RESEARCH PAPER

Collaborative supervision and professional development in Nursing

Supervisão colaborativa e desenvolvimento profissional em Enfermagem

Supervisión colaborativa y desarrollo profesional en Enfermería

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Abstract

Background: Collaborative supervision explains the permanent transformation of professional practices from a coformative and developmental perspective.
Objective: This study aims to identify the nurses' conceptions of collaborative supervision and professional development in nursing care practice.
Methodology: A qualitative empirical case study, including the Nursing team of an Internal Medicine unit of a Hospital Centre in Northern Portugal (N = 29). Data were obtained through document analysis, non-participant observation and semi-structured interviews.
Results: Participants consider that collaborating means sharing, working in a team and helping the other, and that there are privileged collaborative moments in nursing care practice. Supervision emerges as a reality still apart from practice, and nurses tend to consider the supervisory process from a vertical perspective. As contributions to their professional development, nurses emphasise lifelong training, collaboration and the relationship between the person, the environment and the others.
Conclusion: Despite the spontaneity and informality of both supervision and collaboration, these practices are closely related to the continuing professional development in Nursing.

Keywords: nursing, team; cooperative behavior; professional competence.

Resumo

Enquadramento: A supervisão colaborativa fundamenta a permanente transformação das práticas profissionais, numa perspetiva coformativa e desenvolvimentista.
Objetivo: Este estudo visa compreender as conceções dos enfermeiros sobre a supervisão colaborativa e o desenvolvimento profissional na prática de cuidados.
Metodologia: Estudo empírico qualitativo, este estudo de caso integra a equipa de Enfermagem de um serviço de Medicina Interna num Centro Hospitalar da região Norte de Portugal (N = 29). Os dados foram obtidos através de análise documental, observação não participante e entrevista semiestruturada.
Resultados: Os participantes consideram que colaborar é partilhar, trabalhar em equipa e ajudar o outro, existindo privilegiados momentos colaborativos na prática de cuidados. A supervisão surge como uma realidade ainda distanciada da prática e os enfermeiros tendem a uma visão verticalizada do processo supervisivo. Como contributos para o desenvolvimento profissional, os enfermeiros salientam a formação contínua, a colaboração e a inter-relação da pessoa, do meio e dos outros.
Conclusão: Apesar da espontaneidade e informalidade da supervisão e da colaboração, estas práticas encontram-se intimamente relacionadas com o contínuo desenvolvimento profissional em Enfermagem

Palavras-chave: equipe de enfermagem; comportamento cooperativo; competência profissional.

Resumen

Marco contextual: La supervisión colaborativa sostiene una transformación permanente de las prácticas profesionales, en una perspectiva co-formativa y de desarrollo.
Objetivo: Este estudio tiene como objetivo comprender las concepciones de los enfermeros acerca de la supervisión colaborativa y el desarrollo profesional en la práctica asistencial.
Metodología: El estudio empírico cualitativo, en concreto, un estudio de caso, incluye la participación de un equipo de enfermería de un servicio de medicina interna de un hospital de la región Norte de Portugal (N = 29). Los datos fueron obtenidos a través de un análisis documental, una observación no participante y una entrevista semiestructurada.
Resultados: Los participantes consideran que colaborar es compartir, trabajar en equipo o ayudar a los demás, y que, en la pratíca asistencial existen momentos privilegiados de colaboración. La supervisión emerge como una realidad aún lejana de la práctica y los enfermeros tienden a una visión vertical del proceso de supervisión. Como contribuciones para el desarrollo profesional, los enfermeros enfatizan la formación continua, la colaboración y la interrelación entre la persona, el medio ambiente y los demás.
Conclusión: A pesar de la espontaneidad e informalidad de la supervisión y colaboración, estas prácticas están estrechamente relacionadas con el desarrollo profesional continuo en la enfermería.

Palabras clave: grupo de enfermería; conducta cooperativa; competencia profesional.

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Introduction

The continuing professional development has become an unquestionable target in today's society. This concept encompasses processes of reflection, interaction with the surrounding environment, and collaboration, aiming at relevant formative paths and the continuous personal and professional update. From this perspective, collaborative supervision is based on interaction, mediation between the supervisor and the supervised, and the sharing of fundamental knowledge, experiences and objectives in the current context of lifelong training in Nursing. However, based on professional experience in nursing care practice, it is clear that the nurses' collaborative work faces obstacles and constraints which compromise the practice of supervision from a developmental perspective. Therefore, there are some reasons to investigate this area: on the one hand, the lack of studies in the field and, on the other hand, the possibility of identifying the dimension of collaborative supervision in the nurses' professional development. Finally, another reason is the so-called *Professional Development Model*, which recognises the importance of building bridges for collaboration between nurses so as to promote the (de/re)construction of practices and the continuing professional development (Conselho de Enfermagem, 2010). Thus, to understand the object of study in all its complexity, a set of questions was formulated to guide the research process: 1) What are the nurses' conceptions of the relationship between collaboration and supervision in nursing care practice?; 2) From the nurses' perspective, which factors can facilitate or impede the implementation of collaborative work in nursing care practice?; and 3) What are the nurses' conceptions of the contributions of collaboration practices to professional settings?.

Therefore, the study focuses on the nurses' conceptions of collaborative supervision in nursing care practice and its association with professional development.

Background

In the current professional context, individualism should be put aside and replaced by a process of sharing, confrontation of ideas and joint reflection.

Therefore, referring to collaborative work within the scope of continuous training, Roldão (2007) mentions that it is organised "... essentially as a work process that is jointly coordinated and planned, and that maximises the achievement of the expected results based on the richness resulting from the dynamic interaction of various specific bodies of knowledge and several cognitive processes ..." (p. 27). Thus, professional development is envisioned in a continuum, anchored in a collective reflection on action, aiming at the continuous reconceptualisation of professional practices.

Within the scope of professional development in Nursing, Benner's (2001) contribution should be highlighted, specifically about the way competences are developed in Nursing. Based on the Dreyfus and Dreyfus's model proposed in 1980, Benner clarifies that the nurse's professional development moves gradually from *novice* to *expert* through the acquisition of new knowledge and skills.

Nursing is a discipline that acts in a constantly changing environment and, therefore, lifelong training is considered a process of permanent *incompleteness*, aiming at the personal, professional and work environment development (Rocha & Sá-Chaves, 2012). Lifelong training is a strategy that promotes the upgrade and expansion of knowledge in Nursing and the continuous update of professional practices through the critical and reflective analysis of situations (Abreu, 2007; Serrano, Costa, & Costa, 2011). In this context, reflection allows nurses to (de/re)construct action and acquire new meanings and new ways of acting. Thus, the on-the-job experience emerges as an important source of learning, in which formative moments of choice occur. Of these, the following should be underlined: shift changes, meetings and in-service trainings. Though not free from conflict or disagreement, but as a result of the openness to dialogue, and collegial reflection and discussion, these formative moments are privileged spaces for in-service training (Macedo, 2012). These spaces for reflection and sharing are unique collaborative moments to raise questions, share knowledge and experiences, and analyse practice-related problems under different perspectives.

The current professional development is open to participatory dialogue and confrontation of ideas, as the most appropriate solution for a given problem is found precisely in intersubjectivity. In this way,

Revista de Enfermagem Referência - IV - n.º 2 - 2014 | Collaborative supervision and professional development in Nursing

102

collaboration provides a space for collective reflection, in which the collegial and constructive dialogue allows for the nurses' practice update and professional development. According to Hargreaves (1998), collaboration is a "... particularly fruitful strategy for the promotion of professional development ..." (p. 209).

Within this scope, the author argues that the relational environment resulting from collaborative work encompasses several dimensions, namely: *trust* between the different participants, *mutual engagement*, *joint commitment* and *shared repertoire*. In addition, based on Steele's analysis in 1986, Hanson and Spross (2009) considered that collaboration between health professionals has specific characteristics, namely: trust and mutual respect, mutual understanding, professional maturity, recognition of the partners' added value, and willingness to negotiate. According to these authors, collaboration in Nursing requires that potentially competitive situations be transformed into opportunities for collective work that may lead to mutual benefits.

When referring to the contributions of collaboration, Hargreaves (1998) mentions that it enables to emphasise personal and professional satisfaction, autonomy, contextualised reflection, increased efficiency and effectiveness, and continuing professional development. Boavida and Ponte (2002) also argue that joint learning and reflection create the "... conditions to successfully face the uncertainties and obstacles that arise" (p. 3) in professional practice. In the same line of thought, Day (2001) mentions that collaboration decreases the professionals' feeling of powerlessness and increases individual and collective self-efficacy.

Despite the contributions arising from collaboration in professional settings, there are some constraints to their implementation (Hargreaves, 1998). Boavida and Ponte (2002) also mention certain obstacles, namely: the marked unpredictability, difficulty in "knowing how to manage the difference", need for "knowing how to manage costs and benefits" and "tendency" to a "comfortable and complacent self-satisfaction" and "conformism" (pp. 11-12). These obstacles possibly cover what Hargreaves (1998) designates as "comfortable and complacent", "conformist", "contrived" and "co-optative" collaboration (pp. 279-280). In the Nursing domain,

Hanson and Spross (2009) have also identified values, beliefs and behaviours which perpetuate the individualised work, thus hampering collaborative work. The lack of time and the *additional work* are among the most commonly mentioned difficulties to the implementation of collaboration (Hargreaves, 1998; Day, 2001; Hanson & Spross, 2009; Alarcão & Roldão, 2010). Despite the several difficulties to the operationalisation of collaboration, the literature recommends that they be minimised through dialogue, collegial negotiation and joint problem-solving. Therefore, long-term collaboration can be both rewarding and challenging.

In agreement with the *Conselho de Enfermagem* (Board of Nursing) (2010), Abreu (2007) and Macedo (2012) recognise the importance of supervision throughout the nurses' professional development. In this line of thought, action, reflection and collaboration emerge as essential foundations on the assumption that both the supervisor and the supervised reflect together on the nursing practice problems, aiming at the "shared understanding of phenomena" (Conselho de Enfermagem, 2010, p. 7). Alarcão and Roldão (2010) advocate that on-the-job supervision requires moving from a "vertical" perspective to an "peer, collaborative, horizontal supervision" (p. 19). By that, the authors argue that supervision "has acquired a collaborative, self-reflective and self-formative dimension...", as professionals gained "... confidence in the relevance of their professional knowledge and in their ability to express themselves as researchers of their own practice and builders of the specific knowledge inherent to their social function" (Alarcão & Roldão, 2010, p. 15). In this sense, collaborative self-supervision and hetero-supervision emerge as essential. By being experienced in a climate of democratic collegiality, they enable a true (de/re)construction of professional knowledge (Alarcão & Roldão, 2010; Alarcão & Canha, 2013). According to Sullivan and Glanz (2005), a collaborative and horizontal supervision emerges in this context, based on two fundamental principles, namely: *democraticity* and *visionary leadership*. Within this scope, the supervisory process becomes dynamic, a process in which participants may exchange roles and the time of performance of each role, for which reason there is no permanent supervisor. According to this perspective, both the supervisor and the supervised take on an egalitarian and democratic attitude, which through a two-

way feedback, reflection, and collegial and shared learning, stimulates the (de/re)construction of practices, aiming at professional autonomy. In the Nursing domain, Silva, Pires, and Vilela (2011) refer that supervision in nursing practice includes peer supervision processes, "... entangled with certification, quality safety of care and nursing training processes" (p. 114).

Thus, collaborative supervision in nursing care practices is closer to the dialogic, egalitarian and democratic supervision process recommended by Sullivan and Glanz (2005). Using a two-way interaction, co-involvement and interdependence, the reflective and collegial analysis of practices promotes the continuing professional development of the Nursing team and the health institution as a whole.

Methodology

The perceptions of the surrounding reality influence methodological choices. In this sense, this empirical study falls within an interpretative paradigm and a qualitative approach, as it focuses mainly on the meanings assigned by participants to experienced situations. According to Yin (2010), this study is considered an "integrated single case study" with "multiple units of analysis" (p. 70), because, although this is a phenomenon with multiple units of analysis, data collection, which resulted from an empirical study, refers to a single case study.

This paper drew on information collected during a wider study (Pinheiro, 2012), which had been carried out in a hospital setting between September and November, 2011. The study analysed a Nursing team consisting of 29 nurses from an Internal Medicine unit of a Hospital Centre in Northern Portugal.

Any research on human beings presupposes essential ethical issues. Therefore, in addition to the formal authorisation from the hospital management, the identity of all participants was protected after their free and informed consent was obtained, and the confidentiality and authenticity of the collected data were guaranteed.

In a first phase, the documents referring to in-service training and six meeting minutes were analysed. At a later stage, seven observations of shift changes (distributed by morning and afternoon shifts) and a direct observation of an in-service training session within the context of a meeting were performed. Sometimes, there were occasional observations or informal conversations that were considered as sources of additional information. During the observations, an observation grid was used, which was composed of two observable behaviours/discourses, namely: 1) group dynamics; and 2) collaborative practices among nurses. In addition to document analysis and direct observation, the semi-structured interview was also used for a more comprehensive understanding of the object of study. Given the impossibility to interview all 29 participants, the choice of the units of analysis was based on an intentional selection, which allowed for a holistic understanding of the topic under study. In this way, participants were selected on a voluntary basis so as to ensure diversity in the collected descriptions and interpretations. To ensure such variety of conceptions of the object of study, the interviewed nurses were chosen taking into account their length of professional experience, time of service, functions performed in service and personal experience in supervision. In this context, eight semi-structured interviews were performed using an interview script composed of: 1) characterisation of the interviewees; 2) the nurses' conceptions of continuing education and professional development; 3) the nurses' conceptions of supervision; and 4) the nurses' conceptions of collaborative practices in professional settings.

After an overall reading of the consulted documents, the collected notes and the transcriptions of the interviews, which were the *corpus of* analysis, the content analysis technique was applied to obtain the meaning of the collected information. A categorical system was progressively built (Vala, 1986), during which the WebQDA (*Web Qualitative Data Analysis*) software was used. After the content analysis, the collected data were compared in order to build an overall meaning on the nurses' conceptions of collaborative supervision and its association with professional development.

Results and Discussion

Based on the conceptions of participating nurses, several dimensions of analysis emerged, which related to the study's research questions and objectives, namely: 1) conceptions of collaboration;

Revista de Enfermagem Referência - IV - n.º 2 - 2014   *Collaborative supervision and professional development in Nursing*

104

2) conceptions of supervision; 3) factors which facilitate collaborative work in nursing care practice; 4) factors which impede collaborative work in nursing care practice; and 5) collaboration and continuing professional development (Pinheiro, 2012).

With regard to the first research question, the participants' interviews showed that the conceptions of collaboration are similar to sharing, working in a team or helping the other. When nurses referred to others or the group, a shared repertoire emerged from the interviews which related to colleagues or the team.

In the nursing care practice, special collaborative moments were observed, specifically in terms of shift changes, meetings and in-service trainings. These spaces promoted the sharing of knowledge and experiences, as well as collegial debate and reflection. The level of interaction is high in these collaborative spaces, which, according to Serrano et al. (2011), "... calls for reflection, transformation and, consequently, a knowing how to act with relevance ..." (p. 22). In this way, these group interactions have key developmental effects on the implementation of a co-formative culture. In these collaborative moments, the relational climate was essentially positive and of openness to the other, thus maximising the permanent (de/re)construction of practices. This relational climate is similar to a "... positive and interactive relational environment, susceptible of creating a spiral dynamics of learning and development ..." (Alarcão & Canha, 2013, p. 30). However, it was found that the collaborative moments aimed, essentially, at the resolution of emergency problems, for which reason there was a lack of critical-reflective dialogue or confrontation of ideas. Thus, these collaboration practices refer to the concepts of *contrived collegiality* and *congeniality* (Hargreaves, 1998), and become restrictive and lose their dialogic and reflexive nature, which is critical to the continuing professional growth. In addition to this, by being confined to the Nursing team, they refer to the conception of *balkanised* culture suggested by Hargreaves (1998), as nurses usually shut themselves to external inputs to the group. Therefore, it would be important for collaborative moments to become spaces for interdisciplinary reflection so as to make the transition to collegiality and interpersonal collaboration (Day, 2001). In this way, the collaborative work

tends to move away from the "...jointly coordinated and planned work process, which maximizes the achievement of the expected results..." (Roldão, 2007, p. 27). However, by being experienced in a spontaneous and informal manner in nursing care practice, it provides natural, timely and potentially developmental opportunities for *lifelong learning*.

Of the conclusions drawn regarding the first research question, the issue of supervision in nursing care practices was also highlighted. Although health care organisations should pay increased attention to supervision (Abreu, 2007), it still appeared as a practice that is distant from professional contexts. This is explained not only by the participants' conceptions of supervision, which related more to inspection or control and referred to a vertical vision of the supervisory process, but also by the lack of a supervisor in nursing care practice. However, some nurses recognise guidance within the supervisory process and associate the clinical supervisor with the head nurse and their peers.

For the supervisory process to promote reflection, research and experimentation on care practice, it is necessary to use a variety of supervisory strategies adapted to the intended purpose. In this context, nurses emphasise questioning, observation, reflection, feedback and adequacy to the level of development of the supervised, which allow to consider alternative modes of action, guide practices and ensure a co-construtive interaction that respects each individual's uniqueness in the supervisory process.

When asked about what makes a *good* supervisor, participants pointed out that "it is not just observing, it is also questioning. (...) Because if that is not the case, we will never (...) realise our lack of information" (nurse A). Thus, a good supervisor should "have determination, be dynamic" (nurse E), and "promote autonomy" (nurse G). In this context, one of the nurses mentioned that a good supervisor is a model. "Because nurses work a lot according to their knowledge (...) and this type of model is lacking in Nursing" (nurse E). However, one of the most commonly mentioned characteristics are relational skills. In this sense, participants mentioned that a good supervisor "is a partner" (nurse E), i.e., the supervisor should "have interpersonal relationship skills" (nurse D). In this way, a parallelism was observed between the images that interviewees have

of a good nurse supervisor and the characteristics highlighted by Alarcão and Canha (2013). This idea is closer to a democratic, collaborative, transformative and developmental view of supervision (Sullivan & Glanz, 2005; Alarcão & Roldão, 2010; Macedo, 2012; Alarcão & Canha, 2013).

Throughout the study, it was found that a large number of participants had received training in supervision. However, training in supervision was mandatory in training tutor nurses within the scope of clinical practices and, for this reason, nurses tend to give it secondary importance.

As regards the impact of supervision, only positive contributions emerged, including: management of feelings, quality of care and continuing development of both the supervisor and the supervised. Thus, supervision acquired a co-formative and developmental dimension (Alarcão & Roldão, 2010; Macedo, 2012).

Nurses seemed to perceive collaborative supervision as an "... ideal to be achieved" (nurse D). This was due not only to the difficulties in building a true collaborative culture, but also to the devaluation of informality and spontaneity of collaborative work in care practice. However, some participants considered that collaborative supervision was feasible and that, in terms of the roles assumed, they could be both supervisors or supervised. In this context, it should be noted that, depending on the moment and issue under reflection, some nurses believed that the rotation of roles between supervisor and supervised was possible, which constitutes one of the essential conditions for the implementation of collaborative supervision in nursing care practice.

With regard to the second research question, the nurses' statements evoked some personal, interpersonal, organisational and contextual factors which may influence the implementation of a true collaboration between nurses. Thus, the factors which facilitated collaboration were: 1) openness to the other; 2) mutual trust; 3) effective group communication; 4) negotiation; 5) co-constructive feedback; 6) mutual engagement; and 7) democratic leadership. Some of these factors are mentioned by several authors as essential conditions for collaborative work, in particular: the trust in people and the processes or the existence of a *joint commitment* between professionals (Hargreaves, 1998); the effective communication resulting from a "positive and interactive" relational climate (Alarcão &

Canha, 2013, p. 30); the negotiation (Hanson & Spross, 2009); or the effective support and encouragement of the whole organisational context.

However, according to Hargreaves (1998), collaboration can "bring about major dangers" (p. 279). In that sense, nurses emphasised the following factors as impeding collaboration: 1) culture of individualism; 2) restrictive personal characteristics; 3) ineffective group communication; 4) peer evaluation; 5) marked unpredictability; 6) hierarchy of relationships; 7) contrived collegiality; 8) limited available time; 9) professional instability; and 10) professional stagnation. Some of these factors impeding collaborative work are highlighted in several studies, in particular: the isolation that leads to *little feedback* (Hargreaves, 1998); the potentially competitive situations, that need to turn into collaborative moments (Hanson & Spross, 2009); the asymmetric relationships, which promote environments where some individuals *give much and receive little*, thus making it difficult to implement collaborative spaces (Boavida & Ponte, 2002); the *contrived collegiality* (Hargreaves, 1998); the tendency for *comfortable and complacent self-satisfaction and conformism* (Boavida & Ponte, 2002); and the little time available and work overload (Heargreaves, 1998; Day, 2001; Hanson & Spross, 2009; Alarcão & Roldão, 2010). In this regard, Boavida and Bridge (2002) refer that, sometimes, teams are composed of different individuals who have "... their own objectives, distinct priorities, and different and, sometimes, contradictory ideas about many things" (p. 11). Thus, it is very likely that the collaborative process may culminate in interpersonal clashes, conflicts or tensions. However, avoiding confrontations with others can be counterproductive, as, according to Vieira (2010), "... diversity is a factor of fragmentation and cohesion within the communities" (p.289).

As for the last research question, it was found that the so-called *Professional Development Model* (Conselho de Enfermagem, 2010) still appeared as a distant reality from the professional context and that nurses tended not to have a specific notion about this model. The conceptions of continuous training are similar to the conceptions of continuous update, openness of personal horizons and response to individual needs. These conceptions of continuous training resemble the linguistic repertoire mentioned by

Revista de Enfermagem Referência - IV - n.º 2 - 2014 | *Collaborative supervision and professional development in Nursing*

106

several authors (Benner, 2001; Day, 2001; Alarcão & Roldão, 2010; Rocha & Sá-Chaves, 2012) as a process of *lifelong learning*. Although participants agree that, sometimes, continuous training is not suited to their real needs, they continue to receive training as a process of permanent training.

In this *lifelong learning* process, participants emphasised aspects that came together in a *tripolar* process, which encompassed *self-training*, *eco-training* and *hetero-training* processes (Pineau, 2002). In the relationship with themselves, nurses considered that personal characteristics, significant experiences, professional path and reflection on the practices contribute to the person's permanent development. With regards to self-training, Rocha and Sá-Chaves (2012) highlight the principles of *self-involvement* and *lifelong learning* and critical-reflective professionalism as drivers of continuous innovation. In this relationship with themselves, the interdiscourses also revealed that the occupation of specific positions and the contact with more curious colleagues were personal challenges, which produced positive effects from the developmental point of view.

In relation to the context, nurses mentioned that a constantly changing environment offered a wide range of experiences that fostered continuous experiential training. This tacit knowledge resulted from experiments in the practice, aiming at the resolution of problems *in loco* with a view to a better performance in future action (Benner, 2001; Abreu, 2007; Serrano et al., 2011).

In this *tripolar* process, it is also important to refer to hetero-training, according to which nurses mentioned that openness to the other allows for the discovery of new knowledge and alternative forms of care. In this relationship with others, the sharing of knowledge and experiences was also highlighted, which allows going beyond personal doubts, and the collegial reflection and debates that facilitate a more reflected, contextualised and problematised future action on the practices. In this way, the added value of the multiplier effect of the diverse in the formative process (Rocha & Sá-Chaves, 2012) and the importance of collective reflection, which opens restricted individual horizons, were highlighted (Hargreaves, 1998; Day, 2001).

In the process of professional development, nurses mentioned the following contributions of collaboration: 1) strengthening of the team spirit, since it favours a shared view of the existing problems and encourages the team's involvement; 2) the expansion of knowledge, as encountering others enables to expand the restricted personal horizons; 3) the reformulation of practices, because collaborative work facilitates the openness to the contributions and criticisms of others, which are essential to the permanent (de/re)construction of practices; and 4) the improvement of care, to the extent that updating professional knowledge leads to improved care practices. Several studies have shown similar results by concluding that collaborative environments are shared spaces of knowledge construction (Hargreaves, 1998; Day, 2001; Alarcão & Roldão, 2010; Alarcão & Canha, 2013). The sharing with others seems to promote the safety of care and a more contextualised decision-making process, thus facilitating the constant reformulation of professional practices. Therefore, according to Alarcão and Canha (2013), the "... supervision that integrates collaborative principles" (p. 63) promotes the professional development of the whole organisation.

Conclusion

The conceptions of collaboration are, therefore, similar to sharing, working in a team or helping the other, with special collaborative moments, specifically in shift changes, meetings and in-service training.

With regard to supervision in care practice, nurses mentioned that the role of the nurse supervisor was lacking and they tended to have a vertical view of the supervisory process. Regarding the impact of supervision, only positive contributions emerged, including the management of feelings, the quality of care and the continuing development of both the supervisor and the supervised. However, given the difficulty in establishing a true culture of collaboration, collaborative supervision was still perceived as an *ideal*.

Thus, the practices of collaboration and supervision are closely related to professional development in Nursing. Although they tend to emerge spontaneously and informally in care practice, which could compromise their formative and developmental nature, they are also considered promoters of self-and hetero-training processes,

aiming at the mutual and continuous professional development.

A set of factors which promote and impede collaborative work emerged from the interdiscourses collected. These factors should be taken into account in the promotion of collaborative cultures.

With regard to professional development, the contributions of collaboration emerged, in particular the strengthening of the team spirit, the expansion of knowledge, the reformulation of practices and the improvement of care. In the process of professional development, three dimensions were interconnected, namely the person, the environment and others. In addition, the issue of continuous training emerged as a process of permanent *incompleteness*.

This study contributes to enhance the knowledge concerning the nurses' conceptions of collaborative supervision and its relationship with professional development. Some implications for the practice, as well as for future research, are highlighted: 1) the current performance evaluation system focuses mainly on individual merit, which may increase competitiveness among nurses, thus compromising collaborative work; 2) the issue of training courses provided by training centres, which neglect professional quality by not meeting the users' real needs; and 3) the lack of communication within health organisations. In analogy with the words of Alarcão and Roldão (2010), each Nursing team is an *island*, thus it is essential to establish more *bridges* of communication between the different professionals that promote more collaborative and educational contexts.

Due to the current professional instability and the economic contingencies in the health sector, the contemporary context is particularly restrictive. Thus, combined efforts are required to turn collaborative supervision into reality in the nursing care practice. Within this scope, in addition to the effective support from the health care organisation, it is essential to have nurse supervisors who act as leaders of learning teams and qualifying organisations. Finally, the development of collaborative projects in care practice, which bring together the perspectives and goals of different nurses aiming at the collective professional development, is recommended. Studies in communities of nurses in virtual environments are also important to assess their contribution to the professional development in Nursing, and also studies related to practices recognised by collaborative work in order to analyse co-training within collective contexts.

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Revista de Enfermagem Referência - IV - n.º 2 - 2014   Collaborative supervision and professional development in Nursing

108

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