

Assessment of First Line Nurse Managers Clinical Supervision at University Hospitals

¹;NehadEzzEldin Abdallah²; Sahar Ahmed Abood³HebaDakrory Ali

¹Assistant lecture of Nursing Administration, Faculty of Nursing-Minia University; ²Professor of Nursing Administration, Faculty of Nursing, Cairo University, ³ Professor of Nursing Administration, Faculty of nursing – Minia University

Corresponding Author: NehadEzzEldin

Abstract

Background: Clinical supervision (CS) provides nurses with an opportunity to improve quality of patient care in particular for a given patient and in relation to maintain standards of care. In addition, CS provides an avenue for nurses to demonstrate active support for each other as professional colleagues, and providing reassurance and validation.

Aim: to assess first line nurse manager's clinical supervision at Minia University Hospitals.

Setting: The study was carried out at Minia University Hospitals (Minia University Hospital; and Gynecology, Obstetric and Pediatric University Hospital) in Minia city.

Subject: All available first-line nurse managers' were included in the study (total no 50 nurse) in Minia University Hospitals and all available staff nurses were included in the study (total no 300 nurse) in Minia University Hospitals.

Tools: two tools were used in this study; Clinical supervision knowledge questionnaire, and Manchester Clinical Supervision Scale (MCSS).

Results: more than three quarters (76%) of the first line managers had low knowledge about CS; and less than three quarters (70.6%) of nurses' perceptions about CS provided by the first line managers was low level.

Conclusions: First line managers had low knowledge about CS and nurses' perceptions about clinical supervision provided by the first line managers was low level.

Recommendations: First line managers need program to increase their knowledge and performance about CS.

Key Words: Clinical Supervision, First Line Managers, Staff Nurse

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I. Introduction

Clinical supervision (CS) is becoming standard practice for health professionals, and has been considered to be an important component of comprehensive clinical governance⁽¹⁾. Also CS has been promoted as a key of clinical governance component to ensure the provision of and accountability for the quality of care that provided to patient, and to minimize the risk of adverse outcome for patient. Thus, improving the quality of care in practice is a challenge for both manager and staff⁽²⁾.

Moreover, CS may provide more information and enhance more opportunity for strengths and weaknesses of individuals to be addressed in an organized way. Supervision in nursing is a way for nurses to verify their thoughts both with their supervisor and with other nurses who are familiar with the specific problems of the profession. Staff reported supervision to be supportive and educational, helpful in managing caseloads as well as being a forum for training and developing their careers⁽³⁾.

Also, CS is designed to bring all nurses (novice and expert) with skilled supervisor together to reflect on practice, identify solution to problems, improve practice and increase understanding of professional issues, so, it is essential for staff member who responsible for patient care. It is important for staff nurses to allow time for expert nurses to answer their questions because of the embedded nature of experts' practical knowledge⁽⁴⁾.

Clinical supervision defines as a "process that focused upon the provision of empathetic support to improve therapeutic skills, the transmission of knowledge and facilitation of reflective practice". This process seeks to create an environment in which the supervisees have an opportunity to evaluate, reflect and develop their own clinical practice with their supervisors and provide a support system for one another⁽⁵⁾. Also, CS defines as a process that designed to enhance the learning and performance of supervisee with the direct intention of enhancing the supervisee's ability to deliver the highest standard of care. Many organizations feel that the most future task of them is clinical supervision⁽⁶⁾

Nursing staff need for CS is generally recognized and the staff chances of getting CS are nowadays relatively good. CS helps the nurses to reflect, analyze, solve problems, plan actions, and learn for the future practice. Also, it helps nurses to think more deeply about their patients and helps them to explore alternative ways of managing real clinical problems. It can facilitate team work; reflect day-to-day tensions and unresolved interpersonal dynamic within the team⁽⁷⁾.

Furthermore, many nurses value the importance of having CS because it provides nurturing and growth, support, encounter a fresh clinical experience, enhance and enrich practice and safety, as well engaging in intellectually challenging and demanding work. In addition, it enables nurses to discuss patient care in a safe, supportive environment. Through participation in CS, nurses are able to provide feedback and input to their colleagues in an effort to increase understanding about clinical issues⁽⁸⁾.

First-line management is the level of management that oversees an organization's primary production activities. Frontline managers have the responsibility of assigning employees' tasks, supervising and guiding employees, checking quality, ensuring quality and quantity production, making recommendations, channeling employee problems, providing technical expertise, and dealing with customers and clients. Frontline managers who are responsible for dealing directly with the operating personnel need very high technical and interpersonal skills⁽⁹⁾.

Significance of the Study

During the clinical training of the nursing students at Minia University Hospitals, observation of different situations in clinical care areas revealed that first-line nurse managers have little knowledge and experience in personnel management especially staff supervision. They are lacking the knowledge and sound principles of effective supervision. Effective CS may increase nurses' perceptions of organizational support and improve their commitment to the organization's vision and goals. CS is helping nurses to avoid medical errors and job-related stress, enhance well-being and improves clinical performance which in turn, leads to improved quality of patient care, clinical decision making abilities of nurses and patient safety. Therefore, carrying out assessment about CS among first line nurse managers

Aim of the study:

- The aim of this study was to assess first line nurse managers clinical supervision at Minia University Hospitals

Research questions

- What is the first line nurse managers' knowledge about clinical supervision?
- How staff nurses' perceive the clinical supervision provided by their first line managers?

Subjects and methods

Research design:

Descriptive design was utilized in this study.

Setting:

The study was carried out at Minia University Hospitals (Minia University Hospital; and Gynecology, Obstetric and Pediatric University Hospital) in Minia city.

Subjects

- All available first-line nurse managers' was included in the study (total no 50 nurse) at Minia University Hospitals.
- All available staff nurses was included in the study (total no 300 nurse) at Minia University Hospitals.

Tools of data collection:

Two tools were used in this study: Clinical supervision knowledge questionnaire, and Manchester Clinical Supervision Scale (MCSS).

Tool I: Clinical supervision knowledge questionnaire, this tool was included two parts as follows:

- **1st part was including:** Socio-demographic characteristics data sheet for first-line nurse managers.
- **2nd part: Clinical supervision knowledge questionnaire**, this part was developed by the researcher based on related literature^(6, 10, 11, 12, 13), to assess first-line nurse managers' level of knowledge regarding clinical supervision. The scoring system of this tool was divided as follows: Low clinical supervision knowledge (<60%), moderate (60% - >75%), and high clinical supervision knowledge (>75%).

Tool III: Manchester Clinical Supervision Scale (MCSS), this tool was included two parts as follows:

- **1st part was including:** Socio-demographic characteristics data sheet was developed by the researcher for staff nurses.
- **2nd part:** Manchester Clinical Supervision Scale (MCSS) was developed by **Winstanley (2000)⁽⁵⁾**, and was adopted by researcher to measure supervisees' perceptions about the quality and effectiveness of the CS that provided by first-line nurse managers'. The scale consisted of 36 items categorized in 7 subscales namely; trust/rapport (seven items), supervisor advise/support (six items), improved care/skills (seven items), importance/ value of CS (six items), finding time (four items), reflection (three items) and personal issues (three items).
- Responses was rated on 5 point likert scale ranging from (5) strongly agree to (1) strongly disagree. The scoring system of this tool will be classified as follows: Low level of effectiveness of the CS (<50%), moderate (50% <75%) and high level of effectiveness of the CS >75 %.

Validity and reliability

Validity of two tools were revised and validated by three experts in the field of study. They were two assistant professor of Nursing Administration Department – Faculty of Nursing – Minia University and assistant professor of Nursing Administration Department – Faculty of Nursing – Assuit University. Accordingly some items were modified. The reliability for the tools were done using alpha coefficient to measure the internal Consistency reliability of the three tools; it was (0.77) for CS knowledge questionnaire, and (0.92) for (MCSS)

Pilot Study

A pilot study for the two tools were conducted on 5 head nurse and 30 staff nurses (10%) that were included in the study subjects, selected randomly from the different hospitals department in order to; check and ensure clarity and applicability of the tools; identify obstacles and problems that may be encountered during data collection and the estimate time needed to fill the questionnaires. In the light of the findings of the pilot study, no changes occurred in the tools and the tools were put in their final form.

Procedure

- An official permission was obtained from Dean of Faculty of Nursing- Minia University.
- A review of the related literature which covering various aspects of the problem was done. The review of literature developed in six months from beginning of August 2016 to end of January 2017.
- The researcher was collecting data in two months from beginning of April 2017 to end of May 2017 by used Manchester Clinical Supervision Scale and Knowledge questionnaire.

Ethical consideration

- This study was granted approval by the Ethical Committee of the Faculty of Nursing, Minia University.
- The researcher explained to first line manager who participate in the study, the aim of the study
- Informed consents were obtained from all the participants before the procedure enrollments after that a detailed explanation on study objectives was provided.
- The study participants were reassured that their participation was voluntary and they had the right to withdraw from the study at any time if they want that.
- The study participants were reassured that their anonymity was maintained although the study and collected information wouldn't be used except for the purpose of this study and written consent were obtained.

Statistical Analysis

Data were analyzed using the statistical package for social science (SPSS) version 20. Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. For quantitative data, comparison between two variables was done using t-test, and comparison between more than two variables used ANOVA test. Relations between different numerical variables were tested using Pearson correlation. Probability (p-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

II. Results

Table (1): Demographic characteristics of the study subjects (First line managers' and nurses)

Demographic characteristics	First line managers' (50)		Nurses (300)	
	No	%	No	%
1. Age				
• < 20-30	6	12	74	24.7

•31-40	20	40	121	40.3
•40>	24	48	105	35
•				
Mean ± SD	37.82 ± 6		34.82 ± 6	
2. Sex				
• Male	2	4	72	24
• Female	48	96	228	76
3.Marital status				
• Single	14	28	57	19
• Married	30	60	207	69
• Divorce	5	10	18	6
• Widowed	1	2	18	6
4.Qualifications				
•Diploma	0	0.0	128	42.7
•Institute	0	0.0	136	45.3
•Baccalaureate	42	84	46	12
•other	8	16	0	0.0
•				
5.Years of experience				
• 1-10	9	18	114	38
• 11-20	19	38	104	34.7
• >20	22	44	82	27.3
•				
Mean ± SD	15.92 ±6.4		14.92 ± 6.4	
6. Area				
• General	39	78	222	74
• Critical	11	22	78	26

Table (1) shows demographic characteristics of study subjects, it was revealed that first line managers' age were (48%) of them had more than 40 years; the majority of them (96%) were females; more than half (60%) were remarried; the majority (84%) of them had baccalaureate degree of nursing, and near the half (44%) of them had more than 20 years of experience.

Regarding personal and job characteristics of staff nurses in the study, it was that more than one third (40.3%) of the staff nurses, aged between 29-39 years, more than three quarter (76%) of them were females, more than half (69%) were married, less than half (45.3%) of them had technical degree of nursing, and more than one thirds (38%) had 1-10 years of experience.

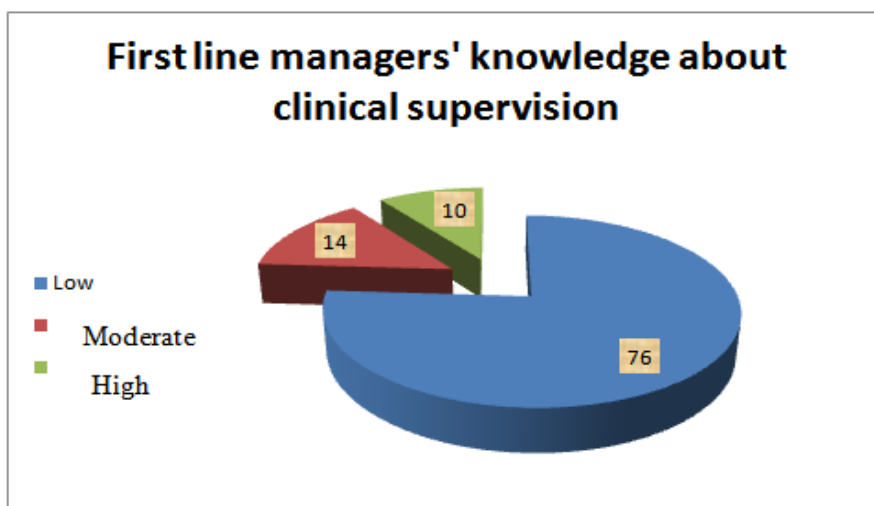


Figure (1): First line managers' knowledge about clinical supervision (No =50)

Figure (1) shows that there were (76%) of first line managers had low level of knowledge, while (10%) of them had high level of knowledge about CS.

Table (2): Nurses' Perception about clinical supervision provided by first line managers

Subscales of CS	Nurses' Perception about clinical supervision (n=300)					
	Low		Moderate		High	
	No	%	No	%	No	%
• Trust/report	214	71.3	53	17.7	33	11
• Advise/support	190	63.4	82	27.3	28	9.3
• Improved care/skills	204	68	60	20	36	12
• Importance value of CS	212	70.7	60	20	28	9.3
• Finding time	0	0.0	300	100	0	0.0
• Personal issues	215	71.7	60	20	25	8.3
• Reflection	217	72.3	48	16	35	11.7
Total	211	70.3	57	19	32	10.7

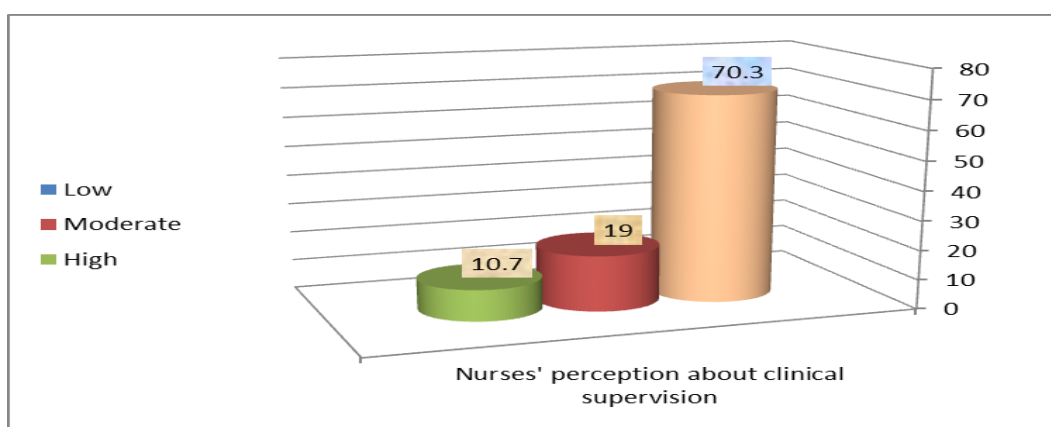


Figure (2): Nurses' perception about clinical supervision provided by the first line managers

Table (2) and Figure (2) show that there were (70.3%) of first line managers' had low level of clinical supervision, while (10.7%) of them had high level had high level of clinical supervision.

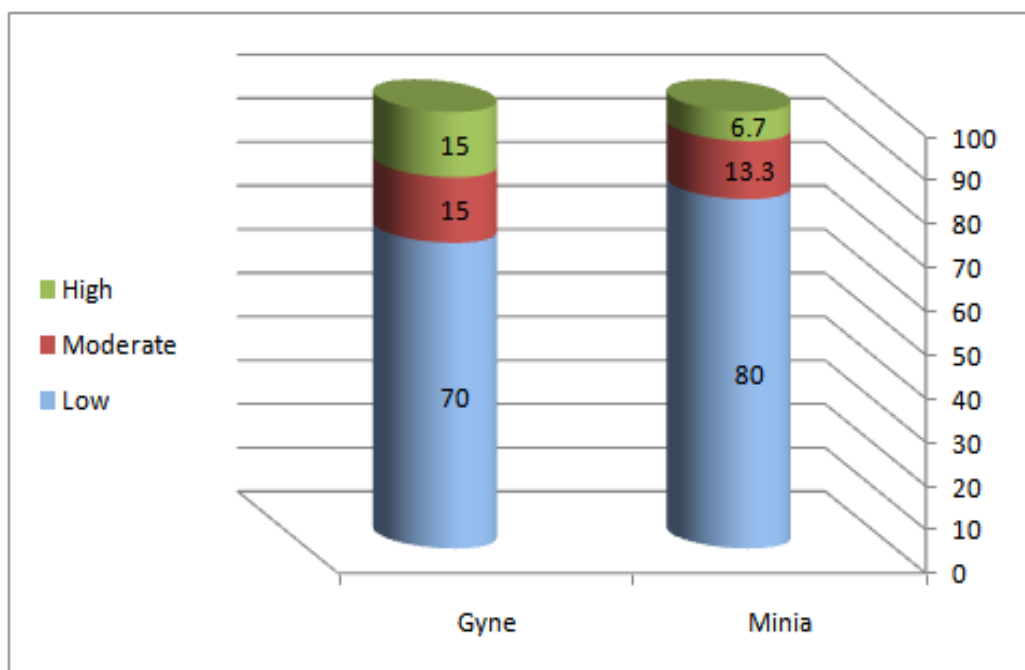


Figure (3): Comparison between first line managers' knowledge at Minia and Gynecology, Obstetric and Pediatric University Hospitals

Figure (3) shows the first line managers' knowledge at Minia and Gynecology, Obstetric and Pediatric University Hospitals; it was noted that the majority of first line managers' knowledge at Minia university hospital (80%) had low knowledge about CS compare with (70%) of them at Obstetric and Pediatric university hospital, with no statistically significant differences ($P=0.6$).

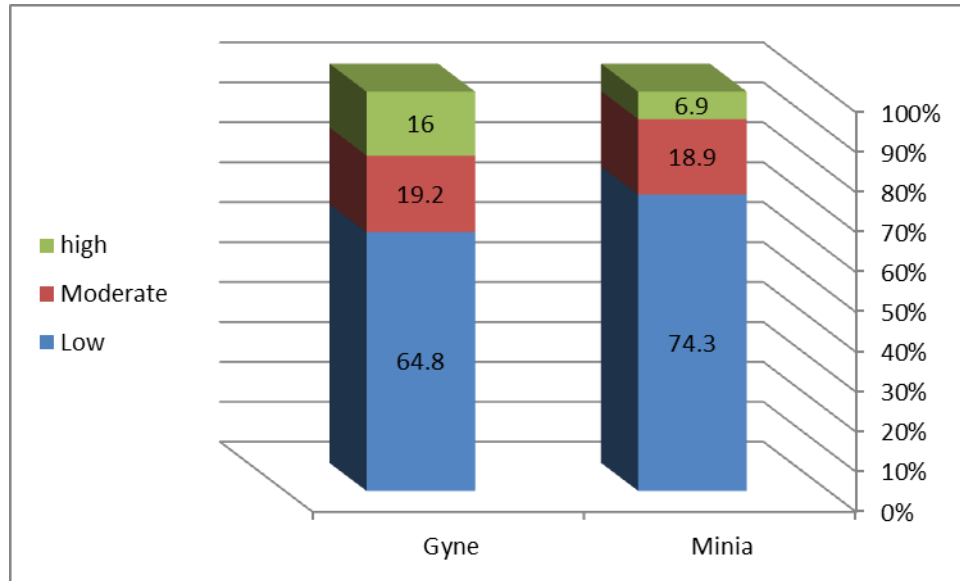


Figure (4): Comparison between nurses' perceptions about clinical supervision provided by the first line managers at Minia and Gynecology, Obstetric and Pediatric University Hospitals

Figure (4) shows the nurses perception about CS that provided by first line manager; and it was noted that the about three quarter of nurses at Minia university hospital (74.3%) had low level perception about CS, compared with about two third (64.8.0%) of them had low level perception about CS, with statistically significant differences ($P=0.03$).

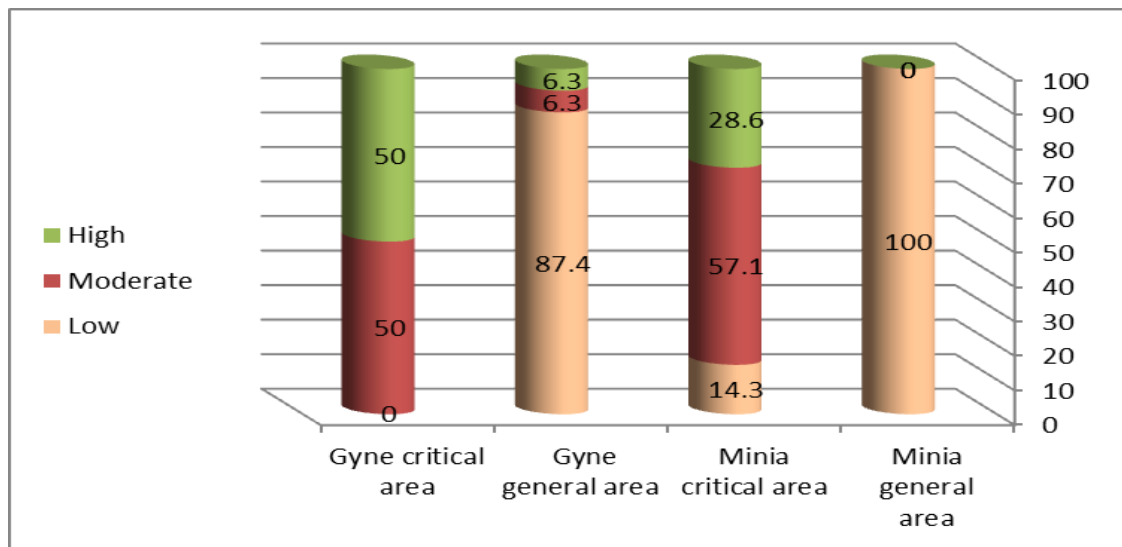


Figure (5): Comparison between first line managers' knowledge on general and critical areas at Minia and Gynecology, Obstetric and Pediatric University Hospitals

Figure (5) shows the first line managers' knowledge in the critical and general area at both Hospitals; it was observed at Minia university hospital that none of first line managers' (0%) had high knowledge about CS in general areas, compare with (28.6%) of them in critical area, with highly statistically significant difference ($p=0.001$). While, low percent of first line managers' knowledge in the general areas at Obstetric and Pediatric university hospital (6.3%) had high knowledge, compare with (50%) of them had high knowledge about CS at critical area, with highly statistically significant difference ($p=0.001$).

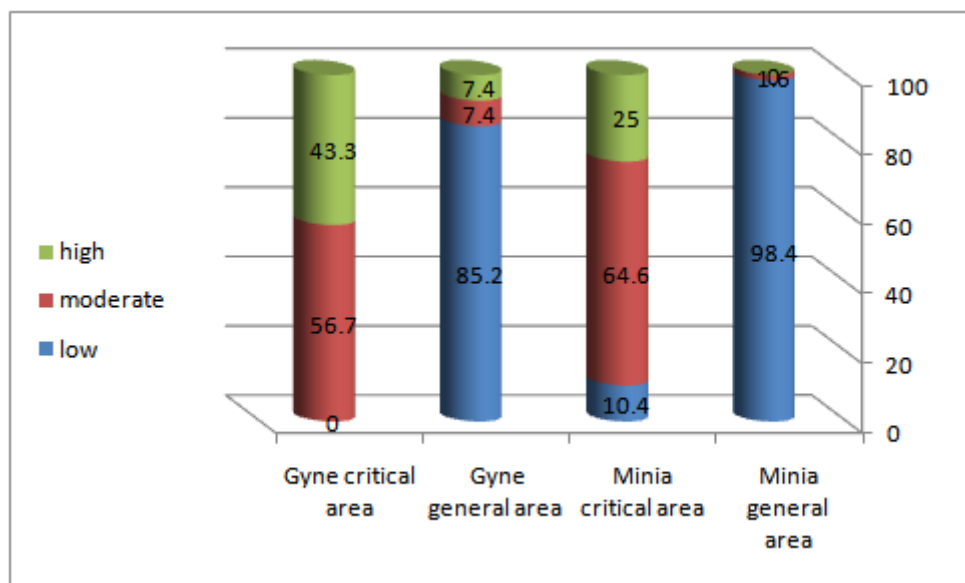


Figure (6): Comparison between nurses' perceptions about clinical supervision provided by the first line managers on general and critical areas at Minia and Gynecology, Obstetric and Pediatric University Hospitals

Figure (6) shows the nurses perception about CS in the critical and general area at both Hospitals; it was observed at Minia university hospital that none of nurses (0%) had high level of perception about CS in general areas, compared with on quarter (25%) of them in critical area, with highly statistically significant difference ($p=0.001$). While, there was low percent of nurses in the general areas at Obstetric and Pediatric University hospital (6.3%) had high level of perception about CS, compare with (43.3%) of them had high level of perception about CS at critical area, with highly statistically significant difference ($p=0.001$).

III. Discussion

Clinical supervision is a cornerstone of clinical practice; as well it concerned with the provision of monitoring, guidance, and provides feedback on matters of personal, professional, and educational development in the context of nursing care of patients. Moreover, clinical supervision is widely discussed as a mean of helping nurses to avoid burnout and job-related stress, enhance well-being and improve clinical performance which intern, lead to improve quality of patient care, decision making abilities of nurses and job satisfaction⁽¹⁴⁾.

Regarding age of first line managers in the current study, it was showed that nearly half (48%) of them had age group more than 40 years with mean age was 37.82 ± 6 . This might be attributed to all most of first line managers' graduated from faculty of nursing and take at least 2-5 years bed side nurse or according to the work need.

Regarding sex of study subjects, the majority of the study subjects were female. This result might be attributed that majority of nurses who graduated from Secondary School of Nursing, Technical Institution of Nursing and Faculty of Nursing was females, also the fact that females are still the main gender in the nursing profession. Regarding years of experience, the present study revealed that less than half (46%) studied first line managers had 21-35 years of experience with mean 15.92 ± 6.4 .

The current study revealed that more than three quarter (76%) of the first line manager had low knowledge about CS. This result might be attributed that the first line managers not know and understand the important of CS for the supervisee, patients and the organization. Also, the first line managers had low knowledge about CS, because they had no update or refresh to their knowledge due to the work overload and stagnation of work system. Moreover, they didn't know how to build effective work relations with the supervisees, and didn't know how to make effective session and how manage their time.

This finding was in accordance with **Mabrouk (2009)**⁽¹⁵⁾ who found that most of the head nurses had unsatisfactory levels of knowledge and its application before training; while, knowledge level had improved after training and become satisfactory. Furthermore, **Thrall, (2009)**⁽¹⁶⁾ mentioned that the nurse managers specially head nurses; are often promoted to managerial positions without adequate preparation; and their continuing education agenda have shortage studies of comprehensive managerial knowledge and skills; in which this contributed to unsatisfactory levels of their knowledge and skills.

Furthermore, **Marriner and Tomey (2010)**⁽¹⁷⁾ reported that most of the head nurses seemed to lack managerial knowledge and need a training program to gain knowledge and skills that is related to CS activities.

In the same line, **Buus, Angel, Traynor & Gonge (2011)**⁽¹⁸⁾ mentioned that there is still evidence which suggests CS remains poorly defined, following their own review of the literature, and argued that the lack of consensus on a definition of CS is the most serious obstacle to develop the field further. Also **Davis and Burke (2012)**⁽¹⁹⁾ concluded that the absence of an agreed definition subsequently results in a debased, ambiguous of CS that being provided for many nurses.

Moreover, the result of the present study indicated that less than three quarters (70.6) of nurses' perceptions about CS provided by the first line managers was low level. This could be attributed to low of first line managers' knowledge of CS which affects their practicing of CS. As, first-line nurse managers need to learn and gain knowledge about all topics of CS and its elements as well as the essential skills and how to implement the CS for nurses.

This result was consistent with the findings of **Nellany, Sloan & Turnbull (2013)**⁽²⁰⁾ they stated that the absence of an agreed definition clarifying its core purposes is the most significant barrier affecting the successful implementation of effective CS in nursing. This failure to articulate its essential parameters will continue to influence how CS is applied, expectations on what it can deliver, the absence of a competency framework for CS in nursing, the lack of research on frameworks guiding its delivery, and ultimately the training programs for its participants.

In this respect, **McKeown & Thompson (2011)**⁽²¹⁾ they implemented a pilot training program for CS, found that participants in CS training reported positive experience from the training and identified more need for frequent training to refresh their knowledge and to be able to provide nurses with good supervision.

This also was consistent with **Edward et al. (2016)**⁽⁶⁾ who indicated that training on CS could result changes in the attitudes, values, and behaviors of clinical supervisor as well as the supervisees' perception of their managers. The provision of training program about CS for nurse-managers has been effective in influencing the attitude of both nurse managers and nurses, and this provide an improvement in the results of clinical supervisors' understanding about CS, its importance, and how it occurred.

In addition, **Jones (2009)**⁽²²⁾ recommended a management training program to improve first-line nurse managers' knowledge and enhance their skills that are related to CS function. Furthermore, **Dehghani, Nasiriani & Salimi (2016)**⁽²³⁾ reported that most of the head nurses seemed to lack managerial knowledge and needed training to gain knowledge and skills that is related to CS activities.

The result of the present study indicated that first line managers' had high level knowledge and skills of CS at critical areas more than general areas. This might be due to shortage of staff nurses, increase in workload, increase number of patients, shortage in equipment and crowded work environment in the general area, in which all of this lead to low performance of first line managers in the general areas.

This was consistent with **El Sayed (1997)**⁽²⁴⁾ who attribute that the nature of work environment in the general care unit, affect nurses and lead them to low performance of patient care which is crowded with physicians, nurses and students (from different nursing and medical schools), where they must interact constantly with other staff members, visitors and physicians and there is no control on achieving a balanced workload

Moreover, this was consistent with **Berland, Natvig & Gundersen (2008)**⁽²⁵⁾ they mentioned that increasing job demands were a problem for nurses. It could have consequences for patient safety in relation to inadequate time to properly test equipment and insufficient time for the preparation of medications. In addition, daily control routines in the morning could not be completed.

IV. Conclusion

- There is low level of first line managers knowledge about CS
- There is low level of clinical supervision that provided by the first line managers as perceived by staff nurses.
- There is high level among first line managers' knowledge as well as nurses' perception about CS provided by first line managers in the critical areas rather than general areas at Minia and Gynecology, Obstetric and Pediatric University Hospitals

Recommendations

Based on the findings of the current study it was recommended that

- A clinical supervision program should be periodically conducted for all first line managers
- The supervisor should evaluate first line managers' knowledge continuously and motive them to apply effective clinical supervision
- First line managers should develop a supportive working conditions and relationship that encourage trust, empathy and mutual regard for staff nurses.
- First line managers should allow supervisees to know their limitations; provide them with the opportunities for challenge and promotion or advancement.

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