

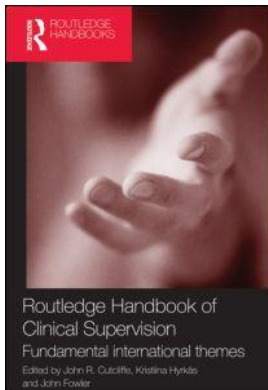
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22 Nurses' experiences of core phenomena in the supervisor training programme

Ann-Kristin Holm Wiebe, Ingrid Johansson, Ingegerd Lindquist and Elisabeth Severinsson

There is a long tradition of nursing supervision at the Institute for Caring Sciences and Health at Göteborg University, Sweden. Its pedagogic development began in 1989 when process oriented supervision was provided to assist nursing students at different educational levels. Since 2008, students have received three terms of supervision, which is compulsory in nursing education. The students are supervised by nurse teachers as well as by professionally active clinical nurses, all of whom hold the postgraduate degree for Nurse Supervisors. In this chapter, the authors identify, describe and synthesise the core phenomena in nursing supervision based on their work with students. The three emerging dimensions regarding the core phenomena were: (1) value-based phenomena; (2) upholding and nurturing relationship, and (3) the meaning of supervision space.

We believe that this chapter is very interesting for clinical supervisors, educators and researchers. The authors highlight important core phenomena that deepen our understanding of the process of nursing supervision and the supervisor-supervisee relationships. The reported findings also provide an interesting starting point for the development of the theoretical concept of nursing supervision.

We respectfully acknowledge that three of the authors – Ann-Kristin, Ingrid, and Ingegerd – are teachers at the Institute for Caring Sciences and Health and received the 2008 Göteborg University Pedagogical team prize for this work.

Background

This chapter is intended for clinical nurses, especially those involved in supervision and the education of student nurses in the clinical field. The goal of nursing supervision is to ensure and enhance quality of care (Holm *et al.* 1998, 2003; Halvarsson and Johansson 2000). An additional goal is to integrate practice and theory, promote the development of the student nurse's professional identity and preparedness to act as well as to provide an opportunity for reflection (Holm *et al.* 1998; Severinsson 2001, 2005).

A prerequisite for nursing supervision is educated professional supervisors who can influence the development of the prospective nurses' professional identity. First we will briefly describe the education, and thereafter, the applied part, with a focus on the phenomena inherent in the supervision process.

Process-oriented nursing supervision

The nurse supervisors' academic education is both theoretical and applied. The curriculum states (1995, revised 2004): *The aim of the course 'Supervision as a process in nursing practice – training programme for supervisors' is to develop the student's competence to supervise in on-going process-oriented nursing supervision. An additional aim is to develop the students' ability to increase their professionalism and critically analyse their supervisory skills.*

The education is divided into different modules corresponding to 30 higher education credits (15 for theoretical and 15 for applied supervision) and takes place on an on-going basis over four semesters (part-time, 25 per cent). The mode of working in the applied part includes systematic reflection on one's own experiences of theoretical as well as practical learning situations. Therefore the applied module involves 80 hours of supervision on professional identity and 40 hours on working in a group, in addition to acting as a supervisor for 40 hours (total 160 hours). The supervisors are nurse teachers trained in process-oriented group supervision. Specific examination areas include a literature review of core phenomena in supervision, which takes the form of a written report and an oral presentation at a seminar.

Over the years, the curriculum has become more academic and scientific, with evidence-based criteria for the selection of published articles. *Little is known about the phenomena inherent in the supervision process.* The choice of phenomena is related to the student nurses' interest in knowledge development, their identification of phenomena and their supervisor paradigm. Overall, when gathering and analysing the data it was interesting to note that although the criteria changed, the phenomena remained the same. Several of the examination reports were based on the caring sciences, while the theoretical understanding of the phenomenon was guided by two nursing theorists, Professor Katie Eriksson and Professor Elisabeth Severinsson.

What are the most common phenomena in nursing supervision?

To answer this question we identified the phenomena described by the nurses attending the supervisor programme. The data were based on self-reports and covered a period of ten years (1998–2008). All the documents were read through with focus on the students' own thoughts and reasoning. The aim was to analyse the students' reflections on the phenomena they had chosen to describe. In total, 32 self-reported documents were analysed. All the students consented to the analysis of their texts.

Thereafter, we applied thematic content analysis (see Graneheim and Lundman 2004) and sorted the topics into three groups: value-based phenomena; upholding and nurturing relationships; and the meaning of supervision space. The third part of the analysis involved interpreting the three groups in relation to each other in order to reach a deeper understanding of core phenomena in the context of nursing supervision. The following research questions were applied: 'How do the selected phenomena become visible in nursing supervision?' and 'How do the most common phenomena relate to each other?' The fourth part of the analysis comprised a synthesis of the three groups in relation to each other aimed at contributing to a deeper understanding of core phenomena in the context of nursing supervision.

Value-based phenomena

We assumed that the value-based phenomena inherent in nursing supervision include: *guilt, shame and inadequacy; forgiveness and reconciliation; suffering and relief; power and responsibility; and courage.*

Guilt, shame and inadequacy

In the context of nursing supervision, guilt and shame are two strongly related phenomena, although the guilt is more common than the others. Human beings feel guilty about negative things that they have done i.e. guilt is related to 'doing'. The nurse supervisee constructs an image of him/herself as the perfect and ideal nurse. We speculated: could it be that the idealism in caring leads to feelings of guilt among staff and that when the self-image cracks it results in feelings of inadequacy and failure? Reflecting on his/her professional situation for the first time makes the nurse aware of his/her shortcomings and leaves him/her standing 'naked' in his/her own eyes and in front of others. *Nursing supervision can alleviate feelings of guilt and inadequacy.* Sharing experiences with colleagues and reflecting on the work may lead to changes related to improved working routines and result in a positive feeling of deriving more benefit from one's working conditions. It is of great importance to be able to view, present, articulate and share feelings of guilt in nursing supervision. Another way to help the supervisee to reflect is by allowing him/her to assume responsibility for his/her situation. On the other hand, shame concerns the individual's self-value, which can be difficult to address in supervision as it may require a more therapeutic intervention. *Daring to face feelings of shame and inadequacy and sharing them in supervision requires courage.* If someone judges him/herself too harshly during supervision it will become a central part of the session, thus supervision could have a negative impact on that person and it might be advisable for him/her not to attend the supervision group for a while.

Difficult caring situations that give rise to feelings of powerlessness and meaninglessness can result in a sense of inadequacy, abandonment and exclusion. Powerlessness and feelings of inadequacy often exist in parallel processes. One explanation may be that the person's own standpoint is not articulated and therefore subordinated. Experiences of inadequacy are common in caring situations. The phenomena that constitute inadequacy are closely related to the moral aspect of caring. Burnout is also associated with feelings of inadequacy.

Forgiveness and reconciliation

Forgiveness is present in the relationship between and reciprocal actions of the supervisee and supervisor. Reconciliation is defined as a process that takes place within a person. Both forgiveness and reconciliation have a deep religious meaning but are present in everyday situations. They can also imply healing, since reconciliation concerns wholeness, integration and acceptance. It is essential to address feelings of discouragement and dissatisfaction in supervision in order to be able to integrate the goodness and evil within each individual. In the context of nursing supervision, it is important that the supervisees' experiences of weakness are not concealed, but accepted and given space to exist, since it must be possible to be weak and at the same time strong and competent.

Suffering and relief

Feelings of suffering can occur when the nurse experiences shortcomings due to his/her inability to encounter patients or team members in an appropriate fashion. Feelings of anger, injustice, degradation, self-pity and powerlessness can make the supervisee disheartened and unsure in her/his professional role. This can damage his/her self-confidence and trust in other people, thereby leading to a lack of joy and difficulty developing a professional identity. In what way can the supervisor encounter suffering and create the necessary conditions for professional growth and change? *In encounters with the supervisee the supervisor must respect him/her by being accepting, nurturing, assuming a forgiving stance and eschewing contempt, as it is essential to confirm the supervisee.* The supervisor has an obligation not to abandon the supervisee and leave him/her feeling isolated.

Another way of supporting the supervisee is to reflect on his/her responsibility. Experiences of guilt may make it more difficult for the supervisee to face and understand him/herself. While the supervisor assumes responsibility for the supervisee he/she does not take over the latter's responsibility. The supervisee must be willing to take responsibility, choose between different ways of acting and have the courage to adhere to what he/she considers right and good.

The organisation and structure of continual supervision provide the health care professional with support, time to reflect and allow him/her to narrate his/her experiences. The supervisor is responsible for allowing the supervisee space in which to express his/her stress and suffering. It is often difficult to admit one's weakness and therefore it can be helpful to use metaphors to express such experiences.

Power and responsibility

Power is a central phenomenon in nursing supervision and the supervisor's power influences the group process in various ways. *Power requires the supervisor to reflect on his/her way of leading the group.* The supervisee may have different experiences of people in authority, which can be a challenge for the supervisor.

Exercising power in the group can have both negative and positive consequences depending on whether the supervisor assumes responsibility for his/her power. Positive consequences are the supervisor's strength and ability to be patient as well as to inspire hope and courage. Inability to exercise power can mean that the supervisor lacks structure in his/her leadership, has difficulty setting boundaries, summarising the supervision session and motivating the supervisees.

Insight into power and responsibility constitutes an ethical challenge. A dominant group member may take up so much space that it damages the group process. This implies that the supervisor must have the courage to confront him/her. It is important to be aware that fear of exercising power may hinder one's leadership. *In the supervision process, the supervisees are trained to reflect on their actions and values in a deeper way.* Nurses and student nurses often narrate stories related to powerlessness, which concern situations where they had no opportunity to influence the care. It takes courage to choose new ways of thinking and acting. Nurses may have difficulties handling conflicts between what they are supposed to do when caring for patients and the subordinate role they are expected to maintain. Supervision is a space in

which questions of gender and social order can be illuminated, expressed in words, reflected upon and discussed, thus leading to change.

Courage

Courage is a virtue. In order to change and develop identity, one needs a model that allows virtues to exist. *When the supervisor is courageous, he/she can serve as a model that may help the supervisees to develop courage.* In supervision, courage can concern daring to share a story with others in the group and reflecting together on the individual's role as a nurse and a person. Describing negative issues requires courage. The supervisee must be aware of his/her fear in order to understand and overcome it, thus allowing courage to emerge. Moreover, willingness to share the growth and experiences of other human beings requires courage. *The supervision process broadens self-awareness and allows the supervisee to take responsibility for his/her own weakness without blaming others.* Supervision can provide courage to be the person one wants to be. Having courage means acting and reacting in a more autonomic way.

Upholding and nurturing relationships

The following phenomena: *confirmation; understanding and empathy; being present in an encounter; creating trust and security,* are fundamental for relationships.

Confirmation

In supervision, confirmation is the most valuable component for achieving professional growth. The deepest wish of all human beings is to be loved and confirmed. *Being confirmed leads to a process of growth in terms of professional identity and increases the supervisees' self-confidence and self-knowledge.* Confirmation influences professional identity, professional stance and caring relationships. The goal of confirmation is to eliminate doubt and achieve a professional identity. Confirming interventions demand active listening, the ability to put oneself in the other person's situation, turn to the other person and verbally confirm him/her. Thus, confirmation is a stance. We are all dependent on each other's confirmation. If one is unable to accept confirmation from the other person, it may undermine one's identity development. In supervision, confirmation occurs at the beginning of the session when the supervisor invites and welcomes everyone into the group and also when the person focused upon is given space to tell his/her story. *Receiving supervision is a confirmation that one is needed as a human being and nurse.* Being seen, emotionally touched and listened to, being good enough, daring and having courage enable one to experience confirmation. Self-affirmation and confirmation are necessary in order to feel whole. It is also important that confirmation is received from colleagues other than the leader of the department. It is in the dialogue between the supervisor and the supervisee that the latter experiences confirmation and learns how to confirm others. In supervision, the source of confirmation, i.e. the view of oneself and external confirmation, is important. Experiencing support in an open working climate does not mean always agreeing with each other. The feeling of being able to discuss different perceptions is also an important aspect.

Understanding and empathy

Achieving an intellectual understanding of the situation focused upon in supervision can relieve the supervisee's anxiety. It is therefore important that the supervisor has the theoretical knowledge to comprehend what the supervisee expressed about his/her situation. *Theoretical knowledge provides the supervisor with security and the potential to act.* It is possible to guide the supervisee by means of intellectual understanding and the ability to put oneself in his/her position. Emotional understanding implies sensitivity towards the other person, as well as sympathy for his/her experiences and emotional reactions. Working as a nurse can mean balancing on a tightrope with the risk of falling off at any moment. Supervision is a lifeline, as shortcomings and imperfections may be expressed without the fear of being judged and/or considered incompetent.

Being present in an encounter

Good supervision is a pedagogical process grounded in the encounter. The first meeting sets the tone for the following sessions, where acceptance of the supervision contract, i.e. time, place and group members' expectations of the supervision process, is an important element. Each session starts with the 'round' where everyone relates something about themselves. The time is 'here and now' and the starting point is who meets who and what they plan to do together. *The most important aspect is that the supervisor encounters the supervisees at their emotional level using his/her skills, knowledge and warmth.* Communication is the foundation of the encounter with other people and can take different forms, including body language, words, facial expression, tone of voice, environment and context. The art of listening requires knowledge, sensitivity and emotional involvement, but above all the ability to listen with an open mind. It means not only silence but the ability to be present in the here and now and the courage to allow oneself to be emotionally touched, which is one of the most difficult things to achieve. Insight based on one's emotions may be the only way to trust one's inner guide. Each time the supervisee attends supervision together with others he/she learns about him/herself and the subject of the dialogue. The supervisee can learn from both the inner and external world.

Creating trust and security

The feeling of being able to trust the other members of the supervision group means that one dares to narrate experiences, even those related to inadequacy. This statement highlights the importance of trust, which is a beautiful concept that concerns being able to rely on another human being. *In supervision, a trusting relationship means that the supervisee has the courage to tell about his/her shortcomings and failures without losing control of the situation.* Trust is a central concept in supervision and is facilitated by the supervisor's structure, knowledge and ability to create a positive environment. It is important for the supervisor to understand that it takes time to create a climate of trust in supervision, which is a prerequisite for daring to describe experiences, thoughts and feelings. Trust influences the supervisees' learning ability and is necessary for personal growth. As the supervisor might not be aware of the self-image of the different people in the group, he/she must exercise caution.

The meaning of the supervision space

The supervision space is characterised by the creation of mental space. The space and existential becoming are created by means of *storytelling*, *sharing* and *reflection*. *Playing* and *acting* are considered to have a healing function for the human being and are thus an important part of caring. Finally, there is a space for *challenges* that create meaning and can provide an insight into gifts that were never noticed or experienced before.

Storytelling

The nurse puts words to his/her innermost thoughts and reflects over the situations experienced by means of storytelling. The supervisee is invited by the other group members to analyse and examine the story. He/she can formulate a problem, discover what happened and what he/she needs help with. Together with the other supervisees, he/she can identify the underlying idea and learn from it. Inviting 'the other' and creating trust are of the utmost importance.

It is essential to listen to one's own stories as well as those of the other members of the group. No one can have an authentic dialogue with another human being without being authentic with him/herself. As a supervisor it is important to be aware of one's own ethical stance – a part of one's life story. When encountering the supervisee, the supervisor can stimulate both an inner and external dialogue. Supervisees who are not very talkative may need help to start the inner dialogue in order to be able to express thoughts and feelings in words. The stories are ever present and linked to each other, thus creating a chain. Every story is unique. Some stories may have similarities that one can recognise, but they can never replace one's own story. It is important to confirm both the storyteller and the story. Moreover, it is not easy to tell a story and one needs help to learn how to articulate in a colourful way so that others can feel involved, reflect and find their own points of reference.

Sharing and reflection

Sharing means being open and revealing aspects of oneself that are not visible to other people. Some supervisees recognise their own experiences when listening to the stories of other group members, which can be considered a form of healing. Sharing something one does not fully understand can encourage others to share their experiences and may strengthen the persons involved. *Communicating and sharing experiences lead to new knowledge and help the supervisees to get to know each other well so that they can develop a deeper and more trusting relationship with each other.* Reflection flourishes in the supervision space. When the supervisee reflects on his/her own and others' stories he/she becomes aware of his/her reactions as well as consequences of his/her actions. A more reflective stance increases maturity and facilitates the development of a professional identity. It is also important to reflect on the story.

'Playing'

'Playing' in supervision facilitates creativity, learning, courage and professional growth. The supervisor's role is to create a climate characterised by trust, closeness,

openness and eagerness. Preparedness and structure are of fundamental importance for the creation of space for 'playing'. *When the supervisor creates a structure for 'playing' it becomes possible to use different forms of communication, language, thoughts and feelings.* One of the supervisor's roles is to support the supervisee to find his/her own solutions, thereby enabling professional growth.

Challenges

The concept of challenge, which concerns inspiring, inviting, encouraging, defying and/or provoking someone to assume responsibility, has both a positive and a negative aspect. *While it is easy to adopt the positive part, one may question whether it is wrong to provoke in supervision.* And is it wrong to increase the level of tolerance with regard to anxiety? That which is different challenges the 'normal' as well as norms and values. The 'different-ness' affects the individual when someone narrates about an event that is so unusual that it might be difficult to reflect on. Accepting different-ness and being able to say: 'I cannot understand this, what does it mean?' and 'What can I learn from it?' can be a part of the inner and external dialogue if we are open and willing to learn from other people. This is important for those who work with other human beings. Challenges are necessary for personal growth. Learning to challenge as a part of the supervisory role requires openness and sensitivity. The supervisor has a responsibility to encounter the supervisee in a spirit of trust and confidence. This is necessary for growth, as is confirmation, being asked about and invited to describe what one is unsure of and allowing the group to react to the supervisor's challenges. Such challenges can be seen as a struggle for the supervisees. It is therefore not surprising that they prefer to be confirmed. It may be difficult to find a balance between challenges and confirmation in relation to professional growth.

Comprehensive understanding

Three dimensions of nursing supervision emerged in our study: (1) value-based phenomena; (2) upholding and nurturing relationships; and (3) the meaning of supervision space, all of which are important, more or less common phenomena inherent in and dependent on each other in the supervision process. All three dimensions also relate to individual growth and thus offer potential for developing nurses' professional ethical stance and consciousness of their own value base. Personal growth and the development of professional identity are dependent on upholding and nurturing the relationship between the supervisor and the supervisee. This specific relationship can be viewed as a parallel process to that between the nurse and patient. It seems that if a nurse is encountered in a confirming manner, it makes it possible for him/her to encounter and confirm others as well as develop the courage and strength to relate to the patient in deeper way. Moreover, the relationship in the supervision process includes understanding of others, the need for empathy as well as the importance of trust and security. This also applies to the supervision space developed by means of storytelling, sharing and reflection in the form of 'playing' and being challenged. In the supervision space the supervisee can share his/her worries about not being a good enough nurse, how to act and how to maintain the ethical stance taught in the education. The desire to develop moral

responsibility and cope with the demands of others in nursing practice is of the utmost importance. Understanding and feeling empathy as well as being seen and confirmed by others enhance the development of a professional identity.

This study provides evidence for the development of the theoretical concept of nursing supervision and adds a new and deeper understanding of the process of supervision i.e. its substance and most common phenomena. In this way it provides evidence for nursing practice and the nurse supervisees' relationship with colleagues and patients. This finding is in accordance with research by Johansson *et al.* (2006) on the value of caring in nursing supervision. Caring is inherent in all aspects of nursing supervision; in the narratives pertaining to the patients' situations; the professional role; and the benefits of participating in supervision.

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