# Supervision

## Purpose

**The purpose of this document is to provide information and guidance on supervision (for example professional, clinical, cultural) for nurses.**

## Introduction

Supervision is recognised as a critical component of nursing and midwifery practice. NZNO believes supervision should be available to all nurses and midwives and supports initiatives to achieve this.

### Definitions

**Supervision** can be described as a forum for reflection and learning, in which an interactive dialogue takes place between at least two people. The dialogue 'shapes a process of review, reflection, critique and replenishment for professional practitioners' (Davys & Beddoe, 2010, p. 21).

This broad definition is designed to capture the fundamental essence of supervision regardless of whether it is undertaken as professional or clinical supervision. It may be useful to consider **professional supervision** as a process that does not necessarily involve reflection on clinical practice but on professional behaviour, interactions with others and outcomes, keeping up with developments in the profession, identifying professional training and continuing development needs, and ensuring the practitioner is working within professional codes of conduct and boundaries (Care Quality Commission, 2013). **Clinical supervision** is primarily focused on learning to develop and improve practice and ensuring safe practice (Cassedy, 2010). Clinical supervision also provides an opportunity to discuss individual cases in depth (Care Quality Commission, 2013). It may also involve assessment by the supervisor of the supervisee.

While some nurses have the opportunity for reflection and debriefing through an employee assistance programme after a workplace critical incident, this is not the ongoing, proactive approach supervision is intended to be.

**Peer reciprocal supervision** is used in some organisations, eg, Plunket, as a cost effective way of enabling colleagues with similar roles to provide reciprocal supervision to peers. Each person undertakes training as a supervisor before starting supervision, then each person takes a turn at being the supervisor and the supervisee (Polaschek, 2004). This may be within the same supervision session or at a different time (Sexton et al., 2013). Peer reciprocal supervision may be undertaken in groups or in pairs and has been shown to be effective in meeting nurses' supervision needs (Lakeman & Glasgow, 2009).

**Managerial supervision** is carried out by a supervisor, manager or other person with authority or accountability for the supervisee. In this situation, supervision will usually involve reviewing performance, setting objectives in line with organisational priorities, and identifying training needs (Care Quality Commission, 2013).

**Cultural supervision** is a model of supervision in which practitioners are supported to practise in a manner that reflects the spiritual, traditional and cultural understandings of their cultural group (Davys & Beddoe, 2010). Cultural supervision may be extended to support practitioners to work more effectively with members of other cultural groups to ensure culturally competent care. Non-Māori practitioners who work closely with Māori, or who may wish to improve their knowledge and skill in working with Māori, may access cultural supervision from a Māori supervisor.

**Kaupapa Māori supervision** can be defined as an agreed supervision relationship by Māori for Māori, for the purpose of enabling the supervisee to achieve safe and accountable professional practice, cultural development and self-care, according to the philosophy, principles and practices derived from a Māori world view (Eruera, 2005).

**Mentorship** or **āwhinatanga** involves a one-to-one or sometimes one-to-group relationship, in which a mentor invests time, knowledge and effort to assist the mentee/s to achieve their potential, both personally and professionally (Canadian Nurses Association (CNA), 2004; Donner & Wheeler, 2007). Mentorship is a voluntary, often informal, and usually long-term relationship. Mentorship is focused on socialisation of the mentee to the profession, and fostering their growth and development (Gopee, 2008; CNA, 2004, Donner & Wheeler, 2007).

Mentorship in the Māori context reflects the tuakana-teina relationship. Tuakana-teina relationship refers to the relationship between an older person (tuakana) and a younger person (teina), and is specific to teaching and learning in the Māori context. The tuakana-teina model brings with it both responsibility and ownership of whānau knowledge. It combines the wisdom and strategic edge gained through experience, with the enthusiasm and energy of the teina, to create a powerful driver for social change. While the tuakana generally takes the lead, the key issue in this relationship is that both the tuakana and the teina are teacher and learner. The teina learns new knowledge from the experienced tuakana; however the knowledge of the tuakana is reinforced and strengthened by assisting the teina (Durie, 2000).

**Coaching** helps individuals improve their performance and skills and tends to be shorter term than mentoring. While some supervisors may use coaching as part of supervision, it is generally considered a separate process. Clendon and Weston (2011) provide useful information on coaching in the New Zealand context.

It is important to note that regulatory and employment processes may require practitioners to take part in some type of supervision.

## Benefits of supervision

Although systematic evidence supporting supervision is incomplete due to methodological limitations, a number of benefits for nurses, midwives and their respective professions have been demonstrated through the implementation of high quality supervision. These benefits include:

> improved worker retention;
> improved motivation and commitment to the organisation;
> maintenance of clinical skills and quality practice;
> improved communication among workers;
> increased job satisfaction;
> self critique of clinical and cultural practice in a safe environment;

> development of strategies to address issues raised as part of critiquing and reflecting on practice;
> identification of strengths in nursing and midwifery practice;
> identification of learning opportunities to enhance further development of nursing and midwifery practice;
> prevention of burnout; and
> nursing leadership development

(Bond & Holland, 2010; Care Quality Commission, 2013; Cassedy, 2010; Dilworth et al., 2013; Francke & de Graaf, 2012; Koivu, Saarinen, Irmeli & Hyrkas, 2012).

Evidence that supervision improves patient or client outcomes is more limited. There is some evidence that supervision improves client satisfaction (Dilworth et al., 2013), and Cassedy (2010) argues anticipated benefits for the patient include empathetic, motivated and ethical nursing care; however further research into the benefits of supervision for clients is required.

Supervision does provide benefits for the organisation – particularly when considered as contributing to the culture of the organisation, the valuing of staff and best practice in recruitment and retention (Care Quality Commission, 2013).

## Requirements for effective supervision

Requirements for effective supervision include organisational support and funding, and clear policies and procedures that outline the type of supervision offered (may be multiple types), where and when it should take place, and who should take part. It is important the organisation recognises that participating in supervision is part of work. Kaupapa Māori supervision is likely to be provided by a Māori nurse, kaumātua or kuia who understands the Māori dimensions of well-being (Eruera, 2005).

Once these requirements are in place, the following parameters will help ensure effective supervision takes place:

> organisational parameters:
  - commitment and resources (including funding) to ensure supervision sessions and processes can be sustained;
  - a process for implementation, developed by nurses and midwives, for nurses and midwives, with the employer;
  - evaluation of the systems and how it benefits care and practice standards;

> individual parameters:
  - an identified supervisor who has undergone a prescribed course in supervision;
  - the nurse or midwife is able to choose a qualified supervisor;

> engagement between supervisor and supervisee:
  - clear understanding by both the supervisor and supervisee around what the supervision involves, and mutually understood and agreed goals;

- a willingness to explore practice, professional and/or cultural issues brought to supervision by the supervisee;
- strict confidentiality between the supervisor and the supervisee, unless clinical or personal safety is compromised by issues that arise;
- ground rules agreed between both parties, so that supervisors and supervisee's approach supervision openly, confidently and with a clear understanding of what is involved; and
- a written contract between both parties.

(Care Quality Commission, 2013; Royal College of Nurses, 2002; Dilworth et al., 2013).

It may also be helpful for the supervisor to be guided by a supervision explicit model. This will ensure the supervisee is clear about what to expect and can optimise the insights gained through participation. The supervisee may also be able to use the supervision process in their engagement with others. The Family Partnership Model (http://www.cpcs.org.uk/index.php?page=family-partnership-training) is one example of a model that can be used for both supervision and practice.

## Outcomes of supervision

Supervision:

> assists practitioners to further develop skills, knowledge and professional values throughout their careers, enabling them to develop a deeper understanding of what it is to be an accountable practitioner and to link this to the reality of practice;
> encourages learning and helps nurses and midwives to set boundaries, develop coping strategies and keep themselves safe; and
> develops a relationship in which one professional is given responsibility to work with another, to meet certain organisational, professional and personal objectives to promote standards of care.

In addition to the above, kaupapa Māori supervision enables the practitioner to explore and reconcile clinical and cultural issues for Māori health professionals and provides appropriate management strategies, skills and confidence for practitioners to retain their cultural identity and integrity as Māori (McKinney, 2006).

## Conclusion

Supervision is an important component of nurses' and midwives' professional development and supports nurses and midwives to ensure quality patient services. Supervision has benefits and outcomes for the individual nurse, patient and the employer. NZNO supports access to and availability of supervision in all areas of nursing and midwifery practice.

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**Mission statement**
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.