



# 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.*

Te Pou o te  
Whakaaro Nui

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PO Box 108244, Symonds Street, Auckland, New Zealand

[www.tepou.co.nz](http://www.tepou.co.nz)

[info@tepou.co.nz](mailto:info@tepou.co.nz)

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*“Good supervision is transformational.”*

(Carroll, 2010)

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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.*

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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.*

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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.*

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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.*



# 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.”



*“Supervision is gathering the treasurers of the past into the competencies of the present for the wellbeing of the future.”*

(Carroll, 2010)



# 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.

During regular professional supervision sessions, supervisors can support nurse supervisees to pay attention to themselves, their workloads, their professional practice and concerns and anxieties about it; as well as their feeling state and health state, 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, where success and good work is owned and applauded (adapted from Bond & Holland, 1998, p.15).

## What are the benefits of professional supervision?

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.

# 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.

## 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 Inskipp 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 Rāki & 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 Rāki, 2009). <http://www.matuaraki.org.nz/initiatives/takarangi-competency-framework/159>
- ▶ 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 reviews of the supervision relationship should be included in the supervision contract.</p> <p>A minimum formal review period is 12 months. However, more frequent reviews 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 hierarchal 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"> <li>▶ Engages with colleagues to give and receive constructive feedback.</li> <li>▶ Understands and practices self-care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Participates in professional and personal development of one's self and colleagues through feedback, supervision, appraisal and reflective practice.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Creates a healthy workplace and culture that encourages and supports the professional development of individuals and teams as well as personal development.</li> </ul>
<ul style="list-style-type: none"> <li>▶ Reflects on own practice to identify strengths and needs.</li> <li>▶ Understands and engages in supervision.</li> <li>▶ Seeks and takes up learning opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Supports colleagues to achieve goals and meet challenges.</li> <li>▶ Keeps up to date with changes in practice and participates in lifelong learning.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Coaches, supports, provides feedback and challenges people so that they can reach their full potential.</li> </ul>

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



# 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 Nursing Council of New Zealand (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

# 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"> <li>⌘ Focus on individual supervisee</li> <li>⌘ Context and specifics of the supervisee's role is well understood</li> <li>⌘ Able to understand and easily deal with service issues</li> <li>⌘ May socialise the supervisee into the profession</li> <li>⌘ Organisational policies and processes will be understood</li> <li>⌘ Population accessing the service is likely to be well understood</li> <li>⌘ The supervisor is likely to be readily available</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Difficulty in ensuring sufficiently trained supervisors</li> <li>⌘ The cost in terms of supervisor and supervisee's time</li> <li>⌘ Potential power imbalances</li> <li>⌘ Possible concerns related to boundaries and confidentiality, leading to limited disclosure by a supervisee</li> <li>⌘ Potential issues with dual relationships</li> </ul>	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"> <li>⌘ The focus is on the individual supervisee</li> <li>⌘ The context and specifics of the supervisee's role is generally understood</li> <li>⌘ Allows for socialisation into the supervisee's profession and the organisation</li> <li>⌘ Able to understand and easily deal with service issues</li> <li>⌘ Organisational policies and processes are well understood</li> <li>⌘ Supervisors are likely to be readily available</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Difficulty in ensuring sufficiently trained supervisors</li> <li>⌘ The cost in terms of supervisor and supervisee's time</li> <li>⌘ Potential power imbalances</li> <li>⌘ Possible concerns related to boundaries and confidentiality leading to limited disclosure by a supervisee</li> <li>⌘ Supervisor may not understand the dynamics and procedures of specific teams</li> </ul>	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"> <li>⌘ Supervisee may perceive supervision external to their organisation as being safer and more confidential</li> <li>⌘ Supervisee may find disclosure easier</li> <li>⌘ Focus will be on the individual supervisee</li> <li>⌘ Less chance of dual/ multiple relationships</li> <li>⌘ More likely to be self-selected</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Cost (time and travel)</li> <li>⌘ Supervisor may not understand dynamics and processes of the organisation or team</li> <li>⌘ May be difficult if issues arise about performance and service user's/tangata whai ora safety</li> <li>⌘ Could lead to collusion</li> <li>⌘ Issues of risk and safety may be challenging to address</li> <li>⌘ There may be some lack of contextual knowledge</li> </ul>	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"> <li>⌘ Shared role of supervisee/ supervisor</li> <li>⌘ Safe and trusting relationship</li> <li>⌘ Self-selected</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Can become too comfortable</li> <li>⌘ May not be sufficiently challenging</li> <li>⌘ Participants may not have a good knowledge of supervision</li> </ul>	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"> <li>⌘ Non-hierarchical – shared roles</li> <li>⌘ Cost-effective in terms of time</li> <li>⌘ May be considered less threatening than one-to-one supervision</li> <li>⌘ Opportunities to learn from others</li> <li>⌘ Learning enhanced for different perspectives</li> <li>⌘ Self-selected</li> <li>⌘ Likely to be supportive</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Significant issues related to self may not be discussed</li> <li>⌘ May be less challenging</li> <li>⌘ Difficulty in staying on task and to time</li> <li>⌘ Potential for individuals to dominate the group's time</li> </ul>	<p>Ideally suited for experienced supervisees</p> <p><b>NB:</b> 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"> <li>€ Cost effective in terms of time</li> <li>€ Can lead to increased motivation to learn</li> <li>€ Can build a sense of belonging</li> <li>€ May be considered less threatening than one-to-one supervision</li> <li>€ Opportunities to learn from others</li> <li>€ Learning enhanced by different perspectives</li> </ul>	<ul style="list-style-type: none"> <li>€ Can be unsafe at a personal level – unwillingness to disclose</li> <li>€ Significant issues related to self not discussed</li> <li>€ Difficulty staying on task and to time</li> <li>€ Limited choice of supervisor</li> <li>€ Tendency to be too supportive</li> <li>€ Possible dual roles in relationships</li> </ul>	<p>Ideally suited for experienced supervisees</p> <p><b>NB:</b> 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"> <li>€ As above</li> </ul>	<ul style="list-style-type: none"> <li>€ Less concern for dual roles/ relationships</li> </ul>	<p>Useful in contexts where team development and a team approach is important</p>

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

## 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"> <li>⌘ Useful for further specialist knowledge</li> <li>⌘ Can help when geographically isolated</li> <li>⌘ Supports a multi-disciplinary team (MDT) approach</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Specifics related to the work of each discipline may not be known and understood</li> </ul>	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"> <li>⌘ Will solve problems of access and isolation</li> <li>⌘ Best if combined with face-to-face supervision</li> </ul>	<ul style="list-style-type: none"> <li>⌘ Confidentiality of Skype and E-mail can be an issue</li> <li>⌘ Can be limiting by not 'seeing' supervisee's nonverbal responses</li> <li>⌘ Costs may be incurred</li> </ul>	Ideally suited to more experienced supervisees who know each other but can catch up mostly remotely





# 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

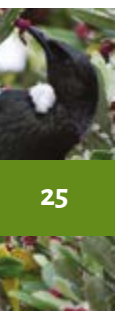
The *Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand* (Addiction nursing framework) (Drug and Alcohol Nurses of Australasia, 2012), aligns with the New Zealand Nursing Council's domains for nursing competencies. In this framework the need to engage in supervision is explicit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

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

(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), Cassidy (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).*

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*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 (Cassidy, 2010). Clinical supervision also provides an opportunity to discuss individual cases in depth (Care and Quality Commission, 2013).*

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## 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.



# 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.

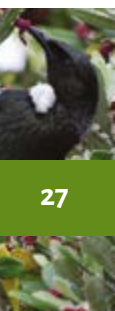
We often talk about challenges, but the feeling is great when reflecting on our positive outcomes from practice. For example, being able to work with someone to support their discharge into the community after a long stay in the inpatient unit. Being able to reflect on admission presentations to discharge 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.

*"Supervision enables supervisees to learn and flourish."*

(Hawkins & Shohet, 2009)





## 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>



Te Tirohanga a te Manu “A bird's perspective”

**Part B: Supervision and nursing**

## 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.”*

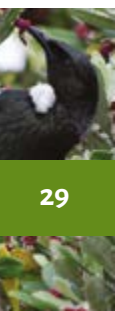
in a venue provided by the PHO. During the programme many professional relationships were created. Not only did the nurses build relationships with local specialists who provided the education, but the strength of their relationships grew as a group. The sessions were a time of professional and personal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

*"Supervision is the bridge between what you are currently doing and what you have the capacity to do."*

(Ask & Roche, 2005)



# 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).

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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.*

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## 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 nurse – supervisees to reflect on their own values and actions.

Questions for a supervisee to consider include:

- ▶ What are my values?
- ▶ What are my cultural values and practices?
- ▶ How have these values developed?
- ▶ How do my values influence my practice with the people I support and or their families

and whānau? What might my strengths and limitations be?

- ▶ How do I ensure my values are not discriminatory to those from cultures other than my own?
- ▶ What are the potential areas of bias, prejudice and stereotyping?
- ▶ How might service users see and respond to my values?
- ▶ How might the families and whānau of service users see and respond to my values?
- ▶ In my practice am I competent to work clinically with people from Pākehā, Māori, Pasifika and other cultures other than mine?
- ▶ How effective is my kōrero/communication overall?
- ▶ How much do I understand, how much am I being understood?
- ▶ What might my taurira/ clients say if I asked them these questions?
- ▶ Are there things I am missing?
- ▶ Are there assumptions I need to check out?
- ▶ Are there areas of my clinical practice I need to develop?
- ▶ How can I achieve this?
- ▶ Are there complex issues I need to better understand?
- ▶ Are there issues that I could explore further in supervision to improve my practice?

(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.

Questions for a supervisee to consider include:

- ▶ How does my practice reflect the spirit and the principles of Te Tiriti o Waitangi?
- ▶ What are the ways in which my practice reflects and supports principles of tino rangatiratanga (self-determination) and mana motuhake (autonomy) for Māori people?
- ▶ How do I honour te reo Māori in my practice?
- ▶ How do I ensure that I acknowledge whakawhanaungatanga in my practice?
- ▶ How do I know when I achieve whanaungatanga?
- ▶ How do I acknowledge wairua when I work with Māori people and others?
- ▶ What is my knowledge of and relationship with the Mana Whenua?
- ▶ How well do I understand Māori peoples' health and practice models?
- ▶ Are there areas of my practice that I need to develop?
- ▶ How can I achieve this?
- ▶ What is the role of supervision in this?
- ▶ Do I need additional supervision, training or other support?
- ▶ How well does my service support my practice when I work with Māori people? What does this mean for me as a nurse?
- ▶ Do I need cultural supervision?

Adapted from Aronui. *Supervision Guide for Addiction Practitioners, Supervisors and Managers* (Dapaanz, 2014) and *Mental Health and Addiction Supervision Toolkit for Kaiwhakahaere/Managers* (Te Pou, 2015b).



## 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).

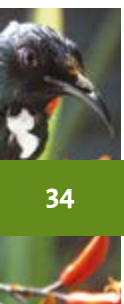
For Māori people, identity (whether they identify mostly as iwi, hapū or community) is central to wellbeing and ideas of 'self' are entwined in the group or the collective rather than the individual. Māori people often place value on relationships within their whānau or their significant others and an 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), mihi (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 taurā/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](http://www.kupu.maori.nz)

[www.maoridictionary.co.nz](http://www.maoridictionary.co.nz)

[www.tepou.co.nz/resources/te-reo-hapai---the-language-of-enrichment/809](http://www.tepou.co.nz/resources/te-reo-hapai---the-language-of-enrichment/809)



# Supervision and supporting Pasifika people's health and wellbeing

A culturally responsive workforce could help to increase access rates and improve health outcomes across the board for Pasifika people and their families (Ministry of Health, 2012). The Pacific 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).

**It is important to take time to engage in supervision to develop** Pasifika cultural competence and the ability to understand and appropriately apply cultural values and practices that underpin Pacific 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).

Engaging in supervision can support nurse-supervisees to develop their Pasifika cultural competence and their 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).

Nurses can develop their competence in supporting Pasifika people and their families by engaging in professional supervision and/or Pasifika cultural supervision in a range of ways, depending on what their learning needs are. Options include:





Pasifika nurses engaging 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 engaging 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.

## 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'amaualalo* (humility)

*Tautua* (reciprocal service)

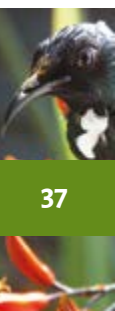
*Aiga* (family)

(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 <https://www.leva.co.nz/resources/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples-le-va> 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.

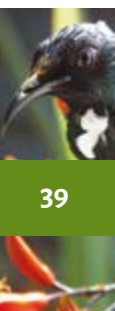
Nurses need to:

- ▶ 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)

*“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.

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

(Netane Takau)

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



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

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.

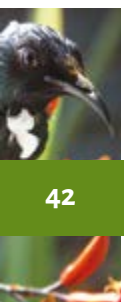
Netane is now able to access Pasifika cultural supervision from Matua, who are an integral part of the *Takanga A Fohe* service. Formal 'Matua' time occurs with staff most Fridays, and Matua are involved in team meetings, so he has ready access to cultural expertise to support his practice. Nurses in 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.”*

(Netane Takau).





# Part D: Engaging in professional supervision



## What are my rights and responsibilities as a supervisee?

You have the right to:

- ▶ Be treated with respect and to be an equal partner.
- ▶ Have some choice in who will be your supervisor.
- ▶ Develop a contract with your supervisor outlining the purpose, function and process of professional supervision.
- ▶ Determine the agenda of professional supervision sessions and decide what aspect of an issue to discuss.
- ▶ Confidentiality with exceptions relating to unsafe practice.
- ▶ Receive clear and constructive feedback.
- ▶ Be supported to attend professional supervision by management and your organisation.
- ▶ Have your supervisor give your sessions priority, be punctual and ensure you have sufficient time to discuss items on the agenda.
- ▶ Have private, protected supervision time that is not interrupted.
- ▶ Discuss issues/concerns/vulnerabilities without judgment or criticism.
- ▶ End a professional supervision relationship when your needs are no longer met.
- ▶ To have supervision that supports your development of cultural competence and responsiveness.
- ▶ Reflect on your strengths and successes.

It is your responsibility to:

- ▶ Initiate and seek professional supervision throughout your career.
- ▶ Participate in any negotiations and decisions about your professional supervision – this includes the type of professional supervision and choice of supervisor.
- ▶ Work to understand differences between yourself and your supervisor, and the service users you work with (religious, ethnicity, age, gender, sexual orientation and disability).
- ▶ Explore the impact of culture on your work, the people you support and your supervision.
- ▶ Request cultural supervision if needed.
- ▶ Participate in professional supervision fully, openly and honestly.
- ▶ Work to achieve an effective alliance with your supervisor.
- ▶ Prepare for professional supervision sessions.
- ▶ Participate and contribute to pre-supervision processes – developing a contract, initial meetings.
- ▶ Identify your learning and developmental needs (including nursing competencies)
- ▶ Apply the learning in professional supervision to your practice.
- ▶ Raise ethical issues occurring in your practice.
- ▶ Give professional supervision high priority and attend regularly and punctually.
- ▶ Prepare for each supervision session.
- ▶ Be open to both challenge and reflection.
- ▶ Review professional supervision at least annually.
- ▶ Use the professional supervision time effectively.
- ▶ Give your supervisor clear and constructive feedback.

(Lynch, Hancox, Happell & Parker, 2008)

# How can supervision support me to develop my ethical and professional practice?

## Reflecting on ethics during the supervision relationship

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. Engaging in professional supervision provides nurses time out of practice to safely reflect and use the opportunity “to question why they considered a particular act right or wrong, what the 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).

Supervision can provide nurse–supervisees with opportunities to develop their skills in ethical decision making processes. To create ethical sensitivity and thoughtfulness a supervisor may ask questions such as:

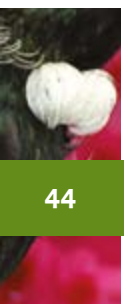
- ▶ What about this situation might be unethical?
- ▶ What does your organisation's Code of Ethics say that is relevant here?
- ▶ What ethical principles are useful to consider?
- ▶ How might a layperson see this?
- ▶ How might the person you are working with see this?
- ▶ Does your action meet your professional standards?
- ▶ What values underpin your thinking? Your action?
- ▶ How would you feel if you were in this situation?

- ▶ What is ethical maturity?
- ▶ What are the signs of ethical immaturity?
- ▶ What values guide your ethical decision making?
- ▶ If the person you are working with was standing here, how do you think they would feel, what would they say, etc.?
- ▶ What would you say if this wasn't a therapeutic relationship?
- ▶ What is the issue we are missing? Not talking about?
- ▶ If you were to take a different perspective what might that be?
- ▶ What would help you to be the best you could be?

(Adapted from Beddoe & Davys, 2016)

Supervisors may also:

- ▶ Work with you to develop a course of action that takes into account morals, values and ethics, and the impact of these on that chosen course of action.
- ▶ Support you to take action and to follow up with any consequences.
- ▶ Support you to develop the courage needed to take action.
- ▶ Facilitate discussions about possible favourable and non-favourable reactions to what they have decided to do. This may include exploring how to respond to resistance or negative reactions.
- ▶ Support you to learn to live with any ambiguity related to your decision peacefully and learn to understand and live with doubt and uncertainty.



# Toni Dal Din, director of nursing

Toni Dal Din, director of nursing, Mental Health, Addictions and Intellectual Disability Service, 3 DHB and colleagues drew from the work of Rogers and Niven (2003) and designed an ethical decision making framework which considers the perspectives of the child/patient, next of kin, health professionals and organisation.

Ethical dilemmas may occur when the values of the nurse, other health professionals and a consumer lead to different decision options. “None of these options may be wrong – they are just different” Toni stressed that it is important to be able to say how we reach a particular decision, rather than saying that either choice is inherently wrong. At times health professionals may experience a sense of moral distress when constraints (internal or external) prevent them from following the course of action they believe is right.

“You know the ethically appropriate action to take, but you are unable to act upon it” said Toni. Often there is no right or wrong answer, even when you’ve examined the issue thoroughly by using a framework– this is why it’s a dilemma! What is important is that you are able to say who you consulted with, how you’ve arrived at a particular decision and why, rather than operating solely on gut instinct which ignores other perspectives. Above all remember to document clearly all parts of the process.

Nine questions to consider from the different perspectives of the child/patient (person receiving services), their next of kin (family and whānau), the health professional(s) and the organisation are as follows:

1. What are the rights of those involved?
2. What are the duties of those involved?
3. What issues of justice are involved?
4. How has autonomy been addressed?
5. What about informed consent?
6. What issues of safety or freedom from harm are inherent, and how are they best addressed?
7. Who benefits and how?
8. Whose rights, duties, access to justice, autonomy, information, consent, safety and benefit takes precedence over whom else’s?
9. Which value prevails over all others? How is this decided?

(Abridged version from an article published in Handover- Issue 28, p.26, Te Pou, 2014b)

# How can I prepare for supervision

## Learn about professional supervision

- ▶ Know your professional and organisational expectations of professional supervision.
- ▶ Know your organisation's professional supervision policy and procedures.
- ▶ Discuss the process with your manager and the person responsible for professional supervision in your organisation.
- ▶ If available attend or complete a learning opportunity about understanding what supervision is all about. If no such opportunities exist then consider reading the following text: Carroll, M. & Gilbert, M. (2011). *On Being a Supervisee: Creating learning partnerships*. London Vukani Publishing.
- ▶ Please check out the following webpage to access further information about supervision <http://www.tepou.co.nz/initiatives/supervision/119>

## Conduct a self-audit

It is valuable to understand the attitudes, values and beliefs that underpin your professional practice and you personally; where you are in your career and what you want from professional supervision prior to beginning a professional supervision relationship.

The following questions may be useful for you to reflect on prior to your first meeting with a supervisor. Making some notes will also aid the process:

- ▶ What has been your work experience?
- ▶ How has this shaped your thinking about your profession?
- ▶ What are your professional areas of strength or weakness?
- ▶ Where are you in your life? Will this have an impact on professional supervision?

- ▶ What are your personal strengths and weaknesses?
- ▶ Think about how you like to learn and your learning style.
- ▶ What are your goals for the future?
- ▶ What have been your experiences with professional supervision – in the profession, outside the profession?
- ▶ What was useful/not useful about these experiences?
- ▶ How do you think these experiences will impact on you as a supervisee?
- ▶ What did you do to contribute or hinder previous supervision relationships?
- ▶ How are you about feedback? Do you avoid giving feedback?
- ▶ How are you at receiving feedback? Do you get hurt or anxious?
- ▶ What are your thoughts about professional supervision?
- ▶ What might you expect/want from a supervisor?
- ▶ What cultural values/attitudes are important to you? How might these impact on the professional supervision process?
- ▶ What arrangements are important (venue, timing, duration)?

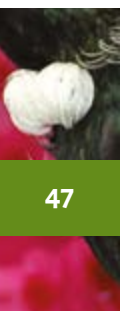
The *Let's get real* values and attitudes learning module would also be useful to complete as part of preparing for supervision. Click here to find out more

<http://www.tepou.co.nz/resources/lets-get-real-values-and-attitudes-learning-module/203>

## Example of a Supervisee Audit

Who are you? - Personally	Who are you? - Professionally
<ul style="list-style-type: none"> <li>▶ Where are you in your life's journey?</li> <li>▶ Are you bursting with energy and interested in travel, change and activities?</li> <li>▶ Are you in a process of transition – partnership, parenting, children have left home?</li> <li>▶ Are you at a period of rest or consolidation?</li> <li>▶ Which personal knowledge do you feel comfortable to bring into supervision conversations? -e.g. an experience of loss</li> <li>▶ Which personal knowledge may need to be reflected on outside of your professional context?</li> <li>▶ What resources outside of work do you have for personal reflection and support?</li> </ul> <p>How does any of the above impact on your professional career and professional development at this time?</p>	<ul style="list-style-type: none"> <li>▶ Where are you in your professional journey?</li> <li>▶ What work experience have you had professionally (or outside of your profession)?</li> <li>▶ What are your strengths and weaknesses in terms of practice?</li> <li>▶ What areas of practice would you like to explore and develop?</li> <li>▶ Where do you see yourself professionally in 5 or 10 years time?</li> <li>▶ What areas of responsibility would you like to move to in the future?</li> </ul>
Experience of supervision	Future supervision
<ul style="list-style-type: none"> <li>▶ What are your past experiences of supervision?</li> <li>▶ What styles of supervision have you found helpful in the past?</li> <li>▶ How do you like to be supervised?</li> <li>▶ How do you learn?</li> <li>▶ How good are you at receiving feedback?</li> <li>▶ How good are you at giving feedback in supervision?</li> <li>▶ In the past, have you been able to express your needs in supervision?</li> <li>▶ If not, what has stopped you and what do you need to consider or develop so that you are able to do so?</li> </ul>	<ul style="list-style-type: none"> <li>▶ In order to be an active participant in supervision what are you prepared to contribute to the supervision relationship?</li> <li>▶ What questions or reservations do you hold about supervision?</li> <li>▶ Are you able to raise these with your supervisor? If not, why not?</li> <li>▶ Who might be an alternative person with whom to discuss those reservations and questions?</li> </ul>

(Davys, 2007).



## Identify what you want from a supervisor

Identifying what you want from a supervisor involves reflecting on the following:

- ▶ What work experience would you want your supervisor to have?
- ▶ Are there knowledge and skills that you would like a supervisor to have?
- ▶ What cultural group would you like your supervisor to be from? And why? This includes ethnicity, gender, ableness, religion, age and sexual orientation.
- ▶ What do you need in relation to the people you work with currently? Your work context?
- ▶ What training in supervision and experience would you like your supervisor to have? What expertise is useful to you?
- ▶ What values, attitudes and beliefs, characteristics, experience and knowledge would you want to see in a supervisor and are important to you?
- ▶ What might be useful for you to know about a supervisor that will help you use your supervision effectively?
- ▶ What would you like a supervisor to know about you?
- ▶ What might you find difficult to raise in supervision and how would you like a supervisor to raise this with you?
- ▶ What might a supervisor do that will hinder or help your learning in supervision?

(Davys, 2007)

You may wish to discuss options with your colleagues or manager.

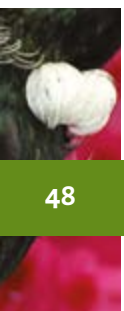
## How do I go about setting up my professional supervision sessions?

As with all relationships, the beginning, introductions and engagement are crucial in creating a positive and effective alliance. This helps to develop common understanding and shared expectations, which in turn are critical in developing an effective supervision relationship.

### Set up a pre-supervision initial meeting

After having completed your self-audit and reflected on what you want from a supervisor, identify who you might approach to be your supervisor. If possible make a list of two or three people, discuss this list with managers and colleagues and then approach your first choice. Make a time to meet and prepare your list of questions. Examples include:

- ▶ What are your qualifications and experience in providing supervision?
- ▶ What are the values you work from?
- ▶ Tell me about how you like to do supervision?
- ▶ Can you describe your supervision style?
- ▶ What work experience have you had?
- ▶ What work interests inspires/excites you?
- ▶ What do you feel are the most important features of effective supervision?
- ▶ What would you expect from me?
- ▶ What might the differences between you and a supervisor be?
- ▶ How will we manage these?
- ▶ My learning style is \_\_\_\_\_. How might you work with this?
- ▶ I worry about what you will think of my practice?
- ▶ My worries about professional supervision are?
- ▶ My hope is that you will be kind, challenge and supportive of me?





Be prepared to talk about your own work and relevant personal experiences, values, expectations of professional supervision and a supervisor, and explain the reasons for approaching this person. However, if there is limited choice or availability of supervision, it will be important to discuss this at this initial meeting and explore how you can make the relationship work in spite of this constraint.

After the meeting reflect on the discussion and the supervisor's interaction with you. This is an opportunity for you to decide whether to continue with this person as your supervisor. If you have a choice you can decline and approach someone else.

It may be useful to consider these questions:

- ▶ Was there a sense of a good fit between you and the supervisor?
- ▶ How did the supervisor answer your questions?
- ▶ Did they seem open and honest?
- ▶ Will you learn from them?
- ▶ Did you feel relaxed and at ease with them?
- ▶ Do they have knowledge that will be useful to you?
- ▶ What was their communication like?
- ▶ Did they seem to understand you and your needs?

(Carroll & Gilbert, 2011; Dapaanz, 2014)

## Develop a supervision agreement/ contract

Negotiating the content of the agreement/contract helps in developing an effective supervision relationship and to avoid misunderstandings in the future. Firstly, review your organisation's contract template and process, and make a note about what you want to include in the contract.

## Discuss the agreement/contract with your supervisor

The following questions may be useful:

- ▶ Who are we?
- ▶ What are we doing?
- ▶ What do we expect?
- ▶ How do we do it (practicalities and procedure to guide our work)?
- ▶ Who takes responsibility for what?
- ▶ How do we evaluate what could go wrong and then what we will do?

*The supervision relationship  
is the very heart and soul of  
supervision.*

(Watkins, 2014, p.19)

In general agreements/contracts should include the following:



### Assess your potential supervisor's strengths and limitations

Set aside time with your supervisor to reflect on your strengths and limitations.

- ▶ Use your job description, performance appraisal, Professional Development and Recognition Programme (PDRP) portfolio, Nursing Council of New Zealand Competencies (2007) and the performance indicators of *Let's get real* (2008) as frameworks to assist you to reflect on your strengths and areas for development.

### How do I prepare for a professional supervision session?

#### Make time to prepare

- ▶ Reflect on your work since the last supervision session- successes, achievements, concerns,

work with service users and/or colleagues, feelings about work.

- ▶ Are there any crises/emergency issues you need to talk about?
- ▶ Are there any themes emerging for you in your overall work that you would like to review in supervision?
- ▶ Are there any organisational or training areas you want to talk about in supervision?
- ▶ What do you want from this session of supervision?
- ▶ Are there any areas of supervisory contract you want to review/renegeiate?
- ▶ Review any notes you may have taken in a previous session.
- ▶ Note down topics you want to raise and what you want to gain from discussing it.

Two useful tools which may assist you as a supervisee to prepare for supervision sessions are:



## 1. Preparing for Supervision – Supervisee

Reflecting on how you support people with their recovery		
Assessment	Interventions	Relationship with me
<ul style="list-style-type: none"> <li>⌘ Who is this person?</li> <li>⌘ What do I know about this person?</li> <li>⌘ Where are they from?</li> <li>⌘ What are the problems they are struggling with?</li> <li>⌘ What are the problems they want help with?</li> <li>⌘ What are their goals?</li> <li>⌘ What relationship do they have with their family and whānau?</li> <li>⌘ If they receive support from other services who support their recovery how are these relationships going?</li> <li>⌘ What are their strengths?</li> <li>⌘ What areas do they want support with?</li> <li>⌘ What do I know about their natural support system?</li> <li>⌘ What is my assessment of this person?</li> <li>⌘ On what do I base this assessment?</li> <li>⌘ How confident am I about this assessment?</li> <li>⌘ What are the implications of this assessment?</li> <li>⌘ What further information do I need?</li> </ul>	<ul style="list-style-type: none"> <li>⌘ How do I plan to support this person to achieve their goals?</li> <li>⌘ What have I done so far?</li> <li>⌘ What is working?</li> <li>⌘ What is not working?</li> <li>⌘ What skills and resources do I have?</li> <li>⌘ What skills and resources do I lack?</li> <li>⌘ What do I think I need to do better?</li> </ul>	<ul style="list-style-type: none"> <li>⌘ What is my relationship with this person?</li> <li>⌘ Is it good? Why</li> <li>⌘ Is it problematic? Why</li> <li>⌘ How do I want it to be?</li> <li>⌘ What might be getting in the way?</li> <li>⌘ What is my relationship with their family and whānau?</li> <li>⌘ What is my relationship like with the other services who support this person's recovery?</li> </ul>

Reflecting on your reactions		
Response to person/service user	Reaction to work	Relationship with supervisor
How do I respond to this person?	How am I feeling about the work I am doing with this person?	How open can I be in this supervision relationship?
What are the implications of this type of response?	How am I feeling about the type of work I am doing in this organisation/service/team?	Are there changes I would like my supervisor to consider in relation to the work we do together?
Is this how I wish to respond?	What do I like/not like about this type of work?	

Reflecting on your practice context		
Work environment	Work context	Political/socioeconomic/cultural factors
How does this work environment impact on my ability to do the work?	How does my practice fit into the framework of other services?	What are the bigger influences on my practice?
What do I understand or need to understand about the way this organisation works?	What sorts of relationships do I have with other services and professionals?	How does the political climate affect my practice and what are the possible implications for future services?
	How might I like to change or develop those relationships?	What cultural factors are relevant to my current practice?
		Am I culturally responsive to the people I support? What else do I need to learn?

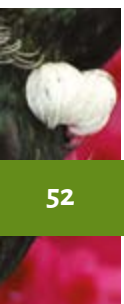
(Adapted from Davys, 2007)

## 2. Reflection – Preparation for Supervision – Supervisee

### Develop lists by:

Considering the following questions:

- ▶ What aspects of your nursing practice are you pleased with? (Overall or in relation to a person you are supporting or a project/committee you may be involved with)
- ▶ Was there anything about your practice that was difficult for you?
- ▶ What are you uncertain about?
- ▶ What are you looking forward to when you go back to work?
- ▶ Are there any anxieties about the way you are practising?
- ▶ Are there any anxieties about your professional relationship with others? (service users, families and whānau, colleagues, managers, leaders, people working in other services).
- ▶ Are there some doubts/anxieties/feelings just 'out of view' that you would rather keep to



yourself at the moment. Identify the feelings and concerns.

- ▶ What interactions have you enjoyed most? What were the feelings?

From this exercise jot down a list of your priorities to discuss at supervision.

- ▶ Taking time to think about what's on top.

Have a notebook beside you. Relax, take some deep breaths and allow yourself to concentrate on your breathing for a minute or two. Then let your mind drift back over your last few days and what was happening at work. Notice what immediately surfaces for you? Jot down a list of what has surfaced and take this to your supervision session.

- ▶ Scanning through your records/notes.

Do any further points stand out that you would like/need to talk about? Add to your list.

- ▶ Imagine you are replaying a video about something that happened at work.

Are there any ideas or feelings that come up for you which you might, or might not, like to bring to your supervisor? Jot down a list of what came up for you and take this to your supervision session.

- ▶ Prioritising what you want to discuss at supervision.

You can then read through your list or lists and mark with an 'N' any items that do not seem significant enough to bring to supervision just now, mark with a 'P' any items you feel reluctant to talk about, and would rather postpone (there may not be any). Tentatively prioritise the remaining items by numbering them 1, 2, 3, etc.

If you have marked some 'P' items, gently explore with yourself what the risks would be to you, or to your relationship with your supervisor, if you were to bring these up? What might you gain/learn if you did?

Think about what you want to learn from this session of supervision and how you might present how you are practising?

(Adapted from Carroll & Gilbert 2011, pp. 53-54)

## What can I expect to do in a supervision session?

### Contribute to building an effective supervision relationship

- ▶ Be open and honest.
- ▶ Be aware of your approach to supervision – enthusiasm and preparation will impact on the effectiveness of your supervision.
- ▶ Be aware of your own blocks to using supervision well and discuss these openly, for example - fear of failing, shame or embarrassment, not being able to reflect, focusing on the theory and not the emotional impact of the work, not trusting and staying with what you know.

(Carroll & Gilbert, 2011)

### Understand that supervision sessions are structured and be prepared to contribute

Your supervisor will take responsibility for the structure. It is your responsibility to come with the content/agenda items and consider what you want from the discussion of each item.

Your supervisor will ask questions to focus the discussion, such as the following. Prepare for these by being clear about what you want from the discussion.

- ▶ What is on your agenda today?
- ▶ Is there a particular reason for you discussing this matter?
- ▶ What do you want to get from the session/discussion today?
- ▶ How long would you like to spend on each item on the agenda?
- ▶ What do you hope will change as a result of the discussion?
- ▶ Where would you like to concentrate on in the discussion?



- ▶ At the end of the session your supervisor will ask you to sum up and check that you both have agreed on any actions.
- ▶ Your supervisor will ask for feedback about your goals for the session and the process, with questions such as the following.
- ▶ You said you wanted to achieve ..... Have we done that? Have we answered your question?
- ▶ How was the process today?
- ▶ Is there anything you would like to change or do differently?
- ▶ What is the take-away message today?

### Keep some supervision notes

Record keeping is the responsibility of both you and your supervisor and is an important tool for ensuring professional accountability.

- ▶ Read your organisation's policy on notes taken in supervision.
- ▶ Copy your organisation's template to use if you wish to.
- ▶ A supervisee and supervisor may keep their own notes in addition to the organisation's requirements.
- ▶ As a minimum, record dates and times of sessions, the agenda, agreed actions and ethical concerns.
- ▶ Check that there is agreement over any actions.
- ▶ Store notes in a locked filing cabinet.

### Be aware of the tools a supervisor may use to develop your ability to be self-reflective

Reflection empowers nurses to explore and analyse their roles, nursing actions and practice. The use of questions creates an opportunity for self-reflection and understanding, which results in new knowledge and possible change in practice (Lynch, Hancox, Happell & Parker, 2008).

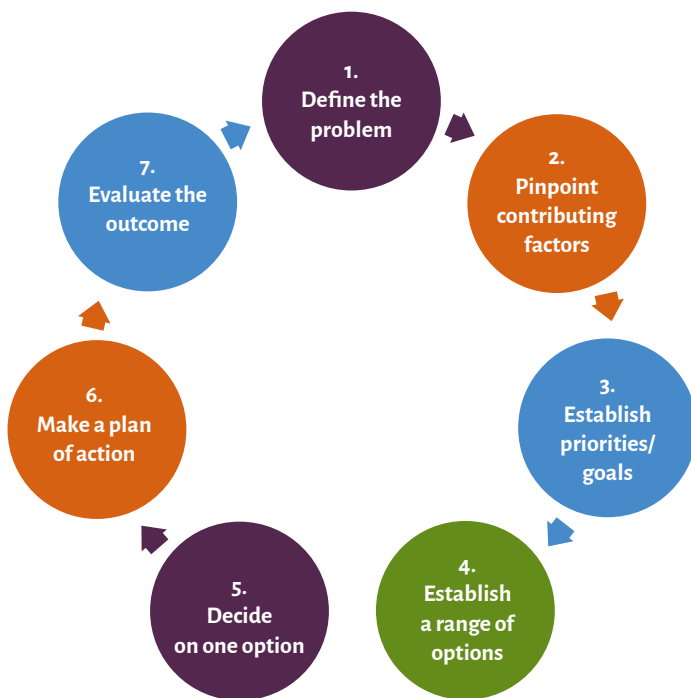
Being able to reflect on practice is a necessary skill for mental health and addiction nurses to ensure continual evaluation of practice and the delivery of a high standard of care (Nursing Council of New Zealand, 2007).

The problem solving spiral (Bond & Holland, 2001) and the Kolb experiential model (Kolb, 1984) are reflective practice tools which may help the supervisors to guide supervisees around the cyclical process enabling learning and reflection.

Questioning is instrumental in developing critical thinking and encouraging effective decision-making processes and developing the capacity for nurses to reflect.



## Problem solving spiral



(Bond & Holland, 2001)

### 1. Define the problem

- ▶ What happened?
- ▶ What do you think are the issues?
- ▶ What concerns you the most?
- ▶ What have you tried?

### 2. Pinpoint contributing factors

- ▶ What is contributing to this situation?
- ▶ Who/what had the greatest impact?
- ▶ Is there anything you don't know?
- ▶ What else do we need to know?
- ▶ What might you have done to contribute to the situation? Anyone else?
- ▶ Where should you start?

### 3. Establish priorities

- ▶ What were you hoping to achieve?
- ▶ Has this changed? What can be achieved?
- ▶ What might be realistic? What is most important?
- ▶ In an ideal world, what would success look like?

### 4. Establish a range of options

- ▶ What have you tried?
- ▶ What worked/didn't work?
- ▶ What other options are there?
- ▶ Let's think creatively, what might be some other options?
- ▶ What might someone else come up with?
- ▶ What would happen if you did nothing?

### 5. Decide on an option

- ▶ What will be most effective?
- ▶ What will be the most difficult?
- ▶ What will you find hardest to do?

### 6. Make a plan

- ▶ What will be your first step?
- ▶ What will success look like?
- ▶ What will your plan look like?
- ▶ Whose help do you need?
- ▶ When will you take the identified steps?
- ▶ Who do you need to discuss this with?

### 7. Evaluate

- ▶ How much of the plan did you achieve?
- ▶ What went well, less well?
- ▶ What would you do differently?
- ▶ What needs to happen next?

(Adapted from Bond & Holland, 2001, pp.113-115)

## Experiential Learning Cycle



(Kolb, 1984)

### Experience

- ▶ Describe what happened.
- ▶ Take me through the event/situation.
- ▶ What was the purpose of your meeting with this person?
- ▶ Who else was present?
- ▶ And then what happened?
- ▶ How did the person react? Say? Do?
- ▶ Tell me as much as I need to know to understand the situation?

### Reflection

- ▶ What was your reaction? The person's reaction?
- ▶ What were you thinking? What was going through your mind?

- ▶ How did that make you feel? How are you feeling now?
- ▶ And then what? How did you know what their reaction was?
- ▶ Has this happened before? What happened then?
- ▶ What do you think went well? What did you do well? What were your strengths in this situation?
- ▶ What were the person's strengths?
- ▶ What do you think went less well?
- ▶ What were some of the differences between you and the person? How might these impact on the work?
- ▶ If there were no consequences what would you say or do?
- ▶ Have you discussed this with the person? What's your greatest fear/hope?

- ▶ What prevents you from acting or makes you hesitate?
- ▶ Are there any assumptions being made here?

### Conceptualisation

- ▶ What are your thoughts so far?
- ▶ Why do you think this is happening?
- ▶ How else could we understand this?
- ▶ What do you think is causing/contributing to this problem?
- ▶ Are there any themes or patterns here?
- ▶ Is there anything you wish you had done differently?
- ▶ What role does the culture of this person play?
- ▶ How does this fit with guidelines and policy?
- ▶ How would the person explain what happened?
- ▶ How would (a different model or professional) view this situation?
- ▶ What theories or principles might help us understand this?
- ▶ Are there any personal connections you make to this situation?
- ▶ What does the literature say that might be helpful here?
- ▶ What in your worldview or experience sits behind that comment/assumption?
- ▶ If you were to give yourself advice what would it be?

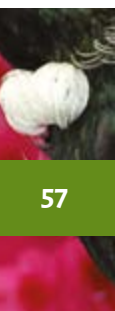
### Planned action

- ▶ Given what we have discussed, what would you do now? What would you do differently next time?
- ▶ What have you tried in the past? How might that work here?
- ▶ What are the consequences of this plan? How will the client see that?
- ▶ How might you deal with resistance/refusal?
- ▶ What if this doesn't work? What might be Plan B?
- ▶ Are there any risks or issues of safety here?
- ▶ How ready do you feel to try that?
- ▶ Would you like to practise that? What words will you use?
- ▶ What else would you need to do in order to feel able to ...?
- ▶ What strengths do you have to draw on?

(Adapted from Davys & Beddoe, 2010; Carroll & Gilbert, 2011)

*“Supervision is holding something up to the light and turning it”.*

(Carroll, 2010)



# What challenges might arise in my professional supervision?

Occasionally challenges will arise in the supervision relationship. It is your responsibility to address these to the best of your ability.

Issue	What Can I Do?
I don't have time to go to professional supervision	Discuss with your clinical leader. Attend training. Reflect on the reasons for this.
My supervisor is often late and cancels sessions	Bring up with your supervisor, referring to the contract. Discuss with your manager.
My supervisor talks about themselves and their work a great deal	Give feedback to your supervisor. Use statements "when you ..., I feel ..." Refer to the contract.
I'm anxious about going to supervision. I'm frightened the supervisor will find out I'm doing some things wrong	Some supervisees feel like this. Discuss with your supervisor. Consider how you might manage this fear in supervision.
I don't like to get negative feedback	Other supervisees feel like this too. Discuss with your supervisor and plan how to manage in supervision.
Supervision is not well understood or supported by my team	Initiate discussions with individuals and team members. Approach someone who does advocate supervision for support. Use 'sound bites' of information to discuss in the team.
I can't get cover so I can't go to supervision	Discuss with your manager and the person responsible for professional supervision Refer to your organisation's supervision policy.
There is no one in my team or in our setting that I trust to supervise me	Discuss with your manager and person responsible for professional supervision. Review the supervision policy and the Professional Supervision guidelines for nurses (Te Pou, 2017a, b, c). Reflect on your reasons for this.
I'm being supervised by my team leader and worry about raising issues with him/her	Refer to supervision policy and Professional Supervision guidelines for nurses (Te Pou, 2017a, b, c). Discuss with the team leader. Refer back to the contract – work out how to manage this dual relationship.
My team leader always complains when I go to supervision	Discuss with the Clinical Leader or person responsible for professional supervision Discuss in supervision. Check supervision policy.
My supervisor is behaving in an unethical manner	Discuss with Manager/Clinical Leader. Develop plan of action. Terminate supervision.



# How can my professional supervision sessions be evaluated?

## Conduct your own self- evaluation

Take time to reflect on individual sessions. Ask yourself questions such as:

- ▶ What are my immediate thoughts and feelings? How would I rate the session on a scale from 1-10?
- ▶ What went well?
- ▶ What could I have done differently?
- ▶ What was my learning from the session?
- ▶ What would I like my supervisor to do more of/ less of?

(Weld, 2011)

## Be prepared to provide your supervisor with feedback on supervision sessions

Your supervisor may ask you questions such as:

- ▶ What was helpful today?
- ▶ Did we meet your goals for this session? What goals have we met this year?
- ▶ What learning was important?
- ▶ How was the session for you?
- ▶ What did you find challenging today?
- ▶ Is there anything I should have done that I didn't do or could do better?
- ▶ How is the process between us?
- ▶ I noticed you were very quiet when I raised ... Can we talk about that?
- ▶ How is supervision going for you? What is helpful/unhelpful about the process?

## Use an evaluation tool

One example is the Leeds Alliance Scale of Supervision (Wainwright, 2010) which may be used at the end of each supervision session.

### Leeds Alliance in Supervision Scale (LASS)

**Instructions:** Please place a mark on the lines to indicate how you feel about your supervision session.

Approach		
This supervision session was <b>not</b> focused		This supervision session was focused
Relationship		
My supervisor and I did <b>not</b> understand each other in this session		My supervisor and I understood each other in this session
Meeting my needs		
This supervision session was <b>not</b> helpful to me		This supervision session was helpful to me



## How and when do I end a supervision relationship?

The term of the supervision relationship, be it one-to-one or group supervision, should be stated in the agreement/contract. However, situations may arise that result in the relationship ending earlier than planned.

Supervision relationships mostly end because of the following:

- ▶ The contracted number of sessions is completed.
- ▶ The supervisee's learning needs are no longer being met.
- ▶ The supervisor of the supervisee change roles or leave the organisation.

In these circumstances a planned approach can be taken to ending the relationship, allowing for review and feedback on the process.

Less commonly, a supervision relationship may end because of the following:

- ▶ There is a poor match between you and your supervisors.
- ▶ Either you or your supervisor behave in an unethical way.
- ▶ You and your supervisor are unable to resolve significant differences.

In these circumstances there may be an uncomfortable ending to the supervision relationship. Seeking guidance from your manager, supervision portfolio manager or nurse director on what actions you could take to end the supervision relationship in these circumstances is recommended. Regular reviews and feedback will help to keep on top of any emerging issues that may lead to a breakdown of the supervision relationship.

## Summary

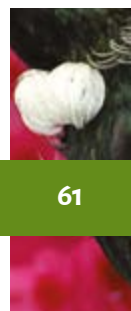
Regardless of the method of supervision, be it one-to-one or group supervision you are engaged in, your role as a supervisee is to go prepared to sessions and be willing to share and be open to learning in order to really maximise this protected time away from your practice setting.

It is the role of a supervisor to support you to engage in a formal structured process that enables you to develop your knowledge and competence, be responsible for your own practice and promote service user's health, outcomes and safety.

Over time engagement in regular effective professional supervision will help you to gain the maximum benefit from your supervision sessions effectively. You will become apt at offering accounts of your work, reflecting on these and receiving feedback and guidance. Done well, supervision can enable you to develop your cultural and ethical competencies, build your confidence and boost your creativity to give the best possible service to the people you support.

And perhaps, like Ioana's positive experience of supervision as a new graduate nurse, you too may be inspired to train to become a supervisor if you have not already done so.

We wish you well.



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