


SUPERVISÃO CLÍNICA DO ENFERMEIRO NA COMUNIDADE PARA PROMOVER A QUALIDADE DO CUIDADO PRESTADO PELO CUIDADOR: PROTOCOLO DE REVISÃO DE ESCOPO
CLINICAL SUPERVISION OF THE NURSE IN THE COMMUNITY TO PROMOTE QUALITY OF CARE PROVIDED BY THE CAREGIVER: SCOPING REVIEW PROTOCOL
SUPERVISIÓN DE ENFERMERO EN LA COMUNIDAD PARA PROMOVER LA CALIDAD DEL CUIDADO PRESTADO POR EL CUIDADOR: PROTOCOLO DE REVISIÓN DEL ALCANCE

Márcia Coelho¹  <https://orcid.org/0000-0002-4885-2064>

Inês Esteves²  <https://orcid.org/0000-0002-8867-7424>

Mauro Mota³  <https://orcid.org/0000-0001-8188-6533>

Márcia Pestana-Santos⁴  <https://orcid.org/0000-0002-4093-0291>

Margarida Reis Santos⁵  <https://orcid.org/0000-0002-7948-9317>

Regina Pires⁶  <https://orcid.org/0000-0003-1610-7091>

¹ Nursing School of Porto, Porto, Portugal | Baixo Vouga Hospital Centre, Aveiro, Portugal

² University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom

³ Health Sciences Research Unit: Nursing (UICISA: E), Coimbra, Portugal | Viseu Higher School of Health, Viseu, Portugal | Local Health Unit of Guarda, Guarda, Portugal

⁴ Portugal Centre for Evidence-Based Practice: a JBI Centre of Excellence, Coimbra; Portugal | Health Sciences Research Unit: Nursing (UICISA: E) | Nursing School of Coimbra (ESENfC), Coimbra, Portugal

⁵ Nursing School of Porto, Porto, Portugal | CINTESIS - Center for Health Technology and Services Research, Porto, Portugal | University of Porto - Institute of Biomedical Sciences Abel Salazar, Porto, Portugal

⁶ Nursing School of Porto, Porto, Portugal | CINTESIS - Center for Health Technology and Services Research, Porto, Portugal

Márcia Coelho - marciascoelho11@gmail.com | Inês Esteves - inesmartinsesteves@gmail.com | Mauro Mota - maurolopesmota@gmail.com |

Márcia Pestana-Santos - marcianpsantos@gmail.com | Margarida Reis Santos - mrs@esenf.pt | Regina Pires - regina@esenf.pt



Corresponding Author

Márcia Coelho

Travessa da Capela, n.º 8, Albergaria-a-Nova, Branca
3850-501 Albergaria-a-Velha – Portugal
marciascoelho11@gmail.com

RECEIVED: 08th March, 2022

ACCEPTED: 05th May, 2022

RESUMO

Introdução: Os cuidadores geralmente não possuem conhecimentos e habilidades para prestar cuidados. Os enfermeiros têm um papel decisivo na qualidade dos cuidados e nos resultados na saúde das pessoas. A supervisão clínica do enfermeiro é um processo estratégico e formal que requer uma relação supervisiva coesa.

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

Métodos: Esta revisão seguirá as diretrizes do Instituto Joanna Briggs para revisões de escopo e incluirá estudos sobre enfermeiros que implementaram estratégias de supervisão clínica para promover a qualidade do cuidado prestado pelo cuidador em contexto comunitário. Estudos publicados e não publicados em inglês, português ou espanhol desde 1993 serão considerados. A seleção dos estudos será realizada por dois revisores independentes, utilizando um terceiro revisor em caso de discordância. Os resultados da pesquisa, seleção de estudos e processo de inclusão serão apresentados num fluxograma PRISMA para revisões de escopo. A extração dos dados, análise de evidências e resultados sobre a extensão e tipo de evidências serão apresentados numa tabela.

Resultados: A pesquisa bibliográfica prévia permitiu identificar algumas estratégias supervisivas implementadas por enfermeiros para promover a qualidade dos cuidados prestados pelo cuidador.

Conclusão: Esta revisão contribuirá para identificar estratégias de supervisão utilizadas pelos enfermeiros para promover a qualidade dos cuidados prestados pelos cuidadores.

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

ABSTRACT

Introduction: Caregivers do not usually have the knowledge and skills to provide care. Nurses have a decisive role in the quality of care and people's health outcomes. Clinical supervision of nurses is a strategic and formal process that requires a cohesive supervisory relationship.

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

Methods: This review will follow the Joanna Briggs Institute guidelines for scoping reviews and will include studies about nurses who have implemented clinical supervision strategies to promote the quality of care provided by caregivers in the community. Published and unpublished studies written in english, portuguese or spanish since 1993 will be considered. Study selection will be carried out by two independent reviewers, using a third reviewer in case of disagreement. The search results, study selection and inclusion process will be presented in a PRISMA flowchart for Scoping Reviews. Data extraction, analysis of evidence and results about the extent and type of evidence will be presented in a tabular form.

Results: The previous bibliographic research allowed the identification of some supervisory strategies implemented by nurses to promote the quality of care provided by the caregiver.

Conclusion: This review will contribute to identify supervisory strategies used by nurses to promote the quality of care provided by caregivers.

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

RESUMEN

Introducción: Los cuidadores generalmente carecen del conocimiento y las habilidades para brindar atención. Enfermeros juegan un papel decisivo en la calidad del cuidado y en los resultados de salud. La supervisión clínica de enfermeros es un proceso estratégico y formal que requiere una relación supervisora cohesionada.

Objetivo: Mapear las estrategias de supervisión utilizadas por el enfermero en la comunidad para promover la calidad del cuidado prestado por el cuidador.

Métodos: Esta revisión seguirá las pautas del Instituto Joanna Briggs para las revisiones del alcance y incluirá estudios sobre enfermeros que hayan implementado estrategias de supervisión clínica para promover la calidad del cuidado prestado por el cuidador en la comunidad. Se considerarán las fuentes de información publicadas y no publicadas en inglés, portugués o español desde 1993. La selección de estudios será realizada por dos revisores, utilizando un tercer revisor en caso de desacuerdo. Los resultados del proceso de investigación, selección de estudios e inclusión se presentarán en un diagrama PRISMA. La extracción de datos, el análisis y los resultados sobre el alcance y el tipo de evidencia se presentarán en una tabla.

Results: La investigación bibliográfica previa permitió identificar algunas estrategias de supervisión implementadas por enfermeros para promover la calidad del cuidado prestado por el cuidador.

Conclusión: Esta revisión contribuirá a identificar las estrategias de supervisión usadas por enfermeros para promover la calidad del cuidado prestado por los cuidadores.

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

INTRODUCTION

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

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

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

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

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

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

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

The CSN has been investigated and implemented in students and nurses for decades (Cutcliffe et al., 2018; Pollock et al., 2017). In spite of the benefits described in the literature, the CSN it is rarely by nurses in their clinical practice. Therefore, valuing CSN in research, education, clinical practice and managements of health organizations becomes increasingly important (Markey et al., 2020). During the past few years, the care provided by caregivers has been a concern for nurses and consequently for CSN (Teixeira et al., 2016). The term caregiver refers to someone who has a significant personal relationship with a person being cared for, such as family member, friend or neighbor (Family Caregiver Alliance [FCA], 2014).

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

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

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

This scoping review intends to answer the following questions:

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

1. METHODS

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

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

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

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

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

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

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

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

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

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

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

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

The databases to be searched include MEDLINE (PubMed), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), Nursing & Allied Health Collection (EBSCOhost), Cochrane Central Register of Controlled Trials (EBSCOhost), MedicLatina (EBSCOhost), Web of Science (ESEP), Scopus (ESEP) and LILACS (Biblioteca Virtual em Saúde). Sources of unpublished studies include WorldWideScience, DART-Europe, Open Access Theses and Dissertations and the Repositório Científico de Acesso Aberto em Portugal (RCAAP).

Following the search, all identified citations will be collated and uploaded into Rayyan – Intelligent Systematic Review (Ouzzani et al., 2016) and duplicates removed. Following a pilot test, titles and abstracts will then be screened by two independent reviewers (MC, IE) for assessment against the inclusion criteria for the review. Potentially relevant sources will be retrieved in full. The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers (MC, IE). Reasons for exclusion will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer (MM).

The search results and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Peters et al., 2020).

Data will be extracted from papers included in the scoping review by two independent reviewers (MC, IE) using a data extraction tool developed by the reviewers (Table 2). The data extracted will include specific details about the participants, concept, context, study methods and key findings relevant to the review questions. During the process of extracting data from each included source of evidence, this tool will be modified and revised as necessary. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer (MM). If appropriate, authors of papers will be contacted to request missing or additional data, where required.

Table 2 – Data extraction instrument.

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

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

Table 3 – Data analysis and presentation.

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

For each question formulated in this scoping review, tables will be developed with all the data obtained and the level of evidence of the selected studies will be represented graphically.

A narrative summary with all the results will also be developed, and will accompany the tabulated and charted results, in order to answer and relate the results to the objectives and questions of this scoping review.

2. RESULTS

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

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

CONCLUSION

Nurses are the reference health professionals to implement CS and to promote the quality of care provided by caregivers, contributing to people's health gains and to the improvement of health services (Teixeira et al., 2016; Torres et al., 2020). The supervisory strategies implemented by nurses in the community are decisive for the quality of care provided by the caregiver and for obtaining health gains (Kin et al., 2021; Mazanec et al., 2019; Rico-Blázquez et al., 2021; Vieira et al., 2021).

This scoping review is extremely relevant for nursing research, teaching and clinical practice because it will increase knowledge about CSN, namely, it increases knowledge about supervisory strategies implemented by nurses in the community to promote the quality of care provided by caregivers and their characteristics. In turn, these results will make it possible to respond to the daily challenges of health organizations and health policies in different countries, such as hospital readmission rates, the quality of care and the development health services (Markey et al., 2020; Mazanec et al., 2019; Torres et al., 2020).

REFERENCES

- Cutcliffe, J. R., Sloan, G., & Bashaw, M. (2018). A systematic review of clinical supervision evaluation studies in nursing. *International Journal of Mental Health Nursing*, 27(5), 1344-1363. <https://doi.org/10.1111/inm.12443>
- Dahlke, S., O'Connor, M., Hannesson, T., & Cheetham, K. (2016). Understanding clinical nursing education: An exploratory study. *Nursing Education in Practice*, 17, 145-152. <https://doi.org/10.1016/j.nepr.2015.12.004>
- Department of Health. (1993). *A vision for the future: The nursing, midwifery and health visiting contribution to health and health care*. NHS Management Executive: Stationery Office.
- European Commission. (2018). *Informal care in Europe: Exploring formalisation, availability and quality*. Publications Office of the European Union. <https://op.europa.eu/pt/publication-detail/-/publication/96d27995-6dee-11e8-9483-01aa75ed71a1>
- Family Caregiver Alliance. (2014). *Definitions: What do we mean by.....* <https://www.caregiver.org/resource/definitions-0/>
- Glendinning, C., Arksey, H., Tjadens, F., Morée, M., Moran, N., & Nies, H. (2009). Care provision within families and its socio-economic impact on care providers across the European Union. Social Policy Research Unit – University of York, 05, 1-4. https://www.researchgate.net/publication/265105593_Care_Provision_within_Families_and_its_Socio-Economic_Impact_on_Care_Providers
- International Council of Nurses. (2020). *Nurses: A voice to lead – Nursing the world to health*. Author. https://2020.icnvoicetolead.com/wp-content/uploads/2020/03/IND_Toolkit_120320.pdf
- International Council of Nurses. (2021). *Nurses: A voice to lead – A vision for future healthcare*. Author. https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_ENG_Final.pdf
- International Council of Nurses. (2021). *The ICN code of ethics for nurses – Revised 2021*. Author. https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf
- Kin, C., Tsang, C. Y. J., Zhang, L. W., & Chan, S. K. Y. (2021). A nurse-led education program for pneumoconiosis caregivers at the community level. *International Journal of Environmental Research and Public Health*, 18(3), 1092. <https://doi.org/10.3390/ijerph18031092>
- Lynch, L., Happell, B., & Sharrock, J. (2008). Clinical supervision: An exploration of its origins and definitions. *International Journal of Psychiatric Nursing Research*, 13(2). <https://www.researchgate.net/publication/235918553>
- Markey, K., Murphy, L., O'Donnell, C., Turner, J., & Doody, O. (2020). Clinical supervision: A panacea for missed care. *Journal of Nursing Management*, 28(8), 2113-2117. <https://doi.org/10.1111/jonm.13001>
- Mazanec, S. R., Sandstrom, K., Coletta, D., Dorth, J., Zender, C., Alfes, C. M., & Daly, B. J. (2019). Building family caregiver skills using a simulation-based intervention: A randomized pilot trial. *Oncology Nursing Forum*, 46(4), 419-427. <https://doi.org/10.1188/19.ONF.419-427>
- McGowan, J., Straus, S., Moher, D., Langlois, E. V., O'Brien, K. K., Horsley, T., Aldcroft, A., Zarin, W., Garitty, C. M., Hempel, S., Lillie, E., Tunçalp, Ö., & Tricco, A. C. (2020). Reporting scoping reviews-PRISMA ScR extension. *Journal of Clinical Epidemiology*, 123, 177-179. <https://doi.org/10.1016/j.jclinepi.2020.03.016>

- Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, 4(1), 1-9. <https://doi.org/10.1186/2046-4053-4-1>
- O'Shea, J., Kavanagh, C., Roche, L., Roberts, L., & Connaire, S. (2019). *Clinical supervision for nurses working in mental health services: A guide for nurse managers, supervisors and supervisees*. Office of the Nursing and Midwifery Services Director, Health Service Executive. <https://www.lenus.ie/bitstream/handle/10147/626949/clinical%20supervision%20for%20nurses%20working%20in%20mental%20health%20services%20a%20guide%20%20final.pdf?sequence=1&isAllowed=y>
- Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic Reviews*, 5(210), 1-10. <https://doi.org/10.1186/s13643-016-0384-4>
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Update methodological guidance for the conduct of scoping reviews. *JBIE Evidence Synthesis*, 18(10), 2119-2126. <https://doi.org/10.11124/JBIES-20-00167>
- Pollock, A., Campbell, P., Deery, R., Fleming, M., Rankin, J., Sloan, G., & Cheyne, H. (2017). A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals. *Journal of Advanced Nursing*, 73(8), 1825-1837. <https://doi.org/10.1111/jan.13253>
- Proctor, B. (1991). *Supervision: A Co-Operative Exercise in Accountability*. In M. Marken, & M. Payn (Eds.), *Enabling and Ensuring: Supervision in Practice* (pp. 21-23). National Bureau and Council for Education and Training in Youth and Community Work.
- Rico-Blázquez, M., García-Sanz, P., Martín-Martín, M., López-Rodríguez, J. A., Morey-Montalvo, M., Sanz-Cuesta, T., Rivera-Álvarez, A., Araujo-Calvo, M., Frías-Redondo, S., Escortell-Mayor, E., & Cura-González, I. D. (2021). Effectiveness of a home-based Nursing support and cognitive restructuring intervention on the quality of life of family caregivers in primary care: A pragmatic cluster-randomized controlled trial. *International Journal of Nursing Studies*, 120(103955). <https://doi.org/10.1016/j.ijnurstu.2021.103955>
- Teixeira, M. J. C., Abreu, W. J. C., & Costa, N. M. V. N. (2016). Family caregivers of terminally ill patients at home: Contributions for a supervision model. *Revista de Enfermagem Referência*, 4(8), 65-73. <https://doi.org/10.12707/RIV15054>
- Torres, M. E., Capistrant, B. D., & Karpman, H. (2020). The effect of medicaid expansion on caregiver's quality of life. *Social Work in Public Health*, 35(6), 473-482. <https://doi.org/10.1080/19371918.2020.1798836>
- Vieira, J., Santos, M. R., Pires, R., & Pereira, F. (2021). Quality indicators of professional practice of nurses: The caregiver role. *Millenium_ Journal of Education, Technologies, and Health*, 2(16), 41-48. <https://doi.org/10.29352/mill0216.24785>
- World Health Organization. (2021). *Global strategic directions for nursing and midwifery 2021-2025*. Author. <https://apps.who.int/iris/bitstream/handle/10665/344562/9789240033863-eng.pdf>