

CLINICAL SUPERVISION IN NURSING: IMPORTANCE IN THE DEVELOPMENT OF NURSING STUDENTS

Isabel Maria Ribeiro Fernandes

`` Escola Superior de Saúde do Instituto
Politécnico da Guarda ``

UICISA:E Research Unit

<https://www.cienciavita.pt/portal/0610-9D3E-000F>

<https://orcid.org/0000-0001-7478-9567>

Teresa Silveira Lopes

`` Escola Superior de Saúde de Viseu –
Instituto Politécnico de Viseu ``

Science vitae C81F-B8C4-CDAD

<https://orcid.org/0000-0003-1920-3054>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: Clinical supervision encompasses the monitoring and development of professional skills aimed at the quality of care provided, the safety of clients themselves and professional satisfaction, being developed by peers and involving collaborative processes; mediation; sharing and joint reflection.

The supervisor challenges the supervisee to commit to their teaching-learning process and the acquisition and development of skills, acting and reflecting in a considered, realistic and constructive way, based on the references of the Nursing profession. It seeks to serve as a guiding guide and develop a mediating and cooperative relationship, in which strategies and rhythm are constantly adjusted according to the needs of the supervisee and to serve as a reference model for the process of consolidating the supervisee's personal and professional identity.

Clinical supervision is then considered as a facilitating means for optimizing nursing student performance, as it implies understanding students at their different levels of development in relation to the activities they have to develop.

Keywords: nursing, clinical supervision, professional training.

INTRODUCTION

The scientific area of nursing involves the interaction of professionals with vulnerable people, who are experiencing health-disease processes and who need care to resolve them.

In this sense, the process of caring for the Other requires a set of interventions that are properly planned and anchored in a body of scientific knowledge that characterizes the nursing profession, implying the responsibility of the student for the development of an effective practice.

Based on this premise, the teaching of nursing students will require continuous monitoring aimed at promptly clarifying any

doubts that arise and developing the skills necessary to perform quality functions and provide security for people in need of care.

Clinical supervision in nursing is defined as a dynamic, systematic, interpersonal and formal process, between the supervisor and the supervisee, with the objective of structuring learning, building knowledge and developing reflective, analytical and professional skills (Ordem dos Enfermeiros, 2018).

It is considered a dynamic process as it focuses on the supervisee's person and development objectives, making it possible to change aspects of the supervisory process whenever a new need is detected (Chapman, 2017; Martin et al., 2014).

CLINICAL SUPERVISION

Clinical supervision encompasses the monitoring and development of professional skills aimed at the quality of care provided, the safety of clients themselves and professional satisfaction, being developed by peers and involving collaborative processes; mediation; sharing and joint reflection.

The word supervision derives from the Latin *super* and *videre*, which translate above or more and see, respectively. It therefore corresponds to having a vision "beyond" or greater than normal, more comprehensive (Borges, 2013).

Clinical supervision in nursing, as a systematic process, is built on a regular meeting basis with the aim of providing critical, but not directive, reflection on supervised work issues, focused on clinical practice, duly planned, prepared and documented by the stakeholders (Chapman, 2017).

It is an interpersonal process, as it involves the existence of at least two individuals: the clinical supervisor and the supervisee (Ordem dos Enfermeiros, 2018; Park et al., 2019). The clinical supervisor nurse is responsible for the supervision process, having concrete

knowledge and systematized thinking, in the field of the Nursing discipline and profession and clinical supervision, with effective and demonstrated competence in professional practice in this area and the supervisee is the subject of supervisory process that develops skills (Ordem dos Enfermeiros, 2018). In this supervisory process, the senior healthcare professional guides and directs the clinical practice of a less experienced professional (Pires et al., 2021; Snowdon et al., 2017).

This way, an environment that favors the growth of the person who learns is privileged, as a being who thinks autonomously and who is a responsible member of society. In a clinical context, the student learns from experiences and builds their identity as they come into contact with other professionals. In the Portuguese reality, clinical supervision almost always takes place directly, in which the supervisor accompanies the supervisee in person, developing assertive and appropriate communication, clarifying doubts at the moment, with the aim of promoting the quality and safety of the care to be provided.

This interpersonal relationship is probably the central aspect for promoting change and development in the supervisee (Park et al., 2019; Rothwell et al., 2021; Watkins, 2020). The perception of a positive alliance between supervisor-supervisee improves satisfaction with the supervisory process, self-efficacy and knowledge of the supervisee (Park et al., 2019), and a supervisory relationship based on trust, in which the supervisee recognizes credibility and respects the supervisor, has space to explore beliefs, values and experiences of both and is a facilitator of personal and professional development (Rothwell et al., 2021).

To this end, the monitoring and development of professional skills takes place with a view to improving the care provided and the safety of those involved, with the establishment of a relationship between

the supervisor and the supervisee being urgent where the cancellation of the other or asymmetries does not predominate, seeking to joint participation and sharing of experiences.

In the preparation of future nursing professionals, clinical supervision plays an important role, as their experience in a work context allows a symbiosis between theory and practice, favoring the acquisition of skills for safe care practice and decision-making, responsible decisions.

This process involves the transmission of knowledge combined with experience, from both supervisor and supervisee, often verifying that the lived experience proves to be instructive for both, as one of its principles relates to the development of critical thinking and problem-solving skills (Ludke, Almeida and Silva, 2017).

Clinical supervision aims to develop or empowerment the ability to analyze, evaluate and intervene in a particular situation, promoting levels of autonomy and accountability, with direct implications for the quality of care provided by nurses and, consequently, the safety offered. to the beneficiaries of that same care. One of the essential requirements for this is the creation of an environment favorable to the good development of the teaching-learning process.

In this sense, clinical supervision translates into a continuous training process in the context of clinical practice in which the student/nurse has the opportunity to review their practices and develop scientific skills and abilities. The aim is to develop in the student a proactive attitude in the search for information and knowledge; in the ability to self-evaluate and evaluate the context in which it develops; in the development of feelings of confidence and predictive capacity in relation to some situations, in collaboration with the supervisor and fellow trainees regarding the situations experienced, defining effective and

adaptive intervention strategies.

The essential components include observation, evaluation, feedback and self-assessment, in association with the ability to instruct, model and solve problems. According to Fonseca (2016), the following objectives of clinical supervision can be considered: promoting the professional and personal development of students; promote the development of technical-scientific knowledge; promote the development of professional skills that promote professional expertise; facilitate communication processes between those involved in the supervisory process; promote the provision of quality and safe care, minimizing errors; promote professional satisfaction; promote professional maturation; hold the student responsible for their teaching-learning process and promote the development of the supervisor's skills.

In this context, clinical supervision appears as a mediator of learning processes that is based on the clear definition of the objectives of the educational institution; in the relationship between theory and practice; in the continuous monitoring of students and in the training of nurses cooperating in this process (Simões, Alarcão and Costa, 2008). Supervisors play a fundamental role as experienced professionals, facilitators of the entire learning process, supervising and evaluating students in clinical teaching, which implies a close relationship (Ramos and Nunes, 2017).

For Macedo (2012, page 90):

[...] supervision provides nurses with the acquisition of skills at the level of reflection for, *in and about action* [sic] helping them in decision-making, in the face of practice dilemmas, ensuring personal and professional development, development of the organization itself and, in the first instance, the quality of care offered to people.

The basic concern of clinical supervision is the promotion of quality practices, the

safety of people receiving care and a reflective practice about action. More important than knowing, is knowing what to do with that knowledge, with sharing and establishing learning mediating processes essential for the development of skills.

The quality of the teaching-learning process depends on the type of relationships established between students, teachers and practice professionals, with a relationship of help and monitoring being essential to increase the levels of satisfaction of those involved. But, beyond this, it is important that there are models appropriate to each context.

A model translates an explanatory matrix based on an organized body of concepts or ideas that facilitate the thought process and guide action. There are different models of "clinical" supervision, all of which offer some advantages and reveal some weaknesses. The definition of a single model applicable in any context is utopian, and always needs to be adapted to the characteristics of the supervisee, supervisor and institution/client, with a view to improving the nursing interventions developed. Supervisory models are not exempt from some limitations in terms of their effectiveness, always requiring adaptation to the context, the characteristics of those involved and the objectives outlined for the training process, aiming to obtain effective results, in terms of the teaching process. learning, with clear communication between health institutions and schools being essential.

According to Carvalho, Barroso, Pereira, Teixeira, Pinho & Osório (2019), each supervisory model is developed according to structuring axes, namely: i) context; ii) nursing care; iii) personal development and iv) supervision. The context refers to the environment where nursing care takes place, characterized by different levels of complexity that will exert a direct influence

on the remaining axes. Nursing care focuses on the interpersonal relationship established between a nurse and the person who needs care or between a nurse and a group of clients (family or community), anchored to a specific framework or beliefs and values of each person involved. and in which proactivity and empowerment of clients is promoted in their responsibility for managing their health or illness process. Personal development is closely related to personal characteristics, the context and the culture of care applied, combined with the objectives outlined by each person, and it is essential that the person wishes to acquire the maximum amount of skills, requiring a context that is facilitating and that promotes improvements in the teaching-learning process.

Within the scope of the professional training process and, consequently, acquisition of the development of professional skills, the Order of Nurses, based on regulation, number: 366/2018, argues that it is essential to create a model anchored to the recognition and certification of skills, defining that clinical supervision is:

[...] a dynamic, systematic, interpersonal and formal process, between a clinical supervisor and one or more supervisees, whose objective is to develop learning, the construction of knowledge and the development of professional, analytical and reflective skills.

Carlos et al. (2018) cite Schön who defends four distinct processes for training, namely: knowledge in action (knowing how to do); reflection in action (thought); reflection on action; reflection on reflection in action (as retrospective thought processes about a given situation), noting that "... the moment of supervised teaching practice is, increasingly, assumed to be effectively essential in the process of qualification for teaching and professional development, with pedagogical supervision understood as a process of guiding

the supervisor in relation to the supervisee, towards improving practices" (Carlos et al., 2018: 16).

The clinical teaching environment is an important aspect of nursing education. Students have the opportunity to apply their skills and knowledge to client care, affecting learning outcomes, preparation for practice and student satisfaction with the profession, self-confidence and preparation for clinical practice (Flott & Linden, 2016; Larsson et al., 2023; Zhang et al., 2022). The challenges that students face during clinical education directly affect them and shape their future care practices (Subke et al., 2020).

In this context, the first clinical teaching represents a moment of transition for students, being associated with periods of greater anxiety and stress, with different stages: preparation, adjustment and adaptation (Aloufi et al., 2021; Younas et al., 2022). Throughout this transitional moment, the student faces affective challenges (feelings of professional inadequacy, abandonment and feeling of impotence) and relational challenges (uncertainty about the role – perceived and anticipated, supervisor negligence, dissonance between stereotype and reality, silence versus challenges in communication), (Younas et al., 2022).

Throughout the four years of the course and the different clinical teachings carried out, students develop skills and acquire knowledge that will make them more proficient in carrying out their professional functions. At first, they resort more to imitation, trying to do exactly as they saw professionals do. Subsequently, they aim to develop their capacity for autonomy, demonstrating more initiative, greater dexterity and ease in carrying out the different nursing interventions required. Over time and through experiencing different situations, the student acquires knowledge and skills that lead to a state of greater autonomy.

With the development of skills as a desideratum and knowing that it is a progressive process, any supervisory model can be anchored to a nursing theory. In our opinion, Patrícia Benner's theory becomes relevant in the field of supervision, since it assumes learning as a continuous and unfinished process and argues that the acquisition of knowledge and development of skills is gradual, going from the level of beginner to Expert.

For Benner, cited by Diogo et al. (2016), the analysis of nursing practices allows the development of reflective moments in and about action, with the development of nurses going through several phases, revealing a process guided by changes in their professional posture and conduct and by the development and acquisition of skills, with a view to quality care. This change arises through experiencing different situations, where acquired knowledge is applied or new information is sought that allows the identified situations to be resolved.

Practice always complements theory, and it is in the practical context that complex situations are experienced that cannot be fully explained in theory. The supervisees develop skills and progress through levels, namely: *Beginner* – follows standards and rules as his sole responsibility; experiencing simple situations; *Advanced beginner* – puts previous experiences into practice to try to resolve current situations; *Competent* – translates know-how and how according to different levels of skills; *Efficient* – analyzes the action and evaluates the contribution of various experiences in decision making and *Expert* – solves problems, demonstrating intuitive ability and critical and reflective thinking.

Gradually, as a result of different skills acquired through experience, and according to the different teaching and learning needs identified, the supervisee (student or nurse) is able to contribute to a more adjusted

professional construction.

In this sense, skills encompass knowing how to know; knowing how to do and knowing how to be and being and in the opinion of Chaves et al. (2017, p. 1169), requiring both parties to collaborate with each other, in order to promote significant moments of learning.

[...] the challenge is to understand supervision as a structured and articulated instrument to the health and nursing work process and, this way, be considered as a strategic space for subjects, who can reinterpret and transform thinking and acting in construction of comprehensive health care,

IDENTITY CONSTRUCTION

The process of identity construction at a professional level is directly influenced by the professional activity carried out, resulting from processes of education and socialization at work, in the institutional context, and it is important to distinguish it from the identification process that translates the recognition of the quality of others, aiming above all improving self-esteem levels.

In the opinion of Ramos and Nunes (2017), practical training proves to be an essential component in the process of acquiring and integrating students' knowledge, in order to develop skills, assuming a fundamental and structuring role in the process of socialization and identity construction, on a personal and professional level.

The development of skills by the supervisee and the supervisor result from the articulation between nursing theory and the practice developed, especially reflective practices associated with and inseparable from work situations and actions developed throughout the qualifying training course that characterizes nursing.

The central objective is the gradual autonomy of the supervisee, being developed

based on the following central axes: action, reflection and collaboration. The supervisor challenges the supervisee to commit to their teaching-learning process and the acquisition and development of skills, acting and reflecting in a considered, realistic and constructive way, based on the references of the Nursing profession. It seeks to serve as a guiding guide and develop a mediating and cooperative relationship, in which strategies and rhythm are constantly adjusted according to the needs of the supervisee and to serve as a reference model for the process of consolidating the supervisee's personal and professional identity.

It is an essential process in the construction of students' personal and professional identity, involving moments of continuous reflection and feedback, based on guidance strategies and help relationships centered on levels of demand and the development of guided practices.

Clinical supervision is then considered as a facilitating means for optimizing nursing student performance, as it implies understanding students at their different levels of development in relation to the activities they have to develop.

For Abreu (2007), it is important to remember that the supervisory process consists of three phases: initial integration phase; realization/experimentation and autonomy or processing. In the first phase, the focus is more intense on the supervisee as they are very dependent on the supervisor, reveal fear and insecurity and are poorly able to understand the nursing process. It is important that the clinical supervisor knows the organic context well, demonstrates support and encourages the supervisee to overcome the difficulties experienced. The second phase involves action and reflection on action, providing a greater level of security and motivation for changing behaviors. Due to the greater reflective capacity, there may

be a greater probability of conflicts, making it necessary to manage emotions so that knowledge is integrated and the supervisee's autonomy is promoted. The third phase corresponds to autonomy, which results from reflective processes developed with critical and evaluative assessment of the results obtained. The objective is for the supervisee to acquire greater autonomy and develop their personal and professional skills, with the supervisor assuming a more observant and companion role.

The establishment of a fruitful supervisory relationship is essential for the success of the teaching-learning process. It is acceptable for those involved in this process to initially express some anxiety, which over time and coexistence dissipates, transforming into complicity.

In this context, the supervisory relationship comprises the relationship between supervisor and supervisee, and it is essential that it is guided by a pleasant atmosphere from an emotional and relational point of view. It is important to view this relationship as collaborative, in which there is no strong hierarchy suggestive of superiority. To achieve this, it is imperative to establish a relationship where the cancellation of the other or asymmetries do not predominate, seeking joint participation and sharing of experiences, since the difference between these two elements lies in their level of knowledge and experience, in which the first, he is available to share what he knows, contributing to the development of skills in the second.

It means that more important than teaching is doing and instilling the constant desire to know why and how to do it, through processes of self-reflection, in an environment that facilitates democratic and human values.

The more egalitarian the treatment established with students, the greater their desire and commitment to learning, which is

why a non-directive and more collaborative style must be adopted. This way, the teaching-learning process is facilitated for the student, promoting the development of knowledge based on experience and based on a body of theoretical knowledge, the flexibility and suitability of contexts, aiming at the student's individual and professional growth.

The objective is for the supervisor and supervisee, based on the establishment of a supervisory relationship, to identify problems of a clinical nature and outline strategies for resolving them, favoring learning based on proactivity. The effectiveness of this process is linked to the ability of those involved to establish an empathetic relationship, effective communication, support, ability to develop the teaching-learning process and promote the establishment of a commitment between the actors and the nursing profession.

To this end, Wall, Fetherston and Browne (2018) suggest the creation of a favorable learning environment, based on feelings such as affection and availability, promoting the establishment of a relationship of trust in which support and relationships between supervisees and supervisors, where everyone contributes to the success of learning, the quality of care and the satisfaction of everyone involved in this process. It is from reflection on action that results in care planning that is more adjusted to the person's needs, instilling in the supervisee the duty to think about what they do, making them co-responsible for the nursing care they provide.

In this sense, the good relationship established between the supervisor and supervisee will facilitate the supervisee's learning process, instilling in them a sense of responsibility for their training, which will have a direct implication in the process of professional socialization as a student and later, in the role of professional, facilitating the process of integration into professional

life and the experience of positive professional transitions.

The development of resilience capabilities begins during clinical teaching, as the student has to adapt to a new context, to different health professionals and to clients/family members who, as a rule, are needy and vulnerable people. This process promotes greater personal strengthening of students and the development of capabilities that promote the construction of a responsible and mature personal and professional identity, where learning to deal with the feeling of failure, guilt and anxiety inherent to experiencing care processes in acute situations, severe or at the end of life, develops progressively.

It is a lengthy and unfinished process, requiring the student to define personal emotional control strategies, which prepare them to deal with others in situations of extreme vulnerability throughout their personal and professional career, forcing them to reflect on the way in which they live your life and how you intend to develop your profession. Allied to the determination of strategies is also the definition of personal and professional objectives, which the student shares with the supervisor, taking into consideration, the specific objectives of the curricular unit and what they intend to develop and acquire, taking an active role in the teaching-learning process.

The student's evolution is progressive, consisting of three phases, specifically: *initial phase* in which he/she reveals himself to be extremely dependent on the supervisor and insecure; the *experimental phase* in which the student demonstrates increasing motivation and security, leading to a greater degree of autonomy and the *autonomy phase* in which the student reveals abilities to question and think, being critical and self-critical and concerned with the quality of care provided, seeking to be autonomous (Abreu, 2007). The

duration of each of these phases depends on the characteristics of the context in which clinical teaching takes place and the characteristics of each student, ceasing to resort to imitation and seeking to be autonomous and responsible for the nursing care they provide, generating significant learning that contributes to growth personal and professional.

CONCLUSION

The health sector continues to be very demanding as it aims to provide quality and safe care and the satisfaction of all people in terms of health promotion, disease prevention and recovery. Health is the most precious asset, hence the need to be seen as the most important value in people's lives.

In addition to the need to develop a

theoretical component, it is essential to view the practical component as fundamental to the learning process, as it is in this context and in the dialectic established between practice and theory that the student, future nurse, learns and internalizes knowledge, looking for a foundation and integration of the *know how to know in your know how to do*.

Clinical supervision is mainly based on mediating processes between a supervisor and a supervisee, which aim to facilitate the teaching-learning process. Its effectiveness is linked to support and professional guidance based on enhancing strategies that are developed and implemented depending on the context in which clinical teaching takes place and the characteristics of students, aiming to optimize their clinical performance.

REFERENCES

- ALOUFI, M. et al. Reducing stress, anxiety and depression in undergraduate nursing students: Systematic review. **Nurse Education Today**, 102, 2021, p. 104877. <https://doi.org/10.1016/j.nedt.2021.104877>
- ABREU, W. C. (2007). **Formação e Aprendizagem em Contexto Clínico – Fundamentos, teorias e considerações didáticas**. Coimbra: Formasau: Formação e Saúde, Lda. 2007. 296p.
- BORGES, P. Implementação de um Modelo de Supervisão Clínica em Enfermagem: Perspetivas dos Supervisores. 2013. (Mestrado em Supervisão clínica em Enfermagem). Escola Superior de Enfermagem do Porto, Porto, 2013. Disponível em: https://comum.rcaap.pt/bitstream/10400.26/9447/1/Paula%20Borges_ep3955.pdf. Acesso em 12 Out. 2022.
- CHAPMAN, H. Nursing theories 2: clinical supervision. **Nursing Times** [online], vol. 113, n. 12, p. 30, 2017. Disponível em: <https://www.nursingtimes.net/roles/nurse-educators/nursing-theories-2-clinical-supervision-27-11-2017/>. Acesso em 15 Set. 2023.
- ABREU, W. C. (2007). **Formação e Aprendizagem em Contexto Clínico – Fundamentos, teorias e considerações didáticas**. Coimbra: Formasau: Formação e Saúde, Lda. 2007. 296p.
- CARLOS, A.; et al. Formação inicial de professores: que supervisão na qualificação docente? **Revista de Estudos Curriculares**, vol 1, n. 9, p. 122-141, 2018.
- CHAVES, L., et al. Supervisão de enfermagem para a integralidade do cuidado. **Revista Brasileira de Enfermagem**, vol. 70, n. 5, p. 1165-1170, 2017. Disponível em <http://dx.doi.org/10.1590/0034-7167-2016-0491>.
- DIOGO, P., et al. (2016). Supervisão de estudantes em ensino clínico: correlação entre desenvolvimento de competências emocionais e função de suporte. **Revista Portuguesa de Enfermagem de Saúde Mental**, Spe 4, p. 115-122. 2016
- FLOTT, E. A.; LINDEN, L. (2016). The clinical learning environment in nursing education: A concept analysis. **Journal of Advanced Nursing**, vol 72, n. 3, p. 501–513, 2016. Disponível em <https://doi.org/10.1111/jan.12861>
- CARLOS, A.; et al. Formação inicial de professores: que supervisão na qualificação docente? **Revista de Estudos Curriculares**, Braga, vol 1, n. 9, p. 122-141, 2018.

FONSECA, M. (2006). **Supervisão em Ensinos Clínicos de Enfermagem- Perspectiva do docente**. Coimbra: Formasau, Formação e Saúde, Lda. 2006. 125p.

LARSSON, M.; et al. The clinical learning environment during clinical practice in postgraduate district nursing students' education: A cross-sectional study. **Nursing Open**, vol 10, n. 2, p. 879–888. 2023. Disponível em <https://doi.org/10.1002/nop2.1356>

LUDKE, M.; ALMEIDA, E.; SILVA, A. Contribuciones de la Etapa Supervisada para la Formación de la Identidad Profesional de las enfermeras. **Cultura de los Cuidados**, vol 21, n. 48, p. 131-139, 2017. Disponível em: doi:10.14198/cuid.2017.48.15

MACEDO, A.P. **Supervisão em Enfermagem – Construir as Interfaces entre a Escola e o Hospital**. Santo Tirso: De Facto Editores. 2012. 248p.

MARTINHO, J. et al. Formação e desenvolvimento de competências de estudantes de enfermagem em contexto de ensino clínico em saúde mental e psiquiatria. **Revista Portuguesa de Enfermagem de Saúde Mental**, Lisboa, Especial 1, p. 97-102, 2014.

ORDEM DOS ENFERMEIROS. (2018). Regulamento da Competência Acrescida Diferenciada e Avançada em Supervisão Clínica. *Regulamento n.º 366/2018, 2ª Série, N. 113, 14 de Junho de 2018, 0*, 40918–40920. Disponível em <https://www.ordemenfermeiros.pt/media/7936/1665616663.pdf>. Acesso em 10 Out. 2023.

PARK, S.; CHOI, M.; LEE, S. The mediating effects on the relationship between campus life adaptation and clinical competence. **Nurse Education Today**, vol 72, p. 67-72, 2019. Disponível em: <https://doi.org/10.1016/j.nedt.2018.11.009>.

PIRES, R. et al. Clinical supervision strategies. **Millenium**, vol 2, n. 14, p. 47–55, 2021. Disponível em <https://doi.org/10.29352/mill0214.21742>.

RAMOS, L.; NUNES, L. Modelos de Acompanhamento do Ensino Clínico em Saúde Mental e Psiquiatria. **Revista Ibero-Americana de Saúde e Envelhecimento**, vol 3, n. 2, p. 1014-1033, 2017. Disponível em: [http://dx.doi.org/10.24902/riase.2017.3\(2\).1014](http://dx.doi.org/10.24902/riase.2017.3(2).1014).

ROTHWELL, C. et al. Enablers and barriers to effective clinical supervision in the workplace: A rapid evidence review. **BMJ Open**, vol 11, n. 9, p. 1-10, 2021. <https://doi.org/10.1136/bmjopen-2021-052929>.

SIMÕES, J.; ALARCÃO, I.; COSTA, N. Supervisão em Ensino Clínico de Enfermagem: a perspectiva dos Enfermeiros Cooperantes. **Revista de Enfermagem Referência**, II Série, n. 6, p. 91-108, 2008.

SNOWDON, D.; LEGGAT, S.; TAYLOR, N. Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review. **BMC Health Services Research**, vol 17, n.1, p. 786, 2017. Disponível em: <https://doi.org/10.1186/s12913-017-2739-5>.

WALL, P.; FETHERSTON, C.; BROWNE, C. Understanding the enrolled nurse to registered nurse journey through a model adapted from Schlossberg's transition theory. **Nurse Education Today**, vol 67, p. 6-14, 2018. Disponível em: <https://doi.org/10.1016/j.nedt.2018.04.017>.

WATKINS, C. What do clinical supervision research reviews tell us? Surveying the last 25 years. **Counselling and Psychotherapy Research**, vol 20, n. 2, p. 190–208, 2020. Disponível em <https://doi.org/10.1002/capr.12287>.

YOUNAS, A., et al. Struggles and adaptive strategies of prelicensure nursing students during first clinical experience: A metasynthesis. **Journal of Professional Nursing**, vol 42, p. 89–105, 2022. Disponível em <https://doi.org/10.1016/j.profnurs.2022.06.006>.

ZHANG, J., et al. The clinical learning environment, supervision and future intention to work as a nurse in nursing students: a cross-sectional and descriptive study. **BMC Medical Education**, vol 22, n.1, p. 1–9, 2022. Disponível em <https://doi.org/10.1186/s12909-022-03609-y>.