

## Editorial. Clinical supervision: how do we utilize and cultivate the knowledge that we have gained so far? What do we want to pursue in the future?

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Clinical supervision (CS) was introduced to nursing more than two decades ago. Some countries have even longer history of CS while the idea may have just been introduced to others. In Scandinavian countries like Finland, it is possible to trace the history of CS way back to 1950–1960s (Paunonen & Hyrkäs 2001). Regardless of the length of its history, even a quick and cursory search in databases, such as CINAHL, using keywords like ‘clinical nursing supervision’ (CNS) reveals that the international literature around CS is quite impressive, with an extensive increase during the 1990s (see also Hyrkäs *et al.* 1999, 2006). Clearly, the international research has produced an extensive knowledge base for CS and there is no doubt that CS is an issue that has fascinated nurses, nurse researchers, academics, educators and administrators around the world.

A closer examination of journals, especially some of the latest issues (e.g. Cutcliffe 2005), has raised a question concerning the international differences in how clinical supervision is defined, organized and implemented in different countries. This question is very important and very broad, as it also relates to the variation in conceptualizations and the operational definitions of the concept of CS. So, this raises a major question: Has our current knowledge base suffered from the varying definitions of the concept, variations in the conceptualizations and the operational definitions? At this point, I would answer: Probably not. In fact, the knowledge base that we have today has well documented the width and depth of the concept and perspectives on CS. The cultural variations and nuances are ever increasing the richness of the knowledge base and our understanding concerning CS. Having said that, however, it is important to acknowledge that definitions are linked to the language we use and how we understand things around us. Without going into further depth, I would like to refer to an interesting paper in this issue written by Jubb Shantley & Stevenson discussing communication, meanings and CS.

Clinical supervision is truly an international issue. In this theme issue alone, we have papers from Australia,

Finland, the Republic of Ireland, Norway/Sweden, the United Kingdom and the United States. In some studies, the international ‘flavour’ is even stronger when authors like Berggren *et al* and Bégat *et al* writing from Sweden and Norway, collaborate on studies with colleagues from Australia and Japan. The statement in the earlier literature that says ‘There is no single correct way to carry out supervision’ is true (Cutcliffe *et al.* 2001). At the same time, the literature seems to show very clearly today that there are also certain universal/general principles and an ethical code(s) that can guide CS, and especially the supervisors’ work, regardless of the culture or country. Interestingly, the articles reporting findings from the multisite and international studies seem to voice a common ‘core’ or ‘substance’ concerning CS. I leave, for the readers of this issue, this thought for further consideration.

One of the authors, Jones, in this issue has asked an interesting and important question: What do we know and still need to know of CS? I’m tempted to continue this thought from this point on and ask: How do we utilize the knowledge that we have gained so far? How can we cultivate the knowledge? From a clinical perspective an additional question would be: Are we monitoring what we are doing? If so, how? It seems to me that we have somehow caught ourselves in a circle of ‘effectiveness’ studies. There is no doubt that there is always a need for studies that are concerned with evaluating and demonstrating the efficacy of CS. This shows and assures high commitment not only to the implementation of CS, but also ensures that the intervention itself is of probably ‘Best Possible Quality’. The studies confirm that CS is beneficial to nurses/nursing and ultimately to patient care. Clinical supervision has been heralded as beneficial for nursing for many years now, but there are also claims that not enough time has passed for there to be a wealth of research knowledge related to its impact. This claim has been echoed on the pages of many journals at least during the past 10 years. However, at this point I would like to rephrase the statement and turn your attention in a slightly different

direction. The number of international studies/publications studies relating to the impact of CS is growing all the time, and sooner or later we will know 'enough' of the impact. However, the CS intervention itself has remained almost without attention, and studies of its content, CS process, working methods, theoretical basis and evaluation are still minimal. So, if we do not study and try to learn 'more' about the CS intervention itself, it is possible to claim that the impact/effectiveness studies are without basis, background or 'soundboard'.

Unfortunately, in nursing, we still often see that the practices are without the evidence base, rigorous evaluation and continuous monitoring. Most of this seems to be true and apply for CS as well. It is possible to claim that part of this problem lies in the lack of sufficient funding for nursing research, especially in clinical settings and in terms of supporting nurses' initiatives concerning 'translational research'. Besides funding, strong support is also needed from managers/administrators if successful and sustainable changes, development and transfer of research-based knowledge are to be implemented in CS practice/sessions.

So, what has happened in clinical settings during the past 10/20 years? If we had an opportunity to observe a clinical supervision session, what might have changed? I was lucky to have the opportunity to ask a few colleagues this question. They are both knowledgeable supervisors and supervisees as they have experience in both roles. It was interesting that they were quiet for a while and then expressed slight disappointment: very little has changed, apart from the progress of creating a pool of supervisors who were probably working in the same way as their own clinical supervisors/instructors. Even though this is only an example, based on discussions with two people, both are working in a large university hospital. As such, their thoughts on this issue should not be ignored. The comments are worth pondering. Does this mean that research knowledge utilization is missing, or perhaps are we just at the point when the evidence bases are coming to CS practice? Whatever the answer, my follow-up question is: When do we start doing translational research of CS? These are not simple and easy questions, and I'm not even expecting that they will be answered in the next 5–10 years. However, I hope that the readers of this issue keep returning to the question: What about CS do we want to pursue in the future? At the moment, clinical supervision seems to be an under-utilized resource in nursing (see also Hyrkäs *et al*), and thus it is important and urgent to decide the direction(s) in research, education, administration and clinical prac-

tice which we want to take. We need to start actively working toward that direction(s).

The readers may be familiar with the saying: 'We need to know our past in order to understand the present and the future'. It was interesting to review the recent history of publications (1996–2006) in the electronic JNM volumes and issues, and to explore how many papers that focused on CS had been published in this journal to this point. The search resulted in a total of 24 CS-related publications, averaging two a year since 1996. The topics and focuses of interest in the papers were interesting as well. However, at this point, I'm not going to summarize or synthesize the studies or try to address gaps that may be in the knowledge base of CS. Instead, I'm pointing out that systematic reviews, as well as meta-analyses and syntheses, are not yet common in the CS literature. I am glad to inform, however, that we have in this issue one systematic literature review by Sirola-Karvinen & Hyrkäs and two papers synthesizing the findings of earlier CS studies by Bégat *et al* and Berggren *et al*. If looking from this perspective towards the future, I also wish to share with the readers of this issue the List of Earlier Publications of CS in JNM. I'm convinced that it will be helpful in the future for researchers, administrators, educators, academics and students who share the common interests concerning CS.

What are systematic reviews, meta-analyses and syntheses? As these are not common methods in CS research yet, may be it is worth just briefly illuminating some key ideas. One example in the literature defined systematic review as: a synthesis of primary studies in a particular topic/area. The intent is to provide a thematic comparison of a particular topic/area in studies where variables may or may not have been measured in exactly in the same manner. Meta-analysis is defined as: a method to integrate quantitative research findings statistically. It is a synthesis of two or more primary studies that address the same hypothesis/research question in the same way using an instrument that can be compared across studies. The intent is to provide, for example, quantitative estimates of an overall treatment effect of an intervention. When it comes to qualitative studies, there are a number of efforts currently underway to develop techniques for qualitative meta-synthesis (see e.g. Polit *et al*. 2001). To summarize, systematic reviews, meta-analyses and syntheses are methods to summarize and synthesize research evidence, and therefore are considered extremely useful, for example, in the advancement of evidence-based practice. These methods, techniques and strategies are, without a doubt

going to receive more attention in the very near future among the CS researchers as well.

Some thoughts from the Guest Editor's perspective: when I started the work for this Theme Issue, my initial plan was to name it 'Clinical Supervision and Reflective Practice'. I was convinced that this title would be found interesting among the readers of the JNM, due to the administrators, academics, educators, researchers and nursing students' familiarity with these key concepts. However, during the writing processes and dialogues with the authors, perspectives on the theme started to evolve. The original idea and concepts were still there, but the theme was present in a broad 'sense'. As a result, the name of the Issue began to evolve as well, and by the end, the name 'Clinical Supervision – Reflections on Current Issues and Practice' started to best describe the content of this Issue. It may be possible to claim that the 'evolution' of the title describes the evolving nature – or 'evolution' of CS today.

Finally, I would like to thank one more time the authors for their excellent contributions and JNM for this Theme Issue. I would also like to thank Professor Melanie Jasper for her helpful advice and guidance to a new guest editor. Finally, a special thanks to Audra Hatch (Administrative Coordinator at Maine Medical Center, Center of Nursing Research and Quality Outcomes) and Sylvie Docherty (Production Editor of JNM). Your help has been invaluable during the manuscript review, revision, production and editing processes.

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