







## REVIEW ARTICLE

### Supervision in nursing on nurses' emotional intelligence: a literature scoping review

### Supervisão clínica em enfermagem na inteligência emocional dos enfermeiros: revisão de escopo da literatura

### Supervisión clínica en enfermería en la inteligencia emocional de las enfermeras: revisión del alcance de la literatura

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#### ABSTRACT

**Objective:** To map the scientific evidence on the relationship between clinical supervision and nurses' emotional intelligence, identifying approaches, instruments, and described outcomes. **Methodology:** Scope review according to the JBI Collaboration methodology and registered in the Open Science Framework (DOI 10.17605/OSF.IO/8NFSFSD). The search was conducted in the PubMed, CINAHL® Complete and Scielo databases, without time restrictions, including studies in Portuguese, English and Spanish that answered the question: 'What evidence is available on the relationship between clinical supervision in nursing and the emotional intelligence of nurses in clinical practice?' Two independent reviewers performed the selection, resorting to a third reviewer in case of disagreement. The management and elimination of duplicates was carried out at the Qatar Computing Research Institute (Rayyan QCRI®) using a form for data extraction and synthesis. **Results:** 140 studies were identified, of which seven met the eligibility criteria. The literature describes that structured models of clinical supervision favour skills such as self-reflection, empathy, communication, and team cohesion. **Conclusion:** The available evidence suggests a positive relationship between clinical supervision and emotional intelligence, recommending further study of this topic in different organizational contexts.

#### DESCRIPTORS:

Preceptorship; Emotional Intelligence; Nursing.

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## RESUMO

**Objetivo:** Mapear as evidências científicas sobre a relação entre a supervisão clínica e a inteligência emocional dos enfermeiros, identificando abordagens, instrumentos e resultados descritos. **Metodologia:** Revisão de escopo segundo a metodologia do JBI Collaboration e registrada na *Open Science Framework* (DOI 10.17605/OSF.IO/8NFSD). A pesquisa foi realizada nas bases PubMed, CINAHL® Complete e Scielo, sem restrição temporal, incluindo estudos em português, inglês e espanhol, que respondessem à questão: “Quais são as evidências disponíveis sobre a relação entre a supervisão clínica em enfermagem e a inteligência emocional dos enfermeiros na prática clínica?”. Dois revisores independentes realizaram a seleção, recorrendo-se a um terceiro revisor em caso de discordância. A gestão e eliminação de duplicados realizou-se no *Qatar Computing Research Institute* (Rayyan QCRI®). Utilizando formulário para extração e síntese dos dados. **Resultados:** Foram identificados 140 estudos, dos quais sete cumpriram os critérios de elegibilidade. A literatura descreve que modelos estruturados de supervisão clínica favorecem competências como autorreflexão, empatia, comunicação e coesão de equipa. **Conclusão:** A evidência disponível sugere uma relação positiva entre supervisão clínica e inteligência emocional, recomendando-se o aprofundamento desta temática em diferentes contextos organizacionais.

## DESCRIPTORES:

Preceptoria; Inteligência Emocional; Enfermagem.

## RESUMEN

**Objetivo:** Mapear las evidencias científicas sobre la relación entre la supervisión clínica y la inteligencia emocional de los enfermeros, identificando enfoques, instrumentos y resultados descritos. **Metodología:** Revisión de alcance según la metodología de la JBI Collaboration y registrada en el *Open Science Framework* (DOI 10.17605/OSF.IO/8NFSD). La investigación se llevó a cabo en las bases de datos PubMed, CINAHL® Complete y Scielo, sin restricción temporal, incluyendo estudios en portugués, inglés y español que respondieran a la pregunta: “¿Qué evidencia hay sobre la relación entre la supervisión clínica en enfermería y la inteligencia emocional de los enfermeros en la práctica clínica?”. Dos revisores independientes realizaron la selección, recurriendo a un tercer revisor en caso de desacuerdo. La gestión y eliminación de duplicados se llevó a cabo en el *Qatar Computing Research Institute* (Rayyan QCRI®), utilizando un formulario para la extracción y síntesis de los datos. **Resultados:** Se identificaron 140 estudios, de los cuales siete cumplían los criterios de elegibilidad. La literatura describe que los modelos estructurados de supervisión clínica favorecen competencias como la autorreflexión, la empatía, la comunicación y la cohesión del equipo. **Conclusión:** La evidencia disponible sugiere una relación positiva entre la supervisión clínica y la inteligencia emocional, por lo que se recomienda profundizar en este tema en diferentes contextos organizativos.

## DESCRIPTORES:

Preceptoria; Inteligencia Emocional; Enfermería.

## INTRODUCTION

The practice of nursing with Clinical Supervision (CS) is essential to ensure a qualified professional follow-up, promoting the development of personal, relational and technical skills, as well as the quality and safety of care. CS constitutes itself as a structuring instrument of clinical practice, by offering reflective and technical support, favoring collaborative learning environments, with direct impact on the safety of care and health gains<sup>(1)</sup>. CS also enhances the development of Emotional Intelligence (EI) of nurses, providing spaces for reflection, emotional support and strengthening interpersonal

relationships. EI refers to the ability of self-motivation, impulse control, emotional regulation, empathy and hope, being determinant for dealing with adversities, frustrations and complex emotions in the work context. In a professional environment where teamwork is central, EI constitutes a key competence for effective and sustainable performance<sup>(2)</sup>. The nursing profession, marked by human relations, requires professionals capable of mobilizing their emotional skills to guide their decisions and practices. It is found that higher levels of EI are associated with positive attitudes, greater adaptability, better quality in interpersonal relationships and lower risk of burnout<sup>(3)</sup>.

Emotionally competent nurses demonstrate greater capacity for self-regulation, interpret appropriately the feelings of others and respond in an empathic, assertive and ethical way to clients' needs <sup>(4)</sup>. These competencies are directly reflected in the quality of clinical interventions and effective problem solving <sup>(5)</sup>. Despite this, the evidence on the relationship between CS and EI remains fragmented and poorly consolidated. Some studies point to positive effects of CS on the emotional development of nurses, while others describe inconsistent results or conditioned by contextual factors, such as leadership style, institutional support or organizational conditions<sup>(6-7)</sup>. In addition, most existing studies present isolated approaches, focused on specific formative or organizational contexts, which limits the more comprehensive understanding of the phenomenon under study and the practical application of the results.

CS has the potential to strengthen nurses' emotional skills by providing safe contexts for analyzing experiences, promoting self-reflection and building knowledge. However, to date, no reviews have been identified that synthesize the existing knowledge about this interconnection, which reveals a significant gap in the literature.

It is therefore relevant to map the available scientific evidence, in order to identify and describe the relationship between CS and EI of nurses, as well as the main approaches, tools and results described, contributing to the development of safer practices, sustainable and humanized.

## **OBJECTIVE**

To map the scientific evidence on the relationship between clinical supervision and emotional intelligence of nurses, identifying the main approaches, instruments and results described in the literature.

## **METHODOLOGY**

### **Type of study**

There was a scope review guided by the methodological framework proposed by JBI Collaboration <sup>(8)</sup>. The following steps were followed to prepare this article: i) construction of the research question; ii) identification of relevant sources of evidence; iii) selection and inclusion of studies; iv) extraction and summarization of data; and v) synthesis and interpretation of results<sup>(9)</sup>. The protocol is registered on the Open Science Framework (OSF) platform (DOI 10.17605/OSF.IO/8NFSD) and can be

accessed via the following link: <https://osf.io/8nfsd/>.

Eligibility criteria were defined using the structure Population (nurses), Concept (clinical supervision in nursing associated with the development of emotional intelligence) and Context (clinical practice). The following guiding question was formulated: What is the available scientific evidence on the relationship between clinical supervision in nursing and emotional intelligence of nurses in clinical practice? Included studies published in Portuguese, English and Spanish, without time restriction and available in free full text. The selection of these languages is justified because they correspond to the main languages of scientific publication in the area of nursing and because they cover the relevant academic production of countries with consolidated tradition in Clinical Supervision and training in Nursing. This option allowed maximizing the geographic and conceptual area of available evidence, maintaining the viability of the review process and avoiding significant exclusion bias. Studies that did not present specific data on nurses were excluded, even when they included other professional groups, did not clearly delimit the methodological design or did not explain the objectives of the study.

For the research studies were used search terms in English, Spanish and Portuguese. The research was carried out between February and March 2025, in the databases: PubMed®, Cumulative Index to Nursing and Allied Health Literature (CINAHL® Complete) and Scientific Electronic Library Online (SciELO), according to Table 1. For the search of information were used the descriptors of the platform Medical Subject Heading (MeSH): "Clinical supervision", "Preceptorship", "Emotional intelligence" and "Nurse" and the Descriptors in Health Sciences (DeCS) used were "Preceptoria", "Clinical supervision", "Emotional intelligence" and "Nurses". For the combinations between the descriptors, the Boolean operators "AND" and "OR" were used, with "AND" being used to locate the studies between the themes and "OR" for synonyms <sup>(9)</sup>.

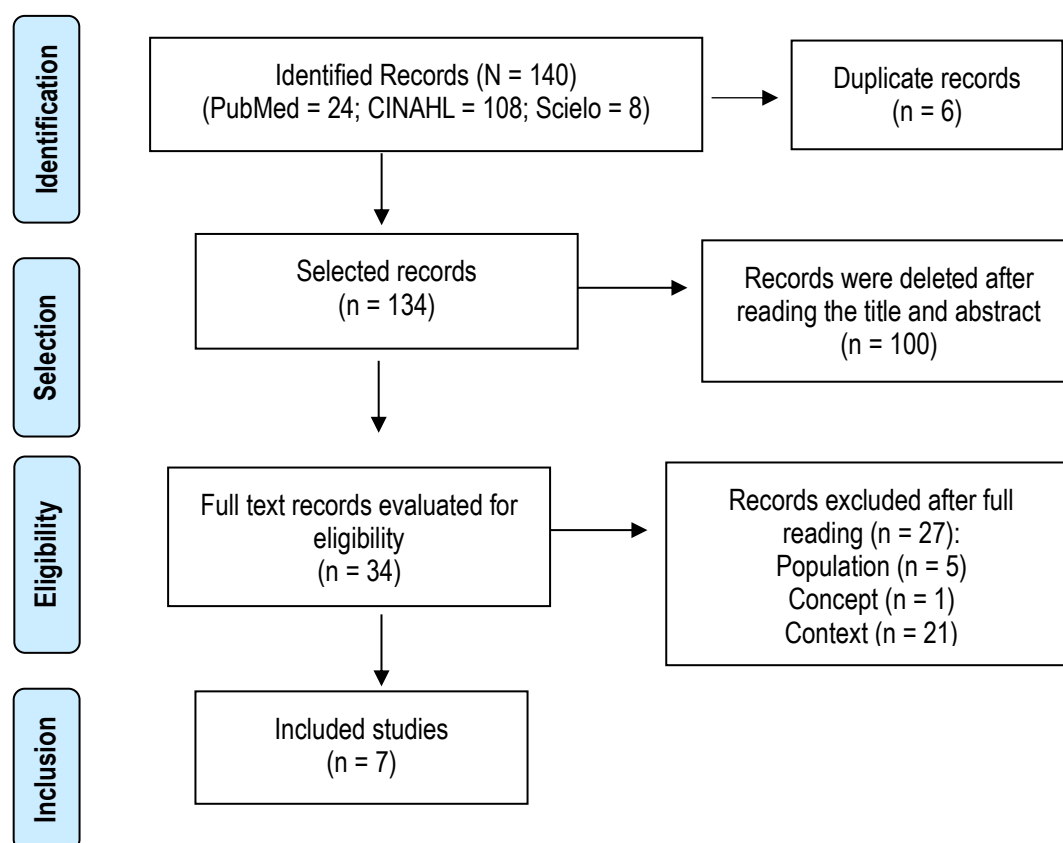
**Table 1.** Descriptors and synonyms used in the databases. Porto, PT, Portugal, 2025

Database	Controlled Terms	Studies identified
PubMed	<i>(((("emotional intelligence" [MeSH Terms]) OR ("emotional competence" [Title/Abstract])) AND (("preceptorship" [MeSH Terms]) OR ("clinical supervision" [MeSH Terms])))) AND ("nurses" [MeSH Terms] OR "nurs*" [Title/Abstract]))</i>	24
CINAHL	<i>TX ("emotional competence" OR "emotional intelligence") AND TX ("clinical supervision" OR "preceptorship") AND TX (nurs*)</i>	108
SciELO	<i>("inteligência emocional" OR "competência emocional" OR "emotional intelligence") AND ("supervisão clínica" OR "clinical supervision" OR "preceptorship") AND (nurs* OR enfermeir*)</i>	8

The identified studies were exported to the Rayyan QCRI® platform<sup>(10)</sup>. Then, we proceeded to the reading of the title and summary and then the reading in full. The survey results were written according

to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR®) <sup>(9)</sup> considering the eligibility criteria, as Figure 1. Its selection was made by two reviewers independently, having recourse in case of disagreement to a third reviewer.

**Figure 1.** PRISMA flowchart of the study selection process. Porto, PT, Portugal, 2025



## Data Analysis

To assist the data extraction process, the researchers prepared an evidence table containing the following information: author (s)/year, country, type of study, participants and context, instruments used and main results. The extraction form was developed by the authors and submitted to a pre-test with two studies, in order to ensure clarity of categories, consistency in coding and applicability to different study typologies. After this procedure, the form was adjusted and used in the final extraction of data, conducted by two independent reviewers, using a third reviewer in case of divergence, ensuring the consistency and reliability of the results.

## RESULTS

140 studies were identified in the PubMed®, CINAHL® Complete and SciELO databases, of which seven met the inclusion criteria established in table 2. The selected studies were published between 2013 and 2022, conducted in Portugal (n = 4), South Korea (n = 2) and Iran (n = 1), covering a total of

255 participating nurses.

As for the methodological design, mixed-approach studies (n = 3) predominated, followed by experimental or quasi-experimental quantitative studies (n = 3) and an action research study (n = 1). The contexts of realization included hospital units of medicine, surgery, psychiatry and intensive care, as well as training scenarios of preceptorship and CS.

Several assessment instruments related to EI and CS were used, notably the Scale of Emotional Intelligence Capacities of Nurses, the Veiga Branco Emotional Intelligence Capabilities Scale, the Manchester Clinical Supervision Scale, and the SafeCare Program.

In general, the studies reported positive associations between structured CS programs and the development of emotional skills, namely self-reflection, empathy, stress management, team cohesion and interpersonal communication. The results also suggest that CS favors professional satisfaction, motivation and personal growth of nurses, although some studies refer to challenges associated with hierarchical leadership and organizational conditions.

**Table 2.** Summary of data extraction with the characteristics of the included studies. Porto, PT, Portugal, 2025

Authors/ Year/Country	Study Participants/ Context	type/ Instrument(s) used	Main results
Sharif et al., 2013 <sup>(11)</sup> Universidade de Ciências Médicas de Shiraz	Randomized clinical trial n= 52 intensive care unit nurses	Experimental groups trained with the Emotional Intelligence and Goldberg General Health Questionnaires were administered before, immediately after, and one month after the intervention.	Teaching EI improved the overall health of intensive care unit nurses.
Cruz et al., 2015 <sup>(12)</sup> Portugal	Action research n=38 nurses from three units of a Hospital Center	Portuguese version of the Manchester Clinical Supervision Scale® and Veiga Branco Emotional Intelligence Capabilities Scale and application of the clinical supervision model in nursing.	The supervised nurses were more motivated and discussed personal issues less.
Jeong et al., 2021 <sup>(13)</sup> South Korea	Mixed n=30 preceptor nurses	Clinical Core Competence of Preceptor and the General Communication Competence Scale. Reflection journals on nurses' experiences. One-Minute Preceptor Model to foster the competence of clinical nurse preceptors.	The program and the nurses' experiences were associated with the growth and development of competencies such as evidence-based practice, quality feedback, and self-reflection.
Rocha et al., 2021 <sup>(14)</sup> Portugal	Quasi-experimental study with n=28 nurses from two medical departments of a high-complexity hospital.	Sociodemographic and professional characterization, Job Satisfaction Scale and Veiga Scale of Emotional Competence; SafeCare Model (job satisfaction and emotional competence)	Decreased satisfaction among nurses with their supervisors.

Teixeira et al., 2022 <sup>(15)</sup> Portugal	Quantitative, descriptive-correlational n= 13 nurses from the Psychiatry and Mental Health Service	SafeCare Model	Improved knowledge and awareness of the importance of implementing the model in team communication, conflict resolution, and group relationship management.
Kim et al., 2022 <sup>(16)</sup> South Korea	Mixed n= 47 nurses from the tertiary hospital	Preceptor's Reflective Practice Program	It improved stress management, social support, and emotional intelligence.
Augusto et al., 2021 <sup>(17)</sup> Portugal	Mixed n= 47 surgical ward nurses	SafeCare Scale of Emotional Intelligence Capacities of Nurses	Improved development of intrapersonal and social skills, relationship management, team cohesion, and communication.

The analysis of the seven studies identified three main thematic axes that synthesize the contributions of CS to the development of nurses' EI: (1) development of emotional skills, (2) reflective and formative support, and (3) influence of organizational conditions and leadership.

### Development of emotional skills

The included studies show that structured CS programs contribute to strengthening skills such as self-awareness, self-regulation, empathy, interpersonal communication and emotional management. Interventions based on individual and group supervision promoted increased emotional self-efficacy, reduced stress levels and improved relational coherence between nurses and multiprofessional teams (n = 5). The reflexive approaches demonstrated a positive impact on the understanding of one's own emotions and on the ability to deal with situations of high emotional demand (n = 3).

### Clinical supervision as a reflective and formative support

CS is described as a space for continuous learning and critical reflection, which promotes personal and professional growth. Most studies (n = 6) highlighted that the supervision sessions promote theory - practice integration, strengthening professional identity and building trust bonds between supervisors and supervised. Models based on clinical coaching and mentoring were effective in promoting emotional resilience and ethical awareness in caring.

### Organizational conditions and leadership as mediating factors

Three studies reported that the effects of CS on EI depend on contextual factors, such as institutional support, organizational culture and leadership style. Collaborative environments and participatory leaderships were associated with higher levels of satisfaction, motivation and team cohesion, while rigid hierarchical contexts and lack of time were identified as barriers to the effectiveness of supervision.

In general, the mapped evidence suggests that CS acts as a catalyst for the emotional and relational development of nurses, although there are gaps regarding the standardization of evaluation instruments and the sustainability of long-term interventions.

In summary, the results indicate that CS is a facilitating practice for the development of EI, promoting self-reflection, empathy, emotional regulation and therapeutic communication. There was, however, methodological heterogeneity between the studies, particularly in the models of supervision, duration of interventions and evaluation instruments, which limits the comparability and generalization of results.

Gaps were also identified in the standardization of supervisory practices and in the objective measurement of emotional and organizational effects. The scarcity of longitudinal studies and investigations conducted in diverse contexts represents a relevant opportunity for future studies.

Overall, the findings reinforce the potential of CS as an emotional and professional development strategy, highlighting the need to deepen research on its implementation, sustainability and impact in different clinical practice contexts.

## DISCUSSION

The results show a positive impact of CS on nurses' development of EI, reinforcing the need for investment in structured models with systematic reflective practices that promote emotional skills and quality of care. Studies<sup>(15-17)</sup> showed that models such as Safe Care and the Preceptor's Reflective Practice Program (PRPP) promote self-reflection, interpersonal relationship management, empathy and team cohesion. The PRPP, based on the Gibbs cycle, uses structured steps such as description, feelings, evaluation, analysis, conclusion and action plan and combined digital and verbal tools such as digital reflective diaries (via Padlet) and face-to-face workshops, stimulating critical thinking. This model showed relevant gains in clinical reasoning and emotional regulation of nurses<sup>(16)</sup>. The SafeCare model, in turn, promotes safety, quality of nursing care, professional satisfaction and interprofessional relations<sup>(15,18)</sup>.

However, in an analyzed study <sup>(14)</sup> no direct improvements in job satisfaction or EI were observed, possibly due to factors such as institutional instability, lack of time for supervision and challenges in the selection and training of clinical supervisors. The effectiveness of SC is thus dependent on the organizational culture, the existence of resources and formal recognition of the supervisor's role. Barriers such as resistance to change, lack of time and ignorance of the benefits of CS continue to limit its effective implementation.

There was an association between CS, burnout reduction, increased motivation and improved communication, which reinforces the value of regular, structured and adapted to the needs of professionals supervisory practices<sup>(19-20)</sup>. Recent studies<sup>(21-22)</sup> recommend CS models with defined



protocols and continuous training, emphasizing methodological standardization and the inclusion of control groups as gaps in research. Although the direct impact of CS on clients is still limited, the gains observed in IE, team cohesion and care security justify continued investment<sup>(23)</sup>. The promotion of collaborative environments, allied to the intrinsic motivation of nurses is identified as a key factor for the success of CS.

Reflective peer discussions help to improve practices and reduce neglected care, especially when CS is perceived as a support rather than a hierarchical imposition. Continuing education should be understood as a strategic pillar, promoting critical and evidence-based practice. Effective supervisory processes favor professional bonding, increase satisfaction and positively impact clinical decision-making<sup>(23)</sup>.

The analysis of the studies confirms that CS is conditioned by institutional and personal factors. Among the institutional factors, we highlight the lack of time, the overload of work, the shortage of human resources, rotating shifts and the absence of institutional support. These limitations compromise adherence to the process and hinder the creation of safe spaces for reflection. However, well-organized CS programs accompanied by adequate training can mitigate these barriers, promoting active involvement and significant gains in EI <sup>(12,16)</sup>. The effectiveness of CS thus depends not only on the model, but also on the creation of appropriate institutional conditions, the training of supervisors and a culture that values emotional development.

It is essential that institutions invest in training and ensure protected time for supervision. Supervisors should have tools for active listening and emotional leadership, creating environments of trust and adaptation to clinical contexts. The integration of CS in institutional and educational policies should be considered a strategic priority, due to its relevance for the sustainable development of the profession and the continuous improvement of the quality of care.

### **Study Limitations**

A limitation of this study refers to the reduced number of studies included, which may reflect the emerging nature of the theme in the area of nursing. This scarcity restricts the possibility of broader generalizations and limits the robustness of conclusions. In addition, the language restriction, as well as the research conducted on only three databases, may have contributed to the non-identification of relevant studies published in other languages or in complementary databases, reducing the scope of the review. Future research should expand the number of databases, include other languages and consider different contexts of action so as to strengthen the consistency, external validity and applicability of results on the relationship between CS and EI in nursing.

## Contributions to the Field of Nursing

There is a growing need to investigate CS in nursing, particularly regarding its effectiveness in cultural contexts, relationship with EI and impact on health outcomes. Future studies should provide practical recommendations for an effective and sustainable implementation in health services. Its integration in educational and institutional policies emerges as a promising strategy for professional development, reflective learning environments and improvement of the quality of care. The results reinforce CS as a key instrument for clinical excellence, professional satisfaction and better health indicators.

## CONCLUSION

This scope review mapped the available scientific evidence on the relationship between CS and IE of nurses, revealing a still limited but growing literature that addresses different models, contexts and results. The included studies describe CS as a process that favors the development of emotional skills, namely self-reflection, empathy, communication and interpersonal relationships, considered essential for a safe and humanized clinical practice. Models such as Safe Care and the Preceptor's Reflective Practice Program were reported as promoters of reflexive learning and strengthening intra- and interpersonal skills.

Institutional barriers such as lack of time, limited human resources, shift turnover and organizational conflicts were also identified, as well as individual factors including resistance to change, ignorance of the benefits of CS and lack of specific training of supervisors. The literature analyzed reveals gaps in the standardization of supervision models, in the systematic evaluation of emotional skills and in the sustainability of long-term interventions. Future studies should deepen this relationship and examine the organizational and formative conditions that favor emotional development in nursing, contributing to more reflective, safe and humanized practices.

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