







# The impact of clinical supervision on burnout among registered nurses: A scoping review protocol

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## ABSTRACT

**Introduction:** Nursing practice is based on interpersonal relationships, which entails greater emotional involvement. In recent times, there have been high levels of burnout among nurses. Clinical supervision in nursing plays a role in the development of professional identity, with benefits for professional satisfaction and a reduction in stress levels among nurses. Nurses should consider clinical supervision and understand how it relates to the phenomenon of professional burnout.

**Objective:** To map the available evidence reporting on the impact of clinical supervision on professional burnout among nurses.

**Inclusion Criteria:** The review will include studies on the impact of clinical supervision on nurses' burnout, using the PCC framework. Quantitative, qualitative or mixed studies will be considered, as well as systematic reviews and grey literature.

**Methods:** Scoping review protocol. Three-phase search strategy that will aim to locate studies published in the following databases: CINAHL Complete, Nursing & Allied Health Collection: Comprehensive, MedicLatina, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews (all via EBSCOhost), PubMed, Web of Science Core Collection, OpenGrey and RCAAP. The selection of studies will begin by analysing the title and abstract. The full text of the selected studies will be analysed by two independent reviewers who will extract the data using a specific tool.

**Conclusion:** This scoping review aims to analyse the impact of clinical supervision in nursing on the burnout of nurses in clinical practice, including the characteristics of clinical supervision, in terms of the type of supervision carried out, the mode of supervision, the frequency of supervision, the duration of supervision, the clinical supervision model and the use of instruments. This will support the integration of clinical supervision into clinical practice, bringing gains in the quality and safety of care provided to patients and at the same time in the professional satisfaction and personal well-being of nurses.

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## RESUMO

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**Introdução:** A Enfermagem assenta a sua prática no relacionamento interpessoal, o que acarreta um maior envolvimento emocional, desta forma e nos últimos tempos, tem se verificado elevados níveis de prevalência de burnout nos Enfermeiros. A supervisão clínica em Enfermagem emerge-se no desenvolvimento da identidade profissional, apresentando benefícios para a satisfação profissional e diminuição de níveis de stress nos enfermeiros. Os enfermeiros devem considerar a supervisão clínica e entender como esta se relaciona ao fenómeno do burnout profissional.

**Objetivo:** Mapear a evidência científica disponível sobre o impacto da supervisão clínica e o burnout profissional dos enfermeiros.

**Crerios de Inclusão:** A revisão incluirá estudos sobre o impacto da supervisão clínica no burnout dos enfermeiros, utilizando a estrutura PCC. Serão considerados estudos quantitativos, qualitativos ou mistos, assim como, revisões sistemáticas e literatura cinzenta.

**Métodos:** Protocolo de *scoping review*. Estratégia de pesquisa trifásica que terá como objetivo localizar estudos publicados nas seguintes bases de dados: *CINAHL Complete, Nursing & Allied Health Collection: Comprehensive, MedicLatina, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews (todas via EBSCOhost), PubMed, Web of Science Core Collection, OpenGrey* e *RCAAP*. A seleção dos estudos iniciar-se-á pela análise do título e resumo. O texto integral dos estudos selecionados será analisado por dois revisores independentes que procederão à extração de dados com recurso a um instrumento específico.

**Conclusão:** Esta *scoping review* propõem-se a analisar o impacto da supervisão clínica em Enfermagem no burnout dos enfermeiros da prática clínica, incluindo as características da supervisão clínica, no que diz respeito ao tipo de supervisão efectuada, modo de supervisão, frequência da supervisão, duração da supervisão, modelo de supervisão clínica e a utilização de instrumentos. O que sustentará a integração da supervisão clínica na prática clínica, trazendo ganhos na qualidade e segurança dos cuidados prestados aos doentes e em simultâneo na satisfação profissional e bem-estar pessoal dos enfermeiros.

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## Introduction

Burnout was first mentioned in 1970 and evolved from an empirical concept to an occupational phenomenon recognised by the World Health Organization (WHO) in 2019, going beyond a medical diagnosis.<sup>1,2,3</sup> It is characterised as an occupational disease, associated with chronic stress at work, due to demands that lead or have led to mental exhaustion that is greater than the professional's ability to manage and cope.<sup>3</sup> Burnout Syndrome involves three dimensions: emotional exhaustion, depersonalisation and reduced personal fulfilment.<sup>4</sup>

Professional burnout among nurses has an impact on their motivation for their profession and on their general well-being.<sup>5</sup>

Professions that involve human interactions, such as healthcare professionals, are more emotionally involved, especially when the patient needs assistance and support, so although growing evidence supports various interventions to combat burnout, significant challenges remain for their development and implementation.<sup>6</sup>

A comparative multicentre study revealed that around 42% of nurses working in hospitals or primary health care had moderate/high levels of burnout, with no significant

differences between Portugal, Brazil and Spain. Thus, the overall results point to high levels of burnout in nurses, with Burnout in Portugal being associated with shift work, while in Spain and Brazil it was associated with fixed schedules, in all of which the prevalence was associated with young nurses.<sup>7</sup>

Subsequently, another prevalence study was carried out in Portugal, specifically in an intensive care unit, which concluded that there was a 41.3% prevalence of burnout among nurses.<sup>8</sup>

There is a scarcity of current meta-analyses, however in 2018, a high prevalence of burnout in nurses was confirmed, also concluding that there is a higher prevalence associated with single professionals, with multiple jobs, with work overload and also with little professional experience. This study added that burnout has an impact on the quality of care provided, the well-being of patients and the occupational health of nurses.<sup>9</sup>

The high levels of burnout and stress are significantly associated with the intention to leave the profession. At the same time, they are associated with lower levels of satisfaction with personal life and professional satisfaction. This study also found that burnout is associated with less meaningful care for patients, due to hasty decision-making and

inadequate communication. This emphasizes the need for targeted interventions to improve the mental health and resilience of professionals.<sup>10,11</sup>

Clinical supervision in nursing should be considered a strategy to be used in processes to promote and continuously improve quality, taking into account the care gains it makes possible, since it is a process that supports the development and growth of professionals, through a facilitating perspective of guidance, reflection and counselling.<sup>12</sup>

Clinical supervision in nursing has benefits in terms of job satisfaction, reducing stress levels and the quality of care provided by nurses, which is reflected in nurses' mental health.<sup>13</sup> Clinical supervision is significantly effective for nursing practice.<sup>14</sup>

The aim of clinical supervision is to support nurses in the transition to advanced practice nursing. Well-structured clinical supervision offers a safe space to share work-related concerns and develop an identity as an advanced practice nurse, since sharing experiences helps alleviate feelings of professional overload.<sup>15</sup>

It is therefore important to study the impact of clinical supervision on burnout among nurses. Despite the growing interest in researching the impact and incidence of burnout in Nursing and among nurses, there is still a gap in the literature regarding the synthesis of evidence on the impact of clinical supervision and burnout among nurses.

## Methodology

The Joanna Briggs Institute (JBI) scoping review methodology<sup>16</sup> and the preferred reporting items for systematic reviews and extended meta-analyses for scoping review (PRISMA-ScR)<sup>17</sup> will be applied in conducting the proposed scoping review.

A preliminary search was carried out in the databases JBI, Database of Systematic Reviews and Implementation Reports, PROSPERO, Cochrane Central Register of Control Trials and Open Science Framework, and at the time of the search it was found that there were no scoping or systematic reviews published or in progress on this subject.

This systematization could contribute to nursing clinical supervision, practice, and governance. By systematising the knowledge that has been built up, the gains in clinical supervision in nursing are related to the identification of strategies, models and/or methods of clinical supervision that influence professional burnout. In clinical practice, nurses with some level of burnout are more likely to make mistakes in their care practice. In terms of nursing governance, burnout leads to absenteeism from work, lower levels of job satisfaction and unfriendly practice environments. Thus, the contribution of this knowledge to nursing as a discipline becomes more obvious.

The aim of this scoping review is to map the available scientific evidence on the impact of clinical supervision and

the professional burnout of nurses in clinical practice, according to the PCC methodology, and at the same time to identify potential gaps in the evidence on the impact of clinical supervision in nursing on the burnout of nurses in clinical practice.<sup>16,18</sup>

Guided by the JBI's recommendations for writing a scoping review, the review question is designed using the mnemonic PCC for scoping review, where P stands for 'participants', C for 'concept' and C for 'context'.<sup>16</sup>

The scoping review process will cover the following stages: (i) review question, (ii) inclusion criteria (i.e. types of participants, concept and context, and types of evidence sources), (iii) search strategy, (iv) selection of evidence sources, (v) data extraction, (vi) evidence analysis and (vii) presentation of results.<sup>17</sup> As recommended, this protocol has been prospectively registered with the Open Science Framework (OSF) <https://doi.org/10.17605/OSF.IO/FGPJW> and can be consulted via link: <https://osf.io/fgpjjw>. Any deviations will be explicitly justified by the researchers, and thoroughly detailed and documented in the scoping review.<sup>16,17</sup>

## Review question

This scoping review will consider the following main question: What is the impact of clinical supervision on professional burnout among practice nurses?

Subsequent questions will be considered as sub-questions: What are the characteristics of clinical supervision in terms of: i) type of supervision carried out (individual, group, mixed); ii) mode of supervision (face-to-face, online); iii) frequency of supervision; iv) duration of supervision; v) model of clinical supervision; vi) use of instruments (if any).

## Inclusion Criteria

Based on the PCC mnemonic, we defined the inclusion criteria in terms of participants, concept and context. This section provides a clear roadmap for understanding the researchers' proposals and offers a structured framework for determining which studies should be included in the scoping review.<sup>16</sup>

## Participants

This review will consider studies that include nurses in clinical practice. There will be no restrictions on gender, ethnicity, other personal characteristics or years of professional experience, so it will include newly qualified or advanced practice nurses.

## Concept

All studies exploring clinical supervision in nursing will be considered. This is understood as a dynamic, systematic, interpersonal and formal process between the clinical supervisor and supervisee, with the aim of structuring learning, building knowledge and developing professional, analytical and reflective competences.<sup>19</sup> Restrictions on the clinical practice environment will not be considered.

The supervision structure can take various forms: individual, group, online or face-to-face; supervisors can adopt a specific model or an integrated multi-level approach according to need.<sup>20</sup>

The clinical supervision strategy directs practice towards reflecting on the results of quality indices and indicators that have a direct impact on patients, which contributes to the development of personal, professional and organisational skills, while at the same time stimulating professional recognition of the nursing profession, generating value.<sup>21</sup>

## Context

This review will analyse all the studies that present professional burnout related interventions. Professional burnout is understood as an excessive stress reaction to the occupational or professional environment, which can be characterised by feelings of emotional and physical exhaustion, along with a sense of frustration and failure.<sup>1,2,3</sup>

## Types of fonts

This scoping review will include studies with quantitative, qualitative or mixed methods designs. Quantitative studies include any experimental study (including randomised controlled trials, non-randomised controlled trials or other quasi-experimental studies, including before and after studies) and observational studies (descriptive studies, cohort studies, cross-sectional studies, case studies and case series studies). Qualitative studies include studies that analyse qualitative data, but are not limited to phenomenological studies, grounded theory, ethnography, qualitative description and action research. Systematic reviews that meet the inclusion criteria will also be considered, depending on the research question. Finally, grey literature, namely theses and dissertations, as well as opinion pieces will also be included in the research.

## Research strategy

The search strategy allows the reviewers to identify published and unpublished studies and encompasses a three stage process: (i) identifying the Medical Subject Headings

descriptors and the key terms important to the search; (ii) developing the research strategy; and (iii) searching various data-bases using the previously defined research strategy, as well as examining the reference lists of all the studies selected to be part of the scoping review.

The first stage involved a preliminary search in PubMed to identify relevant articles. Keywords from titles, abstracts, and index terms were then used to develop the research strategy for the second stage (i.e. the development of the research strategy), as described in Table 1.

All the keywords and index terms identified will be adapted for each of the following databases: CINAHL Complete, Nursing & Allied Health Collection: Comprehensive, MedicLatina, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews (all via EBSCOhost), PubMed and Web of Science Core Collection. Grey literature will also be searched on OpenGrey and the Portuguese Open Access Scientific Repository (RCAAP). At this stage, the reference lists of all the selected sources will be analysed to identify additional articles that meet the inclusion criteria. All languages will be included to reduce the risk of missing relevant sources. Languages other than English, Portuguese or Spanish will be translated by colleagues fluent in the language or by qualified speakers. If these cannot be accessed, digital tools such as DeepL will be used. There will be no time restrictions. Any changes will be detailed in the full scoping review.

**Table 1.** Research strategy used in the PubMed database.

Database	Strategy	Results
PubMed	#1 ("nurses"[MeSH Terms] OR "registered nurs*"[Title/Abstract] OR "nurs*"[Title/Abstract])	608,701
	#2 ("Burnout*"[MeSH Terms] OR "Burnout*"[Title/Abstract])	31,668
	#3 ("education, professional"[MeSH Terms] OR "preceptorship"[MeSH Terms] OR "clinical competence"[MeSH Terms] OR "preceptor*"[Title/Abstract] OR "clinical skill*"[Title/Abstract] OR "clinical supervision*"[Title/Abstract])	411,107
	#1 AND #2 AND #3	707

## Study selection

After the research, all identified records will be collected and uploaded to the Rayaan Intelligent Systematic Review tool (Qatar Computing Research Institute, Doha, Qatar), and duplicates will be removed. After a pilot test, two independent reviewers will assess the titles and abstracts according to the eligibility criteria. The remaining studies will be selected for full-text review. The full text of potentially relevant articles will be retrieved, and the full texts of selected citations will be assessed in detail against the

inclusion criteria by two independent reviewers. At each stage of the selection process, disagreements between reviewers will be resolved through discussion or consultation with a third reviewer.

The results of the research will be reported in full in the final scoping review and presented using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart, using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping reviews (PRISMA-ScR).<sup>17</sup> The reasons for excluding complete articles that do not fulfil the inclusion criteria will be documented and reported in the scoping review.

### Data extraction

Data extraction from the articles will provide a logical and descriptive summary of the results that answer the main objective, the research question and the sub-questions. The data from the articles included in the scoping review will be extracted by two independent reviewers using a data extraction tool developed by the reviewers themselves.

The extracted data will include specific details about the inclusion criteria (i.e. types of participants, concept and context, and types of evidence sources) and key findings relevant to the review questions, such as characteristics of clinical supervision in terms of type, mode and model of supervision, frequency, duration and instruments associated with burnout. A draft extraction tool is provided, as presented in Table 2.

To familiarise the reviewers with the data extraction tool, a pilot test will be conducted using the first five studies. Throughout the data extraction process for each included study, the reviewers will implement

**Table 2.** Data extraction tool.

DOMAIN	EXTRACTED INFORMATION
<b>Study characteristics (If there is no data, write NA)</b>	Author(s)- first Author More than 2 authors: XX et al
	Full title
	Country
	Year of publication
	Type of study
	Study objective/aims
<b>Participant characteristics</b>	Nurses' category
	Nurses' gender
	Nurses' age
	Years of professional experience
	Service/unit
<b>Concept characteristics</b>	Main clinical supervision characteristics
	Type of supervision undertaken (one-on-one, group, mixed)

	Mode of supervision (in-person, online)
	Frequency of supervision
	Duration of supervision
	Model of clinical supervision
	Instruments used (if any)
<b>Context characteristics</b>	Burnout related interventions
	Instruments used to monitor burnout
<b>Main findings</b>	Main findings from nurses' perspectives
<b>Limitations or challenges identified in the studies</b>	Barriers to implementing clinical supervision
<b>Additional results</b>	Other identified relevant results

the necessary modifications and revisions to the preliminary data extraction tool, with all changes detailed in the scoping review. Any disagreements between the reviewers will be resolved through discussion or with a third reviewer. The authors of the articles will be contacted via the correspondent's e-mail address to request missing or additional data, whenever necessary. If the data remain unavailable, they will be marked as 'NA'. The methodological quality of the included studies will not be assessed as this is a scoping review.<sup>22</sup>

### Data analysis and presentation

The elements of the participants, concept, context and type of sources of the inclusion criteria guide the way in which the data will be mapped. Data mapping aims to identify, characterise and summarise the evidence on the subject under study. A narrative summary will accompany the results in the evidence table, as shown in Table 2, taking into account the aim and questions of this scoping review. However, other formats can be considered after analysing the data if they allow for a better representation of the results.

### Conclusion

The publication of protocols for both secondary research (i.e. scoping reviews and systematic reviews) and primary research (e.g. experimental studies) is widely considered good behaviour in a scientific landscape that aims to be increasingly accessible and transparent.<sup>17</sup>

Publishing these protocols promotes greater openness in accordance with current scientific standards, reduces review bias, increases the credibility of research through transparency and contributes to the rigour of the research methodological process.<sup>17</sup>

The scoping review aims to analyse the impact of clinical supervision in nursing on the burnout of nurses in clinical practice, including the characteristics of clinical

supervision, the frequency of supervision, the duration of supervision, the model of clinical supervision and the use of instruments.

Our aim is to present contributions to nursing clinical supervision, practice and governance, enabling policy changes, guidelines or the creation of programmes on structured clinical supervision in nurses' care practice.

The researchers hope that this protocol will initiate a discussion in the scientific community about clinical supervision in Nursing and burnout, and promote the integration of clinical supervision for nurses in clinical practice, bringing gains in the quality and safety of the care provided to patients and at the same time the professional satisfaction and personal well-being of nurses.

## Conflict of interest

No conflicts of interest were declared by the authors.

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