

SUPERVISION IN THE HELPING PROFESSIONS: THE KEY TO PROFESSIONAL GROWTH AND QUALITY OF CARE – SYSTEMATIC REVIEW FROM A MANAGEMENT PERSPECTIVE

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Abstrakt

Background: In the ever-evolving environment of healthcare, the continuous professional development of healthcare workers and ensuring the high quality of patient care have become increasingly important. Clinical supervision, defined as 'the provision of guidance for clinical practice to qualified healthcare professionals by a more experienced health professional', has emerged as a key instrument in achieving these objectives. Objective: This abstract outlines a review study aimed at examining the impact of clinical supervision on healthcare professionals' professional growth and the quality of care provided. The study focuses on identifying and analyzing existing evidence on how supervisory processes contribute to professional development and the optimization of patient care. Methods: A systematic literature review of relevant databases, including PubMed, Scopus, and Web of Science, was conducted. Selection criteria included studies focused on clinical supervision in healthcare, with a primary emphasis on qualitative outcomes related to professional growth and quality of care. Data were extracted, synthesized, and analyzed using thematic analysis. Results: The findings indicate that clinical supervision has a positive impact on clinical practice, including the enhancement of self-confidence, clinical reasoning, and interdisciplinary communication among healthcare professionals. Additionally, supervision was found to contribute to safer and more effective patient care, resulting in better patient outcomes and increased patient satisfaction. Conclusion: Clinical supervision is an essential element for fostering professional growth and enhancing the quality of healthcare. This study supports the integration of supervisory processes into practice as a strategy for continuous education and care improvement, and advocates for further research focused on the quantitative evaluation of the impact of clinical supervision.

Key words: Clinical Supervision, Professional Development, Healthcare Quality, Patient Safety, Patients Outcomes, Help Professions

INTRODUCTION

Historically, supervision has been and will continue to be broadly implemented into the array of services provided in healthcare. Beyond healthcare, there is also intense discussion regarding services in education, social work, psychology, and others. In general, it can be stated that supervision has a justified place in helping professions (Kilminster et al., 2007; Vostrý et al., 2022). Various studies present the concept of clinical supervision as a tool that enables oversight and guidance of less experienced clinical workers by more seasoned clinicians, specifically those with extensive practice. Clinical supervision is understood as a professional development activity, where less experienced clinical workers can actively utilize the experience of their supervisors. Such a relationship serves to fill gaps in knowledge or skills, and can contribute to improving clinical performance and quality of patient care, or even self-care (if reflecting on psychological support). Establishing the relationship between the beginning clinical worker and the supervisor is the foundation for quality development not only of care itself but also of the healthcare facility (Dawson et al., 2013; Atkinson et al., 2010; Snowdon et al., 2016).

Clinical supervision is often also associated with the effectiveness of the care itself. A selected review study we refer to points out significant improvements in the care process that may enhance compliance with healthcare procedures. Few studies indicate a direct impact of supervision on patient health improvement, but other studies point to improvements in the mental health of clinical workers, often associated with a reduction in psychological symptoms. However, no dimension has been found to date that indicates a link between clinical supervision of healthcare workers and patient experiences with the offered service (Magge et al., 2015; Snowdon et al., 2017). Other authors view supervision from an educational perspective, often mentioning that supervision is still one of the least developed aspects of education, having only limited empirical or theoretical foundations. Clinical supervision often incorporates many aspects of preceptorship and mentoring, though the roles of supervision are significantly different. The academic literature has experienced the evolution of the term both from the perspective of clinical practice and higher education. One possible definition is that it is a one-way process or a two-way process with a joint effort, consultations, working alliance at its very core. Additionally, we may encounter definitions such as a formal activity for professional development and learning. The main emphasis is then placed on discussion, feedback, guidance, and support aimed at improving functionality, quality, and capabilities (Choves et al., 2017; Fernandez et al., 2018). In healthcare, the so-called apprenticeship model still prevails. This model is shaped by "the novice and the master craftsman". Just as in medicine/healthcare, a number of supervision models can be found in the literature, such as narrative-based supervision, incidental supervision (Terry et al., 2020).

When looking at the concept and application from the perspective of other authors, we read that clinical supervision is practiced worldwide in the fields of health and social care, with the main reason being the beneficial effects on patients, healthcare workers, and organizations. The operational sense suggests that clinical supervision is a certain process that helps to gain better qualifications for individuals. The primary goal of clinical supervision is above all for the supervisee to reflect under guidance on current practice methods. These are designed to improve not only the presence of practice but also its future. Determining the impact of supervision on healthcare organizations is very difficult due to the challenges associated with defining organizational outcomes and the overlapping nature of outcomes for patients, health staff, and the organization itself. For example, authors mention improvements in patient outcomes (mortality and morbidity). Such results can satisfy multiple targets (staff, organization etc.). This can have an impact on reducing stress and burnout. This, in turn, can reduce the sick leave time among healthcare staff (Watkins, 2020; Snowdon et al., 2017; Cummings et al., 2018). We lean towards the view that clinical supervision can have a variable effect on the overall results of a particular organization. This effect may be influenced by the effectiveness of the provided clinical supervision, as well as the efficiency of the clinical supervisor. From such a view, it unequivocally follows that it is necessary for organizations to invest in quality supervisory practices if they want to benefit from the positive results of clinical supervision. Without such investment, there is a risk in practice that creates a gap between policy and practice in the healthcare field (Hussein, et al., 2019; McAuliffe et al., 2013; Martin et al., 2021). However, in practice, we encounter the issue of low training for supervisors. There are supervisors who have practice but lack the necessary training for quality fulfillment of supervisory practice. It is also difficult to set up courses that would specifically meet the needs of a given supervisor. Often, such training focuses on the development of knowledge or skills. Such training is often associated with pedagogical and didactic principles. The length of such training then ranges from one-time to several months of seminars.

Although competency frameworks for supervision have been created that can serve as a guide, there is still a lack of specificity, i.e., what and how should be the core content of that training (Alfonsson et al., 2018; Rees et al., 2020). It is important to mention that in recent years the quality of healthcare service provision (beyond mere access) has improved. Which has become a higher priority for the World Health Organization (WHO). In developing economies, after controlling for access, spending, and other structural aspects, there remains a wide dispersion of provided healthcare. Such statements thus become a cornerstone for the development of clinical supervision in helping professions and beyond (Dunsch et al., 2023).

MATERIALS AND METHODS

SEARCH STRATEGY

In January 2024, an extensive search of relevant literature reflecting our chosen topic was undertaken. We primarily utilized Google Scholar, a comprehensive database that archives all published findings related to the topic. When we searched for the basic term "Supervision in Healthcare," it yielded approximately 2.35 million results without any date (year) restriction. Further refining the search to the period between 2019 and 2024 resulted in about 30,200 findings. Despite the extensive number of results, we concentrated only on the years 2022 and 2024, which brought 16,500 results. It was necessary to specify keywords for the search since numerous results pertained to areas such as genetics, occupational rehabilitation, or were overly localized to specific countries/states (for example, Uganda). After this refinement and more detailed specification, we navigated a similar outcome of around 16,000 results. Following a detailed analysis and the exclusion of several monographs, theses, or other less pertinent sources, we identified 1250 studies that matched the relevant criteria and fulfilled the essence of our defined research. We then chose those studies that are listed in selected databases like EBSCO, Web of Science, Scopus, or ERIH+. As some titles did not sufficiently define the features of the study, a subjective intervention into the selection process and "manual" sorting into the appropriate format for this publication was necessary. After an objective exploration of the corresponding databases, we reached the following goal of our study: To ascertain the current insights and recommendations in the field of clinical supervision. It is intriguing how frequently one encounters the topic of clinical supervision in healthcare, yet there is only a very small percentage of studies that address the examination of the impact of such supervision on patients or employees. Therefore, a real experiment is missing that would better define the advantages or disadvantages of supervision.

INCLUSION AND EXCLUSION CRITERIA

To fulfill the goal we set, it was necessary to clearly define which studies would and would not be subsequently analyzed in our systematic review study. Excluded were studies if they focused solely on the evaluation of certain programs, measured the efficacy, or impacts of supervision models. Also excluded were studies that were of a discursive nature and primarily relied on local policies of the states. In contrast, included studies directly defined the strengths and weaknesses of supervision. Other such studies then discussed the results obtained from other studies (discussion on taxonomy) and an integral part were also full articles that met the criteria for open access publication. In conducting a literature review on the topic of "Supervision in Healthcare," we initially encountered an overwhelming number of publications, approximately 16,500 articles from 2022 to 2024. Given the vast scope of available literature, it was necessary to employ a highly selective and methodologically rigorous approach to refine the study sample to ensure relevance and manageability. The primary reason for narrowing down from about 16,000 potential articles to 8 selected studies was the need to exclude articles addressing peripheral or unrelated topics such as genetics or occupational rehabilitation, which do not directly contribute to an understanding of clinical supervision within the healthcare setting as defined by our research criteria. Further steps included excluding sources like monographs and theses, which often do not undergo the peer-review process, and focusing on studies listed in reputable academic databases such as EBSCO, Web of Science, Scopus, and ERIH+. This process ensured that our review was based only on verified and scientifically validated information. Manual review was crucial to ensure that the studies not only met keyword criteria but also adequately addressed the research questions pertinent to our objectives, which was key in evaluating the designs, methodologies, and outcomes discussed in the papers, ensuring they were relevant for investigating the impacts of clinical supervision.

STUDY SCREENING

We exported the retrieved articles into a selected folder, removed duplicates, and then carried out a review by two independent reviewers. The reviewers evaluated whether each study was relevant with respect to the searched key terms, as well as whether the titles, keywords, and abstracts were appropriate. Based on these paid steps, we reduced the acquired results by more than half, amounting to 465 relevant articles that, according to the reviewers, matched the intentions of our study. The next step in the assessment was to decide on exclusion, inclusion, or uncertainty. Following this classification, the selection was narrowed down in the second round, where the reviewers had doubts about 145 results. With an ample number of further studies available, we fully reflected these assessments and focused on 320 studies that advanced to the final analysis. A number of studies also bordered on the edge of healthcare, which was subsequently one of the criteria that also served to narrow down the selection.

RESULTS

Figure 1 describes the individual steps in selecting relevant sources, which logically proceeded to the final analysis. The role in the overall exclusion of studies was primarily played by the publication period, diverse article directions, and unclear general messages. Additionally, we include Table No. 1, which characterizes 8 relevant research studies focused on evaluating clinical supervision and offering a valuable framework within the recommendations for practice. These studies were also important for achieving the goal of our study. In the pilot analyses, we limited the studies to the smallest number possible that reflects currently published sources. Most outputs work with a range of also current sources, therefore, we maintained a logical sequence and adhered to objective studies.

Figure 1 – Flow diagram our studies – Analysis of key selected sources

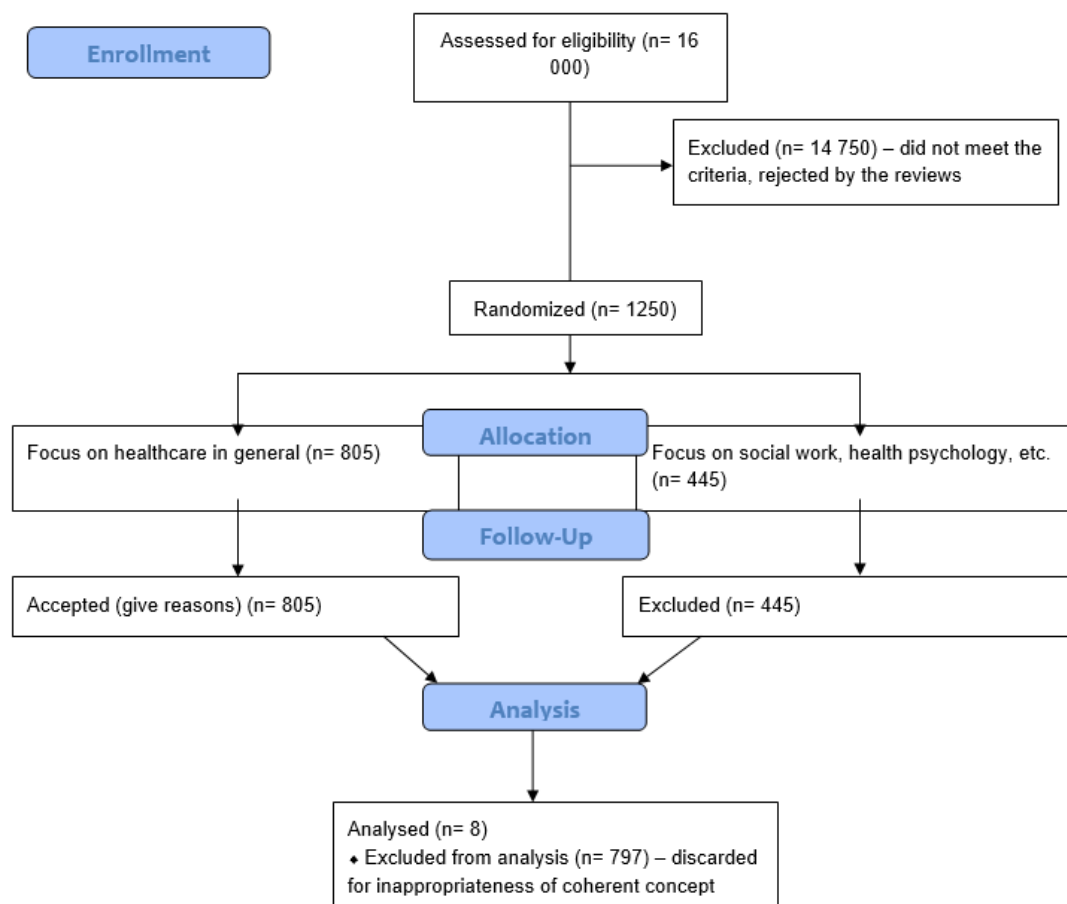


Table 1 - Summary table characterizing the basic description of the analyzed studies

AUTHOR, YEAR	TITLE	AIMS, GOALS	METHOD AND PROCESS
CHIRCOP ET AL., (2021)	The good, the bad, and the less than ideal in clinical supervision: a qualitative meta-analysis of supervisee experiences	This qualitative meta-analysis summarised existing qualitative research and explored what aspects therapeutic practitioners found useful and unuseful in individual supervision.	kvalitative meta-analysis
MAHDI ET AL. (2023)	How does artificial intelligence impact digital healthcare initiatives? A review of AI applications in dental healthcare	This study aims to systematically review the current role of AI in dentistry where it has a significant impact on clinical dentistry.	kvalitative analysis
SNOWDON ET AL. (2019)	Effective clinical supervision of allied health professionals: a mixed methods study	The aim of this mixed methods study was to explore allied health professionals' perceptions about the aspects of clinical supervision that can facilitate effective clinical supervision.	A mixed methods study design
TARLOW ET AL. (2020)	Comparing in-person supervision and telesupervision: A multiple baseline single-case study.	This study (completed before the COVID-19 pandemic) used a multiple baseline single-case design to compare the relative effectiveness of in-person supervision and telesupervision.	single-case study
ROTWELL ET AL., (2023)	Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review	We aimed to review the international literature to understand the enablers of and barriers to effective clinical supervision in the workplace and identify the benefits of effective clinical supervision.	evidence review
HOWARD ET AL., (2020)	Factors influencing adequate and effective clinical supervision for inpatient mental health nurses' personal and professional development: An integrative review	To explore factors which influence adequate and effective clinical supervision for inpatient mental health nurses' personal and professional development.	integrative review
LINDBLAD ET AL., (2021)	Ethical considerations in clinical supervision: Components of effective clinical supervision across an interprofessional team	The goal is to enhance and improve interprofessional collaboration among various healthcare and related discipline professionals.	systematic review
KESHAVARZI ET AL., (2022)	Exploration the role of a clinical supervisor to improve the professional skills of medical students: a content analysis study	This study aimed to explain the responsibilities of clinical supervisors in clinical education wards to improve the professional skills of medical students.	analysis study

This qualitative meta-analysis delves into the nuances of individual supervision in therapy training, drawing insights from 29 studies encompassing 755 participants. Through meticulous selection and methodological scrutiny, the study uncovers the facets of supervision that trainees find beneficial and detrimental. The analysis identifies six core meta-categories, equally split between helpful and unhelpful aspects. Helpful dimensions highlight the importance of a secure learning environment, the supervisor's facilitative role in learning, and their ability to recognize and navigate differences. On the flip side, unhelpful aspects include the supervisor's lack of sensitivity, failure to foster a supportive atmosphere, and inadequacies in knowledge and skill dissemination. The findings emphasize the critical influence of the supervisory relationship's quality, suggesting that while supervision can be immensely beneficial, it also harbors the potential for harm if not conducted with sensitivity to power dynamics and diversity. The study calls for heightened attention to these dimensions in supervision training, practice, and research, underlining the need for ethical and professional adherence to ensure effective and nurturing supervisory experiences (Dunsch et al., 2023). This study presents a comprehensive overview of the integration of artificial intelligence (AI) technology within the field of dentistry, assessing its impact from 1990 to 2022. Through an extensive search across major databases including PubMed, Embase, CINAHL, and Google Scholar, employing various Medical Subject Headings (MeSH), the review identifies a significant volume of literature, totaling 1289 publications on AI in dentistry. Specific areas explored include AI's role in diagnosing dental caries, with 4 publications; its application in dental diagnostics and treatment planning, with 68 publications; its relation to dental caries, with 76 publications; its future implications in dentistry, with 5 publications; and the utilization of machine learning in dentistry, with 668 publications. The findings underscore AI's potential to revolutionize clinical dentistry by offering rapid and accurate interpretations of vast data sets, thus enhancing clinical decision-making. While AI promises to augment or even replace manual tasks in dentistry, thereby reducing errors and improving patient outcomes, the study emphasizes the necessity for cautious implementation and ongoing human oversight to navigate the challenges and ensure the ethical use of these technologies (Mahdi et al., 2023). Amid the COVID-19 pandemic, the shift to telepsychotherapy has necessitated the rapid adoption of telesupervision among mental health professionals, sparking debates about its efficacy compared to traditional in-person supervision.

This pre-pandemic study sought to address these concerns by employing a multiple baseline single-case design to evaluate the effectiveness of both supervision methods among a small group of supervisees. The findings revealed that in-person and telesupervision produced equivalent outcomes in terms of supervision satisfaction and the supervisory working alliance, with no significant differences reported by participants after transitioning to telesupervision. Follow-up interviews highlighted four key themes pertinent to the adoption of telesupervision: the perceived differences between the two modalities, the traits of an effective supervisor, the role of technology in supervision, and individual preferences (Tarlow et al., 2020). This rapid evidence review meticulously sifted through international literature to unravel the factors that facilitate or hinder effective clinical supervision in healthcare workplaces, alongside the benefits such supervision can yield. From an initial pool of 15,922 studies, rigorous screening and criteria application narrowed the focus to 135 pertinent papers spanning a decade (2009-2019). The analysis illuminated key enablers for successful clinical supervision: consistent scheduling, protected time, privacy, flexibility, choice of supervisor, mutual trust, cultural and purpose understanding tailored to individual needs, supervisor training and feedback, and a mixed supervisor model accommodating various needs. Conversely, significant barriers emerged, including constraints on time, space, trust, a unified purpose understanding, and ongoing leadership and organizational support. These insights underscore the complex ecosystem surrounding clinical supervision, highlighting the crucial balance between structural, relational, and organizational elements to unlock its full potential benefits in enhancing knowledge, skills, and overall healthcare delivery (Rothwell et al., 2021). This paper delves into the critical exploration of clinical supervision (CS) within the context of inpatient mental health nursing, aiming to discern the elements that constitute adequate and effective supervision for nurses' personal and professional growth. Through a rigorous methodology guided by Whittemore and Knafl's model, which involved a comprehensive literature search across seven databases and thematic analysis of fourteen selected articles, six themes emerged: the efficacy of CS, the importance of reflection, the enhancement of professional identity and knowledge, participation, understanding of CS, and the support of personal awareness and coping mechanisms. These findings underscore the nuanced nature of CS in promoting inpatient mental health nurses' development and highlight significant enablers and barriers to engagement. The paper advocates for a needs analysis to bolster access to CS, aiming to refine its effectiveness and foster greater engagement among inpatient mental health nurses. This approach seeks not only to benefit the individual nurse's development but also to potentially enhance the quality of care provided by the organization, addressing concerns around care delivery, recruitment, and retention in the mental health nursing sector (Howard et al., 2020).

The text highlights the critical importance of interprofessional collaboration within healthcare and related fields, such as behavior analysis, education, occupational therapy, physiotherapy, and speech-language pathology. It points out that the most effective client care often requires the combined expertise of multiple disciplines, each contributing its own ethical standards, assessment techniques, and treatment practices. This collaborative approach demands that professionals possess core competencies for working within an interprofessional framework, emphasizing effective teamwork to achieve the best outcomes for clients. The role of the interprofessional team clinical supervisor is underscored as particularly challenging, given the need to oversee a diverse group of professionals, each with unique perspectives and practices. For behavior analysts acting in supervisory roles, additional training in collaboration, ethics, and supervision of allied professionals is necessary. The text also references the competencies and subcompetencies identified by the Interprofessional Education Collaborative, the importance of understanding the ethical codes of other professions, and the need for resources to navigate ethical dilemmas. Finally, it acknowledges the barriers to effective interprofessional collaboration and suggests that supervisors need strategies, processes, and resources to guide their teams through challenges and foster positive client outcomes (Lindblad, 2021). This qualitative study aimed to delineate the responsibilities of clinical supervisors in clinical education wards to enhance the professional skills of medical students. Utilizing conventional content analysis, data were gathered from 16 faculty members and medical graduates of Iranian universities through semi-structured interviews, and analyzed using the Graneheim and Lundman method. The findings revealed two main themes: "Clinical Supervisor Responsibilities" and "Clinical Supervisor Characteristics," encompassing eight categories and 18 subcategories. Responsibilities highlighted include creating motivation, recognizing learner needs, evaluating performance, generating learning opportunities, and imparting professional ethics. Characteristics of supervisors encompass scientific competence, a leading role, and serving as an ethical model, with emphasis on educational and professional knowledge, effective communication, management skills, resilience, and commitments to the profession and society. The study concludes that effective clinical supervision not only enhances medical students' professional skills but also contributes to higher quality of healthcare services, efficient graduate training, and patient satisfaction by fostering a supportive and ethical learning environment (Keshavarzi et al., 2022).

DISCUSSION

The supervisors and trainees must adopt a highly adaptable and considerate approach. The treatment process needs to be adjusted to account for various differences such as racial, ethnic, cultural, and religious backgrounds of clients. This involves a collaborative effort between trainees and supervisors to embrace best practices in culturally informed treatment. Additionally, it is crucial to be aware of and sensitive to issues that may arise when working with clients of color, such as mental health stigma, language barriers, differing value systems, the potential for microaggressions, and the impacts of discrimination and racism. To effectively meet these challenges, supervisors must continuously update their knowledge and skills to stay aligned with the rapidly evolving social and cultural dynamics (Williams & LaTorre, 2022). Clinical supervision is a vital support system for healthcare workers, patients, and organizations, offering crucial benefits such as reducing burnout, enhancing mental wellbeing, and boosting job satisfaction. However, amidst crises like the COVID-19 pandemic, healthcare workers often prioritize clinical duties over supervision, hindering its effectiveness. To restore effective supervision practices, collaboration among healthcare workers, policymakers, organizations, trainers, and researchers is imperative. This paper highlights this crucial issue and proposes practical recommendations to revive effective clinical supervision at the frontline of care (Martin et al., 2022). The study identified several key themes that highlight desirable qualities in clinical supervision environments. These insights can inform the assessment and enhancement of existing practices, as well as the development of new processes, models, programs, and guidelines. Key aspects include promoting experiential learning, fostering reflection and feedback skills among students, role modeling by supervisors, offering both group and individual supervision, involving clinical educators, adopting strength-based approaches, recognizing time constraints, and viewing supervision as a tripartite relationship. Convergent interviewing provided a deep understanding of issues like time constraints and the relationships between universities, placement organizations, and students, which were not extensively explored in prior research. It also uncovered unexpected findings, such as the diverse support needs of students before, during, and after placement.

The inclusion of participants from various professions facilitated the exploration of differences and similarities in supervision practices and contextual factors. Insights from interviewees across different regions in Australia and internationally highlighted the diverse landscape of clinical supervision effectiveness and approaches, indicating a rich opportunity for further research in this area (King et al., 2020; Cummins, 2009).

CONCLUSION

In the context of existing research and discussion, it appears evident that clinical supervision plays a pivotal role in the development of healthcare professionals and the improvement of health services provided. Although approaches and practices vary, there is a clear consensus on the need for quality supervision. This study clearly demonstrates that despite ongoing challenges in defining and implementing supervisory practices, investment in quality supervision is crucial for achieving better patient care outcomes and the efficiency of healthcare organizations. Furthermore, it is shown that to fully harness the potential of supervision, it is necessary to emphasize the specificity of education and continuous research focused on optimizing supervisory methods. Recommendations for practical application in the healthcare.

Standardization of training: Establish a standardized curriculum for clinical supervision training that encompasses core competencies, methodologies, and ethical guidelines. **Regular assessment:** Implement regular assessments and evaluations of supervision practices to ensure they are effective and to identify areas for improvement. **Continuous professional development:** Encourage continuous professional development for clinical supervisors through workshops, seminars, and advanced training programs to keep them abreast of the latest supervisory techniques and healthcare practices. **Mentoring programs:** Develop mentoring programs that pair less experienced healthcare professionals with seasoned supervisors, facilitating practical learning and skill development. **Supervisory support systems:** Create robust support systems for supervisors, including resources, peer support networks, and access to expert consultation, to enhance their ability to provide effective supervision. **Investment in research:** Allocate resources for research into clinical supervision methods, their effectiveness, and their impact on healthcare outcomes to continually refine supervisory practices. **Incorporate technology:** Utilize technology to expand access to supervision, such as through tele-supervision or online platforms, making it more flexible and widely available. **Cultural competence:** Include training on cultural competence in supervision programs to ensure that patient care is culturally sensitive and appropriate. **Feedback mechanisms:** Establish clear and structured feedback mechanisms for supervisees to express their supervision experiences, contributing to the refinement of supervision practices. **Policy development:** Advocate for the development of policies that recognize and support the role of clinical supervision in healthcare quality and safety standards. **Integration of supervision in healthcare teams:** Encourage the integration of regular supervisory sessions within the routine of healthcare teams to promote a culture of learning and continuous improvement. **Addressing the gap between policy and practice:** Work on closing the gap between policy and practice by ensuring that supervision policies are not only in place but are also actively implemented and monitored for effectiveness.

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