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# Clinical supervision and emotional intelligence capabilities: e Excellence in clinical practice

Sandra Cruz[a]*, António Luís Carvalho[b], Paulino Sousa[a]

[a]*Escola Superior de Enfermagem do Porto, Rua Dr. António Bernardino de Almeida, Porto 4200-072, Portugal;UNIESEP; CINTESIS*

[b]*Escola Superior de Enfermagem do Porto, Rua Dr. António Bernardino de Almeida, Porto 4200-072, Portugal; UNIESEP*

**Abstract**

We carried out a study to relate the implementation of a clinical supervision (CS) model with the supervised nurses' emotional intelligence capabilities. 38 paired questionnaires with the Portuguese version of the Manchester Clinical Supervision Scale© (MCSS©) and the Veiga Branco Emotional Intelligence Capabilities Scale (VBEICS©) were obtained. SPSS© version 18.0 was used to treat data. We verified a significant weak correlation between the '*self-motivation*' subscale of the VBEICS© and the '*personal issues*' subscale of the MCSS© (-0,386). Our study pointed out that when the supervised nurses were more self-motivated they discussed less personal issues.


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*Keywords:* Clinical Supervision; Emotional Intelligence; Manchester Clinical Supervision Scale®; Veiga Branco Emotional Intelligence Capabilities Scale®.

## Introduction

Emotional intelligence is crucial in nursing because "(…) emotional knowing affects collegial relationships, healthcare environments and patient care and therefore, emotional intelligence is a requirement of nursing practice (Fresh-Water & Stickley, 2004 cited by Smith, Profetto-Mcgrath & Cummings, 2009, pg. 1630) and authors like Cleary & Freeman (2005) refer that clinical supervision in nursing has several benefits such as: "It can improve

* Corresponding author. Tel.: +351-22-5073500; fax: +351-22-5096337.
*E-mail address:* sandracruz@esenf.pt


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patient care, reduce errors, improve efficiency, enhance staff performance, and reduce burnout (Nicklin, 1997; Severinsson & Borgenhammar, 1997). Other benefits to staff include improved job satisfaction, enhanced integration of theoretical and practical knowledge, and increase confidence, self-esteem, and empathy (Arvidsson, Löfgren & Friedlund, 2001)" (pg. 490). So, we decided to carry out a study which problem was: which is the relationship between the implementation of a clinical supervision model in nursing and the nurses' emotional intelligence capabilities?

The aim of this study was to relate the implementation of a clinical supervision model with the supervised nurses' emotional intelligence capabilities through the application of a questionnaire comprised by several parts such as the Portuguese version of the Manchester Clinical Supervision Scale© (MCSS©) and the Veiga Branco Emotional Intelligence Capabilities Scale (VBEICS©) adapted for nurses.

It is our intention to publicize the results of the study and this paper is divided into several main sections: the first one is related to the methodology, in the second one we present the results and finally the discussion and the conclusion of it.

## 1. Methodology

An action - research was carried out, meanwhile this paper is related to a small phase of the large research. After several phases of the study, we implemented a clinical supervision model in nursing for six months in three wards of a Hospital Centre in Portugal. Our population was comprised by all the supervised nurses (n=62) who were under the implemented model.

We collect data through a questionnaire divided into several parts such as: the Portuguese version of the MCSS© and the VBEICS© adapted for nurses.

Julie Winstanley (2000) is the author of the MCSS©. This scale was developed in the United Kingdom and tested in Australia (Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen, 2003; Cruz, 2011) and it "(…) evaluates the quality and effectiveness of the supervision provided and the supervisees' opinion of the effect of clinical supervision in their professional development, improvement in skills, time for reflection and the quality of the supervisory relationship" (Cruz, 2011, pg. 52).

The MCSS© was used as an outcome measure in several studies where clinical supervision was evaluated (White & Winstanley, 2010) and has been translated from English into Swedish and Norwegian (Severinsson, 2012), Portuguese (Cruz, 2011; Cruz & Carvalho, 2012), Finnish (Hyrkäs, Appelqvist-Schmidlechner & Paunonen-Ilmonen, 2003) and other languages. Accordingly, the current version of the MCSS© is named the MCSS-26© (Winstanley & White, 2012, p. 950).

We explained the study to all supervised nurses. The supervised nurses answered the questionnaire twice (the second time was after the implementation of the clinical supervision model and they were not allowed to look at the first questionnaire when they were filling the second one).

In the supervised nurses' questionnaire we also used the adapted version of VBEICS© (Veiga-Branco, 2005) for nurses (Vilela, 2006). This version is comprised by 85 – items with a Likert – type scale (1-7) ranging between "never" to "always". The items are divided into five subscales, namely: '*self-awareness*' (20 items), '*emotions management*' (18 items), '*self-motivation*' (21 items), '*empathy*' (12 items) and '*managing relationships in groups*' (14 items).

A paired sample with 38 filled out questionnaires was obtained from the supervised nurses. Statistical Package for Social Sciences© (SPSS©) version 18.0 was used for data analysis.

Permission to use the Portuguese version of the MCSS©, the VBEICS© and its adapted version for nurses were conceded by the authors. For the research, we obtained permission from the Centro Hospitalar do Médio Ave E.P.E. (Médio Ave Hospital Centre). The questionnaire had an introductory part where we explained the study and the ethical issues we were going to respect like the anonymity and confidentiality of the collected information. We also outlined the voluntary nature of the nurses' participation.

## 2. Results

After the implementation of a clinical supervision model in nursing in the selected wards, we requested to the

supervised nurses to answer a questionnaire comprised by several parts.

A total of 61 questionnaires were obtained with a MCSS© Cronbach's alpha value for the total score of 0,938 and VBEICS© Cronbach's alpha value for the total score of 0,914. The response rate was 98%. The relevant socio demographic data are shown in table 1.

Table 1. Socio demographic data

| | n=61 | % |
|---|---|---|
| **Sex** | | |
| Female | 55 | 90 |
| Male | 6 | 10 |
| **Professional Category** | | |
| Nurse | 48 | 79 |
| Specialized Nurse | 13 | 31 |

In our sample, 90% of the respondents were female and 79% had the professional category of nurse.

Appropriated statistical tests were used to assess the significant relations between the variables (table 2). We highlighted that the paired questionnaires were 38.

Table 2. Correlation between the Portuguese Version of the MCSS© and the VBEICS©

| **VBEICS© Subscales** Difference between the 2 times of data collection | | **MCSS© Subscales** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | **Trust/ rapport** | **Supervisor advice / support** | **Improved care / skills** | **Importance/ value of CS** | **Finding time** | **Personal issues** | **Reflection** | **Total** |
| ***Self-Awareness*** | SCC | -0,200 | -0,155 | 0,016 | -0,118 | -0,213 | -0,093 | -0,097 | -0,186 |
| | *p* | 0,265 | 0,389 | 0,931 | 0,514 | 0,235 | 0,607 | 0,590 | 0,301 |
| ***Emotions Management*** | SCC | 0,087 | 0,004 | 0,222 | -0,009 | 0,146 | -0,006 | 0,036 | 0,060 |
| | *p* | 0,641 | 0,983 | 0,230 | 0,961 | 0,433 | 0,976 | 0,846 | 0,747 |
| ***Self Motivation*** | SCC | -0,077 | 0,068 | 0,174 | 0,089 | 0,026 | **-0,386✱** | 0,274 | 0,027 |
| | *p* | 0,685 | 0,721 | 0,358 | 0,642 | 0,892 | 0,035 | 0,143 | 0,887 |
| ***Empathy*** | SCC | 0,151 | 0,283 | 0,076 | 0,116 | 0,162 | -0,117 | 0,266 | 0,199 |
| | *p* | 0,410 | 0,116 | 0,681 | 0,527 | 0,377 | 0,522 | 0,140 | 0,274 |
| ***Managing Relationships in Groups*** | SCC | -0,038 | 0,081 | 0,159 | 0,028 | 0,354 | -0,172 | 0,222 | 0,138 |
| | *p* | 0,841 | 0,666 | 0,393 | 0,879 | 0,051 | 0,356 | 0,230 | 0,460 |

SCC – Spearman Correlation Coefficient; *****Significant Correlation, significance level of 5%.

From the analysis of table 2, we verified that there is a significant weak correlation (-0,386) between the '*self-motivation*' scale of the VBEICS© and the subscale of '*personal issues*' of the MCSS©.

## 3. Discussion and conclusion

It is undeniable that "quality and patient safety are the cornerstones of the commitment and mission of hospitals, communities and caregivers" (Abreu & Marrow, 2012, pg. 17). Nursing is a practical profession where clinical supervision is a process for quality and safety of care (Santos, França, Fernandes & Cruz, 2015) leading nurses to excellence in their performance.

Emotional intelligence has been recognized as an influential factor in the performance in a wide range of

professional arenas (Kooker, Shoultz & Codier, 2007). Therefore emotional intelligence is a relevant construct to take into account in nursing practice.

For a short period of time, we implemented a clinical supervision model in nursing (six months) but even though, our study pointed out that when the supervisees were more '*self-motivated'* they discussed less '*personal issues*'. Supervisors should be emotional intelligent leaders who should be able to teach and train the emotional intelligence capabilities of supervisees because these capabilities can be learned and developed (Goleman, 2000, 2003). The emotional training is a way to promote a good work environment (Vilela, 2006) and this, probably, is going to have influence in the nursing care but also in the clinical supervision process. Akerjordet & Severinsson (2010) state that: "As a role models over a long period, emotional intelligent leaders motivate both themselves and their followers to engage in self – reflection in relation to awareness and learning, thus fostering self-leadership skills and providing an opportunity to discover strengths and weakness through introspective investigation (Akerjordet & Severinsson, 2004, Watson, 2004, Hurley, 2008). They are thus able to promote knowledge and innovation as well as create therapeutic work relationships, which are critical for facilitating knowledge utilization that leads to more evidence-based nursing practice (Edgar et al., 2006)" (p. 364) and not just based on personal experiences.

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