

Clinical supervision in nursing: from reflection to ethical decision-making

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Abstract

As an inseparable process of clinical contexts, clinical supervision in nursing involves potential ethical dilemmas and moral complexities. It offers an appropriate space for applying legal regulations and ethical constructs inherent to the profession, as well as for engaging in ethical discussions aimed at supporting decision-making. When faced with ethical challenges, clinical supervisors must reflect on the ethical responsibilities associated with both supervisory practice and care provision, given their commitment to society. The resulting benefits and harms require ethically grounded deliberation. The goal of this article is to present a reflection on ethical decision-making within a peer supervision process in clinical nursing practice. This reflection is developed through a case analysis using a critical-reflective approach grounded in an ethical decision-making algorithm.

Keywords: Preceptorship. Ethics, professional. Decision making. Ethical analysis. Education, nursing.

Resumo

Supervisão clínica em enfermagem: da reflexão à decisão ética

A prática da supervisão clínica em enfermagem, enquanto processo indissociável dos contextos clínicos, reveste-se de potenciais dilemas éticos e complexidades morais. Ela fornece o espaço adequado à mobilização dos regulamentos legais e construtos éticos inerentes à profissão e à discussão ética com o propósito de sustentar a tomada de decisão. Face aos desafios éticos, o supervisor clínico deve refletir sobre as responsabilidades éticas próprias do exercício supervensivo, bem como da prestação de cuidados, dado seu compromisso assumido perante a sociedade. Os benefícios e prejuízos daí emergentes interpõem uma ponderação eticamente sustentada. Este artigo pretende apresentar uma reflexão sobre a tomada de decisão ética num processo supervensivo de pares em contexto de prática clínica de enfermagem, por meio de uma análise de caso, com recurso a uma abordagem crítico-reflexiva alicerçada num algoritmo de tomada de decisão ética.

Palavras-chave: Preceptoria. Ética profissional. Tomada de decisões. Análise ética. Ensino de enfermagem.

Resumen

Supervisión clínica em enfermeira: de la relexión a la decisión ética

La práctica de la supervisión clínica en enfermería, como un proceso indisoluble de los contextos clínicos, se reviste de potenciales dilemas éticos y complejidades morales. Proporciona el espacio adecuado a la movilización de la normativa legal y los constructos éticos inherentes a la profesión y a la discusión ética con el propósito de sostener la toma de decisiones. Ante los desafíos éticos, el supervisor clínico debe reflexionar sobre las responsabilidades éticas propias del ejercicio de supervisión, así como de la prestación de cuidados, dado su compromiso asumido ante la sociedad. Los beneficios y perjuicios que de ahí emergen requieren una consideración éticamente sustentada. Este artículo pretende presentar una reflexión sobre la toma de decisiones éticas en un proceso de supervisión entre pares en el contexto de la práctica clínica de enfermería, mediante un análisis de caso, utilizando un enfoque crítico-reflexivo basado en un algoritmo de toma de decisiones éticas.

Palabras clave: Preceptoría. Ética profesional. Toma de decisiones. Análisis ético. Educación en enfermería.

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Clinical supervision in nursing is defined as a formal process of monitoring clinical practice. It aims to support professional development, ensure patient protection and promote care safety through processes of reflection and analysis of practices. It can be applied in different contexts, especially in the supervision of students, early-career professionals and peers^{1,2}. In such situations, nurses are often faced with the need to make challenging and complex decisions that give rise to ethical dilemmas³⁻⁶.

Ethical dilemmas are situations that require ethical deliberation between two courses of action. This deliberation typically involves multidimensional elements that influence and determine each action, namely ethical, scientific, professional, deontological, cultural, social and legal principles. The weighing of options entails confronting different values and duties among those involved in order to identify the most appropriate solution. The goal is to achieve a sound resolution or, when necessary, to determine the least harmful solution in a reasonable and prudent manner. Participation and accountability of nurses in shared decision-making emerge as protective factors, helping to mitigate ethical conflicts⁷.

In the context of clinical supervision, the need to weigh alternative courses of action stems from a conflict between protecting one party and harming another or others. This underscores the importance of integrating decision-making models that, given the complexity of the process, provide a structure and framework grounded in ethical-legal principles, up-to-date evidence, sound judgment, a clear purpose and the courage to act, thereby supporting decision-making⁸.

In 2010, Janet Matthews developed a proposal to systematize the ethical dilemmas frequently encountered in nursing practice, presenting an algorithm that clearly outlined the steps involved in nursing ethics decision-making: the Nursing Ethics Decision-Making Algorithm⁹. This model was translated, adapted and validated into European Portuguese by a panel of experts¹⁰.

The algorithm begins with the recognition of a dilemma and the existence of at least two possible choices. The options are examined in phases, after an assessment of their legality.

If an option is not legal, the algorithm cannot proceed. Once legality is established, the options are analyzed based on the ethical values and principles supporting each choice, followed by an evaluation of benefits, costs and risks. The choices are then interpreted according to an ethical theory for further validation. The next step involves reviewing past occurrences of similar situations; if applicable, previous decisions are compared to guide extrapolation to the current case. A decision is then made, and the algorithm proceeds with an evaluation of the results of the action taken¹⁰.

As ethical practice is recognized as a core competency of clinical supervisors, applying its underlying constructs in problem assessment makes the supervisory process an ideal setting for its implementation. The clinical supervisor is the professional best equipped to operationalize ethics in clinical practice and foster the development of these competencies in supervisees^{8,11}.

It is essential that supervisors serve as role models for ethical conduct. While this clearly influences nursing students, it is equally relevant in peer supervision during the onboarding of new practitioners. The integration of ethical constructs fosters the development of moral and professional competence, reinforcing key tools for clinical practice such as reflection, critical judgment and decision-making¹².

This article aims to provide a reflection on ethical decision-making within the context of peer supervision in clinical nursing practice. It presents a case description and analysis grounded in previous supervisory experiences, using a critical-reflective approach based on the Nursing Ethics Decision-Making Algorithm. To support this reflection, the analysis incorporates ethical and deontological guidelines from the nursing profession, along with relevant evidence related to clinical supervision.

Description of a peer supervision case in clinical practice

The context relates to peer supervision within a clinical setting in a Pediatric Inpatient Service and a Neonatal Special Care Unit. While the Neonatal

Special Care Unit provides healthcare to sick newborns and their families up to 28 days of life, the Pediatric Inpatient Service—a medical-surgical service—cares for children and adolescents from birth up to 18 years of age (minus one day), along with their families, across both specialties. The different age groups and specific needs of these children and adolescents add significant complexity to the service, requiring not only tailored care, protocols, therapeutic approaches and interventions, but also the collaboration of multiple professionals. To ensure the full exercise of children's rights, the unit ensures the continuous presence of a parent or caregiver, which increases professional demands.

The case under analysis involves the onboarding of a nurse with approximately two years of professional experience in various care settings, now entering the field of child and pediatric health for the first time. The supervision process began on their third shift, following the appointment of a staff nurse as supervisor. The newly admitted nurse shadowed the supervisor during all shifts. From the outset, the supervisee showed resistance to guidance, asserting that their professional background was sufficient to deliver safe and high-quality care. Regarding team interaction, the supervisee was sociable and able to build relationships easily, displaying effective communication skills.

However, whenever the interactions involved theoretical or technical content, the supervisee was often dismissive, typically interrupting or talking over others in an attempt to demonstrate proficiency in all areas. Likewise, recommendations and suggestions were frequently rejected. The new nurse claimed to feel fully integrated and autonomous in providing care, while expressing frustration over a perceived lack of autonomy, given their experience. Another complaint referred to a feeling of being constantly monitored during care delivery.

From the supervisor's perspective, however, gradual autonomy could not be granted, as the supervisee frequently engaged in practices unsupported by evidence, attempting to hide or withhold them, thus posing a risk to the safety

of the child or adolescent. Such occurrences were related to interdependent interventions—for example, unsafe medication administration practices—which, even after being addressed, were repeated and left uncorrected. Concerning autonomous nursing interventions, especially certain communicative behaviors, the supervisee caused confusion and discomfort among parents or caregivers. Over time, this led to a decline in trust and receptiveness within the nursing team, as they observed the interactions with family members.

During reflective discussions about the integration period, the supervisee consistently denied having any difficulties, demonstrating confidence in their ability to provide safe, autonomous and high-quality care. However, despite not sharing this view, the nurse supervisor felt inhibited from expressing such concerns assertively. The supervisor even attempted to justify the supervisee's inadequate interventions by attributing them to visual impairments.

Concerns about the ineffective progress of the supervision process were raised with the nurse manager, who agreed that more rigorous monitoring was required between supervisor and supervisee. This decision progressively worsened the relationship between them. The nurse manager eventually asked the supervisor to prepare a written evaluation outlining the events to support further consideration regarding the supervisee's employment.

Applying the Nursing Ethics Decision-Making Algorithm

Applying the algorithm begins with identifying and explaining the ethical dilemma, hence the importance of providing a detailed and judgment-free description of the case encountered.

Phase 1: identifying and explaining the ethical dilemma or problem

Faced with the case described above, the supervisor experienced an ethical dilemma with the possibility of choosing between two

solutions: (1) providing an objective and detailed report of the disruptive incidents that occurred during the integration period; or (2) providing a report recommending an extension of the supervisee's integration period. Both options required the supervisor to conduct a seven-phase detailed analysis to support decision-making.

Phase 2: assessing the legality of the choices

In legally assessing the options, it is important to verify whether both constitute lawful practice. Current legislation, along with codes of conduct and professional accountability, can guide nurses' actions and, in doing so, influence ethical decision-making. Decision-making in nursing practice is intrinsically guided by and aligned with existing regulations¹³. Nurses are, in fact, duty-bound to comply with the ethical standards and legal provisions that govern the profession¹⁴. Within the scope of clinical supervision, the supervisor is responsible for ensuring the quality and safety of the care environment¹¹.

In this regard, the International Council of Nurses (ICN) states that the ethical duties and values of nursing apply to all forms of nursing services and roles—managers, researchers, educators, students and policymakers¹⁵. Accordingly, all nurses must comply with the legislation governing the profession, thereby contributing to its recognition and dignity¹⁴.

Likewise, nursing practice promotes an environment in which the human rights, values, customs and beliefs of individuals, families and communities are acknowledged and respected. Consequently, nurses' rights are included under human rights, encompassing the right to justice, compassion and respect for human dignity—and must be equally taken into account¹⁵. Therefore, it is evident that both of the options under analysis are validated by these principles.

Within the scope of their professional activities, nurses are responsible for taking appropriate measures to protect individuals, families and communities whenever another professional, person or practice poses a risk to their health and safety. At the same time, nurses involved in training processes are responsible for guiding and

supporting the professional development of new practitioners¹⁵. Both of these responsibilities are reflected in the core premises of the dilemma.

The Regulation on Advanced Competency in Clinical Supervision (RCASC) legitimizes not only option 1, by establishing that clinical supervisors should take part in both the self- and hetero-assessment processes of the supervisee, but also option 2, by stating that the clinical supervisor serves as a support resource for supervisees, acting according to their learning path and developmental needs. This implies that supervision must be tailored to the individual characteristics and progress of the supervisee¹¹.

The choice between the two options may be made autonomously and individually, as provided in legal and regulatory frameworks, making it relevant to consider different perspectives and points of view. It can thus be affirmed that both options are supported by the legal principles and ethical standards that govern the nursing profession.

Phase 3: identifying ethical values and principles related to the ethical dilemma

Values relate to the roles and functions of individuals within organizations. They prioritize the collective good over individualism and personal interests, guiding the adoption of ethical behaviors consistent with the values embedded in their respective contexts¹⁶. In the case under analysis, the values that justify option 1 include: truth, impartiality, honesty, commitment/responsibility and professional excellence.

Based on Scheler's ideology, truth is not a value in itself but an idea. What should be considered a value is the pursuit of truth¹⁷, which is conceived as one of the universal values to be upheld in nurses' professional relationships¹⁴. In this sense, under option 1, the nurse supervisor promotes truth through accurate reporting.

Impartiality can be understood as assessing and understanding facts objectively, without favoritism or bias, and with integrity¹⁸.

Honesty is widely recognized as an important moral value and is essential in a supervisory relationship. It involves respect for truth and

the application of the value and principle of impartiality. In this light, option 1 can be seen as particularly grounded in honesty. An objective and detailed report, faithful to the facts, is more reliable^{8,19,20}.

Regarding responsibility and commitment, it is worth noting that entering the profession requires new nurses to take on the responsibilities inherent to nursing practice. This means being accountable for what has been entrusted to them. Commitment reflects an individual's responsibility in fulfilling their mission, linking professional competence to quality, safety and the pursuit of excellence²¹. The supervisor has a duty and commitment to carry out the assigned role of supervision, which includes evaluating the supervisee's competency development.

Excellence in professional practice implies a value judgment that corresponds to the moral dimension of care. Having the right to receive proper and humane treatment, with technical accuracy, privacy and respect, is not enough; care must necessarily be provided in an appropriate, conscientious and competent manner²². This reveals the inseparability of competence from professional practice.

From another perspective, option 2 is associated with a different set of values: empathy, solidarity/compassion, well-being, coherence and professional development.

Empathy among the parties involved presupposes experiencing the situation through analogy, attempting to understand another as if the roles were reversed²³. Empathy also encompasses values such as solidarity and compassion. According to Husserl, solidarity can be understood as the realization of an ethical ideal—an altruistic act of doing good²³. Similarly, Schopenhauer defines compassion as immediate participation in the relief of another's suffering²³. These are the values the supervisor would draw upon in an effort to mitigate or eliminate adverse and potentially distressing impacts on the supervisee.

Compassion is closely linked to well-being, with the aim of causing no harm and acting in another's best interest. Clinical supervision also promotes the well-being of individuals, teams and organizations^{23,24}.

Another value is coherence throughout the supervisory process. During ongoing evaluations based on predefined criteria, any emerging obstacles should be communicated to the supervisee so that strategies can be revised and adapted accordingly⁸. Therefore, transparency must be maintained at every stage of supervision. Interim assessments should align with the final evaluation; however, any inconsistencies may be justified by the occurrence of adverse, yet non-recurring, events⁸.

Professional development is also considered a universal value in professional relationships¹⁴. Nursing practice within clinical supervision involves creating conditions that allow the supervisee's professional growth, even if it requires extending the supervision period. The duration of the integration process varies not only by context but also by the supervisee's individual characteristics and needs, ensuring safe and high-quality care²⁵.

In turn, the ethical principles of professional practice guide nurses' conduct in accordance with underlying values, materializing through respect for the rights of all parties involved²².

Therefore, in light of ethical principles, it should be noted that the way supervisors exercise their ethical responsibilities can have multiple effects across four domains: the supervisory relationship, the supervisee, the patients under the supervisee's care and the general public⁸. In the present context, the nursing team is considered part of the general public. Regardless of the approach taken, the effect will inevitably extend across more than one of these domains⁸.

With regard to option 1, the main ethical principles are justice, veracity, fidelity, non-maleficence and beneficence.

Justice is understood as the fair distribution of risks, benefits and costs⁸. It involves equal rights and the management of similar cases in similar ways, and of different cases in different ways, considering individual circumstances. Therefore, it differs from treating everyone the same, as it implies equity²².

Within the supervisory relationship, it is important to take appropriate measures in response to inadequate competency development, even if such actions entail certain costs.

This gives rise to the principle of veracity, which implies truthfulness (being truthful) and authenticity in interactions. It involves congruence and honesty⁸, meaning that supervisors must be candid in their evaluations, providing judgments that accurately reflect the supervisee's competency development.

Likewise, fidelity is emphasized, relating to the acceptance of responsibility when working with others⁸. This is tied to the supervisor's personal integrity in acknowledging any failure of the supervisory relationship or process during the assessment. Toward others, it is expressed through the fulfillment of professional responsibilities as expected of us²².

The principle of non-maleficence relates to avoiding harm and is fulfilled through the ethical requirement of competence⁸. Since inadequate competency development may jeopardize the quality and safety of care, it is essential to safeguard the well-being of the child/family dyad. Avoiding harm is more urgent and obligatory than the requirement to promote good²².

Closely related is beneficence, which focuses on the well-being of others by maximizing benefits and minimizing risks—again grounded in the ethical imperative of competence²². It is particularly relevant to the well-being of the nursing team, as insufficient professional development may directly undermine the team's confidence in both the supervisee and the supervisor.

As for option 2, the relevant ethical principles are respect for dignity, justice, fidelity, vulnerability, and non-maleficence.

Respect for dignity concerns the right of individuals to be treated with respect, considering their individuality, beliefs and cultural differences. It also includes the right to receive culturally competent supervision⁸. In the case under analysis, this principle is clearly linked to ineffective feedback provided by the nurse supervisor at a certain stage of the process, which may have hindered the supervisee's potential for competency development.

Also applicable within this context is the principle of justice, insofar as the significant lack of guidance in response to the

unsatisfactory development of competencies may have led the supervisee to undervalue the importance of improving them. The absence of appropriate evaluative feedback may suggest inadequate supervision, amounting to potentially unethical supervision⁸.

Fidelity is expressed through full engagement with the supervisory process and the consistent support of the supervisee. It reflects respect for individuality, as well as the need to readjust strategies, encouraging continuity over resignation⁸.

Vulnerability is inherent to this kind of evaluation process. All supervisees are in a position of particular vulnerability, which calls for sensitivity on the part of the supervisor. Newly hired nurses are especially vulnerable, as they are necessarily dependent on evaluation.

Lastly, in relation to option 2, the principle of non-maleficence involves preventing potential psychological, mental or moral harm to newly hired nurses, even if the supervisor is unaware of the outcome following the issuance of the aforementioned report.

Phase 4: identifying benefits, costs and risks

In analyzing the potential benefits inherent in option 1 within the scope of the supervisory process, special importance is placed on protecting the patient in terms of care safety and quality. Operationally, it is the nurse's responsibility to develop a professional practice grounded in accountability, act in accordance with the principles of care delivery and management, and, among other duties, promote a safe environment²⁶. In the case at hand, there were clear shortcomings in demonstrating safe, responsible and professional conduct aligned with best practices. Therefore, it is relevant to report, in detail, the various incidents that occurred during the integration period, as such situations could have posed serious risks to the safety of the care provided to the dyad.

In addition, an objective and detailed assessment will contribute to promoting trust within the team, as non-complicity with poor practice fosters an environment of safety and

confidence among team members and positively impacts both professional well-being and the quality and safety of care^{27,28}.

This option also offers potential benefits for the supervisee, as it may encourage self-awareness regarding disruptive attitudes and behaviors. In clinical supervision, reflection on action offers opportunities to question practices and reconsider professional performance^{29,30}.

Option 1 may foster self-knowledge and greater awareness of professional roles, supporting the development of a professional identity. However, an analysis of the associated costs reveals the potential for a negative dynamic between supervisor and supervisee, which could compromise the trust and confidentiality inherent in the supervisory relationship^{8,29,31}.

The supervisor's awareness that the evaluation may in some way limit the supervisee's professional—or even personal—trajectory is in itself a negative emotional burden. If interpersonal conflict arises, it may also trigger negative feelings such as guilt and sadness. The presence of conflict may further inhibit feedback, representing a significant cost and impact, as well as a risk to the quality and safety of care provided to the child and family³².

Still regarding the risks associated with this option, one must consider the psychosocial consequences of the decision. Reactions such as frustration, anxiety, distress, discouragement and/or stress may arise in response to a mismatch between professional demands and inadequately demonstrated competencies during the supervisory process⁸.

Just as successful supervisory processes positively influence the supervisor's well-being and professional conduct, the strain caused by unsuccessful supervision may negatively affect the supervisor's role in future supervisory practices³³.

In analyzing the benefits of option 2, one notes that a longer integration period could support the improvement of the supervisee's professional competencies. In this regard, respect for the newly hired nurse's individuality may foster the development of autonomy and professional identity, benefiting both the supervisee and the

healthcare organization, which ultimately gains from their professional growth^{8,34,35}.

Given that nurses' job satisfaction is strongly linked to their ability and competence in performing their duties, greater professional competence is expected to enhance satisfaction^{8,36}.

The potential implementation of a supervisory period that exceeds expectations—without guarantees of future success—will entail higher financial costs and increased physical and intellectual demands on professionals³⁷. Similarly, the relationship with the rest of the team can suffer due to diminished trust, as the supervisee may come to be seen as a disruptive member. The inefficiency and incompetence of healthcare providers, along with the disruptions to team dynamics, ultimately compromise institutional performance³⁷.

Extending the integration process may perpetuate the supervisee's behavior, leading to frustration for the supervisor. The resulting overload could contribute to abusive supervision^{8,38}. Another risk is the potential compromise of care safety and quality, as the newly hired nurse may continue to exhibit disruptive behaviors while providing care independently. This added risk contradicts institutional directives aimed at maximizing patient safety and minimizing the possibility of error³⁹.

Phase 5: identifying ethical theories that support the analysis

Grounding the decision-making process in theory makes it possible to separate the foundations for action. Considering action as the result of a decision is intrinsically linked to the contributions of Aristotle, who reflected on the nature of human action. According to Aristotle, decision-making entails choosing between possible alternatives, with deliberation being implicit in the decision—occurring prior to the decision itself and simultaneously with the action. Deliberation, therefore, does not concern the choice of the ends, but rather the evaluation of the available alternatives. Likewise, if the choice results in a decision not to act, the individual remains responsible for their inaction⁴⁰.

It is clear that, regardless of the option chosen, nurse supervisors are always responsible for the decision. It is their duty to engage in each of the described phases, conducting the ethical analysis in accordance with the constructs and responsibilities of nursing, and considering the implications of each alternative. Once deliberation is complete, the supervisor must act by selecting one of the available options.

The theory of principlism, developed by Tom L. Beauchamp and James Childress in 1979, provides an explanatory framework for bioethics and remains one of the most influential models in healthcare ethics. It comprises four principles: respect for autonomy, beneficence, non-maleficence and justice. These principles are considered *prima facie*, meaning they do not follow a hierarchical order; each holds equal weight⁴¹.

In more complex conflicts, there may be no single correct course of action. Instead, two or more morally acceptable courses of action, though inevitably in conflict, may carry equal moral weight under the circumstances. In this sense, the application of the principles enables the possibility of moral pluralism, i.e., supporting more than one course of action⁴².

Thus, it is possible to recognize arguments supporting more than one option. In the analysis of different perspectives, the principles also apply differently depending on the context of action, sometimes reinforcing the rights of each party involved.

The application of each phase of the decision-making algorithm is shown in Chart 1.

Chart 1. Decision-making algorithm arising from the ethical dilemma

Option 1	Option 2
To provide an objective and detailed report outlining the disruptive situations that occurred during the integration period.	To provide a more subjective report, highlighting the perceived need for a longer integration period.
Legality of the options	
The ethical responsibilities and values of nursing apply to all forms of services and roles. Nurses are held accountable for taking appropriate measures to protect individuals, families and communities whenever their health and safety are put at risk by any other professional, individual, policy or practice. In training processes, nurses are responsible for guiding and supporting the professional development of new practitioners. ¹⁵ Nurses have a duty to comply with the current legislation governing the profession, contributing to its dignity. ¹⁴ The clinical supervisor takes part in both self-assessment and heteroassessment processes of the supervisee, selecting individualized strategies in accordance with the learning pace and the gradual acquisition of autonomy in decision-making. ¹¹	
Values	
<ul style="list-style-type: none">• Truth• Impartiality• Honesty• Commitment/Responsibility• Excellence in professional practice	<ul style="list-style-type: none">• Empathy• Solidarity/Compassion• Well-being• Coherence• Professional development
Ethical principles	
<ul style="list-style-type: none">• Justice• Truthfulness• Fidelity• Non-maleficence• Beneficence	<ul style="list-style-type: none">• Respect for dignity• Justice• Fidelity• Vulnerability• Non-maleficence
<ul style="list-style-type: none">• Promotion of best practices and care safety• Promotion of trust within the team• Awareness	<ul style="list-style-type: none">• Promotion of professional competency development• Respect for the individuality of professional competency development• Supervisee satisfaction• Adequate staffing

continues...

Chart 1. Continuation

Option 1	Option 2
Ethical principles	
<ul style="list-style-type: none"> • Negative relationship between supervisor and supervisee • Awareness of the impact of the evaluation on the final decision (supervisor) 	<ul style="list-style-type: none"> • Supervisory period exceeding four weeks • Harm to the relationship with the rest of the team
<ul style="list-style-type: none"> • Psycho-emotional impact • Behavioral response (towards the supervisor and team) • Supervisor's reluctance in future supervisory contexts 	<ul style="list-style-type: none"> • Supervisor's frustration due to the possible perpetuation of the behavior and overload of duties • Potential compromise of care safety and quality
Ethical theories	
<ul style="list-style-type: none"> • Aristotelian theory • Theory of principlism 	

Phase 6: considering similar decisions

Previous situations could have helped predict the outcomes and consequences of the actions, providing relevant input for decision-making. However, no similar episodes or deliberations were identified.

Phase 7: making an ethical decision

In making a decision, the supervisor must take into account the described information as well as the potential impact on the various domains involved (supervisor, supervisee, child-family dyad and nursing team). In this specific case, it was determined that the supervisor should proceed in accordance with option 1.

The nurse's professional responsibility—which aligns with the individual's right to safe, high-quality care—was particularly emphasized in light of the practices and behaviors exhibited by the supervisee.

Additionally, the evaluation of the supervisory process inevitably led to a highly complex and demanding situation, given the potential adverse consequences for the supervisee. While the interests of the supervisee must be taken into account as a matter of duty, the interests of the society receiving care take precedence⁸.

Being responsible, therefore, means being accountable not only for one's actions and the decisions that precede them but also for their consequences. This applies both to action taken and action deliberately not taken²¹. As gatekeepers of the profession—or mediators

of access to it—clinical supervisors are deeply involved with ethical standards and their application in clinical practice⁸.

The Nursing Ethical Decision-Making Algorithm enabled a deliberate decision-making process in light of the available options, serving as a valuable tool to systematize the analysis. By supporting the deliberation process, it demonstrates clear benefits for its use in clinical supervision practice.

Final considerations

Ethical dilemmas arise when nurses face situations that inevitably require choosing between at least two options, neither of which is free from causing harm. Analyzing lived experiences is important as it makes it possible to share and justify decisions that may help other professionals facing similar deliberative processes. However, it should be noted that each case must be analyzed within its specific context; this work cannot be generalized or regarded as a universally applicable solution. The decision-making algorithm requires precisely that—a contextual deliberative process that considers legal, social, ethical, deontological and political factors.

The critical-reflective approach adopted here helped break down the two possible solutions, resulting in a well-grounded final decision. Thus, while the clinical supervisor's responsibility to consider the supervisee's interests was

acknowledged, the social duty of nursing to ensure the provision of safe and high-quality care prevailed.

As this study focused on reflection regarding aspects of supervisory processes, it highlights the importance of effective communication, a collaborative and continuous learning environment, and, above all, the application

of ethical constructs to ensure high-quality supervisory practice. We believe it is extremely relevant to adopt strategies that promote the development of ethical reasoning required for decision-making in various supervisory contexts, through discussions, debates, ethics education/training for professionals and support from institutional ethics committees.

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