

FAQ - Professional Supervision for nurses

What is professional supervision?

Many definitions of professional supervision (also called ‘clinical supervision’) have been proposed since it was first developed in the disciplines of social work and counselling. Most definitions view it as a process of in-depth reflection by practitioners on their work in order that they continue to learn and develop from their experiences (Bond & Holland, 1998; Van Ooijen, 2000). Bond and Holland (1998, p. 12) describe it as:

“A regular protected time for facilitated, in-depth practice focused reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development”.

Van Ooijen also suggests that the purpose of professional supervision is to improve nursing practice and so needs to focus on nurse-patient interactions. This is the view of the National guidelines for clinical supervision in mental health and addiction services, which states “the overarching goal and focus of professional supervision is to develop the supervisee’s skills, which in turn improves outcomes for service users” (Te Pou, 2008, p.6).

Proctor (1986) provides another perspective of professional supervision by identifying three functions. Firstly, the ‘formative’ function where the process has an educative role. Secondly, the ‘normative’ function where professional clinical supervision helps to develop a consistency of approach to patient care (i.e. it follows ‘norm’s’ of nursing practice). Thirdly, there is a ‘restorative’ function, which provides support and validation for the supervisee (i.e. the person receiving supervision) through peer feedback. The following definition encompasses Procter’s perspective by describing professional clinical supervision as *“a designated reflective exchange between two or more professionals in a safe and supportive environment which critically analyses practice through normative, formative and restorative means to promote and enhance the quality of patient care”* (Howatson-Jones, 2003, p.38).

Davys (2007, p.27) clarifies the process in the following summary:

Supervision is:	Supervision is not:
<ul style="list-style-type: none"> ▪ An interpersonal, negotiated relationship in which both parties have rights and responsibilities ▪ Accountable – to the organisation and the profession ▪ Ethical and confidential ▪ Ongoing and regular (a process rather than an event) ▪ Educative ▪ About providing a better service to clients ▪ Managerial in that it relates to organisational standards and policies, but is not management or appraisal ▪ Supportive but not counselling ▪ Focused on the practitioner’s agenda ▪ Focused on the practitioner’s learning 	<ul style="list-style-type: none"> ▪ A chat session ▪ Gossip ▪ Friendship ▪ Counselling ▪ Management ▪ For the supervisor to talk about his/her issues ▪ Appraisal ▪ Judgemental

In summary, professional supervision helps nurses to discuss patient care in a supportive setting and provides feedback from their supervisor or colleagues, which helps

improve their understanding of clinical issues (Brunero & Stein-Parbury, 2008). Through sharing experiences they realise they are 'not alone' in their feelings and perceptions, which provides support and validation for them both personally and professionally. However, it is not personal counselling, nor mentoring, nor a performance management strategy (NZNO, 2008). The comparisons in Appendix 1 illustrate the differences between professional/clinical supervision, preceptorship, mentorship and coaching.

What are the benefits of professional supervision?

Research findings state that clinical supervision offers support, increased resilience against stress and improved practical and theoretical knowledge resulting in high quality care to patients (Bowles & Young, 1999; Cooper & Anglem, 2003; Howard, 2007; Teasdale, Brocklehurst & Thom, 2001; ven Veerannah, 2002).

Potential benefits are to:

- Further develop skills, knowledge and professional values to become an accountable practitioner and to link this to the reality of practice
- Encourage reflection on practice and improve patient outcomes
- Encourage personal learning and help the nurse set boundaries and develop effective coping strategies
- Provide extra support for nurses working in complex, challenging, or isolated roles
- Assist with effective management of conflict – professionally and organisationally so reducing stress levels
- Increase nurses' job satisfaction
- Prevent burnout and stress-related sick leave

This is what nurses have said about professional supervision:

"The other thing that it has really helped me to do is, when in difficult situations like that, to actually look at the patient's point of view. 'How is it for the Patient'?"

"Yes, it has increased my level of satisfaction because you can.. you know that you have someone to discuss things with who is completely confidential and its really fascinating getting different perceptions. It's really great".

"there were a couple of things that I've learntit relates to dealing with bullying, conflict and self respect issues. My supervisor was very helpful in explaining the mechanics around how relationships like this develop".

(Shaw-Brown, 2009)

What forms of professional supervision are there?

Appendix 2 illustrates the different formats of professional supervision, comprising individual, group and peer supervision.

How can I find and choose a supervisor?

NZNO's position statement recommends professional and clinical supervision as being essential for all nurses and midwives and should be available and accessible to them (2008). We hope you will be able to locate a trained supervisor in your area. Often word of mouth, discussing it with your manager or a colleague or an internet search will locate a

supervisor locally. If you live in Canterbury, the following website gives a directory of local supervisors: <http://www.supervisioninfo.org.nz/alphalisting.html>

The reasons why professional supervision may not be available to you include:

- resource constraints for training of supervisees and supervisors
- resourcing of release time
- lack of local trained supervisors
- need for ongoing training of supervisors due to normal attrition

Once you have found a suitable supervisor, the next step is to have an initial meeting to discuss ways of working together, expectations of the process, what might be in a contract and your backgrounds. Having a contract clarifies issues of cancellations, roles, responsibilities, confidentiality and any note taking. You may meet more frequently at first to build up a working relationship and to develop trust and rapport with each other. Some nurses may meet several supervisors before they feel they can build a relationship with one person. An experienced supervisor will always ask for regular feedback on the process and regular evaluation ensures the nurse's professional needs/goals are being met (van Ooijen, 2000).

How can I prepare for supervision to get the most benefit?

So, you've met your supervisor and have developed a working arrangement and discussed your contract. You've also done some background reading about professional supervision and have your next session booked. Davys (2007) also suggests that reflecting on who you are, where you are in your professional career and how you'd like supervision to assist you is a useful process before starting supervision.

Prior to the session, it's helpful to reflect on your practice and what situations/topics you'd like to bring to supervision, to make the best use of your time. There are four broad areas which can be reviewed to raise topics for supervision (Bond & Holland, 1998):

- Care of a specific patient/client
- Areas of responsibility of your work/caseload
- Stress/pressures having an influence on your work
- Your development within your work

A framework to consider your practice in terms of the client, self and context may be useful to further refine the focus for supervision (Davys, 2007).

She suggests reflective questions such as:

- "What is my assessment of this client/patient?"
- What is working/not working with this client/patient?
- What is my relationship with this client/patient – how do I want it to be?
- What are the implications of my responses to this client?
- How am I feeling about the work I am doing with this client/patient?
- How does this work environment impact on my ability to do the work?
- How might I like to develop or change the relationships I have with others at work?
- What are the bigger influences on the work which I do?"

(Davys, 2007, p.36)

Some people keep a notebook or diary to record issues, thought and ideas that come up during work, which could be discussed in supervision sessions. Supervision is not only for problems and dilemmas, as every work situation has its' own complexities and ethical boundaries which may produce a response in you (Davys, 2007).

Like any good relationship, supervision is something that has to be 'worked at'. Good relationships are mutually developed, with each person giving trust, respect and honest feedback. As Davys (2007, p.37) states "supervision is not about being given the answers, it is about being helped to find our own solutions to our own problems."

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Comparing Clinical and Professional Supervision, Preceptorship, Mentorship and Coaching

	clinical and professional supervision	Preceptorship	mentorship	coaching
Definition	Is a practice focused professional relationship that enables reflection on practice with the support of a skilled and qualified supervisor. Professional and clinical supervision facilitates professional growth by allowing safe and supported exploration of clinical practice (NZNO, 2005).	A senior or more experienced person supports, educates and monitors the progress of a less experienced colleague.	An experienced person provides wise counsel and guidance to less experienced colleagues.	A professional relationship between a trained coach and a motivated client. The sessions are goal orientated and outcome focused.
Participants	All levels of nurse	Newly qualified nurse	All levels of nurse	All levels of nurse
Duration of relationship	Ongoing (months-years)	Short: 3-12 months or less	From months to years	Short term
Aim of relationship	Provide support to meet personal, professional and organizational objectives	Monitors and assists nurse to gain confidence and competence.	Focused on career development over a period of time. Not formalized.	Achievement of goals
Facilitator	A person trained in facilitating supervision. Same discipline or different discipline. Hold a position internal or external to the organization.	Senior nurse working in the same area/ward.	An experienced person: educating, guiding and assessing students. Internal or external to the organization.	A qualified person with excellent listening, questioning, motivational and confidence building skills.
Potential Benefits	One to one ongoing relationship. Improve therapeutic, reflective thinking and clinical reasoning skills	One to one relationship. Develops confidence in application of theoretical principles to practice. Recruitment and retention.	Can be a long-term role following and supporting mentee's career progression.	Facilitates leaning and results. Outcome focused . Incremental levels of coach training. Short to medium time frame.
Limitations	Limited number of supervisors. Cost factors. May be seen as a problem orientated intervention.	Inadequate preceptor training and support. Workload pressures and preceptor burnout.	Not formalized. Not based a framework or model. Can be biased towards mentor's own experiences.	Utilized more to develop key staff.
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Formats for Professional and Clinical Supervision		
Format	Benefit	Limitation
Individual or One to One Supervision	<ul style="list-style-type: none"> • Most common format • The supervisee provides the agenda for the session • Allows for continuity and enhanced professional development opportunities 	<ul style="list-style-type: none"> • Feedback limited to that of the supervisor • Use of additional resource required to provide differing viewpoints.
Group Supervision	<ul style="list-style-type: none"> • Involves 4-6 people • Can be more supportive • Less intimidating • Opportunity to share knowledge, experiences and provide alternative solutions 	<ul style="list-style-type: none"> • Support versus challenge • Different levels of nurses • Supervisors need group facilitation skills as well
Peer Supervision	<ul style="list-style-type: none"> • Same level of nurse • Able to support, challenge and offer alternatives 	<ul style="list-style-type: none"> • Limits exposure of staff at different levels
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