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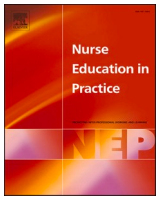

The experience of nurses participating in peer group supervision: A qualitative systematic review☆

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ABSTRACT

Aim: This systematic review will identify, appraise, and synthesise the best available qualitative studies exploring nurses' experiences of peer group supervision. The review purpose draws from the synthesised evidence recommendations to enhance policy and implementation of peer group supervision in practice.

Background: Clinical Supervision is increasing in acceptance as a means of professional and best practice support in nursing. Peer group supervision is a non-hierarchical, leaderless model of clinical supervision delivery and is an option for implementation by nursing management when prioritising staff support with limited resources. This systematic review will provide a synthesis of the qualitative literature regarding the nursing peer group supervision experience. Understanding the experience of peer group supervision from those participating may provide constructive insights regarding implementation of this practice to benefit both nurse and patient driven outcomes.

Design: Included are peer reviewed journals focused on nurses' experiences of participating in peer group supervision. Participants are registered nurses of any designation. Qualitative articles, written in English and relating to any area of nursing practice and/or speciality are included.

The standards of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Statement were used to guide the review. Two investigators independently screened titles, abstracts and selected full text studies describing the experience of peer group supervision. Pre-designed data extraction tools were utilised, and the review followed the Joanna Briggs Institute qualitative meta-aggregation approach with a hermeneutic interpretive analysis.

Results: Results identified seven studies that met the inclusion criteria. A total of 52 findings that described the experiences of nursing peer group supervision are synthesised into eight categories. Four overarching synthesised findings resulted: 1. facilitating professional growth 2. trusting the group 3. professional learning experience and 4. shared experiences. Benefits such as sharing of experiences whilst receiving feedback and support were identified. Challenges identified related to group processes.

Conclusions: The paucity of international research into nursing peer group supervision poses challenges for nurse decision makers. Significantly, this review provides insight into the value of peer group supervision for nurses regardless of clinical context and setting. The ability to share and reflect with nursing peers enhances both personal and professional aspects of practice. The worth of the peer group supervision model varied across studies however the outcomes provided important insights into facilitating professional growth, enabling a space to share experiences and reflect, and to build teams where trust and respect develops in groups.

1. Background

The recent Covid-19 pandemic has seen nurses face challenges never before encountered in their careers (Catton, 2020; Turale et al., 2020). As professionals, nurses rise to meet challenges but require personal and professional support to optimally care for themselves and their patients

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(Catton, 2020; Dyson and Lamb, 2021; Fernández-Castillo et al., 2021) Times of crisis are when nurses require the most support to provide best practice and quality patient care (Dilworth et al., 2013; Martin and Snowdon, 2020; Sainsbury and Stacey, 2022). Ironically, this may be the time when nurses receive the least support.

Terminology describing accepted support measures in nursing includes mentoring, coaching, precepting, and debriefing (Fowler, 2013b; Martin et al., 2017). Some areas of nursing have expanded this support to include clinical supervision (Bernard and Goodyear, 2019; Fowler, 2013a). For many decades, mental health nursing has endorsed clinical supervision to support practice (Cookson et al., 2014; MacLaren et al., 2016; McCarron et al., 2018; White and Winstanley, 2010). The literature reports benefits from implementing clinical supervision into a variety of nursing and midwifery contexts (Dilworth et al., 2013; Evans and Marcroft, 2015; Lavery et al., 2016; Saab et al., 2021). Despite being described as beneficial, implementation has been patchy or even resisted from within the profession (Buus et al., 2018; White and Winstanley, 2010).

Health service organisations are recognising the imperative for staff to access clinical supervision opportunities (Australian College of Nursing (ACN), 2019; Saab et al., 2021). Pollock et al. (2017) define clinical supervision as "the facilitation of support and learning for healthcare practitioners enabling safe, competent practice and the provision of support to individual professionals who may be working in stressful areas" (p. 1826). Proctor (2008) and Kadushin et al. (2009) describe the numerous functions of clinical supervision as being normative, formative, restorative and administrative. Each function varies in practice depending on the clinician's situational context. Importantly, the provision of protected time for reflection and contemplative thinking is beneficial to both nurses and their patients (Bulman and Schutz, 2013; Patel and Metersky, 2021; Rothwell et al., 2021).

Clinical supervision delivery models include one-to-one, group, and peer group. There is no consensus on a preferred model (Bernard and Goodyear, 2019). One-to-one and group supervision require a trained supervisor whose expertise guides the supervision process (Bond and Holland, 2011; Cutcliffe et al., 2011). Group supervision has the additional benefit of incorporating multiple perspectives (Borch et al., 2013; Calcaterra and Raineri, 2020; Francke and de Graaff, 2012; Golia and McGovern, 2015; Knight, 2017). Challenges arise as resources required to provide trained supervisors make the approach less appealing in nursing.

Peer group supervision, a horizontal, non-hierarchal, leaderless model of clinical supervision may provide an attractive alternative for nurse managers when staffing, workloads and finances are already stretched to the limit (Dungey et al., 2020; Golia and McGovern, 2015; McKenney et al., 2019). Developing the professional sense of self and self-reflective practice, empathy, validation, insight into strengths and weaknesses and two-way development through diverse perspectives are benefits reported in the peer group supervision literature (Basa, 2019; Counselman, 2013; Goodman et al., 2014; Kuipers et al., 2013; Schumann et al., 2020). There remains a lack of clarity regarding elements of peer group supervision, including terminology (peer group supervision, consultation, or mentoring), purpose, process, and outcomes (Basa, 2019; Counselman, 2013; Golia and McGovern, 2015; Martin et al., 2017; Stone et al., 2020).

Previous systematic reviews about clinical supervision identify important limitations. For example, the accurate measurement and determination of effects continues to be an area where more research is required (Cutcliffe et al., 2018; Kühne et al., 2019; Pollock et al., 2017; Saab et al., 2021). Absence of agreed definitions leads to less optimal outcomes as does the evidence regarding clinical supervision content (Cutcliffe et al., 2018; Pearce et al., 2013; Pollock et al., 2017). Additionally, lack of a competency framework and agreement over the nature of clinical supervision in nursing, continues to impede clinical supervision progression (Cutcliffe et al., 2018; Pollock et al., 2017). Francke and de Graaff's (2012) review found that many group supervision studies identified positive effects. However, the effects on patients were less clearly articulated. Likewise, the review noted that identification of the supervisor in the research was problematic. The review recommended robust effect orientated future studies.

A preliminary library database search of MEDLINE, Cochrane dataset of systematic reviews, PROSPERO and Joanna Briggs Institute database of systematic reviews and implementation reports revealed no systematic review on the experiences of peer group supervision for nurses. Documentation of the experience of peer group supervision is not available and findings from group supervision reviews may not be transferable due to the unknown influence of the supervisor in the experience.

Understanding what transpires behind closed doors is important (McCarthy et al., 2021; McKenney et al., 2019; Newman et al., 2013). Models and processes may be reasonable in theory but not appropriate when applied. The participants' perspective provides deeper meaning from which insights can be gained (Daher et al., 2017). Through the participants lived experience, insights into the positive or challenging aspects of quality peer group supervision are shared. Recommendations for the provision of peer group supervision may be informed by this sharing of experiences.

The rationale for this systematic review is to summarise and appraise existing evidence from studies reporting on the experiences of nurses participating in peer group supervision. The standards of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Statement were used to guide the review (Page et al., 2021). The objective is to develop a meta-aggregation synthesis of qualitative reviews to contribute to recommendations for policy and implementation practices in relation to peer group supervision in nursing.

The review question is: "What is the experience of nurses participating in peer group supervision?".

2. Methods

2.1. Protocol registration

The systematic review was conducted according to the registered Joanna Briggs Institute protocol. The protocol was registered with reporting for systematic reviews. (PROSPERO CRD42021289091).

2.2. Inclusion and exclusion criteria

Qualitative research from peer reviewed journals that met the following inclusion criteria were contained within the review: 1. English language studies, where the participants were adults with no restriction on age, gender, ethnicity, clinical practice setting, specialty, or designation. 2. All participants were registered as nurses by the relevant nursing body in their jurisdiction and had completed requisite training and 3. Study participants were currently or previously participating in peer group supervision practice. Qualitative studies that articulated the experiences of nurses were considered.

Methodological designs considered interpretive qualitative studies that drew on the experiences of nurses. Narrative, opinion, and discussion papers were considered in the absence of qualitative research studies. The context is all nurses in any clinical or speciality area. This paper sought to explore the literature on nurses' experiences of participating in peer group supervision utilising a hermeneutic approach. Hermeneutics encourages the "horizon of possible meanings established by the body of literature" to come forth through a comprehensive process of thematic analysis (Boell and Cecez-Kecmanovic, 2014. p.267).

A hermeneutic approach to the systematic review is congruent with aiding deep understanding of the topic. This study systematically reviewed all aspects of nurse's experiences to identify the benefits, challenges and enablers that may influence the decision to participate in

or provide peer group supervision. The phenomenon of interest was the experience of nurses participating in peer group supervision. Peer group supervision is leaderless and has no hierarchy (Bernard and Goodyear, 2019). Exclusion criteria included one-to-one individual clinical supervision or group supervision models involving supervisors or facilitators and studies reporting student nurse experiences.

2.3. Search strategy

The university's Graduate Research Library staff provided advice on the search terms and subsequent electronic database searches. A systematic review commenced in January 2022 according to the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). A comprehensive search of eligible qualitative literature in the electronic databases (Ebsco Megafile Ultimate, Web of Science, Pubmed, Proquest dissertations and thesis and Trove) was conducted to retrieve all English language literature containing studies relating to the experiences of peer group supervision. Only studies published in English were included to avoid errors in translation and potential loss of meaning.

No date restriction was applied to ensure pivotal studies were not excluded. The search strategy for each database or platform consisted of both Medical Subject Headings (MeSH) and using a combination of key terms as described here. Boolean operators were used for search terms to capture variations in terminology. Search strategy terms included: ("peer group supervision" OR "peer supervision" OR "group supervision" OR "group-based supervision") AND (nurs*) AND (experienc* OR concept*). An additional seven studies were retrieved from manually searching the references of included studies. A search of Google Scholar produced an additional 37 peer reviewed studies (Bronshteyn and Tvaruzka, 2008; Martin-Martin et al., 2017). Cross referencing of studies located in Google scholar with the University library database identified the studies were accessible from Wiley, Sciencedirect, Proquest, Researchgate, Ebescohost, Sobelle education, National library of medicine and CINAHL with Full Text databases (See Appendix 1).

2.4. Screening

At the completion of the literature search, citations were imported into Endnote (Version 9.3.3) reference manager for storage, screening, and the removal of duplicate studies. The remaining studies were screened independently by title and abstract. Two reviewers (TT and MT) screened all article abstracts retrieved using standard systematic review procedures (inclusion and exclusion criteria). Following the title and abstract screening, full texts were obtained and screened. Studies not meeting the inclusion criteria were excluded. Disagreements if they occurred were resolved through discussion and consensus, or by consulting the third reviewer (CC).

2.5. Methodological quality assessment

Data appraisal of studies was conducted, and risk of bias assessed using the Joanna Briggs Institute Critical Appraisal checklists for qualitative research and text and opinion papers (See Appendix 2 & 3). Quality of the selected studies was assessed independently (by MT and TT) using these appraisal tools (Lockwood et al., 2020; McArthur et al., 2020). The checklist evaluates qualitative studies using ten screening questions. Elements evaluated were congruity between the philosophical approach, methodology, methods, representation, and interpretation of the data, positioning of the researcher and the conclusions flowing from the data analysis and interpretation. Likewise, the checklist for text and opinion papers evaluates the source, interests and position of the opinion with reference to the literature. The rationale for inclusion or exclusion of studies following the critical appraisal was clearly identified. The two reviewers (MT and TT) independently appraised the studies and resolved disagreements through discussion and consultation with the third reviewer (CC). Study authors were contacted as required, for example to determine if there was a supervisor in the group if this was unclear (See Table 2).

2.6. Data extraction

Data extraction was conducted in Joanna Briggs Institute SUMARI software. Extraction included methods, country, phenomena of interest, setting/culture/context, participant characteristics, sample size, and key findings. Independent reading and rereading of the articles led to identification of the findings by the two reviewers (MT and TT).

Findings were discussed for agreement and if disagreements arose the third reviewer was consulted. Findings and illustrations were subsequently extracted. The themes or terminology used were taken directly from the original study.

2.7. Data synthesis

Data synthesis commenced with an extraction of the findings from each study. The findings were verbatim text from the studies. The findings were assigned a credibility level as per the Joanna Briggs Institute SUMARI data synthesis procedure. The findings are either "unequivocal, credible or not supported" (Lockwood et al., 2020).

The credibility levels assigned to each finding with its associated illustration were discussed by the reviewers (MT and TT). The findings from the study by Tulleners et al. (2021) and Johnson (2016) were themes and interpretations. The findings from the other five studies were taken from the phrases and firsthand participant accounts in the results section. These findings were accompanied by an illustration of the participants voices from the studies. The illustrations in four of the studies were direct quotes from the participants. Three articles (Fakalata and St Martin, 2020; Harker et al., 2015; Rich et al., 1995) had limited use of direct quotes and therefore verbatim phrases were utilised that shared the findings. (See Appendix 4).

Each finding and illustration were then assigned a level of credibility (unequivocal, credible, or not supported). Illustrations were carefully selected for each of the findings. The reviewers determined the level of credibility through examining the illustration and determining if it accurately represented the finding. This was discussed at length and agreement was reached on each of the final levels of credibility. Credible or unequivocal level findings were included in the synthesis.

Categories were developed through reading and rereading the findings and illustrations. Similar concepts or experiences that best represented the phenomena of interest determined how the findings were grouped. This thematic analysis process was conducted initially by the first author. The second reviewer then independently reviewed the categories and discussion was had to determine consensus. Any disagreements were discussed and if necessary, taken to the third reviewer.

The extraction was completed with the synthesis of findings. Meta-synthesis of the categories occurred leading to comprehensively described synthesised findings that share information that can inform nursing practice. Category descriptions were developed to best capture the essence of the phenomena. (See Table 1 for synthesised findings).

2.8. Ethical consideration

Ethical approval is not required for a systematic review and therefore was not sought.

3. Results

3.1. Study selection

The initial search identified 259 studies. This was reduced to 135 after duplicates were removed. These studies were screened for title and abstract. From these, 75 studies were full text screened. One was a poster presentation; 65 were excluded initially, however it was noted during

Table 1
Synthesised findings, categories and findings.

Synthesised finding	Categories	Findings
Facilitating professional growth. When considering professional growth, the clinician may experience both positive aspects and challenges. Professional growth occurs through the desire to improve nursing practice. Being aware of and understanding the challenges can influence this opportunity for growth	Facilitating professional growth	Feedback and Learning Aptitude to analyse professional actions Facilitates autonomy Formalised reflection Work satisfaction Greater repertoire of roles Improvements in the care Positive impact on nurse's practice PGS has helped us Achieving the goals Professional benefits Positive outcomes Positive effect on psychological and emotional well being
	Challenges to professional growth	Commitment We lost some momentum Protected time Benefits of experience Technology impacted the experience Technology impacts the experience Concerns expressed
Trusting the group. The dynamics within group settings have the potential to influence trust and the outcomes of peer group supervision.	Peer supervision group matters	Follow the rules Group matters Remote communication Structure and rules in peer group supervision Being part of a group Changes to the group dynamic Group processes Changes in group dynamics Termination Progress Benefits and cautions
	Trust in people and the process	Trust Confidential Building trusting relationships Group cohesion Trust and cohesion
Professional learning experience. Every clinician has differing learning needs. To achieve the desired outcomes support is required when one is at their most vulnerable.	Supportive environment to reflect and learn	Safe and comfortable Support It was very supportive Reflective practice Emotional connectedness
	Peer group supervision perspectives	Unique perspectives of peer group supervision There is value It builds you up
The shared experience. There is power that comes from the sharing of stories. To know that someone understands leads to increased confidence and self efficacy.	Shared experiences	Not alone Speaking the same language Group supervision preferred Linking with others Strong commitment
	The supervision story	Good news Telling the story Two sides of the coin

the critical appraisal phase that a further three did not meet the inclusion criteria and needed to be excluded (See Appendix 5 for excluded studies and rationales). Five studies and two narrative/opinion papers were included in the final review (See Fig. 1).

3.2. Methodological quality

The five studies and two narrative/opinion papers were assessed for quality using the Joanna Briggs Institute Critical appraisal tools. Three studies clearly outlined their ethical considerations. All the qualitative research studies demonstrated congruence between the research methodology and the research question and methods used to collect data. Over half the studies and papers situated the researcher and outlined the influence within the study. Only two studies overall met all critical appraisal criteria.

One study met six out of ten criteria for methodological quality (Fakalata and St Martin, 2020). Importantly the areas not identified in the study were the positioning and influence of the researcher. Therefore, whilst the article was included there was careful consideration of the potential for researcher bias in the findings. Another study only met four of the ten criteria for methodological quality (Marrow et al., 2002). The study from which this article originated included additional methodological quality indicators (Marrow and Yasen, 1998). Therefore, whilst the study was included, the possible limitations associated with the appraisal were acknowledged and considered throughout. (See Table 2).

3.3. Study characteristics

Characteristics of included articles comprised country of origin, setting/context, participant characteristics, models of peer group supervision utilised if known and description of the main results (See Table 3). Two studies were from the United Kingdom, one from Australia, two from New Zealand, one from the United States of America and one from Trinidad and Tobago. The studies were not limited by date and consequently spanned the years from 1995 to 2021. Five studies utilised qualitative approaches including hermeneutic interpretation, action research, reflexive accounts, and narrative description. Two studies were narrative/opinion papers.

All articles included the experience of nurses. The 55 participants in the studies consisted of various levels of nursing including enrolled nurse, registered nurse, registered nurse/midwife, clinical nurse, clinical nurse consultant, nurse manager and nurse practitioner. One study was inclusive of an occupational therapist and podiatrist among their participant cohort. The nursing contexts included, acute wards, a day unit, psychiatric/mental health, practice nursing and community health settings. Each study utilised peer group supervision without a designated leader or supervisor with one study utilising the terminology peer consultation group. Models of peer group supervision varied. Data collection methods included observation and audio recording, semi-structured interviews, written case studies, focus groups and personal narratives. Analysis when described, included thematic analysis and interpretation.

3.4. Review findings

All findings identified as either credible or unequivocal were included in the meta-aggregation. From the five studies and two narrative/opinion papers, 52 findings were aggregated into eight categories. From these eight categories the following four synthesised findings subsequently arose (See Table 4).

3.4.1. Synthesised finding 1: facilitating professional growth

When considering professional growth, the literature shared that the clinician may experience both positive aspects and challenges. Professional growth occurs through the desire to improve nursing practice. Being aware of and understanding the challenges can influence this opportunity for growth.

This synthesised finding identified multiple benefits which facilitated the professional growth of the nurses. Study participants reported the process of reflecting on practice enhanced their skills, increased

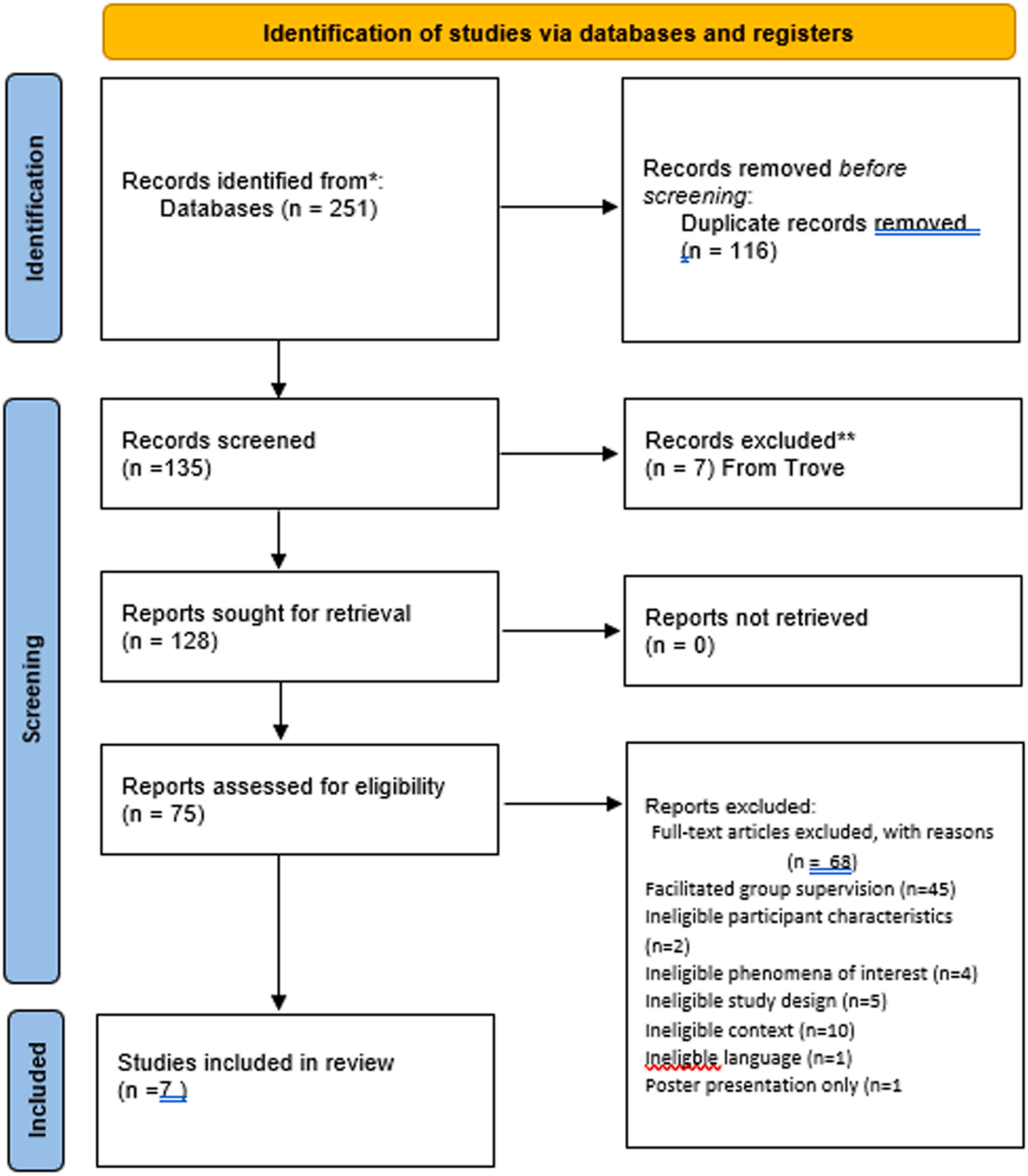

Fig. 1. Prisma Flow Diagram.

confidence and self-awareness and believed it would impact their future professional performance (Marrow et al., 2002). The process of reflecting did not come naturally for all nurses and peer group supervision encouraged deeper introspection (Lakeman and Glasgow, 2009).

Receiving and giving constructive criticism and feedback challenged nurses to improve their practice through the care and roles they provided to patients (Fakalata and St Martin, 2020; Lakeman and Glasgow, 2009; Marrow et al., 2002). Not only did peer group supervision challenge nurses, but it also increased personal and professional satisfaction levels (Lakeman and Glasgow, 2009).

Peer group supervision was suggested to improve patient care through discussion of concerns and issues (Fakalata and St Martin, 2020). How patient care was improved was not articulated in any of the studies rather generic improvement statements were noted. Professional growth was discussed and included career decision making and achieving goals (Harker et al., 2015; Rich et al., 1995; Tulleners et al., 2021). Additional benefits reported by participants included fulfilment of professional requirements, opportunities for learning and enhanced peer relationships (Rich et al., 1995; Fakalata and St Martin, 2020; Tulleners et al., 2021).

Challenges in relation to peer group supervision were noted. Commitment had two sides; being committed benefitted the individual, but a lack of commitment could impact the group (Tulleners et al., 2021). Attendance at peer group supervision was not always within the nurses perceived control. Other priorities such as work meetings would take precedence (Fakalata and St Martin, 2020) or duty rosters, for example shift work, could prohibit attendance (Marrow et al., 2002). No studies discussed or questioned whether nonattendance was also a sign of nurses decreased commitment.

Whilst peer group supervision models do not specify face to face

Table 2
Joanna Briggs Institute Critical Appraisal Results.

Qualitative research						
	Fakalata and St Martin (2020)	Johnson, 2016	Lakeman and Glasgow (2009)	Marrow et al. (2002)	Tulleners et al. (2021)	% of articles meeting qualitative standard
Is there congruity between the stated philosophical perspective and the research methodology?	Yes	Yes	Yes	No	Yes	80%
Is there congruity between the research methodology and the research question or objectives?	Yes	Yes	Yes	Yes	Yes	100%
Is there congruity between the research methodology and the methods used to collect data?	Yes	Yes	Yes	Yes	Yes	100%
Is there congruity between the research methodology and the representation and analysis of data?	Unclear	Yes	Yes	Yes	Yes	80%
Is there congruity between the research methodology and the interpretation of results?	Yes	Yes	Yes	Unclear	Yes	80%
Is there a statement locating the researcher culturally or theoretically?	No	Yes	Yes	No	Yes	40%
Is the influence of the researcher on the research, and vice- versa Yes addressed?	No	Yes	Yes	No	No	40%
Are participants, and their voices, adequately represented?	Yes	Yes	Yes	Yes	Yes	100%
Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	Unclear	Yes	Yes	No	Yes	60%
Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	Yes	Yes	Yes	Unclear	Yes	80%
	6/10	10/10	10/10	4/10	9/10	

Text and Opinion papers			
	Harker et al. (2015)	Rich et al. (1995)	% of articles meeting qualitative standard
Is the source of the opinion clearly identified?	Yes	Yes	100%
Does the source of opinion have standing in the field of expertise?	Yes	Yes	100%
Are the interests of the relevant population the central focus of the opinion?	Yes	Yes	100%
Is the stated position the result of an analytical process, and is there logic in the opinion expressed?	Yes	Yes	100%
Is there reference to the extant literature?	Yes	Yes	100%
Is any incongruence with the literature/sources logically defended?	No	No	0%
	5/6	5/6	

attendance, lack of this mode of communication was identified as a potential barrier (Harker et al., 2015). Technology had positive and negative effects. When technology worked, the experience was positive, however technology issues could impact peer group supervision, making it feel invasive (Harker et al., 2015; Marrow et al., 2002). Harker et al. (2015) noted that having a group member familiar with the peer group supervision process encouraged focus and staying "on track". However, this may lead to issues of assumed leadership in a non-hierarchical model (See Appendix 6 for category illustrations). The onus of equal participation and a non-facilitated approach assumed all members as equal leaders.

3.4.2. Synthesised finding 2: trusting the group

Dynamics within group settings have the potential to influence trust and the outcomes of peer group supervision. Rich et al. (1995) focused their entire narrative study on peer consultation group processes. Identifying there was a lack of discussion about group processes even when there were group contract violations (Rich et al., 1995). Group dynamics was often altered by the addition of new members. This was reflected in the Tulleners et al. (2021) study where the "getting to know each other" phase can take time. Not only does the addition of new members effect the group but the loss of members impacts cohesion (Rich et al., 1995). Members terminating from a group can alter the dynamics and leave some feeling rejected. Openness and future planning helped make termination an opportunity for group growth rather than a painful experience.

Physical separation led to isolation for those involved (Harker et al., 2015). However, Marrow et al. (2002) found that remote communication enhanced attentive listening as the participants were mindful not to interrupt each other. Concerted effort to maintain connectivity was found to be vital for the experience. The length of time the group were together combined with open communication was shown to lead to group maturity. However, Rich et al. (1995) noted that dissatisfaction arises when there is a lack of acknowledgment of group processes. The study recommends making group processes a visible component of peer consultation.

Group dynamics require time to develop. Learning the roles within the group take time and requires honesty between members (Johnson, 2016). However, Johnson (2016) notes that the instigation of a model may not be sufficient to influence group practice. It may require explicit intent of the members to maintain group cohesion. Rules and setting boundaries may assist with this cohesion (Tulleners et al., 2021). It is important to be aware of potential competition between participants or feeling disconnected all of which could lead to a poor experience (Rich et al., 1995). Even if the experience is poor, Rich et al. (1995) suggests keeping an open mind. Despite the challenges, being part of a group assisted nurses with managing multiple professional issues and provided a format for professional discussion through trust and group communication.

Trust was identified as being an important part of the group process. Trust was not instantaneous; it built and grew among the group members as time progressed. When there is trust there can be revelation of experiences (Fakalata and St Martin, 2020; Tulleners et al., 2021). Johnson (2016) likewise found there was reluctance to share if there was likely to be disclosure and there was consideration of ramifications should something leave the room. The group trusted each other to speak up (Johnson, 2016). Trust was individual but also for the whole group (Rich et al., 1995). None of the studies explicitly discussed how trust is built among members and more research is needed in this space (See Appendix 6 for category illustrations).

Table 3
Study characteristics.

Characteristics of Included Studies - Text and Opinion Study Form

Study	Type of text	Population represented	Topic of interest	Setting/ context/ culture	Stated allegiance/position	Model of peer group supervision	Description of main argument (s)
Rich et al. (1995).	Opinion piece written in narrative format	Six psychiatric and mental health nurses	Peer consultation group	Adult and child adolescent mental health	Group processes are always present and evolving however it is not discussed and can impact the peer group supervision experience	Utilise Yaloms therapeutic factors not a peer group supervision model	Developing trust and cohesion is important. Dynamic issues such as denial, rebellion and power were not examined. Termination was difficult and had significant impact on the group members. Phases of group formation need to be considered and discussed. Consideration of benefits and pitfalls of peer consultation groups needs to be highlighted
Harker, . et al. (2015).	A group self reflection narrative	Four nurses in practice and research settings	Peer group supervision	Practice nursing	The four authors describe the experience positively and are encouraging other nurses to participate	New Zealand Coaching and Mentoring model	Commitment is required. Peer group supervision can adjust to changes within the group such as loss of members to other locations. It is cost effective. Nurses will feel more empowered to meet the challenges in difficult nursing situations. Regular evaluation to meet individual goals is important. Peer group supervision has been enjoyable, positive and benefits all.

Characteristics of Included Studies - Interpretive and Critical Research Form

Study	**Methods for data collection and analysis**	**Country**	**Phenomena of interest**	**Setting/ Context/ culture**	**Participant characteristics and sample size**	**Model of peer group supervision**	**Description of main results**
Fakalata and St Martin (2020).	Questionnaires and semi-structured individual interviews. Survey results were a Likert scale. The qualitative data was descriptively analysed and a summary of results were provided	New Zealand	Peer group supervision	Epsom day unit in the Auckland medical aid clinic	Registered nurses working in Auckland Health board Epsom Day unit EDU. Invitation to 16 participants for surveys. 12 responded 5 participants for the interviews	Not described	Descriptive analysis with a survey showing that emotional labour contributed to reported stress levels. The qualitative data showed that as a result of peer supervision nurses benefited in terms of professional confidence knowing they could access useful advice, planning follow up of complex patients and their capacity to address more personal impacts such as stress. Peer supervision time needs to be protected as it was often delayed or cancelled to allow for other meetings. The makeup of the peer supervision group could benefit from regular review to ensure nurses can move around groups. The current model is beneficial to nurses. Access to an external professional supervisor with mental health expertise would be advantageous

(*continued on next page*)

Table 3 (*continued*)

Characteristics of Included Studies - Text and Opinion Study Form							
Study	Type of text	Population represented	Topic of interest	Setting/ context/ culture	Stated allegiance/position	Model of peer group supervision	Description of main argument (s)
Johnson 2016.	Four phased action research process. Data was collected using audio recording over 6 planned sessions. The author was a participant observer. Each session was 1.5 h. Template analysis was the thematic data analysis process used. Data was manually coded and assigned to priori themes and themes were merged and reassigned via an iterative process. The final template provided the structure for further analysis and interpretation of the findings	United Kingdom	Peer group supervision	Community health organisation	Nurses and allied health. 6 participants including 4 nurses of differing grades and roles, 2 allied health (1 Occupational therapist, 1 podiatrist)	Page & Woskets five stage model	Effective peer group clinical supervision for health care practitioners can be accomplished with a relatively modest allocation of time. Establishing expectations before and during the processes contributed to equalising the power relationships within the group and established democratic principles within supervision. The most critical feature was the rotation of the functional roles of the facilitator, supervisee and supervisor to establish mutual trust between members. The value of the review stage in group supervision was demonstrated in enabling behaviours, emotions and skills to be noticed, challenge and reflection to take place and for actions and outcomes to be monitored. Substantial common ground between members showed professional values, beliefs and experiences. Hierarchical issues did not impinge on group relationships or undermine supervisory relationships. Safe space provided by peer group supervision enabled work generated emotion to be processed and managed rather than masked. Failure to address this may have a paralyzing effect on professional performance. Challenge each other was an indication of mutual trust and a signal of authenticity- so challenge became the antidote to collusion
Lakeman and Glasgow (2009).	Action research. Data collection methods were focus groups. Semi structured and open ended questions, audio taped and transcribed. Transcripts were subject to content analysis (Braun and Clarke)	Trinidad and Tobago	Peer group supervision	Nurses at a local psychiatric hospital	10 participants. 7 registered mental health nurses and 3 enrolled nurses worked at the hospital for at least 2 years. Were female and average age was 43. No prior experience of clinical supervision	Adapted Heron model	Fidelity to the peer group supervision model depends on strong facilitation skills and a commitment to following the prescribed or chosen process. A supervisor led group or expert facilitator may have been a more useful model to commence with to strengthen the facilitation skills of members. There was a focus on specific encounters that take place between patients and nurses. The participants warmed to this way of conceiving practice and with the simple but elegant idea of reflecting on the intent of their interventions. A different methodology would be more appropriate to examine the impact of peer group supervision on actual standards of care

(*continued on next page*)

Table 3 (*continued*)

Characteristics of Included Studies - Text and Opinion Study Form							
Study	Type of text	Population represented	Topic of interest	Setting/ context/ culture	Stated allegiance/position	Model of peer group supervision	Description of main argument (s)
Tulleners et al. (2021).	Semi-structured face to face interviews of approximately 1 h were conducted using open ended questions. Naive reading commenced the data analysis process. A process followed of re-reading the text and interpretation to the point where broad themes and meaning were identified	Australia	Peer group supervision	Community Health setting	Thirteen female participants from the following nursing grades (Registered Nurse, Clinical Nurse, Nurse manager and Clinical Nurse consultant from an outer metropolitan regional health service with at least 6 months experience of peer group supervision	New Zealand Coaching and Mentoring model	Three key interpretations arose from the data analysis process. First interpretation identified there is value in undertaking peer group supervision. A level of individual commitment was needed to get value out of peer group supervision. Good news was important. There was feedback and learning. Professional sustenance was gained through 5 ways: It builds you up, safe and comfortable, trust, confidentiality, and support. There were 2 game changers that determined whether peer group supervision was effective or not and these were group matters and following the rules. peer group supervision can be used with community health nurses and is not limited to a certain designation, years of experience or working with certain patients. There is value for the individual nurse and more widely for the nursing profession. The game changers need to be considered for effective peer group supervision. If peer group supervision is implemented without consideration of all the benefits and challenges it could set staff and managers up for failure
Marrow CE, Hollyoake K, Hamer D, Kenrick C. 2002.	The overarching research project collected data via pre-post study questionnaires, repertory grids, focus group interviews and written narratives. Data analysis was completed through 2 descriptive synopses of 2 reflective accounts	United Kingdom	Peer group supervision	Acute and Community Health	40 practicing community and hospital nurses. 3 participants voices were extracted for discussion. 2 were peer group supervision. 1 detailed one to one supervision	One participant utilised the Heron model	Effective clinical supervision can be an empowering experience. Health practitioners need a form of mediation to help them develop professional practice. Employers should recognise the importance of quality time and invest in the value of clinical supervision whether using VC technology or not. Training and education of supervisors and supervisees should be a major investment. Clear frameworks for supervision practice should be identified

3.4.3. Synthesised finding 3: professional learning experience

Every clinician has differing learning needs. To achieve the desired outcomes, support is required when one is at their most vulnerable. Reflection and learning are more likely to occur when there is a supportive environment. Receiving empathy and understanding whilst being challenged to brainstorm ideas is desirable (Tulleners et al., 2021; Marrow et al., 2002). Guidance and support for therapeutic reflection was noted to be important. Further, nurses felt safe when they were together in a supportive environment. It follows that when there are feelings of being safe, experiences will be shared, thoughts and opinions discussed, even when things haven't gone well (Tulleners et al., 2021; Johnson, 2016). Tulleners et al. (2021) note that support also takes the form of managerial approval to attend the group.

Nurses participating in peer group supervision have different perspectives of the experience. Some participants viewed it as a learning experience undertaken in protected time. Others appreciate the value of bringing practice concerns to a place where likeminded nurses can provide a different perspective. The nurses described gaining confidence and satisfaction, even saying it is essential for nursing (Tulleners et al., 2021) (See Appendix 6 for category illustrations).

Table 4
Credibility level within synthesised findings.

Synthesised Finding (SF)	Unequivocal	Credible	Not supported	Total
SF 1 Facilitating professional growth	10	10	0	20
SF 2 Trusting the group.	11	5	0	16
SF 3 Professional learning experience	8	0	0	8
SF 4 The shared experiences	7	1	0	8
Overall totals	36	16	0	52

3.4.4. Synthesised finding 4. The shared experience

There is power that comes from the sharing of stories. To know that someone understands leads to increased confidence and self-efficacy. Every supervision experience has a supervision story. Tulleners et al. (2021) noted that sharing good news stories was important. The nurses wanted to celebrate the successes of their work and not just the challenges. Knowing the story could be told without fear of being judged was important especially when processing emotions associated with work (Johnson, 2016). Johnson (2016) also noted that there are always two sides to a peer group supervision story and the participants are only sharing their perspective. This is not identified as an issue per se but

rather a consideration. Participants highlighted the need to challenge assumptions and maintain professional accountability.

The nurses identified that a beneficial element of peer group supervision is the opportunity to share experiences. The notion of receiving multiple ideas and support is appealing (Lakeman and Glasgow, 2009). As caring, responsible professionals, the idea that you are not alone meant something to the nurses (Tulleners et al., 2021). Linking with others who share the same problems and experiences was important. There is support and respect whilst reducing professional isolation (Marrow et al., 2002). The sharing of experiences does not just appear, rather this needs commitment to both the process and the group. Likewise, peer group supervision needs to be a priority for nurses for it to be worthwhile (Harker et al., 2015) (See Appendix 6 for category illustrations).

See Appendix 7 for the Meta-Aggregative Overview Flowchart for each synthesised finding.

4. Discussion

The systematic review examined the experiences of nurses' participating in peer group supervision. The review identified four synthesised findings. The first finding identified the personal and professional benefits to nurses participating in peer group supervision. This is consistent with peer group supervision studies in the helping professions (Atik and Erkan Atik, 2019; Dungey et al., 2020; Nickson et al., 2016).

The benefits vary greatly from person to person and are not always guaranteed. Benefits to patients have not been clearly articulated in the literature. This can lead to scepticism by both nurses and managers about what they will "get out of supervision". When it comes to prioritising time, participation by nurses could be influenced by the perceived benefits (or not) from attending peer group supervision. The articles emphasised that trust and communication is critical. The development of group is dependent on the group dynamics and structure that presents.

This review provides relevant information to prospective participants in the establishment of groups and in the time required for trust to develop. Both challenges and successes were identified in the establishment of groups. Challenges arose that relate to finding the time, knowledge of the model and commitment to attend which reinforces the idea that peer group supervision needs to be considered worthwhile for nurses to be motivated to participate.

This review emphasised professional and personal growth and developing trust in teams as the point of difference with peer group supervision. Whilst there are benefits with multiple perspectives, groups, and people within groups, can create inherent challenges. The vulnerability experienced when reflecting on practice is difficult and developing groups where comfort and professional etiquette is respected is needed. It is hard enough to share personal stories in a professional space, let alone when it is in front of an audience. If group trust can be built and teams established that respect both personal and professional traits, then the experience is very rewarding. This was reiterated several times unequivocally across the studies.

Several studies identified the potential risks associated with groups (Tulleners et al., 2021, Johnson, 2016). However, only Rich et al. (1995) reported comprehensively on the group processes. The issue of stability within groups regarding members coming and going made a difference to the experience. Most of the studies described how groups are formed. Harker et al. (2015) and Rich et al. (1995) were clear in their description of group formation. Not all studies provided detail on the structure of the peer group. Self-selection of group members was mentioned in several studies. However, self-selection to groups does not prohibit issues or guarantee success. Further exploration on group formation and its impact on peer group supervision experience is needed.

The key point arising from the third synthesised finding was that each person saw peer group supervision differently. Individually peer group supervision was perceived from a viewpoint that was meaningful to the participant. The learning and reflection on practice was individual and unique. Reflective learning opportunities occurred when the environment was supportive. Support was pivotal, both from each other and from managers who approved time to attend.

A unique finding from the review was the importance placed on the sharing of experiences. Sharing was powerful and the important message arising from the studies was that nurses do not want to feel alone in their practice. Feelings of isolation without the capacity to debrief and share was identified as a reality for some. Having someone who understood what was being experienced whilst sharing links and networks provided confidence. Sharing knowledge and insights when caring for complex patients made nurses stronger especially when no one person within the group led or assumed superiority (Marrow et al., 2002).

Several studies described peer group supervision using a particular supervision model (See Appendix 6). Harker et al. (2015) and Tulleners et al. (2021) described use of the New Zealand Coaching and Mentoring model. Fakalata and St Martin (2020) did not specifically mention a model however the references and discussion indicated the use of the New Zealand Coaching and Mentoring model. Johnson (2016) identified the use of Page and Woskets five (5) stage model of supervision. Lakeman & Glasgow (2009) identified the participants as using an adapted model by Heron (1999). In Marrow et al. (2002) one participant referred to the Heron model whilst the other case study made no mention of a model. Rich et al. (1995) identified group theory rather than a specific model. This reinforces the review finding that no one model is recommended or used however the importance of group is highlighted. The lack of clarity surrounding model choice further complicates the decision making of those considering whether to use peer group supervision or other alternative models that use a facilitated approach.

4.1. Limitations

Restrictions on language inclusion may have resulted in nurses' experiences going unreported. Likewise, two studies Rich et al. (1995) and Harker et al. (2015) were included despite being narrative/opinion papers however the content aligned with the review, its purpose, and the experience of the nurse. Johnson (2016) included two allied health professionals in their study with data analysis de-identified, thus it may be possible that findings from the study were allied health and not nursing only. Additionally, two studies Fakalata and St Martin (2020) and Marrow et al. (2002) were identified as having met fewer of the methodological research quality criteria. Therefore, caution may be applied to the findings of these studies.

Finally, it is acknowledged that one study was conducted by the authors of this review. The influence of the author on the review was considered and discussed within the review team. Bias was determined to be mitigated by the strict adherence to the review process and use of the quality tools from the Joanna Briggs Institute to maintain transparency throughout each step of the process. An independent review of this article occurred by an academic that was neither an author on the paper, nor a colleague of the authors.

4.2. Implications for nurse's practice

The review highlights the need for nurses to develop an understanding of the peer group supervision process prior to commencing. It is important for the nurse to recognise and understand the power that arises from the sharing of experiences. Group processes can impact the nurse's experience. Therefore, consideration should be given to the skills nurses require to maximise the group sharing opportunities. As experiences are very individual, nurses may want to consider how peer group supervision can influence their nursing practice and advocate for this within their organisations. Being aware of the potential challenges particularly of group formation and the time needed to develop trust can impact the peer group supervision experience. There is a need for nurses to identify and plan for successes and challenges and acknowledge that

this requires both individual and group cohesion to achieve success. Organisational support and time are needed to enable teams time to form, develop and establish trust and group cohesion.

4.3. Implications for organisational policy

The review highlighted the need for organisations to consider all elements of the process of forming, establishing, and maintaining groups and boundaries when implementing peer group supervision into nursing practice. This includes what supports are required to assist nurses to achieve the benefits and how can organisational barriers such as providing and protecting time for regular participation be considered. This review identifies a positive outcome for staff with reflective time and the capacity to build strong, resilient teams. It is recommended that further research that explores the outcomes from a self-efficacy perspective may be beneficial, likewise research that explores benefits to care needs to be considered.

4.4. Recommendations for additional research

There is limited research that specifically explores peer group supervision that is group led and not facilitated by a leader or facilitator. Additional research that specifically focuses on peer group supervision for nurses from a professional self-care perspective is required. This review has provided a glimpse into the potential of peer group supervision and the development of greater resilience, the capacity to debrief and the potential to increase professional self-efficacy. However more in-depth understanding of the potential for improving care is required.

Future research needs to ensure that all aspects of the peer group supervision processes are reported adequately to inform decision making. For example, future research may report why certain models were chosen thus providing pertinent information on which supervision model work best in what environmental and clinical situations. Research that captures the importance of peer groups, their meaning, and the process of forming and establishing groups requires consideration with a better understanding of group processes needed. A longitudinal approach to future research could explore the impact of peer group supervision on nurses practice and care outcomes.

5. Conclusions

This systematic review demonstrated that whilst there is a plethora of research on nursing clinical supervision there is a paucity on nursing peer group supervision. It was noted that studies regarding the experiences of nurses primarily focused on group supervision with a supervisor (Johnson, 2016). There were limited studies that purely explored nurses' experiences from a peer led approach.

It is interesting that only seven studies were located from the literature and only a few of these described qualitative methodology. This review could have explored peer group supervision from alternative methodologies but the richness that comes from the thoughts and feelings of the participant cannot be ignored, nor can the experience at the coalface by participating registered nurses This experience provides richness into the impact felt by nurses in their day-to-day practice. The concept of sharing was strong, and the concept of appreciation of time and discussion was noted.

The results of the meta-aggregation demonstrated that the peer group supervision experience comprised both individual and group elements. Nurses can reap benefits from peer group supervision for their professional practice but there are challenges that need to be considered. As these challenges are not always within their control, it is necessary to have organisational support for the process.

Challenges with group formation, developing trust and respect to share and engage are areas that require greater understanding and processes for the future. Peer group supervision is a valuable and worthy process for nurses as the ability to share, reflect and adjust both personal and professional aspects of practice are noted. The need to be engaged in teams that are cohesive and offer trust, respect, and the time to meet was highly regarded.

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Declaration of Competing Interest

The authors declare the following personal relationships which may be considered as potential competing interests: Conflict of interest. There is potential for conflict of interest in conducting the systematic review. There were only seven (7) articles included in the review and one (1) was authored by the review research team. The risk of bias was mitigated through the use of the robust PRISMA reporting guideline and the use of a qualitative meta-aggregation approach as outlined by the Joanna Briggs Institute. Additionally, the reviewers independently reviewed all articles and a 3rd independent reviewer was asked to read the final results prior to article submission.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2023.103606.

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