliente em contextos clínicos desafiadores (Department of Health, 1993). De acordo com Abreu (2007, p. 177), em função da qualidade dos cuidados de Enfermagem, segurança dos clientes e grau de satisfação profissional, a SCE é percecionada como um "(...) processo dinâmico, interpessoal e formal de suporte, acompanhamento e desenvolvimento de competências profissionais, através da reflexão, ajuda, orientação e monitorização". A SCE é um processo colaborativo e de apoio entre dois ou mais indivíduos, com vista ao desenvolvimento de conhecimentos, habilidades e autonomia, promovendo a qualidade e segurança na prestação de cuidados ao utente (Abreu et al., 2015; Pires et al., 2020).

A SCE é um processo que desempenha um papel fulcral na implementação de cuidados seguros e de práticas de qualidade, pois promove o questionamento das ações levando a melhores práticas, tornando os cuidados mais significativos para a pessoa e para a sua família (Dilworth et al., 2013). Tem, também, um papel fundamental no aprimoramento da capacidade dos enfermeiros em atuar na promoção, manutenção e recuperação do autocuidado das pessoas (Cruz et al., 2014).

A promoção do bem-estar dos cuidadores informais, a prevenção de situações de *burnout* e a garantia da prestação de cuidados adequados às pessoas dependem da atenção dos profissionais de saúde. A supervisão aos cuidadores adquire um papel fundamental não só na melhoria da qualidade dos cuidados prestados, mas também como ferramenta de atualização e investigação na área dos cuidados de saúde (Simões et al., 2015).

Os enfermeiros são os profissionais de saúde de referência para implementar a SC aos cuidadores capacitando-os para o desempenho e prestação de cuidados, com qualidade e segurança, contribuindo para os ganhos em saúde das pessoas que cuidam e para a melhoria dos serviços de saúde (Coelho et al., 2022). É imprescindivel capacitar o cuidador de conhecimentos para que este se possa valorizar, reconhecer as suas capacidades físicas e emocionais e lidar com a nova realidade, pelo que se torna necessário a implementação de programas de supervisão que garantam a sua formação (Castro & Souza, 2016).

Um programa pode ser caraterizado como uma intervenção planeada e intencional, que surge da identificação das necessidades de uma população ou grupo específico. É direcionado por objetivos e fundamentado em teorias que proporcionam rigor e credibilidade à ação. A intervenção tem como finalidade atender às necessidades dos seus beneficiários (Jardim, 2007). Para implementar programas de SCE em contextos clínicos é necessário que estes sejam baseados num modelo de supervisão clínica. Esses modelos são uma estrutura que incorpora conceitos essenciais para auxiliar o processo de supervisão (Abreu, 2007), ou seja, constituem o quadro concetual que direciona

o processo de supervisão (Garrido et al., 2008). Os programas direcionados para os cuidadores têm como objetivo prevenir e/ou minimizar as consequências negativas relacionadas com o ato de cuidar, preservando a qualidade de vida e bem-estar do cuidador, promovendo a qualidade e segurança dos cuidados que prestam (Metzelthin et al., 2017).

É fundamental que os programas destinados aos cuidadores atendam às necessidades destes, especialmente no que diz respeito ao desenvolvimento de competências e habilidades, incluindo preparação técnica e emocional, acesso a informações, treinos, orientação e troca de experiências com outros cuidadores (Bailey & Harrist, 2018). Desta forma, o cuidador aperfeiçoa as suas competências para cuidar, no contexto domiciliário, aumentando a sua autoeficácia e consequentemente a sua qualidade de vida, contribuindo para uma diminuição do risco de sobrecarga (Freire et al., 2021). Os programas educacionais oferecem informação pertinente aos familiares cuidadores em diversas áreas, tais como estado de saúde dos familiares, compreensão sobre a doença, tratamento e recuperação, cuidados a prestar e como proporcionar qualidade de vida e bem-estar ao familiar cuidado. Este tipo de programas incentiva o envolvimento de cuidadores e familiares nos cuidados de saúde, melhora a qualidade de vida de ambos e diminui a sobrecarga dos cuidadores (Widowati et al., 2018; Hekmatpou et al., 2019).

No entanto, a supervisão clínica dos enfermeiros aos cuidadores ainda carece de uma base de conhecimento ampla e abrangente. Os temas abordados são limitados, pouco definidos e dispersos, o que também limita a compreensão da eficácia dos cuidados fornecidos pelos cuidadores. Desta forma, é crucial compreender quais os programas supervisivos implementados pelo enfermeiro ao cuidador. Com esse objetivo foi desenvolvida uma *scoping review* de acordo com as diretrizes metodológicas do Instituto *Joanna Briggs* (JBI) para abordar as seguintes questões:

1. Quais os programas supervisivos implementados pelo enfermeiro ao cuidador na comunidade?

2. Quais são as características dos programas supervisivos?

3. Em que contexto se aplicam os programas supervisivos?

2. METODOLOGIA

Uma *scoping review* (ScR) permite identificar e mapear a evidência disponível e é uma ferramenta essencial para determinar o volume de literatura existente. Este tipo de revisão é útil para identificar os tipos de evidências disponíveis; para esclarecer conceitos/definições; para avaliar a condução da pesquisa sobre um determinado tópico; para identificar as principais características relacionadas com um conceito; para identificar e analisar possíveis lacunas de conhecimento e é útil como precursor de uma revisão sistemática (Munn et al., 2018). É mais adequada para avaliar e compreender a extensão do conhecimento num determinado campo emergente ou para identificar, mapear, relatar ou discutir as características ou conceitos nesse campo (Peters et al., 2020). Desta forma, este tipo de revisão visa fornecer uma visão geral das evidências (Munn et al., 2018).

A ScR precisa ser bem planeada e orientada através de um protocolo, que defina claramente o objetivo, as questões e o método a serem seguidos. Os protocolos garantem transparência e imparcialidade nos relatórios, ao detalharem os critérios de inclusão e exclusão, bem como a forma de extração e apresentação dos resultados (Peters et al., 2020). Recomenda-se o uso do acrónimo PCC (População, Conceito e Contexto) para orientar o desenvolvimento da pergunta. É importante definir de maneira precisa as principais questões e objetivos da ScR para evitar dificuldades futuras no processo de revisão (Munn et al., 2018). Para a seleção da evidência é necessária a participação de pelo menos dois revisores. A extração de dados deve ser realizada de acordo com os objetivos da revisão (Peters et al., 2022).

A presente ScR foi desenvolvida para mapear os programas supervisivos implementados pelo enfermeiro ao cuidador na comunidade de forma a garantir a qualidade e segurança dos cuidados prestados. O protocolo foi desenvolvido segundo a metodologia do JBI e o seu registo foi efetuado na plataforma eletrónica *Open Science Framework*, e encontra-se disponível através do

endereço eletrónico: https://osf.io/s6wfv/. A ScR desenvolvida cumpriu as diretrizes da JBI para *scoping reviews*. A lista de verificação utilizada foi a Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018).

3. RESULTADOS

No âmbito da prática baseada em evidência e dos cuidados de saúde baseados em evidência, as investigações desenvolvidas são minuciosamente analisadas, sintetizadas e aplicadas aos cenários práticos, onde os profissionais de saúde as utilizam e, posteriormente, avaliam o seu impacto nos resultados em saúde, nos sistemas de saúde e na prática profissional (Apóstolo, 2017).

A implementação da evidência é um processo complexo que consiste num conjunto de atividades de capacitação direcionadas para envolver os principais interessados, de forma a que a tomada de decisão seja fundamentada em evidências, promovendo assim uma melhoria contínua na qualidade dos serviços de saúde (Apóstolo, 2017).

A investigação desenvolvida ao longo deste percurso académico resultou em dois artigos:

Artigo 1 – Supervision programs implemented by nurses to caregivers in community: a scoping review protocol

Artigo 2 – Supervision programs implemented by nurses to caregivers in community: a scoping review

3.1 Artigo 1 | Supervision programs implemented by nurses to caregivers community: a scoping review protocol

Supervision Programs Implemented by Nurses to Caregivers in Community: A Scoping Review Protocol

Inês Moreira[1*], Márcia Coelho [2], Mauro Mota [3,4,5], Regina Pires [1,3], Margarida Reis Santos [1,3,6]

[1] Nursing School of Porto, Porto, Portugal
[2] Local Health Unit of the Aveiro Region, Aveiro, Portugal
[3] CINTESIS@RISE (Center for Health Technology and Services Research), Porto, Portugal
[4] Health Sciences Research Unit: Nursing (UICISA), Coimbra, Portugal
[5] Viseu Higher School of Health, Viseu, Portugal
[6] Institute of Biomedical Sciences Abel Salazar – University of Porto, Porto, Portugal

*** Correspondence:**
Inês Moreira, Nursing School of Porto, Porto, Portugal (inesmoreira1805@gmail.com)

Caregiver; Supervisory Program; Clinical Supervision; Nurse; Community

Abstract

Introduction: With the increase in the number of informal caregivers, their training becomes essential. The supervisory programs implemented by nurses play a leading role in caregiver training.

Objective/s: To map the supervisory programs implemented by nurses to caregivers in the community**.**

Methods: A scoping review will be developed according to the guidelines of the Joanna Briggs Institute. Studies published and unpublished in English, Portuguese or Spanish since 1993 will be considered. The results of the research, study selection and inclusion process will be presented in a PRISMA flowchart for scoping reviews.

Results: Mapping the evidence will allow us to analyze the supervision programs implemented by nurses for caregivers in the community. The results will be presented through an extraction table according to the objectives.

Conclusion: This review is expected to constitute a starting point for the critical analysis of studies relating to supervisory programs implemented by nurses for caregivers.

Keywords: Caregiver; Supervisory Program; Clinical Supervision; Nurse; Community

1. Introduction

Increasing average life expectancy and chronic diseases have increased the demand for long-term healthcare and the need for informal caregivers (1). In 2019, more than a fifth (20.3%) of the European Union population was aged 65 or over. It is estimated that the percentage of people belonging to the European Union aged 80 or over will increase two and a half times between 2019 and 2100, from 5.8% to 14.6% (2). Current statistics indicate that between 2018 and 2080, the aging rate will approximately double, and for every 100 young people there will be 300 elderly people (3). According to the National Alliance for Caregiving & Real Possibilities Public Policy Institute, it is expected that by 2030 the number of caregivers will reach 21.5 million and that the time of care will be at least 20 hours per week (4).

According to the Family Caregiver Alliance (5), an informal caregiver is any family member, neighbor or friend who has a significant personal relationship and who is able to meet the needs of the elderly person or adult with a chronic or disabling condition. These people may be primary or secondary caregivers and may or may not live with a person receiving care.

More than 300 million residents of the European Union are aged between 18 and 64 and around a third of this population works as caregivers. The percentage of caregivers who only have care responsibilities for incapacitated family members amounts to 12% (6). Data from some countries show that the majority of informal caregivers take care of their parents (51.4%), followed by those who take care of their spouses (18%) and children (12.7%). In addition to the transformation in personal and family life habits, it has also been equitably observed that caregivers have physical, psychological and social needs and also feel the need for information, training and professional support (4).

In the process of transition of the caregiver to the exercise of the role, it’s necessary to acquire and develop skills, namely cognitive, related to knowledge, mastery, inherent to instrumental skills, and knowing how to be, intrinsic to personal development (7). As nurses are the health professionals who have the closest contact with people, families and the community, they act as a preponderant factor in health outcomes (8).

Over the last few years, the care provided by caregivers has been a concern for nurses and consequently for clinical supervision (9). Clinical supervision plays a leading role in the training of caregivers. This is defined as formal process of professional support and learning that provided the development of knowledge and skills in order to take responsibility for one's own practice, improving

the protection of supervisees and the safety of care (10). Over the years, clinical supervision of nurses has been considered a mechanism to promote the quality and safety of care (11). Clinical supervision also plays a preponderant role in the management of health organizations in the sense that it allows the head nurse, as a manager, to develop strategies that promote the quality of care, with direct repercussions on health gains (12).

Training the caregiver implies providing them with knowledge that makes it possible for them to have a better appreciation of themselves, to be able to recognize in themselves their physical and emotional capacities to deal with this new reality, thus arising the need to implement supervisory programs as a way to ensure the training of caregivers (13).

A program can be defined as a systematic and deliberate intervention that results from the identification of the needs of a given population or group, is objective-oriented, and is grounded with theory that will give rigor and credibility to the action. The intervention aims to meet the needs of the recipients (14). An intervention program addresses a set of needs and develops the skills required for positive change. For this reason, a program-based intervention requires a set of actions and resources that are designed, applied and evaluated, in an organized manner, in a given social reality and following a sequence of specific stages (14).

Considering the evidence found on the subject, it is perceived that it is insufficient and unclear, and it is appropriate to carry out a scoping review to map all the supervisory programs implemented by nurses to caregivers in the community. A scoping review is essential to analyze the extent, scope and nature of the research activity. It is also pertinent to map underdeveloped areas of study (15). A previous search was conducted in MEDLINE, Cochrane Database of Systematic Reviews and Open Science Framework (OSF), and no current or ongoing systematic reviews or scoping reviews on the topic were identified.

This scoping review aims to answer the following questions:

1. What are the supervisory programs implemented by the nurse to the caregiver?
2. What are the characteristics of the supervisory programs?
3. In what contexts are supervisory programs applied?

2. Methods

A scoping review will be developed that will comply with the guidelines of the Joanna Briggs Institute. The checklist used will be Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews (PRISMA-ScR) (16) and is registered in the Open Science Framework (https://osf.io/s6wfv/).

Inclusion criteria

In this scoping review, the Participants (P) are informal caregivers who are over 18 years old regardless of their literary qualifications and time as caregivers. These caregivers can be family members, friends or neighbors of the person needing care and are responsible for meeting all the needs of the dependent person (5). Some of the needs that need to be met are self-care needs (hygiene, food, mobility) (17). Caregivers themselves also have some needs, such as social needs that can be met through informal support and financial needs (18).

The Concept (C) under analysis are the supervisory programs implemented by the nurse to the caregiver. A program can be defined as a systematic and deliberate intervention that results from the identification of the needs of a given population or group. A program-based intervention requires a set of actions and resources that are designed, applied and evaluated, in an organized manner, in a given social reality (14). These include informative and educational programs (19) (20) and protocols (21). The programs to be included can be done remotely or in person and will be considered in the study regardless of the frequency and assiduity of being implemented.

The Context (C) of this scoping review is the community, regardless of the type of country and culture. In this review, community refers to any context other than the hospital environment, such as people's homes, health centers, day care centers, nursing homes and caring homes (21).

Search Strategy

All studies that address the supervisory programs implemented by nurses in the community to caregivers will be analyzed. This review includes studies published in English, Portuguese and Spanish since 1993. Since this year there has been a renewal in the concept, research and

implementation of clinical supervision (10).

The search strategy will aim to search for published and unpublished studies. A limited initial search was conducted in MEDLINE (PubMed) and CINAHL (EBSCOhost) to identify literature on the topic. The search strategy will include all identified keywords and index terms and will be adapted to each database and/or information source included (table 1). The reference list of all included sources of evidence will be evaluated for further studies.

Table 1. Search strategy: MEDLINE (PubMed) on February 24th 2024

Search	Query	Results
#1	(((((caregiver*[Title/Abstract]) OR (informal caregiver[Title/Abstract])) OR (carer*[Title/Abstract])) OR (family caregiver[Title/Abstract])) OR (care-giver[Title/Abstract]))	117,444
#2	(Caregivers[MeSH Terms])	52,130
#3	(((((((program*[Title/Abstract]) OR (programs, training[Title/Abstract])) OR (clinical supervision[Title/Abstract])) OR (supervisory program*[Title/Abstract]))	1,136,100
#4	(Program Development[MeSH Terms])) OR (Nursing, Supervisory[MeSH Terms]))	38,641
#5	(((((((((communit*[Title/Abstract]) OR (domicile[Title/Abstract])) OR (home care[Title/Abstract])) OR (home nursing[Title/Abstract])) OR (residential care	804,834

	home[Title/Abstract])) OR (home help[Title/Abstract]))	
#6	(Home Nursing[MeSH Terms])) OR (Home Care Services[MeSH Terms])) OR (Nursing Homes[MeSH Terms])) OR (Community Support[MeSH Terms])	94,334
#7	#1 OR #2	127,747
#8	#3 OR #4	1,157,562
#9	#5 OR #6	876,395
#10	#7 AND #8 AND #9	6,077
#11	#10 AND Filters: English, Portuguese, Spanish, from 1993 - 2024	5,776

The search will be conducted in several databases of published and unpublished studies: MEDLINE (PubMed), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), Nursing & Allied Health Collection (EBSCOhost), Cochrane Central Register of Controlled Trials (EBSCOhost), MedicLatina (EBSCOhost), Web of Science, Scopus, LILACS, WorldWideScience, Open Access Theses and Dissertations, Open Access Scientific Repository in Portugal (RCAAP).

After the search, all identified citations will be collected and directed to Rayyan – Intelligent Systematic Review (22) and duplicates will be eliminated. Subsequently, the titles and abstracts will be evaluated by two independent reviewers (IM, MSC). Potentially relevant sources will be retrieved in full. The full text of the selected articles will be evaluated in detail against the inclusion criteria by two independent reviewers (IM, MSC). The reasons for exclusion from the scoping review will be recorded. Any discrepancies that arise in any of the stages of the study selection process will be resolved through discussion or with the use of a third reviewer (MM).

The results of the research and the process of inclusion of the studies will be described in full in the final scoping review and presented in a flow diagram Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) (23).

Data extraction

Data extraction from the articles included in the scoping review will be done by two independent reviewers (IM, MSC) using a data extraction tool developed by the reviewers (table 2). The extracted data will include specific details about the participants, concept, context, study methods and key findings relevant to answering the research questions. During the process of extracting data from each included evidence source, this tool will be modified and revised as needed.
All modifications will be detailed in the scoping review. In case of need, the authors of the articles will be contacted in order to request missing data or additional data.

Table 2. Data extraction instrument

Data extraction table in a scoping review	
Author Year	
Article Title	
Aim	
Study methods	
Supervisions programs implemented and their characteristics	
Context	
Results	
Main conclusions	

For each research question formulated in this scoping review, tables will be developed with all the respective data obtained. A summary will also be developed with all the results, which will accompany the tabulated and mapped results, to answer and relate the results with the objectives and questions of this scoping review.

3. Results

It is expected that the results found demonstrate the importance of applying supervision programs to improve the quality of care provided by caregivers. The application of supervisory programs implemented by nurses is an added value for the caregiver in the sense that it will enhance their training to care, to ensure that all the needs of the dependent person are met and consequently guarantee the quality and safety of care. The identification, characterization and synthesis of knowledge in this area will seek to be aligned with the objectives and the proposed review question.

4. Conclusion

With this scoping review, we intend to allow a detailed mapping of the clinical supervision programs that are implemented by the nurse to the caregiver in the community context. We hope that this serves as an incentive for future research in order to contribute to better training the caregiver and to guarantee the quality of care provided. This review is extremely relevant for research, expand the knowledge about clinical supervision in nursing, namely, increase the knowledge about the supervisory programs implemented by the nurse to the caregiver to promote the quality and safety of the care provided.

Funding:
This article was supported by National Funds through FCT - Fundação para a Ciência e a Tecnologia, I.P., within CINTESIS, R&D Unit (reference UIDB/4255/2020 and reference UIDP/4255/2020).

References

1. Aksoydan E AA, Blazeviciene A, van Bruchem-Visser RL, Vaskelyte A, Mattace-Raso F, et al. Is training for informal caregivers and their older persons helpful? A systematic review. Arch Gerontol Geriatr. 2019;83:66-74. https://doi.org/10.1016/j.archger.2019.02.006.
2. Eurostat Statistics Explained. Archive:Estrutura populacional e envelhecimento European Union 2020 [Available from: https://ec.europa.eu/eurostat/web/main/home.
3. Instituto Nacional de Estatística I. Portal do Instituto Nacional de Estatística: Projeções de População residente em Portugal. Lisboa: Instituto Nacional de Estatística; 2020. [Available from: https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=406534255&DESTAQUESmodo=2&xlang=pt.
4. Sousa C, Gonçalves G, Braz N, Sousa A. Cuidadores informais: principais dificuldades e receios no ato de cuidar. PSIQUE. 2021:9-25. https://doi.org/10.26619/2183- 4806.XVII.2.1.
5. Family Caregiver Alliance. Definitions: What do we mean by.... 2020 [Available from: https://www.caregiver.org/resource/definitions-0/
6. Explained ES. Reconciliation of work and family life – statistics European Union2019 [Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Reconciliation_of_work_and_family_life_-_statistics#Conclusions.
7. Sequeira C. Cuidar de Idosos com dependência Física e Mental. Lisboa: Lidel - Edições Técnicas Lda; 2010.
8. Internacional Council of Nurses I. Nurses: A voice to lead – Nursing the world to health 2020 [Available from: https://2020.icnvoicetolead.com/wp-content/uploads/2020/03/IND_Toolkit_120320.pdf.
9. Teixeira MJC, Abreu WJC, Costa NMVN. Family caregivers of terminally ill patients at home: Contributions for a supervision model. Revista de Enfermagem Referência. 2016;4(8):65-73 https://doi.org/10.12707/RIV15054.
10. NHS Mangement Executive. A Vision for the Future: The Nursing. Midwifery and Health Visiting Contribution to Health and Health Care. London.: Department of Health; 1993.
11. Abreu WJC. Formação e aprendizagem em contexto clínico. Fundamentos, teorias e considerações didácticas. Coimbra: Formasau; 2007.
12. Oliveira KSD. Inteligência Emocional dos Enfermeiros: contributos da supervisão clínica. Porto: Escola Superior de Enfermagem do Porto; 2019.
13. Castro LM, Neri de Souza D. Programa de intervenção psicossocial aos cuidadores informais familiares: o cuidar e o autocuidado. Revista Interações. 2017;12(42).
14. Jardim M. Programa de desenvolvimento de competências pessoais e sociais: Estudo para a promoção do sucesso académico. Aveiro: Universidade de Aveiro; 2007.
15. Apóstolo J. Síntese da Evidência no Contexto da Translação da Ciência. Coimbra: Escola Superior de Enfermagem de Coimbra; 2017.
16. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. 2018;169(7). https://doi.org/10.7326/M18-0850.
17. Fernandes P. Famílias que integram dependentes no autocuidados no concelho da Maia: Caracterização das necessidades da pessoa dependente. Porto: Escola Superior de Enfermagem do Porto; 2014.
18. Pereira M. Cuidadores informais: Dificuldades ao cuidar e necessidades de quem cuida. Portalegre: Instituto Politécnico de Portalegre; 2018.

19. Kin C, Tsang CYJ, Zhang LW, Chan SKY. A Nurse-Led Education Program for Pneumoconiosis Caregivers at the Community Level. Int J Environ Res Public Health. 2021;18(3). https://doi.org/10.3390/ijerph18031092.
20. Eskes AM, van Ingen C, Horst MEE, Schreuder AM, Chaboyer W, Nieveen van Dijkum EJM. The experiences of family caregivers who participated in a family involvement program after cancer surgery: A qualitative study. Eur J Oncol Nurs. 2020;49. https://doi.org/10.1016/j.ejon.2020.101835.
21. Coelho M, Esteves I, Mota M, Pestana-Santos M, Reis Santos M, Pires R. Clinical Supervision of the nurse in the community to promote quality of care provided by the caregiver: Scoping Review Protocol. Millenium. 2022;2(18):83-89. https://doi.org/10.29352/mill0218.26656.
22. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. 2016;5(1). https://doi.org/10.1186/s13643-016-0384-4.
23. Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, et al. Updated methodological guidance for the conduct of scoping reviews. JBI Evid Synth. 2020; 18(10). https://doi.org/10.11124/JBIES-20-00167.

3.2 Artigo 2 | Supervision programs implemented by nurses to caregivers in community: a scoping review

Review Title

Supervision Programs Implemented by Nurses to Caregivers in Community: A Scoping Review

Título

Programas de supervisión implementados por enfermeras para cuidadores en la comunidad: una revisión del alcance

Abstract

Objective: To map the supervisory programs implemented by nurses to caregivers in the community.

Introduction: With the increase in the number of informal caregivers, their training and qualification becomes essential. Supervisory programs play a fundamental role in the training of informal caregivers, as they offer essential training and technical support so that these professionals can perform their functions with competence and confidence.

Inclusion criteria: This review included published and unpublished studies in English, Portuguese and Spanish since 1993 on supervisory programs implemented by nurses for informal caregivers to ensure the quality and safety of care.

Methods: A scoping review was developed according to the guidelines of the Joanna Briggs Institute and was written in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews checklist. The search expression was tailored to the 13 databases or sources of information searched, which included MEDLINE (PubMed); CINAHL Complete (EBSCOhost); MedicLatina (EBSCOhost); PsycINFO (EBSCOhost); Web of Science; Scopus; Nursing and Allied Health Collection (EBSCOhost); Cochrane Central Register of Controlled Trials (EBSCOhost); LILACS; SciELO; World Wide Science; Open Acces Theses and Dissertations; and RCAAP – Repositórios Científicos de Acesso Aberto de Portugal.Two independent reviewers selected the studies.

Results: Nine studies were eligible for inclusion. The characteristics of supervision programs are variable, but several programs consisted of educational sessions over several weeks of varying

length. In all programs, the main objective is to train the caregiver to promote the quality and safety of the care provided. The most common contexts in which they are implemented are home.

Conclusions: Supervisory programs implemented by nurses aimed at caregivers in the community play a crucial role in strengthening the support network for patients and families. By offering ongoing training, emotional support and practical guidance, these programs not only increase the quality of care provided, but also promote the health and well-being of caregivers, minimizing stress and emotional exhaustion. Therefore, it is essential to invest in the training and development of these professionals, recognizing their essential role in promoting community health and building a society that is more supportive and attentive to the needs of all its members.

Review registration number: Open Science Framework: *https://osf.io/s6wfv/*

Keywords: Program; Clinical Supervision; Nurses; Caregiver

Abstract word count: 368

Resumen

Objetivo: Mapear los programas de supervisión implementados por enfermeras para cuidadores informales en la comunidad.

Introducción: Con el aumento del número de cuidadores informales, su formación y calificación se torna esencial. Los programas de supervisión juegan un papel fundamental en la formación de los cuidadores informales, pues ofrecen formación y apoyo técnico esenciales para que estos profesionales puedan ejercer sus funciones con competencia y confianza.

Criterios de inclusión: Esta revisión incluyó estudios publicados y no publicados en inglés, portugués y español desde 1993 sobre programas de supervisión implementados por enfermeras para cuidadores informales para garantizar la calidad y seguridad de la atención.

Métodos: Se desarrolló una revisión de alcance según las directrices del Instituto Joanna Briggs y se redactó de acuerdo con la lista de verificación Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews. La expresión de búsqueda se adaptó a las 13 bases de datos o fuentes de información buscadas, que incluyeron MEDLINE (PubMed); CINAHL Complete (EBSCOhost); MedicLatina (EBSCOhost); PsycINFO (EBSCOhost); Web of Science;

Scopus; Nursing and Allied Health Collection (EBSCOhost); Cochrane Central Register of Controlled Trials (EBSCOhost); LILACS; SciELO; World Wide Science; Open Acces Theses and Dissertations; y RCAAP – Repositorios Científicos de Acesso Aberto de Portugal.Dos revisores independientes seleccionaron los estudios.

Resultados: Nueve estudios fueron elegibles para su inclusión. Las características de los programas de supervisión son variables, pero varios programas consistieron en sesiones educativas durante varias semanas de duración variable. En todos los programas, el objetivo principal es capacitar al cuidador para promover la calidad y seguridad de la atención brindada. Los contextos más comunes en los que se implementan son el hogar.

Conclusiones: Los programas de supervisión implementados por enfermeras dirigidos a cuidadores en la comunidad desempeñan un papel crucial en el fortalecimiento de la red de apoyo para pacientes y familias. Al ofrecer formación continua, apoyo emocional y orientación práctica, estos programas no solo aumentan la calidad de la atención brindada, sino que también promueven la salud y el bienestar de los cuidadores, minimizando el estrés y el agotamiento emocional. Por ello, es fundamental invertir en la formación y el desarrollo de estos profesionales, reconociendo su papel esencial en la promoción de la salud comunitaria y la construcción de una sociedad más solidaria y atenta a las necesidades de todos sus miembros.

Número de registro de la revisión: Open Science Framework: https://osf.io/s6wfv/

Palabras clave: Programa; Supervisión clínica; Enfermeros; Cuidador

Número de palabras del resumen: 368

Introduction

Worldwide, there has been a significant increase in the number of elderly people due to the decrease in the birth rate and the increase in average life expectancy[1]. It is predicted that worldwide, one in eight people will be over 60 years old, thus estimating exponential growth in this value until 2050[2]. Most countries will face an aging population in the coming decades, which will bring with it new and constant social challenges[3].

At European level, it is estimated that 32 million informal caregivers provide care to an elderly person or family member with some type of disability[4]. It is essential that the Informal Caregiver's needs are met, as family members are the ones who provide support to the patient at home[5]. The informal caregiver is someone who offers part-time or full-time care to a sick or disabled family member[6].

From an early age, family members are encouraged to collaborate in providing care in the family environment, becoming fundamental players in the health care team[7]. Despite the obstacles encountered, informal caregivers recognize the challenges faced over time and develop strategies to adapt effectively, demonstrating a positive sense of competence[8].

Informal caregivers are often not adequately guided or supported regarding the disease, assistance and resources available to help them with treatment, although the importance of educating the informal caregiver/significant person in the rehabilitation process is recognized[9].

Nursing professionals often interact directly with family caregivers, offering them support, empathy and advice. This puts them in a unique position to promote and implement health interventions for caregivers. Educational tools to support caregivers have been shown to improve depressive symptoms and reduce burden on those caring for adults with chronic conditions[10].

Nursing interventions have acquired an increasingly important role in empowering caregivers to provide care and promote improvements in quality of life through practical and effective solutions[9]. The ability to care for the family needs to be strengthened through family empowerment in providing care to elderly people with dependency. Hulme developed the concept of family empowerment, based on Gibson's concept of empowerment[11]. This concept encourages families to deal with the challenges of caring for older adults with chronic illnesses, empowering caregivers through training to strengthen family bonds, increase self-esteem, and improve knowledge and skills. This translates into better patient care, influencing the care capacity and quality of care (QoC) that family caregivers are able to provide[12].

Empowerment influences caregivers to provide efficient care. Gibson highlighted that empowerment is achieved through the discovery of reality, including the recognition, understanding and acceptance of true facts, which result in recognition and sensation[11,13]. The family empowerment model proposed by Hulme encourages families to deal with the challenges of care through empowerment. This means that healthcare professionals, in whom families place their trust, must work together to deliver initial care, while encouraging family members to be involved in decisions related to care. Over time, this training process favors a transformation in the balance of power, enabling family members to develop the knowledge, skills and confidence necessary to care for their family members[11,12,13].

Nurses are an involved part of patient education, and are also essential links in caregiver education[14]. Nurses could offer support to family caregivers, taking into account the social, economic and cultural characteristics of the community, in order to improve not only the quality of care provided, but also the knowledge, competence and quality of life of family caregivers[14]. Therefore, it is important that nurses act as health educators, offering support to lay caregivers and helping to choose the best alternatives when providing care, in order to preserve their own health[15].

According to information in the literature, caregivers have been shown to receive significant benefits, such as reduced stress, depression and anxiety, through participation in support groups and educational programs[16].

Currently, family and informal caregivers play a fundamental role in home and community care, but there is a lack of adequate support services. Promoting family support should be a central point in reforming the long-term care system[17].

The implementation of clinical supervision by nurses has been demonstrated as a valuable tool for professional development, being recommended in the healthcare context to ensure safety and improve the quality of care[18,19]. Nurses must prepare caregivers with the knowledge, skills and support needed to provide quality care. This training is possible through the clinical supervision of nurses to caregivers[20,21,22,23,24].

Clinical nursing supervision is recognized as a fundamental part of a modern health care system so that, in the search for excellence in care, it emerges as an essential instrument in the development of the quality of nursing care[25].

The supervision process that must be carried out by the nurse for people cared for in a home context and their informal caregivers, implies having knowledge of the elements involved in the process,

understanding people in their different stages of development, the tasks they have to perform and the affective climate where the act unfolds. Supervision gains all its importance, as a link to improving the care offered to people, but also as a tool for updating and research in the area of health care[26].

Training the caregiver involves providing them with knowledge that allows them to better value themselves, being able to recognize their physical and emotional capabilities to deal with this new reality, thus arising the need to implement supervision programs as a form of ensure the training of caregivers[27]. Studies show that nursing programs that focus on the needs of each caregiver are crucial in enabling them to provide care[28].

A program is a systematic and deliberate intervention, developed from the identification of the needs of a specific population or group, with clear objectives and based on theories that give rigor and credibility to the action, aiming to satisfy the needs of the recipients[29]. An intervention program seeks to meet needs and promote the development of skills necessary for positive change. Therefore, a programmatic intervention requires the implementation of actions and resources planned, applied and evaluated in an organized manner in a given social reality, following a sequence of specific steps[29].

The content relating to clinical supervision of caregivers by nurses is limited, unclear and fragmented because understanding of how nurses supervise caregivers is still limited. Consequently, this lack of knowledge is the main reason why the applicability and potential effectiveness of care provided by caregivers remains unknown[30]. Thus, the lack of knowledge about the effectiveness and application of care offered by caregivers is evident, making understanding the supervision programs implemented by nurses crucial.

A preliminary search of PROSPERO, MEDLINE, Cochrane Database of Systematic Reviews, and the Jonna Briggs Institute (JBI) Evidence Synthesis was conducted and no current or ongoing scoping. The objective of this scoping review was to map the supervisory programs implemented by nurses to caregivers in the community to promote and guarantee the quality and safety of care.

Review question(s)

1. What are the supervisory programs implemented by the nurse to the caregiver?

2. What are the characteristics of the supervisory programs?

3. In what contexts are supervisory programs applied?

Inclusion criteria

Participants

This review examined informal caregivers over the age of 18, regardless of their level of education or length of time in the caregiving role. These caregivers, which can include family members, friends, or neighbors of the person in need of care, are tasked with fulfilling all the requirements of the dependent individual[31].

Concept

This review examined research on nurse-led supervisory programs for caregivers, including those conducted remotely or in person, regardless of frequency or consistency of implementation[29]. A program can be characterized as a planned and intentional intervention that arises from the identification of the needs of a specific population or group. An intervention based on a program requires a structured set of actions and resources that are designed, implemented and evaluated in a systematic way in relation to a specific social reality[29]. These include informative and educational programs[32,33] and protocols[34].

Context

This scoping review examined research on clinical supervision for nurses in non-hospital settings, with the aim of improving the quality of care provided by caregivers. The review specifically focused on community contexts, which encompass various locations like homes, health centers, day care centers, nursing homes, and residential care facilities, regardless of country or cultural differences[34].

Types of sources

This scoping review considered quantitative, qualitative, and mixed methods study designs for inclusion. In addition, experimental and quasi-experimental study designs including randomized controlled trials. Studies with focus groups and methodological studies were also included.

Methods

This scoping review was guided according to the JBI methodology for scoping reviews[35] and the checklist used was Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews (PRISMA-ScR)[36]. This review was conducted in accordance with an a priori protocol (https://osf.io/s6wfv/).

Search strategy

With the aim of locating primary studies, reviews, texts and opinion articles, a search strategy was developed that included an initial limited search in MEDLINE (PubMed) and CINAHL (EBSCO) to identify relevant articles on the topic[35]. The keywords and index terms from the selected articles were used to create a comprehensive search strategy, which was adapted for each information source and the search was performed in 15th May 2024. Full search strategies are provided in Appendix I. Reference lists of articles included in the review were screened for additional articles. Studies published in English, Portuguese and Spanish since 1993 until the date of the search were included. Since this year there has been a renewal in the concept, research and implementation of clinical supervision[37].

Databases searched included MEDLINE (PubMed), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), Nursing & Allied Health Collection (EBSCOhost), Cochrane Central Register of Controlled Trials (EBSCOhost), MedicLatina (EBSCOhost), Web of Science, Scopus , LILACS.

Sources of unpublished studies and gray literature searched included WorldWideScience, Open Access Theses and Dissertations, Open Access Scientific Repository in Portugal (RCAAP).

All results were selected and checked whether or not they met the inclusion criteria by two independent reviewers.

Study/Source of evidence selection

After the search, all articles were grouped and inserted into EndNote 20 and all existing duplicates were also removed. Subsequently, studies were selected using the Rayyan electronic platform. The titles and abstracts of the articles were selected by two independent reviewers (IM and MC) who carried out their evaluation taking into account the review inclusion criteria. Potentially significant

articles were retrieved in full. Full-text studies that did not meet the inclusion criteria were excluded and the reasons for exclusion are indicated in Appendix II. All the disagreements that arose between the reviewers were resolved using a third reviewer (MM).

Data extraction

Data were extracted by two independent reviewers (IM and MC) using a data extraction tool developed by the reviewers. The two data extraction tables developed by the authors published in the a priori protocol were adapted and grouped in a table to improve the perception of the results.

Data analysis and presentation

The results are explained in table form in accordance with the objective of this scoping review. A summary was also developed with all the results to complement the tabulated results.

Results

Study inclusion

The search carried out in the databases that were previously described resulted in 439 articles. After removing duplicates and records marked as ineligible by automation tools, the titles and abstracts of 368 articles were analyzed. 27 articles passed to the full reading stage, with 18 articles being excluded. Nine articles were included in this scoping review. This process of identification, screening and inclusion of articles can be analyzed in more detail in the PRISMA-ScR flowchart (Figure 1)[38].

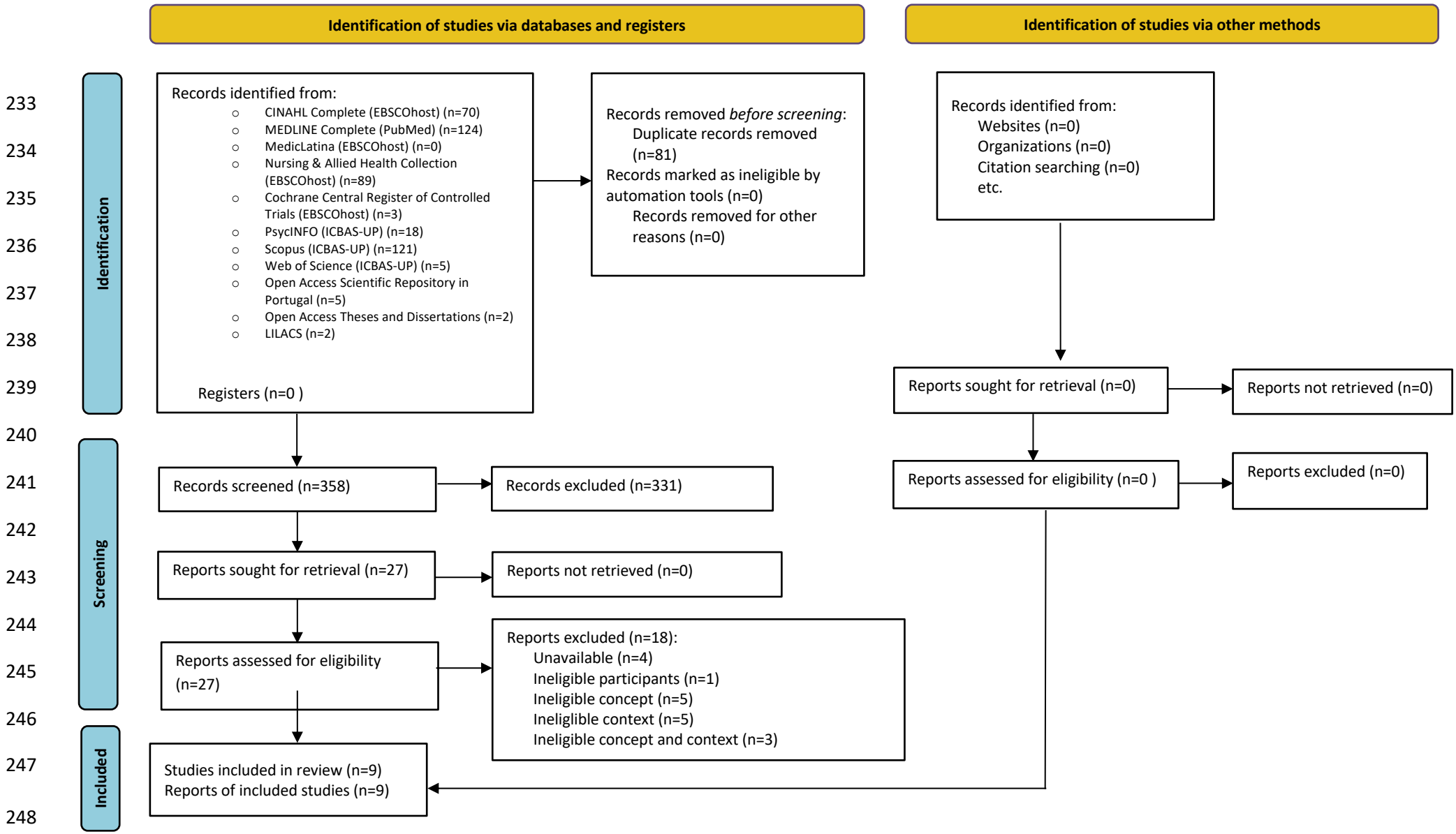

Figure 1: Search results and study selection and inclusion process[38]

Characteristics of included studies

Of the nine articles included in this scoping review, two were published in 2020[10,39], another two articles were published in 2006[40,41] another two articles were published in 2001[42,43] and the remaining three articles were published between 2007 and 2016[12,39,44].

The country with the highest number of published articles was the USA with four articles[10,44,41,42] followed by the Netherlands with two articles[39,40]. In Brasil[45], United Kingdom[43] and Thailand[12] one article was developed.

Three studies were randomized controlled trials[10,12,39], one was experimental study[40], one was a qualitative study[44], one was methodological study[45], one was quasi-experimental, quantitative, pilot study[41] , one was a quasi-experimental design using repeated measures analysis[42] and finally one was a focus group[43].

All articles were published in English. The characteristics of the included studies can be consulted in Appendix III.

Review findings

Supervisory programs implemented by the nurse to the caregiver

Through the analysis of the articles, it was possible to see that there are a variety of programs implemented by nurses for caregivers in order to promote their training and consequently guarantee the quality and safety of care. Most of these programs seek to meet the needs of caregivers, offering them support and training through education sessions[10,12,39,40,42,43] and laboratory practices[41] so that home care is effective and of high quality .

It is noteworthy that one article focused on telehealth[44] as a means of intervention in which it included weekly interactions via telephone and face-to-face meetings via videophone and another article refers to the construction of a protocol[45] with interventions aimed at informal caregivers that include guidelines on disease; emotional support; use of the health care network; food; respiratory tract; medications; hygiene; skin care; eliminations; dressing/undressing; positioning and transfer; fall prevention. These interventions are intended to be implemented by nurses.

Characteristics of the supervisory programs

The characteristics of supervision programs vary according to the type of program implemented. The duration of the programs varies considerably, with programs consisting of educational sessions over several weeks. The number of hours of the sessions also varies from program to program, as does the number of days per week on which these sessions occur. One program[12] consisted of 11 sessions of 90 minutes each, an experimental group that received the program based on Hulme's work on family empowerment and a control that received regular home visits. Another program[41] described in one of the articles included in this review covers a program consisting of six education sessions and practical classes in a skills training laboratory. We also have as an example a supervision program[10] with educational sessions lasting 60 to 75 minutes implemented to reduce the time burden of caregivers and local facilitators, it is a program that also consists of 1-3 individual calls made between the educational sessions and 1-2 calls after each class session to follow-up.

Another program[40] was developed by creating two programs, a group program comprising eight 120 minutes sessions with 8 to 12 family caregivers who met at the nearest city's home care service office and a home visiting program consisting of four 120 minutes sessions with the family caregiver and the patient in the patient's home. Each program lasted 10 weeks. Implemented by 17 experienced, homeschooling, tertiary-educated care nurses. Another program[43] reports face-to-face teaching and discussion sessions. It was held one day a week for 12 weeks. Weekly meetings were held between the nurse and the caregiver.

Another program described in one of the articles[42] included in this review includes educational modules that provide palliative and home care professionals with written and audiovisual materials. A teaching module kit was prepared. The teaching kit consists of an attractively designed binder with 14 individual information modules. The binder also contains three videotapes that will be described later in this section. This kit facilitates individualized family caregiver education about cancer in the home environment. Telephone contacts or home visits were used to clarify doubts. It is important to highlight a telehealth[44] based program that employs a variety of telehealth technologies to connect patients in their homes, which includes weekly phone interactions and face-to-face video phone meetings. This program provides asynchronous communication through a small home-based messaging system.

In all programs, the main objective is to train the caregiver to promote the quality and safety of the care provided[10,12,39,40,44,45,41,42,43].

Context in which supervisory programs are implemented

The domicile was the context for the implementation of supervisory programs in two articles[40,43]. In the other articles, the implementation contexts were, a nursing home[39]; a Department of Veterans Affairs[10]; the Hospital de Clínicas de Porto Alegre[45]; Two sub-districts in central Thailand[12]; the Community Health Institute (WHCHI) of Winchester Hospital[41] and the Commonwealth of Pennsylvania Department of Health, Cancer Control Program[42].

It is worth highlighting an innovative context that is telehealth[44] used as an implementation context in one of the articles included in this review.

Table 1. Summary of the characteristics of included studies

Author, year	Participants	Concept	Context	Main Conclusions
Shepherd-Banigan, M., et al., 2020	Caregivers of veterans	• 75 to 60 min education session • 1-3 individual calls between education sessions • 1-2 calls to follow-up	Department of Veterans Affairs (VA)	Caregivers who participated in the clinical trial reported high satisfaction with the intervention.
Bakker, T., et al., 2013	Patients and caregivers	• 13 weeks of program • Progress of the patient/caregiver was monitored weekly	Nursing Home	Improve general burden and competence of the caregiver
Schure, L., et al., 2006	Family caregivers and patients	• 10 weeks • Group program- 2 hours sessions • Home visit program – 2 hours sessions with patient and family caregiver	Patient's home	Family caregivers reported having improved their own health care
Lutz, B., Chumbler, N., & Roland, K., 2007	Veterans and their caregivers	• Weekly interactions via phone calls and in-person meetings via videophone • Home-based messaging system	North Florida/South Georgia Veterans Health Service and at the University of Florida, Health Sciences Center	A home-telehealth program could be beneficial to their stroke recovery at home
Oliveira dos Santos, N., et al., 2020	Nurses with experience	• Protocol with educational interventions in different areas: Disease Guidelines; Emotional Support; Use of the Health Care Network; Food; Respiratory Tract; Medications; Hygiene; Skin Care; Eliminations; Dressing/Undressing;	Hospital de Clínicas de Porto Alegre	The protocol improves the transition of care after hospital discharge

		Positioning and Transfer; Fall Prevention		
Wangpitipanit, S., et al., 2016	Caregivers	• The experimental group received the Program based on Hulme's work • The control group received usual home visits • 11 sessions – 90 minutes	Two sub-districts in central Thailand	Improvement in the ability of caregivers to provide quality care
Powers, S., 2006	Family caregivers	• 25 hours (6 sessions) • Skills training lab	Community Health Institute (WHCHI) do Winchester Hospital	Effective in increasing the confidence of caregivers and provide information and skills they need to provide better care
Pickett, M., Barg, F., & Lynch M., 2001	Family caregivers	• 14 educational modules with audiovisual materials who facilitates education in home setting • Telephone contacts or home visits for questions	Commonwealth of Pennsylvania Department of Health, Cancer Control Program	Provides with standardized training modules designed for use in the home with family caregivers
Gall, S., Elliot, L., Atkinson, J., & Johansen, R., 2001	Caregivers	• Face-to-face teaching and discussion sessions • 1 day a week for 12 weeks	Caregiver's home	Developed a support service for caregivers focusing on assessing and meeting their needs

Discussion

From the articles analyzed it is possible to see that there are several programs being implemented by nurses with the aim of training caregivers to promote the quality and safety of care in a community context. These programs aim to meet the needs of caregivers, providing support and training for them so that care at home is effective and of high quality.

The country with the highest number of publications in this area is the USA, this can be explained by the increase in the number of caregivers. According to the National Alliance for Caregiving, 2020, in the United States, the increase in the number of caregivers was about 9.5 million between 2015 and 2020, meaning that more than one in five Americans are caregivers[46].

The supervisory programs involve health education with adequate and personalized resources, planning and assessments and we believe that nurses are fundamental throughout this process.

Of the articles included, the programs are based on teaching caregivers through education sessions that vary in duration and frequency. The duration of the sessions varies from program to program, as does the number of days per week on which these sessions occur[10,12,39,40,41,42,43]. In some programs, accompanied by education sessions and practical classes in a skills training laboratory, we have home

visits[12,40] and follow-up phone calls[10,39] to understand how caregivers are viewing participation in the program.

From the analysis of the included articles, we can see the importance of implementing these supervisory programs in order to promote the training of caregivers, to instruct them, and to be a support network in the act of caring so that the quality and safety of care is ensured. These results can be supported by the existing literature.

This review is in line with evidence supported by several authors who demonstrate that intervention programs with caregivers aim to prevent and/or alleviate negative consequences related to caregiving, preserving the caregiver's quality of life and well-being, promoting a better and more optimized provision of care to the dependent person and satisfying the needs of both[47]. It is important to highlight the importance that these programs demonstrate in reducing caregiver burden as the programs promote the self-knowledge, and self-care of informal caregivers[10,39,40].

According to the authors, it is essential that programs address the needs of caregivers, especially with regard to the development of skills and abilities, including technical and emotional training, access to information, training, guidance. In this way, the caregiver improves their skills to provide care in the home environment, increasing their self-efficacy and, consequently, their quality of life, which helps to reduce the risk of psychosocial problems and overload[48].

When analyzing the various programs and interventions aimed at family caregivers, the presence of a wide range of approaches is observed: psychoeducational interventions, also known as psychotherapeutic or psychosocial (which can be group, individual or hybrid); educational interventions (offering information in various areas); interventions that use new technologies (such as telephone help and telenursing); mutual support; support or self-help groups (organized groups); multimodal and/or combined programs (including day centers, home support services and interventions psychoeducational, among others), as well as formal support (such as day centers, residences for the elderly and other community services); and different forms of assistance (such as financial help and legal support)[48].

Educational programs offer information in a structured and progressive way, made available through various strategies, allowing caregivers to expand their knowledge[49,50,51]. These programs promote the participation of caregivers and family members in health care, increase the quality of life of everyone

involved and reduce the burden faced by caregivers[49,50], in addition to preparing caregivers with knowledge and technical skills, and raising awareness about the their own health[51,52].

Recently, intervention programs using new technologies have emerged as a promising approach for the future of healthcare, focusing especially on promoting family caregivers' well-being and reducing stress. The use of the telephone stands out as an effective strategy, bringing benefits to caregivers due to its simplicity and wide acceptance. Furthermore, telehealth proves to be a valuable tool to assist caregivers' functionality and reduce burden, especially in situations where there is a need to monitor the health of the person being cared for and provide guidance during the transition from hospital to home[53,54]. This strategy proves to be an effective resource for populations far from healthcare professionals. Although this technology is a very important alternative, its use requires care, as it can become a barrier in situations of digital illiteracy on the part of caregivers[55,56].

Educational programs carried out in a short space of time are those that have been furthest from the objectives[57]. The duration of implementation of interventions is crucial to their success, and longer periods, which include responses appropriate to the caregiver's stage and continuous monitoring, have demonstrated the best results[58,59].

In relation to the context in which these programs were implemented, the home was the most used context in implementing the programs. Home care plays a fundamental role in promoting the health and well-being of the person being cared for. These services contribute to reducing hospital admissions, encourage individuals' autonomy and improve their quality of life[60]. The results found demonstrate that the choice of context is decisive for the provision of care.

There is no unanimous agreement on clinical supervision, it is still frequently underused by nursing professionals, even in the face of evidence that attests to its benefits. It is essential to understand supervision processes and value clinical supervision in practice, aiming to improve the quality of nursing care and promote safer and more efficient clinical performance. Furthermore, it is essential to develop empirical evidence in this area, thus contributing significantly to the advancement of nursing[61,62].

Limitations of the review

One of the limitations of this scoping review was the lack of information about the relationship between the context and the time of intervention, making it impossible to find answers to this question. The fact that the terms clinical supervision and supervisory programs are still little studied can also be considered a limitation of this review.

Conclusions

This scoping review identified supervisions programs implemented by nurses to caregivers in the community to promote the quality of care provided. The programs are based on health education for the informal caregiver and their empowerment. The characteristics of the programs such as duration and frequency vary. The home was a widely used setting for implementing these programs, while telehealth stood out as an innovative and attractive context.

Supervision programs implemented by nurses enhance caregivers' knowledge and help develop their skills to provide quality and safe care in the community. Training caregivers, accompanied by adequate and frequent supervision by nurses, makes it possible to obtain desirable health results and face the daily challenges of health systems in different countries. This scoping review highlights the importance and relevance of nursing research on clinical supervision carried out by nurses for informal caregivers in the community.

Implications for research

One of the knowledge gaps identified from the review results is related to the correct use of the term supervisory program. Therefore, it is important to recommend that in future investigations, the term supervisory programs implemented by nurses be used appropriately. The results obtained in this scoping review also allow us to suggest the development of a systematic review to evaluate the effectiveness of supervisory programs implemented by nurses in the community to promote the quality of care provided by caregivers.

Acknowledgments

This scoping review will contribute to MSc in Clinical Supervision for author IM.

Conflicts of interest

The authors declare no conflict of interest.

References

1. Rocha V, & Nascimento, I. Programa de intervenção em grupo com idosos institucionalizados: o projeto "Aqui entre nós": Climepsi Editores; 2014.
2. Mitra S, Brucker, D., & Jajtner, K. Wellbeing at older ages: Towards an inclusive and multidimentional measure. Disability and Health Journal 2020;13.
3. Merriam S, & Kee, Y. Promoting Community Wellbeing: The case for lifelong learning for older adults. Adult Education Quarterly 2014;64:128-44.
4. Anderson R, Mikuliç, B., Vermeylen, G., Lyly-Yrjanainen, M., & Zigante, V. Second European Quality of Life Survey Overview: European Foundation for the Improvement of Living and Working Conditions; 2009 [Available from: https://www.eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2009/02/en/2/EF0902EN.pdf.
5. Tarricone R, & Tsouros, A. . Home care in Europe: the solide facts: World Heath Organization; 2008. Available from: https://iris.who.int/handle/10665/328766.
6. Santos A. Cuidadores Informais, e agora! - O papel da mediação no cuidado prestado aos cuidadores informais: Instituto Politécnico de Coimbra; 2020.
7. Martins R, Henriques, T., & Carvalho, N. Impacto do internamento na rede nacional de cuidados continuados integrados na melhoria dos níveis da capacidade funcional dos utentes. Gestão e Desenvolvimento. 2018;26:177-91.
8. Petronilho F, Pereira, F., & Silva, A. Percepção de autoeficácia do familiar cuidador após o regresso a casa do dependente: estudo longitudinal. Revista Portuguesa de Enfermaem de Saúde Mental 2015;Ed. Esp.2:9-13.
9. Martins R, & Santos, C. Capacitação do cuidador informal: O papel dos enfermeiros no processo de gestão da doença. Gestão e Desenvolvimento. 2020;28:117-37.
10. Shepherd-Banigan M, Kaufman, B., Decosimo, K., Dadolf, J., Boucher, N., Mahanna, E., Bruening, R., Sullivan, C., Wang, V., Hastings, N., Allen, K., Sperber, N., Coffman, C., & Van Houtven, C. Adaptation and Implementation of a Family Caregiver Skills Training Program: From Single Site RCT to Multisite Pragmatic Intervention. Journal of Nursing Scholarship 2020;52:23-33.
11. Gibson C. A concept analysis of empowerment. Journal of Advanced Nursing. 1991;16:354-61.

12. Wangpitipanit S, Panuthai, S., Sucamvang, K., Lasuka, D., & Jitapunkul, S. Family Caregiver Capacity Building Program for Older People with Dependency in Thailand: A Randomized Controlled Trial. Journal of Nursing Research 2016;20:18-32.
13. Gibson C. The process of empowerment in mothers of chronically ill children. Journal of Advanced Nursing. 1995;21:1201-10.
14. Bayik T, & Uysal, A. Evaluation of an elderly care training programme for women International Nursing Review. 2010;57:240-6.
15. Souza L, Wegner, W., & Gorini, M. Health education: A strategy of care for the lay caregiver. Revista Latino-Americana de Enfermagem. 2007;15:337-43.
16. Diogo M, Ceolim, M., Cintra, F. Orientações para idosas que cuidam de idosos no domicílio. Revista da Escola de Enfermagem da USP. 2005;39:97-102.
17. L. Feinberg N, S. A study of 10 states since passage of the National Family Caregiver Support Program: Policies, perceptions, and program development. The Gerontologist. 2004;44:760-9.
18. Bifarin O, & Stonehouse, D. Clinical Supervision: An important part of every nurse's practice. British Journal of Nursing 2017;26.
19. O'Shea J, Kavanagh, C., Roche, L., & Connaire, S. Clinical supervision for nurses working in mental health services: Office of the Nursing and Midwifey Services Director, Health Service Executive; 2019 [Available from: https://healthservice.hse.ie/filelibrary/onmsd/clinical-supervision-for-nurses-working-in-mental-health-services-a-guide-for-nurse-managers-supervisors-supervisees.pdf.
20. Waidman M, Santos, G., Oliveira, W., & Sales, C. Care relationships between primary health care nureses and family caregivers of people with cancer. Revista Eletrónica de Enfermagem. 2013;15.
21. Dixe M, Teixeira, L., Areosa, T., Frontini, R., Peralta, T., & Querido, A. Needs and skills of informal caregivers to care for a dependent person: a cross-sectional study. BMC Geriatrics. 2019;19.
22. Bierhals C, Santos, N., Fengler, F., Raubustt, K., Forbes, D., & Paskulin, L. Needs of family caregivers in home care for older adults. Revista Latino-Americana de Enfermagem. 2017;25.
23. Teixeira M, Abreu, W., & Costa, N. Family caregivers of terminal ill patients at home: Contributions for a Supervison Model. Revista de Enfermagem Referência. 2016;4:65-74.
24. Vernon D, Brown, J., Griffiths, E., Nevill, A., & Pinkney, M. Reducing readmission rates throught a discharge follow-up service. Future Healthcare Journal. 2019;6:114-7.
25. Ferreira A. Autocuidado como indicador de qualidade e segurança dos cuidados: contributos da supervisão clínica em enfermagem: Escola Superior de Enfermagem do Porto; 2015.

26. França A, Ribeiro, C., Pinto Barroso, C., Segadães, F., Carvalho, L., Reis Santos, M., Fernandes, O., Cruz, S., Lopes, S., & Abreu, W. II Congresso Internacional de Supervisão Clínica: Livro de Comunicações & Conferências 2015.
27. Castro L, & Neri de Souza, D. Programa de intervenção psicossocial aos cuidadores informais familiares: o cuidar e o autocuidado. Revista Interações 2017;12.
28. Rodrigues L. Influência de um programa de intervenção de Enfermagem de Reabilitação no cuidador informal - minimização da Sobrecarga e prevenção de lesões músculo-esqueléticas associadas ao cuidar. Bragança: Instituto Politécnico de Bragança; 2018.
29. Jardim M. Programa de desenvolvimento de competências pessoais e sociais: Estudo para a promoção do sucesso académico: Universidade de Aveiro; 2007.
30. Teixeira MJ. Impacto dos programas educacionais nos membros da família prestadores de cuidados de pessoas em fase terminal: revisão integrativa. Pensar Enfermagem. 2015;19.
31. Alliance FC. Definitions: What do we mean by.... 2020 [Available from: https://www.caregiver.org/resource/definitions-0/.
32. Kin C, Tsang, C., Zhang, L., & Chan, S. A Nurse-Led Education Program for Pneumoconiosis Caregivers at the Community Level. International Journal of Environmental Research and Public Health. 2021;18.
33. Eskes A, Van Ingen, C., Horst, M., Schreuder, A., Chaboyer, W., & Van Dijkum,E. The experiences of family caregivers who participated in a family involvement program after cancer surgery: A qualitative study. European Journal of Oncology Nursing. 2020;49.
34. Coelho M, Esteves, I., Mota, M., Pestana-Santos, M., Reis Santos, M., & Pires, R. Clinical Supervision of the nurse in the community to promote quality of care provided by the caregiver: Scoping Review Protocol. Millenium. 2022;2:83-9.
35. Peters MDJ GC, McInerney P, Munn Z, Tricco AC & Khalil H. Chapter 11: Scoping reviews: JBI Manual for Evidence Synthesis; 2020.
36. Tricco A, Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M., Horsley, T., Weeks, L., Hemple, S., Akl, E., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M., Chantelle, G…. Straus, S. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Annals of internal medicine. 2018;169:467-73.
37. Health Do. A vision for the future: The nursing, midwifery and health visiting contribution to health and health care. London: NHS Management Executive: Stationery Office; 1993.
38. Page M, McZenzie, J., Bossuyt, P., Boutron, I., Hoffmann, T., Mulrow, C., et al. . The PRISMA 2020 statement: an update guideline for reporting systematic reviews. BMJ. 2021;10.

39. Bakker T, Duivenvoorden, H., Van der Lee, J., Rikkert, M., Beekman, A., & Ribbe, M. Benefit of an integrative psychotherapeutic nursing home program to reduce multiple psychiatric symptoms of psychogeriatric patients and caregiver burden after six months of follow-up: a re-analysis of a randomized controlled trial. International Psychogeriatrics 2013;25:34-46.
40. Schure L, Van den Heuvel, E., Stewart, R., Sanderman, R., Witte, L., & Meyboom-de Jong, B. Beyond stroke: description and evaluation of an effective intervention to support family caregivers of stroke patients. Patient Education and Counseling. 2006;62:46-55.
41. Powers S. The Family Caregiver Program: Design and Effectiveness of an Education Intervention. Home Healthcare Nurse: The Journal for the Home Care and Hospice Professional. 2006;24:513-6.
42. Pickett M, Barg, F., & Lynch, M. Development of a Home-Based Family Caregiver Cancer Education Program. The Hospice Journal. 2000;15.
43. Gall S, Elliot, L., Atkinson, J., & Johansen, R. Training nurses to support carers of relatives with schizophrenia. British Journal of Nursing. 2001;10.
44. Lutz B, Chumbler, N., & Roland, K. Care coordination/home-telehealth for veterans with stroke and their caregivers: addressing an unmet need. Top Stroke Rehabil. 2007;14:32-42.
45. Santos N, Predebon, M., Bierhals, C., Day, C., Machado, D., & Paskulin, L. Development and validation a nursing care protocol with educational interventions for family caregivers of elderly people after stroke. Revista Brasileira de Enfermagem. 2020;73.
46. Caregiving NAf. Caregiving in the United States: 2020 Report Washington D.C.: National Alliance for Caregiving 2020 [
47. Metzelthin SF, Verbakel, E., Veenstra, M. Y., van Exel, J., Ambergen, A. W., & Kempen, G. I. Positive and negative outcomes of informal caregiving at home and in institutionalised long-term care: A cross-sectional study. BMC Geriatrics. 2017;17:1-10.
48. Bailey WA, & Harrist, A. W. Family Caregiving - Fostering Resilience Across the Life Course. Gewerbestrasse: Springer International Publishing AG. 2018.
49. Widowati S, Devi, S. R., & Nihayati, H. E. Caregiver Burden, Qua- lity of Life and Empowerment Intervention in Caregiver Family with Schi- zoprenia. Proceedings of the 9th International Nursing Conference. 2018:547-51.
50. Hekmatpou D, Baghban, E. M., & Dehkordi, L. M. The effect of patient care education on burden of care and the quality of life of caregivers of stroke patients. Journal of Multidisciplinary Healthcare. 2019;12:211-7.

549 51. Whitlatch CJ, & Orsulic-Jeras, S. Meeting the Informational, Educational, and Psychosocial
550 Support Needs of Persons Living With Dementia and their Family Caregivers. The Gerontologist. 2018.
551 52. Wiegelmann H, Speller, S., Verhaert, L.-M., Schirra-Weirich, L., & Wolf-Oster- mann, K.
552 Psychosocial interventions to support the mental health of informal caregivers of persons living with
553 dementia – a systematic literature review. BMC Geriatrics. 2021;21.
554 53. Shohani M, Mozafari, M., Khorshidi, A., & Lotfi, S. Comparing the effects of face-to-face and
555 telenursing education on the quality of family caregivers caring in patients with cancer. Journal of
556 Family Medicine and Primary Care. 2018;7:1209-15.
557 54. Sadeghmoghadam L, Shahriyan, F., Delshad, A., & Deluee, M. A. The effect of educational
558 intervention by tele-nursing on caregiver burden in family caregivers of elderly with Alzheimer's
559 disease. Alzheimer's Dementia. 2020;16.
560 55. Bakas T, McCarthy, M. J., Israel, J., Brehm, B. J., Dunning, K., Rota, M., . . . Mill- er, E. L. Adapting
561 the telephone assessment and skill-building kit to the telehealth technology preferences of stroke
562 family caregivers. Research in Nursing & Health. 2020:1-11.
563 56. Soleimaninejad A, Valizadeh-Haghi, S., & Rahmatizadeh, S. . Assessing the eHealth literacy
564 skills of family caregivers of medically ill elderly. Online Journal of Public Health Informatics. 2019;11.
565 57. França D, Peixoto, M. J., & Araújo, F. Intervenções Eficazes na Prevenção ou Redução da
566 Sobrecarga do Familiar Cuidador: Revisão Sistemática da Literatura. Revista Rol de Enfermeria.
567 2020;43:69-80.
568 58. Shaw JM, Young, J. M., Butow, &. N., Badgery-Parker, T., Durcinoska, I., Harrison, J. D., . . .
569 Solomon, M. J. Improving psychosocial outcomes for caregivers of people with poor prognosis
570 gastrointestinal cancers: a randomized controlled trial (Family Connect). Support Care Cancer.
571 2016;24:585-95.
572 59. Wittenberg E, Goldsmith, J., Ferrell, B., & Ragan, S. L. . Promoting improved family caregiver
573 health literacy: evaluation of caregiver communication resources. Psycho-Oncology. 2017;26:935-42.
574 60. Organization WH. Home care for patients with suspected or confirmed COVID-19 and
575 management of their contatcs 2020 [Available from:
576 https://iris.who.int/bitstream/handle/10665/333782/WHO-2019-nCoV-IPC-HomeCare-2020.4-
577 eng.pdf?sequence=5
578 61. A. J. Clinical supervision: what do we know and what do we need to know? A review and
579 commentary. Journal of Nursing Management. 2006;14:577-85.
580 62. Markey K, Murphy, L., O'Donnell, C., Turner, J., Doody, O. Clinical supervision: A panacea for
581 missed care. Journal of Nursing Management. 2020;28:2113-7.

Appendix I: Search strategy

CINAHL via EBSCOhost (ESEP) , search conducted on 15th May 2024

Search	Query	Records retrieved
#1	MW ("caregivers")	45,123
#2	TI ("caregiver*) OR TI ("informal caregiver") OR TI ("carer*") OR TI ("family caregiver") OR TI ("care-giver") OR AB ("caregiver*) OR AB ("informal caregiver") OR AB ("carer*") OR AB ("family caregiver") OR AB ("care-giver")	81,392
#3	MW ("program development") OR MW ("nursing, supervisory")	30,931
#4	TI ("programs, training") OR TI ("clinical supervision") OR TI ("supervisory program*") OR AB ("programs, training") OR AB ("clinical supervision") OR AB ("supervisory program*")	2,215
#5	MW ("home nursing") OR MW ("home care services") OR MW ("nursing homes") OR MW ("community support")	31,124
#6	("home care") OR TI ("home nursing") OR TI ("residential care home") OR TI ("home help") OR AB ("domicile") OR AB ("home care") OR AB ("home nursing") OR AB ("residential care home") OR AB ("home help")	18,633
#7	#1 OR #2	94,824
#8	#3 OR #4	33,095
#9	#5 OR #6	47,976
#10	#7 AND #8 AND #9	72
#11	#10 AND Filters: English, Portuguese, Spanish, from 1993-2024	70

MEDLINE (PubMed) **,** search conducted on May 15th 2024

Search	Query	Records retrieved

#1	caregiver*[Title/Abstract] OR "informal caregiver"[Title/Abstract] OR carer*[Title/Abstract] OR "family caregiver"[Title/Abstract] OR "care-giver"[Title/Abstract]	120,040
#2	Caregivers[MeSH Terms]	53,003
#3	"programs, training"[Title/Abstract] OR supervision[Title/Abstract] OR "supervisory program*"[Title/Abstract]	39,024
#4	"Nursing, Supervisory"[MeSH Terms]	8,422
#5	"home care"[Title/Abstract] OR "home nursing"[Title/Abstract] OR "residential care home"[Title/Abstract] OR "home help"[Title/Abstract]	24,920
#6	"Home Nursing" OR "Home Care Services" OR "Nursing Homes" OR "Community Support"[MeSH Terms]	93,031
#7	#1 OR #2	130,385
#8	#3 OR #4	46,540
#9	#5 OR #6	101,605
#10	#7 AND #8 AND #9	146
#11	#10 AND Filters: English, Portuguese, Spanish, from 1993-2024	124

586

587 MedicLatina via EBSCOhost (ESEP) , search conducted on 15th May 2024

Search	**Query**	**Records retrieved**
#1	TI (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver") OR AB (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver")	832
#2	TI ("programs, training" OR "clinical supervision" OR "supervisory program*") OR AB ("programs, training" OR "clinical supervision" OR "supervisory program*")	5
#3	TI ("home care" OR "home nursing" OR "residential care home" OR "home help") OR AB (communit* OR domicile OR "home care" OR "home nursing" OR "residential care home" OR "home help")	3,522

#4	#1 AND #2 AND #3	0
#5	#4 AND Filters: English, Portuguese, Spanish, from 1993-2024	0

588

589 Nursing & Allied Health Collection via EBSCOhost (OE), search conducted on 15th

Search	Query	Records retrieved
#1	TI (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver") OR AB (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver")	18,881
#2	TI ("programs, training" OR "clinical supervision" OR "supervisory program*") OR AB (program* OR "programs, training" OR "clinical supervision" OR "supervisory program*")	108,689
#3	TI ("home care" OR "home nursing" OR "residential care home" OR "home help") OR AB ("home care" OR "home nursing" OR "residential care home" OR "home help")	3,751
#4	#1 AND #2 AND #3	93
#5	#4 AND Filters: English, Portuguese, Spanish, from 1993-2024	89

590

591 Cochrane Central Register of Controlled Trials via EBSCOhost (OE), search conducted on 15th May

Search	Query	Records retrieved
#1	TI (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver") OR AB (caregiver* OR "informal caregiver" OR carer* OR "family caregiver" OR "care-giver")	22,300
#2	TI ("programs, training" OR "clinical supervision" OR "supervisory program*") OR AB ("programs, training" OR "clinical supervision" OR "supervisory program*")	175
#3	TI ("home care" OR "home nursing" OR "residential care home" OR "home help") OR AB (communit* OR "home care" OR "home nursing" OR "residential care home" OR "home help")	59,529
#4	#1 AND #2 AND #3	5
#5	#4 AND Filters: English, Portuguese, Spanish, from 1993-2024	3

592 PsycINFO, search conducted on 15th May 2024

Search	Query	Records retrieved
#1	TI (caregiver* OR “informal caregiver” OR “carer*” OR “family caregiver” OR “care-giver”) OR AB (caregiver* OR “informal caregiver” OR “carer*” OR “family caregiver” OR “care-giver”)	74,970
#2	TI (“programs, training” OR “Clinical supervision” OR “supervisory program*” OR “nursing, supervisory”) OR AB (“programs, training” OR “Clinical supervision” OR “supervisory program*” OR “program development” OR “nursing, supervisory”)	2,829
#3	TI (“home care” OR “home nursing” OR “residential home care” OR “home help”) OR AB (“home care” OR “home nursing” OR “residential home care” OR “home help”)	7,085
#4	MA Caregivers	16,698
#5	MA “program development” OR “nursing, supervisory”	5,521
#6	MA “home nursing” OR “home care services”	5,403
#7	#1 OR #4	78,163
#8	#2 OR #5	8,251
#9	#3 OR #6	11,112
#10	#7 AND #8 AND #9	19
#11	#10 AND Filters: English, Portuguese, Spanish, from 1993-2024	18

593

594 SCOPUS, search conducted on 15th May 2024

Search	Query	Records retrieved
#1	TITLE-ABS-KEY(caregiver* OR “informal caregiver” OR “carer*” OR “family caregiver” OR “care-giver”)	193,976

#2	TITLE-ABS-KEY(“programs, training” OR “Clinical supervision” OR “supervisory program*” OR “program development” OR “nursing, supervisory”)	58,458
#3	TITLE-ABS-KEY(“home care” OR “home nursing” OR “residential home care” OR “home help”)	95,803
#4	#1 AND #2 AND #3	129
#5	#4 AND Filters: English, Portuguese, Spanish, from 1993-2024	121

Web of Science, search conducted on 15th May 2024

Search	**Query**	**Records retrieved**
#1	caregiver* OR “informal caregiver” OR “carer*” OR “family caregiver” OR “care-giver” (Title) or caregiver* OR “informal caregiver” OR “carer*” OR “family caregiver” OR “care-giver” (Abstract)	132,305
#2	“programs, training” OR “Clinical supervision” OR “supervisory program*” OR “program development” OR “nursing, supervisory” (Title) OR “programs, training” OR “Clinical supervision” OR “supervisory program*” OR “nursing, supervisory” (Abstract)	7,401
#3	“home care” OR “home nursing” OR “residential home care” OR “home help” (Title) or community* OR domicile OR “home care” OR “home nursing” OR “residential home care” OR “home help” (Abstract)	18,838
#4	#1 AND #2 AND #3	5
#5	#4 AND Filters: English, Portuguese, Spanish, from 1993-2024	5

Open Access Scientific Repository in Portugal (RCAAP), search conducted on 15th May 2024

Search	**Query**	**Records retrieved**
#1	caregiver AND program AND supervision AND community	2

#2	#1 AND Filters: English, Portuguese, Spanish, from 1993-2024	2
#3	cuidador AND programa AND supervisão AND comunidade	3
#4	#3 AND Filters: English, Portuguese, Spanish, from 1993-2024	3

Open Access Theses and Dissertations, search conducted on 15th May 2024

Search	**Query**	**Records retrieved**
#1	caregiver AND program AND supervision AND community	2
#2	#1 AND Filters: English, Portuguese, Spanish, from 1993-2024	2

LILACS, search conducted on 15th May 2024

Search	**Query**	**Records retrieved**
#1	caregiver AND program AND supervision AND community	2
#2	#1 AND Filters: English, Portuguese, Spanish, from 1993-2024	2

Appendix II: Studies ineligible following full-text review

1. Bayik TA, & Uysal, A. Evaluation of an elderly care training programme for women. Internacional Nursing Review. 2010;57:240-6.
Reason for exclusion: Ineligible participants

2. Chiu M, Pauley, T., Wesson, V., Pushpakumar, D., & Sadavoy, J. Evaluation of a problem-solving (PS) techniques-based intervention for informal carers of patients with dementia receiving in-home care. Internacional Psychogeriatrics. 2015;27.
Reason for exclusion: Ineligible concept

3. Diogo M, Ceolim, M., & Cintra, F. Orientações para idosas que cuidam de idosos no domicílio. Revista da Escola de Enfermagem da USP. 2005;39:97-102.
Reason for exclusion: Ineligible context

4. Eskes A, van Ingen, C., Horst, M., Shreuder, A., Chaboyer, W., & van Dijkum E. The experiences of family caregivers who participated in a family involvement program after cancer surgery: A qualitative study. European Journal of Oncology Nursing 2020;49.
Reason for exclusion: Ineligible context

5. Fänge A, Schmidt, S., Nilsson, M., Carlsson, G., Liwander, A., Bergström, C., Olivetti, P., Johansson, P., & Chiatti, C. . The TECH@HOME study, a technological intervention to reduce caregiver burden for informal caregivers of people with dementia: study protocol for randomized controlled trial Trials. 2017;18
Reason for exclusion: Ineligible concept

6. Feinberg L, & Newman, S. A study of 10 states since passage of the National Family Caregiver Support Program: Policies, perceptions, and program development The Gerontologist. 2004;44:760-9.
Reason for exclusion: Ineligible concept

7. Guerrero L, Lagha, R., Shim, A., Gans, D., Schickedanz, H., Shiner, L., & Tan, Z. Geriatric workforce development for the underserved: Using RCQI methodology to evaluate the training of IHSS caregivers. Journal of Applied Gerontology 2020;39:770-7.
Reason for exclusion: Ineligible concept

8. Haberstroh J, Neumeyer, K., Krause, K., Franzmann, J., & Pantel, J. TADEM: Communication training for informal caregivers of people with dementia. Aging & Mental Health 2011;15:405-13.
Reason for exclusion: Ineligible concept and context

9. Habib-Hasan Z, Sheikh, M., Hoodbhoy, Z., Azam, I., & O'Neil, M. Early intervention physical therapy using "Parent Empowerment Program" for children with Down syndrome in Pakistan: A feasibility study. Journal of Pediatric Rehabilitation Medicine: A Interdisciplinary Approach. 2020;13:233-40.
Reason for exclusion: Ineligible concept

10. Loerzel V, Crosby, W., Reising, E., & Sole, M. Developing the Tracheostomy Care Anxiety Relief Through Education and Support (T-CARES) Program. Clinical Journal of Oncology Nursing. 2014;18.
Reason for exclusion: Ineligible context

11. Ramos M, Sakib, N., & Hasan, M. Dementia care partner activation program for filipino americans. Innovation in Aging 2023;7.
Reason for exclusion: Unavailable

12. Schofield H, Eastwood, R., Lewis, P., & Scotton R. The health and wellbeing of informal caregivers: a review and study program. Australian Journal of Public Health 1993;17.
Reason for exclusion: Ineligible concept and context

13. Silveira R, Mendes, E., Fuentefria, R., Valentini, N., & Procianoy R. Early intervention program for very low birth weight preterm infants and their parents: a study protocol. BMC Pediatrics 2018;18
Reason for exclusion: Ineligible concept and context

14. Smith M, Sachse, K., & Perry, M. Road to Home Program: A performance improvement initiative to increase family and nurse satisfaction with the discharge education process for newly diagnosed pediatric oncology patients Journal of Pediatric Oncology Nursing. 2018;35:368-74.
Reason for exclusion: Ineligible context

15. Srisuk N, Cameron, J., Ski, C., & Thompson, D. Randomized controlled trial of family-based education for patients with heart failure and their carers. Journal of Advanced Nursing. 2017;73:857-70.
Reason for exclusion: Ineligible context

16. Chen M, Palmer, M., & Lin, S. SOURCE, a learned resourcefulness program to reduce caregiver burden and improve quality of life for older family caregivers. International journal of older people nursing. 2024;19.
Reason for exclusion: Unavailable

17. Esmaeili M, Nayeri, N., Bahramnezhad, F., Ghazi, S., & Asgari, P. . Effectiveness of a Supportive Program on Caregiver Burden of Families Caring for Patients on Invasive Mechanical Ventilation at Home: An Experimental Study. Creative Nursing 2023;29.
Reason for exclusion: Unavailable

18. Robinson K, Angeletti, K., Barg, K., Pasacreta, J., McCorkle, R., & Yasko, J. The development of a family caregiver cancer education program. Journal of Cancer Education. 1998;13.
Reason for exclusion: Unavailable

Appendix III: Characteristics of included studie

Appendix III: Characteristics of included studies

Data extraction table in a scoping review	
Author Year	Shepherd-Banigan, M., et al., 2020
Article Title	Adaptation and Implementation of a Family Caregiver Skills Training Program: From Single Site RCT to Multisite Pragmatic Intervention
Aim	Implement an education and skills improvement intervention to address the needs of family caregivers of functionally impaired veterans
Study methods	Original randomized controlled trial (RCT)
Supervisions programs implemented and their characteristics	Adapted HI-FIVES content to create a new intervention—Implementing HI-FIVES (iHI-FIVES). 75 to 60 min in each education session to reduce the burden on caregivers' and site facilitators' time. In this program, 1-3 individual calls are made between education sessions and 1-2 calls after each class session to follow-up.
Context	Department of Veterans Affairs (VA).
Results	Adaptations to HI-FIVES content and delivery included identifying core/noncore curriculum components, reducing instructional time, and streamlining recruitment of caregivers to clinical settings. To increase curricular flexibility and potential uptake, site staff were able to choose

	which staff would deliver the intervention and whether they would offer in-person or remote classroom sessions.
Main conclusions	The benefits of implementing iHI-FIVES are widely recognized as a valuable intervention for veteran caregivers. Caregivers who participated in the clinical trial reported high satisfaction with the intervention. Nursing professionals play a significant role in applying their expertise in working with family caregivers, enabling the rapid implementation of effective strategies and interventions.

Data extraction table in a scoping review	
Author Year	Bakker, T., et al., 2013
Article Title	Benefit of an integrative psychotherapeutic nursing home program to reduce multiple psychiatric symptoms of psychogeriatric patients and caregiver burden after six months of follow-up: a re-analysis of a randomized controlled trial
Aim	Test the long-term benefit of an integrative reactivation and rehabilitation (IRR) program compared to usual care in terms of improved psychogeriatric patients on multiple psychiatric symptoms (MPS) and of caregivers on burden and competence.
Study methods	Open RCT .The study included 168 patients (81 IRR (integrative reactivation and rehabilitation program) and 87 UC (usual care)).
Supervisions programs implemented and their characteristics	Duration of 13 weeks, with clinical admission to a separate 15-bed specialized unit in a psychiatric-skilled nursing home. The progress of the patient/caregiver was monitored weekly, guided by the method of standardized goal attainment scaling.
Context	Nursing Home
Results	In relation to caregivers, the IRR showed a greater probability of improvement in competence. Furthermore, after full completion of the program, the ORs on competence and experienced burden ranged between 2.40 and 4.18, resulting in a high percentage of caregivers who showed improvements, reaching up to 71%.
Main conclusions	IRR show the higher probability to improve general burden and competence of the caregiver with an NNT of five. The results were even more pronounced for those who fully completed the IRR program.

Data extraction table in a scoping review	
Author Year	Schure, L., et al., 2006
Article Title	Beyond stroke: Description and evaluation of an effective intervention to support family caregivers of stroke patients
Aim	Evaluate the strengths and weaknesses of a group support program and a home visiting program for family caregivers of stroke patients.
Study methods	130 participants being assigned to the group program, 78 to the home visiting program and 49 to the control group.
Supervisions programs implemented and their characteristics	The group program comprised eight 2-hour sessions with 8 to 12 family caregivers who met at the home care service office in the nearest city. The home visit program consisted of four 2-hour sessions with the family caregiver and the patient in the patient's home. Each program lasted 10 weeks. Implemented by 17 experienced care nurses homeschoolers with higher education.
Context	Group support program and an individual support program at the patient's home.
Results	Compared to the home visit program, participants in the group program showed more evident benefits, especially in the informational and emotional areas. Caregivers' preference regarding the type of intervention showed that both participants who received home visits and those who participated in groups tended to employ more active coping strategies, or to live in regions considered more social.
Main conclusions	Family caregivers reported having improved their own health care. Participants in both types of programs expressed a desire to continue contact with the home care nurse even after the intervention was completed.

Data extraction table in a scoping review	
Author Year	Lutz, B., Chumbler, N., & Roland, K., 2007
Article Title	Care Coordination/Home-Telehealth for Veterans with Stroke and Their Caregivers: Addressing an Unmet Need
Aim	Identify postdischarge needs of veterans with stroke and their caregivers and to identify how to design a care coordination/home-telehealth program to address these needs
Study methods	Qualitative study. Veterans and their caregivers (N = 22) were interviewed about their experiences with stroke, their postdischarge stroke recovery needs, and their experiences with the Veterans Administration's existing Care Coordination/ Home-Telehealth (CC/HT) program.
Supervisions programs implemented and their characteristics	CC/HT employs a variety of telehealth technologies to connect with veterans in their homes, which includes weekly interactions via phone calls and in-person meetings via videophone. The CC/HT program provides asynchronous communication through a small, home-based messaging system.
Context	North Florida/South Georgia Veterans Health Service and at the University of Florida, Health Sciences Center.
Results	The results of the study demonstrate that the implementation of a CC/HT program can contribute to the patient's recovery at home.
Main conclusions	A home-telehealth program could be beneficial to their stroke recovery at home.

Data extraction table in a scoping review	
Author Year	Oliveira dos Santos, N., et al., 2020
Article Title	Development and validation a nursing care protocol with educational interventions for family caregivers of elderly people after stroke
Aim	Development and validation the content of a nursing care protocol with educational interventions for family caregivers of elderly people after stroke.
Study methods	A methodological study conducted in three stages: (1) protocol development through literature review; (2) pretest with multidisciplinary team, analyzed with literature articulation; (3) protocol validation by the Delphi Technique.
Supervisions programs implemented and their characteristics	The protocol includes the following guidelines: Disease Guidelines; Emotional Support; Use of the Health Care Network; Food; Respiratory Tract; Medications; Hygiene; Skin Care; Eliminations; Dressing/Undressing; Positioning and Transfer; Fall Prevention
Context	Hospital de Clínicas de Porto Alegre (HCPA).
Results	The validated protocol consisted of 12 domains, containing 42 items and 240 care guidelines. In validation, there were two rounds by the Delphi Technique.
Main conclusions	The protocol improves the transition of care after hospital discharge, supporting nurses in providing home care. The protocol development phase, through a literature review, was essential to identify educational interventions that should be targeted at family caregivers of elderly people who have experienced a stroke.

Data extraction table in a scoping review	
Author Year	Wangpitipanit, S., et al., 2016
Article Title	Family Caregiver Capacity Building Program for Older People with Dependency in Thailand: A Randomized Controlled Trial
Aim	Investigated the effectiveness of the Family Caregiver Capacity Building Program on caregivers' care ability and quality of care.
Study methods	RCT – a sample of 55 family caregivers, were randomly assigned to a control group (n=29) and an experimental group (n=26).
Supervisions programs implemented and their characteristics	The experimental group received the Program based on Hulme's work in family empowerment. The control group received usual home visits. The program contain 11 sessions – 90 minutes each.
Context	Two sub-districts in central Thailand.
Results	The results of this study indicate that the hypothesis that, after the implementation of the Program, the experimental group presented higher overall mean scores in the ability to care for the caregiver, as well as in the physical, psychological and environmental dimensions, compared to the baseline and the control group, was partially confirmed. The Program achieved its objective of improving this ability by providing health education and skills, promoting interaction between older adults and their family caregivers, and facilitating small group discussions to exchange experiences, in addition to supporting and empowering family caregivers so that they can effectively perform their roles in relation to older adults.
Main conclusions	The Program was effective in improving the ability of caregivers to provide quality care for older people with dependency.

Data extraction table in a scoping review	
Author Year	Powers, S., 2006
Article Title	The family caregiver program/ Design and effectiveness of an education intervention
Aim	Describes a formal education program for family caregivers, created by Winchester Hospital's Community Health Institute in Massachusetts, to meet their needs.
Study methods	Quasi-experimental, quantitative, pilot study- convenience sample is 11 participants The two eligibility criteria were (1) the participant's ability to read and write English and (2) being the family caregiver of a patient aged 60 years or older who was discharged from the hospital and needed home care.
Supervisions programs implemented and their characteristics	The Family Caregiver Program consists of 25 hours (6 sessions) of classroom education, which includes practice in a skills training lab.
Context	Community Health Institute (WHCHI) do Winchester Hospital
Results	Improvements in care were noted with the implementation of the program, however participants indicated the need for additional education in body mechanics. Participants felt the length of the sessions was appropriate.
Main conclusions	Research suggests that the Family Caregiver Program is effective in increasing the confidence of caregivers involved in this educational intervention. A formal training program provides caregivers with the information and skills they need to provide better care for their elderly family members with illnesses.

Data extraction table in a scoping review	
Author Year	Pickett, M., Barg, F., & Lynch M., 2001
Article Title	Development of a Home-Based Family Caregiver Cancer Education Program
Aim	Specifically address family caregivers' needs for acquisition of necessary knowledge and skills to meet the physical and psychosocial demands associated with caring for a patient with advanced cancer.
Study methods	Two-group, quasi-experimental design using repeated measures analysis.
Supervisions programs implemented and their characteristics	The program is comprised of educational modules that provide hospice and home care professionals with written and audiovisual materials. A teaching module kit was prepared. The teaching kit consists of an attractively designed binder with 14 individual information modules. The binder also contains three videotapes that will be described later in this section. This kit facilitates "one-to-one" family caregiver cancer education in the home setting. Telephone contacts or home visits for questions.
Context	Commonwealth of Pennsylvania Department of Health, Cancer Control Program
Results	A sample of home caregivers validated that the educational modules meet the frequent needs of caregivers. Nurses who evaluated the program were very satisfied with the content, format, and clarity of the modules.
Main conclusions	This educational program provides palliative and home care professionals with standardized training modules designed for use in the home with family caregivers of advanced cancer patients.

Data extraction table in a scoping review	
Author Year	Gall, S., Elliot, L., Atkinson, J., & Johansen, R., 2001
Article Title	Training nurses to support carers of relatives with schizophrenia
Aim	Describes a needs-led support service that has been designed for carers whose relatives are diagnosed with schizophrenia. It recognizes the importance of a collaborative partnership between carers and nurses.
Study methods	This was organized through a series of focus groups. Neither the carers nor the nurses had met before. A draft programme was used as the basis of discussion during four focus group sessions.
Supervisions programs implemented and their characteristics	The training programme consisted of face-to- face teaching and discussion sessions. It was held one day a week for 12 weeks. Weekly meetings were held between the nurse and the caregiver.
Context	Meetings would be held at the caregiver's home, but a suitable location in the community could be chosen by consensus.
Results	A schedule was created to assess caregiver needs, divided into five sections. This approach facilitated the organization of nursing/caregiver sessions and allowed for a detailed analysis of key areas of care.
Main conclusions	This program has developed a support service for caregivers of family members with schizophrenia, focusing on assessing and meeting their needs through joint planning with caregivers. Collaboration between nurses and caregivers is essential, based on mutual respect for their experiences and skills.

4. CONCLUSÃO

A SCE é um domínio da profissão ainda pouco explorado e difundido. A supervisão clínica implementada aos cuidadores informais é de extrema importância para garantir a qualidade dos cuidados prestados. Através do acompanhamento é possível oferecer orientações especializadas, promover a troca de experiências e garantir que os cuidadores lidem de forma adequada com situações de emergência e com a prestação dos cuidados diários. Contribui também para a prevenção da sobrecarga dos cuidadores, oferecendo suporte emocional para que consigam desenvolver estratégias de *coping* eficazes de forma a lidar com o *stress* e ansiedade decorrentes da função de cuidar. A SCE proporciona apoio, orientação e educação aos cuidadores, capacitando-os para desempenharem as suas funções de forma mais eficaz e segura. Ajuda também a identificar possíveis problemas ou necessidades de melhoria, visando sempre o aperfeiçoamento da qualidade dos cuidados e a promoção do bem-estar das pessoas e dos cuidadores. Assim, supervisão clínica implementada aos cuidadores informais contribui para a melhoria da qualidade de vida do cuidador e do doente, garantindo um cuidado mais eficaz e humanizado.

Os programas supervisivos implementados ao cuidador na comunidade são essenciais para garantir a qualidade dos cuidados prestados aos indivíduos que necessitam de cuidados. Assim, investir em programas supervisivos é fundamental para garantir um atendimento de qualidade, promover a valorização e o reconhecimento do trabalho dos cuidadores na comunidade assim como ajudar e apoiar os cuidadores na gestão da sua própria saúde e bem estar.

A presente dissertação, através da realização de uma *scoping review*, mapeou os programas supervisivos implementados pelo enfermeiro ao cuidador na comunidade para promover a qualidade e segurança dos cuidados prestados. Os resultados obtidos permitiram comprovar melhorias na qualidade de vida e no bem-estar dos cuidadores e das pessoas cuidadas. Os cuidadores sentem-se mais preparados e confiantes para a prestação de cuidados após a

implementação dos programas supervisivos. E, o interesse e reconhecimento da relevância da supervisão clínica implementada por enfermeiros a cuidadores tem crescido significativamente ao longo das últimas décadas, como demonstrado pelo aumento do número de publicações sobre o assunto.

A investigação realizada enriquece a disciplina e a ciência de Enfermagem, além de ressaltar a importância da pesquisa nesta área para enfrentar os desafios atuais dos sistemas de saúde. Portanto, é fundamental avaliar a aplicabilidade e eficácia dos programas supervisivos implementados por enfermeiros a cuidadores, como apontado nesta revisão.

Durante este período académico, a pesquisa realizada permitiu expandir o conhecimento científico sobre a implementação da SCE aos cuidadores no sentido de garantir a qualidade e segurança dos cuidados. Apesar disso, foram encontradas dificuldades como a complexidade na seleção dos estudos, a organização dos temas abordados e o cumprimento dos prazos definidos. No entanto, o resultado final resultou num conhecimento mais completo, organizado e elucidativo sobre o assunto.

Consideramos que a pesquisa realizada contribui significativamente para o avanço da disciplina e da ciência de enfermagem. Perante os desafios enfrentados pelos sistemas de saúde em diferentes países, a investigação sobre os programas supervisivos implementados por enfermeiros aos cuidadores mostra-se essencial.

Como limitações deste estudo podemos referir a escassez de artigos disponíveis sobre o tema em questão, o que pode restringir a profundidade e a abrangência da análise. Sugerimos que no futuro sejam realizados estudos primários que permitam avaliar a aplicabilidade dos programas identificados nesta *scoping review.*

REFERÊNCIAS BIBLIOGRÁFICAS

Abreu, W. (2007). *Formação e aprendizagem em contexto clínico: Fundamentos, teorias e considerações didácticas* (1ª Edição). Formasau.

Abreu, W., Barroso, C., Segadães, M. F., & Teixeira, S. (2015). Promotion of Self-Care in Clinical Practice: Implications for Clinical Supervision in Nursing. *International Journal of Information and Education Technology*, *5*(1), 6-9. https://doi.org/10.7763/IJIET.2015.V5.466

Apóstolo, J. (2017). *Síntese da Evidência no Contexto da Translação da Ciência.* Escola Superior de Enfermagem de Coimbra. https://www.esenfc.pt/pt/download/3868/dXeLMhjdjCvHFwDpAvDd

Bailey, W. A., & Harrist, A. W. (2018). *Family Caregiving - Fostering Resilience Across the Life Course*. Gewebestrasse: Springer International Publishing AG. https://doi.org/DOI 10.1007/978-3-319-64783-8

Brandão, D., Ribeiro, O., Afonso, R., & Paúl, C. (2019). Regional differences in morbidity profiles and health care use in the oldest old: Findings from two Centenarian Studies in Portugal. *Archives of Gerontology and Geriatrics*, *82*, 139-146. https://doi.org/https://doi.org/10.1016/j.archger.2019.02.009

Broeiro, P. (2015). Multimorbilidade e comorbilidade: duas perspectivas da mesma realidade. *Revista Portuguesa de Medicina Geral e Familiar*, *31*(3). https://doi.org/https://doi.org/10.32385/rpmgf.v31i3.11520

Castro, L., & Souza, D. (2016). Programa de intervenção psicossocial aos cuidadores informais familiares: o cuidar e o autocuidado *Revista Interações 12*(42). https://doi.org/https://doi.org/10.25755/int.11819

Cavalcanti, G., Doring, M., Portella, M. R., Mascarelo, E. C., & Dellani, M. P. (2017). Multimorbidade associada à polifarmácia e autopercepção negativa de saúde. *Revista Brasileira Geriatria e Gerontologia*, *20*(5), 635-643. https://doi.org/10.1590/1981-22562017020.170059

Coelho, M., Esteves, I., Mota, M., Pestana-Santos, M., Reis Santos, M., & Pires, R. (2022). Clinical supervision of the nurse in the community to promote quality of care provided by the caregiver: Scoping review protocol. *Millenium*, *2*(18), 83-89. https://doi.org/10.29352/mill0218.26656

Cruz, S., Carvalho, A., & Sousa, P. (2014). Clinical Supervision: Priority Strategy to Better Health. *Procedia - Social and Behavioral Sciences, 112*, 97-101. https://doi.org/https://doi.org/10.1016/j.sbspro.2014.01.1143

Cunha, C., Mendonça, V., Morais, E., Fernandes, J., & Letra, I. (2020). Using Mobile Devices and Apps to Assist the Elder Population in Rural Areas and Generate Business Opportunities. *IBIMA Business Review*. https://doi.org/http://hdl.handle.net/10198/23510

Department of Health. (1993). *A Vision for the Future: The Nursing. Midwifery and Health Visiting Contribution to Health and Health Care*. NHS Management Executive: Stationery Office.

Dilworth, S., Higgins, I., Parker, V., Brian, K., & Turner, J. (2013). Finding a way forward: a literature review on the current debates around clinical supervision. *Contemporary Nurse*, *45*, 22-32. https://doi.org/https://doi.org/10.5172/conu.2013.45.1.22

Evangelista, L. S., Strömberg, A., & Dionne-Odom, J. N. (2016). An integrated review of interventions to improve psychological outcomes in caregivers of

patients with heart failure. *Current opinion in supportive and palliative care*, *10*(1), 24-31. https://doi.org/10.1097/SPC.0000000000000182

Évora, C. (2022, April 27). *Em mais de 8 mil cuidadores informais, apenas 181 tiveram direito a descanso em 2021*. CNN Portugal. https://cnnportugal.iol.pt/cuidados-informais/rncci/em-mais-de-8-mil-cuidadores-informais-apenas-181-tiveram-direito-a-descanso-em-2021/20220427/6268efce0cf2ea367d388cc1

Fernandes, M., Mota, R., Costa, A., & Henriques, A. (2022). Planeamento em saúde na intervenção da enfermagem comunitária: capacitação dos cuidadores informais através dos recursos da comunidade. *RevSalus*, *4*(2). https://doi.org/https://doi.org/10.51126/revsalus.v4i2.205

Fonseca, A. (2021). *Ageing in Place. Envelhecimento em Casa e na Comunidade. Modelos e estratégias centrados na autonomia, participação social e promoção do bem-estar das pessoas idosas*. Fundação Calouste Gulbenkian / Faculdade de Educação e Psicologia. Universidade Católica Portuguesa. https://gulbenkian.pt/publications/ageing-in-place-estudo/

Freire, R., Martins, T., Peixoto, M., Machado, P., & Vilela, C. (2021). Programas de intervenção para familiares cuidadores de pessoas dependentes. *Autocuidado: um foco central da enfermagem*. https://doi.org/https://doi.org/10.48684/sxd1-y587

Garrido, A., Simões, J., & Pires, R. (2008). *Supervisão clínica em enfermagem: perspetivas práticas* (1ªEdição). UA Editora.

Goes, M., Lopes, M., Oliveira, H., Fonseca, C., & João, M. (2019). Quality-of-life Of The Elderly Residing In A Very Low Population Density Rural Area. *Research Square*. https://doi.org/http://doi.org/10.21203/rs.2.16529/v1

Goodhead, A., & Macdonald, J. (2007). Informal Caregivers Literature Review: A report prepared for the National Health Committee. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=f0445bdc28366138235b747882c75abb68110bb6

Grilo, E., & Mendes, F. (2015). Cuidados de longa duração e cuidar de enfermagem: A perspetiva dos idosos. *Revista Ibero-Americana de Saúde e Envelhecimento*, *1*(3). https://doi.org/http://dx.doi.org/10.24902/r.riase.2015.1(3).339

Hahn-Goldberg, S., Jeffs, L., Troup, A., Kubba, R., & Okrainec, K. (2018). "We are doing it together": The integral role of caregivers in a patients' transition home from the medicine unit. *PloS One*, *13*(5). https://doi.org/https://doi.org/10.1371/journal.pone.0197831

Hekmatpou, D., Baghban, E. M., & Dehkordi, L. M. (2019). The effect of patient care education on burden of care and the quality of life of caregivers of stroke patients. *Journal of Multidisciplinary Healthcare*, *12*, 211-217. https://doi.org/doi:10.2147/JMDH.S196903

Instituto Nacional de Estatística (2017). *Projeções de população residente 2015-2080*. https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&%20DESTAQUESdest_boui=277695619&DESTAQUESmodo=2

Internacional Council of Nurses (2020). *Nurses: A voice to lead – Nursing the world to health.* Author. https://2020.icnvoicetolead.com/wp-content/uploads/2020/03/IND_Toolkit_120320.pdf

Jardim, M. (2007). *Programa de desenvolvimento de competências pessoais e sociais: Estudo para a promoção do sucesso académico* [Master's thesis,

Universidade de Aveiro]. Repositório Institucional da Universidade de Aveiro. http://hdl.handle.net/10773/1107

Lamâs, K., Bolenius, K., Sandman, P., Bergland, Â., Lindkvist, M., & Edvardsson, D. (2020). Thriving among older people living at home with home care services: A cross-sectional study. *Journal of Advanced Nursing*, *76*, 917-1089. https://doi.org/http://doi.org/10.1111/jan.14307

Lei n.º 100/2019 da Assembleia da República. (2019). Diário da República 1ª série nº 171 de 06-09-2019. https://data.dre.pt/eli/lei/100/2019/09/06/p/dre

Lima, T., Amaral, O., Almeida, P., Carvalho, P., Maques, T., Pinto, A., & Coimbra, T. (2022). Do internamento para a comunidade - O cuidador informal na transição. *Revista de Investigação & Inovação em Saúde*, *5*(1). https://doi.org/https://doi.org/10.37914/riis.v5i1.191

Martins, T., Araújo, M., Peixoto, M., & Machado, P. (2016). *A pessoa dependente e o familiar cuidador* (1ª Edição). Escola Superior de Enfermagem do Porto.

Melo, R., Rua, M., & Santos, C. (2014). Necessidades do cuidador familiar no cuidado à pessoa dependente: uma revisão integrativa da literatura. *Revista de Enfermagem Referência, 4*(2), 143-151. https://doi.org/http://dx.doi.org/10.12707/RIV14003

Metzelthin, S. F., Verbakel, E., Veenstra, M. Y., van Exel, J., Ambergen, A. W., & Kempen, G. I. (2017). Positive and negative outcomes of informal caregiving at home and in institutionalised long-term care: A cross-sectional study. *BMC Geriatrics*, *17*(1), 1-10. https://doi.org/https:/doi.org/10.1186/s12877-017-0620-3

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*(143). https://doi.org/https://doi.org/10.1186/s12874-018-0611-x

National Association of Chronic Disease Directors. (2018). *Caregiving for family and friends – A public health issue*. https://www.cdc.gov/aging/caregiving/caregiver-brief.html

Orem, D. (2001). *Nursing Concepts of Practice* (6ª Edição). Mobsy.

Organização para a Cooperação e Desenvolvimento Económico. (2010). *Value for Money in Health Spending*. OECD Health Policy Studies. https://doi.org/10.1787/9789264088818-en

Organização para a Cooperação e Desenvolvimento Económico. (2020). *Health at a Glance: Europe 2020 - State of Health in the EU Cycle*. Health at a Glance: Europe. https://www.oecd.org/health/health-at-a-glance-europe-23056088.htm

Peters, M. D. J., Godfrey, C., McInerney, P., Khalil, H., Larsen, P., Marnie, C., Pollock, D., Tricco, A. C., & Munn, Z. (2022). Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evidence Synthesis*, *20*(4), 953-968. https://doi.org/https://doi.org/10.11124/jbies-21-00242

Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, *18*(10), 2119-2126. https://doi.org/10.11124/JBIES-20-00167

Pires, R., Sousa, C., Ribeiro, S., Cunha, I. C., & Santos, M. R. (2020). Ciclo de Supervisão de Peter Nicklin num Cenário de Ensino Clínico de Enfermagem. *Enfermagem em Foco*, *11*(6), 85-91. https://doi.org/https://doi.org/10.21675/2357-707X.2020.v11.n6.4228

Pollock, A., Campbell, P., Deery, R., Fleming, M., Rankin, J., Sloan, G., & Cheyne, H. (2017). A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals. *Journal of Advanced Nursing, 73*(8), 1825-1837. https://doi.org/10.1111/jan.13253

Puchi, C., & Jara, P. (2015). Enfermería y el cuidado domiciliario de los mayores en la era de la globalización. *Enfermería Universitaria*, *12*(4), 219-225. https://doi.org/https://doi.org/10.1016/j.reu.2015.08.002.

Queluz, F. N. F., Kervin, E., Wozney, L., Fancey, P., McGrath, P. J., & Keefe, J. (2020). Understanding the needs of caregivers of persons with dementia: a scoping review. *International Psychogeriatrics*, *32*(1), 35-52. https://doi.org/https://doi.org/10.1017/s1041610219000243

Romana, G. Q., Kislaya, I., Salvador, M. R., & Dias, C. (2019). Multimorbilidade em Portugal: Dados do Primeiro Inquérito Nacional de Saúde com Exame Físico. *Acta Médica Portuguesa*, *32*(1), 30-37. https://doi.org/https://doi.org/10.20344/amp.11227

Sanches, R. C. N., Rodrigues, T. F. C., Cardoso, L. C. B., Santos, F. G. T., & Radovanovic, C. A. T. (2021). Instrumentos de avaliação das competências do cuidador informal: revisão integrativa. *Revista Científica de Enfermagem*, *11*(35). file:///C:/Users/mrs/Downloads/38+00461-2020+INSTRUMENTOS+DE+AVALIA%C3%87%C3%83O%20(1).pdf

Sequeira, C. (2018). *Cuidar de Idosos com Dependência Física e Mental* (2ª Edição). Lidel.

Simões, J., Simões, C., Fernandes, A., & Oliveira, A. (2015). *Supervisão clínica de enfermagem em contexto de cuidados no domicílio: avaliação da opinião dos cuidadores informais sobre o acompanhamento dos enfermeiros* [Comunicação livre]. II Congresso Internacional de Supervisão Clínica: Livro de Comunicações & Conferências, Porto. https://www.esenf.pt/fotos/editor2/i_d/publicacoes/978-989-98443-6-0.pdf

Sousa, C., Gonçalves, G., Braz, N., & Sousa, A. (2021). Cuidadores informais: Principais dificuldades e receios no ato de cuidar. *PSIQUE*, *7*, 9-25. https://doi.org/https://doi.org/10.26619/2183-4806.XVII.2

Torres, M., Capistrant, B., & Karpman, H. (2020). The Effect of Medicaid Expansion on Caregiver's Quality of Life. *Social Work in Public Health*, *35*(6), 473-482. https://doi.org/https://doi.org/10.1080/19371918.2020.1798836

Tricco, A., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M., Horsley, T., Weeks, L., Hemple, S., Akl, E., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M., Garrity, C., Lewin, S., Godfrey, C.M., ..., & Straus, S. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of internal medicine*, *169*(7), 467-473. https://doi.org/10.7326/M18-0850

Widowati, S., Devi, S. R., & Nihayati, H. E. (2018). Caregiver Burden, Quality of Life and Empowerment Intervention in Caregiver Family with Schizoprenia. *Proceedings of the 9th International Nursing Conference*. https://doi.org/10.5220/0008328305470551

World Health Organization. (2020). *Home care for patients with suspected or confirmed COVID-19 and management of their contatcs*. https://iris.who.int/bitstream/handle/10665/333782/WHO-2019-nCoV-IPC-HomeCare-2020.4-eng.pdf?sequence=5

World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021-2025*.

ANEXOS

Anexo I - Divulgação científica realizada no âmbito da dissertação

Pósteres

Moreira, I., Coelho, M., Mota, M., Pires, R., & Reis Santos, M. (2024, May 6th). *Clinical supervision programs implemented by nurses for caregivers* [Poster presentation]. NursID 2024: Congresso Internacional de Investigação em Enfermagem, Porto, Portugal.

Moreira, I., Coelho, M., Mota, M., Pires, R., & Reis Santos, M. (2024, October 7th) *Clinical supervision programs implemented by nurses to caregivers to promote quality of care* [Poster presentation]. I Congresso Internacional – Investigação, formação e práticas em cuidados de saúde: A formar profissionais de excelência, Viseu, Portugal.