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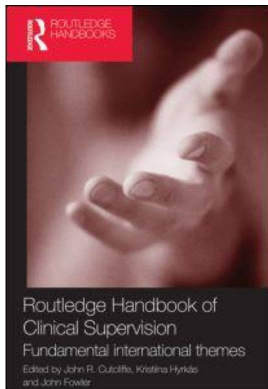

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14 Clinical supervision

An overview of the ideas and some requirements for professional practice

Alun Charles Jones

As its title indicates, this chapter offers an overview of clinical supervision and ideas regarding requirements for professional practice. The author discusses the topic by revisiting different formats for supervision and outlining the most common methods and modes. The author draws on varied literature and his own experiences to illustrate the potential benefits and possible pitfalls. The chapter concludes with the suggestion that clinical supervision forms an important part of the framework for clinical governance and, while supervision itself will challenge nurses, there is a need to identify critical elements that help professional practice.

We believe that this chapter presents an interesting overview for all readers. Whether as a supervisor or supervisee, it is important to understand how clinical supervision is linked to professional practice today. We also believe that the author presents an ideal to which the professional can aspire. Clinical supervision can offer the means to achieve a high standard of professional practice.

Acknowledgement

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Introduction

Clinical supervision is a forum that offers nurses guidance, support and education and so enhances and protects the organisation of health care. The Nursing and Midwifery Council (2008) recommends clinical supervision as a way of offering nurses a foundation for professional thoughtfulness and continued education. It is indeed a method of reaching the heart of professional practice. Supervised clinical practice is critical to the advancement of refined, improved and protected caring in professional situations.

Early literature suggested that many nurses viewed clinical supervision as a regulatory tool linked to appraisal, censure and managerial overseeing (Castledine 1994). A further misunderstanding concerning clinical supervision has been that it is a method of counselling or psychological therapy, giving rise to fears concerning personal and professional disclosures. Nevertheless, there are recent reports indicating that nurses are more accepting of clinical supervision (Kilcullen 2007). This may be because of a generation of nurses having become familiar with the ideas during their nurse preparation (Carver *et al.* 2007).

Clinical supervision is concerned with neither management authority nor psychologically therapeutic relationships; although in tangential forms, it encompasses elements of both. It is principally a relationship between respectful colleagues and is concerned with monitoring the progress of clinical work together with nurses' attainments of both safety in practice and excellence in the provision of heath care (Jones 2009). By providing opportunities in clinical supervision to view health care from a distance, a nurse can prepare for, deliver and evaluate clinical practice more effectively. The chance to reflect on nursing work and identify dynamic forces influencing the course of health care is a critical factor in the delivery of an efficient service (Knudsen *et al.* 2009). Supervision of clinical practice should therefore be a planned feature of health care provision.

If, however, clinical supervision is to be meaningful to nursing practice, then the nursing profession must assimilate, modify and individualise the concepts through identifying appropriate methods of practice (Fowler 2006). This requires distinguishing critical elements of support, management and professional education that are helpful to nurses, to define the unique contribution that clinical supervision can make to each specialist area of nursing practice.

Considered support and clinical supervision

Bertman (2005), writing about palliative care, discussed the need for considered support for those who care for patients and their families, suggesting that:

> If to relate on a person-to-person level is of paramount importance, then the atmosphere in which this is possible must be created and incorporated into formal teaching structures.
>
> (Bertman 2005: 7)

Supervised clinical practice can provide such conditions and is critical to the advancement of refined, enhanced and protected caring in professional practice. Research studies concerning supervision and nursing are proving helpful points of reference available to administrators, supervisors and those supervised, who are new to the concepts of supervised professional practice (for example, see Teasdale and Brocklehurst 2008).

Types of professional supervision

In mental health and psychiatric nursing, clinical supervision has traditionally assumed organisational, theoretical or philosophical approaches to complement the delivery of a service. For example, systemic family nursing makes use of a systems-oriented clinical supervision. In like manner, person-centred nursing makes use of person-centred clinical supervision and psychoanalytically informed nursing utilises psychoanalytic ideas in clinical supervision. *Adopting a corresponding framework helps practitioners to think about professional issues in ways that can improve their professional practice.*

Nurses might also usefully develop approaches to clinical supervision that similarly hold up mirrors to their own speciality of nursing practice. In professions other than nursing, practitioners sometimes choose to work with others of a different professional orientation to allow new ways of viewing their work. There are

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however, both benefits and disadvantages to this approach and usually it is only the most seasoned practitioners that favour it because of the potential for a theoretical muddle. Nevertheless, working with a conceptually naïve practitioner does offer opportunities to look at practice through a fresh pair of eyes, hear with new ears and explain in detail those things that are typically taken for granted (Jones 2009).

Supervision can take place in different formats, including clinical, managerial and training supervision. *Clinical supervision* enables a focus on professional competencies and increases the potential for a high standard of delivery of care to patients and their families. *Managerial supervision* is concerned with accountability and with the monitoring of work commissioned by an organisation. *Training supervision* related to the acquisition of specific skills and competencies and accountability is to the educational establishment.

Clinical supervision can take place before or after an event and can be either planned or ad hoc. In some instances, clinical supervision can be live, and so conducted during an event as in family work where a therapist will have immediate contact with a supervisor outside the therapy session. Supervision can also take place with oneself (Casement 1997), individually and in small groups with peers or a person with greater professional experience or from a different area of speciality. In some instances, supervision can include a team of workers or an organisation.

Particular formats have benefits or otherwise, each requiring different competencies of the supervisor and those supervised. Some nurses might view group clinical supervision, for example, as daunting because of fears of negative evaluations and competition from peers (Jones 2006). Nevertheless, groups offer ways of helping nurses to support themselves and others and to challenge strengths and weaknesses concerned with the delivery of care to patients and their families (Jones 2009).

The benefits of group-format clinical supervision

Working in small groups can be an effective means of managing stress-related difficulties, identifying strengths and supportive networks and so contribute to the maintenance of healthy behaviours (Alleyne and Jumaa 2007). *Group-format clinical supervision can also offer opportunities for nurses to share accounts of professional practice and so learn from the experiences of others (Jones 2009).* Support and learning, offered through groups, can enable adjustments in response to change. Group support can also promote efficient management of crisis and help sustain adaptive behaviours. Nonetheless, group members can become rivals and so groups can present experiences that are unhelpful to members. If conducted insensitively, like all relationships, there is potential for harm to nurses through abuses of power and inappropriate behaviours. There is a need to establish the working conditions that encourage group members to both protect and respect each other's contributions (Jones 2008).

Working arrangements

Whether conducted on an individual basis or in small groups, clinical supervision relationships are both dynamic and collaborative occurrences (Rafferty 2009). *It is a professional necessity that the supervisor and supervisee(s) together define the guidelines within which they are to work and a requirement that they document exchanges appropriately.* Nurses should be mindful that records are sometimes required as legal documents in a

court of law (Dimond 1998). Working boundaries, confidentiality, accountability, parameters and limits on discussions are therefore all relevant issues for negotiation. Similarly, choice is important i.e. do we wish to work together, can we work together and do our other roles allow us to work together?

Assumptions can lead to misunderstanding and increase the potential for mistrust or lead to either unhelpful or inappropriate professional practices. It would seem imperative that the benefits or otherwise of supervised professional practice are identified and so supervision can be calibrated to meet the needs of patients and their families together with supervisors, supervisees, colleagues and organisations more generally (Severinsson and Hallberg 2008). In turn, nurses might meet the needs of patients and families in safety and with sensitivity.

The process of supervision

Methods of supervision specific to nursing specialities are still emerging (Carver *et al.* 2007; Rafferty 2009). *Nonetheless, whatever the format of supervision its facilitation can be as either a didactic process, experiential or a mixture of both.* Stuart *et al.* (1995), writing of mental health and psychiatric nursing, note that clinical supervision can be a quasi-therapeutic process because of (arguably) the need to negotiate the psychoanalytic ideas of transference and counter-transference difficulties (psychological processes in which attitudes are passed on, inappropriately, from one relationship to another).

In addition, supervisors need to consider nurses' ways of thinking, learning styles, values and emotional needs in relation to healthcare provision. Nurses might also experience *specific* therapeutic benefits however, through the process of collegiality. A trusting, sharing and mutually challenging relationship can bring about beneficial changes in nurses, both personal and professional (Jones 2009). Stuart (1995) described three modes of the delivery for supervision, which offer guidance to nurses regardless of their chosen branch or speciality.

They are as follows:

Patient-centred supervision

The nurse brings to supervision problems of a technical nature. The supervisor seeks out specific areas of information from the nurse and offers professional advice and guidance, sometimes monitoring events over an agreed period.

Clinical-centred supervision

This method of supervision centres on unseen, unheard or unspoken aspects of professional practice. The supervisor helps a nurse to reflect on events concerned with complex human dynamics and he or she is encouraged to think about factors influencing clinical practice. Working together in this way allows a picture to emerge showing how things might be different.

Process-centred supervision

This is a method of clinical supervision focusing on processes. That is to say of events unfolding between a patient, family members or colleagues, a nurse and the

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supervisor. Interactions that take place with the nurse and supervisor and interactions between the patients and nurses are analogous, termed as mirroring or paralleling (Hallberg *et al.* 1994).

Caution is needed in that, while all of the methods offer (new) ways of viewing events, they demand specific competencies so that nurses and supervisors do not become emotionally entangled in complex dynamics. It is important not to lose sight of the patient and family or organisational responsibilities. Clinical supervision makes equal demands on both supervisors and supervisees (Nelson *et al.* 2008).

Successful clinical supervision requires that nurses and supervisors are knowledgeable of the fundamentals of building effective relationships. Much of the concern in the nursing literature is with the potential benefits clinical supervision has to offer the organisation of practice. Clinical supervision can, as such, challenge nurses bringing with it additional obligations and responsibilities.

Clinical governance

Clinical supervision formed an important part of the frameworks for clinical governance as originally set out in the government's White Paper, *The New NHS: Modern Dependable* (Department of Health 1997). *Consequently, clinical supervision plays a role in helping NHS Trusts and foundation hospitals to meet requirements to regulate professional practice and ensure the safe delivery of health care.* The complexities of modern professional practice and emotional demands made on nurses through the intimate nature of much of their work means that nurses need a safe and ordered environment to consider how that work is carried out. It is important therefore, that nursing does not become overly preoccupied with issues of guardianship and so lose sight of the many other benefits that professional supervision in its various formats might yield to nurses and their practice.

Conclusion

Clinical supervision, if conducted thoughtfully, has much to offer nurses in their professional development and personal well-being. Moreover, developing methods of supervised practice that complement nursing philosophies of caring would give to nurses an effective means of reflecting on their practice and refining their professional competencies. Whatever the format, supervised professional practice offers nurses, experienced or otherwise, chances to build environments in which health-care professionals are respected and valued. This is perhaps an ideal, yet one worthy of aspiring to, along with the nursing profession's uncompromising pursuit of professional excellence and safety. Ideas can be shared, colleagues affirmed and supported constructively.

Clinical supervision continues to develop in nursing and the gains for nurses taking part are still emerging. Health policy and empirical evidence obtained from research studies will go on influencing the unfolding, development and evaluation of this still important area of nursing. If carried out thoughtfully, clinical supervision does offer nurses a means of bringing about positive change in many areas of professional practice. It is a method of fostering professional acumen through self-monitoring. Mutually refining and applying nursing knowledge both formal and tacit means that nurses can work in ways that benefit everyone involved in health care.

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