



Effective Clinical Supervision in Nursing: Systematic Review

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Abstract

BACKGROUND: Clinical supervision (CS) is part of the leadership function to observe and develop the nursing care process. Supervision supports reflection on clinical experience, influences service delivery, and enhances skills when carried out in the workplace.

AIM: This systematic review was designed to evaluate effective CS in nursing (CSN).

MATERIALS AND METHODS: Databases were searched for relevant studies: Google Scholar, PubMed, ScienceDirect, and ProQuest to study screening tools used to identify effective CSN that were published within 2011–2022. The quality of the study was assessed using equipment from the Manchester CS Scale. Validation and reliability were performed on all instruments. Data reliability is using Cronbach's coefficient.

RESULTS: Data from the identified studies were analyzed and tabulated according to purpose, study design, population characteristics, and outcome. Reviewers screened 829 references and included 12 full-text articles in a systematic review. Article 7 for eligibility was based on instruments that had been carefully selected to meet the study's inclusion criteria.

CONCLUSIONS: This systematic review is limited to looking at effective clinical supervision and the head of the room. The organization is very important because a private hospital can work effectively if there is a healthy and supportive working environment between management and employees. Therefore, the future research should focus on using CS in the health-care system to identify effective supervision. Content has been fixed.

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Introduction

CS in nursing (CSN) has been described [1], [2] as a general phenomenon. Research stated that the overall effectiveness of CS was enhanced, as was the level of trust and relationship with the supervisor, and the ability to discuss sensitive or confidential issues when held in the workplace [3]. The results also showed that those who were supervised felt more supportive of reflection on complex clinical experiences and felt that CS positively influences service delivery and enhances skills when carried out in the workplace.

The research on CSN has highlighted the need for further research at its core. Therefore, we decided to undertake an exploratory, descriptive, and longitudinal, and multi-phase study to increase and implement a model of CSN [4]. CS is a different form of professional supervision than formal line supervision and is supported by organizational and policy guidelines [5]. CS has a positive impact on the professional development of nurses and their clinical practice [6].

The effectiveness of the current CS process was done by Allied Health Professionals in regional

health services from supervisors' perceptions, improvements to clinic supervision processes, and provision of feedback [7]. A supervisory relationship provides the foundation for the development of a union in which individuals share responsibility for the practice of CS to be fulfilled [8]. CS is widely accepted as an important prerequisite for high-quality nursing care [3].

The implementation of the CS model with supervised nurses' responses can optimize the nurses' coping resources and offer assistance to them to resolve stress [9]. The first phase focused on the opinion of the head nurse on the phenomenon of CSN [10]. It conducted an exploratory, descriptive, and longitudinal study to develop CS in the best nursing model to support the practice of professional nurses [4]. It explored and evaluated how CS was carried out in Victorian rural health-care organizations [11]. It investigates deeply the general management strategy and leadership style of the selected hospital for effective clinical nursing supervision [12]. It establishes a CS program to support nurses in rural hospitals and to explore their experience in the program [13]. Identified possible factors influencing the effectiveness of CS for Community Mental Health Nurses in Wales, UK [3]. Informing the evidence-based on claims such

as by examining the relationship between CS, quality of nursing care, and patient outcomes [14].

The supervisor must have a supervision plan, that relates to the competency being assessed, the level of development of the trainee, and indicate the objectives associated with the supervision contract. In the completion of the case, the supervision will be identified through a previous assessment or writing that has a specific area of deficit. Plans focus on specific experiences of the area's goals [8].

Supervisors can effectively only carry out their responsibilities if the agent provides sufficient resources to do the job. This means that supervisors must have enough workers assigned to the unit and enough workers with a certain level and variety of skills. Many supervisors raise problems resulting from the provision of short service workers available to cover the caseload or from the work of workers with skills and knowledge deficiencies that limit unit productivity [15].

Clinical nursing supervision has an effect on nurses' experience of health and in relation to their psychosocial work environment. Nurses who participated in clinical nursing supervision reported that they were more satisfied with their psychosocial work environment [16]. Factors contribute to an unhealthy work environment and consider important factors affecting nurse retention [17]. The nurse's work environment is an important function that contributes to the retention of nurses [18].

Phenomena occur in the field, some supervision has been carried out without using standard instruments. This study aims to help supervisors use instruments with Manchester CS Scale (MCSS) to aim at effectiveness in CS. This instrument has three important components in it which were developed by the Proctor model, namely: Normative (maintaining performance and increasing professionalism), formative (increasing knowledge and skills), and restorative (providing support).

The following systematic review aims to evaluate effective CSN and identify using a systematic review. The findings will be used to propose reliable and validated CS that can be used in the health-care industry.

Materials and Methods

This systematic review was compiled based on the preferred reporting elements for systematic Review.

Search strategy

Databases were searched for relevant studies: Google Scholar, PubMed, Sciencedirect, and ProQuest

to study screening tools used to identify effective CSN. Articles were written and published between 2011 and 2022.

Participants/population

The research was conducted with registered nurses (RNs), clinical nurse specialists, and health-care practitioners. The research was conducted in general hospitals, mental hospitals, and community health centers.

Interventions

We considered inclusion studies reporting on interventions with the aim of improving clinical practice in nurses. We define this activity as a strategy or program aimed at improving health services through effective CS using the MCSS instrument.

The first step taken when searching for an article is to use keywords to identify the title to determine compatibility with the search context. The screening instruments identified in this systematic review had to find the following three inclusion criteria: (a) RNs, clinical nurse specialists, and health-care practitioners, (b) have as their main objective the evaluation of CS, (c) assessed using equipment from the MCSS, and (d) it is designed for use by health-care professionals such as in general hospitals, mental hospitals, and community healthcare centers. Furthermore, the reviewed articles were required to have been published. Articles were excluded if: (1) A systematic review or meta-analysis, and (2) only the program analysis was discussed.

Comparison

We consider studies comparing all types of comparators.

Outcome

We include studies that report on at least one outcome related to changes in effective CS in general hospitals, mental hospitals, outpatient clinics, and community health centers. We consider studies reporting an objective or subjective measure of nurses' clinical practice.

Selection process

The selection process took place in three phases. In the first phase, the author pooled 829 articles and identified related articles. The author independently excluded all articles for approval and decided exclusion and found 779 articles after clearing duplicate articles. In the second stage, the related articles were coded

to reflect the summary (e.g., study, population, and sample). In addition, the authors filtered the full-text study from the 68 articles remaining for abstract inclusion. In the previous step, 12 full-text articles were selected for full-text review, and articles were included in a systematic review seven articles discussing the findings of clinic supervision in health interventions (Figure 1).

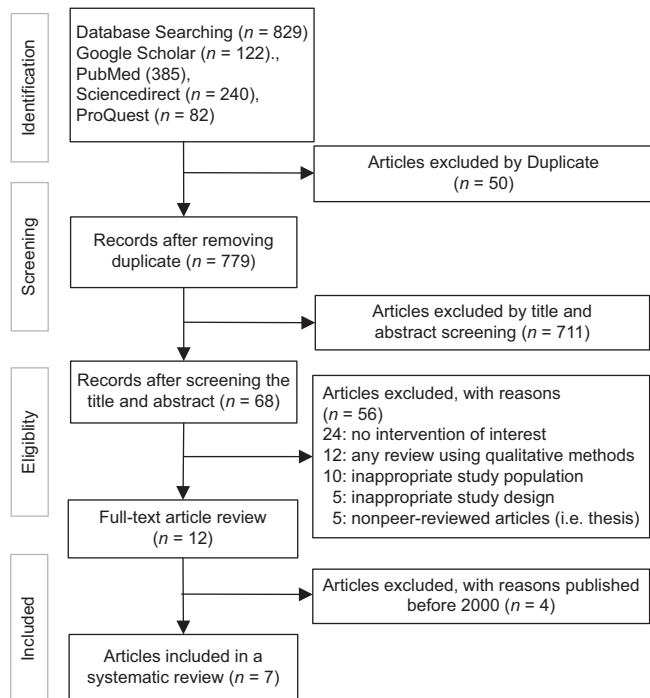


Figure 1: Searching strategy using preferred reporting items for systematic reviews

Data extraction

The author extracted data from eight studies in a systematic and standardized manner and summarized the study features and general findings in an abstraction sheet (available on request). Relevant quantitative design articles were scored using a comprehensive coding framework. All studies were coded and analyzed for clinical surveillance.

CS is a process of support and education. Respondents identified CS as a “possibility” and a “two-way process” involving knowledge and skill development which targeted self-evaluation of experienced skills [19]. True supervisory duties include proper monitoring, intervention, evaluation, and feedback as deemed necessary [20].

This systematic review uses a quantitative research method to identify the effectiveness of CS of the ward head in a hospital. The research will be conducted by taking samples from the existing population. The effectiveness of the CS of the head of the room was measured after the supervision activities. Changes in the organizational climate were measured before the head of the room supervision activities and after the activities as the effect of the CS activities of the head of the room.

Research articles included in the review are seven articles that have instruments with the same instrument criteria included in the study. Validation and reliability were performed on all instruments. Data reliability is using Cronbach’s coefficient.

Instrument supervision

CS was assessed using the MCSS. MCSS is a tool for evaluating the effectiveness of supervision. The MCSS consists of three components developed by the Proctor model, namely: Normative (maintaining performance and improving professionalism), formative (increasing knowledge and skills), and restorative (providing support) [1], [14]. The instrument was originally developed by Winstanley (2000), and the 36-items are reduced to 26 items and resulting in improved fit statistics for 6 subscales (importance/value of CS, trust/rapport, supervisor advice/support, personal issues, improved care, and skills, reflection) [14].

The reliability coefficient is an important indicator of the quality of an instrument. Measurements cannot be trusted if they do not provide an adequate test of the researcher’s hypothesis. If the data are not true to the confirmation of the prediction, likely, the instrument is not reliable, so it does not require the expected relationship does not exist (Polit and Beck, 2012). The questionnaire can be said to be highly reliable if the Cronbach’s alpha value exceeds the critical number. A minimum reliability test of 0.70 and above 0.80 is good (Polit and Beck, 2018).

Quality appraisal

All articles selected for inclusion in the systematic review (seven articles) (i.e., those that met the inclusion criteria outlined in the protocol) were reviewed using the COSMIN checklist can be useful when selecting measurement instruments, peer-reviewing manuscripts, designing or reporting studies on measurement properties, or for educational purposes [21]. The results of this assessment can then be used to inform the synthesis and interpretation of research results.

Results

From article search to data extraction, seven articles were found most compatible with the search criteria. The results of the research stated that many participants feel that the quality criteria in the model are mostly found, the individual goals of students are achieved, and the supervision model supports the fulfillment of goals, as well as student assessment [22].

CS provides a framework within which nurses can reflect on their practice. It has the potential to improve staff performance and can affect the success of the organization. CS factor that had a positive correlation was between finding the time and atmosphere of the ward with age and years of work experience and the importance of supervision activities among first-line nurse managers [23].

Frequency of supervision sessions, preference of supervisor, and the form of supervision have been located to be the predictor variables of a positive and significant impact on CS[31]. It found that the safe time the respondent received CS was 42.3 months (up to 51.81, covering 2–240 months). The supervision stage occurred in a month for the majority (56.7%) of participants and once every 2 weeks. The average length of supervision sessions was 46–60 minutes. The highest subscales of the total score for MCSS allocated by discipline managers to the majority of respondents and always from the same discipline.

Discussion

Effective clinical supervision

The CS was most effective when their professional development was the focus of the CS. Supervisors have the skills and attributes needed to promote constructive supervisory relationships, and the organization has provided an environment to facilitate this relationship as well as professional development [27]. In this study, the instrument on the effectiveness of CS given to the implementing nurse aims to determine the supervision of the lead according to the nurse's perception of the implementation of supervision. This questionnaire focuses on the instrument of the MCSS with 26 question items. This instrument consists of three domains, namely, normative, formative, and restorative.

CS is using the MCSS by the Proctor model, namely: Normative (maintaining performance and improving professionalism), formative (increasing knowledge and skills), and restorative (providing support) [1], [14]. The conditions for the supervision model were not always met. Deficiencies found were related to education level, time for supervision, and personal support for educators [22]. That supervision can have a beneficial effect on both the supervised and the supervisor. Individual achievement of CS is influenced by organizational culture. A positive relationship between supervision, quality of care, and patient outcomes could not be established statistically, except in one location [14].

Participation in CS was associated with the effectiveness of CS, as measured with the aid of using the MCSS [29]. Effective CS uses personality,

knowledge, and skills to form positive and constructive relationships and interactions in the ward. The head of the room as a supervisor is important in ensuring that the hospital can manage care effectively, by ensuring that they have the ability to carry out supervision. A supervisor must be able to provide reinforcement, appreciation, recognition, and positive motivation for his staff. Supervisors can assist and monitor so that they are carried out according to standard procedures. The role of nurses involved in service activities is needed as partners who have ideas, opinions, and experiences that need to be heard, evaluated, and included in the process of improving care.

CS can also help identify aspects of behavior that may be acquired through interactions and relationships [11]. That both groups of respondents (nurses and head nurses) generally respect the management strategies used by clinical managers, which are effective. The styles of leadership, which are often used by clinical leaders, are democratic and situational. Both groups of respondents confirmed that the situational leadership archetype was used by clinical managers in terms of direction, monitoring, support, and delegation, which supported effective evaluations [12]. The effect of the CS training program on the professional identity of senior nurses at the stages of the program [25]. The organization's CS implementation strategy has a different structure: It occurs in five stages (exploration, initial strategy, project/strategic plan, strategic plan implementation, reflection of the past, and future) [11]. The implementation of an organizational CS framework may have a positive impact on CS in certain specialties [28]. While CS became looked as if it would be powerful, there have been different variations among a few disciplines. The findings exhibit that CS is effectively practiced inside an established framework; however, models of CS throughout disciplines want to be explored [30].

Further research advice

This systematic review included articles published in English only. There may be related articles on assessment tools published in this review. Furthermore, it is not possible to analyze the safety of the specific tools, as most of them have been used in individual studies only and many of the tools have not been analyzed for sensitivity and specificity.

Implications for practice

The results of this systematic review are expected to provide recommendations to supervisors choose what CS interventions are appropriate in the hospital. The systematic review can be described in Table 1.

Table 1 : Description of selected studies clinical supervision in nursing

Serial number	Author (date)	Title	Purpose	Method	Result
1	Cruz <i>et al.</i> (2014)	Clinical supervision: Priority strategy to a better health [9]	Correlate implementation of the CS model with supervised nurses' responses to stress and the coping sources they use	Quantitative Descriptive 62 nurses in three central hospital rooms MCSS© and BPS	Several correlations have been found. The study shows that CS can optimize nurses' life resources and help them cope with stress
2	Cruz (2011)	CS in nursing: an effective pathway to quality [4]	Conducting exploratory, descriptive, and longitudinal research to develop CS in the best nursing model for support the practice of professional nurses	Quantitative Exploration, descriptive and longitudinal 61 nurses for 6 months in the medical-surgical unit of two hospitals MCSS	The result after the implementation of the CS program in the nursing model of the hospital used the nursing model of the Portuguese version of the MCSS©
3	Saleh <i>et al.</i> (2015)	Effect of CS Program for Head Nurses on Quality Nursing Care [24]	Examine the effect of the CS program for head nurses on the quality of nursing care at Kafer EL-Sheikh General Hospital	Quantitative Quasi-experimental Head nurses (n = 69) and (192) staff nurses working in Kafer EL-Sheikh General Hospital MCSS and Quality of Nursing Care observation sheet	The resulting effect of the CS program significant improvements were observed when the program was carried out three times The head nurse's knowledge level in all aspects of CS has increased significantly
4	Mohamed <i>et al.</i> (2021)	The Effect of a CS-Enhancing Strategy for Head Nurses on Their Professional Identity [25]	The current study aimed to study the effect of the strategy of strengthening CS of senior nurses on their professional identity	A quasi-experimental research design (pre- and post-intervention) Convenience sample of 41 head nurses and 263 staff nurses working in Main Mansoura University Hospital MCSS	The CS effect of head nurses after the implementation of the project was significantly different from that before implementation
5	Ayres <i>et al.</i> (2014)	Quality and effectiveness of CS: Evaluation of an occupational therapy service [26]	Explore the quality and effectiveness of the CS occupied by WLMHT	A descriptive quantitative study Inclusion criteria for included the requirement that respondents complete six or more CS sessions MCSS	Indicates the demonstrable effectiveness of clinical observation
6	Snowdon <i>et al.</i> (2019)	Effective CS of allied health professionals: A mixed-methods study [27]	Explore allied health professionals' perceptions about the aspects of CS that can facilitate effective CS	Mixed-methods study A purposive sample of 38 allied health professionals working in a metropolitan public hospital Qualitative analysis: Description approach MCSS-26	Participants reported an overall positive clinical follow-up experience
7	Gardner <i>et al.</i> (2022)	Effectiveness of allied health CS following the implementation of an organizational framework [28]	Determining the effectiveness of dispensary supervision of relevant health in the regional health service and clinicians' perception of the implementation of regulatory dispensary supervision framework	Quantitative The cross-sectional study There were 125 responses to the survey MCSS-26	There was a statistically significant difference in the effectiveness of CS between speech-language pathology and physical therapy, with CS being a senior clinician

CS: Clinical supervision, MCSS: Manchester Clinical Supervision Scale, BPS: Brief personal survey, WLMHT: West London Mental Health Trust.

Limitation

The limitation of this review is limited to the year from 2011 to 2022 and has been used to obtain more recent interventions on the topic and the current review is an update. Furthermore, our ability to assess evidence and the quality of the number of tools was limited by the failure to present the results of the reliability and validity test. The future studies should be designed to compare different assessment tools with CS.

Conclusions

This systematic review uses the MCSS. MCSS is a tool for assessing the effectiveness of a director. Because the endpoints included in the screening tools fall into different categories, this study found that the tools were disproportionately distributed. Most were designed for CS by hospital and community health-care professionals. However, research into the use of these tools in clinical practice is limited, and further experience is required to confirm them.

References

1. Cutcliffe JR, Butterworth T, Proctor B. Fundamental themes in clinical supervision. In: *Fundamental Themes in Clinical Supervision*. London and New York: Routledge Taylor & Francis e-Library; 2005. <https://doi.org/10.4324/9780203996010>
2. Proctor B. Routledge handbook of clinical supervision fundamental international themes. In: *Routledge Handbook of Clinical Supervision*. London and New York: Routledge Taylor & Francis e-Library; 2010. <https://doi.org/10.4324/9780203843437.ch3>
3. Edwards D, Cooper L, Burnard P, Hannigan B, Adams J, Fothergill A, *et al.* Factors influencing the effectiveness of clinical supervision. *J Psychiatr Ment Health Nurs*. 2005;12(4):405-14. <https://doi.org/10.1111/j.1365-2850.2005.00851.x>
PMid:16011495
4. Cruz SS. Clinical supervision in nursing: Effective pathway to quality. In: *Procedia - Social and Behavioral Sciences*. this article of Journal Procedia: Elsevier Ltd.; 2011. <https://doi.org/10.1016/j.sbspro.2011.11.240>
5. Driscoll J, Stacey G, Harrison-Dening K, Boyd C, Shaw T. Enhancing the quality of clinical supervision in nursing practice. *Nurs Stand*. 2019;34(5):43-50. <https://doi.org/10.7748/ns.2019.e11228>
PMid:31468814
6. Abreu W, Marrow CE. Clinical supervision in nursing practice: A comparative study in Portugal and the United Kingdom. *Sanare Sobral*. 2012;11(2):16-24.

7. Dawson M, Phillips B, Leggat SG. Effective clinical supervision for regional allied health professionals: The supervisor's perspective. *Aust Health Rev.* 2013;37(2):262-7. <https://doi.org/10.1071/ah11164>
PMid:23498922
8. Falender CA, Shafranske EP. Clinical supervision: A competency-based approach. In: *Clinical Supervision: A Competency-Based Approach*. Washington, DC: American Psychological Association; 2009. <https://doi.org/10.1037/10806-000>
9. Cruz S, Carvalho AL, Sousa P. Clinical supervision: Priority strategy to a better health. *Proc Soc Behav Sci.* 2014;112:97-101. <https://doi.org/10.1016/j.sbspro.2014.01.1143>
10. Cruz S, Carvalho L, Sousa P. Clinical supervision in nursing: The (un)known phenomenon. *Proc Soc Behav Sci.* 2012;69:864-873. <https://doi.org/10.1016/j.sbspro.2012.12.009>
11. Lynch L, Happell B. Implementing clinical supervision: Part 1: Laying the groundwork. *Int J Ment Health Nurs.* 2008;17(1):57-64. <https://doi.org/10.1111/j.1447-0349.2007.00511.x>
PMid:18211404
12. Doroteo-Espinosa MM. Management strategies and leadership styles of selected hospitals for effective clinical nursing supervision. In: *Proceedings of the International Conference on Management, Leadership & Governance*. United Kingdom: Academic Conferences and Publishing International Limited; 2013.
13. Kenny A, Allenby A. Implementing clinical supervision for Australian rural nurses. *Nurse Educ Pract.* 2013;13(3):165-9. <https://doi.org/10.1016/j.nepr.2012.08.009>
PMid:22980923
14. Winstanley J, White E. The MCSS-26©: Revision of the Manchester clinical supervision scale© using the rasch measurement model. *J Nurs Meas.* 2011;19(3):160-78. <https://doi.org/10.1891/1061-3749.19.3.160>
PMid:22372092
15. Kadushin A, Harkness D. *Supervision in Social Work*. 4th ed., Vol. 21. New York: Columbia University Press; 2002.
16. Bégat I, Severinsson E. Reflection on how clinical nursing supervision enhances nurses' experiences of well-being related to their psychosocial work environment. *J Nurs Manage.* 2006;14(8):610-6. <https://doi.org/10.1111/j.1365-2934.2006.00718.x>
PMid:17054734
17. Erenstein CF, McCaffrey R. How healthcare work environments influence nurse retention. *Holist Nurs Pract.* 2007;21(6):303-7. <https://doi.org/10.1097/01.hnp.0000298615.25222.de>
PMid:17978634
18. Nantsupawat A, Kunavittikul W, Nantsupawat R, Wichaihum OA, Thienthong H, Poghosyan L. Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *Int Nurs Rev.* 2017;64(1):91-8. <https://doi.org/10.1111/inr.12342>
PMid:27882573
19. Turner J, Hill A. Implementing clinical supervision (part 2): Using Proctor's model to structure the implementation of clinical supervision in a ward setting. *Ment Health Nurs.* 2011;31(4):14-19.
20. Huber D. *Leadership and Nursing Care Management Third Edition*. Philadelphia: Saunders Elsevier; 2010.
21. Mokkink LB, Terwee CB, Patrick DL, Alonso J, Stratford PW, Knol DL, *et al*. The COSMIN checklist for assessing the methodological quality of studies on measurement properties of health status measurement instruments: An international Delphi study. *Qual Life Res.* 2010;19(4):539-49. <https://doi.org/10.1007/s11136-010-9606-8>
22. Hall-Lord ML, Theander K, Athlin E. A clinical supervision model in bachelor nursing education - Purpose, content, and evaluation. *Nurse Educ Pract.* 2013;13(6):506-11. <https://doi.org/10.1016/j.nepr.2013.02.006>
PMid:23465848
23. Mohamed FR, Mohamed Ahmed H. Clinical supervision factors as perceived by the nursing staff. *J Nurs Educ Pract.* 2019;9(6):67-72. <https://doi.org/10.5430/jnep.v9n6p67>
24. Saleh NE, Sleem WF, El-Shaer AM. Effect of clinical supervision program for head nurses on quality nursing care. *J Nurs Health Sci.* 2015;4(6):65-74.
25. Mohamed HA, Awad SA, ElSabahy HE. The effect of a clinical supervision-enhancing strategy for head nurses on their professional identity. *Egypt J Health Care.* 2021;12(3):1550-1566. <https://doi.org/10.21608/ejhc.2021.203959>
26. Ayres J, Watkeys F, Carthy J. Quality and effectiveness of clinical supervision: Evaluation of an occupational therapy service. *Br J Occup Ther.* 2014;77(9): 447-450. <https://doi.org/10.4276/030802214x14098207540992>
27. Snowdon DA, Sargent M, Williams CM, Maloney S, Caspers K, Taylor NF. Effective clinical supervision of allied health professionals: A mixed-methods study. *BMC Health Serv Res.* 2019;20(1):2. <https://doi.org/10.1186/s12913-019-4873-8>
PMid:31888611
28. Gardner MJ, McKinstry C, Perrin B. Effectiveness of allied health clinical supervision following the implementation of an organizational framework. *BMC Health Serv Res.* 2022;22(1):261. <https://doi.org/10.1186/s12913-022-07636-9>
PMid:35219321
29. Gonge H, Buus N. Model for investigating the benefits of clinical supervision in psychiatric nursing: A survey study. *Int J Ment Health Nurs.* 2011;20(2):102-11. <https://doi.org/10.1111/j.1447-0349.2010.00717.x>
PMid:21371225
30. Gardner MJ, McKinstry C, Perrin B. Effectiveness of allied health clinical supervision a cross-sectional survey of supervisees. *J Allied Health.* 2018;47(2):126-32. <https://doi.org/10.21203/rs.3.rs-914459/v1>
PMid:29868698
31. Martin P, Kumar S, Lizarondo L, Tyack Z. Factors influencing the perceived quality of clinical supervision of occupational therapists in a large Australian state. *Australian Occupational Therapy Journal.* 2016;63(5).