Midwives and supervisors of midwives' perceptions of the statutory supervision of midwifery within the United Kingdom: a systematic review
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CRD summary
The review highlighted considerable variation in the understanding of the nature and purpose of supervision as part of the Nursing and Midwifery Council statutory framework by both midwives and their supervisors in the UK. Despite some potential methodological concerns, this review appeared to be largely well-conducted. The review messages seem consistent and reasonable.

Authors' objectives
To examine the perceptions midwives and their supervisors in relation to statutory supervision of midwifery in the UK.

Searching
Maternity and Infant Care, MEDLINE, HMIC (Health Management Information Consortium), PsycINFO, CINAHL, and ProQuest Dissertations and Theses databases were searched between January and October 2009 (search date limits were not reported). Search terms were reported. Conference proceedings were searched, Practising Midwife journal was handsearched, selected experts were contacted, and reference lists were scanned. Unpublished studies were excluded.

Study selection
Eligible for inclusion were studies (using any research method) that focused on the perceptions of registered midwives and their supervisors in relation to the statutory supervision of midwifery in the UK.

The included studies used a range of research methods (qualitative interviews; questionnaire surveys; or mixed methods, including audits). The included midwives and supervisors were employed in the NHS and higher education; others were self-employed. Included studies were published from 1996 to 2009. Most studies were conducted prior to the current rules and standards contributing to the statutory framework for midwifery in the UK (Nursing and Midwifery Council 2004).

The authors did not state how many reviewers were involved in the selection of studies.

Assessment of study quality
Study quality was assessed using an evaluation tool that included setting, sample, ethics, data collection, analysis, potential researcher bias, policy and practice implications. Studies were graded as high, good, or poor quality according to National Institute of Health and Clinical Excellence (NICE, 2009) definitions (reported in the paper).

One reviewer carried out the quality assessment; a random sample of assessments was examined by two other reviewers. Differences were resolved by discussion.

Data extraction
Data were extracted by one reviewer; a random sample was assessed by two other reviewers. Differences were resolved by discussion.

Methods of synthesis
Thematic analysis was used to identify recurrent and important themes within and across the included studies. High quality studies were reported to be given greater weighting in the analysis, with poorer quality studies used to confirm the findings, or to indicate the need for further research.

Results of the review
Nineteen studies were included in the review (four qualitative studies; seven quantitative surveys; and eight mixed method designs). Three studies were classed as high quality, eleven studies were good quality, and five were poor
quality. Compromised quality was associated with poor reporting of research methods and insufficient detail on protection against researcher bias.

Four overarching themes were identified.

**Significance of statutory supervision for midwives and supervisors of midwives** (11 studies): Different views existed between midwives and supervisors about the purpose of midwifery supervision. Midwives were more likely to consider the need for supervision to protect their own clinical practice; supervisors were more concerned about the benefits for public protection. A lack of knowledge and understanding by midwives about the supervisory framework was noted. Perceptions about the value of midwifery supervision were varied, but indications were that supervision was undervalued and poorly resourced in the NHS. There were tensions and uncertainties about the effects of potentially competing responsibilities across the roles of midwives, supervisors and managers, particularly where individuals exercised more than one of these roles.

**Statutory supervision as a means of supporting high quality practice** (11 studies): The potentially competing responsibilities of supervisors (above) continued to feature as part of this theme. Additional contributors to the success of statutory supervision were levels of support for midwives and the effect of unhelpful power relationships, the impact of stressed-out supervisors, mixed feelings about the usefulness of an annual supervisory meeting, and perceptions about midwives' inability to become role models for supervision. Midwives who were well supported attributed this to the personal qualities of their supervisor.

**Statutory supervision as a means of controlling midwives and midwifery practice** (six studies): Mixed feelings existed about the balance of control and protection afforded by statutory supervision. Fitness to practice was a frequent focus within the studies.

**Supervisory relationships** (eight studies): The importance of developing positive and constructive relationships between midwives and supervisors was recognised; this was linked to a shared philosophy and understanding of midwifery. Approachability, availability, and a good attitude towards fellow midwives were considered to be essential attributes of an effective supervisor, as well as respect for confidentiality. Supervisors acknowledged the powerful nature of statutory supervision, and noted the implications of inappropriate appointments to the supervisory role.

**Authors' conclusions**
The review highlighted considerable variability in both midwives' and supervisors' understanding of the nature and purpose of supervision as part of the Nursing and Midwifery Council statutory framework. The potential for supervision to enhance personal development and midwives' practice varied according to the nature of the relationship between midwife and supervisor. The importance of supervision being fit for purpose and of supervisors possessing the requisite knowledge, skills and attitudes could not be underestimated.

**CRD commentary**
The review question was clear, and was relevant to UK policy for health. Inclusion criteria were adequately specified. A review of mixed methods seemed appropriate for the research question. Relevant databases and other appropriate sources were searched, but the restriction to published studies may mean that relevant material was overlooked. Although the review processes for data extraction and quality assessment were conducted with some steps to minimise potential reviewer error and bias, the process of study selection was not reported.

An appropriate quality assessment tool was applied; the reviewers provided a comprehensive evaluative summary of each study. Study details were adequately presented, higher quality studies were highlighted, and findings relevant to the review question were clearly described. The synthesis was transparent and clearly reflected the individual study data. Attention was given to discrepant data which did not support the themes.

Despite some potential methodological concerns, this review appeared to be largely well-conducted. The review messages seem consistent and reasonable.

**Implications of the review for practice and research**
**Practice:** The authors stated that it was plausible the evidence presented in this review did not reflect current midwifery and statutory supervisory practice in the UK. The importance of appointing appropriate individuals to supervisory roles
Research: The authors stated that more research was needed to examine how statutory supervision contributed to patient safety and quality of care, how supervision could develop and empower midwives working in maternity care, and how it could inform the development of revalidation mechanisms. A review of the supervisory-managerial interface was also needed.

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