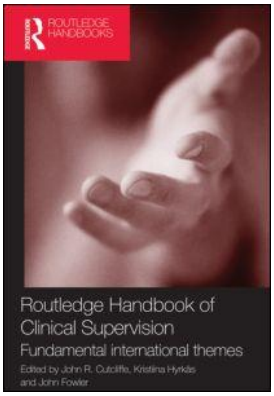

Routledge Handbook of Clinical Supervision Fundamental International Themes

John R. Cutcliffe, Kristiina Hyrkäs, John Fowler

Introduction

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Edited by John R. Cutcliffe, Kristiina Hyrkäs and John Fowler

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1 Introduction

Global perspectives on fundamental themes in clinical supervision

John R. Cutcliffe, Kristiina Hyrkäs and John Fowler

Why another clinical supervision book?

It is now almost ten years since *Fundamental Themes in Clinical Supervision* (Cutcliffe *et al.* 2001), was written and during these years, clinical supervision (CS) has remained on the radar for those involved in health care practice, education, development and/or education. While it might be argued that attention to CS within academic journal articles may have passed beyond its zenith (arguably this occurred during the 1990s), examination of the extant literature reveals that CS is very much still a matter of high interest. The possible decline in the number of papers notwithstanding, a closer inspection of the extant literature shows a number of interesting things. First, the papers that continue to be published appear to add something new, meaningful and/or significant to the literature (and it would be inaccurate to assert this of the papers produced during the 1990s when there was a great deal of repetition). Second, while it might be said that some of the earlier published work could have 'delved a little deeper' into the substantive issues, the more recent published work appears to do just that. Third, almost no new CS books have emerged during recent years.

As with any longitudinal, evolutionary, cumulative approach to knowledge generation, the existence of earlier work by no means serves to suggest that there is nothing new worth saying; on the contrary, what this actually means is that we have more questions now than perhaps we did before (Toulmin 1967; Popper 1972). A further outcome of interrogating the extant literature is that of the discovery of gaps in our knowledge base. Accordingly, it is perhaps worthy of note that some existing questions do not appear to have been fully debated or resolved and others have yet to be asked. As a result, this book attempts to make a significant (if not seminal) contribution to the extant CS literature by focusing on issues that continue to be of contemporary interest and furthermore by focusing on hitherto under-examined issues.

In addition to the continued widespread interest in CS, there are additional reasons for producing a new book.

First, CS is now much more of a genuine global phenomenon than it was ten years ago. More countries have embraced CS within various practice domains (e.g. see New Zealand, Australia, Canada); more individuals are thus involved in giving/receiving CS, studying CS, introducing CS into policies and practices, and teaching/training CS. The international interest is now far larger than it was ten years ago and yet with this context in mind, few (if any) books have been produced recently that will have

the content, international authorship and thus high utility/applicability that this book has.

The ongoing need for CS should also be considered with the context of the evidence-based practice movement which has swept several nations. Those nations and populations who are interested or already engaging in CS thus need to have the most comprehensive, robust empirical evidence upon which to base their practice. This book pulls together numerous key research themes within CS and provides some of the most contemporary findings available. Again, these are in no way limited to one country.

Contemporary issues pertaining to litigation and quality of care still abound (and some would say these have increased during recent years). Mindful of this development and the inescapable link between CS and quality of care/clinical governance, we have included new chapters that specifically focus on these issues. While the original editors touched on this in *Fundamental Themes in Clinical Supervision*, policy and quality matters have moved on, therefore a book that includes chapters on links between CS and these issues is much needed.

Again, with reference to international developments, one of the most compelling developments in recent years is the rise of the Magnet Recognition Program and the associated 'movement'. Perhaps analogous or similar to the Nurse (Practice) Development movement synonymous with the Kings Fund in the 1980s and some United Kingdom universities in the 1990s, Magnet Status is a huge deal right now in the United States. The Magnet Recognition Program was developed to recognise health care organizations that provide excellence in nursing practice. The new Magnet Model emphasises today five domains:

1 transformational leadership
2 structural empowerment
3 exemplary professional practice
4 new knowledge, innovations and improvements
5 empirical outcomes.

We will not belabour the obvious parallels with each of these five domains (and the practices within them) with the nature/rudiments of CS. Bearing in mind that hospitals in the United States are private businesses, many hospitals are aspiring to achieve Magnet Status and with that, an additional element to their marketing strategy for their organisations. As a result, hospitals in the United States that aspire to Magnet Status should, we would argue, consider how embracing CS within their organisation and culture can contribute to their efforts to become (or remain) a Magnet site.

Finally, it needs to be acknowledged that CS has not only spread across nations but it has also spread into disciplines which hitherto had very little or no CS activity. Though we highlighted these possible developments in *Fundamental Themes in Clinical Supervision*, the then possibilities have now become reality to the extent that GPs, palliative care nurses, primary care nurses and others are now engaged in CS. We have accordingly captured the state of the art/practice of CS for these groups by including chapters that specifically focus on these populations. Accordingly, this book not only builds on the strengths of *Fundamental Themes in Clinical Supervision*, it not only updates those still relevant chapters from that book, but it also includes new material to reflect the genuine international nature and the increasingly multi-discipline of CS

and does so by bringing together a collection of many of the leading international scholars in this area.

Our experience (and many of the findings detailed in this book) suggest that when people have had some personal experience of CS, they appreciate it, understand it, become aware of its utility, application and worth, and want it. Consequently, rather than a book that is based on theoretical perspectives, this book consists of a collection of chapters from authors each of whom are involved in practice relating to supervision, each of whom have experienced CS; and it has left a lasting impression. Those chapters on education/training have been written by authors who provide education/training (and receive CS) themselves. Those chapters on introducing, implementing or developing CS into an organisation, have been written by authors who have actively engaged in such endeavours (with documented success it should be noted). Those chapters on practicing/experiencing CS have been written by authors who, not surprisingly, practice and experience CS firsthand and thus have their own lived experiences to draw upon. Those chapters that feature contemporary research findings are each based on research conducted by the respective authors. The chapters that catalogue, describe and critique the state of the science of CS in a variety of different countries are each written by experts from the countries and regions represented. It should also be noted that these different sections lend themselves (arguably) to a different style of writing; accordingly some have a more academic sense or 'flavour' than others.

The structure of the book

After the first two chapters set the scene (so to speak) and provide some background and context to CS, Part I of the text is concerned with education, training and approaches to CS. Consequently, Chapter 3 examines the how and the why of Brigid Proctor's Supervision Alliance model, and looks at some of the open learning methods of training in CS. Chapter 4 makes the case for training/equipping student practitioners to become competent supervisees rather than supervisors, and suggests a possible structure for such education/training. Chapter 5 looks at experiential learning as a theoretical underpinning to CS and includes some pragmatic suggestions as to how one can assess, identify and address issues that sometimes lead to malfunctioning in CS. Chapter 6 features the development and delivery of a diploma-level CS training course at the University of Nottingham. Chapter 7 examines the hitherto under-examined matter of training requirements for competent CS. Chapter 8 focuses on CS through a post-modernist lens and Chapter 9 offers the original idea of adopting a solution-focused approach to CS.

Part II of the text is concerned with the introduction, implementation and development of CS into practice, policies and into health care organisations. Therefore, Chapter 10 examines the relationship between clinical supervision and clinical governance and draws them together with a convergence model. Chapter 11 outlines how a group of practitioners (lead professionals) facilitated the widespread implementation and development of CS within a National Health Service Community NHS Trust. Chapter 12 provides a summary of the literature review of CS, ten years on from the review of CS literature commissioned by the UKCC (now the Nursing and Midwifery Council). Chapter 13 focuses on a recent effort to introduce CS within a large National Health Service acute care trust. Chapter 14 presents a

number of descriptive accounts of how CS is working in one geographical area in the United Kingdom, including a number of case studies which provide very different pictures of how the essential elements of CS were adapted to the needs of each specific environment. And Chapter 15 describes an innovative and systematic approach to introducing CS in a rural health care organisation in Australia.

Part III of the text is concerned with the actual practice and lived experiences of CS within different health care professions (disciplines) and specialisms. Consequently, Chapter 16 leads with a focus on the experiences of a Community Mental Health nurse. Chapter 17 looks at CS for nurses working in palliative care settings. Chapter 18 features the experiences of general practitioners (physicians) in the United Kingdom who receive and participate in CS. Chapter 19 explores the practice of cross-discipline group supervision and Chapter 20 features the cultural realities of CS in an Australian acute inpatient setting. Chapter 21 concludes this part by examining CS supervision for nurse educationalists and sets this practice within the context of a post graduate psychiatric/mental health nursing course.

Part IV is a collection of research reports and empirical studies which constitute some of the contemporary (and international) research activity that examines aspects of CS. Accordingly, Chapter 22 draws on recent extensive research from Scandinavia and in other parts of Europe. Chapter 23 describes an empirical study which sought to explore relationships between CS, burnout and job satisfaction. Chapter 24 features a research study that examined the under-explored issue of multi-disciplinary attitudes towards CS in the United Kingdom, whereas Chapter 25 reports on the findings of a qualitative study that used a focus group method to evaluate the experience of receiving CS. Chapter 26 focuses on research findings pertaining to CS for those who occupy administrative and leadership positions and Chapter 27 considers the argument and evidence for using case studies as one means of producing qualitative evaluative data; and it reports findings from a series of case studies which produced evidence regarding personal, professional and practice developments enhancements that ensued as a result of participating in CS.

Part V of the text is concerned with presenting international perspectives on, and experiences of, CS and seeks to provide the reader with an understanding of the state of the science regarding CS in these featured countries. Therefore, Chapter 28 reports on the state of the science of CS in Australia and New Zealand. Chapter 29 reports on the state of the science of CS in Europe. Chapter 30 shifts our emphasis across the Atlantic Ocean and reports on the state of the science of CS in the United States and Chapter 31 on the state of the science of CS in Canada. Chapter 32 rounds off this part and takes a slightly different slant and offers up some key comparisons between European and North American conceptualisations of CS. The book concludes by considering: where do we go from here? Consequently, Chapter 33, on the future of CS, highlights some key issues/debates that arguably need to be resolved; highlights important policy, practice, education and research concerns and offers the editors' view on what could be addressed during the next decade.

The editors' position on clinical supervision

As with the editors of *Fundamental Themes in Clinical Supervision*, the editors of this new book share the view that there is no one single correct or 'best' way to carry out

CS. However, any activity is based on certain implicit or explicit assumptions. Rather than give yet another definition of CS, we want to spell out some of those assumptions, of what we think it is or is not in our considered opinion. The contributors to this book are all talking about the kind of CS that fits within these parameters. In no particular order of priority, the editors posit that these parameters indicate clinical supervision is necessarily:

- supportive;
- safe, because of clear, negotiated agreements by all parties with regard to the extent and limits of confidentiality;
- centred on developing best practice for service users;
- brave, because practitioners are encouraged to talk about the realities of their practice;
- a chance to talk about difficult areas of work in an environment where the person attempts to understand;
- an opportunity to ventilate emotion without comeback;
- the opportunity to deal with material and issues that practitioners may have been carrying for many years (the chance to talk about issues which cannot easily be talked about elsewhere and which may have been previously unexplored);
- not to be confused with or amalgamated with managerial supervision;
- not to be confused with or amalgamated with personal therapy/counselling;
- regular;
- protected time;
- offered equally to all practitioners;
- involves a committed relationship (from both parties);
- separate and distinct from preceptorship or mentorship;
- a facilitative relationship;
- challenging;
- an invitation to be self-monitoring and self-accountable;
- at times hard work and at others enjoyable;
- involves learning to be reflective and becoming a reflective practitioner;
- an activity that continues throughout one's working life.

We would argue that, ultimately, CS has to be concerned with benefiting service users as well as health care practitioners. The truth of the matter is that we are all potential clients or users of health care. Additionally, each of us has, in some way, paid for such care and it is entirely understandable that when we are to be recipients of health care, we would all want the best care possible for ourselves and our significant others. We posit that this 'best care possible' can only be delivered by the front line staff, who are competent enough and healthy enough. We believe that engaging in CS has the potential to help bring about precisely that scenario. It can help keep practitioners become and remain competent and healthy enough to provide this best care possible. Unless CS ultimately does have an influence on the care provided, it ceases to be what it was designed to be and becomes something of a rather narcissistic, self-absorbed activity for staff or yet another (unwanted) managerial monitoring tool.

There is an increasing requirement for staff who are engaged in helping relationships within health care to be accountable for their actions. However, the mechanisms

for encouraging, nurturing and monitoring this accountability remain vague and somewhat immature in their conceptual development. At the same time there is an ongoing requirement for such individuals to re-register as competent practitioners. Inextricably linked with one's eligibility for re-registration is the need to demonstrate a commitment to continuous and ongoing professional development and, at the same time, a degree of individual accountability (Cutcliffe and Forster 2010, in press). In order to operate as a competent, ethical and safe practitioner, one first needs to be accountable to oneself and then accountable to another. It is the belief of the editors (and the authors in this book) that CS provides one mechanism whereby these processes can be achieved.

What should you gain from this book?

Having identified that this book offers the reader something different from other books on CS, the reader ought to gain something different from reading it. So what should the reader be able to gain as a result of reading this book?

Perhaps you should first ask yourself: what do I want to know about CS?

Then, if you are interested in becoming a supervisor (or supervisee), you should turn to Part I, on education, and there you will discover what type of training/education is available, what options you can pursue and at what academic level. If you are interested in implementing/developing CS in practice and/or in your organisation, you should examine Part II and can then see some options of the ways this can be brought about, and identify some of the hurdles to the introduction of CS. If you are interested in the practice of CS you should look to Part III on practice and become aware of what practice is occurring, how practitioners are experiencing CS and how it might be of benefit to them. If you are interested in research, then you should examine Part IV and can then determine what are the next logical questions to be asked in CS, where the current knowledge base is and where future research should be focused. And if you are seeking a greater sense of this global phenomenon that you might logically begin with the final part of this book, on the international state of the science.

It is the editors' opinion that this book identifies some of the real benefits of receiving CS and this evidence has been obtained from real experiences. The evidence has been provided by practitioners who share the difficulties, constraints and dilemmas that many hard-pressed and busy health care practitioners experience. The writing does not come from a collection of academics who live in world far from the realities of clinical practice. As a result, the editors view this book as a 'carrot' book, rather than another 'stick' book. It provides the reader with some hope, something to encourage them, rather than adding to the already stifling load of 'shoulds and oughts' that practitioners bear. It demonstrates, as a result of the international chapters, how different countries interpret CS within their national context(s). It is thus interesting and illuminating to see different perspectives; and such perspectives might make practitioners, educationalists, managers/administrators, policymakers and researchers think about CS in a different way. It shows that in the substantive area of CS, there is evidence to suggest that several countries now occupy an influential potential, and thus there may well be something that we can all learn from other countries. Finally, it sets CS in context within a multidisciplinary context and reflects that whilst CS may have been available for decades

in certain nations, its potential to support staff, to help them become more individually accountable and to improve client care has not yet been fully realised.

Consequently, the ending of this chapter in *Fundamental Themes in Clinical Supervision* remains as salient and relevant today as it did at the end of the twentieth century. To borrow an expression that arises from contemporary parlance: CS has come far, but there is still a long way to go.

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