



Te Tirohanga a te Manu

“A bird's perspective”

Professional supervision guide for
nursing leaders and managers

*Hei tā te tino kaiaarataki,
nā te iwi i tūtuki ai*

*When the best leader's work is done
the people say we did it ourselves*

**Te Pou o te
Whakaaro Nui**

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Overview

Professional supervision is essential for nurses who support people experiencing mental health and addiction problems, along with their families and whānau, to thrive and experience wellbeing wherever they live and whatever their circumstances. It allows space and time to reflect on practice and professional identity.

Reflection on and in practice is central to nursing practice. Professional supervision allows for the 'extra' vision, the wider view that can occur when engaged with a professional supervisor, and reflecting on one's work. Dedicated time in structured professional supervision sessions provides nurses with the ideal opportunity to continue to develop their professional practice, which is vital in today's dynamic health system. This time out of practice is pivotal to enabling nurses to continue to develop their cultural competence. It ensures nurses effectively respond to people with lived experience of mental health and addiction problems who are ethnically and culturally diverse. Furthermore, in accordance with the Health Practitioners Competence Assurance Act (2003), all nurses are required to demonstrate that they are 'competent and fit' to practise. Professional supervision is an integral part of this.

The ability for nurses to understand and engage in supervision is inherent in the following practice standards:

- ▶ Standards of Practice for Mental Health Nursing in Aotearoa New Zealand (Te Ao Māramatanga-NZCMHNurses, 2012).
- ▶ The Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand (Drug and Alcohol Nurses of Australasia, 2012).
- ▶ The Addiction Intervention Competency Framework (*Dapaanz*, 2011).

These standards are underpinned by *Let's get real: Real Skills for people working in mental health and addiction* (Ministry of Health, 2008), which highlights the importance of understanding and engaging in supervision. *Let's get real* is a Ministry of Health framework that defines the essential knowledge, skills and attitudes needed to deliver effective mental health and addiction services.

Nursing is part of a changing mental health and addiction workforce skill mix that needs to work differently to meet changing population health needs and to support New Zealanders to live well, stay well and get well (Ministry of Health, 2017). Effective and supportive supervision is vital to the success of any changes in the roles and responsibilities of health care team members (World Health Organization, 2006).

In 2011, Te Pou consulted widely with key stakeholders and published three professional supervision guides to assist nurses to understand and implement professional supervision. These guides were revised in 2016-2017 with input from a number of key stakeholders. The revised guides highlight the role that supervision can play in developing cultural competency which was identified by leaders and managers as an area for improvement in the *More than numbers* stocktake (Te Pou, 2015a).

Each guide includes profiles that illustrate why and how professional supervision occurs.

The revised guides have one overarching whakatauki *Te Tirohanga a te Manu* - "A bird's perspective". This was kindly provided by Keri Opai, Paeārahi Māori strategic lead for Te Pou o te Whakaaro Nui.

Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Leaders and Managers.

Hei tā te tino kaiarataki, nā te iwi i tūtuki ai

When the best leader's work is done the people say we did it ourselves.

This guide is specifically designed to help nursing leaders and managers understand what professional supervision is and how it relates to nursing. It defines the responsibilities of the organisation and provides guidance on how to implement and evaluate professional supervision from an organisational perspective.



Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Supervisors.

Mātakina te hōkai a te pūkeko

Observe the movement of the swamp hen, learn from the right person in the right environment.

This guide is designed to help more experienced mental health and addiction nurses, who are either new to the role of supervisor or are already supervisors, gain a more technical understanding of their roles and responsibilities. This guide should be used to enhance supervision training.



Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Supervisees.

Whiriwhiria te waiata tika hei tautoko, hei turaki

Your choice of waiata will either enrich or erode your practice.

This guide is for nurses who are new to supervision, for example, new graduate nurses. It outlines key issues to be aware of when beginning a professional supervision relationship and how to participate in professional supervision. It identifies the different kinds of supervision. This guide may be useful to read before a supervision training module.



This suite of guides and a selection of templates are available on the Te Pou website.

<https://www.tepou.co.nz/initiatives/supervision/119>

We also encourage you to read three related supervision resources:

Position paper: The role of supervision in the mental health and addiction support workforce (Te Pou, 2013).

<https://www.tepou.co.nz/resources/position-paper-the-role-of-supervision-in-the-mental-health-and-addiction-support-workforce/457>

Aronui. Supervision Guide for Addiction Supervisees, Supervisors and Managers (Dapaanz, 2014). <https://www.tepou.co.nz/resources/aronui-supervision-guide-for-addiction-practitioners-supervisors-and-managers/591>

Mental Health and Addiction Supervision Toolkit for Kaiwhakahaere/Managers (Te Pou, 2015). <https://www.tepou.co.nz/resources/supervision-guide-for-mental-health-and-addiction-kaiwhakahaeremanagers/592>

Ngā mihi

Suzette Poole, Clinical Lead, Te Pou o te Whakaaro Nui.

Anne Brebner, clinical nurse director

In her previous role as nurse lead at Te Pou, Anne helped to develop the nursing professional supervision guides. Now, as clinical nurse director of mental health and addiction at Counties Manukau Health, she knows the guides inside out. Anne reflects on supervision within her organisation and on the value the guides have in her current role.

How valuable do you find the 'Professional supervision guide- for Nursing Leaders and Managers' in your current work?

Supervision is well embedded across mental health and addiction services within the provider arm of this DHB. Our leaders and managers understand the importance of supervision and know why they should prioritise it. The guide has helped establish supervision as a priority.

It has also helped to articulate the need and importance of supervision to people in leadership roles, who need to balance the funding of supervision with other competing workforce priorities. It helps make sense of supervision as a vital tool that supports staff in their varied roles. To help them do their best to support people with mental health and/or addiction problems, and their families and whānau with their recovery.

However, we are entering a time where our non-government organisation (NGO) partners and other health employees, such as practice nurses in primary health organisations (PHOs), are starting to also see how valuable supervision is for best nursing practice. It's heartening to see, and highlights the need to keep the suite of guides up to date and relevant to support the embedding of supervision into other practice settings.



How do you use the guides in your current role at Counties Manukau DHB?

As clinical nurse director I always refer to the guides. They are also referenced in the policy document that guides supervision practice. As an example, the supervisee guide is a core document. It's given to new graduate registered nurses at orientation to build their understanding of what they can anticipate from supervision, it also highlights their responsibility on how to use supervision well. The guide for supervisors is an important document in our supervision training and we encourage supervisors to become very familiar with it.

And with leaders and managers?

I find the guides offer the clearest, most uncomplicated way to understand what to expect of supervision, and how to make the most of it. It's a great document to refer leaders and managers to; they offer a clear, easy message for leaders and managers and other mental health staff who are very busy.

How do you know the guides are making a difference to people's attitudes to supervision?

Supervision in its many forms, peer supervision, coaching and group supervision, is now common place across our service. It's seen, somewhat enviously by other services within the DHB, as a process, tool or opportunity for nurses to regularly reflect on their practice. We also see leaders and managers proactively support staff to tend to their reflective practice needs through supervision.

What is the biggest challenge for you regarding supervision in your role as clinical nurse director?

When I took up this role two years ago, I inherited a well-established practice and process for supervision. My current challenge is to retain a pool of trained supervisors, and create and maintain an environment in which reflective practice is valued and regularly accomplished. I think this is the biggest challenge for nursing leaders and managers. The importance of sustaining supervision within an organisation is really emphasised in the leaders and managers guide.

What is the value of supervision from your perspective and how do the guides enhance that value?

For me, the value of supervision lies in reflective practice. The guides help us all to have a 'common' understanding of the key aspects of reflection, and that's essential.

I try to practice what I preach by offering supervision and maintaining my own supervision requirement.

"Our leaders and managers understand the importance of supervision and how to prioritise it."

Part A: Understanding supervision



What is professional supervision?

Supervision is an essential component of professional practice that assists in the development of ethical and professional practice; as well as the competence of nurses working in the mental health and addiction sector. Mindful of the increased knowledge of, and experience in, professional supervision that many mental health and addiction nurses have, the following definitions are offered to remind and refresh nursing leaders and managers.

In essence, professional supervision supports the continued development of the professional competency of a nurse supervisee. It is a facilitated reflective process aimed at developing the effectiveness of a nurse in whichever context they practice. The content is driven by the nurse supervisee's needs, and occurs within the context of a sustained confidential relationship.

The Mental Health Nursing Framework and its future document published by the Ministry of Health (2006) defines professional supervision as:

"A formal process that provides professional support to enable practitioners to develop their knowledge and competence, be responsible for their own practice, and promote service users' health, outcomes and safety," (p.22).

McKenna, Thom, Howard and William (2008) added the following to further extend and clarify the practice of professional supervision.

"This involves time away from the practice environment to meet with an experienced practitioner of their choice to engage in guided reflection on current ways of practising," (p.2).

Nursing writers define professional supervision as the following:

"Regular, protected time for facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. The supervisee reflects on the part they play as an individual in the complexities of the events and the quality of their practice," (Bond & Holland, 1998, p.12).

Other descriptions include:

"Supervision interrupts practice. It wakes us up to what we are doing. When we are alive to what we are doing, we wake up to what it is, instead of falling asleep in the comfort stores of our clinical routines and daily practice[...] The supervisory voice acts as an irritator interrupting repetitive stories (comfort stories) and facilitating the creation of new stories," (Sheila Ryan as cited in Te Pou, 2011a, p.5).

"Supervision is a working alliance between a supervisor and a worker or workers in which the worker(s) offer an account of their work, reflects on it, receive feedback and guidance if appropriate. The object of the alliance is to enable the worker to gain in ethical competency, confidence and creativity to give the best possible

service to clients,” (Inskipp and Proctor (1995) as cited in Te Pou (2011a, p.5).

The terms professional and clinical supervision continue to be used interchangeably in practice and in the literature, as noted in our original suite of professional supervision guides for nurses (Te Pou, 2011a, b, c,) and the following resources:

- ▶ Position paper: The role of supervision in the mental health and addiction support workforce (Te Pou, 2013).
- ▶ Aronui. Supervision Guide for Addiction Supervisees, Supervisors and Managers (Dapaanz, 2014).
- ▶ Mental Health and Addiction Supervision Toolkit for Kaiwhakahaere/Managers (Te Pou, 2015b).

This causes some confusion as both definitions don't always articulate the differences. For the purpose of this guide we continue to hold the view that:

- ▶ Clinical supervision is a term used to describe supervision focused on the supervisee's clinical practices.
- ▶ Professional supervision is a more inclusive term describing a practice that incorporates all aspects of a supervisee's role – clinical, academic, management and leadership.
- ▶ Activities such as line management supervision, preceptorship, mentoring, coaching and performance management complement professional supervision.

They are all similar because the overarching goal is a nurse supervisee's development, and the development of good outcomes and an effective service for the people who want and need health services. The difference lies in the purpose, function and nature of the interaction and relationship between the parties involved.

Professional supervision therefore encompasses the following elements:

- ▶ Focus on the wellbeing of service users and their whānau.

- ▶ Focus on providing safe, effective and innovative service delivery.
- ▶ Facilitative and structured process, is driven by the supervisee's needs.
- ▶ A process that occurs regularly throughout a nurse's career.
- ▶ An opportunity for reflection and learning.
- ▶ Supports the supervisee's personal and professional development.
- ▶ Empowers and builds a supervisee's confidence and self-esteem.
- ▶ Respects the supervisee's culture and supports their cultural responsiveness development.
- ▶ Provides an oversight of practice.
- ▶ A confidential process.
- ▶ Driven by the supervisee's needs.
- ▶ The responsibility of all parties to initiate and engage in.
- ▶ Has a strength-focus aimed at building supervisee's practice skills and awareness of practice.

In summary enabling nurses to have protected time away from the practice setting to engage in regular professional supervision is one way that managers and leaders can help nurses to pay attention to themselves: to their workloads, their professional practice and concerns and anxieties about it: to their feeling state and health state: to their capacity for creative work and its encouragement, and to establishing a place of safety where disappointment or failure in practice can be examined honestly; with prejudices challenged constructively, and success and good work owned and applauded (adapted from Bond & Holland, 1998, p.15).



What are the benefits of professional supervision?

The benefits to an organisation include the following:

- ▶ Better service user/tangata whai ora outcomes.
- ▶ Increased staff retention.
- ▶ Increased staff morale and satisfaction.
- ▶ Decreased staff turnover and absenteeism.
- ▶ A process which assists supervisees to adhere to their professional code of ethics.
- ▶ Support for nurses to demonstrate continuing competence for their scope of practice.
- ▶ Support for nurses to further develop culturally responsive practices.
- ▶ Assistance towards maintaining the requirements of the Health Practitioners Competence Assurance Act (2003).

The benefits of supervision for a supervisor include:

- ▶ Involvement in a rewarding process.
- ▶ Development in professional supervision skills.
- ▶ Development in their own professional and clinical skills.
- ▶ Greater ethical awareness in their own practice.
- ▶ Greater cultural awareness.

The benefits of supervision for a supervisee include:

- ▶ Greater job satisfaction, including a commitment to an organisation and increased staff retention.
- ▶ A sense of being supported by their organisation.
- ▶ Reduced rates of sick leave.
- ▶ Enhanced wellbeing, including increased confidence, satisfaction and motivation.
- ▶ Increased sense of effectiveness and skill development.

- ▶ An increased ability to manage their work stressors.
- ▶ Further development of their ability to be culturally responsive.

(Te Pou, 2011a, b, c; Te Pou, 2015b; Mor Barak, Travis, Pyun, & Lane, 2009)

How can supervision support nurses to continue developing professional nursing values and attitudes?

Engagement in professional supervision can provide the opportunity for nurses to understand more about how their values and attitudes impact on their ability to support a person with their recovery. The core values expected of all nurses by the New Zealand Nursing Council (2012a) are:

- ▶ Trust
- ▶ Respect
- ▶ Partnership
- ▶ Integrity

For nurses supporting people who experience mental health and or addiction problems the following values and attitudes are integral to their practice.

Values: Respect, human rights, service, recovery, communities and relationships

Attitudes: Compassionate and caring, genuine, honest, non-judgemental, open-minded, optimistic, patient, professional, resilient, supportive and understanding

(*Let's get real*, Ministry of Health, 2008)

Taking time out of practice is important for all nurses as is reflection on values and attitudes and the language they use; because it often reflects their beliefs and the



way they view other people. Stigma and discrimination can stop people from:

- ▶ Feeling part of their community
- ▶ Feeling good about themselves and believing in their personal power to recover
- ▶ Seeking treatment
- ▶ Maintaining wellness
- ▶ Participating in work, education and social activities
- ▶ Having support and tautoko from loved ones
- ▶ Participating in and contributing to their local communities.

To identify and reduce stigma and discrimination nurses can utilise professional supervision sessions to:

- ▶ Recognise and understand their own beliefs, values and attitudes
- ▶ Understand the negative impact of stigma on the individuals they support (as this will differ) and develop skills to work with that person and their family and whānau to reduce this impact

- ▶ Identify institutional practices within their own organisations that may be discriminatory and discuss how to address and correct these
- ▶ Identify and correct any thoughts, beliefs or behaviours that they have which may contribute to stigma and discrimination
- ▶ Develop skills to challenge stigmatising attitudes and behaviours when they are encountered and learn how to talk more positively about the work they do and the people they work with (Poole & Swanson, Kai Tiaki Nursing New Zealand, NZNO, 2015, p.2).

“People don't care how much you know, until they know how much you care”

Theodore Roosevelt



Michael O'Connell, clinical nurse director, Lakes DHB

“Professional supervision is a key ingredient in building resilience in the helping professions,” says Michael O'Connell, clinical nurse director of mental health and addiction services at Lakes District Health Board (DHB). He attends supervision, is a supervisor and works to ensure his staff also receive quality supervision.

“A significant benefit of professional supervision, is the process helps supervisees to critically reflect and manage the vastly changing dynamics between themselves and their clients,” says Michael.

“Professional supervision effectively becomes a bridge between the continuing complexity of the health practice world and the need for individuals to have professional clarity around how to practice safely, and in the best interest of each person they are supporting with their recovery. Supervision helps clarify and unpack the clinical messiness that may limit the quality of the relationship we have with every person we see,” he explains.

Yet Michael says many staff do not understand how supportive and productive it is to regularly meet with a supervisor; a relationship he describes as probably the most important you can have in your workplace.

“This relationship provides the opportunity for a structured and confidential discussion where you can explore your own professional challenges, concerns and strengths outside of a line management relationship and with the confidence that your clinical supervisor is there to listen, support and guide you towards a solution or outcome.”



In his experience it is often midline managers that are either the gatekeepers or facilitators of professional/clinical supervision.

“Managers need to recognise that the possible inconvenience of releasing staff for professional/clinical supervision is well balanced against the support and help their staff will gain to function effectively in the health care environment.”

Michael acknowledges that confusion still remains about ‘supervision’ from managers who feel they are already providing a form of supervision to their staff.

“The confusion exists because of the mistaken belief that line supervision and professional/clinical supervision are the same or similar, when in fact they are quite different. A line supervision relationship



has a managerial component and an unequal power relationship. Professional/clinical supervision is power neutral; about critical reflection about oneself and one's practice in the context of the therapeutic relationship."

He says professional/clinical supervision is delivered best within organisations that show commitment to the concept by acknowledging its strategic importance through robust policies and procedures; outlining what it is, why it is needed, where it should occur and who should have it.

"An organisational 'buy in' to implementing clinical supervision should involve senior management, line managers and supervisors committing to clinical supervision as part of the organisation's culture."

"Advocacy of professional/clinical supervision in larger organisations should include a commitment to developing and supporting a core of trained supervisors," adds Michael.

"Why? Because managers then know their frontline clinical staff are getting professional support that enables them to critically reflect on their own practice and therefore enhance their ability to fulfill their roles."

Michael is currently involved with other directors of mental health nursing, at a governance level, in supporting a Midlands regional supervision training programme led by staff from Lakes and Waikato DHBs. This programme has been highly successful and is run three times a year providing foundation training for up to 14 supervisors each time. This training programme, while aimed at growing the supervisory capacity of

mental health and addiction nurses, has been extended to support other health professions where viable.

However, further work is still needed to grow the culture of professional/clinical supervision at both an individual supervisee and an organisational level. Guiding staff to grow capacity and personal capability to use a structured reflective process aids in personal resilience, helps responsiveness to service users / tangata whai ora, and I believe, enables nurses to influence health care delivery that improves outcomes for people using health services.

"Everyone knows the word 'reflection' but I believe we make far too many assumptions about people's ability to reflect at the level required to prompt change. Critical reflection requires a deeper unpeeling of experiences."

Michael prefers to call a supervision session 'professional' supervision rather than 'clinical' because he sees supervision as encompassing clinical practice and anything else that impacts on your ability to practice effectively as a clinician.

"This could be about the nurse-patient relationship, or relationships with your peers or team, or issues around how teams make decisions. A significant percentage of the people I supervise typically want to discuss relationship issues."



What are the functions and tasks of professional supervision?

The 'National guidelines for professional supervision of mental health and addiction nurses' (Te Pou, 2009, p.14) supports the use of the *Supervision Alliance Model* developed by Inskip and Procter (1995) to describe the functions and tasks of supervision. These are grouped under three headings:

Educative/formative function focuses on developing the skills, understanding and abilities of supervisees.

This means a supervisor will support a supervisee to do the following:

- ▶ Understand how they learn.
- ▶ Identify their practice development needs and set learning goals.
- ▶ Identify values and attitudes that may impact on their work in order to support people and whānau in the best way possible.
- ▶ Identify and support them to further develop their skills and knowledge in relation to their practice setting.
- ▶ Link theory to practice.
- ▶ Explore their cultural background and discuss the impact this may have on their practice.
- ▶ Further develop their cultural responsiveness.
- ▶ Support them to develop their nursing skills and competencies.
- ▶ Develop their critical self-reflection skills.
- ▶ Support them to develop innovative and creative practices.
- ▶ Discuss and problem solve specific aspects of their work.
- ▶ Focus on developing their practice so they have the greatest chance of success in supporting people to achieve recovery and resilience.

Administrative/normative function focuses on developing the understanding of the professional and ethical requirements of a supervisee's practice.

This means a supervisor will support a supervisee to:

- ▶ Be clear about their roles and responsibilities with service users/tangata whai ora and the organisation.
- ▶ Support them to manage workload commitments.
- ▶ Plan their work with both individual service users and as a whole.
- ▶ Explore their ethical decision-making and understanding of ethical practice.
- ▶ Link practice to nursing ethical and professional codes:
 - The Code of Conduct (Nursing Council of New Zealand, 2012a).
 - Guidelines Professional Boundaries (Nursing Council of New Zealand, 2012b).
- ▶ Consider their relevant Nursing Council of New Zealand competencies:
 - Registered nurses
 - Enrolled nurses
 - Nurse practitioners
- ▶ Consider the 'Guidelines for Cultural Safety and Te Tiriti o Waitangi and Māori Health in Nursing Education and Practice' (Nursing Council of New Zealand, 2011a).
- ▶ Consider knowledge and skills competency frameworks such as:
 - Standards of Practice for Mental Health Nursing in Aotearoa New Zealand (Te Ao Māramatanga – NZCMHNurses, 2012).



- Huarahi Whakatū: Dual competency professional development and recognition programme (Te Rau Matatini, n.d.).
- The Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand (Drug and Alcohol Nurses of Australasia, 2012).
- The Addiction Intervention Competency Framework (Dapaanz, 2011).
- *Let's get real*: Real Skills for people working in mental health and addiction (Ministry of Health, 2008).
- *Let's get real*: Disability (Te Pou, 2014).
- Te Whare o Tiki: Co-existing problems knowledge and skills framework (Matua Raki & Te Pou, 2013).
- Real Skills plus Seitapu: Engaging Pasifika (Le Va, 2009).
- Real Skills Plus ICAMHS/AOD (The Werry Centre, 2014).
- Takarangi Competency Framework (Matua Raki, 2009).
- ▶ Relate organisational policies and processes to their practice.
- ▶ Take a professional approach to all aspects of their work – planning, documentation, interaction with service users/tangata whai ora and colleagues.

Supportive/restorative function focuses on developing the ability of a supervisee to cope with the emotional effects of their work.

This means that a supervisor will support the supervisee by:

- ▶ Working to establish a safe environment for professional supervision.
- ▶ Understanding the power differences inherent in the supervision relationship.
- ▶ Allowing a supervisee to express and explore their emotional reactions to their work.
- ▶ Finding ways to support and encourage a supervisee in their work.
- ▶ Monitoring a supervisee's stress, overall health and wellbeing.
- ▶ Working with the supervisee to find ways to improve a supervisee's wellbeing.
- ▶ Assisting them to reflect on the attitudes, values and beliefs as relevant to their work.
- ▶ Helping them to effectively manage conflict and other difficult or distressing situations that may arise.
- ▶ Supporting them to develop coping strategies to enhance their own wellbeing if they experience compassion fatigue or burn out (Pack, 2017).
- ▶ Recognising and discussing with them any physical, psychological, and cognitive changes and symptoms that they may see which may have arisen from supporting people who have histories of trauma (SAMHSA, 2014).



What are the fundamentals of professional supervision?

A formal relationship	<p>Agreed between the supervisee or a group of supervisees, supervisor and organisation (unless the supervisee is self-employed).</p> <p>The roles and responsibilities of all parties should be explicit and mutually agreed in a written supervision contract.</p>
Focused on ensuring and enhancing the quality of the interventions provided to those using services	This is a fundamental purpose of supervision.
Responsive to Māori people	Both the supervisor and supervisee practice within the context of Te Tiriti o Waitangi (the Treaty of Waitangi).
Responsive to culture	Culture is an inclusive term which includes ethnicity, age, able-ness, religion, gender and sexual identity. This includes an awareness of the cultures of the supervisor, the supervisee and the people they are providing services for.
Focused on the practice and the learning needs of the supervisee(s)	
Inclusive of the key elements in the supervision framework	Formative/educative, Normative/administrative, Restorative/supportive.
Based on agreed values	For example, respect, manaaki, honesty, openness, ngākau māhaki, compassion, support, willingness to challenge and be challenged. As well as other core cultural values as appropriate and agreed by the supervisee and supervisor.
Confidential	<p>Confidentiality is defined and agreed between the supervisee and supervisor within a safe, ethical framework.</p> <p>The limits of confidentiality must be clearly defined to protect the interests of people using services, supervisees, supervisors and organisations.</p>
Relevant to the supervisee's developmental level	This refers to the supervisee's experience and learning needs in their role and in the context of their overall career.
Regular, structured and protected	Supervision should occur regularly, and in work time.
Regularly reviewed	<p>Regular review of the supervision relationship should be included in the supervision contract.</p> <p>A minimum formal review period is 12 months. However, more frequent review are encouraged to ensure the supervision relationship remains effective.</p>
Part of the organisational quality assurance and risk management framework	To be effective, supervision must be supported by the organisation. Links to other components of quality assurance and risk management, such as administrative/management supervision and performance appraisal, should be clearly outlined in organisational policy and procedure.

(Dapaanz, 2014; Te Pou, 2015b).

How is professional supervision different to other professional support and development activities?

Management or line management supervision is aimed at developing and providing an effective service for service users/tangata whai ora. To do this, a manager is responsible for determining the relationship with a nurse, setting the agenda of that relationship and monitoring performance to meet the goals. It is a hierarchical reporting process which involves monitoring and reviewing a nurse's performance.

Performance appraisal involves a manager evaluating the nurse's work performance and setting goals for the following year. It is a structured process driven by organisational requirements.

Preceptorship is central to supporting a newly registered nurse to adapt to their roles, develop clinical skills and socialise them into a new clinical setting. It is a time limited, education focused model for teaching and learning within a clinical environment that uses clinical staff as role models (Tan, Feuz, Boldeston & Lamer as cited in NZNO, 2013). While the agenda of this relationship is determined by the nurse, the preceptor is likely to have an evaluative function. A nurse preceptor is likely to be appointed, not selected, by the nurse. Preceptorship is an integral part of the New Entry to Specialty Practice- Nursing programme (NESP). In each clinical placement trained preceptors should be assigned to support the new graduate.

Mentorship or āwhinatanga involves a one to one or sometimes one to group relationship in which a mentor invests time, knowledge and effort to assist the mentee (nurse) to achieve their potential both personally and professionally (Donner & Wheeler, 2007 cited in NZNO, 2015). It is a formally structured and non-reporting relationship undertaken by the nurse. Attributes of a mentoring relationship include empowerment, respect, mutual sharing, role-modelling, constructive feedback, support and encouragement (Gopee, 2008 as cited in NZNO, 2013). Mentoring is often long term and the nurse's manager is only indirectly involved.

A mentor is usually someone who is more senior and has more experience than the nurse (mentee). A mentor

usually volunteers their time to assist the nurse to grow personally and professionally by sharing the knowledge and insights of their experience. "A mentor is a wise teacher, a guide and a friend. A mentor is someone who knows when and how to coach, when and how to advise, when and how to counsel, and when to refer" (New Zealand Institute of Management, n.d, p. 5).

For Māori people the principle of āwhinatanga includes whakapapa, whānaungatanga, te reo, tautokotanga, manaakitanga, rangatiratanga, māhakitanga, utu, kotahitanga, wairuatanga and kaitiakitanga. Within a Māori framework the job of mentoring most appropriately falls to iwi elders and whānau leader[s] (Hook, Waaka & Raumati, 2007 as cited in NZNO, 2013, p.2).

Coaching involves a more experienced nurse teaching another nurse a specific skill or skills relevant to their work. This relationship is likely to be a short term and goal directed. Coaching may be initiated by a manager or the nurse. The manager is more directly involved (adapted from Te Pou, 2011a).



How is supervision related to the *Let's get real* framework?

Let's get real: Real Skills for people working in mental health and addiction (Ministry of Health, 2008) is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services.

The Standards of Practice for Mental Health Nursing in Aotearoa New Zealand, The Addiction Specialty Nursing Competency framework for Aotearoa New Zealand and The Addiction Intervention Competency Framework are **all** underpinned by the *Let's get real* framework.

Understanding and engaging in supervision is one of the performance indicators in the 'Real Skill: Professional and personal development'. Professional supervision gives mental health and addiction nurses the opportunity to embed the service user centred approach of *Let's get real* directly into their daily practice. Through contributing directly to service users' outcomes, supervision can be a vehicle that brings about positive change (Te Pou, 2011a).

Real Skill: Professional and personal development

Every person working in a mental health and addiction treatment service actively reflects on their work and practice, and works in ways that enhance the team to support the recovery of service users.

Essential	Supervisee	Leader
<ul style="list-style-type: none">▶ Engages with colleagues to give and receive constructive feedback.▶ Understands and practices self-care.	<ul style="list-style-type: none">▶ Participates in professional and personal development of one's self and colleagues through feedback, supervision, appraisal and reflective practice.	<ul style="list-style-type: none">▶ Creates a healthy workplace and culture that encourages and supports the professional development of individuals and teams as well as personal development.
<ul style="list-style-type: none">▶ Reflects on own practice to identify strengths and needs.▶ Understands and engages in supervision.▶ Seeks and takes up learning opportunities.	<ul style="list-style-type: none">▶ Supports colleagues to achieve goals and meet challenges.▶ Keeps up to date with changes in practice and participates in lifelong learning.	<ul style="list-style-type: none">▶ Coaches, supports, provides feedback and challenges people so that they can reach their full potential.

Let's get real: Quick reference guide (Ministry of Health, 2008, p.25)



Claire Moore, service user lead, Emerge Aotearoa

“I tend to find that staff who undertake quality supervision provide a much higher quality of service,” declares Claire Moore, service user lead at Emerge Aotearoa. Claire is also a supervisor and participates in regular supervision.

“Staff have great opportunities to make a real difference in people's lives and good supervision can assist in this process. Becoming more creative in the care of clients may remove some barriers to recovery.”

As service user lead, her role places her in a unique position to gain insight into what works well for Emerge's stakeholders (clients, families, other agencies) and particularly staff. She finds staff who undertake regular professional supervision are more reflective and feel better supported in their roles, which leads to more consideration and less judgement of others within their work. Therefore, she advocates strongly for it.

“Good professional supervision requires a staff member to take some accountability for the way they are working. It challenges their beliefs about stigma and discrimination associated with mental health and addiction issues, and may assist staff to think outside the square in relation to the care of people they support in their daily work.”

She says her own supervision helps her have greater understanding regarding the people, the organisation and the sector. This assists her endeavours to influence and achieve better outcomes for the people who use the services.

“Good professional supervisors challenge supervisees to think about whether they are working in a recovery-focused way, especially if *Let's get real* is embedded as a key element of the supervision session. Good supervisors will focus on identifying the staff member's strengths and needs, and provide developmental learning and



modelling around the way the mental health and addiction services expect them to work with people who use their services. This is beneficial for all clients,” says Claire.

According to Claire, funding and the provision of professional supervision is also really important. “It is a strong indicator that their employer is supportive of professional development and understands their workplace environment. Receiving that support can make a difference to your whole approach and to your workplace.”

As well as having supervision, Claire is also a professional supervisor after undertaking Te Pou's supervision training, some time ago. “I wanted to become a supervisor because I think the combination of a supervision framework, skills and abilities, alongside my lived experience, means I can offer a different perspective to staff that helps them gain more understanding of the service user perspective.”

She would like to see more people with lived experience in the sector having supervision with supervisors who have lived experience. “When you are facing stigma and discrimination in everyday work and everyday living, having a supervisor that fully understands those experiences could be very helpful. I think it is important



for staff to have the option to have someone with lived experience as a supervisor.”

Claire acknowledges that the current pool of supervisors with lived experience is very small. Indeed, her supervisor does not have lived experience, but is highly experienced and provides sector knowledge and insights that are very helpful.

Claire's supervision is resourced by Emerge Aotearoa and was set up shortly after she began her role in 2012. “Emerge Aotearoa's receptiveness to supervision was an acknowledgement of the value of my role, and me personally.”

She was also supported to change her supervisor when her supervision goals and needs changed. Emerge Aotearoa prioritises group supervision and/or individual supervision for all staff.

Ethical issues and professional supervision

Ethics frames how professional supervision is delivered and is part of the conversations that occur in the supervision relationship. Leaders and managers should ensure that supervision training programmes include content about legal and ethical issues.

Informed consent

Supervisors must ensure supervisees have given their informed consent to be involved in the supervision process. This is conveyed in the supervision contract.

Confidentiality

Professional supervision is a confidential process and the parameters should be covered in the supervision contract. It must accord with the boundaries of organisational policies, the law and relevant codes of professional ethics. This will include limits to confidentiality, i.e. serious concerns about risk of harm to the supervisee or to any of the people they

are working with, or serious concerns about unethical or unprofessional behaviour that breaches codes of ethics. Any such criteria for wavering supervisor-supervisee confidentiality, along with an agreed process for how this would occur, should be clearly outlined in the supervision contract. Exceptions outside of these confidentiality agreements may occur in the supervisory relationship. For example, if there is an agreement that some information is given to a manager or leader with the explicit consent of all parties.

If leaders and managers recruit supervisors that are external to the organisation, the organisation is responsible for making sure they understand the relevant policies and procedures regarding supervision. They must also assess their willingness to engage in any particular organisational requirements - for example, supervision reports. It is also the organisation's responsibility to ensure any external supervisors have signed a confidentiality agreement and/or have a supervision contract in place that covers confidentiality in the context of the supervisory relationship, (Adapted from Te Pou, 2015b).

Dual relationships and boundary issues

The nature and quality of a relationship between the nurse-supervisee and their supervisors is pivotal in ensuring that the nurse gains the most from professional supervision sessions. A dual relationship is a situation in which there are two (or more) distinct kinds of relationships with the same person (Scopelliti, Judd, Grigg, Hodgins, Fraser, Hulbert, Endacott & Wood, 2004, p.955).

Examples of dual relationships include:

- ▶ When a nurse receives professional supervision from their manager.
- ▶ When a nurse receives professional supervision from a team member.
- ▶ When a nurse receives professional supervision from a person they are in a personal relationship with.



If dual relationships exist, then the boundaries of the supervisory relationship can become blurred and compromise the quality of professional supervision sessions. Trust and confidentiality are central to supervisees being able to openly reflect, learn and continue to develop their practice.

Leaders and managers of rural services where access to supervisors outside of the team may be limited, will need to carefully consider this issue to ensure that nurses can gain the most from their professional supervision sessions.

Accountability

A supervisor has parallel responsibilities to a supervisee, the people the supervisee works with, the supervisee's colleagues and to any organisation the supervisee is providing service to. In addition to these, there may be responsibilities to training organisations and professional organisations, such as the New Zealand Nursing Council. These accountabilities need to be explicit within the supervision agreement/contract.

Vicarious liability

Vicarious liability relates to the fact that an employer holds the responsibility for the actions of their employees, including staff that provide supervision and those that receive supervision, when they operate within their scope of practice. The limits of vicarious liability are when employees knowingly operate outside of their scope of practice, do not work in accordance with policy and procedures and do not work within legal and ethical parameters (Lynch, Hancox, Happell & Parker, 2008, p.137).

Recording and documentation

Documenting supervision is crucial for a number of reasons that primarily relate to the potential ethical and legal responsibilities of the organisation, the supervisor and the supervisee. Leaders and managers should ensure that the supervision policy describes

the documentation related to supervision. These may include information and notes about:

- ▶ The supervision contract
- ▶ The supervisee's caseload
- ▶ Supervisory recommendations and impressions
- ▶ Notes on missed, cancelled or rescheduled appointments
- ▶ Significant issues
- ▶ Supervisee learning and development needs.

Leaders and managers should ensure that guidance on documentation and record keeping is outlined in the organisational policy for supervision. This should cover:

- ▶ How supervisors and supervisees document the supervision relationship and where this information should be kept
- ▶ Where this documentation will be stored
- ▶ Who will hold copies of supervision contracts and supervision reports?

Reflecting on ethics during supervision

Nurses have a duty of care to provide safe, high quality care to those who receive their services (Lynch et al., 2008, p.133). As mentioned previously the administrative/normative function of professional supervision enables nurse supervisees to focus on developing an understanding of the professional and ethical requirements of their practice. By ensuring that nurses have protected time out of practice to safely reflect, they can then use the opportunity "to question why they considered a particular act right or wrong, what reasons (justifications) are for their judgement, and whether their judgements were correct" (Johnstone, 2004 cited in Lynch, et al., 2008, p.133). This time can also be used to reflect on the 'The Code of Conduct' (Nursing Council of New Zealand, 2012a) or the 'Guidelines Professional Boundaries' (Nursing Council of New Zealand, 2012b).



How can professional supervision be delivered?

Supervision sessions can be delivered in a number of ways depending on a range of factors including the type of service provided by the supervisee, clinical practice models, organisational context, developmental needs of the supervisee and the available resources of the organisation. An organisation's professional supervision policy should state the preferred way of delivering professional supervision to nursing staff. Please read your organisation's policy and ensure you keep up to date with its recommendations.

Methods of one-to-one and group supervision are described in the following tables.

One-to-one

One-to-one – Internal to the supervisee's team			
Format of professional supervision	Advantages	Disadvantages	Best for
Internal to the team	<ul style="list-style-type: none"> Focus on individual supervisee Context and specifics of the supervisee's role is well understood Able to understand and easily deal with service issues May socialise the supervisee into the profession Organisational policies and processes will be understood Population accessing the service is likely to be well understood The supervisor is likely to be readily available 	<ul style="list-style-type: none"> Difficulty in ensuring sufficiently trained supervisors The cost in terms of supervisor and supervisee's time Potential power imbalances Possible concerns related to boundaries and confidentiality, leading to limited disclosure by a supervisee Potential issues with dual relationships 	Ideally suited for newly qualified supervisees



One-to-one – External to the supervisee's team			
Format of professional supervision	Advantages	Disadvantages	Best for
External to the supervisee's team but in same organisation	<ul style="list-style-type: none"> • The focus is on the individual supervisee • The context and specifics of the supervisee's role is generally understood • Allows for socialisation into the supervisee's profession and the organisation • Able to understand and easily deal with service issues • Organisational policies and processes are well understood • Supervisors are likely to be readily available 	<ul style="list-style-type: none"> • Difficulty in ensuring sufficiently trained supervisors • The cost in terms of supervisor and supervisee's time • Potential power imbalances • Possible concerns related to boundaries and confidentiality leading to limited disclosure by a supervisee • Supervisor may not understand the dynamics and procedures of specific teams 	Ideally suited to supervisees with some experience

One-to-one – External to the supervisee's organisation			
Format of professional supervision	Advantages	Disadvantages	Best for
External to the organisation	<ul style="list-style-type: none"> • Supervisee may perceive supervision external to their organisation as being safer and more confidential • Supervisee may find disclosure easier • Focus will be on the individual supervisee • Less chance of dual/ multiple relationships • More likely to be self-selected 	<ul style="list-style-type: none"> • Cost (time and travel) • Supervisor may not understand dynamics and processes of the organisation or team • May be difficult if issues arise about performance and service user's/tangata whai ora safety • Could lead to collusion • Issues of risk and safety may be challenging to address • There may be some lack of contextual knowledge 	Ideally suited to supervisees with some experience



Peer one-to-one – Two peers meet for shared supervision			
Format of professional supervision	Advantages	Disadvantages	Best for
May be external or internal to the organisation	<ul style="list-style-type: none"> Shared role of supervisee/supervisor Safe and trusting relationship Self-selected 	<ul style="list-style-type: none"> Can become too comfortable May not be sufficiently challenging Participants may not have a good knowledge of supervision 	Ideally suited to experienced supervisees only

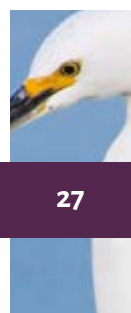
Group supervision

Group supervision – Amongst peers			
Format of professional supervision	Advantages	Disadvantages	Best for
Peer Group	<ul style="list-style-type: none"> Non-hierarchical – shared roles Cost-effective in terms of time May be considered less threatening than one-to-one supervision Opportunities to learn from others Learning enhanced for different perspectives Self-selected Likely to be supportive 	<ul style="list-style-type: none"> Significant issues related to self may not be discussed May be less challenging Difficulty in staying on task and to time Potential for individuals to dominate the group's time 	<p>Ideally suited for experienced supervisees</p> <p>NB: Needs to be supported by one-to-one supervision</p>

Group supervision – Supervisor led, internal to the team			
Format of professional supervision	Advantages	Disadvantages	Best for
Internal to the organisation -supervisor led	<ul style="list-style-type: none"> Cost effective in terms of time Can lead to increased motivation to learn Can build a sense of belonging May be considered less threatening than one-to-one supervision Opportunities to learn from others Learning enhanced by different perspectives 	<ul style="list-style-type: none"> Can be unsafe at a personal level – unwillingness to disclose Significant issues related to self not discussed Difficulty staying on task and to time Limited choice of supervisor Tendency to be too supportive Possible dual roles in relationships 	<p>Ideally suited for experienced supervisees</p> <p>NB: Needs to be supported by one-to-one supervision</p>

Group supervision – Supervisor led, external to the team			
Format of professional supervision	Advantages	Disadvantages	Best for
External to team- supervisor led	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> Less concern for dual roles/relationships 	Useful in contexts where team development and a team approach is important

Group supervision – amongst peers			
Format of professional supervision	Advantages	Disadvantages	Best for
External to the organisation -supervisor led	<ul style="list-style-type: none"> As above Sense of safety for supervisees Greater trust 	<ul style="list-style-type: none"> Less concern for dual roles/relationships 	Useful in contexts where team development and a team approach is important



Other types

Interdisciplinary supervision – Supervision between nurses and other health professionals			
Format of professional supervision	Advantages	Disadvantages	Best for
Inter-discipline (cross discipline)	<ul style="list-style-type: none"> Useful for further specialist knowledge Can help when geographically isolated Supports a multi-disciplinary team (MDT) approach 	<ul style="list-style-type: none"> Specifics related to the work of each discipline may not be known and understood 	Ideally suited to more experienced supervisees

Use of technology			
Format of professional supervision	Advantages	Disadvantages	Best for
Video conferencing, Skype and telephone	<ul style="list-style-type: none"> Will solve problems of access and isolation Best if combined with face-to-face supervision 	<ul style="list-style-type: none"> Confidentiality of Skype and E-mail can be an issue Can be limiting by not 'seeing' supervisee's nonverbal responses Costs may be incurred 	Ideally suited to more experienced supervisees who know each other but can catch up mostly remotely

What do I need to know about group supervision?

Group supervision is commonly offered to new graduate nurses and further guidance on this type of supervision has been included in this publication.

What is group supervision?

Group supervision is a regular, structured meeting of supervisees with an identified supervisor where the focus is on developing the supervisee's understanding of their work. The group interaction and feedback is a strength of this form of supervision as is the opportunity for reflection and learning. It is a regular, structured meeting of supervisees with an identified supervisor.

- Supervisors and supervisees may come from the same discipline or from different disciplines and may be internal or external to a team.
- The focus is on developing the supervisee's understanding of their work.
- It is not casework allocation, case presentation, case review or meetings, group education or a journal club.

(Bond & Holland, 2010; Beddoe & Davys, 2016; Hawkins & Shohet, 2009)

Models of group supervision

Model	Focus
Authoritative	This is a supervisor-led group. The supervisor provides supervision for each group member individually and the supervisees observe that supervision.
Participative	This is a supervisor-led group. The supervisor actively encourages and supports the supervisees to be engaged in the process.
Co-operative	While the supervisor maintains some responsibility for the process, supervisees take the lead in this model providing supervision for each other.
Peer group	This is a shared collaborative process where roles and responsibilities are rotated around the group.

(Procter, 2008)

Points to consider

- ▶ Skilled facilitation is critical to the effectiveness of group supervision as group dynamics and processes must be understood and managed as part of the supervision process to ensure safety and effectiveness.
- ▶ Group supervision should not be used as a cost saving measure.
- ▶ Generally, it is not regarded as a substitute for individual supervision, rather it is considered to be additional to individual supervision.
- ▶ It is advisable to ensure group supervision is provided in contexts where group processes and a team approach are central to the mode of practice, for example, in drug treatment units or other therapeutic community contexts.
- ▶ Group supervision may not work well for all supervisees for a range of reasons including:
 - Lack of focus on individual learning needs
 - Feelings of vulnerability to disclose practice issues
 - Team issues and/or personal issues that may be impacting negatively on work
 - Inability to focus on wellbeing and support needs at an individual level and various other concerns that individual supervisees may have.
- ▶ There are questions about the effectiveness of group supervision provided by the team leader or manager. It appears likely that this arrangement carries some significant limitations related to perceptions of the power and authority held by the team leader or manager. This typically leads to constraints on openness and disclosure in supervision.

(Adapted from Aronui. Supervision Guide for Addiction Supervisees, Supervisors and Managers, Dapaanz, 2014).



Barry Kennedy, registered nurse, Mason Clinic, Waitematā DHB

Group supervision requires a supervisor that is skilled in group processes and has the ability to create discussions. These skills will help supervisees develop self-awareness via reflective practice, and improve their professional practice by listening and learning from the experience of peers. The ability to steer conversations, and bring to light underlying issues requires careful listening. Well thought out questions will wisely guide supervisees in their discovery of possible solutions.

Barry Kennedy is a Registered Nurse at the Mason Clinic, Auckland Regional Forensic Psychiatry Services, Waitematā DHB. He has been a clinical supervisor in private practice and the public health sector for over 20 years. Barry has experience in open and closed group supervision in a range of settings including: Salvation Army Bridge staff, Samaritans phone counsellors, staff in mental health and forensic mental health service, new graduate nurses and staff working in prisons.

Open groups are comprised mainly of staff on rostered shifts at the time of the regular supervision session, so it may well be that there is a different group of attendees each session. Closed groups are those where the same group members attend each session on a certain day at a certain time. Barry shares his thoughts on being a group supervisor.

Skills and approaches

Barry trained to be a supervisor with the Sunnyside Hospital Supervision Project in Christchurch in the early 1990s. This was facilitated by the late Mike Consedine and based on Role Theory, pioneered by Mike and drawn from Jacob Moreno's model of psychodrama therapy. Barry has also found Transactional Analysis, Prochaska and Di Clementis' 'Stages of Change' model, and the Conscious-Competence learning model (Peyton, 1998) to be enduringly relevant and useful. The topic of his 2013



Master's thesis was the relationship between empathy and burnout in nurses.

Leadership buy-in vital

"First and foremost, management and clinical leadership buy-in and support of nurses engaging in regular professional supervision for nurses is pivotal", says Barry. This requires managers and leaders of nurses to understand the meaning and value of supervision, and outwardly demonstrate this by designing a service that allows for nurses to have protected time away from their clinical work to attend supervision sessions. For leaders and managers of inpatient units this requires careful attention due to rostering of staff and the need to ensure that there is a sufficient supply of staff to provide care.

Supervision is often the first thing to be sacrificed in a busy unit or when experiencing staffing difficulties. However, the benefits of supervision such as reduced burnout, reduced sick leave and enhanced professional practice outweigh the time and potential cost factor of releasing nurses to reflect, grow and learn. Showing support for staff who work in chaotic and busy inpatient units, by valuing supervision, is critical to enabling staff to provide professional nursing care and to the wellbeing of nurses.



Preparing for a supervision session is essential

One of the barriers to nurses engaging in professional supervision is that they often perceive it as supervised practice. Implying that their practice is not good enough and needs correcting in some way. Nursing staff who have worked in a service for a long time and are not engaged in effective professional supervision may resist participating because of this negative connotation.

“Demystifying professional supervision and building trust takes time”, says Barry. Explaining what professional supervision is at the beginning of sessions is important, and outlining the confidentiality aspect of this process. Clarifying what, if any, feedback loop to management also needs to be explained (generally there is none).

Barry ensures that he sets aside time to prepare for each supervision session. He makes sure that the venue is free and that nurses know when and where the sessions are. If providing tailored supervision regarding a service user/tangata whai ora he will review their notes to get a sense of what is happening for that person prior to a session. He will also spend time finding out about potential supervisees and their practice setting. ‘Team dynamics’ in some practice settings can emerge within a supervision session and having some understanding of these prior, can help a supervisor respond more effectively and ensure the focus is on growing professional practice.

Growing trust

“A supervisor needs to create a space where staff feel they can trust each other to open up about what is actually happening”, explains Barry. A space where they can become more receptive to examining what is happening – their practice reality. An openness to discovering new ways to approach things and growing their practice. With open group supervision sessions the level of trust may fluctuate because there is usually a different group of attendees at each session due to rosters. Because of this the ability of the supervisor is vital in providing an effective open group supervision. A safe space to build supervisees trust and allow them to listen, reflect, share, and learn.

Tailored group supervision

Group supervision can be a helpful mechanism to support staff to optimise the care provided to people with very complex needs- for example people with learning difficulties, mental health or physical and behavioural problems. Currently, Barry provides open group supervision sessions for staff supporting a person in a forensic mental health service with a number of problems.

Weekly sessions are open to all staff involved in supporting this person. They occur around afternoon Nursing Handover time, where there is an overlap of staff. Each session is between 30 to 40 minutes. On average six staff attend every week but there can be as many as 10. The focus is on developing skills and confidence to support this person by supporting staff to remain empathic and as a form self-preservation.

These tailored group supervisions for staff may follow the service user along the pathway through units within the service. This will enable the supervisor (Barry) to share the evolving knowledge and skills required to best support this person and help to improve the consistency in care needed to support that person with their recovery.

Group supervision for new graduate nurses

Barry provides open group supervision for new graduate nurses, who start the programme at different times. This means that more experienced new graduates can share their experiences with the newer ones. This in turn helps new nurses to understand what they are going through is something that others have also experienced. They learn how others coped and also gain support to develop their skills as they make the transition from student nurse to graduate nurse. These sessions provide an opportunity to learn from someone who is close to where they are in their career journey. The role of the group supervisor is to facilitate this, and if needed gently bring supervisees around to what needs to be talked about.

Barry says that one of the common issues raised by new graduates is how to handle complaints from service



Profile: Facilitating group supervision

users/tangata whai ora about unprofessional staff behaviour, or when they see unprofessional behaviour in the practice setting. Wanting to be part of the team and have collegial relationships is important when you are the 'newbie'. The hard part is balancing the need to be accepted by the team and the need to advocate for services users to receive professional quality care. Discovering ways to find the right balance can be a big learning curve when moving into a new practice setting, and stressful. Supervision sessions provide a safe place to have discussions about; values, attitudes, the shock of being a new graduate nurse in the clinical setting, bullying, collusion, wilful blindness and the development of professional responsiveness.

We don't know what we don't know

During supervision sessions Barry keeps in mind the Conscious Competence four stage learning process. This highlights two factors that affect our thinking as we learn a new skill: consciousness (awareness) and skill level (competence). According to the model, we move through the following four levels as we build competence in a new skill:

1. We don't know what we don't know (unconscious incompetence) – not aware of what it is that we need to learn; e.g. nurses new to a practice area.
2. We do know what we don't know (conscious incompetence) – aware of what it is that we need to learn; e.g. nurses new to a practice area now aware of the learning ahead.
3. We do know what we do know (conscious competence) – performing the task and being aware of doing so; e.g. nurses no longer new to the practice area but still developing awareness of their scope, role and tasks.
4. We don't know what we do know (unconscious competence) – so good at the task that we are able to perform it almost without being aware of doing so; e.g. nurses highly proficient in the practice area and performing their scope, role and tasks without having to stop and think about it very much. However, this may be

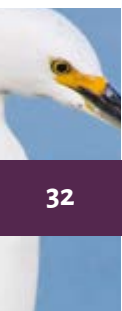
precisely the stage where seasoned nurses find it hard to articulate their practice to beginners e.g. nurses or students new to a practice area who don't know what they don't know.

So Barry adds the following tongue twisting fifth step to the learning process above:

5. We do know that we don't know what we do know (conscious of the learning process above)- When teaching new graduate nurses, nursing students or nurses new to the area of practice, we need to be able to bring to our consciousness again the skills, knowledge and experience that we have and they need. This is an especially important skill for advanced practitioners, clinical supervisors, preceptors, nurse educators, and clinical nurse specialists.

In summary, Barry believes some of the key skills and points to consider when providing group supervision are the need to:

- ▶ Be positive and genuine
- ▶ Be clear about confidentiality and feedback loop to management
- ▶ Show understanding about the context and challenge of the supervisee's work and workplace
- ▶ Role model active listening
- ▶ Take charge where and when necessary
- ▶ Role model being able to handle constructive criticism (i.e. the notion of 'critical friend')
- ▶ Be careful how you manage the louder members of the group
- ▶ Keep an eye on the quieter group members – consider why they may be quiet
- ▶ Catch for cliques, exclusions and sub- groups
- ▶ Use humour appropriately
- ▶ Include something about stress and self-care
- ▶ Provide a good summary and wrap up at the end of a session.



What are my key responsibilities as a nursing leader and manager supporting professional supervision for nurses?

Managers and leaders responsibilities include:

- ▶ Understanding the principles and processes of professional supervision
- ▶ Developing or contributing to a professional supervision strategy
- ▶ Building belief in professional supervision
- ▶ Explicitly supporting professional supervision
- ▶ Understanding how all professional development activities fit together
- ▶ Establishing the policies and procedures to support professional supervision
- ▶ Consulting all stakeholders in the development of these policies and procedures
- ▶ Ensuring the policies and procedures set out the purpose, process, expectations, limitations, roles and responsibilities of each party
- ▶ Developing procedures to monitor compliance with policy and procedures
- ▶ Ensuring the supervisees understand what professional supervision is
- ▶ Developing procedures for choice and matching of supervisors and supervisees
- ▶ Developing options for professional supervision that are culturally appropriate for supervisees and the service users/tangata whai ora they support
- ▶ Identifying and resolving barriers to staff attending professional supervision
- ▶ Developing procedures for recruiting and selecting supervisors
- ▶ Ensuring that there is a sufficient number of supervisors trained to provide supervision
- ▶ Ensuring that refreshers are in place to enable supervisors to remain up to date
- ▶ Developing processes to review and sustain professional supervision
- ▶ Attending introductory professional supervision training



Part B: Supervision and nursing



Does a nurse's scope of practice include the need to engage in supervision?

Nurses registered with the Nursing Council of New Zealand (NCNZ) include nurse practitioners, registered nurses and enrolled nurses. The ability to reflect on practice is common across all scopes of practice <http://www.nursingcouncil.org.nz/Nurses>. Currently registered nurses do not need to engage in professional or clinical supervision to demonstrate continuing competence. Unlike other health professionals, for example, social workers registered with the Social Work Registration Board. This goes some way to explaining the reasons why not all nurses who work in mental health and addiction services are engaged in regular professional supervision.

Nurse practitioners

Peer supervision is an indicator in the nurse practitioner's scope of practice.

Domain one: Professional practice and leadership

- ▶ Competency 1.2: Demonstrates accountability for practice in relation to the population or client group and the parameters of practice within health care settings.

Indicator: Collaborates, initiates and/or leads professional development processes based on peer supervision and review of currency of practice.

Registered nurses

Although registered nurses are not required to engage in professional or clinical supervision they are expected to be able to reflect on their practice.

Domain one: Professional responsibility

- ▶ Competency 1.5: Practises nursing in a manner that the health consumer determines as being culturally safe.

Indicator: Reflects on his or her own practice and values that impact on nursing care in relation to the health consumers' age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.

Domain two: Management of nursing care

- ▶ Competency 2.6: Evaluates health consumer's progress toward expected outcomes in partnership with health consumers.

Indicator: Reflects on health consumer feedback on the evaluation of nursing care and health service delivery.

- ▶ Competency 2.8: Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.

Enrolled nurses

Enrolled nurses, like registered nurses, are required to reflect on their practice. However, if they are working under the direction of another registered health practitioner they must have supervision provided by a registered nurse, as they must not assume overall responsibility for nursing assessment or care planning. “The reason for this is that enrolled nurses must not practise in professional isolation. The registered nurse provides guidance and feedback on the enrolled nurse’s practice. This may include:

- a. Monthly meetings
- b. Discussion of practice issues
- c. Discussion of professional development and learning needs
- d. Review of work content/nursing activities
- e. Discussion of professional responsibilities and scope”.

(NCNZ, 2011, p.16).

Is professional supervision standard practice for mental health and addiction nurses?

✓ Yes absolutely

For nurses supporting people with mental health and/or addiction problems the ability to understand and engage in supervision is inherent in the following practice standards:

- ▶ Standards of Practice for Mental Health Nursing in Aotearoa New Zealand (Te Ao Māramatanga- NZCMH Nurses, 2012)
- ▶ The Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand (Drug and Alcohol Nurses of Australasia, 2012)
- ▶ The Addiction Intervention Competency Framework (Dapaanz, 2011).

All of these standards are underpinned by *Let’s get real: Real Skills for people working in mental health and*

addiction (Ministry of Health, 2008), which highlights the importance of understanding and engaging in supervision.

Standards of Practice for Mental Health Nursing in Aotearoa New Zealand

The ‘Standards of Practice for Mental Health Nursing in Aotearoa New Zealand’ (Te Ao Māramatanga- NZCMHNurses, 2012) advocate strongly for nurses to value, understand and regularly engage in professional/ clinical supervision.

Standard two

The Mental Health Nurse establishes collaborative partnerships as the basis for therapeutic relationships. This involves building on strengths, holding hope and enhancing resilience to promote recovery and wellbeing.

Attributes

(a) **Knowledge**

The Mental Health Nurse demonstrates an understanding of: [...] *the place of clinical supervision in supporting and maintaining therapeutic relationships.*

(b) **Skills**

The Mental Health Nurse: [...] *engages in clinical supervision to maximise the effectiveness of the therapeutic relationship.*

(Te Ao Māramatanga- NZCMHNurses, 2012, pp. 4-5)

Standard five

The Mental Health Nurse is committed to their own professional development and to the development of the profession of Mental Health Nursing.

Attributes

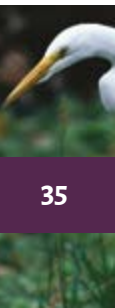
(a) **Knowledge**

The Mental Health Nurse demonstrates an understanding of: [...] *models of professional supervision, reflective practice and peer review.*

(b) **Skills**

The Mental Health Nurse: [...] *engages in professional supervision and reflective practice.*

(Te Ao Māramatanga- NZCMHNurses, 2012, p.10)



Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand

The *Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand* (Addiction nursing framework) (Drug and Alcohol Nurses of Australasia, 2012), aligns with the New Zealand Nursing Council's domains for nursing competencies. In this framework the need to engage in supervision is explicit for addiction nurses at foundational, specialist and advanced specialist levels of practice.

Domain: Professional responsibility and leadership		
Foundation level nurse: Demonstrates the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty by: <ul style="list-style-type: none">▶ Critically reflecting on nursing care with peers and with her/his clinical supervisor.	Specialist level nurse: Demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addictions nurse by: <ul style="list-style-type: none">▶ Providing and participating in clinical supervision.	Advanced specialist nurse: Demonstrates the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist addictions nurse by: <ul style="list-style-type: none">▶ Advocating for and providing leadership in developing supervision processes for nurses and other staff who work with clients with addiction problems.

(Drug and Alcohol Nurses of Australasia, 2012, p.22)

The Addiction Intervention Competency Framework

Nurses who are *Dapaanz* registered practitioners are required to demonstrate competency as specified in the Addiction Intervention Competency Framework which outlines the values, attitudes, knowledge and skills of those providing specialist interventions to assist people to address gambling, tobacco, alcohol and/or other drug problems. This framework is underpinned by *Let's get real* (MoH, 2008). Nurses registered with *Dapaanz* are required to be under the supervision of a *Dapaanz* accredited supervisor. Further guidance is provided in 'Aronui - Supervision guide for addiction supervisees, supervisors and managers' (*Dapaanz*, 2014).



Do professional nursing organisations advocate for supervision?

✓ Yes absolutely

Nurses have a choice about whether or not to engage in supervision however there is growing support for all nurses to engage in supervision.

New Zealand Nurses Organisation

The New Zealand Nurses Organisations (NZNO) fact sheet *Supervision* (2015) cites Davys and Beddoe (2010), Cassedy (2010) and the Care and Quality Commission (2013) on supervision.

“Supervision is recognised as a critical component of nursing and midwifery practice. NZNO believes supervision should be available to all nurses and midwives and supports initiatives to achieve this. Supervision can be described as a forum for reflection and learning, in which an interactive dialogue takes place between at least two people. The dialogue ‘shapes a process of review, reflection, critique and replenishment for professional supervisees’ (Davys & Beddoe, 2010, p.21).

This broad definition is designed to capture the fundamental essence of supervision regardless of whether it is undertaken as professional or clinical supervision. It may be useful to consider professional supervision as a process that does not necessarily involve reflection on clinical practice but on professional behaviour, interactions with others and outcomes; keeping up with developments in the profession, identifying professional training and continuing development needs, and ensuring the supervisee is working within professional codes of conduct and boundaries (Care Quality Commission, 2013). Clinical supervision is primarily focused on learning to develop and improve practice and ensuring safe practice (Cassedy, 2010). Clinical supervision also provides an opportunity to discuss individual cases in depth (Care and Quality Commission, 2013).

Do new graduate nurses need professional supervision?

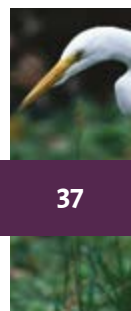
✓ Yes absolutely

New graduate nurses value the opportunity to engage in supervision. Korzon and Gunther's (2010) study into new graduate nurse perceptions of supervision discovered that:

- ▶ Supervision was the most highly valued support during their transitional year
- ▶ They felt enabled to engage with their practice settings knowing they had support to work through complex clinical issues
- ▶ Their ability to participate in critical reflection of their professional role and their ability to engage in clinical decision making was enhanced by participating in professional supervision.

All nurses participating in the New Entry to Specialty Practice- Nursing programme (NESP- Nursing) funded by Te Pou can expect to receive:

- ▶ A minimum of 20 hours professional supervision over the year with an experienced supervisor.
- ▶ Access to a preceptor at all times, provided by the employer.
- ▶ Time away from the clinical setting (in addition to rostered days off) to attend formal learning.



Peter Blake, new graduate nurse programme coordinator, Waitematā DHB

Peter Blake acknowledges that the transition from undergraduate to new graduate nursing is known to be a difficult time for those involved. In mental health, the issues of transference and counter-transference and the exposure to the trauma of others can compound the difficulty of this transition and often triggers issues for the nurse.

To ensure a safe and appropriate place for discussion and reflection, robust supervision is extremely important for new graduate nurses during this time. Group supervision is a structured and mandatory part of our NESP - Nursing programme.

Professional supervision is a key requirement in this programme and nurses attend group supervision facilitated by experienced nurses. Although it is fair to say that group supervision does not suit everyone, in general most new graduate nurses find this type of support invaluable. Feedback from some of our nurses include:

- ▶ “Walked in saying we did not have much to talk about, then spent whole hour sharing and talking”
- ▶ “Good”
- ▶ “Great”
- ▶ “Supportive”
- ▶ “Helpful to discuss issues at work and to help own practice”
- ▶ “Good to have a chat with an experienced nurse”



Continuing with regular supervision is vital for professional practice growth. Once they graduate from the NESP- Nursing programme, new nurses need to organise their own supervision. Programme co-ordinators, preceptors and group supervisors should be encouraging nurses to have supervision beyond the NESP programme. They should also encourage them to undertake supervision training and be providing supervision as they progress in their professional development.



Chanda-lea Peihopa, registered nurse, Waikato DHB

Supervision has been beneficial to my first year in practice as a registered nurse. We usually have supervision in a group of three to six nurses, every four weeks.

There have been many discussions that I have been able to relate to my own practice experiences. We are able to safely discuss our practice, highlighting the positive and negative aspects. It has been great being able to reflect and debrief about situations that I have found challenging in my practice. Although I have not initiated the main conversations often during supervision, I have been able to relate to the discussed topics and contribute to the reflection by way of questioning.

Group supervision has helped me become more confident with expressing my challenges. Others have faced similar situations and hearing how they dealt with them gave me ideas and skills that I can use in my own practice.

Confidentiality is very important to me. I feel that the group members are very supportive and I have been able to build trusting professional relationships with them. Equally, because I work in an acute adult mental health setting, it has been good to discuss challenges with others who work in different settings as their practice and way of doing things varies greatly.

In our supervision group, we try to have different speakers at each session. This ensures each person is able to discuss any challenges they have faced in the last four weeks. However, if someone does not want to discuss anything they are not forced to do so. It gives us the option to discuss the positives we've had as well.

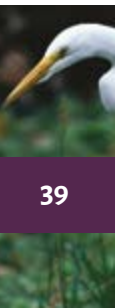
We often talk about challenges, but the feeling is great when reflecting on our positive outcomes from practice. For example, being able to work with someone to support their discharge into the community after a long stay in the inpatient unit. Being able to reflect on admission presentations to discharge has been rewarding. Supervision has given me the strength to speak up about challenges in my practice and feel safe to say, "gees I had a really tough month" and knowing that I won't be seen as incompetent or incapable of doing my job.

I have actively used the 'Supervisees guide' for self-reflection when I have found myself stuck in a rut. I really like to use the positive questions like "what did I do well?"

Supervision has helped me to really develop my clinical practice.

"Group supervision has helped me become more confident with expressing my challenges."

(Chanda-lea Peihopa)



Can supervision support nurses to develop their skills in talking therapies?

✓ Yes absolutely

“Supervision can provide a supervisee with structure to support the skilful and safe application of a talking therapy, and to maintain best practice” (Crane et al., 2012, cited in Te Pou, 2016, p.5).

When nurses are expanding their range of talking therapies, engagement in regular effective supervision will provide the structure and support for their practice development. Some talking therapies, for example, Dialectical Behaviour Therapy (DBT) have specific supervision requirements to meet.

The ‘Practice support: Competencies, training and supervision for talking therapies delivery’ tool provides information to guide supervisees about the competencies, training and supervision needed to deliver talking therapies effectively in mental health and addiction services. This tool states that:

To provide supervision to others, supervisees require a high level of competency, experience and training - supervision can:

- ▶ Promote and ensure safe practice
- ▶ Promote adherence to the evidence-base, and to the talking therapy model
- ▶ Provide support and advice where there is complexity or risk of harm to self or others
- ▶ Provide training and skills development
- ▶ Improve treatment effectiveness when it is outcome focussed.

(Te Pou, 2016, p.5)

Click here to find out more <http://www.tepou.co.nz/resources/lets-get-talking-practice-support/758>



Philip Brown, charge nurse manager, Dialectical Behaviour Therapy Team, Mental Health and Addiction Service, Waikato DHB

Philip Brown says that “engaging in regular supervision is a key factor in supporting nurses to develop and sustain their resilience, and enable them to remain empathic towards the people they support.” He leads the dialectical behaviour therapy (DBT) team which is a method of treatment designed for people with a confirmed diagnosis of borderline personality disorder. The emphasis of the programme is on a balance between acceptance and change. Treatment focuses on accepting the person as they are in the moment while assisting them to effect change in the longer term.

Since qualifying as a nurse in the mid-1990s, Philip has gained experience in both community and inpatient services. He has worked clinically in a range of services, been a nurse educator and managed mental health teams. During the expanse of his career he has engaged in supervision, provided supervision and delivered supervision-refresher training sessions. His original supervision training via WELTEC was centred around the TAPES model which is based on transactional analysis.

TAPES stands for:

- ▶ Theory
- ▶ Assessment and intervention planning
- ▶ Parallel processes
- ▶ Ethics and professional practice
- ▶ Strategies and intervention techniques

(Kina Families & Addiction Trust, 2010, p.26).

Philip's approach to supervision has evolved over time and is now strongly underpinned by the three core functions of supervision outlined by Inskipp and Procter (1995): Educative/formative, Administrative/normative and Supportive/restorative.

“The purpose of the supervisory arrangement will often determine which one of these functions may be more of a focus and also which method I will use” says Philip. He engages in one-to-one and group supervision sessions.

Group supervision

“Our DBT team have weekly peer group supervision, consult meetings which are often referred to as ‘therapy for the therapists’. Here we use the principles of DBT to reflect on our own behaviours - what we are doing, how are we coping, how effective we are, what our next steps are, is there any other way to better support the people we see? This regular process of checking in with each other helps us to keep on track and supporting the model. We share our frustrations and also seek feedback from each other about our ideas, and what we think could assist a person to move forward. Affirmation from the team about the next steps you want to take really helps build confidence in your own practice and decision making. I think these sessions go a long way to avert developing feelings and behaviours associated with burn out. This type of supervision also helps us regain our sense of empathy for a person which may have faded away in response to that person's behaviour. Supervision is extremely beneficial in my practice” explains Philip.



Previous experience in a crisis team enables him to lead a monthly group supervision session for the local crisis team. They use a co-operative type group supervision model. “The team are very experienced so my focus is really on guiding the discussion when needed” says Philip.

One-to-one supervision

Philip also provides one-to-one supervision for a few nurses, and as requested by students on a Cognitive Behavioural Therapy (CBT) training programme. Similar to supervision for DBT therapists, he draws on the principles of CBT to bring to light and discuss practice development issues during these supervision sessions. A case study approach is often used to enable supervisees to share how they complete their assessments, develop a formulation, provide interventions and discuss how they evaluate the effectiveness of the actions taken to support the person with their recovery.

Supervision refreshers are offered by the service and Philip says “this is a great way to reconnect with other supervisors, reflect on how my supervision practice is going and learn a few new things.”

“Supervision is a must have for the mental health and addiction workforce” concludes Philip.

Can supervision support primary care nurses to develop mental health and addiction skills and knowledge?

✓ Yes absolutely

Practice development support by experienced mental health nursing supervisors is pivotal in developing the confidence and competence of primary care nurses to support people with mental health and addiction problems.

Te Ao Māramatanga- New Zealand College of Mental Health Nurses’ credentialing programme, which is available to any registered nurse working in primary health who has the knowledge, skills enhancement and experience to apply mental health and addiction assessment, referral and interventions in a primary care setting includes the need to engage in practice development support.

“Practice development support assists the primary care nurse with translation of knowledge and skills into practice. Reflective practice is the foundation for the relationship between nurse and supervisor providing support, with the overarching goal of enhancing confidence and practice in the primary care setting. The supervisor will have specialist mental health knowledge/skill and may already be working in (or aligned with) the primary care setting, the nurse or the local DHB. The supervisor will be accountable for his/her own practice, own clinical supervision (mental health and addiction context) and recommending the nurse for credentialing during application phase.”

Supervision Guidelines Mental Health and Addiction Credential in Primary Care

(Te Ao Māramatanga- NZCMHNurses, n.d, p.1).

Although this credentialing programme is in its early days there is emerging anecdotal evidence that this form of supervision i.e. practice development support, is well received by primary care nurses. An example is outlined in the following excerpt from an article published in *Handover* Issue 27 (Te Pou, 2014, pp. 28-29).



Manaia Health PHO, Northland

Access to regular quality practice development support for primary care nurses was one of the keys to the success of a mental health and addiction credentialing programme developed by Manaia Health Primary Health Organisation (PHO), Northland.

Practice development support in this context was delivered in the form of group peer supervision of which the focus is to assist primary care nurses with translation of knowledge and skills into practice.

Manaia Health PHO in Whangarei, under the leadership of Mary Carthew, associate director of nursing primary health care and John Hartigan, primary mental health coordinator, set up the programme. They could see much value in supporting primary care nurses and setting up the education component of the programme to increase their mental health and addiction knowledge and skills to respond to people in their local communities.

"One of the biggest challenges was to set up a form of supervision that could be regularly accessed by nine primary care nurses working in different organisations across a large rural area."

Two local experienced supervisors, Bart van Gaalen and Henriette de Vries, registered nurses from the local mental health and addiction services, were contracted to provide practice development support in the form of group peer supervision.

The programme ran for six months and included six education days that were delivered by a range of local specialists with mental health and addiction knowledge. Practice development support sessions occurred fortnightly on Thursdays between 5.30pm and 7pm,

"The skills and style of the supervisors were keys to the success of the supervision experience for the nurses."

in a venue provided by the PHO. During the programme many professional relationships were created. Not only did the nurses build relationships with local specialists who provided the education, but the strength of their relationships grew as a group. The sessions were a time of professional and personal growth and had a balanced blend of learning, reflecting and laughing.

To structure the sessions the supervisors used the Collegial Consultation Incident Method tool, which they had adapted. The tool included four phases:

1. Information about a problem
2. Forming an opinion
3. Solving the problem
4. Evaluation

The fortnightly sessions provided a safe environment for nurses to share how they were integrating their new knowledge into practice.

Judith Hall, a registered general nurse employed by Northtec as a student health nurse, completed the programme alongside her colleague Jann Leaming. Judith found the process of learning together with a colleague was invaluable given they both worked in an isolated practice setting. Judith found the group peer supervision sessions very useful.



Profile: Practice development support for primary health care nurses

Suzanne Mackay, a practice nurse, found the forum of group supervision enabled her to build relationships with the other nurses on the programme and made it much easier to feel able to pick up the phone to discuss any issues arising in practice. It was a time of learning to be vulnerable, learning to trust, having a willingness to be critiqued and growing in confidence.

The skills and style of the supervisors were keys to the success of the supervision experience for the nurses. Judith's comments included the following, "The complimentary style of Bart and Hen worked well... they were the right fit... they demystified supervision for me... learning about the tool and how we could use this to focus our sessions was really helpful. In each session we began with a round of checking in to see 'what was on top' for each of us so we could discuss any burning issues."

Similar comments were expressed by Suzanne, "The supervisors were a great resource of knowledge... had a great sense of humour... sessions were enjoyable and not a burden... it was a good social time and a time of learning and reflection... the tool kept our discussion on track and focused... the sessions enabled us to keep our learning at the forefront... the supervisors modelled how to be effective mental health and addiction nurses."

"In each session there was an opportunity for us all to discuss a practice issue, how we dealt with it and then answer questions and receive feedback from the group. The size of the group was small enough to enable us to get the most out of the sessions."

Suzanne's key messages to other primary nurses engaging in practice development support are:

- ▶ Engage in the whole process
- ▶ Do your presentation
- ▶ Reflect on your practice
- ▶ Keep your eyes and ears open
- ▶ Process your learning
- ▶ Bring good topics to the sessions.

The positive experience of practice development support in the form of group peer supervision coupled with the tool convinced this group of primary care nurses that this is something they would like to continue with as part of the re-credentialing process for the programme. To that end they have set up a regular time to meet and continue to grow and learn as a group of primary health care mental health and addiction credentialed nurses.



Rudy Bakker, mental health and addiction coordinator and supervisor, East Health PHO

“Gaining knowledge and skills is one thing, but building confidence is another and a key component of building confidence was the credentialing programme’s group supervision sessions” (Calverley, Nursing Review, 2016, p.4).

Results from the Metro Auckland Mental Health and Addictions Credentialing Programme for Primary Health Nurses, a collaborative between the three DHBs in Auckland and seven PHOs, clearly indicates that the confidence of practice nurses to support people with mental health and addiction problems can be grown through their engagement in regular small peer group supervision sessions with experienced mental health nurses.

The 2016 programme was completed by 24 nurses, comprising of general practice nurses, a school nurse, a nurse practitioner, a public health nurse and a nurse from a tertiary institution.

Independent evaluation showed that nurse-confidence increased significantly, and new skills and competencies were shown to translate positively into practice. During the four months of the programme, assessment and screening increased by 45 per cent, and brief intervention and referrals by 100 per cent. There was a 60 per cent increase in participants who reported ‘actively working to reduce stigma and discrimination’ at the two highest levels, (Te Pou, Handover, 2016, p. 5).

The programme included six study days and five small group supervision sessions over a six-month period. One and a half to two hour long evening peer group



supervision sessions were held between study days. One-on-one supervision was provided, as required, if a particular issue came up.

Rudy Bakker, mental health and addiction coordinator and supervisor of East Health PHO, coordinated the group supervision component of the programme. Experienced mental health and addiction nurses were selected as supervisors and the nurses were allocated to a group located close to where they worked.

“Sessions were multi-faceted and included reflecting on how the theory they were learning related to their

day-to-day practice; discussing the management of particular patients or patient groups and the nurse's own personal development" explained Rudy.

Feedback was positive from nurses. Jacqui McMahon, integrated care coordinator of East Health PHO found "the supervision is a good opportunity to talk with others, brainstorm ideas for how to do things better next time and share the good outcomes as well."

Rudy noted that one of the greatest barriers to getting the supervision component started was the misconception about what supervision was, from both the nurses and their respective managers. It's really important that nurses new to supervision understand that professional supervision is about reflecting on and developing their own practice. The purpose differs from supervised practice which often involves another nurse supervising them doing a particular procedure. Rudy found the Te Pou *Professional Supervision Guide for Nursing Supervisees* a very useful resource to help educate nurses about this type of supervision.

Rudy hopes that one day professional supervision will be the norm for all practice nurses, just as it is for many mental health nurses.

"It's really important that nurses new to supervision understand that professional supervision is about reflecting on and developing their own practice."



Part C: Supervision and culturally responsive nursing practice



Can supervision help develop and maintain culturally responsive nursing practice?

✓ Yes absolutely

“Supervision is always a cultural event and each person involved in professional supervision is a bearer of culture.” (Puketapu-Andrews & Crocket, 2007, p.19).

Being culturally competent requires nurses to:

- ▶ Be aware of their own culture and attitudes towards cultural difference
- ▶ Have knowledge and sensitivity of different cultural practices
- ▶ Have skills to support effective cross-cultural situations (Le Va, 2009, p.8).

Professional supervision is one of a number of ways to develop cultural competence. It involves understanding the perspectives of people who are of a different cultural group than that of the supervisee. This encompasses ethnic, gender, religious, sexual identity, ability and age diversity. Competence in this area is critical to providing culturally safe and effective mental health and addiction nursing, resulting in improved outcomes for service users (Ministry of Health, 2006).

The mental health and addiction nursing workforce (Nursing Council of New Zealand, 2015) and people with lived experience of mental health and addiction problems are ethnically and culturally diverse. Within

the adult mental health sector, services identified a need to improve cultural competency for working with Māori, Pasifika and Asian communities (Te Pou, 2015a). Engagement in professional supervision can provide the opportunity for nurses to pause and reflect on how culturally safe their practice is and consider ways to further develop their ability to be more culturally responsive.

The process of reflection is pivotal to nurses developing culturally safe practice. Culturally responsive supervision involves both the supervisor and supervisee understanding their own cultural context, the context of a service user/tangata whai ora and the impact each of these have on the interactions of all the parties involved - the supervisee, the service user/tangata whai ora, the supervisor and the organisation.

Nursing- Cultural safety, Te Tiriti o Waitangi (The Treaty of Waitangi) and Māori people's health and wellbeing

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. (Guidelines for Cultural Safety and Te Tiriti o Waitangi and Māori Health in Nursing Education and Practice, Nursing Council of New Zealand, 2011a, p.7).

Cultural safety, Te Tiriti o Waitangi (The Treaty of Waitangi) and Māori health are reflected in the Nursing Council of New Zealand's standards and competencies as a requirement of section 118(i) of the Health Practitioners Competency Assurance Act (2003). The Nursing Council's Code of Conduct (2012a) also requires nurses to practice in a culturally safe manner, and practise in compliance with Te Tiriti o Waitangi.

The Nursing Council (2011a, p.7) defines cultural safety as:

The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

Creating and sustaining a supervision programme which supports cultural competence development

Professional supervision can provide a forum for nurses to reflect on their cultural practice and to support their knowledge and skill development. However, developing and sustaining a culture of cultural responsiveness also

requires nursing leaders and managers to reflect on their own values and actions.

Questions for a nursing leader or manager to consider include:

- ▶ What are my values?
- ▶ What are my cultural values and practices?
- ▶ How do these impact on my role in developing and monitoring our supervision programme? What might the strengths and limitations be?
- How do we demonstrate that diverse cultural values and practices are acknowledged and respected in our organisation?
- How do our supervision policy and practices reflect the need for competence with Pākehā, Māori, Pasifika and other cultural groups?
- What steps could we take to ensure our nurses are accessing effective supervision in relation to working with Pākehā, Māori, Pasifika, and other cultural groups?
- Are there areas that require attention?
- What options do we have available for those who need supervision in regard to Pākehā, Māori, Pasifika and other cultural groups?
- Do we have processes in place to enable nurses to access cultural supervision from Kaumatua or Kuia who understand Māori dimensions of wellbeing?
- Do we have processes in place to enable nurses to access cultural supervision from Pasifika Matua?
- To what extent are there broader needs to address within the organisation in order to ensure nurses can clinically practice competently with Pākehā, Māori, Pasifika and other cultural groups?

(Dapaanz, 2014; Te Pou, 2015b; Beddoe & Davys, 2016; Howard, Burns & Black, 2016; Tsui, O'Donoghue & Ng, 2015).

Mental health nursing, Te Tiriti o Waitangi (The Treaty of Waitangi) and the health and wellbeing of Māori people

Nurses working in accordance with the Mental Health Nursing Practice Standards will be engaged in regular professional supervision to support their practice development which includes being culturally responsive to Māori people.

Te Ao Māramatanga - New Zealand College of Mental Health Nurses acknowledges the importance of Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand. Te Tiriti o Waitangi is central to the partnership between the Crown and Māori (tangata whenua). Therefore this partnership has influence upon the mental health nursing profession and mental health nursing practice.

Article one requires active consultation by the Crown with tangata whenua on issues of healthcare and health service provision.

Article two establishes the principle of tino rangatiratanga, self-determination and jurisdiction for Māori communities and organisations to manage their own health, healthcare, resources and assets.

Article three guarantees Māori the same rights and privileges of citizenship of all New Zealanders, inclusive of the right to equal access of healthcare services and whānau ora leading to equitable health outcomes.

Article four guarantees the right of Māori to practice their spiritual beliefs and values.

(Te Ao Māramatanga - New Zealand College of Mental Health Nurses, 2012, p.ii)

Standard one:

The Mental Health Nurse acknowledges Māori as tangata whenua of Aotearoa New Zealand. The Mental

Health Nurse is knowledgeable of the place of Te Tiriti o Waitangi in nursing care and acknowledges the diversity of values, belief systems and practices of people and cultural groups within New Zealand society. Practice outcomes - Standard one is being met when:

1. People with mental health issues report that their cultural identity has been respected.
2. Cultural issues influencing mental health and mental health care are acknowledged.
3. Culturally appropriate resources have been accessed where necessary.

Reflecting on supporting Māori people in practice – questions to consider

Professional supervision can provide the forum for nurses to reflect on how they honour Te Tiriti o Waitangi and support Māori people with their health and wellbeing. However, nursing leaders and managers need to also reflect on their own values and actions to create a supervision programme for nurses that develops cultural competence.

Questions for nursing leaders and managers to consider include:

- ▶ How does our supervision policy and supervision practices support the spirit and the principles of Te Tiriti o Waitangi and whānau-centric practice?
- ▶ To what extent are there broader needs within the organisation to ensure nurses can practice competently in relation to the principles of the Tiriti?
- ▶ What are our systems for ensuring supervision develops, supports and challenges nurses and supervisors to continue to develop their skills to support Māori people?
- ▶ What is my knowledge of mana whenua (the home people/peoples of the area) and taurahere (Māori people from other tribal areas)?
- ▶ What relationship does our service have with mana whenua and taurahere?

- Are there areas that require attention?

Adapted from Aronui. *Supervision Guide for Addiction Supervisees, Supervisors and Managers* (Dapaanz, 2014, p.13).

Cultural supervision

Cultural supervision can be a part of professional supervision, however it is also a type of supervision in its own right. Cultural supervision is a formal supervision relationship that has as its purpose supervision of cultural practice. Cultural supervision enables safe and accountable professional practice, cultural development and self-care based in the philosophy, principles and practices derived from a culture. It involves the application of cultural values, knowledge and skills and is focused on cultural accountability and cultural development.

Cultural supervision is provided by a person who has extensive lived experience within the culture and is knowledgeable about factors such as cultural values, beliefs, roles, practices and language.

Cultural supervision is typically provided in addition to, rather than instead of other types of supervision. However, depending on the professional background of the cultural supervisor it may be integrated with other supervision types (Dapaanz, 2014, p.24).

Kaupapa Māori supervision

“It is imperative that nurses who identify as being Māori are supported, nurtured and encouraged to continue to develop and integrate their clinical and cultural skills,” (McKenna et al., 2008, p.9). This form of supervision may occur at the same time as a supervisee’s professional supervision and may be provided by a Māori nurse, Kaumatua or Kuia who understands Māori dimensions of wellbeing.

Kaupapa Māori supervision enables safe and accountable professional practice, cultural development and self-care based in philosophy, principles and practices, derived from a Māori worldview.

Tuakana-tēina relationship

“Māori supervision builds on concepts of identity and values. For example the supervision relationship is based on: *Whakawhānaungatanga, whānau, whakapapa and a Māori worldview that includes tikanga Māori (i.e. karakia, whakatauki, kai)*” (Baxter & Mayor, 2008, p.14).

For Māori people, identity (whether they identify mostly as iwi, hapū or community) is central to wellbeing and ideas of ‘self’ are entwined in the group or the collective rather than the individual. Māori people often place value on relationships within their whānau or their significant others and an obligation to and responsibility for others. Hence, what is important is who someone is, not what someone is.

“Tuakana-tēina relates to principles of whānaungatanga and ako. Ako has a dual nature, to teach and to learn. Within the tuakana-tēina relationship there is an acknowledgement of reciprocity whereby the tuakana-tēina roles may be reversed at any time so the tuakana learns from the teina depending on what is to be learned. One way of describing a tuakana-tēina relationship is that an older or more experienced relative (traditionally an older or the eldest sibling or cousin) helps, nurtures and guides a younger or less experienced relative (traditionally a younger sibling or cousin). Tuakana-teina relates to principles of whakaaroaro (deep and thoughtful consideration) and mana” (Baxter & Mayor, 2008 cited in Dapaanz, 2014, p.8).

Māori models of supervision

Specific Kaupapa Māori models that can inform the supervision process have been developed for example:

- He korero korari (Eruera, 2012). This model weaves together a number of different strands including “traditional Māori knowledge from the past with our current practice realities of the present as a guide for the provision of tangata whenua supervision for the future” (p.12).
- Hoki ki tou maunga kia purea ai e koe ki nga hau o tawhirimatea - a supervision model (Murray, 2012). This model uses the notion of place or landscape as a place for supervision.

- King's KIAORA model (2014) "A bicultural model of professional supervision firmly grounded in the integrated holistic nature of Te Ao Māori" (p.27).

Helpful Māori concepts and words to understand

An understanding of helpful Māori concepts and words can enable leaders and managers to better support nurses to develop their ability to honour Te Tiriti o Waitangi and tikanga Māori in their clinical practice.

It's important to acknowledge and accept the historical, cultural and socioeconomic deprivation and trauma that may impact on collective and individual wellbeing for Māori people. Leaders and managers need to understand and accept Māori concepts of health and wellbeing, as well as Māori practice models. Knowledge of frameworks that may guide practice for working with Māori could include the *Takarangi Competency Framework* or *Mauri ora*.

The following Māori concepts and words will be useful to leaders and managers, supervisors and supervisees.

Turangawaewae A place where one has rights of connection and belonging through whakapapa, particularly in terms of identity, whakapapa and mana.

Manaaki both underpins and encompasses the functions of supervision. It implies a duty to care for others, in the knowledge that at some time, others will care for you. Hence, this ensures the supervisee will be hosted and cared for in a mana enhancing and mana protective manner.

Honouring te reo Māori Providing space for whānau and others to communicate in te reo Māori, correctly pronouncing and using te reo Māori as part of clinical practice.

Incorporating tikanga (Protocols, traditions and values) appropriate to place and people when meeting and working with Māori. Understanding the significance of pōwhiri (formal welcome), mihimihi (greet, pay tribute), karakia (prayer), waiata (song), haka, kai (food) and incorporating these into clinical practice.

Acknowledging Mana Whenua (the home people/peoples of the area). This requires building a relationship with the Mana Whenua and developing

an understanding of their values, roles, responsibilities and tikanga.

Acknowledging Taurahere (Māori people from other tribal areas). This requires having an understanding of ngā iwi Māori o te motu.

Understanding whakawhānaunga (Relationships and connections, particularly between whānau and hapū). Taking time to know who people are, who they are connected to and what is held in common.

Aroha: Love, empathy and compassion.

Kai: Food, eat and dine; using kai to whakanoa (free things from tapu as appropriate).

Karakia: Incantation, prayer, ritual chant; the means of clearing spiritual pathways.

Koha: Contribution or donation.

Mana: Status, integrity, charisma, prestige or jurisdiction.

Mauri: Vital essence and life essence.

Pono: True; honest.

Tapu: Sacred, forbidden, confidential or taboo.

Tika: Correct, accurate, valid or reliable.

Mate Māori: Illnesses attributed to transgressions of tapu or to mākutu (harm through spiritual powers).

Muru: Wipe out or plunder.

Waiata: Song or to sing appropriate song/s for occasions.

Wairua: Spirit or soul; using wairua to discern and seek guidance and support from atua and/or tīpuna.

Whakapapa: Genealogy; knowing how to use whakapapa to connect with tauira/whānau.

Adapted from Aronui. *Supervision Guide for Addiction Supervisees, Supervisors and Managers* (Dapaanz, 2014, pp. 8, 13, 14).

Other useful resources about Māori concepts and words are:

www.kupu.maori.nz

www.maoridictionary.co.nz

<https://www.tepou.co.nz/resources/te-reo-hapai---the-language-of-enrichment/809>

Supervision and supporting Pasifika people's health and wellbeing

Leaders and managers need to develop a culturally responsive workforce to increase access rates and improve health outcomes across the board for Pasifika people and their families (Ministry of Health, 2012). The Pasifika population has a high prevalence of mental health problems and substance abuse in New Zealand, yet are significantly less likely to access and utilise mental health services (25%) compared to the total New Zealand population (58%). Barriers to access include:

- ▶ A lack of awareness of or discomfort with primary care services
- ▶ Cost
- ▶ Transport
- ▶ Language and communication difficulties
- ▶ Cultural norms
- ▶ Stigma and health beliefs
- ▶ A preference for traditional medicines and healers.

(Southwick, Kenealy & Ryan, 2012)

Cultural supervision or advice when working with Pasifika families is essential for cultural safety. Do not assume cultural knowledge. Be prepared to consult during all stages of intervention. Ideally, seek ethnic-specific advice from someone who has credibility in his or her own community. They can provide guidance on protocol and practices, such as: cultural status, appropriate speaking, personal space and touching, appropriate dress (safer to dress conservatively), prayer, and the etiquette surrounding respect, and reciprocity (such as food and money) (Kingi-Uluave, Faleafa, Brown, & Wong, 2016).

Leaders and managers must ensure that nurses have time to engage in supervision to develop their Pasifika cultural competence and the ability to understand and appropriately apply cultural values and practices that underpin Pasifika people's worldviews and perspectives on health (Tiatia, 2008, cited in Pulotu-Endemann & Faleafa-*Developing a Culturally Competent Workforce that*

Meets the Needs of Pacific People Living in New Zealand in Smith & Jury, 2017). This is a developmental process, “an ongoing journey of discovery, acquiring awareness, knowledge and the application of skills, rather than a time-limited process where competence is achieved on completion”(Pulotu-Endemann & Faleafa-cited in Smith & Jury, 2017, p.173).

Services which provide access to Pasifika Matua for nurses enable a link between supervisees, services and Pasifika families, demonstrating strong cultural identity and cultural fluency (including language fluency) in one or more Pasifika cultures and are a key source of guidance for Pasifika peoples. “The status of Matua enables them to provide advice and education, advocate for Pasifika peoples and challenge practices that are inappropriate”. Supervision can support the nurse supervisee to integrate guidance from Matua with clinical knowledge and practice (adapted from *Dapaanz*, 2014, p.21).

Leaders and managers can enable nurses to develop their competence in supporting Pasifika people and their families by providing access to professional supervision and/or Pasifika cultural supervision by offering opportunities for -

Pasifika nurses to engage in:

- ▶ Professional supervision and or Pasifika cultural supervision provided by a Pasifika nurse or a Pasifika health professional.
- ▶ Professional supervision and or Pasifika cultural supervision provided by a Pasifika nurse or another Pasifika health professional from the same culture as them.
- ▶ Pasifika cultural supervision provided by a Pasifika nurse or another Pasifika health professional from the same culture as the family of the person they are supporting with their recovery wellbeing.
- ▶ Pasifika cultural supervision provided by a Pasifika Matua.

Non-Pasifika nurses to engage in:

- ▶ Professional supervision and or Pasifika cultural supervision provided by a Pasifika nurse or another Pasifika health professional.
- ▶ Pasifika cultural supervision provided by a Pasifika nurse or another Pasifika health professional from the same culture as the family of the person they are supporting with their recovery wellbeing.
- ▶ Pasifika cultural supervision provided by a Pasifika Matua.

To provide these opportunities leaders and managers will need to:

- ▶ Support Pasifika health professionals to develop their knowledge and skills in providing Pasifika cultural supervision.
- ▶ Identify how nurses can access a Pasifika nurse or another Pasifika health professional to provide professional supervision or Pasifika cultural supervision.
- ▶ Identify how nurses can access a Pasifika Matua to provide supervision.
- ▶ Ensure that all supervisors demonstrate competence in supporting Pasifika people and their families.
- ▶ Ensure that the supervision training programme includes the need to have demonstrated competence in supporting Pasifika people and their families.

Helpful Pasifika concepts and words to understand

An understanding of some Pasifika concepts and words can enable leaders and managers to better support nurses to develop the knowledge and skills needed to work with Pasifika people and their families.

A holistic perspective

Pasifika people traditionally have a holistic view of wellbeing - defined by the equilibrium of mind, body, spirituality, family, and environment (Kingi-Uluave, Faleafa, Brown, & Wong, 2016).

"Pasifika people encompass a wide range of cultures, beliefs and practices. Many identify with multiple cultures and ethnicities, the complexity of which must be acknowledged, valued and supported. While acknowledging diversity, there are shared elements such as the "holistic collective approach grounded in notions of spirituality, connectedness and a complex set of inter-relationships between individuals, their families and their communities." (Le Va, 2010, p.15 as cited in Dapaanz, 2014, pp.20-21).

The concept of shared values is also highlighted by Pasifika clinicians, and within all models of Pasifika worldviews, common values are found (Kingi-Uluave, Faleafa, Brown, & Wong, 2016). Agnew and colleagues have identified six core values that are common to Pasifika groups and underpin relationships in a Pasifika context:

Tapu (sacred bonds)

Alofa (love and compassion)

Fa'aaloalo (respect and deference)

Fa'amauualalo (humility)

Tautua (reciprocal service)

Aiga (family)

(Agnew, Pulotu-Endemann, Robinson, Suaalii-Sauni, Warren, Wheeler & Schmidt-Sopoaga, 2004).

This holistic and values based approach to relationships with family, community and environment has been evidenced in many approaches to working with Pasifika people (Medical Council of New Zealand, 2010). For a nurse to work effectively with Pasifika people and their families they need a sound knowledge of mental health and addiction problems, Pasifika cultures and processes, and the ability to integrate both Palangi (European) and Pasifika knowledge to help the people they serve, (Robinson et al., 2006 cited in Le Va, 2009). Pasifika knowledge is not always overtly evident but can be learned hence the importance of supervision.

Spirituality

Spirituality is a key component in Pasifika models of care and exists alongside the physical, mental and social aspects of a person's wellbeing. The Pasifika concept of

self and wellbeing is centred in the collective, rather than the individual, therefore it is important to acknowledge that the service user's mental illness can affect the whole family. The breakdown of the holistic self can result in mental illness. Breach of tapu may also contribute to mental illness. The spiritual element can encompass both Christian and ancient cosmological concepts, which coexist, each within its own sphere. Issues may arise when exploring the spirituality of traditional Pacific culture with the more recent spirituality of Christianity, and this can occur particularly with New Zealand born or raised Pacific youth (Le Va, p, 24, 2009).

The Va – sacred relationships

Pasifika worldviews are inherently collective and relational. The 'Va' refers to the relational space between people. Traditionally, for Pasifika people, this relational space is sacred and exists between people, as well as between people and the environment, ancestors and the heavens. To nurture the Va is to respect and maintain the sacred space, harmony and balance within relationships. Within this Va, a reciprocal flow of interpersonal exchanges occurs. The Va can be used by supervisors to explore and integrate similarities and differences in western and Pacific views of health, wellbeing, addiction and clinical practice.

Cultural Competency

Le Va's Real Skills Plus Seitapu framework provides information and guidance to support mental health and addiction leaders and managers to enhance competency when working with Pasifika peoples, and is underpinned by *Let's get real*: (Ministry of Health, 2008; Le Va, 2009). As mentioned previously standards of practice for mental health and addiction nurses are also underpinned by *Let's get real* which includes *Real Skills Plus Seitapu*.

Le Va's *Engaging Pasifika* cultural competency training programme brings the Real Skills Plus Seitapu framework to life. Participants learn the foundational attitudes, knowledge, and skills for effectively engaging with Pasifika people and their families. The programme centers on the Va; prioritising the importance of relationships for Pasifika people, and three essential themes critical for successful engagement with Pasifika families: family, language, and tapu. Leaders

and managers should support nurses to utilise time during supervision sessions to develop the essential skills related to these three themes. Examples of skills are noted below.

Family

Nurses need to:

- ▶ Have a basic knowledge of Pasifika family values, structures and concepts across a range of different Pasifika cultures; and be able to apply this within their own clinical contexts whilst working with the service user and their immediate family.
- ▶ Be conscious of their own limitations in cultural matters and know how, and who to contact for referral or assistance.
- ▶ Be aware and sensitive to the dynamics of family roles, which greatly enhances their ability to help service users fulfil their obligations and minimize any conflicts, tensions or breach of tapu.
- ▶ Be able to facilitate the establishment and maintenance of strong relationships between the service user, their family and the service so that the service user can receive optimum care and support.

The nurse should find out as much as possible about the family before meeting them, e.g. which Pacific island(s) the family identifies with, whether family members speak English, whether they are New Zealand or Pacific born, identification of whether the need for an interpreter is required. etc.

The nurse should be able to develop rapport with the family. An example from a Niuean perspective, as a culturally appropriate way to build rapport with service users and their families, is through a nurse showing the following attributes:

- ▶ Patience (fakauka, fakamanavalahi)
- ▶ Respect (fakalilifu)
- ▶ Humility (mahani fakatokolalo, loto holoilalo)
- ▶ Passion for the job (manako ke he gahua)

- ▶ Good appearance and friendly demeanour (fuluola e tau tauteuteaga, mahani kapitiga)
 - ▶ Strong values, integrity and belief system (malolo e taofiaga ke he tau aga-mo e tau mahani fakamotu)
 - ▶ Lives by their word (taofi mau ke he taut alahauaga)
 - ▶ Positive manner and behaviour (fakakite e tau mahani kua mitaki)
 - ▶ Understanding of the value of cultural activities
 - ▶ Support (lagomatai).

(Adapted from Le Va, 2009, p.9-10)

Language

Nurses need to:

- ▶ Have an understanding of the importance of language, both spoken and unspoken, across a variety of Pasifika contexts.
- ▶ Be able to either personally apply appropriate communication techniques in working with Pasifika people, or know exactly where such skills are available.
- ▶ Provide written information that has been developed from a mental health literacy approach so that the Pasifika person and their family are informed and understand their rights enough to make sound decisions about their healthcare

For example, the nurse on entering the home of a Pasifika person should remove their shoes and leave them at the door. On invitation from the family, they should enter and take a seat before speaking. After being greeted by the family, the nurse should respond by using the appropriate greeting e.g. Talofa (Samoa), Malo e lelei (Tonga), Fakalofa lahi atu (Niue), Kia orana (Cook Islands Maori), Bula vinaka (Fiji).

Nurses must show respect (fa'aaloalo (Samoan), fakaapaapa (Tongan), akangateite (Cook Islands), fakalilifu (Niue), vakarokoroko (Fiji) through use of respectful oral and body language to help to create rapport with the family.

Tapu

Tapu is about sacred bonds between people. For Pasifika people these bonds stem from stories of creation and the cosmic and spiritual relationships between them, their environment and their Gods.

Nurses need to:

- ▶ Have knowledge of the basic concepts of tapu across a range of Pasifika cultures. This awareness allows them to be sensitive to the boundaries of tapu within the context of their own clinical practice, while working with service users and their immediate families.
- ▶ Be conscious of their own limitations in matters of tapu and know how, and who to contact for referral or assistance.
- ▶ Be open-minded to the cultural, spiritual and relationship.

(Adapted from Le Va, 2009, p.23)

Leaders and managers support of Pasifika nurses and non-Pasifika nurses to engage in regular professional supervision and Pasifika cultural supervision can greatly assist in developing their cultural competence to enable them to best support Pasifika people and their families with their wellbeing.

Supervision can create a space for a clinician to walk in two worlds

(Monique Faleafa, 2008)



Netane Takau, Tongan registered nurse

Netane Takau is convinced cultural supervision is needed for all nurses; this would ensure that Pasifika people are served well by nurses no matter where they access health care. He is very mindful that Pasifika people in general have high health needs and low access rates to health care services. Furthermore as a Pasifika nurse he is clear that he needs professional and cultural supervision to enable him to provide the best support to Pasifika people and their families.

However, manager and leader support for nurses to engage in regular professional and cultural supervision does not prevail across all areas of nursing practice. It was four years into his nursing career before Netane was supported by his employer to access professional and cultural supervision.

First years of practice

Netane was born and raised in Tonga. He graduated from high school in 2008 and came to New Zealand to work so he could support his family in Tonga. His aunt, now a retired nurse, supported him to complete his nursing training at Unitec as an international student. He was profiled on TV as a student nurse.

Nursing was not really Netane's first career choice, because in Tonga it is perceived as a career for women. Highly motivated to provide for his family, after the first year of nursing study he was hooked. His family was not keen on the idea of him being a nurse, however, during a visit home they saw him save a small child who was choking and their acceptance of his career choice grew.

“Netane believes all nurses should understand that culture, family and religion are important to Pasifika people.”

During student placements several managers indicated they were very keen to employ Netane on completion of his training. He graduated in 2012, but was not eligible to enrol in any New Zealand new graduate nursing programme because he was an international student. Netane managed to find employment in a rest-home as a newly registered nurse responsible for 30 to 50 people. Netane recalls it as a steep learning curve with very little support. There was no form of professional supervision available, and when he approached local DHBs to attend courses to extend his professional development he was declined.

Seeing the need for cultural supervision

Since registering in 2012 Netane has witnessed a general lack of cultural responsiveness by many nurses towards Pasifika people. Despite the need for all nurses to demonstrate that they are culturally responsive as part of their continuing competence requirements for their annual practising certificates. He struggled with this because during his nursing training he was taught about culturally responsive practice and person-centred

care, but he does not always see this mirrored in clinical practice.

Around 2015, Netane obtained a position in a unit where he observed that the approach of some non-Pasifika nurses towards Pasifika people was quite different to that of Pasifika nurses. This in turn, he believes, often led to different outcomes. He recalls an incident that related to the care of a young Tongan man.

The way nurses worked in the unit was organised in the following order: giving handover, completing observations, administering medication and then providing the other care required. Netane understands that culture, family and religion are important in the lives of Pasifika people, and morning prayers were part of this particular young man's daily routine. When a nurse interrupted his morning prayers because she wanted to administer his medication, he became quite irritated. It took a few days for the man to settle after this incident and when Netane questioned this he was told, 'we treat everyone the same.'

Netane believes all nurses should understand that culture, family and religion are important to Pasifika people. It's natural to expect that a person may pray during their time in hospital either on their own or with family when they visit. Right from admission nurses should be doing all they can to find out how they can best serve a Pasifika person. For example, finding out their ethnicity and what culturally appropriate approach to use. Family plays a huge role in a person's recovery, and learning some basic words in that person's language is essential. Nurses should be working with a person and their family to see how they can deliver care in a culturally responsive way that best supports the person with their wellbeing and recovery. In Netane's mind this is really what person-centred care is all about.

As a Pasifika nurse Netane knows that engaging with Pasifika people takes time to really find out what their health concerns are. Therefore managers and leaders need to ensure staff have that time to spend with Pasifika

people and their families. Pasifika people respect the knowledge and skills of health professionals. They may offer answers to questions during an assessment to please the health professional but may not actually convey clearly what their health problems are. It takes time to build trust and rapport and you need to use roundabout Pasifika rapport building techniques.

In the mental health area, understanding that a Tongan person may be looking down with minimal eye contact is a form of respect to an older person or personnel with power. This behaviour can be misunderstood as guarded, withdrawn, not listening or lack of engagement. When assessing pain, older Pasifika people tend to endure very intense pain and are usually reluctant to disclose this to someone that they do not know or trust. Ability to build rapport, giving a lot of reassurance, and having family involved in the care would help break this barrier.

Netane believes that the young Tongan man [who had his prayer interrupted] should have experienced better care. Managers and leaders should have had systems and processes in place to enable nurses in the unit to access cultural support from Matua. Even nurses just taking time to find out more about the cultural needs of this young man would have helped. In this unit, Netane would have valued support for all nurses, including himself, to have access to professional and cultural supervision. He believes this would have improved their ability to support Pasifika people to heal emotionally, spiritually, psychologically, physically and be better supported by their families to do so.

Engaging in professional and cultural supervision

Four years into his practice Netane started to engage in professional and cultural supervision. In 2016, he took up a role as a Care Co-ordinator with the *Takanga A Fohe - Pasifika Mental Health and Addiction services*, Waitematā DHB. Part of working in a mental health service was that Netane complete the New Entry to Speciality Practice

Profile: Professional and cultural supervision makes a difference to nursing practice

(NESP) - Nursing programme. By then he had become a New Zealand permanent resident which meant he was eligible to do so, and also had managers who supported him to access this training. They believed he was naturally the best fit for Pasifika service users and their multidisciplinary teams. The NESP programme included attending group cultural supervision and group professional supervision. Netane found group cultural supervision helpful, even though the focus was mainly on supporting Māori people. He would have valued at least one session about supporting Pasifika people.

Netane respects that supervisors bring clinical experience to the supervision relationship. But he believes they also should have a basic understanding about how to best support Pasifika people. Often it's really not until a nurse works with a Pasifika person that they realise how much they did not know. New nurses can really benefit from having a supervisor that is culturally responsive to Pasifika people. They can guide the reflective process and identify how a new nurse can further develop their culturally responsive practice. He believes leaders and managers designing supervision training programmes or appointing supervisors should ensure all supervisors demonstrate cultural responsiveness in their supervision sessions.

Netane is now able to access Pasifika cultural supervision from Matua, who are an integral part of the *Takanga A Fohe* service. Formal 'Matua' time occurs with staff most Fridays, and Matua are involved in team meetings, so he has ready access to cultural expertise to support his practice. Nurses in other services are not likely to have this level of cultural support so close to their practice setting. Netane believes this is something that leaders and managers should consider addressing and resourcing.

Netane advocates that culturally responsive supervision plays a vital role in enabling health care professionals to really serve and meet the needs of Pasifika people who access health care.

“Often it's really not until a nurse works with a Pasifika person that they realise how much they did not know.”

Ioana Mulipola, registered nurse

“If it was not for my supervisor I would not be the nurse that I am today” says Ioana Mulipola.

Trust between supervisor and supervisee is key to an effective supervision relationship.

“As a new graduate I was allocated a supervisor - a nurse from the UK who was Jamaican. If it was not for her I would not be the nurse I am today. I would take any challenges that I was facing to my supervision sessions. She would look at the issue from a different perspective. We would then discuss ways I could approach the issue and then I would go away and put some new things into practice. At the next session I would share with her the outcomes. I recall often excitedly saying, “Well, it worked!” During this safe process of guiding my practice development I began to trust my supervisor more and more. I used to really look forward to supervision, and I still do.”

Ioana's positive experience of supervision as a new graduate nurse made all the difference in her practice development and inspired her to train to become a supervisor.

“I value supervision and have enjoyed supervising new graduate nurses and a practice nurse who recently completed the Auckland mental health and addiction credentialing programme. I also value the opportunity to offer supervision for new Pasifika graduate nurses to help support them in their first year of practice. I'm keen to provide supervision for nurses who are wanting to develop their practice to improve how they support Pasifika people accessing services.

Developing our skills to respond to people from a range of cultures is also something that I am interested in. There are New Zealand born Pasifika nurses and there are nurses who were born in the Islands, like me for example. What type of supervision best supports our practice development really depends on us identifying what the focus of our supervision contract is.”



Part D: Implementing supervision



How do I implement professional supervision across a team and/or an organisation?

The following framework provides a road map to introduce and sustain professional supervision in an organisation.

1. Appoint a stakeholders group

- ▶ Membership would include a representative from each level of the organisation and ideally people accessing the services, cultural groups and champions of professional supervision.
- ▶ The purpose of this group is to assess the current position of professional supervision and develop an implementation plan.

2. Conduct an organisational audit of current professional supervision processes and opinions

The focus of the audit should be on what is working and why, and celebrating development so far. The audit is likely to comprise the following:

- ▶ A review of organisational documentation
- ▶ A review of relevant professional documentation/regulations
- ▶ A survey of all staff
- ▶ Targeted interviews with key personnel.

The audit will address the current supervision practice by considering the following:

- ▶ Frequency, timing and duration of attendance at professional supervision currently
- ▶ Who and what level of staff are attending professional supervision
- ▶ Who the supervisors are, at what level and whether they are internal or external to the team or organisation
- ▶ What information on professional supervision is available and how this is accessed by staff
- ▶ How professional supervision is monitored
- ▶ What works or doesn't work about the monitoring system
- ▶ Access to training in professional supervision – details and description of this training for supervisors and supervisees
- ▶ Number of staff who have attended training
- ▶ The link between professional supervision and other professional development activities
- ▶ Current policy and processes
- ▶ What works or doesn't work with the policy and procedures
- ▶ The current funding and support for professional supervision
- ▶ The unspoken rules and expectations around professional supervision

- ▶ Current process for reviewing professional supervision
- ▶ The factors that support professional supervision within the organisation
- ▶ The barriers to professional supervision within the organisation
- ▶ How cultural requirements of supervisees and the service users are currently met in professional supervision
- ▶ The level of support and energy for professional supervision.

3. Establish a vision and framework for implementing professional supervision

The information obtained in the audit will inform a project plan outlining the vision and framework.

This plan is likely to include the following:

- ▶ A statement linking professional supervision and quality service for service users
- ▶ A statement of intent or vision for the team or organisation for example:
 - In three years' time, 100 per cent of the nurses in this team or organisation will be engaged in regular effective professional supervision.
- ▶ The goals needed to achieve that vision and action required
- ▶ Management and clinical leadership support for professional supervision
- ▶ The governance process for supporting the implementation and sustainability of professional supervision
- ▶ A timeframe for introduction and implementation
- ▶ The process for implementing professional supervision given the relevant contextual issues
- ▶ The resources required

- ▶ The positioning of a portfolio holder or co-ordinator and the support she or he requires
- ▶ Strategies for addressing identified barriers
- ▶ Consultation process for staff
- ▶ A model linking all professional development activities delineating their different functions and processes
- ▶ A cultural supervision plan outlining the links between cultural and professional supervision
- ▶ The broad parameters of professional supervision – internal versus external and for whom, individual versus group, timing, frequency and access to training
- ▶ Supporting staff to access the companion guides – supervisors and supervisees.

4. Appoint a portfolio holder or coordinator

A portfolio holder or co-ordinator has an important role in maintaining the practice of supervision across teams in the organisation. Managers and leaders will need to:

- ▶ Actively seek a person who:
 - is an advanced supervisee
 - is a senior level appointment
 - is an experienced supervisee in professional supervision
 - is well-regarded within the organisation
 - is the holder of tertiary qualifications in professional supervision
 - is aware of change management processes and capable of implementing change.
- ▶ Ensure that the person in the role:
 - has sufficient time for the position (relevant to size of team/organisation)
 - has adequate support to perform the role
 - can implement, develop, monitor and evaluate professional supervision.



- ▶ Understand that the portfolio holder or co-ordinator is likely to be involved in and responsible for the following:
 - developing policy and process
 - monitoring professional supervision across the team or organisation
 - developing strategies to support a culture of professional supervision
 - developing strategies to manage the barriers to implementing professional supervision
 - establishing a professional supervision training plan
 - developing processes to review and evaluate professional supervision
 - supporting problem-solving and solving problems as presented by individual professional supervision dyads
 - developing an effective, useful database and matching process for supervisees and supervisors.

5. Appoint a small task force

This is a small group of senior level supervisees who support professional supervision. Their role is to provide support for the portfolio holder or coordinator in implementing professional supervision.

6. Develop policy and procedures

The purpose of policy development is to:

- ▶ Engage all stakeholders and build belief in the practice and process of professional supervision
- ▶ Develop specific, concise and clear policy to guide professional supervision practice in the organisation.

Critical features of the process of developing the policy and procedures are to:

- ▶ include all relevant stakeholders

- ▶ take time to discuss and consult
- ▶ work with issues, barriers or tensions
- ▶ have a time limited structured process with a clear outcome.

While each organisation will develop a policy specific to their context, it is likely that this policy will include:

- ▶ an overview detailing purpose and function
- ▶ key principles and values underpinning professional supervision
- ▶ definitions of professional supervision
- ▶ link to other professional development activities
- ▶ types of professional supervision available in the organisation
- ▶ minimum requirements of content and conduct including frequency, timing, venue
- ▶ criteria for selection of supervisors
- ▶ matching process for supervisors and supervisees
- ▶ roles and responsibilities (supervisee, supervisor, line manager, clinical leader and the organisation)
- ▶ parameters of confidentiality
- ▶ training requirements for supervisees and supervisors
- ▶ procedures for record keeping and the status of those notes and reporting expectations
- ▶ provision for supervisor to manage workloads
- ▶ ways to review process of supervision
- ▶ associated documents – legislation and regulatory
- ▶ methods for resolving conflict or breakdown in process
- ▶ appendices containing templates to assist in getting started
- ▶ explicit statements regarding relationship between professional supervision and appraisal



- ▶ clear statements of how to manage difficulties that may arise in supervision.

7. Build belief in professional supervision

- ▶ Engaging and consulting staff in the development of professional supervision, strategy, policy development and process.
- ▶ Placing professional supervision on the agenda of senior management meetings and staff meetings.
- ▶ Developing brief 'sound bites' of information about professional supervision for distribution to all staff.
- ▶ Sourcing relevant journal articles and books and making these readily available to staff.
- ▶ Ensuring all nurses have access to the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (2009) and the Guides for Supervisors and Supervisees (Te Pou, 2017, b, c).
- ▶ Developing change processes so that resistance or barriers to professional supervision are acknowledged but not confronted.

8. Develop a training plan for management, clinical leadership, supervisees and supervisors

A multi-level training plan to support the implementation and sustainability of professional supervision would include the following:

- ▶ Consultation with the organisation's learning and development team regarding the logistics and support required to implement regular training
- ▶ Cultivate a culture of training in professional supervision
- ▶ Actively recruit supervisors
- ▶ Introduce a general introduction to professional supervision for all new staff during induction

- ▶ Provide a general introduction to professional supervision course for management who may not have access to the supervisee or supervisor courses
- ▶ Provide supervisee training that focuses on teaching specific skills
- ▶ Provide supervisor training that is in depth, practical, skills based, and linked to the theory of professional supervision that underpins practice
- ▶ Introduce at least biannual refreshers and updates for supervisors
- ▶ Introduce additional courses may need to be developed, for example, one focused on supervising students or one on teaching the skills of group supervision
- ▶ Ensure advanced supervisor training for all supervisors to further develop an understanding of the dynamics of professional supervision, management of emotion, and specific framework and learning strategies
- ▶ Ensure advanced supervisor training for those supervisees wanting to become experts in professional supervision. These courses may be accessed through Polytechnics and Universities.

Core content areas of introductory training for supervisors and supervisees is likely to include the following:

- ▶ Roles and functions of all parties
- ▶ Learning theory as it relates to supervision
- ▶ Definitions, models and functions of professional supervision
- ▶ Supervision methods, techniques and interventions
- ▶ Supervision relationship dynamics
- ▶ Cultural competence development in supervision
- ▶ Ethical issues in supervision practice as well as in clinical practice



- ▶ Evaluation and review processes for professional supervisor
- ▶ Supervisor self-assessment.

Critical elements of the introductory and advanced training for supervisees and supervisors are likely to include the following:

- ▶ A focus on developing self-awareness, attitudes, values and behaviour in relationships
- ▶ Teaching the theory of professional supervision as relevant to the practice
- ▶ Having experiential focus where foundation skills are specifically taught and practiced
- ▶ A methodology which includes role play, modelling, review of practice, work in triads, feedback, case studies, stories and reflections
- ▶ Support for the organisation's policy and procedures
- ▶ An evaluation process to assess participant's development
- ▶ Facilitators who model appropriate supervision behaviour and provide a setting which is warm and open, allowing participants to explore strengths, experiences and fears or vulnerabilities
- ▶ Facilitators who are experienced supervisors.

9. Support for supervisors

- ▶ Ensure all supervisors are supervised so they have the opportunity to reflect on the learning from courses and their practice.
- ▶ Develop supervisor groups to support new supervisors and to assist them in implementing the new learning. Groups are likely to be between four and six in size and may be led by a peer or skilled group leader who is experienced in professional supervision.
- ▶ Encourage supervisors to access the Guides for Supervisees and Supervisors (Te Pou, 2017, b, c)

10. Get started

- ▶ The implementation and sustainability of professional supervision is complex and can be fraught with difficulties. For this reason, begin where professional supervision has the strongest support and build from there.

11. Ongoing review and evaluation of professional supervision

The development of professional supervision practice and policy in the organisation is a continuous process. Ongoing review of this process occurs on a number of levels.

Evaluation and review of professional supervision by supervisees and supervisors

An evaluation provides the participants in the supervision relationship the opportunity to review and evaluate the content and process of professional supervision and to make changes to these. Evaluation and review tools include formal and informal methods – see suggestions in the *Supervisor's Guide* (Te Pou 2017b).

Informal evaluation

- ▶ Supervisors and supervisees are encouraged to reflect on their individual sessions.
- ▶ Supervisors initiate evaluation and feedback at the conclusion of most sessions.

Formal evaluation

- ▶ The supervisors can initiate the use of pencil and paper tests or the Leeds Alliance Scale of Supervision (LASS) (Wainwright, 2010) once they commence supervision session or at intervals agreed to in the supervision contract.

Monitoring by leaders and managers

Monitoring is an organisational tool to ensure professional supervision occurs. Monitoring tools may include:

- ▶ A supervision agreement
- ▶ An attendance record



- ▶ General feedback to management and during a performance appraisal.

Formal evaluation

The organisation implements an annual and anonymous survey of supervisors and supervisees. This will cover:

- ▶ Frequency, time, and venue of sessions
- ▶ Satisfaction with professional supervision
- ▶ Impact on work with service users and service delivery
- ▶ A description of training and number of participants
- ▶ Identification of the numbers of participants who subsequently engage in professional supervision
- ▶ Specific examples or descriptions of effective supervision
- ▶ Identification of barriers to professional supervision
- ▶ Identification of supports for professional supervision
- ▶ Other more general organisational measures may be considered, such as the following:
 - frequency of complaints
 - uptake of professional development activities
 - sick leave days taken
 - staff turnover
 - measure of stress in staff.

An annual review process provides information to the organisation and the participants on the current practice of supervision. It allows for a comparison to the initial audit and subsequent reviews providing measures of development. The information obtained should lead to changes in policy, training guidelines and actual practice.

12. Develop sustainability of professional supervision

Professional supervision is most likely to be sustained in an organisation where the implementation process has been carefully designed, monitored and occurs across the organisation. The steps outlined above will assist with this.

(Bond & Holland, 2010; Lynch & Happell, 2008 a, b, c; Lynch, et al., 2008; Rice, Cullen, McKenna, Kelly, Keeney & Richey, 2007; Te Pou, 2015b)

“Managers need to recognise that the possible inconvenience of releasing staff for professional/clinical supervision is well balanced against the support and help their staff will gain to function effectively in the health care environment.”

(Michael O'Connell, p.14)



Professional supervision process checklist

Planning the structured supervision process

1. Have you identified, engaged with and understood stakeholder needs in regards to your supervision process? ☐
2. Have you conducted a review or audit of your current supervision process? ☐
3. Have you established a clear rationale, purpose, goals and objectives of your supervision processes? ☐
4. Have you begun to develop a supervision culture within your team or organisation? ☐
5. Have you identified the supervision requirements of all of the professions within your team or organisation? ☐

Process design and implementation

1. Have you identified acceptable forms of supervision for your process (individual, group and or peer)? ☐
2. Have you identified acceptable models of supervision for your process? ☐
3. Have you considered boundary, ethics and regulatory guidelines within your supervision process? ☐
4. Have you identified the expectations of your organisation, as well as the supervisors and supervisees, within your supervision process? ☐
5. Have you specified protected time, frequency and duration of supervision (as a minimum) in your supervision process? ☐
6. Have you provided guidelines for recording and documenting supervision? ☐
7. Have you developed a Supervision Policy that has been signed off by your management team? ☐
8. Have you identified potential challenges and solutions to implementation and management of your supervision process? ☐
9. Have you evaluated the Māori responsiveness of your organisation and staff? ☐
10. Have you evaluated the cultural responsiveness of your organisation and staff? ☐

Evaluation

1. Have you designed an evaluation or review process? ☐



What are the solutions to challenges that I may face?

Professional supervision is a complex process and because of this, challenges do arise. These challenges may relate to individual supervisees, individual supervisors, an issue within the supervision relationship or within the organisation. Many of these challenges will be prevented by following the professional supervision guides for nurses (Te Pou, 2017a, b, c) and by appointing a professional supervision co-ordinator or portfolio holder to manage the implementation of professional supervision in the organisation.

The following tables outline some possible challenges and provide some solutions. These have been adapted from Aronui. *Supervision Guide for Addiction Supervisees, Supervisors and Managers* (Dapaanz, 2014) and *Mental Health and Addiction Supervision Toolkit for Kaiwhakahaere/Managers* (Te Pou, 2015b).

Organisational	
Challenge	Solutions
The organisation does not explicitly support supervision for nurses.	<ul style="list-style-type: none"> Refer managers to this guide. Seek support from other professionals. Raise the profile of professional supervision by discussing it in meetings and informally.
Lack of funding for supervision.	<ul style="list-style-type: none"> Look for reciprocal supervision arrangements across your organisation or in similar external organisation. Consider group supervision.
Insufficient numbers of trained supervisors.	<ul style="list-style-type: none"> Develop a criteria for selecting supervisors. Identify and approach possible supervisors. Provide support for these supervisors to attend training. Develop training that includes introductions and advanced opportunities.
There is insufficient information regarding whether professional supervision is happening or not.	<ul style="list-style-type: none"> Refer to the professional supervision coordinator. Conduct a survey of nurses in the unit, teams or organisation. Hold introductory training for all staff. Include professional supervision in the induction process. Make nurses aware of the policy regarding supervision. Develop process for monitoring professional supervision, e.g. attendance and contracts.
Nurses do not engage in professional supervision.	<ul style="list-style-type: none"> Refer to professional leader. Address concerns and barriers directly. Clarify benefits of professional supervision. Take care to match supervisee and supervisor.



Supervisee - Supervisor	
Challenge	Solutions
A supervisor or supervisee indicates problems or difficulties within a supervision relationship.	<ul style="list-style-type: none"> ▶ Refer to the professional supervision coordinator or professional leader. ▶ Seek to clarify issues and explore concerns. ▶ Offer possible solutions ensuring the supervision is effective for the supervisee. ▶ If necessary, conclude this supervision relationship in an appropriate manner.
A supervisee does not attend professional supervision regularly due to workload and work commitments.	<ul style="list-style-type: none"> ▶ Refer to professional leader. ▶ Ensure this barrier is addressed in the policy and procedures documents. ▶ Encourage managers and the supervision coordinator to work collaboratively with the nurse to address this barrier.
Concerns about the supervisee's practice and/or behaviour are reported.	<ul style="list-style-type: none"> ▶ Refer to professional leader. ▶ Investigate carefully and discuss with all parties. ▶ Follow organisational policy regarding an investigation. ▶ Instigate action based on the investigation. ▶ Consider whether sufficiently serious enough to report to Professional Regulatory Body.
A supervisee is not adhering to the supervision contract.	<ul style="list-style-type: none"> ▶ Discuss with the supervisor. ▶ Reaffirm the organisation's expectations and policy. ▶ Address concerns or barriers. ▶ Monitor progress. ▶ Refer to professional leader. ▶ If progress is unsatisfactory, consider disciplinary action.
Dual relationships and conflicts of interest occur in supervision relationships.	<ul style="list-style-type: none"> ▶ Identify what these may be in your organisation and detail solutions in your policy and procedures. ▶ Ensure managers are not supervising their staff.



Concerns about the supervisor's practice and/or behaviour are reported.

- ▶ Refer to professional leader.
- ▶ Investigate carefully and discuss with all parties.
- ▶ Consider whether to stop all supervision relationships the supervisor is engaged in.
- ▶ Follow organisational policy regarding an investigation.
- ▶ Instigate action based on the investigation.
- ▶ Consider whether sufficiently serious enough to report to Professional Regulatory Body.

A supervisor is not adhering to the supervision contract.

- ▶ Discuss with the supervisor.
- ▶ Reaffirm the organisation's expectations and policy.
- ▶ Address concerns or barriers.
- ▶ Monitor progress.
- ▶ Refer to professional leader.
- ▶ If progress is unsatisfactory, seek HR advice.
- ▶ If an external supervisor, consider terminating the contract/relationship.



Craig Cowie, Canterbury DHB

My interest in nursing professional supervision has come through my overlapping roles as a supervisee, a supervisor and as a supervision leader in our DHB mental health service. I became interested enough to further explore the area in a Master's thesis.

Everyone, every service, faces very similar issues when setting up or supporting a professional supervision process. Supervision exists as a component part of a system that in an ideal world will be complementary. In the real world, I believe that often too much is expected of supervision and we need to take care to keep the core purpose clearly in sight.

During my supervision training, I was strongly imbued with the belief that the primary role of supervision is the development of abilities related to delivering better, more sensitive and more effective care for those for whom we care, directly or indirectly. The more I learn, the more I believe it to be true. Supervision works because it enables a nurse, in a setting that is safe and private, to make sense of what's happening to them and then identify effective steps to develop functional and empowering approaches.

Properly applied, supervision provides a highly effective foundation for development of professional skills and in doing so satisfies two vital demands. The first is that it provides tangible professional and personal development for the nurse and connects them effectively into a process of curiosity and reflection that becomes highly empowering.

The other demand it meets is that our organisations sees that supervision improves care, be it directly or indirectly. I can't think of any authentic reason why they'd support it if it did not, and realistically, training people properly, releasing from workplaces and paying for trainers is a significant investment and I can't recall

budget underspends in recent years. The importance of genuine organisational commitment cannot be understated. It doesn't take much looking around to find examples of supervision system failures resulting from a half-hearted or ill-informed approach.

I am a strong believer in a structured approach to supervision. My experience is that good outcomes are achieved when a 'proper model' is applied and as a consequence the sessions are adequately structured. I have regular discussions about supervision and some supervisee's report that they 'just chat.' Digging down a little reveals that chats vary from quite structured supervisor-led, to little structured random acts of faith.

Skilled supervisors hold onto structure even when it is not obvious to the participant, but I remain unconvinced that a purposeless chat does anything at all. In these latter cases, typically both participants recognise the paucity of purpose, usually some months before they cease meeting and the relationship dies a slow and sadly inevitable death. I have also concluded that supervisors who are highly challenged by supervisor issues manage much better and more confidently in a supervisory sense with a more structured approach.



“First and foremost, management and clinical leadership buy-in and support of nurses engaging in regular professional supervision for nurses is pivotal”.

(Barry Kennedy, p.30)



Recommended reading

- Ask, A. & Roche, A.M. (2005). *Clinical Supervision: A practical guide for the alcohol and other drug field*. Adelaide: National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.
- Bond, M. & Holland, S. (2008). *Skills of Clinical Supervision for Nurses*. Berkshire: Open University Press.
- Carroll, M. & Gilbert, M. (2005). *On Being a Supervisee: Creating learning partnerships*. London: Vukani Publishing.
- Davys, A. & Beddoe, L. (2010). *Best practice in professional supervision. A guide for the helping professions*. London: Jessica Kingsley Publication.
- Hawkins, S. & Shohet, R. (2009). *Supervision in the helping professions*. England: McGraw-Hill Education.
- Lynch, L., Hancox, K., Happell, B., & Parker, J., (2008) *Clinical Supervision for Nurses*. Oxford, U.K. Wiley-Blackwell.
- McKenna, B. Thom, K. Howard, F. & Williams, V. (2008). *Professional Supervision for Mental Health and Addiction Nurses: A review of current approaches to professional supervision internationally and in the New Zealand mental health and addiction sector*. Auckland: Te Pou o te Whakaaro Nui.
- McMahan, M. & Patton, W. (eds) (2001). *Supervision in the helping professions a practical approach*. Australia: Pearson Education.
- Smith, M., & Jury, A. F. (2017). *Workforce Development Theory and Practice in the Mental Health Sector (pp1-378)*. Hershey, PA: IGI Global. doi: 104018/978-1-5225-1874-7
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Te Pou o te Whakaaro Nui. (2017b). *Te Tirohanga a te Manu "A bird's perspective"- Professional supervision guide- for nursing supervisors*. Auckland: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2017c). *Te Tirohanga a te Manu "A bird's perspective"- Professional supervision guide- for nursing supervisees*. Auckland: Te Pou o te Whakaaro Nui.
- Wepa, D. (ed.) (2007). *Clinical supervision in Aotearoa/New Zealand. A health perspective*. New Zealand: Pearson Education.

References

- Addiction Practitioners' Association Aotearoa-New Zealand (2011). *Addiction Intervention Competency Framework: A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention*, Wellington: dapaanz
- Agnew, F., Pulotu-Endemann, F. K., Robinson, G., Suaalii-Sauni, T., Warren, H., Wheeler, & Schmidt-Sopoaga, H. (2004). *Pacific models of mental health service delivery in New Zealand*. Auckland, New Zealand: Health Research Council.
- Baxter, R., & Mayor, T. (2008). *Supervision Scrapbook*. Wellington: Authors.
- Beddoe, L., & Davys, A., (2016). *Challenges in professional supervision: Current themes and models of practice*. London. Jessica Kingsley Publication.
- Bond, M., & Holland, S. (Eds.). (1998). *Skills of clinical supervision for nurses*. Open University Press.
- Bond, M., & Holland, S. (2010). *Skills of Clinical Supervision for Nurses* (Second edition). Maidenhead: Open University Press.
- Carroll, M. (2010). *Supervision: Critical Reflection for Transformational Learning* (Part 2). *The Clinical Supervisor*, 29(1), 1 - 19.
- Dapaanz (2014). Aronui. *Supervision Guide for Addiction Practitioners, Supervisors and Managers* – Developed by Dapaanz (Addiction Practitioners Association), Matua Raki and Te Pou o te Whakaaro Nui. Auckland: Te Pou o te Whakaaro Nui.
- Donner, G., & Wheeler, M. (2007). *A guide to coaching and mentoring in nursing*. Geneva: International Council of Nurses.
- Drug and Alcohol Nurses of Australasia. (2012). *Addiction specialty nursing competency framework for Aotearoa New Zealand*. Wellington: Matua Raki
- Eruera, Moana. "He Korari, He kete, He Korero." *Te Komako*, Aotearoa New Zealand Social Work 24 (2012): 12–19.
- Gopee, N. (2008). *Mentoring and supervision in healthcare*. London: Sage Publications; Canadian Nurses Association. (2004). *Achieving excellence in clinical practice: a guide to preceptorship and mentoring*. Ottawa: Canadian Nurses Association.
- Hawkins, P. & Shohet, R., (2009) *Supervision in the Helping Professions*. Maidenhead, England: Open University Press.
- Health Practitioners Competence Assurance Act 2003 retrieved from <http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>
- Howard, F., Burns, B. & Black., (2016). *Supervision in Aotearoa New Zealand*. In *Professional Practice of Psychology in Aotearoa New Zealand*. Waikaremoana, W.W., Robertson, N.R., Feather, J.S., & Rucklidge, J.J (eds). Wellington: New Zealand Psychological Society.
- Hook, G. R., Waaka, T., & Raumati, L. P. (2007). *Mentoring Māori within a Pākehā framework*. *Mai Review*, 3(1), 1-13
- Inskipp, F. Proctor, B (1995). *The art craft and tasks of counselling supervision, Part 2 Becoming a supervisor*, Twickenham, Cascade publications.
- Kina Families and Addiction Trust. (2010). *The Supervisor's Guide: Integrating Family Inclusive Practice into Clinical Supervision for the Addictions Workforce*. Wellington: Matua Raki.

- King, L. (2014). KIAORA – *The Emerging Construction of a Bicultural Professional Supervision Model*. Aotearoa New Zealand Social Work, 26 (1, 20-28).
- Kingi-Uluave, D., Faleafa, M., Brown, T., Wong, E. (2016). *Connecting Culture and Care: Clinical practice with Pasifika people*. In Professional Practice of Psychology in Aotearoa New Zealand. Edited by Ian M. Evans, Julia J. Rucklidge, Michael O'Driscoll
- Kolb, D.A. (1984). *Experiential Learning: Experience as a source of learning and development*. New Jersey: Prentice Hall.
- Korzon, J., & Gunther, S. (2010). Are we doing it right? Clinical support for new graduate mental health nurses. Unpublished report. Whitireia New Zealand.
- Le Va. (2009). *Real skills plus seitapu: Working with Pacific peoples*. Auckland, New Zealand: Le Va.
- Le Va. (2010). *Real skills plus seitapu: Working with Pacific peoples*. Essential Level Learning Module Trainees Workbook. Auckland, New Zealand: Le Va.
- Lynch, L., Hancox, K., Happell, B., & Parker, J. (2008) *Clinical Supervision for Nurses*. Oxford, U.K. Wiley-Blackwell.
- Lynch, L. & Happell, B. (2008a). Implementing clinical supervision: Part 1: Laying the ground work. *International Journal of Mental Health Nursing*, 17, 57-64.
- Lynch, L. & Happell, B. (2008b). Implementation of clinical supervision in action. Part 2: Implementation and beyond. *International Journal of Mental Health Nursing*, 17, 65-72.
- Lynch, L. & Happell, B. (2008c). Implementation of clinical supervision in action. Part 3: The development of a model. *International Journal of Mental Health Nursing*, 17, 73-82.
- Matua Raki & Te Pou o te Whakaaro Nui. (2013). *Te whare o tiki: Co-existing problems knowledge and skills framework*. Auckland, New Zealand: Matua Raki and Te Pou o te Whakaaro Nui.
- Matua Raki (2012). Takarangi Competency Framework. Retrieved <https://www.matuaraki.org.nz/resources/takarangi-competency-framework-essence-statements-poster/388>
- McKenna, B., Thom, K., Howard, F. & Williams, V. (2008). *Professional Supervision for Mental Health and Addiction Nurses: A review of current approaches to professional supervision internationally and in the New Zealand mental health and addiction sector*. Auckland: Te Pou o Te Whakaaro Nui, the National Centre of Mental Health Research, Information and Workforce Development.
- Medical Council of New Zealand. (2010). *Best health outcomes for Pacific peoples: Practice implications guide*. Wellington, New Zealand: Medical Council of New Zealand.
- Ministry of Health (2006). *Mental Health Nursing Framework and its Future: A discussion framework*. Wellington: Ministry of Health.
- Ministry of Health (2008). *Let's get real: Real skills for people working in mental health and addictions*. Wellington: Ministry of Health.
- Ministry of Health. 2012. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*. Wellington: Ministry of Health
- Ministry of Health. 2017. *Mental Health and Addiction Workforce Action Plan 2017-2021*. Wellington: Ministry of Health
- Mor Barak, M.E., Travis, D.J., Puyn, H., & Lane, C.J., (2009). The impact of supervision on work outcomes: A meta-analysis. *Social Services Review*, 83(1, 3-32).

- Murray, V., (2012). Hoki ki tou maunga kiap urea ai koe ki nga hau o Tawhirimatea – a supervision model. *Aotearoa New Zealand Social work*, 24 (3&4), 3-11.
- New Zealand Institute of Management, (n.d, p 5). *Mentoring Skills*, Author
- New Zealand Nurses Organisation. (2005). New Zealand Nursing Organisation Position Statement: Professional and Clinical Supervision. Retrieved. http://www.nzno.org.nz/resources/nzno_publications
- New Zealand Nurses Organisation. (2013). NZNO Education & Professional Development Guideline: Mentorship/Āwhinatanga. Retrieved from http://www.nzno.org.nz/resources/nzno_publications
- New Zealand Nurses Organisation. (2015). NZNO Practice Fact Sheet: Supervision. Retrieved. http://www.nzno.org.nz/resources/nzno_publications
- Nursing Council of New Zealand (2007). *Competencies for the Registered Nurse Scope of Practice* Wellington: Nursing Council of New Zealand
- Nursing Council of New Zealand. (2011a). 'Guidelines for Cultural Safety and the Te Tiriti o Waitangi and Māori Health in Nursing Education and Practice'. Wellington: Nursing Council of New Zealand
- Nursing Council of New Zealand. (2011b). *Guideline: responsibilities for direction and delegation of care to enrolled nurses* [online] <http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>
- Nursing Council of New Zealand. (2012a). *The Code of Conduct*. Wellington: Nursing Council of New Zealand
- Nursing Council of New Zealand. (2012b). *Guidelines Professional Boundaries*. Wellington: Nursing Council of New Zealand
- Nursing Council of New Zealand. (2015). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2014–2015*. Wellington: Author.
- Nursing Review (2016). *Super city collaboration for better mental health*, August 2016 Vol. 16 (4) Retrieved <http://www.nursingreview.co.nz/issue/august-2016-vol-16-4/super-city-collaboration-for-better-mental-health/#.WOVbCoow-cw>
- Pack, M. (2017). *Self-help for Trauma Therapists: A Practitioner's Guide*. Routledge.
- Peyton, J. (1998), 'The learning cycle', in Peyton, JWR, editor, *Teaching and learning in medical practice*, Manticore Europe Ltd, Rickmansworth, UK, pp. 13-19.
- Poole, S & Swanson, C. (2015, p 2). *Partnership expertise with experience*, Kai Tiaki: Nursing New Zealand.
- Proctor, B. (2008). *Group supervision: A guide to creative practice*. Sage.
- Puketapu-Andrews, G., & Crocket, K. (2007). Cultural supervision or consultation: "Who's giving it? Who's getting it? And how effective is it. *NZAC Newsletter*, 27(4), 19
- Rice, F., Cullen, P., McKenna, H., Kelley, B., Keeney, S. & Richey, R. (2007). *Clinical supervision for mental health nurses in Northern Ireland: Formulating best practice guidelines*. *Journal of Psychiatric & Mental Health Nursing*, 14, 516-521.
- Robinson, G., Warren, H., Samu, K., Wheeler, A., Matangi-Karsten, H., & Agnew, F. (2006). Pacific healthcare workers and their treatment interventions for Pacific clients with alcohol and drug issues in New Zealand. *The New Zealand Medical Journal (Online)*, 119(1228).

- Scopelliti, J., Judd, F., Grigg, M., Hodgins, G., Fraser, C., Hulbert, C., Endacott, R. & Wood, A., 2004. Dual relationships in mental health practice: issues for clinicians in rural settings. *Australian and New Zealand Journal of Psychiatry*, 38(11-12), pp.953-959.
- Smith, M., & Jury, A. F. (2017). *Workforce Development Theory and Practice in the Mental Health Sector* (pp1-378). Hershey, PA: IGI Global. doi: 104018/978-1-5225-1874-7
- Southwick, M., Kenealy, T., & Ryan, D. (2012). *Primary care for Pacific people: A Pacific and health systems approach*. Wellington, New Zealand: Pacific Perspectives.
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Tan, K., Feuz, C., Bolderston, A., & Palmer, C. (2011). *A literature review of preceptorship: a model for the medical radiation sciences?* *Journal of Medical Imaging and Radiation Sciences*, 42(1), 15-20. p.15
- Te Ao Māramatanga - New Zealand College of Mental Health Nurses (n.d.). *Supervision Guidelines Mental Health and Addiction Credential in Primary Care*. Retrieved <http://www.nzcmhn.org.nz/Credentialing/Supervision>
- Te Ao Māramatanga - New Zealand College of Mental Health Nurses (2012). *Standards of Practice for Mental Health Nursing in Aotearoa New Zealand* retrieved <http://www.nzcmhn.org.nz/Publications/Standards-of-Practice-for-Mental-Health-Nursing>
- Te Pou. (2009). *National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses*. Auckland: Te Pou, The National Centre of Mental Health Research, Information and Workforce Development.
- Te Pou. (2011a). *Professional supervision guide for nursing supervisors*. Auckland: Te Pou.
- Te Pou. (2011b). *Professional supervision guide for nursing supervisees*. Auckland: Te Pou.
- Te Pou. (2011c). *Professional supervision guide for nursing leaders and managers*. Auckland: Te Pou.
- Te Pou. (2013). *Position Paper: The role of supervision in the mental health and addiction support workforce*. Auckland: Te Pou.
- Te Pou o te Whaakaro Nui. (2014a). *Practice development support for primary health care nurses— Handover- mental health and addiction nursing newsletter, Issue 27*. New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou o te Whaakaro Nui. (2014b). *An ethical decision making framework— Handover- mental health and addiction nursing newsletter, Issue 28*. New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou. (2014c). *Let's get real: Disability*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2015a). *Overview of the adult mental health and addiction workforce: 2014 survey of Vote Health funded services*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2015b). *Supervision guide for mental health and addiction kaiwhakahaere/managers*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2016). *Practice support: Competencies, training and supervision for talking therapies delivery*. Auckland, New Zealand: Te Pou o te Whakaaro Nui.
- Te Pou o te Whakaaro Nui. (2017b). *Te Tirohanga a te Manu "A bird's perspective"- Professional supervision guide- for nursing supervisors*. Auckland: Te Pou o te Whakaaro Nui.

- Te Pou o te Whakaaro Nui. (2017c). *Te Tirohanga a te Manu "A bird's perspective"- Professional supervision guide- for nursing supervisees*. Auckland: Te Pou o te Whakaaro Nui.
- Te Rau Matatini (n.d), Māori Nursing E-Portfolio PDRP - Huarahi Whakatū. Retrieved from <http://teraumatatini.com/m%C4%81ori-nursing-workforce-development>
- The Werry Centre. (2014). *Real Skills Plus ICAMH/AOD: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*. Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development.
- Tiatia, J. (2008). *Pacific Cultural Competencies: A literature review*. Wellington, New Zealand: Ministry of Health.
- Tsui, M., O'Donoghue, K., & Ng, A.K.T. (2014). Culturally competent and diversity-sensitive clinical supervision: An international perspective. In C.E. Watkins & D.L. Milne (Eds.), *The Wiley international handbook of clinical supervision*. Chichester, United Kingdom: Wiley Blackwell.
- Wainwright, N.A. (2010). *The development of the Leeds Alliance in Supervision Scale (LASS): A brief sessional measure of the supervisory alliance*. (Unpublished Doctoral dissertation). University of Leeds, Leeds, United Kingdom.
- World Health Organization. (2006). *Working together for health: The World Health Report 2006 Policy briefs*. Geneva: World Health Organization.

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transformational.”*

(Carroll, 2010)



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