

## **Clinical Supervision at all times and at the best of times**

TURNER, James <<http://orcid.org/0000-0002-8360-1420>>

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/33491/>

---

This document is the Presentation

### **Citation:**

TURNER, James (2023). Clinical Supervision at all times and at the best of times. In: HSE West Mid West Peer Group Clinical Supervision Evaluation Report Launch, Galway, Ireland, 09 June 2023. University of Limerick. (Unpublished) [Conference or Workshop Item]

---

### **Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

# *Clinical supervision for nurses, about nurses, and with nurses*

## Dr James (Jim) Turner

HND, RMN, BA (Hons), MA, Dip CAT, PG Dip Ed, RNT, SFHEA, PhD

Cert Group Analysis, Cert Interactional Dynamic Psychotherapy, CAT Practitioner and accredited supervisor

Associate Professor, Sheffield Hallam University

Member Florence Nightingale Foundation expert reference group on Clinical  
Supervision

External Advisor to Peer Group Clinical Supervision HSE West Mid West

**Evaluation Report Launch**

**Friday 9th June 2023**

**Ard Rí House Hotel, Milltown Road, Tuam Co. Galway**

A white computer keyboard is partially visible in the top left corner, with keys like 'S', 'D', 'F', 'G', 'Z', 'X', 'C', 'V', 'B', 'N', 'M' visible. A black stethoscope is positioned diagonally across the center-left of the image, with its chest piece and earpieces clearly visible. The background is a plain white surface.

# Clinical Supervision: Background

- Clinical supervision can be defined as the facilitation of support and learning for nurses to empower them to cope in stressful healthcare environments and provide quality and safe care for patients.

(Turner and Hill, 2011a; Proctor et al., 2017; Kuhne et al., 2019)

- Despite, the many reported benefits of clinical supervision for patients, professionals and organisations as identified in a number of recent systematic literature reviews the concept of CS is often ambiguously and incongruously used.

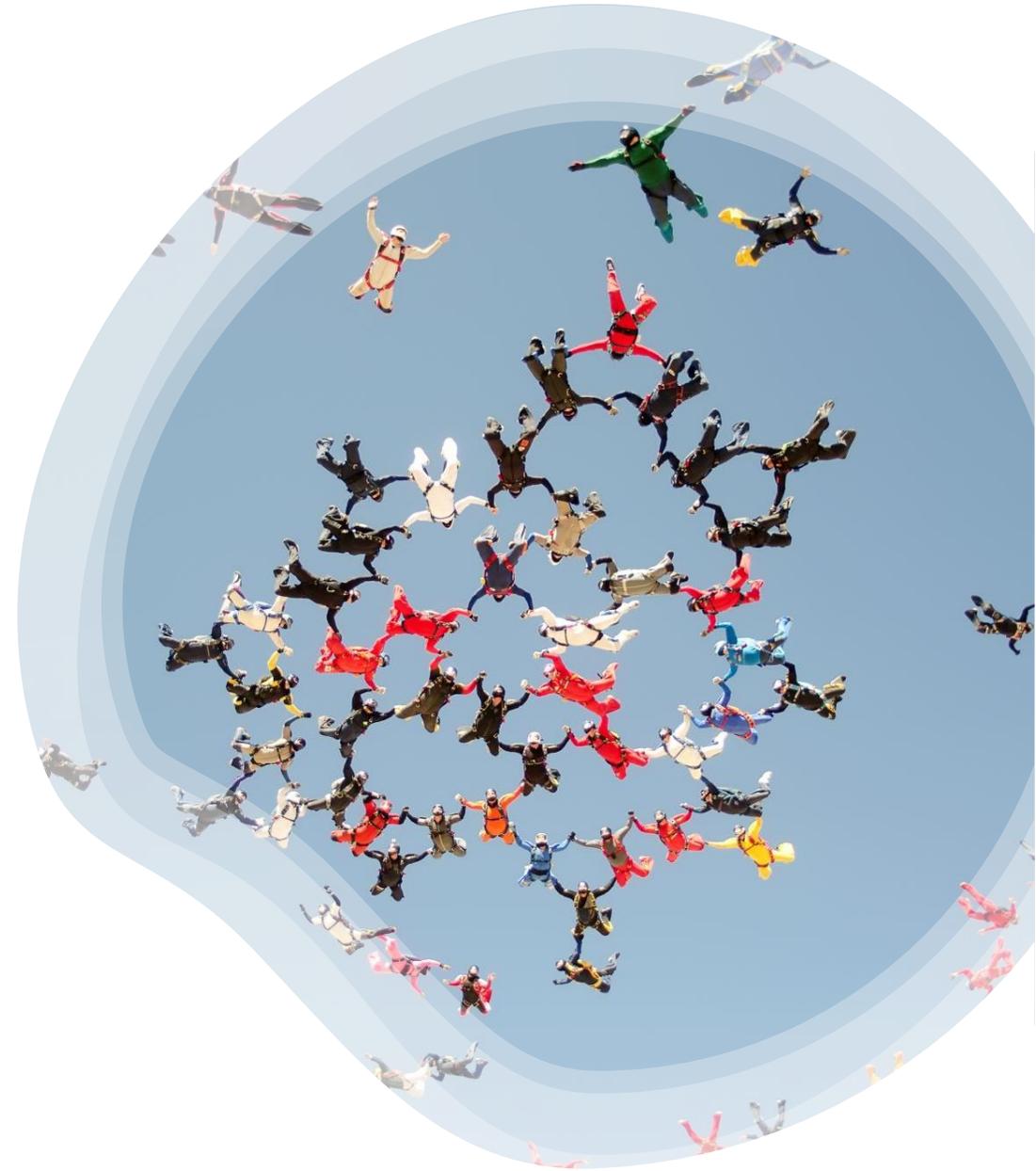
(Pollock et al., 2017; Snowden et al., 2017, Cutcliffe et al., 2018; Kuhne et al., 2019)

# Clinical Supervision: What people think it does...

“Provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice”

(Care Quality Commission 2013)

<https://www.gov.wales/sites/default/files/publications/2019-03/clinical-supervision-for-midwives-in-wales.pdf>





# Clinical Supervision: Current context (March 22 NMC letter)

---

- Future Nurse: Standards of Proficiency for registered Nurses, namely 5.10

*At the point of registration, the nurse will be able to: contribute to supervision and team reflection activities to promote improvements in practice and services.*

- Future Midwife: Similarly Domain 5 of the Standards of Proficiency for Midwives namely 5.9

*At the point of registration, the midwife will be able to: contribute to team reflection activities to promote improvements in practice and service.*

- Our Standards Framework for Nursing and Midwifery Education also refers to opportunities for clinical supervision, specifically 3.16

*Approved education institutions, together with practice learning partners: must ensure that all students have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills*

# RCN position on clinical supervision

The RCN supports the progression of an evidence-based narrative surrounding clinical supervision, through national policy and the development of learning resources.

The RCN has referred to clinical supervision throughout the [Nursing Workforce Standards](#); the [Principles for return to services](#); and the [‘One Voice’ position statement on the wellbeing of the health and care workforce](#).

*As clinical supervision continues to be promoted and expanded across every field of practice, it is imperative that nurses take a united position on clinical supervision, positioning ourselves as leaders and change-makers in the development of our professional practice.*

The RCN recognises member’s divergent views around the purpose and scope of clinical supervision may be grounded in a theory to practice gap. Further exploration of the role of clinical supervision in the development of nursing leadership in practice, research and education would be beneficial.

<https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-clinical-supervision>



# Clinical Supervision: Current context

- This pandemic has affected the profession of nursing, highlighting an undeniable need for addressing global nurse shortages and awakening the recognition of the value of nurses in healthcare delivery.

(Jackson et al., 2020; World Health Organisation, 2020b)

- CS general function and purpose is the ‘facilitation of professional support and learning to enable safe practice of healthcare professionals.’

(Pollock et al., 2017, p.1826)

- CS can empower nurses to avail of opportunities to make improvements for self and patients, ultimately guiding and improving quality care delivery.

(Bifarin and Stonehouse, 2017; Saab et al, 2021)





# Perceived Benefits

- Various benefits of clinical supervision are evident from improving
  - the care environment (O' Connell et al., 2013; Key et al., 2019)
  - care delivered (Esfahani et al., 2017)
  - increasing job satisfaction (Cutcliffe et al., 2018)
  - supports the development of knowledge and leadership skills (Bifarin & Stonehouse, 2017)
  - reduces staff stress and burnout (Wallbank and Hatton, 2011)
  - helps develop coping mechanisms and resilience (Gong and Buus, 2011).
- However, even with such benefits there remains a low level of engagement (Cook et al., 2020).

# A note on the Professional Nurse (and Midwife) Advocate

- In England over 2000 PNA,s have been trained
  - findings for the review studies corroborate [positive aspects of clinical supervision within the PNA programme
  - economic savings modelling are significant
  - RCN recently published their PNA guidelines
- 
- This has happened because of covid, but should have happened anyhow if we are serious about staff wellbeing, retention and maintaining standards!



# Approaches to Clinical supervision

- One to one
- Group
- Online
- In action and on action
- Structured or unstructured.

- Butterworth and Faugier (1994, p26) note a number of factors in the supervisory relationship that are contributory, these are:

Clinical Supervision: A reminder of some of our beginnings...

<p><b>Generosity</b>, particularly of time</p> <p><b>Rewarding</b>, through use of feedback, praise and encouragement</p> <p><b>Openness</b> about feelings and emotions</p> <p><b>Willingness to learn</b></p> <p><b>Thoughtful and thought provoking</b>, involving a two way dialogue</p> <p><b>Humanity</b>, the art of compassionate to self as well as others</p> <p><b>Sensitivity</b> in managing the relationship and the topics brought</p>	<p><b>Uncompromising</b> about quality and standards.</p> <p><b>Personal</b>, individual process which is supervisee led.</p> <p><b>Practical</b> development of knowledge, skills and attitudes.</p> <p><b>Orientation</b>, goal setting and contract working.</p> <p><b>Relationship focussed</b> a safe place.</p> <p><b>Trust</b> central to any relationship</p>
---	---



# Proctors Model: Application to nursing

- Formative - skills development and increasing supervisee's knowledge.
- Normative - managerial issues including maintaining professional standards.
- Restorative - providing support in an attempt to alleviate stress of the job.

## Knowledge: Implementation

- Goodyear and Bernard (1998)
  - not confusing supervision with training;
  - a paucity of evidence on clinical supervision;
  - and over reliance on trainee satisfaction.
- Cutcliffe et al (2018) review found that there was some evidence for the positive aspects of CS.
- Wallbank and Hatton (2011) noted the organisation needed for staff to manage supervision time and balance other commitments.
- If the manager is also the supervisor the roles need distinguishing (Bond and Holland 2011)
- Sloan (2005) observes a need to focus on the stages of the supervisory relationship.

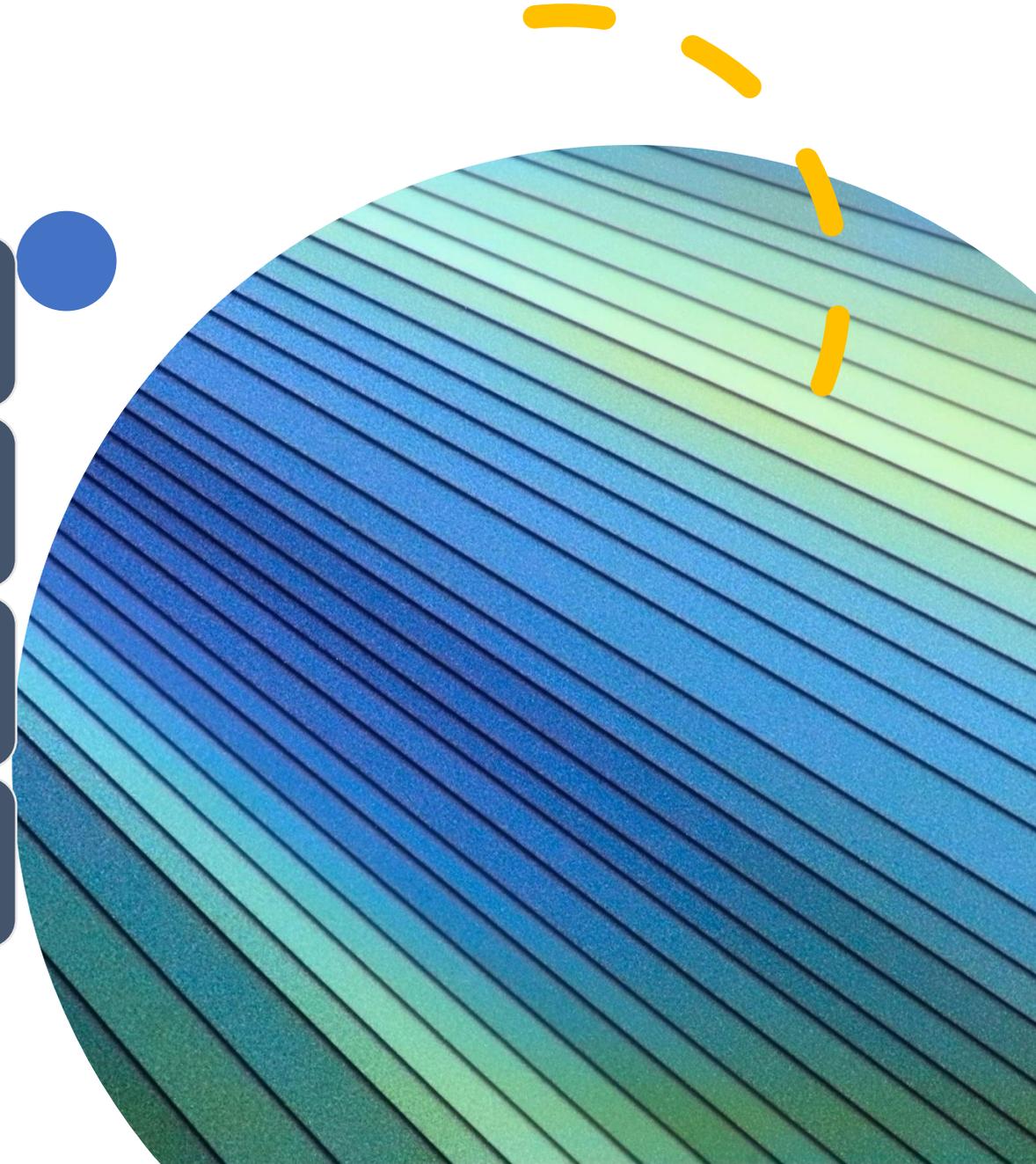
# Knowledge: Reflection

CS provides opportunities for staff to question and appraise their practices, in working towards improvements in care delivery (Davenport, 2013).

Although, face-to-face supervision is preferred (Pinto et al., 2017), creative approaches may encourage clinical supervision uptake and accessibility.

Online or telephone sessions may provide the answer by facilitating increased opportunities for time poor clinical environments to practise clinical supervision (Wright and Griffiths, 2010).

Evaluation of the impact of tele-supervision needs to be examined to support its delivery (Martin et al., 2017)





Knowledge:  
Nursing  
values...our  
stones of life

'What kind of nurse do you want to be?'

- Nursing values guide nurses caring behaviours and decision-making .

(Kalish et al., 2009)

- Imposing value statements in isolation are unlikely to change nursing behaviours.

(Markey and Okantey, 2019)

- Organisations need to provide leadership and a platform in which these core values can be nurtured, sustained and ultimately applied in practice.
- Clinical supervision can assist in this process as it encourages nurses to think about and reflect on their behaviours and practices, as a means of promoting change and development.
- Clinical supervision is a forum for learning which can enhance practice as it has patient safety, staff development and support, professional well-being and improvements to standards of care, as these are core to its purpose and philosophy .

(Turner and Hill, 2011b; Dilworth et al 2013; Tomlinson, 2015)

# Standards: Clinical supervision and competence

---



Through engaging in clinical supervision nurses are enabled to develop their knowledge and competence (Turner and Hill, 2011a, b; Snowdon et al., 2017; Kuhne et al., 2019)



CS helps nurses to assume responsibility and increased accountability for their own practice (Cutcliffe et al., 2018)



CS provides guidance, promoting high standards of ethical practice and ensures the welfare of patients and staff alike (Kirwan et al., 2013).



# Standards: Patient safety

- CS can empower nurses...to make improvements for self and patients, ultimately guiding and improving quality care delivery.

(Bifarin and Stonehouse, 2017; Saab et al, 2021)

- Past reports of sub-standard care are evident.

(Keogh Report, 2013; Francis Report, 2013; Jones et al., 2015; Zelenikova et al., 2019)

- Implementation of clinical supervision offer a potential panacea against this.

(Markey et al., 2020a)

- Clinical supervision can help guide reflective practice, education, and critical analysis of quality care provision and person-centredness.

(Tomlinson, 2015)

# Standards: The professional self

Understanding the professional self is a marker of skilled practice (Dewane 2006) and this is one target of working Clinical Supervision.

Clinical supervisor has a supportive role in addressing burnout and resilience, providing a scaffolding of support, but also has a monitoring function with regard to supporting standards of care

Shaw (2013) notes that the monitoring function can create tension so a paradox is created as part of the collaborative working.

When these tensions emerge it is important that the supervisor manages them (Safran 2008).

Ladany and Freidlander (1995) note that the better the alliance the better able the potential conflict can be managed.

These parallel processes that occur in supervision are similar to those in the therapeutic relationship so it is important to think on the process.



Standards:  
Supportive  
working  
environments  
through clinical  
supervision...still  
some things to  
address

- Clinical supervision is now recognised as a method of enhancing the quality of care as it...
  - nurtures resilience
  - enables the expansion of the scope of practice through self-assessment
  - development of enhanced analytical and reflective skills.
- Although it has gained momentum in some areas of nursing practice it remains underused.

(Parlour and Slater, 2014)

- The lack of consensus regarding the definition of clinical supervision and a deficiency of evidence informing frameworks guiding its delivery are contributing factors to its underuse.

(Snowdon et al., 2017; Proctor et al., 2017; Kuhne et al., 2019)

- Nurse managers need to agree on a definition and purpose of clinical supervision within their areas and ensure appropriate preparation, resources, and supports are provided for its implementation.

(Tomlinson, 2015)





# Stress: Resilience and Job Satisfaction

- McCann et al. (2013) define resilience as the ability to maintain personal and professional well-being, highlighting the importance of reflection and learning from experiences as core to nurturing resilience.





Stress:  
Supportive  
working  
environments  
and clinical  
supervision

- CS reduces staff stress and burnout

(Wallbank and Hatton, 2011)

- CS promotes greater resilience and coping mechanisms when working in complex environments

(Gong and Buus, 2011)

- Nurses feel valued and supported when clinical supervision is arranged for them

(Turner and Hill, 2011b; Proctor et al., 2017)



# Stress: Care and compassion through clinical supervision

- There is growing evidence highlighting the correlation between staff shortages and resource deficiencies and the incidents of missed care (Hessels et al., 2015; Kim et al., 2018).
- Bagnasco et al. (2017) draw attention to the implications of frequently witnessing missed nursing care in clinical practice, suggesting that it gets replicated, accepted and subsequently perpetuated.
- Markey et al. (2019) argue that nurses become indifferent and accepting of substandard care, which is sustained through a culture of self-rationalising and blaming organisational constraints and unsupportive caring environments.
- Health care work is complex and demanding on many levels, and noticing the early signs of emotional exhaustion, fatigue and frustration for example (Pereira et al 2011) can be the difference between success and burnout.

# Stress: Continuing Challenges

- Current clinical environments are fraught with challenges for nurses and students delivering care

(Martin and Snowdon, 2020)

- Clinical supervision is one strategy that can facilitate support of learning for them , empowering through providing strategies to counteract feelings of negativity and low esteem

(Cutcliffe et al., 2018; Markey et al. 2020a)



# Stress: Health of the workforce

- Safeguarding the health of nurses is a key to ensure that there is a health service available to deliver care to all.
- Nurse leaders are uniquely placed to emphasise the importance of self-care for nurses and students' well-being at the centre of the response to Covid-19.

(Adams and Walls, 2020; Labrague, 2021)



# Stress: Health of the student workforce

- CS is also reported to help reduce student stress and anxiety

(Moked & Drach-Zahavy, 2016; Admi et al., 2018; Gurková & Zeleníková, 2018)

- Proctor (1986) states clinical supervision has a supportive function which enables nurses to raise emotional concerns about their practice.
- Practitioner wellbeing is what is important in supporting nurses and students on the frontline.

(Moxham and Gagan, 2015)

- Engagement in clinical supervision can facilitate discussions for both students and nurses on their emotions in a safe and supportive environment and help to address stress.

(Dhaini et al. 2017; White et al. 2019; Towell-Barnard et al, 2020)



# Stress: Resilience Based CS

- Responses to every day events
- Managing feelings and behaviours
- Helps us reflect and make choices about our responses
- Promotes compassion
- Consistent group membership

<https://www.youtube.com/watch?v=YQsAS3co51U> (sorry about the advert)



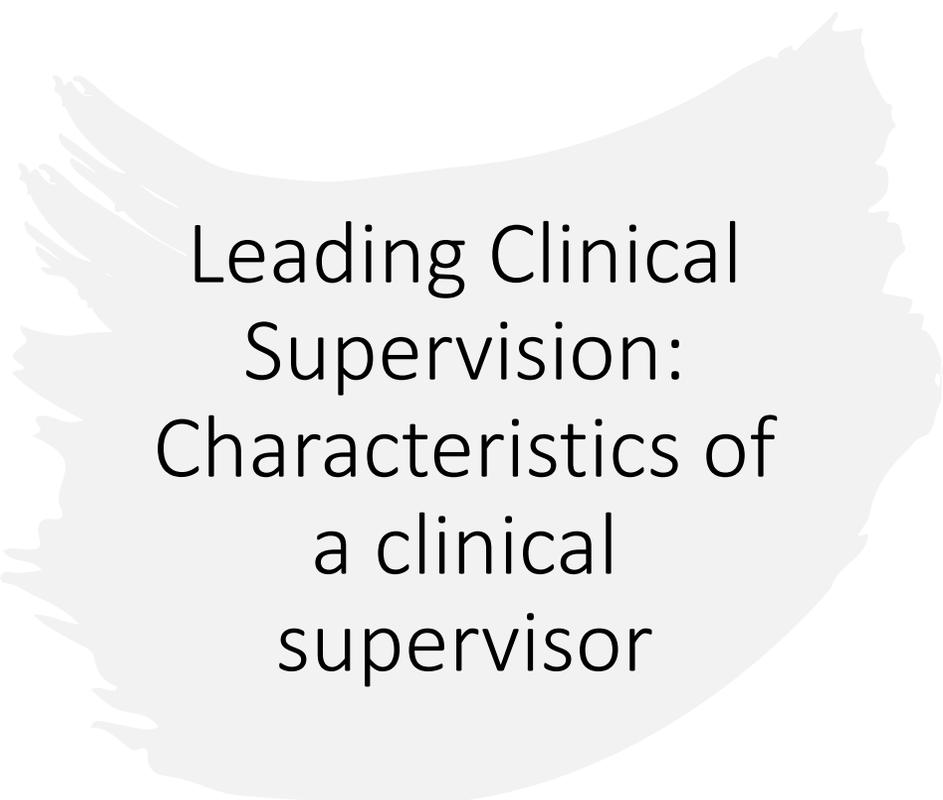
# RBCS process

- Grounding
- Check in
- Common themes for discussion developed
- Reflective discussion
- Conducted
- Strategies enable empathic responses, use imagination to visualise
- Recognise self-critic (self-self talk)
- improves our ability to manage self care, respond and manage internal dialogue+ resilience

<https://www.fons.org/learning-zone/clinical-supervision-resources/clinical-supervision>

# Time to pause

- We work in multiple settings and with multiple complexity. Not the least has been the transition to online support for our clients and supervision.
- Nursing is complex and demanding on many levels, and noticing the early signs of emotional exhaustion, fatigue and frustration for example (Pereira et al 2011) can be the difference between 'success and total burnout' (Nyanga 2014).



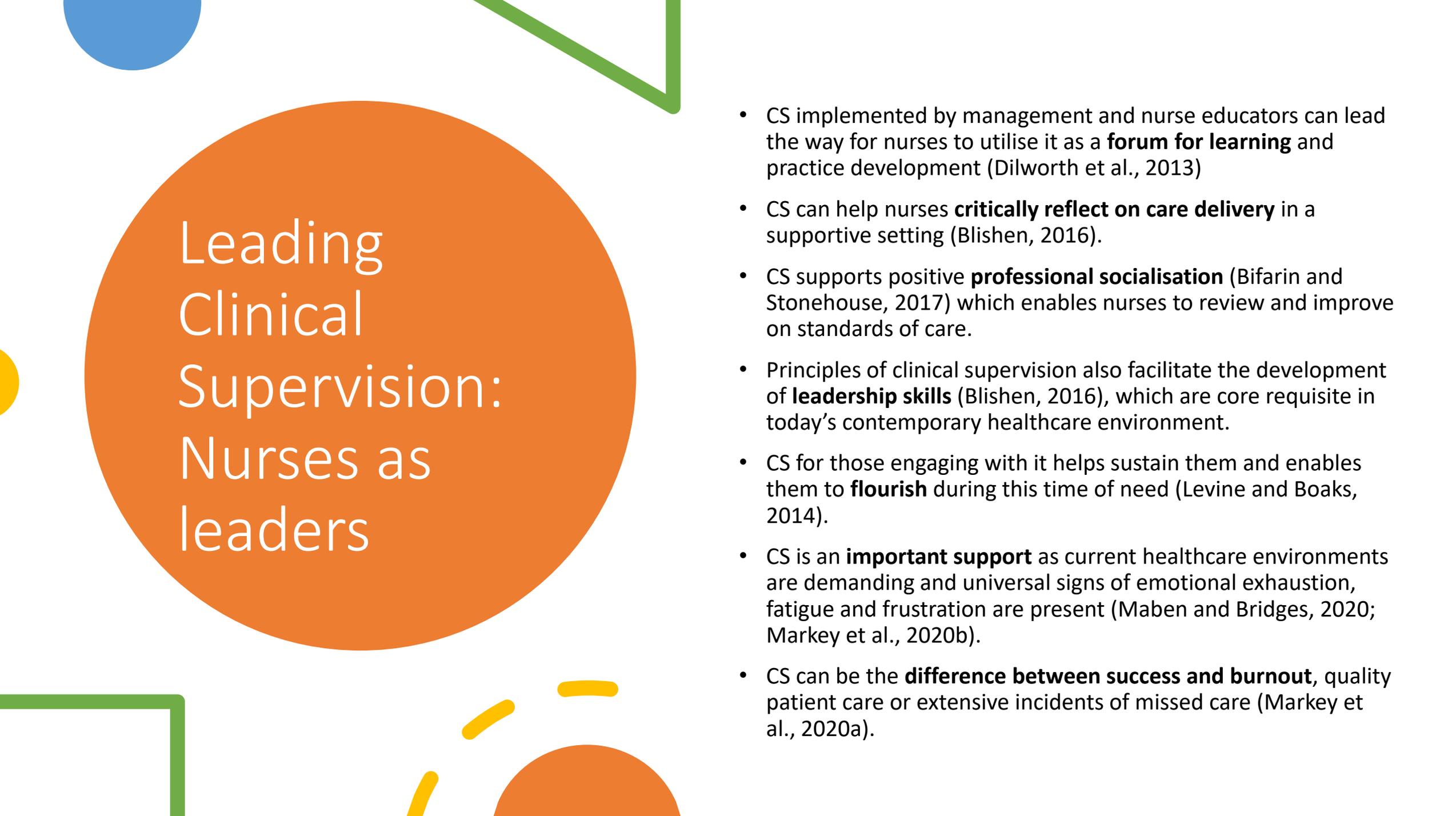
## Leading Clinical Supervision: Characteristics of a clinical supervisor

- Somebody that supports, prompts and guides the supervisee to critically reflect on their practice and examine ways of improving it

(Lillyman, 2007)

- Supervisor needs excellent facilitation, questioning, listening and reflection skills

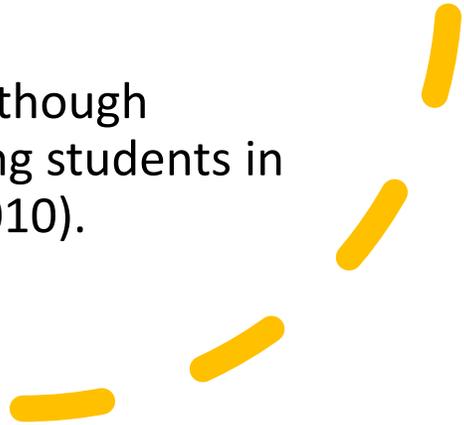
(Van Ooijen, 2013; Bifarin and Stonehouse, 2017)



# Leading Clinical Supervision: Nurses as leaders

- CS implemented by management and nurse educators can lead the way for nurses to utilise it as a **forum for learning** and practice development (Dilworth et al., 2013)
- CS can help nurses **critically reflect on care delivery** in a supportive setting (Blishen, 2016).
- CS supports positive **professional socialisation** (Bifarin and Stonehouse, 2017) which enables nurses to review and improve on standards of care.
- Principles of clinical supervision also facilitate the development of **leadership skills** (Blishen, 2016), which are core requisite in today's contemporary healthcare environment.
- CS for those engaging with it helps sustain them and enables them to **flourish** during this time of need (Levine and Boaks, 2014).
- CS is an **important support** as current healthcare environments are demanding and universal signs of emotional exhaustion, fatigue and frustration are present (Maben and Bridges, 2020; Markey et al., 2020b).
- CS can be the **difference between success and burnout**, quality patient care or extensive incidents of missed care (Markey et al., 2020a).

# Leading Clinical Supervision: Practical considerations

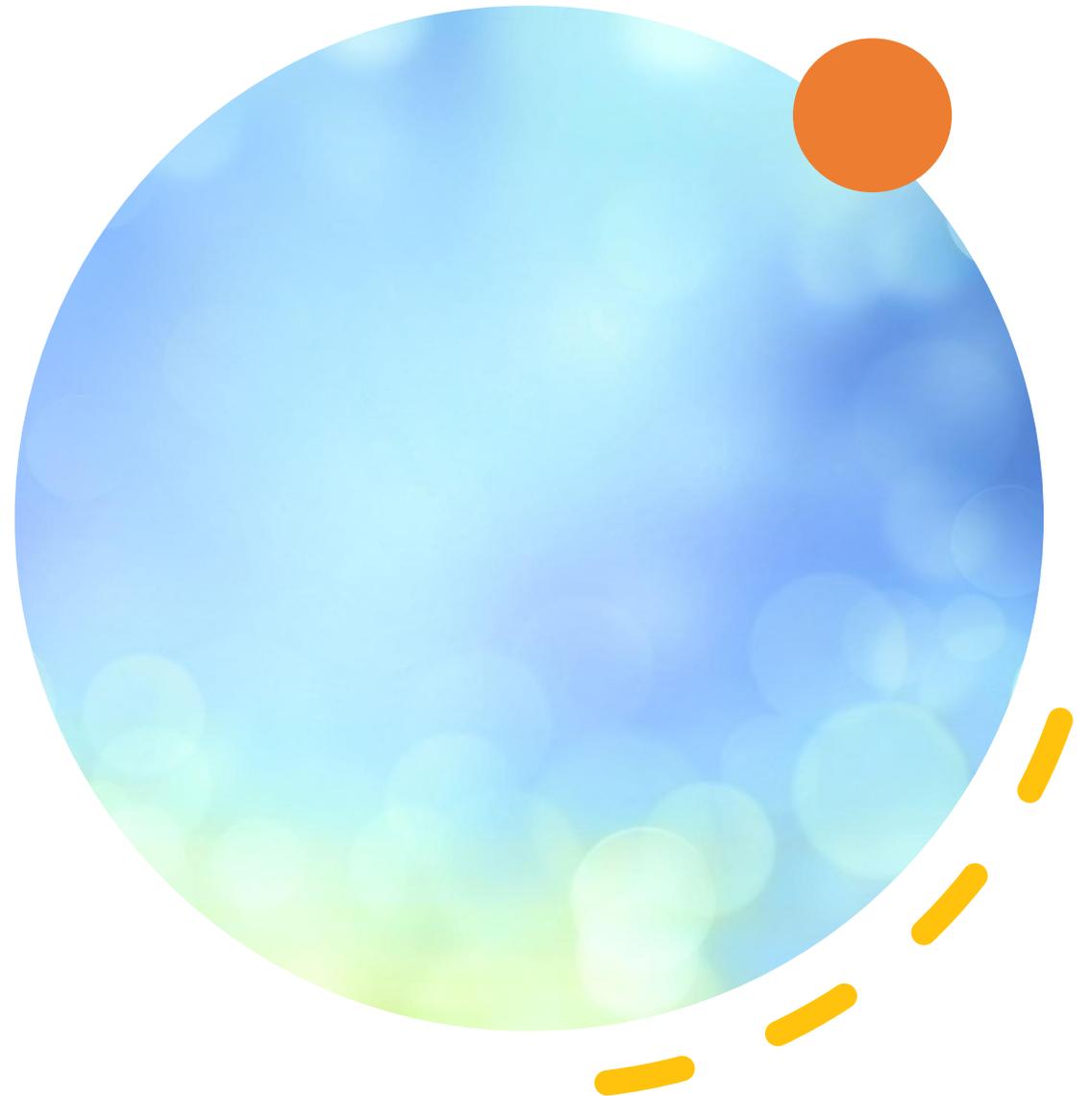
- Being able to choose a supervisor maintains itself as an issue (Edwards et al,2005).
  - Knowledge of supervision itself and the ability to understand clinical supervision involves not just a theoretical but experiential activity of its value (Carver et al 2007).
  - Detailed protocols need to be developed to protect students, supervisors, clinicians and service users (Clibbens et al 2007).
  - CS is seen as part of an organisations leadership behaviour demonstrating consideration for staff that impacts positively on staff nurse retention (Cummins 2009).
  - Opportunity for the development of leadership (Heath and Freshwater, 2000; Cummins 2009).
  - Group or individual supervision are options although knowledge about clinical supervision of nursing students in groups is somewhat scarce (Holmlund et al 2010).
- 

# Leading Clinical Supervision: Leadership and supervision

Taking a 'top-down' approach to its implementation may result in resistance, lack of ownership and commitment to its operationalisation and successful implementation.

Dilworth et al. (2013) identify the need for genuine support and ownership from managers for clinical supervision to be effective.

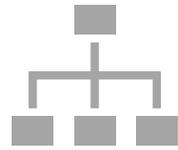
Cutcliffe et al. (2018) highlight a dearth of empirical evaluations of clinical supervision, suggesting the need for mixed-method designs to help advance the body of evidence on clinical supervision.



# Leading Clinical Supervision: Implementation



Goodyear and Bernard (1998) note three aspects; not confusing supervision with training; a paucity of evidence on clinical supervision; and over reliance on trainee satisfaction.



Wallbank and Hatton (2011) noted the organisation needed for staff to manage supervision time and balance other commitments.



If the manager is also the supervisor the roles need distinguishing (Bond and Holland 2011)



# BUT!

‘What is needed now is for the profession to lay bare the barriers to overcoming the barriers of CS as identified in this review. Furthermore, to engage in an honest, dispassionate critical re-examination of the approaches required to facilitate professional growth and support within nursing.’

<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.15283>

Masamha, R., Alfred, L., Harris, R., Bassett, S., Burden, S. & Gilmore, A. (2022). ‘Barriers to overcoming the barriers’: A scoping review exploring 30 years of clinical supervision literature. *Journal of Advanced Nursing*, 78, 2678– 2692. <https://doi.org/10.1111/jan.15283>

Today's  
report....is  
among good  
company

- This report is one of the few group implementation research studies
- It sits alongside research study by the Clinical Supervision research collaborative in to process of CS
- The RCN's current work on models of CS
- Several PhD's into restorative CS
- FNF have commissioned two online modules for clinical supervision <https://florence-nightingale-foundation.org.uk/academy/policy-influence/subject-expert-groups/clinical-supervision-subject-expert-group/>
- The ongoing developments in Professional Nurse Advocates across the fields of nursing and midwifery
- A study into constructing a supervisee report scale of supervisor responsiveness  
[https://albany.az1.qualtrics.com/jfe/form/SV\\_2fvyNFMJ50lUeI6](https://albany.az1.qualtrics.com/jfe/form/SV_2fvyNFMJ50lUeI6)

# Implications of this report

- The importance of continuing to support CS from a senior management perspective
- The supervisors themselves to engage with ongoing CPD
- begins to address concerns... 'White and Winstanley (2021) found that the evaluation of clinical supervision in mental health services is largely, and unhelpfully, determined by measures of compliance and frequency of occurrence.'





# Final words....

‘Support and development of supervisees can only be as good as the support and development provided to clinical supervisors.’

Turner J, Simbani N, Doody O, Wagstaff C, McCarthy-Grunwald S. (2022) Clinical supervision in difficult times and at all times. *Mental Health Nursing* 42(1): 10-13.

‘As clinical supervision continues to be promoted and expanded across every field of practice, it is imperative that nurses take a united position on clinical supervision, positioning ourselves as leaders and change makers in the development of our professional practice.’

Jones, S (2022) Nursing must take a united position on clinical supervision. *Nursing Times*, 27 April 2022. Opinion piece. <https://www.nursingtimes.net/opinion/nursing-must-take-a-united-position-on-clinical-supervision-27-04-2022/>

Stephen Jones is professional lead for mental health at the Royal College of Nursing

# References and Thank you

- on request [james.turner@shu.ac.uk](mailto:james.turner@shu.ac.uk)
- Thanks for inviting me to be part of this important work, I hope this presentation has been helpful.



**Sheffield  
Hallam  
University**

