

Professional Supervision: an argument for protected time to reflect

*nau te raurau naku te raurau ka ki te kete
with your input and my input the basket will be full*

Liz Manning in conversation with Dr Catherine Cook RN, PhD, M. Couns

Catherine, what motivated you to develop a two-day supervision short course for health professionals?

I have a long history of receiving and providing professional supervision. I was first introduced to the practice in 1996, when I worked at a sexual health clinic and group supervision was available to all staff. I went on to work as a counsellor for 12 years at the University of Auckland, and, similar to social workers and psychologists, regular supervision was mandatory, and undertaken in work time. I found it incredibly helpful to know I had regular opportunities to reflect on my practice and to develop new insights and strategies, through spending time with senior practitioners. I also thought about how the work I was doing was no more complex than the work undertaken by nurses, most of whom never have the opportunity to engage in professional supervision. When I returned to nursing in an academic role in 2010, I began providing professional supervision to a small group of nurses and other health professionals, as part of my consultancy work through Massey University. Talking with nurses, I realised that those nurses who engage in supervision often consult with someone from another profession: a social worker, psychologist or counsellor – sometimes by choice but more often because they are unable to find a nurse who offers supervision.



Although cross-disciplinary supervision can be very satisfying, my experience is that because nurses are at the hub of healthcare, people in other professions don't necessarily grasp the complexities of nursing work; how much of the work is about being part of a team, rather than one-to-one casework. I know that most nurses in senior roles who could potentially offer supervision are not in a position to undertake a post-graduate certificate in supervision, as they are focused on completing a clinical Masters degree or on the Nurse practitioner pathway. Yet I believe that many nurses already have the level of communication skills to offer supervision, and what's needed is a framework and 'toolkit' of concepts and interventions. The two-day course I developed is aimed at this group of nurses. Since 2013 I've facilitated 10 supervision short courses, attended by a total of 140 health professionals, most of whom are nurses and midwives. Here's an example of participant feedback about how the course enhanced a senior nurse's supervision work:

The course reinforced for me the importance of reflective practice. This is something I've always done, but I had the opportunity to learn some effective methods of

developing this way of thinking for others. I attended the course in order to refresh my understanding and skills in nursing supervision and reflective practice. It was a wonderful two days and I came away full of energy and enthusiasm to carry on providing supervision. I would recommend to all nurses, whether new to supervision or an experienced nursing supervisor.

I'm keen to do what I can to support nurses to protect their practice and their registration. Through teaching law and ethics for a number of years now, I've become much more familiar with cases that go before the Health and Disability Commissioner and the Health Practitioners Disciplinary Tribunal. What stands out to me about most of the situations where nurses are found to have acted improperly is that these are usually situations of habitual unreflective practice, rather than a one-off error. Healthcare is complex, because it's a combination of often utterly routinized practices, alongside the everyday dynamic chaos and uncertainty of clinical practice.

So is professional supervision an opportunity that you think everyone benefits from?

Supervision is only one of a number of ways to companion colleagues and to be companioned. A new graduate may benefit most from having an excellent preceptor; a guide-on-the-side who gives immediate feedback. A nurse looking to a nurse practitioner role may find that a colleague who is an NP is a terrific mentor for a period of time. A nurse who struggles to practice outside of a very prescriptive, routinised way of providing care, and who needs intensive guidance around critical thinking, may benefit most from working with a clinical coach who role-models best practice. Some organisations are using group processes such as Swartz Rounds, for staff to reflect on emotional aspects of care delivery. Supervision is a good fit for nurses who are interested in what I call 'leaning in' to reflective practice – who see themselves as life-long learners, and can tolerate the degree of uncertainty and experimentation that goes with thinking, "I wonder if there might be another, possibly better way to approach this situation." Here's what a nurse in a senior clinical and managerial role reflected about her experiences of supervision:

Being able to speak with a trusted colleague who is a place apart from the business, relationships and the challenges of the work of our small isolated health clinic has been invaluable to me as the team leader. Specifically I have found that these conversations have helped me keep my eye on the ball so to speak, to always place the needs of our patients at the forefront of our work, planning and decision making. My supervisor's keen interest in understanding the challenges of our work allows me to truly engage with reflective thinking rather than target or goal-meeting strategizing. It helps me stay grounded in the mahi of the work.

Supervision is most useful for nurses who work in an organisational environment that supports open communication and feedback, and where there's interest and enthusiasm about optimising practice, because supervision tends to lead to creative and critical thinking – "we could try it this way." So it's not a Band-Aid for an unhappy workplace, nor for an under-performing staff member who is not yet ready to contemplate change. A nurse in a leadership role commented about how her initial scepticism about supervision shifted:

I first started supervision about three years ago. It was introduced by our company and in all honesty I first thought I'd only go a couple of times and wouldn't find it very valuable. Oh how wrong I was! My supervision has helped me in many a different situation and my demanding role. My supervisor has helped me grow, develop my self-reflection skills, handle stressful situations and each session gives me mind food. I come away from the session feeling re-energised and focussed. I've been able to pass on some valuable skills to my colleagues and I always recommend supervision to anyone who values growth and development.

This revitalisation of practice is a common experience linked to the opportunity to engage in supervision.

Who benefits most from supervision?

I think it's more that people benefit differently, depending on where they are in their nursing career. Patricia Benner's novice-to expert framework is helpful for thinking about the aim of supervision for nurses at different career stages. Novices often do want advice; frameworks and 'rules of thumb' to help ease their way in the early, bewildering months of practice. So although a supervisor will encourage problem-solving, there is always a place for sharing practice wisdom. We know too that novices need much more time to reflect after a situation that might be 'everyday' for an expert nurse in that field. Experts often find supervision helpful to bring to the surface their practice knowledge. Experts often don't grasp the depth of what they know, as their work has become for the most part almost intuitive, and so when they want to pass on their knowledge, time to reflect can help put words to what has become taken-for-granted. Nurses who have previously been an expert in a field and are in a transition phase in a new role may also benefit greatly from supervision, as they often grapple with the discomforts of knowledge and practice gaps, and the uncomfortable feeling of "I should know how to do this." They may also be managing the reactions of colleagues who are either expecting too much or too little. A new nurse practitioner commented about how supervision has helped through the transition to becoming an NP:

Professional supervision gives me the protected time and space to reflect on my practice and my professional identity. I have been able to navigate through some rather tricky social, political and ethical issues with the insight and guidance of my professional supervisor. My professional supervisor often had different insights to the clinical staff I worked alongside and it was through this process that I've been able to develop a wider and deeper view as a nurse practitioner.

What about nurses who are in teams where they debrief about critical incidents – does supervision have a role?

Debriefing is used for extraordinary situations, and is invaluable. However, we know from the literature that it's everyday role-modelling, emotional intelligence, critical thinking and reflective practice that ensure good team morale and patient safety. Micro-aggressions, miscommunication, moral distress and postponed self-care erode teamwork and patient and whanau confidence. It's

so easy not to notice what's everyday – what goes well and what contributes to problems. A nurse leader commented on the value of supervision in her leadership role:

Supervision provides me with an opportunity to review how work (i.e. my team, my role) has been going since our last session - what has gone well and what have been challenges. Yes, I can do this myself, however supervision provides me with an opportunity to explore these positives/challenges at a deeper level. I use the analogy “peel back the layers of the onion”. Only through doing this do I really get clarity of what is going on. Without this opportunity for reflection and clarity I cannot consolidate new behaviours/ways of doing in myself as a leader or consider ways where I need to make changes in my way of working or facilitate change in my team.

I see regular supervision as an opportunity for nurses to stay ‘up to date’ with themselves so that difficulties, such as a collegial communication problem, or a potentially challenging boundary concern with a long-term patient, can be identified, with a well thought out strategy of how to proceed. I often have people who attend my courses who say, “I don’t really need supervision because I have great colleagues and we talk about everything.” But what they commonly come to realise is that, even with supportive colleagues, given the pressure of work situations, they almost never complete a whole reflective cycle, which includes planning what to experiment with doing more of, less of or differently in moving forward. We know from the literature that nurses experience many interruptions in their everyday work that disrupt being able to hold a train of thought.

Who can offer supervision?

Currently professional supervision in nursing isn’t regulated. However, supervision is most likely to be useful for supervisees if the supervisor is proficient or expert in their field; has a broad knowledge of the challenges, opportunities and political and regulatory landscape of contemporary nursing; and demonstrates a commitment to lifelong learning. Supervisors’ attention to their own self-care and personal resilience is also important as many nurses seeking supervision are endeavouring to maintain standards in the current care-rationed climate and may be grappling with feelings of cynicism and burn-out. Several tertiary institutions offer a post-graduate certificate in professional supervision. My two-day short course is the only one I know of that specifically focuses on the needs of health professionals, rather than a broad focus on the helping professions. The College of Nurses hosts a platform for supervisors to profile their work. Supervisors are welcome to apply:

<https://www.nurse.org.nz/professional-nursing-supervisors.html>

Catherine offers two-day supervision short courses twice a year, and also provides customised one-day Leadership through Reflective Practice workshops for organisations on request. For 2019 courses and further information contact Anne-Marie Ngan Professional and Continuing Education Co-ordinator a.m.ngan@massey.ac.nz

April 2019 Supervision for Health practitioners

November 2019 Advanced practice in supervision for health professionals

Professional supervision for advancing nursing practice: A fact sheet

Professional supervision: an enriching opportunity to reflect on practice

Supervision draws from principles of life-long learning; the understanding that experience alone doesn't transform practice. There are strong links between ethical practice and reflection. Supervision provides a context for those with the willingness to reflect on practice; considering, for example how to refine patient care, attend to self-care and the opportunity to identify knowledge, practice and systems gaps. It's also a chance to notice what goes well, so that these strategies are harnessed as part of one's 'tool-kit.' Reflection in supervision is sometimes a relatively straightforward process of having time to think and plan. However, reflection can also be an unsettling process of reconsidering beliefs and values, which is where the companionship of a supervisor can be particularly helpful.

Supervision, a regular, facilitated, uninterrupted, reflective process, provides a safe, confidential space in which nurses turn their full attention to themselves and their own practice. Supervision provides what might be a rare opportunity for nurses to consider their work in a detailed way.

Three key dimensions of supervision

Knowledge: Reflection may identify areas where more information or education may be useful, whether this relates to shared wisdom from colleagues, accessing resources or engaging with further education. Supervision may also be a place to strategically consider short and long-term professional development plans.

Regulatory: Nursing, as a regulated profession, means nurses carry considerable responsibility ethically and legally. Within the workplace there are many structural processes that may enhance or impede practice. Supervision provides an opportunity to reflect on these contexts of healthcare.

Restorative: Much more than navel-gazing! Supervision involves finding strategies to meet day-to-day and exceptional challenges; addressing moral distress; the potential for burnout, compassion fatigue; and vicarious traumatisation. It's also an opportunity to reflect on what contributes to resilience. Maintaining professional boundaries, work-life balance and ways to foster a work-place that's safe in all respects are other areas for reflection in supervision.

So what happens in supervision?

Nurses, either individually or as a group, meet regularly with a supervisor; a suitably educated person from within the helping/health professions (nurse, counsellor, social worker, psychotherapist, doctor, or psychologist). As a facilitator, supervisors typically support a process of exploration, experimentation and evaluation. This process includes giving feedback and goal setting.

Does supervision work?

There is increasing research about the efficacy of supervision in nursing practice. Findings include that supervision increases a sense of support and wellbeing, enables reflection on knowledge and practice, boosts morale and decreases absenteeism.

What counts as supervision?

Supervision differs from formal debriefing after a critical incident or informal clinical review with colleagues. Supervision is usually understood as a process of staying 'up-to-date' with how the nurse is getting on professionally, so that the nurse has a safety-net to identify and respond to hurdles early. Therefore monthly to six-weekly supervision is ideal. Individual supervision is usually one hour and group supervision is usually 1.5-2 hours. The supervisor organises a setting and schedules time in which the supervisee is able to speak privately, uninterrupted by any other commitments.

What's supervision got to do with nursing?

Reflective practice and critical thinking are now recognised as essential for the complexity of 21st century nursing and are included in New Zealand Nursing Council competencies for registered nurses.

Are cultural issues relevant in supervision?

Cultural considerations and opportunities to reflect on cultural safety in patient care and teamwork are always important aspects of professional supervision. Supervisees' needs may differ throughout their careers. Māori nurses may consider that they will experience most benefit from Kaupapa Māori supervision; supervision provided by Māori for Māori reflecting Māori values and beliefs. A tauwiwi (non- Māori) supervisee might seek cultural supervision; additional guidance, 'critical companionship' and reflective opportunities with a supervisor who identifies as Māori in order to refine cultural competency in working with Māori. A supervisee might seek a supervisor with a different cultural identity from their own to gain deeper understanding of working in a culturally diverse team or with diverse client groups.

How do I find a supervisor and do I get to choose?

A number of District Health Boards now have systems in place to provide professional supervision 'in house' from another colleague who works for the same DHB. Some organisations pay for staff to receive external supervision. Nurses can choose to pay for supervision privately. This service costs in the vicinity of \$80-150 per hour. The College of Nurses Aotearoa (NZ) has a professional supervision webpage where you can view professional supervisors' profiles. If you provide supervision you can add your profile; you don't have to be a member of the College:

<https://www.nurse.org.nz/professional-nursing-supervisors.html>

Ideally, people choose their own supervisor, because for supervision to go well, the supervisee needs to perceive that there is a good 'fit'. It's often helpful to have a supervisor with whom there

will be no dual relationship, as boundary issues can be more complex to navigate if the supervisor is also a person's manager or colleague. However, these dual relationships can be positive if both parties clearly discuss potential conflicts ahead of time.

Are there 'rules' that a supervisor follows?

Professional supervision is a confidential conversation. The wellbeing of the supervisee is the focus of supervision – although supervision is a friendly conversation, this conversation is not reciprocal as such; it is very much about what the supervisee wants to address. However, a supervisor can also respectfully ask about issues a supervisee seems not to have noticed, or seems uncertain about, in order to help support a reflective process.

What sort of topics do nurses take to supervision?

Given the variety of nursing roles and stages of professional practice, there are a wide range of topics nurses might raise. Supervision isn't counselling – the focus is on optimising workplace experiences. However, as the personal commonly affects the professional, there are likely to be some overlaps in what is talked about. Part of a supervisor's role is to discuss with a supervisee when personal issues might be so much to the foreground that counselling or other support would be appropriate. Some common supervision topics are:

- Managing a professional transition
- Deciding about further education
- Strategising to juggle competing priorities
- Working effectively in culturally diverse teams
- Debriefing after a difficult situation
- Considering how to address an ethical dilemma
- Reflecting on how to most skilfully manage a communication challenge with colleagues, teams or patients and families, including giving and receiving feedback
- Sustaining resilience and wellbeing in the care-rationed environment
- Setting goals

Resources

Beddoe, L., & Davys, A. (2016). *Challenges in professional supervision: Current themes and models of practice*. London, UK: Jessica Kingsley.

De Souza, R. (2007). Multicultural relationships in supervision. In D. Wepa (Ed.). *Clinical supervision in Aotearoa/New Zealand: A health perspective* (pp. 96-108). Auckland, New Zealand. Pearson Education.

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