Butterworth T (2022) What is clinical supervision and how can it be delivered in practice? Nursing Times [online]; 118: 2, 20-22.

Introduction

Clinical supervision is a formal process of professional support, reflection and learning that contributes to individual development and support. All nurses work with people who are likely to be in physical and or psychological pain. This creates demands and pressures on nurses that can be both testing and cumulative. Clinical supervision can offer support to new and experienced practitioners alike in their daily work.

Where did clinical supervision come from and why is important to nurses and midwives?

The emergence of clinical supervision for nurses and midwives began in earnest in the 1990s. The publication of a first textbook for nurses in 1992 (Butterworth and Faugier) was followed by a series of papers and surveys over the next two decades looking at the benefits of, and difficulties in implementing clinical supervision. The UK Department of health funded a national review of clinical supervision to try and determine its usefulness (Butterworth et al 1996) and several textbooks and seemingly endless review papers have followed since then adding to the debate. Although embraced quickly by nurses in mental health settings it was less widely adopted in general nursing care. Where there was reluctance to engage, time, opportunity and suitable expertise of the supervisors was frequently cited. A continued debate on the uptake (or not) of clinical supervision by individuals and organizations has continued but constant reporting of poor uptake is unlikely to help without some policy initiatives to move matters onwards. Happily, new policy imperatives such as the preparation and designation of nurse advocates are likely to improve the situation dramatically (May 2021).An extensive roll-out of nurse advocate courses are now underway in England. A key element of the courses is preparing nurses and midwives to be supervisors. Evaluation data from all these courses will help in the development of clinical supervision that best fits the profession.

A growth in the A-EQUIP model of supervision for midwives (Dunkley-Bent 2017) has seen a wide adoption of a more refined and refreshed provision of supervision for midwives across England and whereas supervision has always been found and used more extensively used in mental health settings the renewed 'policy push' should assist in a more widespread adoption. Pressure to enhance the quality of clinical supervision (Driscoll S. (2019) has grown and this will add to the demands on the profession and employers alike.

Interestingly, a number of nurse charities are rolling out courses that will give nurses the opportunity to engage with clinical supervision. One such is the Foundation of Nursing Studies (www.fons.org) who are developing an extensive program of resilience-based clinical supervision courses.

Types of clinical supervision most likely to be found

There are two elements to this section. The first is theoretical underpinnings and the second methods of delivery.

Theoretical underpinnings

"The most problematic issue surrounding the contemporary idea of clinical supervision in nursing both here and overseas, concerns what it actually is – and how it will be articulated, refined and

implemented" (Yegditch 1998). This insightful observation is still true today and some of the literature to be found is still wrestling with this conundrum, but this should not paralyze progress. The use of clinical supervision is most commonly practiced in counselling and psychodynamic psychotherapy and can also be found in behavioral therapy. These will have a particular approach based upon and influenced by their theoretical backgrounds. The model adopted by nurses has often been that posited by Bridget Procter in which she offers an approach through a core of normative, formative and restorative elements for her model of supervision. Procter has a background outside the health sector, and she has cautioned about adopting her model without thinking carefully about its appropriateness. She suggests that *"I cannot stress enough that I believe health practitioners - and indeed each group of professionals – need to develop supervision training, models and skills which are immediately useful and practicable in their own context, within professionally agreed tasks and responsibilities"*. (Cutcliffe, Butterworth and Procter 2001). Wise words indeed, and as we in nursing and midwifery develop our own ways of working with clinical supervision, the most appropriate theoretical underpinnings will emerge more clearly. There is no problem in the meantime however in using and testing the approaches taken by others. Influences from psychodynamic therapy are likely to be comfortable for mental health nurses – perhaps less so for those in general nursing who may favor approaches such as those used in counselling or education.

We will no doubt arrive eventually at commonly understood and useful definitions for nurses. In the current enthusiasm for resilience based clinical supervision we see the emergence of a strand of work that is both useful and helpful. Even in this however, cautions abound as we seek to strengthen people in practice. In inexperienced hands it is possible to push resilience too far. As Mahdiani (2021) has suggested it is also important to reflect on the 'dark side' of resilience where one must consider if there is too much emphasis on being strong and resilient at the expense of other considerations about the individual practitioner.

Finally in this section there is no doubt that in the present circumstances facing health care are truly difficult. The workforce is under stress as never before and the 'weathering' of staff under constant work pressures, staff shortages, poor healthcare funding and unprecedented demand needs as much support as can be given. Clinical supervision is a positive contribution to supporting staff in such troubled times.

Methods of delivery

It is often local circumstances that will determine delivery methods in clinical supervision. Opportunities in acute emergency care will be very different to those in community nurses and so the delivery of clinical supervision will depend on the setting and the organization. Three possibilities are offered here.

One to one supervision

Traditionally and ideally, supervision has been offered on a one-to-one basis with an expert professional from your own field or specialty. Supervisors will have been properly prepared for this role and can offer sufficient time and opportunity to the supervisee. Sadly, in the real world this is not always possible and other methods are needed. This is not to suggest that the 'ideal' should not be pursued but it may not always be possible. Other professions can help. Clinical psychologists are often keen to offer support through clinical supervision, but it is likely to be through their own professional/educational frames of reference not those of the nurses they seek to support. Nonetheless, it may be better than having nothing at all.

Group supervision

In a comprehensive review of group supervision in ten pilot sites Fowler and Dooher (2001) report that

there is "*no best way*" of conducting clinical supervision and that it will most likely fit the needs of individuals and situations. Some of their findings and outcomes following a review of different groups include :-

- Group supervision was particularly useful for staff who are predominantly on their own
- It acted as a stimulus to reflect on one's own practice and helped to avoid complacency setting in
- welcome support from peers clinically knowledgeable peers regarding difficult relationships concerning clients, relatives or colleagues
- the safeguarding and sanction of time to focus in depth on a specific client problem
- Sufficient autonomy should be given to each group to allow them to develop and tailor a model that is useful to themselves

Web-based supervision

All those working in health care will have had to deal with using the internet through such tools as 'teams' and 'zoom'. There have been experiments using the web for supervision particularly for students who are often dispersed far and wide on clinical placements and may not have the opportunity for support and discussion about clinical experiences. In a short program, students were encouraged to make contact with each other on a web platform in order to support and debate with each other. On occasions they would invite university academic staff to provide explanation and support (Butterworth and Trifkovic 2014) Evaluations from students found the process helpful and liked the self-control offered by the experience. Academic staff found the material from the experience a useful focus for teaching back at the University.

It is very likely that web based clinical supervision will gain greater traction in the future.

Preparing to take on clinical supervision and being alert to potential barriers

It is unwise to 'walk into' clinical supervision without adequate preparation. Becoming a supervisor will pose challenges for most. Focus of the supervisor on interpersonal work as opposed to organizational issues has been well delineated in the development of some form of an alliance model of consultative supervision (Inskipp and Procter 1993) is it is a cornerstone for the supervision relationship. The preparation of the supervisor requires proper focus but so does the preparedness of the supervisee. It is likely that the most important time to prepare to be a supervisee is as a student and this can be carried through into professional life after qualification. For the experienced professional to be a supervisee is more challenging, but the experiences learned through reflective practice will stand them in good stead for engaging in clinical supervision sessions.

It is often the case that a 'contract of engagement' is agreed between the two so that session regularity, focus, no shows and cancellations are discussed and remedial action agreed beforehand.

In health care it is an 'employees market' and is likely to stay so for some time. It is appropriate to ask therefore that time is offered for clinical supervision as part of employment practice and if employers refuse, then ask them why not!

Concluding remarks

Clinical supervision for nurses and midwives is undergoing a renaissance. This is primarily for two reasons. The first is the search for support during what has been a challenging time for the profession. The second is a recognition that a supportive, reflective and educational process such as clinical supervision has a decent evaluation literature , and we have people that have experienced it and continue to use it. Most importantly we now have a very helpful 'policy push' from government.

There is no ‘one way’ of undertaking clinical supervision but nurses and midwives must find a system that best suits them and their organization. There is a lot of experiential and evaluative literature to help.

References

Butterworth T., Faugier J. (1992) Clinical Supervision in nursing and health visiting. Chapman and Hall. London

Butterworth T, Bishop V., Carson J. (1996) First steps towards evaluating clinical supervision Theory, policy, and practice development. A review. Journal. of Clinical Nursing 5 pp127-132.

May R. (2021) Opinion: I am pleased to announce the role out of the professional nurse advocate programme www.Nursing Times.net/nursing/opinion/ 05-03-2021

Dunkley-Bent J, (2017) A-EQUIP - a five minute read British Journal of Midwifery May

Driscoll S, Stacey G, Harrison-Denning K, et al (2019) Enhancing the quality of clinical supervision in nursing practice. Nursing Standard on line DOI 10, C11228, pmid 31468814.

Yegditch T. (1998) How not to do clinical supervision in nursing. Journal of Advanced Nursing 28(1), pp193-202.

Procter B. (2001) Training for the supervision alliance - attitude, skills, and intention. In Fundamental themes in Clinical Supervision. Cutcliffe J., Butterworth T., Proctor B. Routledge London.

Mahdiani H, Ungar M, (2021) The dark side of resilience. Adversity and Resilience Science (on-line publication) 3rd Feb 2021 Springer.

Fowler J., Dooher J. (2001 Clinical supervision in multidisciplinary groups – qualitative evaluation of clinical supervision using a focus group technique.
In Fundamental themes in Clinical Supervision. Cutcliffe J., Butterworth T., Proctor B. Routledge London

Butterworth T., Trifkovic K. (2014) Slovenian students experiences of clinical supervision using Facebook – Innovation in action. July 2014 FONS open access Library – Foundation of Nursing Studies. www.fons.org

Inskipp F., and Procter B. (1993) The art, craft and tasks of counselling supervision. Cascade publications. 4, Ducks Walk, Twickenham Middlesex.