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SUPERVISÃO CLÍNICA DO ENFERMEIRO NA COMUNIDADE PARA PROMOVER A QUALIDADE DO CUIDADO PRESTADO PELO CUIDADOR: A SCOPING REVIEW

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DISSERTAÇÃO DE MESTRADO

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CLINICAL SUPERVISION OF THE NURSE IN THE COMMUNITY TO PROMOTE THE QUALITY OF CARE PROVIDED BY THE CAREGIVER: A SCOPING REVIEW

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

Márcia Silva Coelho

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. . . Disseram-me que já não há ilhas desconhecidas, e que, mesmo que as houvesse, não iriam eles tirar-se do sossego dos seus lares e da boa vida dos barcos de carreira para se meterem em aventuras oceânicas, à procura de um impossível, como se ainda estivéssemos no tempo do mar tenebroso, E tu, que lhes respondeste, Que o mar é sempre tenebroso, E não lhes falaste da ilha desconhecida, Como poderia falar-lhes eu duma ilha desconhecida, se não a conheço, Mas tens a certeza de que ela existe, Tanta como de ser tenebroso o mar, Neste momento, visto daqui, com aquela água cor de jade e o céu como um incêndio, de tenebroso não lhe encontro nada, É uma ilusão tua, também as ilhas às vezes parece que flutuam sobre as águas, e não é verdade, Que pensas fazer, se te falta a tripulação, Ainda não sei, Podíamos ficar a viver aqui, eu oferecia-me para lavar os barcos que vêm à doca, e tu, E eu, Tens com certeza um mester, um ofício, uma profissão, como agora se diz, Tenho, tive, terei se for preciso, mas quero encontrar a ilha desconhecida, quero saber quem sou quando nela estiver, Não o sabes, Se não sais de ti, não chegas a saber quem és, O filósofo do rei, quando não tinha que fazer, ia sentar-se ao pé de mim, a ver-me passajar as peúgas dos pajens, e às vezes dava-lhe para filosofar, dizia que todo o homem é uma ilha, eu, como aquilo não era comigo, visto que sou mulher, não lhe dava importância, tu que achas, Que é necessário sair da ilha para ver a ilha, que não nos vemos se não nos saímos de nós, Se não saímos de nós próprios, queres tu dizer, Não é a mesma coisa. O incêndio do céu ia esmorecendo, a água arroxeou-se de repente, agora nem a mulher da limpeza duvidaria de que o mar é mesmo tenebroso, pelo menos a certas horas. (Saramago, 2018, pp. 42-3)

À minha avó Benvinda.

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CHAVE DE SIGLAS

AVDs – Atividades de Vida Diária

JBI – *Joanna Briggs Institute*

OMS – Organização Mundial de Saúde

RNCCI – Rede Nacional de Cuidados Continuados Integrados

SC – Supervisão Clínica

ULDM – Unidade de Longa Duração e Manutenção

RESUMO

Introdução: O envelhecimento demográfico tem contribuído para o aumento da prevalência de doenças crónicas e incapacidades que reforçam a necessidade de cuidados de longa duração. Na maioria dos casos, estes cuidados são prestados por cuidadores que não estão preparados para o desempenho das funções inerentes ao cuidar, o que interfere com a qualidade dos cuidados. O enfermeiro, através da implementação de estratégias supervisivas, pode capacitar o cuidador para uma prestação de cuidados de qualidade.

Objetivo: Mapear as estratégias de supervisão utilizadas pelo enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador.

Métodos: A investigação seguiu as diretrizes do Instituto *Joanna Briggs* para revisões de escopo. Os estudos publicados e não publicados em inglês, português e espanhol desde 1993 sobre enfermeiros que implementaram estratégias supervisivas para promover a qualidade do cuidado prestado pelo cuidador na comunidade foram considerados.

Resultados: As estratégias supervisivas mapeadas foram a educação para a saúde e o suporte emocional. A educação para a saúde foi implementada através de ensinos, materiais educativos, treinos, partilha de informações, sessões e programas educativos com treino, *workshops* e chamadas telefónicas de acompanhamento. O suporte emocional foi implementado através do apoio à gestão do regime terapêutico, tranquilização, aconselhamento, escuta das preocupações, apoio e orientação. As caraterísticas das estratégias supervisivas foram diversas e os contextos mais frequentes de implementação destas estratégias de supervisão foram o domicílio e a telessaúde.

Conclusão: Esta investigação é um estímulo para o desenvolvimento de mais investigações sobre estratégias de supervisão implementadas por enfermeiros a cuidadores na resposta aos desafios diários dos sistemas de saúde de diferentes países.

Palavras-chave: Cuidadores; Enfermagem; Melhoria de Qualidade; Redes Comunitárias; Supervisão de Enfermagem

ABSTRACT

Introduction: Demographic aging has increased the prevalence of chronic diseases and disabilities, reinforcing the need for long-term care. In most cases, this care is provided by caregivers who are not prepared to perform the functions inherent to care or interfere with the quality of care. The nurse, through the implementation of supervisory strategies, can train the caregiver to provide quality care.

Objective: To map the supervisory strategies used by nurses in the community to promote the quality of care provided by caregivers.

Methods: The investigation followed the Joanna Briggs Institute guidelines for scoping reviews. Published and unpublished studies in English, Portuguese, and Spanish since 1993 about nurses who have implemented supervisory strategies to promote the quality of care provided by caregivers in the community were considered.

Results: The supervisory strategies mapped were health education and emotional support. Health education was implemented through teaching, educational materials, training, information sharing, educational training sessions and programs, workshops and follow-up phone calls. Emotional support was implemented through support in managing the therapeutic regimen, reassurance, counseling, listening to concerns, support, and guidance. The characteristics of the supervisory strategies were diverse and the most frequent contexts for implementing these supervisory strategies were home and telehealth.

Conclusion: This investigation is a stimulus for the development of further investigations about supervisory strategies implemented by nurses to caregivers in response to the daily challenges of health systems in different countries.

Keywords: Caregivers; Nursing; Quality Improvement; Community Networks; Nursing, Supervisory

ÍNDICE

NOTA PRÉVIA

Com a realização do Curso de Mestrado em Supervisão Clínica em Enfermagem desenvolvido na Escola Superior de Enfermagem do Porto pretendi construir conhecimento científico em enfermagem na área da Supervisão Clínica (SC), em particular, SC de enfermeiros a cuidadores. A presente dissertação é o tão almejado produto dessa construção, cujo objetivo é mapear as estratégias de supervisão utilizadas pelo enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador.

O documento apresentado partilha os resultados da investigação e segue uma estrutura metódica e sequencial, com início na contextualização e fundamentação da problemática – Introdução. Contempla, de seguida, o capítulo da Metodologia e o dos Resultados. No capítulo da Metodologia é descrita a opção metodológica selecionada e a sua justificação. O capítulo dos Resultados subdivide-se em dois subcapítulos onde são apresentados os artigos científicos desenvolvidos. O primeiro, já publicado, corresponde ao protocolo da *scoping review* e descreve em pormenor como é desenvolvido o processo desta revisão (Coelho et al., 2022). O segundo artigo é o relatório da *scoping review* - já submetido a revista científica. As referências bibliográficas de ambos os artigos foram redigidas de acordo com as normas das revistas selecionadas para publicação. Algumas considerações finais serão apresentadas na Conclusão. No capítulo denominado Referências Bibliográficas apresentam-se as referências utilizadas na redação da dissertação, elaboradas de acordo com as orientações do Manual de Publicação da *American Psychological Association*, 7.ª edição. Em anexo apresenta-se a divulgação científica realizada no âmbito da dissertação. De salientar que a formatação do documento está feita cumprindo as normas para impressão.

As revistas científicas selecionadas para publicação dos artigos desenvolvidos exigem que a sua redação seja feita na língua inglesa, pelo que este documento foi redigido em português e inglês.

Por fim, importa referir que a investigação desenvolvida culminou com o desenvolvimento de um projeto de melhoria contínua no Serviço de Urgência Pediátrica do Centro Hospitalar do Baixo Vouga, EPE, cujo objetivo será a implementação e avaliação das estratégias supervisivas utilizadas.

INTRODUÇÃO

O envelhecimento populacional é um fenómeno global que tem contribuído para o aumento da prevalência de doenças crónicas (Maresova et al., 2019; World Health Organization [WHO], 2022a). À medida que as pessoas envelhecem a sua expectativa de vida saudável diminui (European Union, 2022), devido ao aparecimento de doenças crónicas e incapacidades (Maresova et al., 2019; WHO, 2022a).

As doenças crónicas e as incapacidades aumentam a dependência para o autocuidado (Dixe et al., 2019a) e reforçam a importância dos cuidados de longa duração (Spasova et al., 2018). Habitualmente, estes cuidados são prestados em instituições de saúde, ou no domicílio por cuidadores (Spasova et al., 2018), que nem sempre possuem os conhecimentos e as habilidades necessárias para prestar cuidados (Bierhals et al., 2017). A contínua evolução tecnológica e científica corrobora a complexidade atual de uma prestação de cuidados com qualidade (National Alliance for Caregiving [NAC], 2022). A falta de preparação dos cuidadores para a prestação de cuidados (Bierhals et al., 2017), associada à evolução tecnológica e científica (NAC, 2022), interfere com a qualidade dos cuidados que as pessoas recebem (Frias et al., 2019), contribuindo, ainda, para o aumento dos episódios de internamento hospitalar (Healthwatch England, 2017; Vernon et al., 2019).

Com base na evidência, a SC implementada por enfermeiros melhora a capacidade de resposta às necessidades e expectativas dos cuidadores e, consequentemente, contribui para a qualidade dos cuidados prestados por cuidadores (Teixeira M. et al., 2016).

Envelhecimento populacional e dependência para o autocuidado

O envelhecimento da população constitui uma mudança demográfica significativa e um desafio para os sistemas de saúde e sociais de diferentes países em todo o mundo. A Organização Mundial de Saúde (OMS) prevê que em 2030, ao nível global, uma em cada seis pessoas terá pelo menos 60 anos (WHO, 2022a). No Reino Unido, cerca de 19% da população tem pelo menos 65 anos e as previsões indicam que, em 10 anos, a percentagem aumentará para 22% (Centre for Ageing Better, 2022). Em Portugal, o índice de envelhecimento e o índice de dependência

total têm vindo a aumentar gradualmente (Fundação Francisco Manuel dos Santos, 2023), tendo a esperança de vida aumentado de 76,8 para 81,9 anos, mais de cinco anos, entre 2000 e 2019 (Organização para a Cooperação e Desenvolvimento Económico [OCDE], 2021).

A par deste aumento, também a prevalência das doenças crónicas e incapacidades tem aumentado, resultando em comorbilidades e no aumento da dependência para as atividades de vida diária (AVDs) (Maresova et al., 2019; OCDE, 2022; Okabe et al., 2016). Caracteriza-se por doença crónica toda a condição com duração de pelo menos um ano, passível de limitar a capacidade para a realização de AVDs. Constituem exemplos de doenças crónicas as doenças cardíacas, os AVCs, o cancro e a diabetes (Centers for Disease Control and Prevention [CDC], 2022a).

De acordo com a teoria geral do autocuidado de Dorothea Orem, o autocuidado é o conjunto de ações que as pessoas exercem para preservar a vida, a saúde, o desenvolvimento e o bem-estar. Quando as pessoas não têm capacidade para se autocuidarem e cuidarem da sua saúde é necessário o apoio de outros. As pessoas com défice para o autocuidado, definitivo ou transitório, requerem frequentemente cuidados de enfermagem (Hartweg & Metcalfe, 2022; Orem, 2001; Rakhshani et al., 2022; Santos et al., 2022). Nos Estados Unidos da América, seis em cada dez adultos têm uma doença crónica e quatro em cada dez têm pelo menos duas (CDC, 2022a). As doenças crónicas podem surgir em qualquer idade (CDC, 2023) e, em particular, na infância tem-se verificado um aumento significativo do seu aparecimento, sendo cada vez mais necessária uma abordagem biopsicossocial (Vieira et al., 2022).

Os sistemas de saúde de diferentes países têm considerado os cuidados de longa duração como uma solução segura para as necessidades das pessoas com doenças crónicas e/ou incapacidades que interferem com o seu autocuidado e com a sua saúde (Barczyk & Kredler, 2019; WHO, 2022b). A Assembleia Geral das Nações Unidas definiu a década de 2021-2030 como a Década do Envelhecimento Saudável. Deste modo, a OMS assume como prioritário o desenvolvimento de ações para melhorar a prestação de cuidados integrados centrados na pessoa e na resposta dos cuidados de saúde primários e fornecer cuidados de longa duração com qualidade (WHO, 2022a).

Importância dos cuidados de longa duração

Os cuidados de longa duração são serviços que oferecem apoio a nível pessoal, social e de saúde para pessoas em risco ou com perda significativa da sua capacidade funcional para a realização das AVDs. Os clientes deste tipo de cuidados podem ter qualquer idade, apesar de ser mais frequente a admissão de pessoas com 60 ou mais anos. As mulheres, as pessoas que vivem sozinhas e/ou em situações económicas, sociais e de saúde mais vulneráveis têm maior probabilidade de requerer cuidados de longa duração (WHO, 2022b).

Em Portugal, a Rede Nacional de Cuidados Continuados Integrados (RNCCI) procura disponibilizar cuidados continuados de saúde e de apoio social que contribuam para a recuperação, reabilitação e melhoria da funcionalidade da pessoa. A RNCCI engloba várias tipologias: Unidade de Convalescença, para clientes com necessidade de cuidados até 30 dias; Unidade de Média Duração e Reabilitação, para cidadãos com necessidade de cuidados entre os 30 e os 90 dias; Unidade de Longa Duração e Manutenção (ULDM), que se destina a clientes com uma necessidade de cuidados superior a 90 dias; e Equipa de Cuidados Continuados Integrados – Domiciliários, quando há condições no domicílio para a prestação dos cuidados continuados (Unidade de Gestão e Acompanhamento da Rede Nacional de Cuidados Continuados Integrados, 2023).

Em 2018, a taxa de ocupação mais elevada (98%) foi a da tipologia ULDM e 77% dos clientes após a alta da RNCCI foram para o domicílio, sendo em 75,5% dos casos registada alguma necessidade de suporte. Os motivos mais frequentes para a referenciação para a RNCCI foram a dependência nas AVDs (90%) e o ensino ao utente/cuidador informal (89,5%) (Administração Central do Sistema de Saúde, I.P., 2019).

Os cuidados de longa duração são prestados durante longos períodos por profissionais de saúde ou por cuidadores informais (WHO, 2022b). Por norma, o cuidador informal é um familiar ou amigo, que presta cuidados não remunerados a pessoas que necessitam de algum grau de assistência nas AVDs de forma regular. Os indivíduos alvo desses cuidados podem ser crianças, adultos ou idosos, podem viver em ambientes residenciais ou em instituições e têm uma doença crónica ou incapacidade (CDC, 2022b). Na Europa, os cuidados de longa duração prestados por cuidadores informais representam 80% da totalidade dos cuidados de longa duração (Eurofound, 2020; European Association Working for Carers, 2023). Os cuidadores são, na maioria, mulheres com a capacidade funcional também diminuída (WHO, 2022b) e sem preparação necessária para a prestação dos cuidados que executam (CDC, 2022b; Waidman et

al., 2013). Além deste problema, os cuidadores também têm um maior risco de desenvolver consequências negativas para a saúde (CDC, 2022b).

A elevada prevalência de cuidados de longa duração prestados por cuidadores justifica-se pela acessibilidade reduzida ou praticamente inexistente a instituições prestadoras de cuidados; a uma qualidade de cuidados que está em risco, devido ao aumento da procura e ao insuficiente controlo da qualidade; ao modelo tradicional de relações intergeracionais e familiares (Spasova et al., 2018); e à preferência pelo contexto domiciliário, em detrimento de processos de institucionalização (Eurofound, 2020).

O papel de cuidador informal pode afetar o bem-estar, a saúde física e mental e a situação socioeconómica dos cuidadores. Por isso, políticas públicas para apoiar e fortalecer os cuidados de longa duração são uma prioridade para os sistemas de saúde dos diferentes países. Estas políticas devem abranger ações para proteção da saúde e bem-estar, educação e treino, expansão do uso de tecnologias digitais e o desenvolvimento da capacidade de liderança. Para além disto, reforçar os cuidados de longa duração representa um investimento na sustentabilidade e desenvolvimento dos sistemas de saúde e sistemas sociais. Pois, quando os cuidados de longa duração são insuficientes e/ou incapazes de dar resposta às necessidades, as pessoas com carência de cuidados e as suas famílias procuram hospitais ou instituições que consigam responder aos seus problemas, sobrecarregando as famílias e os serviços de saúde (NAC, 2022; WHO, 2022b). Neste sentido, o investimento em cuidados de longa duração com qualidade é fundamental para alcançar o Objetivo de Desenvolvimento Sustentável três (3), uma vez que se garante o acesso à saúde de qualidade e se promove o bem-estar para todos, em todas as idades, e permite também diminuir os gastos em saúde (WHO, 2022b).

Supervisão clínica em enfermagem e qualidade dos cuidados

Os cuidadores são cada vez mais necessários e o seu número tendencialmente deverá aumentar nos próximos anos (National Association of Chronic Disease Directors [NACDD], 2018). Assim, é prioritário identificar as necessidades dos cuidadores e as estratégias para a sua satisfação, contribuindo, consequentemente, para a promoção da sua saúde e bem-estar (NACDD, 2018; Queluz et al., 2020). As necessidades mais frequentes dos cuidadores relacionam-se com a sua saúde, com o apoio formal ou informal recebido, com a partilha de informações/educação (Queluz et al., 2020; Remr, 2018) e com aspetos sociais e financeiros (Remr, 2018). As soluções

identificadas para a satisfação destas necessidades baseiam-se na educação, no desenvolvimento de habilidades para a prestação de cuidados seguros e com qualidade e no apoio emocional (Queluz et al., 2020; Teixeira M. et al., 2016).

Estas soluções remetem para a SC implementada por enfermeiros, 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). A SC pode ser implementada a diferentes atores, nomeadamente, enfermeiros (Snowdon et al., 2017), estudantes de enfermagem (Sundler et al., 2019) e cuidadores (Bilgin & Ozdemir, 2022; Waidman et al., 2013).

Em 2017, Snowdon e colaboradores comprovaram que a SC dos profissionais de saúde está associada à efetividade do cuidado e é essencial para a melhoria e garantia da qualidade dos cuidados prestados. A implementação de SC a enfermeiros contribuiu para a melhoria do atendimento e dos resultados em saúde das pessoas, nomeadamente, na recuperação da condição neurológica após realização de manobras de reanimação cardiopulmonar e da gravidade de sintomas psicológicos. Sundler e colaboradores (2019) concluíram que a SC de estudantes de enfermagem teve um impacto significativo na sua aprendizagem e satisfação. Waidman e colaboradores (2013) apuraram que os cuidadores se sentiam desamparados, sem o suporte e o acompanhamento necessários e defenderam que os enfermeiros de cuidados de saúde primários deviam supervisionar os cuidadores identificando as suas necessidades e, planeando e implementando intervenções de enfermagem para os capacitar para a prestação de cuidados. Em 2022, Bilgin e Ozdemir constataram que os cuidadores se sentiam mais preparados para a prestação de cuidados após a implementação de programas psicoeducativos, educativos, de suporte e de apoio ao autocuidado.

Nos dias de hoje a SC implementada por enfermeiros é considerada um recurso fundamental para o desenvolvimento profissional e para a garantia da segurança e melhoria da qualidade dos cuidados prestados. A sua ausência pode causar resultados em saúde negativos para as pessoas, pelo que sessões de SC, treino, estudos de caso, protocolos e documentos orientadores são fundamentais (Bifarin & Stonehouse, 2017; Teixeira S. et al., 2016).

A qualidade dos cuidados é o grau em que os serviços de saúde aumentam a probabilidade dos indivíduos, das famílias e das comunidades alcançarem os resultados desejados em saúde, contribuindo sequencialmente para uma cobertura universal de saúde mais equitativa e efetiva (Donabedian, 1980; WHO, 2020). As taxas de readmissão hospitalar são um indicador de

qualidade (Fischer et al., 2014), e têm aumentado consideravelmente nos últimos anos (Brunner-La Rocca et al., 2020). As readmissões hospitalares são uma sobrecarga adicional para os sistemas de saúde e sociais dos países e os enfermeiros são preponderantes para a redução destas taxas (Healthwatch England, 2017; Vernon et al., 2019). Em 2019, em Portugal continental, dos 13857 internamentos por insuficiência cardíaca em hospitais públicos, verificaram-se 1861 readmissões nos 30 dias após a alta, o que equivale a 13,4% (Gralha, 2019).

Os enfermeiros devem capacitar os cuidadores com os conhecimentos, habilidades e suporte necessários para que a prestação de cuidados seja de qualidade. Esta capacitação é possível através da sua supervisão clínica aos cuidadores (Bierhals et al., 2017; Dixe et al., 2019b; Teixeira M. et al., 2016; Vernon et al., 2019; Waidman et al., 2013). No entanto, a SC dos enfermeiros aos cuidadores ainda não tem uma base de conhecimento suficientemente alargada e completa. Os conteúdos temáticos são escassos, pouco claros e dispersos e, por isso, também não há conhecimento sobre a aplicabilidade e efetividade dos cuidados prestados por cuidadores, tornando-se muito importante conhecer as estratégias supervisivas implementadas por enfermeiros.

Com esta perspetiva foi desenvolvida uma *scoping review* segundo as orientações metodológicas do *Joanna Briggs Institute* (JBI) para responder às seguintes questões:

1. Quais são as estratégias de supervisão utilizadas pelos enfermeiros para promover a qualidade do cuidado prestado pelo cuidador?
2. Quais são as caraterísticas (duração e frequência) dessas estratégias?
3. Em que contextos são implementadas as estratégias de supervisão para promover a qualidade dos cuidados prestados pelo cuidador?

1. METODOLOGIA

Uma *scoping review* é uma síntese de evidências que permite identificar e mapear as evidências disponíveis através da indicação do volume de literatura existente. A metodologia da *scoping review* permite aos autores determinar os tipos de evidências sobre uma determinada temática, clarificar/descrever os conceitos e/ou identificar as suas principais caraterísticas ou tópicos de interesse relacionados (Munn et al., 2018; Peters et al., 2020).

Quando a literatura é complexa, pouco clara e dispersa, a realização de uma *scoping review* é muito útil porque se pode explorar a extensão da literatura, mapear, resumir, identificar lacunas de conhecimento e informar investigações futuras, como as revisões sistemáticas da literatura (Peters et al., 2020).

A *scoping review* pode antecipar a realização de uma revisão sistemática de eficácia por causa do conjunto relevante de evidências que engloba. Enquanto este tipo de revisão permite mapear a evidência disponível e identificar novas lacunas para a investigação, a revisão sistemática visa sintetizar a melhor evidência disponível sobre um determinado tópico de forma a serem elaboradas recomendações para a prática clínica e investigação. Portanto, os respetivos objetivos e questões são distintos (Munn et al., 2018).

A *scoping review* procura identificar e discutir conceitos e não inclui a avaliação da qualidade metodológica, isto porque limitaria as evidências disponíveis encontradas para fornecer uma visão geral sobre a temática (Munn et al., 2018). Este tipo de revisão carateriza-se também pela variedade do tipo de fontes de evidências que inclui: estudos primários, revisões e meta-análises, cartas, diretrizes, *websites*, entre outros (Peters et al., 2020). Assim como outras metodologias de síntese de evidência, a *scoping review* também requer a elaboração de um protocolo com a definição de objetivos, questões, métodos, critérios de inclusão e exclusão para orientar todo o processo de revisão. O protocolo deve abordar com clareza o acrónimo PCC. Esta sigla refere-se a população, conceito e contexto, respetivamente. A seleção da evidência exige um mínimo de dois revisores. Deve iniciar-se com a revisão de títulos e resumos e, posteriormente, com a análise dos textos completos. A extração de dados também deve ser efetuada de acordo com os objetivos da revisão (Peters et al., 2022).

A presente *scoping review* é desenvolvida para mapear as estratégias de supervisão utilizadas pelo enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador. O protocolo foi desenvolvido segundo a metodologia do JBI e o seu registo foi efetuado na plataforma eletrónica *Open Science Framework*, que se encontra acessível através do endereço: https://osf.io/pvnwc/?view_only=5fa1cde49328447fa8c833646bdf4abb. O relatório da revisão também foi desenvolvido de acordo com a metodologia do JBI para *scoping reviews* (Peters et al., 2020) e redigido de acordo com a lista de verificação *Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews* (PRISMA-ScR) (McGowan et al., 2020).

2. RESULTADOS

A investigação produz evidência científica que, quando disseminada e implementada pelas pessoas e organizações de saúde possibilita uma tomada decisão clínica informada e sustentada, contribuindo para a prestação de cuidados de saúde com qualidade (Apóstolo, 2017; WHO, 2017).

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

Artigo 1 – Clinical supervision of the nurse in the community to promote quality of care provided by the caregiver: scoping review protocol

Artigo 2 – Clinical supervision of the nurse in the community to promote the quality of care provided by the caregiver: a scoping review

Artigo 1 – Clinical supervision of the nurse in the community to promote quality of care provided by the caregiver: scoping review protocol

Coelho, M., Esteves, I., Mota, M., Pestana-Santos, M., Reis Santos, M., & Pires, R. (2022). *Millenium*, *2*(18), 83-89. https://doi.org/10.29352/mill0218.26656

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SUPERVISÃO CLÍNICA DO ENFERMEIRO NA COMUNIDADE PARA PROMOVER A QUALIDADE DO CUIDADO PRESTADO PELO CUIDADOR: PROTOCOLO DE REVISÃO DE ESCOPO

CLINICAL SUPERVISION OF THE NURSE IN THE COMMUNITY TO PROMOTE QUALITY OF CARE PROVIDED BY THE CAREGIVER: SCOPING REVIEW PROTOCOL

SUPERVISIÓN DE ENFERMERO EN LA COMUNIDAD PARA PROMOVER LA CALIDAD DEL CUIDADO PRESTADO POR EL CUIDADOR: PROTOCOLO DE REVISIÓN DEL ALCANCE

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RESUMO

Introdução: Os cuidadores geralmente não possuem conhecimentos e habilidades para prestar cuidados. Os enfermeiros têm um papel decisivo na qualidade dos cuidados e nos resultados na saúde das pessoas. A supervisão clínica do enfermeiro é um processo estratégico e formal que requer uma relação supervisiva coesa.
Objetivo: Mapear as estratégias de supervisão utilizadas pelo enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador.
Métodos: Esta revisão seguirá as diretrizes do Instituto Joanna Briggs para revisões de escopo e incluirá estudos sobre enfermeiros que implementaram estratégias de supervisão clínica para promover a qualidade do cuidado prestado pelo cuidador em contexto comunitário. Estudos publicados e não publicados em inglês, português ou espanhol desde 1993 serão considerados. A seleção dos estudos será realizada por dois revisores independentes, utilizando um terceiro revisor em caso de discordância. Os resultados da pesquisa, seleção de estudos e processo de inclusão serão apresentados num fluxograma PRISMA para revisões de escopo. A extração dos dados, análise de evidências e resultados sobre a extensão e tipo de evidências serão apresentados numa tabela.
Resultados: A pesquisa bibliográfica prévia permitiu identificar algumas estratégias supervisivas implementadas por enfermeiros para promover a qualidade dos cuidados prestados pelo cuidador.
Conclusão: Esta revisão contribuirá para identificar estratégias de supervisão utilizadas pelos enfermeiros para promover a qualidade dos cuidados prestados pelos cuidadores.

Palavras-chave: supervisão de enfermagem; enfermeiras e enfermeiros; melhoria de qualidade; cuidadores; redes comunitárias

ABSTRACT

Introduction: Caregivers do not usually have the knowledge and skills to provide care. Nurses have a decisive role in the quality of care and people's health outcomes. Clinical supervision of nurses is a strategic and formal process that requires a cohesive supervisory relationship.
Objective: To map the supervisory strategies used by nurses in the community to promote the quality of care provided by caregivers.
Methods: This review will follow the Joanna Briggs Institute guidelines for scoping reviews and will include studies about nurses who have implemented clinical supervision strategies to promote the quality of care provided by caregivers in the community. Published and unpublished studies written in english, portuguese or spanish since 1993 will be considered. Study selection will be carried out by two independent reviewers, using a third reviewer in case of disagreement. The search results, study selection and inclusion process will be presented in a PRISMA flowchart for Scoping Reviews. Data extraction, analysis of evidence and results about the extent and type of evidence will be presented in a tabular form.
Results: The previous bibliographic research allowed the identification of some supervisory strategies implemented by nurses to promote the quality of care provided by the caregiver.
Conclusion: This review will contribute to identify supervisory strategies used by nurses to promote the quality of care provided by caregivers.

Keywords: nursing, supervisory; nurses; quality improvement; caregivers; community networks

RESUMEN

Introducción: Los cuidadores generalmente carecen del conocimiento y las habilidades para brindar atención. Enfermeros juegan un papel decisivo en la calidad del cuidado y en los resultados de salud. La supervisión clínica de enfermeros es un proceso estratégico y formal que requiere una relación supervisora cohesionada.
Objetivo: Mapear las estrategias de supervisión utilizadas por el enfermero en la comunidad para promover la calidad del cuidado prestado por el cuidador.
Métodos: Esta revisión seguirá las pautas del Instituto Joanna Briggs para las revisiones del alcance y incluirá estudios sobre enfermeros que hayan implementado estrategias de supervisión clínica para promover la calidad del cuidado prestado por el cuidador en la comunidad. Se considerarán las fuentes de información publicadas y no publicadas en inglés, portugués o español desde 1993. La selección de estudios será realizada por dos revisores, utilizando un tercer revisor en caso de desacuerdo. Los resultados del proceso de investigación, selección de estudios e inclusión se presentarán en un diagrama PRISMA. La extracción de datos, el análisis y los resultados sobre el alcance y el tipo de evidencia se presentarán en una tabla.
Results: La investigación bibliográfica previa permitió identificar algunas estrategias de supervisión implementadas por enfermeros para promover la calidad del cuidado prestado por el cuidador.
Conclusión: Esta revisión contribuirá a identificar las estrategias de supervisión usadas por enfermeros para promover la calidad del cuidado prestado por los cuidadores.

Palabras Clave: supervisión de enfermería; enfermeras y enfermeros; mejoramiento de la calidad; cuidadores; redes comunitarias

INTRODUCTION

In 2005, an estimated 19 million people in the European Union spent at least 20 hours a week caring for elderly, disabled or chronically ill individuals. The role of caregiver has assumed great importance, and it is expected to increase by 13% by 2030 (Glendinning et al., 2009). A recent report indicates that the percentage of informal care in several European countries varies between nine and 34% (European Commission, 2018). According to the data, the majority of caregivers are women over the age of 35 (European Commission, 2018).

Nurses are the health professionals closest to people, families and the community and working as a decisive factor in people's health outcomes. The relationship between a nurse and the person being cared for is imperative to allow a thorough assessment of the situation and context, the identification of priorities and the formulation of an action plan (International Council of Nurses [ICN], 2020).

As a universal need, nursing care encompasses several aspects, including the promotion of health, prevention of illness, care of the ill and disabled, reduction of suffering and promotion of a dignified death (ICN, 2021). Moreover, nurses are in a uniquely privileged position to care for, promote well-being and quality of care within a safe environment (ICN, 2021).

The ICN (2021) and the World Health Organization (WHO, 2021) advocate that the future vision of health care requires nurses' active participation, involvement, and training in decision-making. Nurses in research, education and clinical practice are part of the answer to many challenges aimed at transforming health systems. The Clinical Supervision of Nurses (CSN) emerges as an approach capable of transforming health systems (Pollock et al., 2017).

CSN is a professional relationship between supervisor and supervisee. During the supervision process, the supervisor ensures learning opportunities, supports and guides the supervisee in developing skills and competencies based on critical thinking and reflection. This is a formal, dynamic, sequential and demanding process that makes clinical nursing practice more meaningful and ethical by promoting safety, quality of care and well-being (Lynch et al., 2008; O'Shea et al., 2019).

Originally, the concept of the CSN emerged at the beginning of the 20th century. Although some authors claim that this concept derives from the relationship between psychotherapy and mental health, others directly attribute its origin to Hildegard Peplau's work (Lynch et al., 2008). By the 90's, the CSN concept had evolved, placing more emphasis on meeting standards, developing the profession, preventing burnout and promoting safe practice (Lynch et al., 2008; O'Shea et al., 2019).

The CSN has become an important strategy for promoting positive working environments, quality health care outcomes and professional development, becoming an essential component to health organizations and in students' academic education (Dahlke et al., 2016). Its implementation was facilitated with the development of the Proctor model. This model is dynamic and conceives the CSN in three functions that can be implemented simultaneously or separately: formative, normative and restorative. The formative function promotes knowledge by developing capacities and competencies; the normative promotes quality nursing care through compliance with standards, projects and protocols; and the restorative or supportive function aims to support and provide skills for managing emotions to the person under supervision (Proctor, 1991).

The CSN has been investigated and implemented in students and nurses for decades (Cutcliffe et al., 2018; Pollock et al., 2017). In spite of the benefits described in the literature, the CSN it is rarely by nurses in their clinical practice. Therefore, valuing CSN in research, education, clinical practice and managements of health organizations becomes increasingly important (Markey et al., 2020).

During the past few years, the care provided by caregivers has been a concern for nurses and consequently for CSN (Teixeira et al., 2016). The term caregiver refers to someone who has a significant personal relationship with a person being cared for, such as family member, friend or neighbor (Family Caregiver Alliance [FCA], 2014).

Several countries prioritize caregivers in their national health services, as this role demands an enormous sense of responsibility, increasing the physical, psychological and financial burden. However, most caregivers do not possess the necessary knowledge and skills to provide care adequately. As a result, the quality of care provided is affected. Furthermore, the high rates of hospital readmissions demonstrate that poor formal and informal support networks interfere with the quality of care, people's lives, and the health services of several countries. By providing caregivers with the appropriate support, healthcare costs are reduced, healthcare quality and efficiency are improved, and the caregivers' well-being is enhanced (Torres et al., 2020).

However, knowledge on how nurses supervise the caregivers is still scarce. Therefore, this lack of knowledge is the reason why the applicability and potential effectiveness of the care provided by caregivers is still unknown. For this reason, mapping strategies related to clinical nursing supervision is highly relevant.

A scoping review is imperative to explore the extent of the existing literature, map and organize the evidence for future investigations (Peters et al., 2020). A preliminary search on MEDLINE, Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted, and no current or underway systematic reviews or scoping reviews on the topic were identified. In addition, considering that the evidence found on this topic is scarce, unclear and dispersed, it is pertinent and appropriate to carry out a scoping review to map the supervisory strategies used by nurses to promote the quality of care provided by caregiver.

This scoping review intends to answer the following questions:

1. What are the supervisory strategies used by nurses to promote the quality of care provided by caregiver?
2. What are the characteristics (duration and frequency) of these strategies?
3. In what contexts are supervisory strategies implemented to promote the quality of care provided by caregiver?

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1. METHODS

The scoping review will be conducted in accordance with the JBI methodology for scoping reviews (Peters et al., 2020) and written following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews Extension for Scoping Reviews (PRISMA-ScR) checklist (McGowan et al., 2020). The current protocol followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) (Moher et al., 2015) and is registered in the Open Science Framework (https://osf.io/pvnwc/).

The Participants (P) under analysis in this scoping review are nurses, regardless of academic qualifications and professional practice time, who have implemented clinical supervision to promote quality of care provided by caregiver.

In this scoping review, the Concept (C) under analysis is the clinical supervisory strategies used by nurses in the community to enhance the quality of care provided by caregivers. These include informational and educational programs (Kin et al., 2021; Mazanec et al., 2019; Rico-Blázquez et al., 2021; Vieira et al., 2021); instructing on procedures and identifying community support networks (Vieira et al., 2021); training procedures, skills and communication techniques (Mazanec et al., 2019; Vieira et al., 2021); and providing emotional support (Rico-Blázquez et al., 2021).

The Context (C) under analysis in this scoping review is the community, regardless of the type of country and culture. All studies that address the clinical supervision of nurse in the community to promote quality of care provided by caregiver will be analyzed. In this review, the community refers to any context except the hospital environment, such as the residence of the people, health centers, day care centers, nursing homes and caring homes.

This scoping review will consider both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. Analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies for inclusion.

Qualitative studies will also be considered that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research.

Systematic reviews that meet the inclusion criteria will also be considered, depending on the research question.

Text and opinion papers will also be considered for inclusion in this scoping review.

Studies published in English, Portuguese and Spanish since 1993 will be included in this review. The translation processes will be rigorous and the full responsibility of the authors. The temporal limit selected is due to the year (1993) in which clinical supervision was defined more clearly and objectively, so the authors consider that from this year there was a change in the concept, investigation and implementation of clinical supervision (Department of Health [DOH], 1993). It should be noted that there are no geographical or cultural limitations in the inclusion of studies as it is intended to understand the clinical supervision of nurse in the community to promote quality of care provide by caregiver in different contexts.

The search strategy will aim to locate both published and unpublished studies. An initial limited search of MEDLINE (PubMed) and CINAHL (EBSCOhost) was undertaken to identify literature on the topic. The text words contained in the titles and abstracts of relevant articles and their index terms were used to develop a full search strategy for the PubMed database (Table 1). The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source. The reference list of all included sources of evidence will be screened for additional studies.

Table 1 – Search strategy: MEDLINE (PubMed) on January 28th 2022.

Search	Query	Records retrieved
#1	"Home Nursing"[MeSH Terms] OR "Home Care Services"[MeSH Terms]	49,637
#2	"nursing, supervisory"[MeSH Terms] OR "Nursing Assessment"[MeSH Terms] OR "quality indicators, health care"[MeSH Terms] OR "quality assurance, health care"[MeSH Terms:noexp] OR "Patient Education Handout"[Publication Type] OR "Behavior Observation Techniques"[MeSH Terms]	124,550
#3	"nurses, community health"[MeSH Terms] OR "practice patterns, nurses"[MeSH Terms] OR "Nurses"[MeSH Terms]	96,691
#4	"nurs*"[Title/Abstract]	498,650
#5	"support*"[Title/Abstract] OR "technique*"[Title/Abstract] OR "supervis*"[Title/Abstract] OR "observation"[Title/Abstract] OR "educational intervention"[Title/Abstract] OR "educational interventions"[Title/Abstract] OR "sanitary supervision"[Title/Abstract]	3,642,479
#6	"communit*"[Title/Abstract] OR "domicile*"[Title/Abstract] OR "residential care home"[Title/Abstract] OR "home help"[Title/Abstract] OR "home care"[Title/Abstract] OR "home nursing"[Title/Abstract]	677,961
#7	#1 OR #6	710,440
#8	#2 OR #5	3,750,337
#9	#3 OR #4	533,363
#10	#7 AND #8 AND #9	16,502
#11	#10 AND ((1993/1/1:2022/1/28[pdat]) AND (english[Filter] OR portuguese[Filter] OR spanish[Filter]))	14,284

The databases to be searched include MEDLINE (PubMed), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), Nursing & Allied Health Collection (EBSCOhost), Cochrane Central Register of Controlled Trials (EBSCOhost), MedicLatina (EBSCOhost), Web of Science (ESEP), Scopus (ESEP) and LILACS (Biblioteca Virtual em Saúde). Sources of unpublished studies include WorldWideScience, DART-Europe, Open Access Theses and Dissertations and the Repositório Científico de Acesso Aberto em Portugal (RCAAP).
Following the search, all identified citations will be collated and uploaded into Rayyan – Intelligent Systematic Review (Ouzzani et al., 2016) and duplicates removed. Following a pilot test, titles and abstracts will then be screened by two independent reviewers (MC, IE) for assessment against the inclusion criteria for the review. Potentially relevant sources will be retrieved in full. The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers (MC, IE). Reasons for exclusion will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer (MM).
The search results and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Peters et al., 2020).
Data will be extracted from papers included in the scoping review by two independent reviewers (MC, IE) using a data extraction tool developed by the reviewers (Table 2). The data extracted will include specific details about the participants, concept, context, study methods and key findings relevant to the review questions. During the process of extracting data from each included source of evidence, this tool will be modified and revised as necessary. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer (MM). If appropriate, authors of papers will be contacted to request missing or additional data, where required.

Table 2 – Data extraction instrument.

Data extraction date
Reviewer
Article title
Author(s)
Year and place of publication
Study objectives
Study methods
Participants
Supervisory strategies implemented and their characteristics
Study context
Other important results
Main conclusions
Comments

The results will be presented in a tabular form, organized by publication decades of the studies included in the review (Table 3).

Table 3 – Data analysis and presentation.

Decade	**1993-1999**	**2000-2009**	**2010-2019**	**2020-2022**
Results				

For each question formulated in this scoping review, tables will be developed with all the data obtained and the level of evidence of the selected studies will be represented graphically.
A narrative summary with all the results will also be developed, and will accompany the tabulated and charted results, in order to answer and relate the results to the objectives and questions of this scoping review.

2. RESULTS

This scoping review will include studies on CS implemented by nurses in a community context to promote the quality of care provided by the caregiver. From the previous bibliographic research, some supervisory strategies are verified, namely, informational and educational programs (Kin et al., 2021; Mazanec et al., 2019; Rico-Blázquez et al., 2021; Vieira et al., 2021); instructing on procedures and identifying community support networks (Vieira et al., 2021); training procedures, skills and communication techniques (Mazanec et al., 2019; Vieira et al., 2021); and providing emotional support (Rico-Blázquez et al., 2021). Given the high rates of hospital readmissions and the lack of necessary and adequate knowledge and skills in the caregiver to provide care, CSN becomes essential (Torres et al., 2020). Nurses, through the implementation of several supervisory strategies, can enable the caregiver to provide higher quality care. Therefore, the health costs associated with hospital readmission rates will be reduced, the quality of care and the development health services are promoted (Mazanec et al., 2019; Torres et al., 2020).

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The identification and mapping of existing knowledge about the supervision strategies used by the nurse in the community will contribute to improve the quality of care provided by the caregiver, respond to the most diverse problems that health services face daily and challenge the organizations and health policies of the several countries to value the role of the nurse with the caregiver (Markey et al., 2020; Torres et al., 2020).

CONCLUSION

Nurses are the reference health professionals to implement CS and to promote the quality of care provided by caregivers, contributing to people's health gains and to the improvement of health services (Teixeira et al., 2016; Torres et al., 2020). The supervisory strategies implemented by nurses in the community are decisive for the quality of care provided by the caregiver and for obtaining health gains (Kin et al., 2021; Mazanec et al., 2019; Rico-Blázquez et al., 2021; Vieira et al., 2021).
This scoping review is extremely relevant for nursing research, teaching and clinical practice because it will increase knowledge about CSN, namely, it increases knowledge about supervisory strategies implemented by nurses in the community to promote the quality of care provided by caregivers and their characteristics. In turn, these results will make it possible to respond to the daily challenges of health organizations and health policies in different countries, such as hospital readmission rates, the quality of care and the development health services (Markey et al., 2020; Mazanec et al., 2019; Torres et al., 2020).

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Artigo 2 – Clinical supervision of the nurse in the community to promote the quality of care provided by the caregiver: a scoping review

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Review title

Clinical supervision of the nurse in the community to promote the quality of care provided by the caregiver: a scoping review

Abstract

Objective: To map the supervision strategies used by nurses in the community to promote the quality of care provided by caregivers.

Introduction: Long-term care is essential for health systems. Most of this care is provided by caregivers who lack the knowledge and skills to provide quality care. The implementation of clinical supervision by a nurse enables caregivers to participate in the process and obtain training to provide high-quality care.

Inclusion criteria: Studies published and unpublished in English, Portuguese, and Spanish since 1993 regarding supervisory strategies applied by nurses to caregivers in the community to promote quality of care were included in this review. There were no geographical or cultural limitations.

Methods: This scoping review followed the Joanna Briggs Institute guidelines for scoping reviews 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 14 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; Dart-Europe E-theses Portal; Open Access Theses and Dissertations; and RCAAP – Repositórios Científicos de Acesso Aberto de Portugal. Two independent reviewers selected the studies.

Results: Thirty-four studies were eligible for inclusion. Among the nursing supervisory strategies for promoting the quality of care caregivers provide are health education and emotional support. Health education is implemented through teaching and providing materials, training, informing, educational interventions, educational and training sessions or programs, workshops, and telephone calls for follow-up. Emotional support involves aiding in managing the therapeutic regimen, reassuring,

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providing problem-solving advice, listening to the patient's concerns, providing support, and offering guidance. The characteristics of supervisory strategies are variable, but it was found that the implementation of educational and training programs had a higher duration and frequency. The most common contexts in which they are implemented are home and telehealth.

Conclusions: Nurses' supervisory strategies enable the caregivers to provide quality care in the community. Clinical supervision implemented by nurses to caregivers in the community is an essential tool capable of responding to the daily challenges of countries' health systems. The appropriate use of the term supervisory strategies is a recommendation for future investigations.

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

Keywords: Caregivers; Nurses; Nursing, Supervisory; Quality Improvement

JBI Evid Synth ????;??(?):??-??

Abstract word count: 381/500

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Introduction

Life and healthy life expectancy at 60 years between 2000 and 2019 increased worldwide.[1] Technological and scientific advances have contributed to an increase in the duration, complexity, and technical difficulties of the care needed by people with chronic, disabling, and disabled illnesses. In most cases, this care is provided by caregivers.[2]

The Centers for Disease Control and Prevention (CDC) defines the informal caregiver as a person, family member, or friend who provides unpaid care to people who need some degree of assistance in daily life tasks on a regular basis. The recipients of such care can be children, adults, or the elderly living in residential settings or institutions and suffering from chronic or disabling illnesses.[3]

In 2018, in the United States of America (USA), 24.4% of people aged between 45 and 64 years and 18.8% of people over 65 were caregivers. These data revealed that one in four women and one in five men were caregivers. It was also found that about 40.7% of caregivers had two or more chronic diseases, and 33.0% had some disability.[4] Most informal caregivers in Europe in 2016 were female and aged over 35 years.[5] Another study found that caregivers felt helpless as care providers without the support and professional follow-up required for caregiving.[6]

The provision of care by caregivers has a significant impact on their well-being and quality of life. In most cases, caregivers experience high levels of depression and anxiety and often take psychoactive medications. Additionally, they are more susceptible to deteriorating health and immune systems, increased risk of early death and financial difficulty that inevitably interferes with providing quality care.[3,7] The quality of care refers to the degree to which health services increase the likelihood that individuals, families, and communities will achieve desired health outcomes and attain universal health coverage.[8,9]

The caregivers' well-being and the information they receive from health professionals affect the quality of care they provide. It was found that the identification of caregivers' needs, and the support and information provided by health professionals enable caregivers to be trained to provide care and contribute to reducing the burden and number of hospital readmissions.[10]

Over the past few years, hospital readmissions have increased considerably and are becoming more frequent. According to Brunner-La Rocca and his collaborators, between 2009 and 2014, the USA had the highest rate of hospital readmissions within 30 days of discharge (19.0%), followed by Australia

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(17.6%), England (16.5%) and continental Europe (14.6%).[11] The United Kingdom saw 529,318 readmissions in emergency departments between 2016 and 2017, with one in five occurring in the first 48 hours of discharge. In addition, people and their families experienced intense emotional distress after being discharged from hospital due to lack of support.[12] These numbers are alarming, and for caregivers to become prepared, and develop their knowledge and skills to provide quality care, information and emotional support are paramount.[13]

The implementation of caregiver-related policies is a current public health priority.[2,4] In 2022, the European Commission defined in the European Care Strategy that caregivers should be supported through training, counseling, psychological, and financial support.[14] Health professionals must act strategically to train caregivers, promote their health and well-being, and the health and well-being of those they care for.[6,13,15]

Advanced nursing practice is essential for people to be able to respond to health problems and their needs effectively.[16] In 1993, the National Health Service in the United Kingdom defined clinical supervision as a formal process of support and learning that allows the development of knowledge, skills and competences to improve practices and safety of the care provided. A consensus definition resulted from widespread concerns about care delivery and safety, which led to changes in the interpretation, understanding and practice of clinical supervision of nurses at the time.[17]

Clinical supervision implemented by nurses has proven to be a valuable tool for professional development and, in the context of health, its implementation has been recommended to ensure safety and improve the quality of care.[18,19]

Nurses must train caregivers with the knowledge, skills and support needed to provide quality care. This training is possible through the clinical supervision of nurses to caregivers.[6,10,13,20,21] The contents of the theme about nurses' clinical supervision of caregivers are scarce, unclear and dispersed. Therefore, there is also no knowledge about the applicability and effectiveness of care provided by caregivers, making it very important to know the supervisory strategies implemented by nurses.

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and Jonna Briggs Institute (JBI) Evidence Synthesis was conducted and no current or in-progress scoping reviews or systematic reviews on the topic were identified.

The objective of this scoping review was to map the supervision strategies used by nurses in the

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community to promote the quality of care provided by the caregiver.

Review questions

i. What are the supervisory strategies used by nurses to promote the quality of care provided by caregivers?

ii. What are the characteristics (duration and frequency) of these strategies?

iii. In what contexts are supervisory strategies implemented to promote the quality of care provided by caregivers?

Inclusion criteria

Participants

This review considered studies that included nurses who have implemented clinical supervision to promote the quality of care provided by caregivers, regardless of academic qualifications and professional practice time.

Concept

This review considered studies that explored clinical supervisory strategies used by nurses in the community to enhance the quality of care provided by caregivers. The following strategies are included: informational and educational programs, instructing on procedures and identifying community support networks, training procedures, skills and communication techniques, and providing emotional support.

Supervisory strategies can be implemented in groups or individually, and their duration and frequency can be variable. There are no age and gender limits for caregivers. People cared for by caregivers can have any illness or disability.[22-24]

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Context

This review considered studies addressing the clinical supervision of nurses in the community to promote the quality of care caregivers provide. The community is the context of this scoping review, regardless of the type of country and culture. The community includes any context except the hospital environment. Some examples are the residence of caregivers or people cared for, health centers, daycare centers, nursing homes, caring homes, and agencies in the community.

Types of sources

This scoping review considered quantitative, qualitative, and mixed methods study designs for inclusion. Experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies were considered for inclusion. Analytical observational studies including prospective and retrospective cohort studies, case-control studies, analytical cross-sectional studies, descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies were also considered for inclusion. In addition, systematic reviews and text and opinion papers were considered for inclusion in this scoping review.

Methods

This scoping review was conducted in accordance with the JBI methodology for scoping reviews,[25,26] and in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).[27] This review was conducted in accordance with an *a priori* protocol.[28]

Search strategy

The search strategy aimed to locate both published and unpublished primary studies, reviews, and text and opinion papers. An initial limited search of MEDLINE (PubMed) and CINAHL (EBSCO) was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of

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relevant articles, and the index terms used to describe the articles were used to develop a full search strategy. The search strategy, including all identified keywords and index terms, was adapted for each included information source and a second search was undertaken on May 03, 2022. The full search strategies are provided in Appendix I. The reference lists of articles included in the review were screened for additional papers.

Studies published in English, Portuguese, and Spanish from 1993 until search date were included. Clinical supervision was defined more clearly and objectively from 1993 onwards, leading to an evolution in its concept, research, and implementation.[17]

The databases that were searched 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, and SciELO. Sources of unpublished studies and gray literature searched included World Wide Science, Dart-Europe E-theses Portal, Open Access Theses and Dissertations, and RCAAP – Repositórios Científicos de Acesso Aberto de Portugal.

It was not possible to specify a language limit for the World Wide Science database. Therefore, all results were screened and checked for whether or not they met the inclusion criteria by two independent reviewers.

Study/Source of evidence selection

Following the search, all identified records were collated and uploaded into EndNote 20 (Clarivate Analytics, PA, USA) and duplicates removed. Then, the selection of studies was carried out using the electronic platform Rayyan. Following a pilot test, titles and abstracts were screened by two independent reviewers (MSC and IE) for assessment against the inclusion criteria for the review. Potentially relevant papers were retrieved in full. Full-text studies that did not meet the inclusion criteria were excluded, and reasons for their exclusion are provided in Appendix II. Any disagreements that arose between the reviewers were resolved through discussion or with a third reviewer (MM).

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Data extraction

Data were extracted by two independent reviewers (MSC and IE) 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.[28]

Data analysis and presentation

The results are presented in a tabular form, organized by publication decades of the studies included and in accordance with the objective of this scoping review. A narrative summary with all the results was also developed to accompany the tabulated results.

Results

Study inclusion

The search in the previously described databases resulted in 13824 articles. After removing duplicate articles and records marked as ineligible by automation tools, the titles and abstracts of 7660 articles were analyzed and 7566 studies were excluded. The remaining 94 articles were fully read and screened, which resulted in the exclusion of 62 articles (Appendix II). Through citation searching, two articles were added, resulting in 34 articles included in this scoping review. This process of identification, screening and inclusion of articles can be analyzed in more detail in the PRISMA-ScR flow chart (Figure 1).[29]

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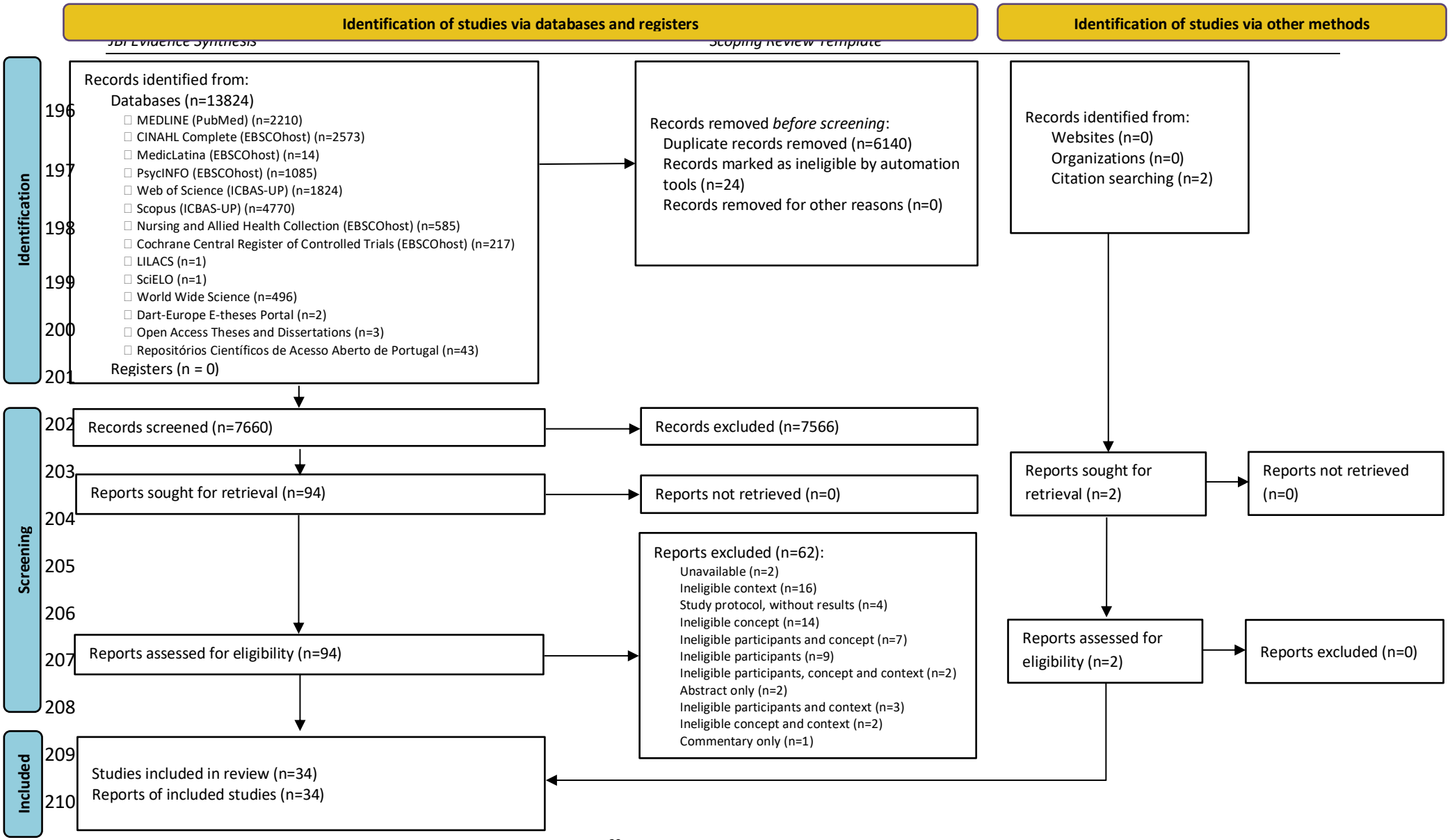

Figure 1: Search results and study selection and inclusion process[29]

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Characteristics of included studies

Of the 34 articles included in this scoping review, two were published between 1993 and 1999,[30,31] 11 articles were published between 2000 and 2009,[32-42] 17 records were published between 2010 and 2019,[43-59] and four were published between 2020 and 2022.[60-63]

The country with the highest number of published articles was the USA with 14 articles,[30,31,33,34,38,42,43,45,46,50,51,53,58,63] followed by the United Kingdom with four articles[40,48,52,54] and Spain with three.[39,44,62] In Turkey, two articles were developed,[55,56] as well as in the Netherlands.[36,37] In Portugal,[57] Republic of Cuba,[60] Taiwan,[35] China,[61] Canada,[41] Singapore,[47] Colombia,[49] Japan,[32] and Norway,[59] an article was developed per country.

Seven studies were quasi-experimental,[35,43,49,51,57,58,60] six were randomized controlled trials,[37,40,46,47,54,62] five were experimental studies,[33,44,45,55,56] four were projects,[30,48,52,63] two were repeated measures studies,[38,61] and two were qualitative studies.[32,59] There was also a quantitative study,[36] a longitudinal study,[31] a mixed investigation,[50] a doctoral thesis,[41] an article from the series of articles,[53] a literature review,[42] a descriptive study[34] and a clinical case.[39]

Thirty articles were published in English and four in Spanish.[39,44,49,60] The characteristics of the included studies can be consulted in Appendix III.

Review findings

Supervisory strategies used by nurses to promote the quality of care provided by caregiver

The supervisory strategies were teaching and providing materials,[31,33,34,36,37,45] training,[35] informing,[36,37,42,56] educational interventions,[39,49,50,52,57,58,60] and educational and training sessions.[45,53] In 12 records, educational and training programs were implemented,[30,34,38,41,44,46,47,51,54,55,62,63] and educational workshops were implemented in two records.[32,61] In eight records, telephone calls were used for follow-up.[31,34,36-38,47,52,58] One of the articles focused on constructing an information leaflet.[48] An article also addresses the supervisory strategy of informing through an online call center.[59]

In seven included articles, emotional support is also addressed.[36,37,40,42,43,56,62] The supervisory strategies were aiding in the management of the therapeutic regimen,[40,43] reassuring,[36,37] providing

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problem-solving advice,[37] listening to the patients' concerns,[36] providing support,[37] and offering guidance.[56]

Characteristics (duration and frequency) of these strategies

The characteristics (duration and frequency) of supervisory strategies depend on the type of supervisory strategies implemented. The duration and frequency of supervisory strategies varied considerably, making it difficult to establish a pattern. There was a greater duration and frequency of educational and training programs compared to the other supervisory strategies. The duration of supervisory strategies ranged from up to 30 minutes[48] to one year.[46] The frequency of implemented supervisory strategies ranged from one[32,36,37,43,45] to 16 times.[46]

Contexts for the implementation of these strategies

In 27 articles there is only one implementation context,[30-33,35-37,39-42,44-46,49-57,60-63] while seven articles report more than one implementation context.[34,38,43,47,48,58,59] Home was the most frequent implementation context of supervisory strategies, present in 19 articles.[30,31,33-38,43,44,46-49,53,54,56,57,62]

In addition to this implementation context, nine articles referred to another context (telehealth),[34,38,42,43,47,48,50,58,59] two mentioned primary healthcare,[39,45] and two mentioned home residential care.[40,52] All other contexts were mentioned only once: health centre,[32] memory clinics,[41] hospice organisations,[47] outpatient clinic,[47] agency in community,[51] community mental health centre,[55] community oncology practices,[58] caregivers' workplace,[59] caregivers' municipality,[59] community,[60] community centres,[61] and other context (simulation center skills lab).[63]

Discussion

To our knowledge, this is the first scoping review developed in the last 30 years to map the supervision strategies used by nurses in the community to promote the quality of care the caregiver provides.

The supervisory strategies identified were teaching and providing materials, to train, inform, and educate for health, implementing educational and training sessions, educational and training

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programs, educational workshops, telephone calls for follow-up, construction of an information leaflet, informing through an online call center, helping to manage the therapeutic regimen, reassuring, advise on problem-solving, listen to patients' concerns, offer support, and guide.

These strategies are based on health education and support, and their characteristics in terms of duration and frequency were very variable, making it impossible to establish a relational pattern. It was only verified that implementing educational and training programs had a greater duration and frequency than the other supervisory strategies. The most frequent context of implementation of these strategies was the home. Telehealth, defined as other context, also had a significant expression, present in nine articles.

The country with the highest number of publications is the USA and publications on the subject have grown from decade to decade. This can be explained by the exponential increase in the number of caregivers in the USA that occurred between 2015 and 2020. The increase was around 9.5 million, meaning more than one in five Americans are caregivers. It was also found that the health status of caregivers worsened from 2015 to 2020 and that there are increasingly more young caregivers.[64] The need and importance of long-term care alerted government entities to this country's security and economic growth. In this sense, measures were developed to support caregivers and investments were made in the provision of care, such as improving the provision of high-quality care, education and long-term care to support caregivers.[65]

Supervisory strategies are used by nurses to promote the quality of care provided by the caregiver by preparing them through psychoeducation programs, education programs, support programs, and a self-care support program for caregivers.[66] As the literature demonstrates, health education had a significant expression, present in 33 of the 34 articles included in this review.[30-39,41-63] Although it does not yet have due recognition, health education can improve people's health[67] and is more complex than providing information,[68] which differs from the supervisory strategy adopted in one of the articles included in this review.[48] Optimal health education involves long-term programs, with adequate and personalized resources, planning and assessments and nurses are fundamental in this involvement,[68] as is proven in 14 of the 34 articles included in this review.[30,32,34,38,41,44,46,47,51,54,55,61-63] Support for caregivers is a supervisory strategy whose importance and need is generally recognized due to the burden and anxiety of the caregiver role. It includes counseling, social, psychological and emotional support, problem-solving techniques and coping strategies.[22,69]

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The evidence is not consensual regarding the duration and frequency characteristics for supervision to be effective. However, it was found that there are more benefits when supervision is carried out on a regular basis, weekly or fortnightly, for example.[70] As well as in the results of this scoping review, the duration and frequency described in the literature are very variable and depends on the type of intervention implemented. The educational sessions could last from 15 minutes, two hours or up to a year. The frequency could also be one, three, six times, weekly and monthly, among others.[71] In general, health education and support have a longer duration and frequency than other supervision strategies, defined as usual care. Strategies implemented in groups also have a longer duration and frequency when compared to implementing strategies individually.[24,71]

The results of this scoping review corroborate the most recent evidence, interventions described in the literature were implemented through telephone and face-to-face visits[69] and there has been a greater use of telehealth to implement educational interventions.[72] Telehealth can be implemented through telephone intervention, web interventions and a combination of both.[73] Although information and communication technologies are increasingly universal, older caregivers and those living in rural areas have difficulty accessing them. These difficulties are based on the need for technological training, technical issues and the cost of equipment.[73,74] A disadvantage also pointed out to telehealth was its ability to be too intrusive, threatening privacy.[74] Qiu and colleagues (2021) found that caregivers preferred telehealth to in-person care and that the preference for in-person care or telehealth depended on the purpose of the contact.[75] Conversely, Androga and colleagues (2022) found that people's satisfaction was equally high in care provided in person or via telehealth, with no significant differences.[76]

This scoping review is the first to investigate the supervisory strategies implemented by nurses in the community to promote the quality of care provided by caregivers. However, it was found that supervision strategies are not always described or presented as such, although they are. Similar to the existing literature, three articles in this review refer to clinical supervision,[40,52,59] while 31 articles refer to nursing interventions.[30-39,41-51,53-58,60-63] This finding can be explained because there is still no consensus on clinical supervision[77] and it continues to be underused by nurses, despite evidence recognizing its benefits.[78] It is necessary to understand supervisory processes and recognize the value of clinical supervision in practice for improving nursing care and for safer and more effective clinical practice. It is necessary to develop empirical evidence in clinical supervision and thus contribute significantly to the future development of nursing.[77,78]

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Limitations of the review

One of the limitations of this scoping review was the language limits initially established (English, Portuguese, and Spanish), which may not cover all countries.

The irregularity in the reference and appointment of supervisory strategies in the results achieved can also be considered a limitation of this review.

Conclusions

This scoping review identified supervision strategies used by nurses in the community to promote the quality of care provided by the caregiver. These strategies are based on educational interventions and emotional support and their characteristics are very variable. The home was the most frequent context for implementing these strategies and telehealth was a very interesting and innovative identified context.

Nurses' supervisory strategies increase and update caregivers' knowledge and develop their skills to provide quality and safe care in the community. Training caregivers with proper and regular supervision by nurses allows us to achieve desirable health results and respond to the daily challenges of health systems in different countries. This scoping review highlights the importance of nursing research on clinical supervision implemented by nurses for caregivers in the community.

Implications for research

One of the gaps in knowledge identified from the results of the review was the underuse of the term supervision strategies. Therefore, in future investigations, the correct use of the term supervision strategies used by nurses is recommended.

It is also recommended that future investigations evaluate the impact of supervisory health education strategies carried out through telehealth, in comparison with those that are not.

The results obtained in this scoping review also allow recommending the development of a systematic review to assess the effectiveness of clinical supervision of the nurse in the community to promote

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quality of care provided by the caregiver.

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

Conflicts of interest

The authors declare no conflict of interest.

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Appendix I: Search strategy

MEDLINE (PubMed), search conducted on May 03, 2022

Search number	Query	Results
S1	"nurses, community health"[MeSH Terms] OR "practice patterns, nurses"[MeSH Terms] OR "Nurses"[MeSH Terms]	97,442
S2	"nursing, supervisory"[MeSH Terms] OR "Nursing Assessment"[MeSH Terms] OR "quality indicators, health care"[MeSH Terms] OR "quality assurance, health care"[MeSH Terms:noexp] OR "Patient Education Handout"[Publication Type] OR "Behavior Observation Techniques"[MeSH Terms]	124,991
S3	"Home Nursing"[MeSH Terms] OR "Home Care Services"[MeSH Terms]	49,921
S4	"Caregivers"[MeSH Terms]	45,425
S5	"nurs*"[Title/Abstract]	504,966
S6	"support*"[Title/Abstract] OR "technique*"[Title/Abstract] OR "supervis*"[Title/Abstract] OR "observation"[Title/Abstract] OR "educational intervention"[Title/Abstract] OR "educational interventions"[Title/Abstract] OR "sanitary supervision"[Title/Abstract]	3,706,282
S7	"communit*"[Title/Abstract] OR "domicile*"[Title/Abstract] OR "residential care home"[Title/Abstract] OR "home help"[Title/Abstract] OR "home care"[Title/Abstract] OR "home nursing"[Title/Abstract]	693,790
S8	Caregiver*[Title/Abstract] OR Care-giver[Title/Abstract] OR Carer*[Title/Abstract] OR Career*[Title/Abstract]	147,754
S9	S1 OR S5	539,719
S10	S2 OR S6	3,814,503
S11	S3 OR S7	726,400
S12	S4 OR S8	157,818
S13	S9 AND S10 AND S11 AND S12	2,530
S14	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	2,210

CINAHL Complete (EBSCOhost), search conducted on May 03, 2022

Search number	Query	Results

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S1	MW "Nurses"	202,350
S2	MW “Clinical Supervision” OR MW “Quality of Health Care” OR MW “Quality of Nursing Care” OR MW “Quality Assessment” OR MW “Education” OR MW “Patient Education” OR MW “Nursing Interventions” OR MW "Observational Methods+"	680,843
S3	MW “Home Nursing” OR MW “Home Health Care+”	11,332
S4	MW "Caregivers"	40,145
S5	TI "nurs*" OR AB "nurs*"	604,215
S6	TI ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision") OR AB ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	812,787
S7	TI ("communit*" OR "domicile*” OR "residential care home" OR "home help" OR "home care" OR "home nursing") OR AB ("communit*" OR "domicile*” OR "residential care home" OR "home help" OR "home care" OR "home nursing")	304,650
S8	TI (Caregiver* OR Care-giver OR Carer* OR Career*) OR AB (Caregiver* OR Care-giver OR Carer* OR Career*)	109,877
S9	S1 OR S5	697,564
S10	S2 OR S6	1,399,738
S11	S3 OR S7	312,125
S12	S4 OR S8	122,116
S13	S9 AND S10 AND S11 AND S12	2,775
S14	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	2,573

619

620 MedicLatina (EBSCOhost), search conducted on May 03, 2022

Search number	Query	Results
S1	TI "nurs*" OR AB "nurs*"	3,980
S2	TI ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision") OR AB ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	14,393

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S3	TI ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing") OR AB ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")	4,192
S4	TI (Caregiver* OR Care-giver OR Carer* OR Career*) OR AB (Caregiver* OR Care-giver OR Carer* OR Career*)	1,363
S5	S1 AND S2 AND S3 AND S4	14
S6	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	14

621

622 PsycINFO (EBSCOhost), search conducted on May 03, 2022

Search number	Query	Results
S1	MM "Nurses"	22,519
S2	MM “Nursing Education” OR MM “Professional Supervision” OR MM “Education” OR MM “Learning Strategies” OR MM “Quality of Care” OR MM “Observation Methods”	66,308
S3	MM “Nursing Homes” OR MA “Home Care”	13,300
S4	MM “Caregivers”	24,816
S5	TI "nurs*" OR AB "nurs*"	108,551
S6	TI ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision") OR AB ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	1,005,265
S7	TI ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing") OR AB ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")	327,421
S8	TI (Caregiver* OR Care-giver OR Carer* OR Career*) OR AB (Caregiver* OR Care-giver OR Carer* OR Career*)	132,793
S9	S1 OR S5	109,103
S10	S2 OR S6	1,048,652
S11	S3 OR S7	336,488
S12	S4 OR S8	136,285

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S13	S9 AND S10 AND S11 AND S12	1,162
S14	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	1,085

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624 Web of Science (ICBAS-UP), search conducted on May 03, 2022

Search number	Query	Results
S1	((TI=("nurses, community health" OR "practice patterns, nurses" OR “Nurses” OR "nurs*")) OR AB=("nurses, community health" OR "practice patterns, nurses" OR “Nurses” OR "nurs*")) OR KP=("nurses, community health" OR "practice patterns, nurses" OR “Nurses” OR "nurs*")	372,988
S2	((TI=("nursing, supervisory” OR “Nursing Assessment" OR “quality indicators, health care" OR "quality assurance, health care" OR "Patient Education Handout" OR "Behavior Observation Techniques" OR "support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")) OR AB=("nursing, supervisory” OR “Nursing Assessment" OR “quality indicators, health care" OR "quality assurance, health care" OR "Patient Education Handout" OR "Behavior Observation Techniques" OR "support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")) OR KP=("nursing, supervisory” OR “Nursing Assessment" OR “quality indicators, health care" OR "quality assurance, health care" OR "Patient Education Handout" OR "Behavior Observation Techniques" OR "support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	7,800,481
S3	((TI=("Home Nursing" OR "Home Care Services" OR "communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")) OR AB=("Home Nursing" OR "Home Care Services" OR "communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")) OR KP=("Home Nursing" OR "Home Care Services" OR "communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")	1,449,005
S4	((TI=(Caregiver* OR Care-giver OR Carer* OR Career*)) OR AB=(Caregiver* OR Care-giver OR Carer* OR Career*)) OR KP=(Caregiver* OR Care-giver OR Carer* OR Career*)	245,189
S5	S1 AND S2 AND S3 AND S4	1,870
S6	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	1,824

625

626 Scopus (ICBAS-UP), search conducted on May 03, 2022

Search number	Query	Results
S1	TITLE-ABS-KEY ("nurses, community health" OR "practice patterns, nurses" OR "nurses" OR "nurs*")	931,352
S2	TITLE-ABS-KEY ("nursing, supervisory" OR "nursing assessment" OR "quality indicators, health care" OR "quality assurance, health care" OR "patient education handout" OR "behavior observation techniques" OR "support*" OR "technique*" OR "supervis*" OR "observation"OR "educational intervention" OR	15,033,278

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	"educational interventions" OR "sanitary supervision")	
S3	TITLE-ABS-KEY ("home nursing" OR "home care services" OR "communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")	1,928,522
S4	TITLE-ABS-KEY (caregiver* OR care-giver OR carer* OR career*)	367,095
S5	#1 AND #2 AND #3 AND #4	5,656
S6	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	4,770

627

628 Nursing and Allied Health Collection (EBSCOhost), search conducted on May 03, 2022

Search number	Query	Results
S1	DE “Nurses”	39,013
S2	DE “Supervision” OR DE “Clinical supervision” OR DE “Education”	10,387
S3	DE “Home nursing” OR DE “Visiting Nurses” OR DE “Nursing home care”	1,574
S4	DE “Caregivers” OR DE “Caregiver Education”	6,066
S5	TI "nurs*" OR AB "nurs*"	173,536
S6	TI ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision") OR AB ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	149,504
S7	TI ("communit*" OR "domicile*” OR "residential care home" OR "home help" OR "home care" OR "home nursing") OR AB ("communit*" OR "domicile*” OR "residential care home" OR "home help" OR "home care" OR "home nursing")	71,766
S8	TI (Caregiver* OR Care-giver OR Carer* OR Career*) OR AB (Caregiver* OR Care-giver OR Carer* OR Career*)	32,097
S9	S1 OR S5	176,269
S10	S2 OR S6	157,003
S11	S3 OR S7	72,736
S12	S4 OR S8	33,302

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S13	S9 AND S10 AND S11 AND S12	596
S14	Limiters – Publication date: 19930101; Language: English	585

629

630 Cochrane Central Register of Controlled Trials (EBSCOhost), search conducted on May 03, 2022

Search number	Query	Results
S1	TI "nurs*" OR AB "nurs*"	42,981
S2	TI ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision") OR AB ("support*" OR "technique*" OR "supervis*" OR "observation" OR "educational intervention" OR "educational interventions" OR "sanitary supervision")	284,690
S3	TI ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing") OR AB ("communit*" OR "domicile*" OR "residential care home" OR "home help" OR "home care" OR "home nursing")	56,213
S4	TI (Caregiver* OR Care-giver OR Carer* OR Career*) OR AB (Caregiver* OR Care-giver OR Carer* OR Career*)	18,865
S5	S1 AND S2 AND S3 AND S4	406
S6	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	217

631

632 LILACS, search conducted on May 03, 2022

Search number	Query	Results
S1	nurse AND supervision AND community AND Caregiver	1
S2	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	1

633

634 SciELO, search conducted on May 03, 2022

Search number	Query	Results
S1	nurs* AND supervision AND community AND caregiver*	1

635

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636 World Wide Science, search conducted on May 03, 2022

Search number	Query	Results
S1	"nurs*" AND "supervision" AND "community" AND "caregiver*"	516
S2	Limiters – Publication date: 1993-2022	496

637

638 Dart-Europe E-theses Portal, search conducted on May 03, 2022

Search number	Query	Results
S1	nurse AND supervision AND community AND Caregiver	2
S2	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	2

639

640 Open Access Theses and Dissertations, search conducted on May 03, 2022

Search number	Query	Results
S1	nurse AND supervision AND community AND Caregiver	3
S2	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	3

641

642 RCAAP – Repositórios Científicos de Acesso Aberto de Portugal, search conducted on May 03, 2022

Search number	Query	Results
S1	nurse AND supervision AND community AND caregiver	21
S2	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	21
S3	enfermeiro AND supervisão AND comunidade AND cuidador	43
S4	Limiters – Publication date: 19930101; Languages: English, Portuguese, Spanish	43

643

644

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Appendix II: Studies ineligible following full-text review

1. Ahedo NR, Liria IC. Nursing interventions to support informal caregivers of Alzheimer's patients. Bibliographic review. Revista Rol de Enfermería [Internet]. 2017;40(10):690-7.
   Reason for exclusion: Unavailable.
2. Anand L, Sumeet S, George R. Effectiveness of education programme on knowledge among caregivers of stroke patients. International Journal of Nursing Education [Internet]. 2017;9(4):6-11.
   Reason for exclusion: Ineligible context.
3. Arija V, Martín N, Canela T, Anguera C, Castelao AI, García-Barco M, et al. Nutrition education intervention for dependent patients: protocol of a randomized controlled trial. BMC Public Health [Internet]. 2012;12(373).
   Reason for exclusion: Study protocol, without results.
4. Beaulieu R, Humphreys J. Evaluation of a telephone advice nurse in a nursing faculty managed pediatric community clinic. Journal of Pediatric Healthcare [Internet]. 2008;22(3):175-81.
   Reason for exclusion: Ineligible concept.
5. Bernal NH, Becerra JB, Mojica CM. Nursing intervention for the wellbeing of caregivers of patients in home care. Revista Cuidarte [Internet]. 2018;9(1):2045-58.
   Reason for exclusion: Ineligible context.
6. Broughton M, Smith ER, Baker R, Angwin AJ, Pachana NA, Copland DA, et al. Evaluation of a caregiver education program to support memory and communication in dementia: A controlled pretest–posttest study with nursing home staff. International Journal of Nursing Studies [Internet]. 2011;48(11):1436-44.
   Reason for exclusion: Ineligible participants and concept.
7. Bunn F, Goodman C, Pinkney E, Drennan VM. Specialist nursing and community support for the carers of people with dementia living at home: an evidence synthesis. Health and Social Care in the Community [Internet]. 2016;24(1):48-67.
   Reason for exclusion: Ineligible concept.
8. Ceballos MO, Calderín NT, Esperón MT, Hernández IB. A nursing practice guide for attending caregivers of dementia patients. Revista Cubana de Medicina General Integral [Internet]. 2020;36(2):1-15.
   Reason for exclusion: Ineligible context.

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9. Chambers M, Connor SL. User-friendly technology to help family carers cope. Journal of Advanced Nursing [Internet]. 2002;40(5):568-77.
Reason for exclusion: Ineligible concept.
10. Chandran H, Jayanthi K, Prabavathy S, Renuka K, Bhargavan R. Effectiveness of video assisted teaching on knowledge, attitude and practice among primary caregivers of children with autism spectrum disorder. Advances in Autism [Internet]. 2019;5(4):231-42.
Reason for exclusion: Ineligible participants.
11. Clark JE, Aitken S, Watson N, McVey J, Helbert J, Wraith A, et al. Training oncology and palliative care clinical nurse specialists in psychological skills: evaluation of a pilot study. Palliative and Supportive Care [Internet]. 2013;13(3):537-42.
Reason for exclusion: Ineligible participants, concept and context.
12. Forbes D. Training family care givers of people with dementia to think in a more clinical manner decreased depression and the sense of burden. Evidence Based Nursing [Internet]. 2002;5(1):21.
Reason for exclusion: Abstract only.
13. Frias CE, Garcia-Pascual M, Montoro M, Ribas N, Risco E, Zabalegui A. Effectiveness of a psychoeducational interventions for caregivers of people with dementia with regard to burden, anxiety and depression: A systematic review. Journal of Advanced Nursing [Internet]. 2020;76(3):787-802.
Reason for exclusion: Ineligible participants and concept.
14. Gall SH, Atkinson J, Elliott L, Johansen R. Supporting carers of people diagnosed with schizophrenia: evaluating change in nursing practice following training. Journal of Advanced Nursing [Internet]. 2003;41(3):295-305.
Reason for exclusion: Ineligible context.
15. Ganefianty A, Songwathana P, Nilmanat K. Transitional care programs to improve outcomes in patients with traumatic brain injury and their caregivers: A systematic review and meta-analysis. Belitung Nursing Journal [Internet]. 2021;7(6):445-56.
Reason for exclusion: Ineligible participants and context.
16. Gomes NP, Pedreira LC, Gomes NP, Menezes TMO, Soares MV, Lopes AOS. Support for elderly female caregivers of dependent family members. Revista Baiana de Enfermagem [Internet]. 2019;33.
Reason for exclusion: Ineligible concept.

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17. Griffiths J, Ewing G, Rogers M. “Moving swiftly on.” Psychological support provided by district nurses to patients with palliative care needs. Cancer Nursing [Internet]. 2010;33(5):390-7.
Reason for exclusion: Ineligible concept.
18. Guevara SLR, Estupiñan JPS, Díaz LJR. Effectiveness of the nursing interventions by means of a program for home care. Revista Cubana de Enfermería [Internet]. 2011;27(1):20-30.
Reason for exclusion: Ineligible context.
19. Halkett GKB, Lobb E, Phillips J, Hudson P, Miller L, King A, et al. What support are carers requiring over time during nurse-led support provided as part of the care-IS study? Preliminary results. Asia-Pacific Journal of Clinical Oncology Conference: 45th Annual Scientific Meeting of the Clinical Oncology Society of Australia, COSA 2018 Australia [Internet]. 2018;14:181.
Reason for exclusion: Conference abstract only.
20. Hampton S. The use of alternating mattresses in the management and prevention of pressure ulcers in a community setting. British Journal of Community Nursing [Internet]. 2016;S19-S25.
Reason for exclusion: Ineligible concept.
21. Hendrix CC, Abernethy A, Sloane R, Misuraca J, Moore J. A pilot study on the influence of an individualized and experiential training on cancer caregiver's self-efficacy in home care and symptom management. Home Healthcare Nurse [Internet]. 2009;27(5):271-8.
Reason for exclusion: Ineligible context.
22. Ingleton C, Chatwin J, Seymour J, Payne S. The role of health care assistants in supporting district nurses and family carers to deliver palliative care at home: findings from an evaluation project. Journal of Clinical Nursing [Internet]. 2011;20(13):2043-52.
Reason for exclusion: Ineligible concept.
23. Kalra L, Evans A, Perez I, Melbourn A, Patel A, Knapp M, et al. Training carers of stroke patients: randomised controlled trial. BMJ [Internet]. 2004;328(7448):1099.
Reason for exclusion: Ineligible participants.
24. Kim SS, Kim EJ, Cheon JY, Chung SK, Moon S, Moon KH. The effectiveness of home-based individual tele-care intervention for stroke caregivers in South Korea. International Nursing Review [Internet]. 2012;59(3):369-75.
Reason for exclusion: Ineligible participants.
25. Kirk S, Glendinning C. Supporting 'expert' parents--professional support and families caring for a child with complex health care needs in the community. International Journal of Nursing Studies [Internet]. 2002;39(6):625-35.
Reason for exclusion: Ineligible context.

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26. Larson J, Franzén-Dahlin A, Billing E, Arbin M, Murray V, Wredling R. The impact of a nurse-led support and education programme for spouses of stroke patients: a randomized controlled trial. Journal of Clinical Nursing [Internet]. 2005;14(8):995-1003.
Reason for exclusion: Ineligible context.
27. Lawang W, Horey D, Blackford J, Sunsern R, Riewpaiboon W. Support interventions for caregivers of physically disabled adults: a systematic review. Nursing & Health Sciences [Internet]. 2013;15(4):534-45.
Reason for exclusion: Ineligible context.
28. Loerzel VW, Crosby WW, Reising E, Sole ML. Developing the tracheostomy care anxiety relief through education and support (T-CARES) program. Clinical Journal of Oncology Nursing [Internet]. 2014;18(5): 522-7.
Reason for exclusion: Ineligible context.
29. Lopez-Hartmann M, Wens J, Verhoeven V, Remmen R. The effect of caregiver support interventions for informal caregivers of community-dwelling frail elderly: a systematic review. International Journal of Integrated Care [Internet]. 2012;12.
Reason for exclusion: Ineligible participants, concept and context.
30. Macleod SH, Elliott L, Brown R. What support can community mental health nurses deliver to carers of people diagnosed with schizophrenia? Findings from a review of the literature. International Journal of Nursing Studies [Internet]. 2011;48(1):100-20.
Reason for exclusion: Ineligible participants.
31. Maia ACC. A intervenção do enfermeiro especialista em enfermagem de reabilitação na promoção da transição para o papel de cuidador da pessoa dependente no autocuidado [master's thesis on the Internet]. Lisboa: Escola Superior de Enfermagem de Lisboa; 2014. 261 p.
Reason for exclusion: Ineligible concept and context.
32. Malin NA. Evaluating clinical supervision in community homes and teams serving adults with learning disabilities. Journal of Advanced Nursing [Internet]. 2000;31(3):548-57.
Reason for exclusion: Ineligible concept.
33. Markle-Reid M, Browne G, Weir R, Gafni A, Roberts J, Henderson SR. The effectiveness and efficiency of home-based nursing health promotion for older people: a review of the literature. Medical Care Research & Review [Internet]. 2006;63(5):531-69.
Reason for exclusion: Ineligible concept.

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34. Martínez MN, Navascués LJ, Concepción García Manzanares M, Calleja MDP, Tobar EB. Alzheimer's patients and their caregivers: Nursing interventions. Gerokomos [Internet]. 2018;29(2):79-82.
Reason for exclusion: Ineligible context.
35. McCabe MP, Russo S, Mellor D, Davison TE, George K. Effectiveness of a training program for carers to recognize depression among older people. International Journal of Geriatric Psychiatry [Internet]. 2008;23(12):1290-6.
Reason for exclusion: Ineligible participants and concept.
36. McCarthy R, Gaffney P. TV that cares for kids. Canadian Nurse [Internet]. 1994;90(8):31-4.
Reason for exclusion: Unavailable.
37. Melo R, Rua M, Santos C. Support and training of family caregivers: nursing intervention program. Millenium [Internet]. 2018;2(5):73-80.
Reason for exclusion: Ineligible concept.
38. Miller LL, Hornbrook MC, Archbold PG, Stewart BJ. Development of use and cost measures in a nursing intervention for family caregivers and frail elderly patients. Research in Nursing & Health [Internet]. 1996;19(4):273-85.
Reason for exclusion: Ineligible concept.
39. Santos NO, Predebon ML, Bierhals CCBK, Day CB, Machado DO, Paskulin LMG. Development and validation a nursing care protocol with educational interventions for family caregivers of elderly people after stroke. Revista Brasileira de Enfermagem [Internet]. 2020;73:1-9.
Reason for exclusion: Study protocol, without results.
40. Olsson A, Björkhem K, Hallberg IR. Systematic clinical supervision of home carers working in the care of demented people who are at home: structure, content and effect as experienced by participants. Journal of Nursing Management [Internet]. 1998;6(4):239-46.
Reason for exclusion: Ineligible participants and concept.
41. Otsuki N, Fukui S, Nakatani E. Quality and cost-effectiveness analyses of home-visit nursing based on the frequency of nursing care visits and patients' quality of life: A pilot study. Geriatrics & Gerontology International [Internet]. 2020;20(1):36-41.
Reason for exclusion: Ineligible concept.
42. Oupra R. The effect of a nurse led supportive educative learning program for family caregivers (SELF) on outcomes for stroke survivors and the family carers in Thailand [dissertation on the Internet]. Sydney: School of Nursing, University of Western Sydney; 2018. 307 p.
Reason for exclusion: Ineligible context.

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43. Potter P, Olsen S, Kuhrik M, Kuhrik N, Huntley L, Huntley LR. A DVD program on fall prevention skills training for cancer family caregivers. Journal of Cancer Education [Internet]. 2012;27(1):83-90.
Reason for exclusion: Ineligible participants.
44. Potter P, Pion S, Klinkenberg D, Kuhrik M, Kuhrik N. An instructional DVD fall-prevention program for patients with cancer and family caregivers. Oncology Nursing Forum [Internet]. 2014;41(5):486-94.
Reason for exclusion: Ineligible context.
45. Rico-Blázquez M, Escortell-Mayor E, del-Cura-González I, Sanz-Cuesta T, Gallego-Berciano P, Casas-Cámara G, et al. CuidaCare: effectiveness of a nursing intervention on the quality of life's caregiver: cluster-randomized clinical trial. BMC Nursing [Internet]. 2014;13(1):1-20.
Reason for exclusion: Study protocol, without results.
46. Rojas AN, Arango ACA, Élago HLS, Jaramillo NC, Mora YA, Mosquera FEC. Effects of an educational program in caregivers of patients with respiratory diseases in the home. Revista Cubana de Medicina General Integral [Internet]. 2019;35(4):1-16.
Reason for exclusion: Ineligible participants.
47. Sheng N, Ma J, Ding W, Zhang Y. Effects of caregiver-involved interventions on the quality of life of children and adolescents with chronic conditions and their caregivers: a systematic review and meta-analysis. Quality of Life Research [Internet]. 2019;28(1):13-33.
Reason for exclusion: Ineligible participants and context.
48. Shu BC, Lung FW. The effect of support group on the mental health and quality of life for mothers with autistic children. Journal of Intellectual Disability Research [Internet]. 2005;49:47-53.
Reason for exclusion: Ineligible context.
49. Shuster GF. A home based intervention reduced the frequency of hospital readmissions and out of hospital deaths after discharge. Evidence-Based Nursing [Internet]. 1998;1(4):120.
Reason for exclusion: Commentary only.
50. Silva APM, Pina JC, Rocha PK, Anders JC, Souza AIJ, Okido ACC. Training of caregivers of children with special healthcare needs: Simulation contributions. Texto e Contexto Enfermagem [Internet]. 2020;29:1-15.
Reason for exclusion: Ineligible context.
51. Skinner K. Nursing interventions to assist in decreasing stress in caregivers of Alzheimer's patients. Association of Black Nursing Faculty Journal [Internet]. 2009;20(1):22-4.

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Reason for exclusion: Ineligible context.

52. Smith ER, Broughton M, Baker R, Pachana NA, Angwin AJ, Humphreys MS, et al. Memory and communication support in dementia: Research-based strategies for caregivers. International Psychogeriatrics [Internet]. 2011;23(2):256-63.
Reason for exclusion: Ineligible participants.
53. Smith J, Forster A, House A, Knapp P, Wright J, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews [Internet]. 2008(2).
Reason for exclusion: Ineligible participants and context.
54. Sousa L, Sequeira C, Ferré-Grau C, Neves P, Lleixà-Fortuño M. Training programmes for family caregivers of people with dementia living at home: integrative review. Journal of Clinical Nursing [Internet]. 2016;25(19):2757-67.
Reason for exclusion: Ineligible participants.
55. Souza LM, Wegner W, Gorini MIC. Health education: a strategy of care for the lay caregiver. Revista Latino-Americana de Enfermagem [Internet]. 2007;15(2):337-43.
Reason for exclusion: Ineligible concept and context.
56. Sprung S, Laing M. Young carer awareness, identification and referral. British Journal of Community Nursing [Internet]. 2017;22(8):398-406.
Reason for exclusion: Ineligible participants and concept.
57. Swallow V, Knafl K, Sanatacroce S, Hall A, Smith T, Campbell M, et al. The Online Parent Information and Support project, meeting parents' information and support needs for home-based management of childhood chronic kidney disease: research protocol. Journal of Advanced Nursing [Internet]. 2012;68(9):2095-102.
Reason for exclusion: Study protocol, without results.
58. Thyrian JR, Hertel J, Wucherer D, Eichler T, Michalowsky B, Dreier-Wolfgramm A, et al. Effectiveness and safety of dementia care management in primary care: A randomized clinical trial. JAMA Psychiatry [Internet]. 2017;74(10):996-1004.
Reason for exclusion: Ineligible concept.
59. Ugur HG, Erci B. The Effect of Home Care for Stroke Patients and Education of Caregivers on the Caregiver Burden and Quality of Life. Acta Clinica Croatica [Internet]. 2019;58(2):321-32.
Reason for exclusion: Ineligible concept.
60. Wen TN, Hsu TC, Chang PS, Huang HY, Chen YL, Chen QG, et al. Evaluating the Usability of a Simple Home-Care App for Family Caregivers. Studies in Health Technology and Informatics [Internet]. 2021;284:389-91.

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Reason for exclusion: Ineligible participants and concept.

61. White CL, Overbaugh KJ, Pickering CEZ, Piernik-Yoder B, James D, Patel DI, et al. Advancing Care for Family Caregivers of persons with dementia through caregiver and community partnerships. Research Involvement Engagement [Internet]. 2018;4:1.
Reason for exclusion: Ineligible participants and concept.
62. Zhao Y, Feng H, Hu M, Hu H, Li H, Ning H, et al. Web-based interventions to improve mental health in home caregivers of people with dementia: Meta-analysis. Journal of Medical Internet Research [Internet]. 2019;21(5).
Reason for exclusion: Ineligible participants.

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Appendix III: Characteristics of included studies

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Dec	Study Author, year	Participants Sample size (N)	Concept			Context	Main results and Conclusion
			Supervisory Strategies implemented by nurses	Characteristics			
				Duration	Frequency		
1993-1999	Mahoney & Shippee-Rice, 1994[30] USA	Gerontological nurse implemented the program (N=undefined) Caregivers of impaired older adults (N=18)	Educational training program with information and set of skills necessary for family caregiving (i.e., vital signs, management of elimination issues, confusion management, medication management, lifting, moving and transferring, hygiene and nutrition). The sessions included clarifying questions from previous session, distributing handouts, discussion, demonstration and practice of the learned techniques.	2 hours each session	7 sessions	Home	- Participants reported feeling more prepared to provide care as a result of the training - Participants agreed that a nurse facilitator for the group was very important
	Buckwalter et al., 1999[31] USA	Nurses implement the interventions (N=undefined) Dementia and Alzheimer's informal caregivers (N=245)	Home visit to review care plan, teach techniques, refer them to support groups, provide legal advice, and provide written materials.	3-4 hours	Two home visits	Home	- Caregivers showed less depression (ρ=0.003 at 6 months and ρ=0.025 at 12 months) - The number of institutionalised individuals was higher among those cared by depressed caregivers - Caregiver stress levels were lower at six and 12 months - Caregivers experienced fewer feelings/ symptoms of anger (ρ=0.02, ρ=0.016), fatigue (ρ=0.0029, ρ=0.038), and confusion (ρ=0.0001, ρ=0.0093) at six and 12 months, respectively
			Follow-up: Telephone call.	----	Every fortnight for six months		

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2000-2009	Mulatilo, et al., 2000[32] Japan	Nurses implement the intervention (N=undefined) Caregivers of elderly people (N=540)	Workshop (illustrations and video) that covered the physical and cognitive changes associated with aging, interventions that may be helpful when confusion and memory loss occur, environmental adaptive measures to prevent injuries, transfers, bathing and feeding, and to recognise when help is required.	Over a 2-week period	Once	Health centre	- An interdisciplinary task force has been established to support the elderly and caregivers in the community - Regular home visits by nurses now include an assessment of the caregiver
	Gerdner et al., 2002[33] USA	Nurses implement the interventions (N=undefined) Caregiver-patient dyads (N=237)	Home visit to review care plan, teach techniques, refer them to support groups, provide legal advice, and provide written materials.	4 hours	Two home visits, one week apart	Home	- A statistically significant effect of the intervention was found on the reaction of the spousal to memory/behavior problems in all caregivers ($\rho<0.01$) as well as the response to problems of activities of daily living ($\rho<0.01$) - In non-spouses' caregivers, there was a decrease in the frequency of memory/behavior problems ($\rho<0.01$) - The intervention had a positive impact on spousal caregivers' frequency and response to problem behaviours
	West et al., 2003[34] USA	Experienced oncology nurses implemented the program (N=3) Cancer patients and their caregivers (N=undefined)	Pro-Self Pain Control Program consisted of teaching and coaching patients how to tailor their prescribed and over-the-counter analgesics to best relieve their pain. This Program included home visits, a written booklet and follow-up telephone calls.	Program distributed over 6 weeks (Total 270 minutes)	Three home visits and three telephone calls	Home Other context (Telehealth)	- An adequate pain management as well as proper management of other symptoms are crucial to improving the quality of life of patients with cancer. - Interventions for pain management should not be limited to teaching patients, but should also be provided to their family caregivers

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	Hung et al., 2003[35] Taiwan	Public health nurses implement the intervention program (N=20) Disabled people and caregivers (N=126)	Training to improve caregivers' caring abilities, enhance knowledge, skills and social competence.	22-week program	Eight home visits	Home	- ADL score (ρ=0.002) and caregiver's burnout score (ρ=0.015) were significantly improved in the intervention group - There were no statistically significant differences between the control group and the intervention group in terms of patients' life satisfaction
	Boter et al., 2004[36] Netherlands	Nurses implement the programme (N=undefined) Patients and caregivers (N=321)	Telephone calls after hospital discharge.	130 minutes	Three telephone calls	Home	- Patients reported fewer problems per contact on average - There was a decrease in proportion of caregivers reporting physical problems or overload
			Home visit by stroke nurses – interventions consisted of advising, informing, reassuring, referring, sending and delivering brochures and listening to patients' concerns for support.		Once		
	Boter, 2004[37] Netherlands	Nurses implement the programme (N=undefined) Patients and caregivers (N=486)	Telephone calls after hospital discharge.	----	Three telephone calls	Home	- Rehabilitation services were less frequently used by patients - Reduction in the anxiety levels
			Home visit by stroke nurses – interventions included providing information, reassuring, referring to other professionals, delivering informative brochures, offering support, providing advice on problem-solving, and teaching how to manage the identified problems.	----	Once		

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	McMillan et al., 2007[38] USA	Nurses implemented the intervention (N=undefined) Hospice homecare patients with cancer and their caregivers (N=329)	COPE psycho-educational intervention (creativity, optimism, planning, expert information) to assist with symptom management. Program consisted of three home visits and telephone follow-up call between visits.	9 days	Three visits	Home Other context (telehealth)	- There was a significant improvement in symptom distress in group III (p=0.009) - Quality of life Index score was not significantly different between groups
	Zapata-Sampedro et al., 2007[39] Spain	Primary care nurse (N=1) Caregiver of a dependente person (N=1)	Care plan review implemented by the primary care nurse with interventions designed to guide the caregiver to the importance of her well-being; to provide health education; assess pain and sleep quality; and to recommend non-pharmacological measures for pain and sleep.	----	----	Primary healthcare	- The caregiver increased her family support network, which allowed her to perform some leisure activity punctually. She also participated in the support group. Her sleep pattern and eating habits improved and she began exercising at home
	Moniz-Cook et al., 2008[40] United Kingdom	Community mental health nurses implemented the interventions (N=undefined) Family caregivers (N=113)	Psychosocial intervention (PSI) applied by community mental health nurses to assist family carers in managing behavioural changes in their relative with dementia.	4 weeks	One visit per week	Home Residential care	- Patients' cognition declined in both groups, but problem behaviour reduced in experimental group families - PSI support improved caregiver management and mood

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	Kouri, 2008[41] Canada	A nurse implemented the program (N=1) Caregivers of patients who have been diagnosed with early Alzheimer's disease (N=50)	Psycho-educational Program comprised of five modules addressing memory and communication, short term memory limitations and communication difficulties; attention-concentration; physical environment and activities of daily living.	5 weeks	Weekly individual sessions	Memory clinics	- Participants showed a significant improvement in knowledge scores ($\rho<0.05$) - Participants felt a significantly lower ($\rho<0.001$) level of disturbance in communication difficulties related to the cognitive limitations of the people cared for - Participants felt a significantly higher ($\rho<0.001$) level of self-efficacy regarding communication skills associated with the caregiver's cognitive limitations
	Mason et al., 2008[42] USA	Nurses implement interventions (N=undefined) Family caregivers of patients with dementia (N=undefined) *(Literature review of six studies)*	Telephone interventions providing information and education, referrals and assistance, emotional support and caregiver support.	Variable	Variable	Other context (Telehealth)	- The studies included in this review support the overall effectiveness of telephone interventions at reducing caregiver burden, and decreasing caregivers' feelings of helplessness and hopelessness

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2010-2019	Haney et al., 2012[43] USA	The nurse implemented the intervention (N=1) Parents of children with special needs (N=19)	Nurse-managed electronic communication (e-mail) to assist and educate parents in caring for a chronically ill children at home.	12 weeks	Once	Home Other context (Telehealth)	- Pre- and post-intervention parent well-being and satisfaction were not statistically different ($\rho<0.227$; $\rho<0.528$, respectively); However, there was a 9-point increase in parental satisfaction in the experimental group
	Ferré-Grau et al., 2012[44] Spain	Nurses implement the intervention (N=undefined) Caregivers of patients with chronic conditions enrolled in a home-care program (N=122)	Home visits conducted by nurses who applied the 'Problem-Solving Technique' Program. In each session of this program, the nurses would work with the caregivers on 2 of the 8 steps of the technique.	30 minutes	Four visits, one per week	Home	- Reduced anxiety levels and depression symptoms among caregivers and reduced compromise of perceived emotional well-being
	Fieldston et al., 2013[45] USA	Pediatric nurses implement the intervention (N=undefined) Caregivers of children aged 7 months to 5 years (N=32)	Educational and training session provided by paediatric nurses about the management of non-urgent common childhood illness (fever, cold and minor trauma): identification of symptoms, intervening with appropriate care, monitoring and following. Skills taught regarding management of the temperature of the child as well as administration of antipyretic. Written materials were also provided.	90 minutes	Once	Primary health care offices	- Increased knowledge of common minor childhood illnesses (compared to pre-intervention) - Decrease in the number of visits per index child since the intervention until the 6-month follow-up. However, this did not lead to a significant change in the use of the emergency department

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	Ostwald et al., 2014[46] USA	The advance practices nurses implemented the program (N=undefined) Stroke-caregiving dyads post-discharge (N=159)	Home-based psychoeducational program that consisted of mailing information about stroke signs and symptoms, stroke prevention, stress reduction strategies, diet and exercise, links to support groups and adapting leisure activities, as well as home visits by advance practice nurses (experimental group). Participants in the group control only received mailed intervention.	Over a year Home visits 70 minutes	Information mailed once a month 16 visits over a year	Home	- Depression, stress and burden were not significantly different between the caregiver groups or stroke survivor groups through 6 or 12 months - Caregivers in the experimental group showed an improvement in mobilizing family support score (β=0.04/month), whereas those in the control group showed a reduction (β=–0.05/month) - Home-based intervention group showed a greater rate of improvement during the first 6 months in the FIM cognitive score than the mailed information group, but this was not statistically significant
	Leow et al., 2015[47] Singapore	Nurses implement the intervention (N=undefined) Caregivers of patients with advanced cancer (N=80)	Psycho-educational intervention “Caring for the Caregiver Program” – consisted of face-to-face sessions with a 20-minute video about stress reduction strategies and a personalised care plan with a nurse for 40 minutes. Follow up-contact by telephone.	1 hour	----	Home Hospice organisations Outpatient clinic Other context (Telehealth)	- Caregivers in the experimental group showed higher quality of life (ρ=0.00), satisfaction with social support (ρ=0.00), number of supported persons (ρ=0.00), closeness with the patient (ρ=0.00), self-efficacy in self-care (ρ=0.00), rewards of caregiving (ρ=0.00), knowledge (ρ=0.00), lower stress and depression (ρ=0.00). The intervention had positive effects on caregivers of people with advanced oncological disease

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	Luker et al., 2015[48] United Kingdom	Nurses implement the intervention (N=14) Caregivers (N=31)	Individual or group semi-structured interviews to explore the problems in the provision of care, knowledge, practical skills and other supports. Booklet developed to address many concerns, such as pain, urinary and intestinal problems, loss of appetite, nausea and vomiting, shortness of breath, pressure ulcers, mobility, personal care and caregiver support.	Up to 30 minutes	----	Home Other context (Telehealth)	- High levels of satisfaction and acceptability with leaflet. Caregivers described the booklet as useful and felt more confident in the provision of care
	Martínez et al., 2016[49] Colombia	Nurses specializing in the topic of family caregivers implemented the interventions (N=undefined) Caregiver-patient dyads (N=8)	Home visits were educational interventions on the identification of the caregivers' role, self-care, strategies for quality care, management of family conflicts, communication skills, relaxation and care skills were implemented.	90 minutes	Nine visits	Home	- The level of family functioning significantly improved after the intervention (ρ=0.016) - After the intervention, 75% of caregivers did not perceive the burden of care and only 25% reported being at risk or having intense overload. Therefore, the caregiver's perceived burden of care improved significantly after the intervention (ρ=0.002) - Interventions were effective and contributed to improving care burden and family functionality
	Dunlop et al., 2016[50] USA	Nurses implement the intervention (N=undefined) Patients with progressive supranuclear palsy and caregivers (N=11)	Telephone contacts with personalised educational interventions covering the disease process, hospice and palliative care, fall prevention, decubitus, aspiration and contractures, community support systems, depression recognition, importance of safe homes, and identification of adaptive and supportive devices.	----	Two telephone contacts	Other context (Telehealth)	In addition to addressing caregivers' needs, the interventions promoted self-care and helped improve the knowledge of caregivers and patients, as well as their ability to manage their daily lives and resources. As a result, service dependence decreased

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	Dockham et al., 2016[51] USA	Master's degree nurses implement the program (N=undefined) Cancer survivors and caregivers (N=34)	Psycho-educational program that included interventions to promote family involvement, optimism, coping effectiveness, reduction of uncertainty and the management of symptoms.	----	Six group sessions	Agency in the community	Dyads (patient and caregiver) reported improvements in physical, emotional, and functional quality of life, as well as improved perceptions of disease benefits and self-efficacy
	Agbasi, 2017[52] United Kingdom	Diabetes specialist nursing team (N=undefined) Residential home carers (N=25)	Educational sessions.	During the afternoon	Three times	Residential care home	- Reduction of anxiety among caregivers and patients receiving care - Reduction of diabetes-related hospital admissions - Reduction of insulin administration errors - Increase in confidence and knowledge among caregivers - Patients felt safer with insulin therapy administration
			Telephone contacts.	Six months to one year	----		
	Lindauer et al., 2017[53] USA	Nurses (N=undefined) Family caregivers (N=undefined) *(Article from the series of articles)*	Teaching sessions that assess caregivers' knowledge, discuss skills and demonstration them. Nurses provide constructive and supportive feedback, instruction, training and resources.	----	----	Home	----

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	Latter et al., 2018[54] United Kingdom	Nurses working in community palliative care implement the intervention (N=12) Patient-caregiver dyad (N=8)	To assess the support and other available resources, knowledge and skills of the caregiver. The prescribed therapeutic table and non-prescription drugs were analyzed, education was provided, information and resources were provided, and available support was reinforced. Some tools were used, such as regular recording of medications taken and pain diary. The nurses clarified doubts and reinforced the intervention.	Four weeks	Three contacts: in baseline, week 1 and week 4	Home	There were some positive changes regarding caregivers, namely, medication management, greater acceptance of the need for opiates, increased knowledge, behavioral changes in the patient's pain relief response There are no reports of increases in overload and distress
	Ata et al., 2018[55] Turkey	Nurses implement the programme (N=undefined) Caregivers of schizophrenia patients (N=61)	Brief Cognitive Behavioural Stress Management Programme: Seven group sessions during which participants learned about emotions, cognitive-behavioural therapy techniques, psychotherapy, and relaxation, as well as how to relax and breathe.	120 minutes each	Once a week for seven weeks	Community Mental Health Centre	- Reduction of cognitive-affective stress indicators, physiological stress indicators, and pain-distress stress indicators ($\rho<0.05$) - Significantly higher scores for problem-focused coping and emotion-focused coping ($\rho<0.05$) - Mental health problems significantly decreased ($\rho<0.001$) and the caregiver burden was significantly reduced ($\rho=0.006$)
	Bilgin et al., 2018[56] Turkey	Interventions implemented by nurses (N=undefined) Cancer patients of a health institution and their families (N=72)	During the first week after the first cycle of chemotherapy, a home visit was scheduled to provide information about the disease and its symptoms, and to provide guidance regarding cancer patients' homecare needs.	30 minutes	Four home visits	Home	- Patients' general well-being and quality of life improved - Caregivers' quality of life improved

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	Araújo et al., 2018[57] Portugal	Nurses implement the project (N=undefined) Informal caregivers (N=174)	Each individual session consisted of a combination of technical support, counselling and unstructured verbal education to develop techniques to help caregivers assist with mobility, hygiene, dressing and undressing, transfers, positioning, and eating.	45 to 90 minutes	Three times	Home	- Improvements in skill development - Experimental group experienced decrease in burden when compared with the control group - Experimental group displayed slighter improvement on mental health than control group - No effect of the caregivers' physical health on the intervention programme
	Nguyen et al., 2018[58] USA	Nurses implement the intervention (N=undefined) Patients and caregivers (N=324)	Health education sessions about physical and psychological issues, social and spiritual issues. Telephone contacts to reinforce the content of health education sessions and to address concerns.	Three months	Three times: at baseline, one and three months after the start of the intervention	Three community oncology practices Other context (telehealth)	There were significant improvements in the patients in the physical, emotional, functional and lung cancer subscale domains after one and three months in the intervention group compared to the control group ($\rho<0.01$) The intervention group had better quality of life scores in caregivers than the control group

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	Solli et al., 2019[59] Norway	Nurses implemented the intervention (N=6, approximately) Caregivers of people with dementia or people who have had a stroke (N=44, approximately)	A call center to register on the website and communicate with caregivers. To provide technical, mental and practical support, write information and experiences and discuss certain contents. The nurse invited caregivers and organized social meetings, taught classes, read and written on the web forum, followed caregivers by phone or web camera.	30-90 minutes	One to two months after caregivers inclusion in the study and six months after inclusion	Other context (telehealth, caregivers' workplace and caregivers' municipality)	This study is characterized by distance interactions, dialogues and communication with caregivers, proximity, empathy, respect and care, relating technologies to nursing care
2020-2022	Dilou, 2020[60] Republica of Cuba	Nurses implement the intervention (N=undefined) Informal caregivers (N=25)	Educational intervention with practical and recreational activities.	Four and 48 hours	Per week, over a twelve weeks	Community	- Caregiver knowledge of gerontological care, sociopsychological management, and humanization of the communication process increased - Prior and post-educational intervention knowledge levels of caregivers were statistical significantly different ($\rho<0.05$)
	Kin et al., 2021[61] China	An expert nurse implemented the program (N=1) Caregivers of pneumoconiosis patients (N=49)	Program that consisted of workshops on teaching, demonstrating skills and practice on pneumoconiosis and chest percussion; aging and transfer techniques; safety, medication and assisted feeding techniques; and infection prevention.	90 minutes	Four times a week	Community centres	- Caregivers' psychological distress, burdens and support needs have decreased over time - Significant decrease in caregivers' depression ($\rho=0.011$, $\rho<0.05$), stress ($\rho=0.005$, $\rho<0.05$) and tiredness ($\rho=0.016$, $\rho<0.05$) over time - Significant reduction over time in terms of insufficient support ($\rho=0.031$, $\rho<0.05$)

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	Rico-Blázquez et al., 2021[62] Spain	Nurses implement the intervention (N=89) Caregivers of patients with chronic conditions (N=224)	Home-based intervention (CuidaCare) that incorporates cognitive restructuring techniques, health education and emotional support to improve the quality of life of the caregiver. There are six home visits in this program.	30 minutes	Six visits over 6 months	Home	- Caregiver quality of life improved in the CuidaCare Group at 6- and 12-month follow-up visits
	Wooldridge et al., 2021[63] USA	Nurses implement the program (N=undefined) Caregivers of infants and children undergoing tracheostomy placement (N=20)	Family Tracheostomy Programme aims to increase caregiver competency and decrease anxiety through simulation training.	Variable	Variable	Other context (simulation centre skills lab)	- Skills scores increased after simulation training, with statistically significant differences (ρ<0.001) - Scenario scores also increased after simulation training, with statistically significant differences (ρ<0.001). Increased confidence among caregivers for life-threatening events

Legend: ADL – activities of daily living; Dec – Decade; FIM – functional independence measure; N – Sample size.

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CONCLUSÃO

A SC implementada por enfermeiros a cuidadores é uma condição da enfermagem avançada que possibilita a capacitação dos cuidadores para a prestação de cuidados com qualidade e segurança. O enfermeiro é mediador do processo de capacitação do cuidador e responsável pelo processo de supervisão. A SC implementada por enfermeiros a cuidadores responde aos problemas de saúde das pessoas e pode solucionar alguns desafios dos sistemas de saúde dos diversos países. Portanto, na atualidade, a sua pertinência e relevância são merecedoras de reconhecimento e valorização pelas organizações de saúde.

A dissertação que agora se conclui mapeou as estratégias de supervisão utilizadas pelo enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador, através da realização de uma *scoping review*. Essas estratégias assentam essencialmente na educação para a saúde e no suporte emocional e podem ser implementadas de diferentes formas. A educação para a saúde pode ser implementada através da disponibilização de materiais, treinos e partilha de informações, sessões e programas educativos, entre outros. O suporte emocional efetivou-se no apoio à gestão do regime terapêutico, no aconselhamento, suporte e orientação, entre outros. As caraterísticas destas estratégias de supervisão em relação à duração e frequência foram diversas, não sendo possível estabelecer uma relação entre si. No entanto, verificou-se que a implementação de programas educativos e de treino teve uma duração e frequência superior, comparativamente com outras estratégias de supervisão. O domicílio e a telessaúde foram os principais contextos de implementação destas estratégias supervisivas.

Os resultados obtidos também permitiram constatar 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 das estratégias supervisivas identificadas. O seu conhecimento aumenta e os seus problemas físicos, níveis de ansiedade e depressão diminuem. Os erros relacionados com a administração de medicação e os internamentos hospitalares também diminuem e as pessoas cuidadas sentem-se mais seguras.

O número de publicações sobre a temática em estudo tem aumentado consideravelmente de década para década, o que é um indicador importante, na medida em que pode significar um

maior interesse e reconhecimento da relevância da SC implementada por enfermeiros a cuidadores.

A investigação desenvolvida ao longo deste percurso académico permitiu que o conhecimento científico sobre a SC implementada por enfermeiros a cuidadores fosse agora mais completo, organizado e esclarecedor. No entanto, foram vividas algumas dificuldades das quais destacamos a complexa triagem dos estudos pesquisados, a organização dos conteúdos temáticos e o cumprimento dos prazos académicos definidos.

Acreditamos que a investigação desenvolvida enriquece a disciplina e a ciência de enfermagem e, atendendo às problemáticas existentes que assolam os sistemas de saúde de diferentes países, reforça também a importância da investigação em enfermagem sobre a SC implementada por enfermeiros a cuidadores como uma possível resposta aos desafios enfrentados, na atualidade, pelos sistemas de saúde. Neste sentido, concluímos ser necessário, em futuras investigações, avaliar a aplicabilidade e efetividade das estratégias supervisivas implementadas por enfermeiros a cuidadores que foram mapeadas nesta *scoping review*.

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ANEXOS

ANEXO I – Divulgação científica realizada no âmbito da dissertação

Artigos científicos

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

Coelho, M., Esteves, I., Mota M., Pestana-Santos, M., Reis Santos, M., & Pires, R., Clinical supervision of the nurse in the community to promote the quality of care provided by the caregiver: a scoping review (Submitted).

Comunicações a convite

Coelho, M. S. (2023, 13 de janeiro). *Supervisão Clínica em Enfermagem: O Cuidador* [Conference session]. Escola Superior de Enfermagem do Porto, Portugal.

Coelho, M. (2023, May 09th). *Supervisão e cuidados prestados pelo cuidador* [Conference session]. NursID Spring School 2023, Porto, Portugal.

Comunicações orais

Coelho, M. S., Esteves, I. M., Mota, M. L., Pestana-Santos, M., Santos, M. R., & Pires, R. (2023, May 11th). *Intervenções Supervisivas do Enfermeiro na Comunidade para promover a Qualidade dos Cuidados prestados pelo Cuidador* [Paper presentation]. II Convenção Internacional dos Enfermeiros: O Futuro é Saúde, Figueira da Foz, Portugal.

Santos, M. R., Esteves, I., Mota, M., Santos, M., Pires, R., & Coelho, M. (2023, July 04th). *Clinical Supervision of the Community Nurse: A process to promote Quality of Care of the Caregiver* [Paper presentation]. ICN Congress 2023 Montreal, Montreal, Canadá.

Formação ministrada

Coelho, M. S. (2023, 17 de fevereiro). *Supervisão Clínica em Enfermagem: O Cuidador e as Estratégias Supervisivas* [Conference session]. Escola Superior de Enfermagem de Lisboa, Portugal.

Pósteres

Coelho, M., Esteves, I., Mota, M., Pestana-Santos, M., Santos, M., R., & Pires, R. (2022, 05 de maio). *Supervisão Clínica do Enfermeiro na Comunidade para promover a Qualidade do Cuidado prestado pelo Cuidador* [Poster presentation]. VI Congresso dos Enfermeiros: Todos pela Saúde, Braga, Portugal.

Coelho, M. S., Esteves, I., Mota, M., Santos, M. R., & Pires, R. (2022, July 15th). *Supervisão clínica do enfermeiro na comunidade para promover a qualidade do cuidado prestado pelo cuidador* [Poster presentation]. NursID 2022: Congresso Internacional de Investigação em Enfermagem, Porto, Portugal.

Coelho, M. S., Esteves, I., Mota, M., Pestana-Santos, M., Pires, R., & Santos, M. R. (2023, February 23rd). *Clinical Supervision of the Caregiver in the Community: Nursing Interventions* [Poster presentation]. 42nd Annual International Nursing & Midwifery Research and Education Conference: Nursing and Midwifery – Leading the World to Better Health, Dublin, Ireland.

Coelho, M. S., Esteves, I. M., Mota, M. L., Pestana-Santos, M., Santos, M. R., & Pires, R. (2023, May 11th). *Supervisão clínica para promover a qualidade do cuidado prestado pelo cuidador: intervenções de enfermagem na comunidade* [Poster presentation]. NursID Spring School 2023, Porto, Portugal.

Resumos em livros de atas de eventos científicos

Coelho, M., Esteves, I., Mota, M., Santos, M., Pires, R., & Santos, M. (2023). Clinical Supervision of the Caregiver in the Community: Nursing Interventions. In RSCI – Faculty of Nursing and Midwifery (Ed.), *42nd Annual International Nursing & Midwifery Research and Education Conference: Nursing and Midwifery – Leading the World to Better Health* (p. 90). Dublin, Ireland. https://www.rcsi.com/dublin/about/faculty-of-nursing-and-midwifery/conference

Notícia

Boletim Informativo. (2023). ENF.ª MÁRCIA COELHO destaca-se na 42nd Annual International Nursing & Midwifery Research and Education Conference. *Centro Hospitalar do Baixo Vouga, EPE*, Boletim Informativo, nº144 de 2 de março, [e-mail interno].