



# 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

Te Pou o te  
Whakaaro Nui

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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.*

# 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.

*“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.”*

(Claire)

# 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).

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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 supervisor include:

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

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

## 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 supervisees



- ▶ 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 – NZCMH Nurses, 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, 2014a).
  - 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).
- ▶ Relate organisational policies and processes to their practice.
- ▶ Take a professional approach to all aspects of their work—planning, documentation, interaction with service users/tangata whai ora and colleagues.

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

This means that a supervisor will support the supervisee by:

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



# What are the fundamentals of professional supervision?

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

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

**Preceptorship** is central to supporting a newly registered nurse to adapt to their roles, develop clinical skills and socialise them into a new clinical setting. It is a time limited, education focused model for teaching and learning within a clinical environment that uses clinical staff as role models (Tan, Feuz, Boldeston & Lamer as cited in NZNO, 2013). While the agenda of this relationship is determined by the nurse, the preceptor is likely to have an evaluative function. A nurse preceptor is likely to be appointed, not selected, by the nurse. Preceptorship is an integral part of New Entry to Specialist Programme (NESP) Nursing, new graduate nursing programmes. 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 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, 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>	Useful in contexts where team development and a team approach is important

Group supervision – amongst peers			
Format of professional supervision	Advantages	Disadvantages	Best for
External to the organisation -supervisor led	<ul style="list-style-type: none"> <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>	Useful in contexts where team development and a team approach is important



## Other types

Interdisciplinary supervision – Supervision between nurses and other health professionals			
Format of professional supervision	Advantages	Disadvantages	Best for
Inter-discipline (cross discipline)	<ul style="list-style-type: none"> <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

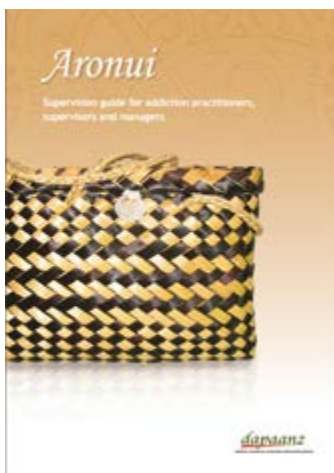
The *Addiction Specialty Nursing Competency Framework for Aotearoa New Zealand* (Addiction nursing framework) (Drug and Alcohol Nurses of Australasia, 2012), aligns with the New Zealand Nursing Council's domains for nursing competencies. In this framework the need to engage in supervision is explicit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



*Aronui - Supervision guide for addiction practitioners, supervisors and managers*

## 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).*

*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).*

## Do new graduate nurses need professional supervision?

### ✓ Yes absolutely

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

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

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

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





# Peter Blake, new graduate nurse programme coordinator, Waitematā DHB

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

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

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

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



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

# Chanda-lea Peihopa, registered nurse, Waikato DHB

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

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

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

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

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

*“Group supervision has helped me become more confident with expressing my challenges.”*

(Chanda-lea Peihopa)

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.



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

✓ **Yes absolutely**

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

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

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

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

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

(Te Pou, 2016, p.5)

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



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

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

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

TAPES stands for:

- T**heory
- A**ssessment and intervention planning
- P**arallel processes
- E**thics and professional practice
- S**trategies and intervention techniques

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

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

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

## Group supervision

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



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

## One-to-one supervision

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

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

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

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

✓ **Yes absolutely**

Practice development support by experienced mental health nursing supervisors is pivotal in developing the confidence and competence of primary care nurses

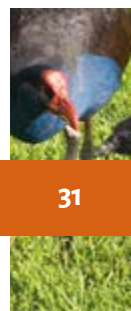
to support people with mental health and addiction problems.

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

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

Supervision Guidelines Mental Health and Addiction Credential in Primary Care (Te Ao Māramatanga- NZCMHNurses, n.d, p.1).

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



# Manaia Health PHO, Northland

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

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

Manaia Health PHO in Whangarei, under the leadership of Mary Carthew, associate director of nursing primary health care and John Hartigan, primary mental health co-ordinator, 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,

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.

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."*

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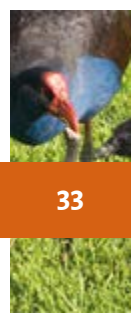
"In each session there was an opportunity for us all to discuss a practice issue, how we dealt with it and then answer questions and receive feedback from the group. The size of the group was small enough to enable us to get the most out of the sessions."

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

- ▶ Engage in the whole process
- ▶ Do your presentation
- ▶ Reflect on your practice
- ▶ Keep your eyes and ears open

- ▶ Process your learning
- ▶ Bring good topics to the sessions.

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



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

*“Gaining knowledge and skills is one thing, but building confidence is another and a key component of building confidence was the credentialing programme’s group supervision sessions”*

(Calverley, Nursing Review, 2016, p.4).

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

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

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

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

One-on-one supervision was provided, as required, if a particular issue came up.

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

“Sessions were multi-faceted and included reflecting on how the theory they were learning related to their day-to-day practice; discussing the management of particular patients or patient groups and the nurse’s own personal development” explained Rudy.

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

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

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



# 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 culturally responsive.

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

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

*The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.*

(Guidelines for Cultural Safety and Te Tiriti o Waitangi and Māori Health in Nursing Education and Practice, Nursing Council of New Zealand, 2011a, p.7).

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

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

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

## Creating and sustaining a supervision programme which supports cultural competence development

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

Questions for supervisors to consider include:

- ▶ What are my values?
- ▶ What are my cultural values and practices? How do these impact on my work with my supervisee? What might my strengths and limitations be?
- ▶ How aware is the supervisee of their cultural values and practices? What are their strengths and limitations?
- ▶ How aware is the supervisee of the impact of their cultural values and practices on their work with service users and their families and whānau?

- ▶ How does my supervisee respond to service users from cultures other than their own?
- ▶ Are there service user groups my supervisees work with that I need to better understand?
- ▶ Are there complex issues that require specific input in relation to understanding culture?
- ▶ What are their areas for development in supervision?

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

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

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

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

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

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

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



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

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

### Standard one:

The Mental Health Nurse acknowledges Māori as tangata whenua of Aotearoa New Zealand. The Mental Health Nurse is knowledgeable of the place of Te Tiriti o Waitangi in nursing care and acknowledges the diversity of values, belief systems and practices of people and cultural groups within New Zealand society.

Practice outcomes - Standard one is being met when:

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

### Reflecting on supporting Māori people in practice – questions to consider

Professional supervision can provide the forum for nurses to reflect on how they honour Te Tiriti o Waitangi and support Māori people with their health and wellbeing. However, supervisors need to reflect on their own values and actions related to supporting Māori people with their health and wellbeing.

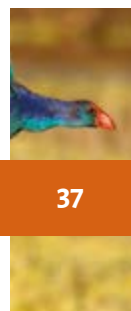
Questions for supervisors include:

- ▶ How does my supervision practice reflect the spirit and the principles of Te Tiriti o Waitangi?
  - What are my strengths and limitations as a supervisor in this area?
- ▶ How does the practice of my supervisee reflect the spirit and principles of Te Tiriti o Waitangi?
  - What are their areas for development?
  - What are the options?
- ▶ In what ways do I incorporate tikanga Māori in my supervision practice?

- ▶ How do I honour te reo Māori in my supervision practice?
  - How do I support supervisees to do this?
- ▶ How do I ensure I acknowledge whakawhānaungatanga in my supervision practice?
  - How do I support supervisees to do this?
- ▶ How do I acknowledge the significance of wairua when I am working with Māori supervisees and others?
  - How do I do this when my supervisees are working with Māori people?
  - How do I support the development of my supervisees?
- ▶ What is my knowledge of mana whenua (the home people/peoples of the area) and taurahere (Māori people from other tribal areas)?
- ▶ What relationship do I have with mana whenua and taurahere?
  - How do I support supervisees in this?
- ▶ How well do I understand Māori models of health and practice and Māori supervision models?
  - What are my strengths and limitations as a supervisor?
    - How do I respond when my knowledge is limited?

- ▶ Are there areas of the supervisee's competence that need to be addressed?
- ▶ What are the options for accessing further learning and support for my supervisees if they need this?
- ▶ Is there a need for cultural supervision?
  - What are the options for accessing this?

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





## Cultural supervision

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

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

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

## Kaupapa Māori supervision

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

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

## Tuakana-tēina relationship

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

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

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

## Māori models of supervision

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

- ▶ He korero korari (Eruera, 2012). This model weaves together a number of different strands including “traditional Māori knowledge from the past with our current practice realities of the present as a guide for the provision of tangata whenua supervision for the future” (p.12).
- ▶ Hoki ki tou maunga kia purea ai e koe ki nga hau o tawhirimatea - a supervision model (Murray, 2012). This model uses the notion of place or landscape as a place for supervision.
- ▶ King’s KIAORA model (2014) “A bi-cultural 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 supervisors to better support nurses to develop their ability to honour Te Tiriti o Waitangi and tikanga Māori in their clinical practice.

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

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

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

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

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

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

**Acknowledging Mana Whenua:** (the home people/people 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 taurira/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/initiatives/te-reo-hapai-the-language-of-enrichment/169](http://www.tepou.co.nz/initiatives/te-reo-hapai-the-language-of-enrichment/169)



# 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).

Supervisors can play a key role in supporting nurses 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).

There are a range of options that may enable nurses to develop their competence in supporting Pasifika people and their families. These include:

Pasifika nurses could engage in:

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

Non-Pasifika nurses could engage in:

- ▶ Professional supervision and or Pasifika cultural supervision provided by a Pasifika nurse or another Pasifika health professional.



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

To provide these opportunities services will need to:

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

## Helpful Pasifika concepts and words to understand

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

### A holistic perspective

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

*“Pasifika people encompass a wide range of cultures, beliefs and practices. Many identify with multiple cultures and ethnicities, the complexity of which*

*must be acknowledged, valued and supported. While acknowledging diversity, there are shared elements such as the “holistic collective approach grounded in notions of spirituality, connectedness and a complex set of inter-relationships between individuals, their families and their communities.” (Le Va, 2010, p.15 as cited in Dapaanz, 2014, pp.20-21).*

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

*Tapu* (sacred bonds)

*Alofa* (love and compassion)

*Faaloalo* (respect and deference)

*Faamaualalo* (humility)

*Tautua* (reciprocal service)

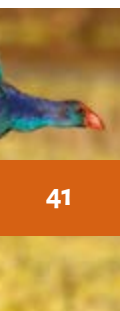
*Aiga* (family).

(Agnew, Pulotu-Endemann, Robinson, Suaalii-Sauni, Warren, Wheeler & Schmidt-Sopoga, 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 co-exist, each within its own sphere. Issues may arise when exploring the spirituality of traditional Pacific culture with the more recent spirituality of Christianity, and this can occur particularly with New Zealand born or raised Pacific youth (Le Va, p.24, 2009).

### The Va – sacred relationships

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

### Cultural Competency

Le Va's Real Skills Plus Seitapu framework provides information and guidance to support mental health and addiction leaders and managers to enhance competency when working with Pasifika people, 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 centres 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 (Samoa), 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)

Supervisors can support Pasifika nurses and non-Pasifika nurses to engage in regular professional supervision and Pasifika cultural supervision which can assist them to develop their cultural competence and be able to best support Pasifika people and their families with their wellbeing.

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

(Monique Faleafa, 2008)





# Netane Takau, Tongan registered nurse

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

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

## First years of practice

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

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

During student placements several managers indicated they were very keen to employ Netane on completion of

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

## Seeing the need for cultural supervision

Since registering in 2012 Netane has witnessed a general lack of cultural responsiveness by many nurses towards Pasifika people. Despite the need for all nurses to demonstrate that they are culturally responsive as part of their continuing competence requirements for their annual practising certificates. He struggled with this because during his nursing training he was taught about culturally responsive practice and person-centred care, but he does not always see this mirrored in clinical practice.

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

The way nurses worked in the unit was organised in the following order: giving handover, completing observations, administering medication and then providing the other care required. Netane understands that culture, family and religion are important in the





lives of Pasifika people, and morning prayers were part of this particular young man's daily routine. When a nurse interrupted his morning prayers because she wanted to administer his medication, he became quite irritated. It took a few days for the man to settle after this incident and when Netane questioned this he was told, 'we treat everyone the same.'

Netane believes all nurses should understand that culture, family and religion are important to Pasifika people. It's natural to expect that a person may pray during their time in hospital either on their own or with family when they visit. Right from admission nurses should be doing all they can to find out how they can best serve a Pasifika person. For example, finding out their ethnicity and what culturally appropriate approach to use. Family plays a huge role in a person's recovery, and learning some basic words in that persons' 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.

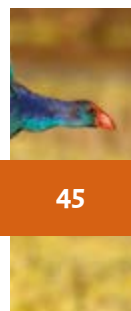
As a Pasifika nurse Netane knows that engaging with Pasifika people takes time to really find out what their health concerns are. Therefore managers and leaders need to ensure staff have that time to spend with Pasifika people and their families. Pasifika people respect the knowledge and skills of health 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 (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).



## Ioana Mulipola, registered nurse

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

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

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

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

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



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

# Part D: Providing effective supervision



## What are the skills of an effective supervisor?

*“As supervisors, we are the main tool in supervision. How we act, behave, the value we place on supervision and our own congruency will influence the supervision we provide”*

(Weld, 2012, p.28).

The supervisor's ability to develop a safe and trusting relationship is the foundation to effective professional supervision delivery. Supervisees need to be able to talk about the times they have messed up to learn. To do this requires a strong climate of safety and trust (Ellis, 2010).

Supervisor skills include the ability to:

- ▶ Be collaborative
- ▶ Develop rapport
- ▶ Be authentic and genuine
- ▶ Demonstrate trustworthiness
- ▶ Use active listening skills
- ▶ Pay attention, verbally and non-verbally understanding the supervisee's perspective
- ▶ Use silence to allow for self-reflection and insight
- ▶ Show explicit genuine positive regard and support, and recognition of a supervisee's strengths and achievements
- ▶ Demonstrate enthusiasm for supervision
- ▶ Use open-ended questions to encourage self-reflection
- ▶ Understand the nature of power imbalances and the ability to identify ways to address these
- ▶ To practice (model and roleplay) aspects of the supervisee's work
- ▶ Provide frequent positive feedback
- ▶ Use effective problem-solving strategies
- ▶ Use facilitative questions to encourage self-reflection and to challenge the supervisee
- ▶ Contain one's own emotional reactions to the supervision process and the supervisee's stories
- ▶ Demonstrate they have some knowledge about supporting people with mental health and/or addiction problems
- ▶ Draw from supervision models, methods and interventions

- ▶ Attend to ethical, legal and professional concerns
- ▶ Effectively manage the supervision relationship processes
- ▶ Conduct a supervisory assessment and evaluation
- ▶ Foster attention to difference and diversity
- ▶ Have a self-reflective, open, self-awareness stance in supervision

(Bambling & King, 2013; Falendar & Shafranske, 2014; Milne & Watkins, 2014)

A simple snapshot of supervisor skills is also provided by Powell and Brodsky (1998). They suggest a supervisor needs to be:

- ▶ Available – open, receptive, trusting, non-threatening
- ▶ Accessible – easy to approach and speak freely with
- ▶ Able – having real knowledge and skills to transmit
- ▶ Affable – pleasant, friendly, reassuring

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

As a supervisor you have the right to:

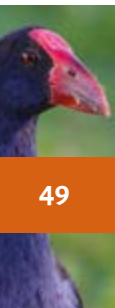
- ▶ Be treated respectfully.
- ▶ Have some choice in who you supervise.
- ▶ Develop a contract with your supervisee outlining the purpose, function and process of the professional supervision.
- ▶ Expect confidentiality of supervision sessions unless there are ethical issues of concern.
- ▶ Refuse requests that compromise your ability to develop an effective supervision relationship. This may include requests for information

from a supervisee's manager or colleagues, or requests to provide supervision that is outside the scope of your professional or cultural competence.

- ▶ Constructively challenge your supervisee's behaviour, attitudes and/or values when you are concerned about their practice, professional development or use of professional supervision.
- ▶ End a professional supervision relationship when commitments change or difficulties within the supervision relationship cannot be effectively resolved, or when the contract period is completed.
- ▶ Engage in your own professional supervision and have support from your organisation to attend this.

As a supervisor it is your responsibility to:

- ▶ Initiate and seek your own professional supervision.
- ▶ Attend supervision training.
- ▶ Keep professional supervision focused on outcomes for people accessing health care.
- ▶ Use best practice to guide your practice of professional supervision.
- ▶ Maintain a calm, emotionally coherent and resilient attitude to supervision.
- ▶ Ensure a supervision contract is in place for each supervisee and that you complete the responsibilities as agreed in that contract.
- ▶ To have constructive conversations including appropriate feedback whilst working within a strength-based approach.
- ▶ Be prepared to confront and manage appropriately, any unethical or unprofessional behaviour by a supervisee.
- ▶ Maintain appropriate professional behaviour – by being punctual, reliable and engaging openly and honestly in the process.
- ▶ Maintain appropriate boundaries, identify and take care with dual relationships.



- ▶ Consider the relationship you have with your supervisee, being mindful of the imbalance of power that may occur.
- ▶ Ensure professional supervision is not counselling or therapy.
- ▶ Review the professional supervision with the supervisee at regular intervals.
- ▶ Provide any challenge of the supervisee's practice carefully, having regard for his or her developmental stage and personal style.
- ▶ Conduct professional supervision in an ethical and professional manner.
- ▶ Conduct professional supervision in a manner that honours the principles of Te Tiriti o Waitangi.
- ▶ Work to understand cultural difference and diversity between yourself and your supervisee, their colleagues and the people they work with.
- ▶ Be open to appropriate challenges and feedback from your supervisee, and work to actively encourage this.
- ▶ To see a wider view of professional supervision and work in partnership with management and clinical governance to implement professional supervision.

(Adapted from Lynch, Hancox, Happell & Parker, 2008)

## What are my ethical responsibilities in professional supervision?

Ethics frames how professional supervision is delivered and is part of the conversations that occur in the supervision relationship.

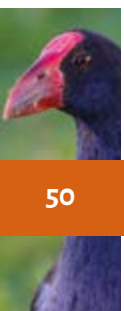
### Informed consent

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

### Confidentiality

Professional supervision is a confidential process and the parameters should be covered in the supervision contract. It must accord with the boundaries of organisational policies, the law and relevant codes of professional ethics. This will include limits to confidentiality, i.e. serious concerns about risk of harm to the supervisee or to any of the people they are working with, or serious concerns about unethical or unprofessional behaviour that breaches codes of ethics. Any such criteria for wavering supervisor-supervisee confidentiality, along with an agreed process for how this would occur, should be clearly outlined in the supervision contract. Exceptions outside of these confidentiality agreements may occur in the supervisory relationship. For example, if there is an agreement that some information is given to a manager or leader with the explicit consent of all parties.

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





## Dual relationships and boundary issues

The nature and quality of a relationship between the nurse-supervisee and their supervisors is pivotal in ensuring that the nurse gains the most from professional supervision sessions. A dual relationship is a situation in which there are two (or more) distinct kinds of relationships with the same person

(Scopelliti, Judd, Grigg, Hodgins, Fraser, Hulbert, Endacott, Wood, 2004, p.955).

Examples of dual relationships include:

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

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

When dual relationships occur it is the responsibility of the supervisor and the manager to ensure the supervision relationship exists within clear boundaries. It is critical to discuss the potential for unclear boundaries in limiting the effectiveness of supervision as part of negotiating the contract. The supervisor should provide reassurance to the supervisee that the supervision relationship will be respected in terms of its purpose and confidentiality.

It is good practice for the supervisor to regularly check whether the dual relationship is being adequately managed from the supervisee's perspective.

The rule of thumb guidance is that dual relationships are minimised as much as is practicable, and where unavoidable, careful plans are developed as to how these are managed and included in the supervision agreement/contract.

(Dapaanz, 2014; Te Pou, 2015b)

## Accountability

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

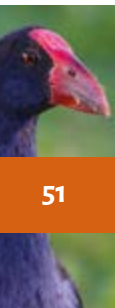
## Vicarious liability

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

## Recording and documentation

Documenting supervision is crucial for a number of reasons that primarily relate to the potential ethical and legal responsibilities of the organisation, the supervisor and the supervisee. The supervision policy should describe the documentation related to supervision. These may include information and notes about:

- ▶ The supervision contract
- ▶ The supervisee's caseload
- ▶ Supervisory recommendations and impressions
- ▶ Notes on missed, cancelled or rescheduled appointments
- ▶ Significant issues
- ▶ Supervisee learning and development needs.
- ▶ How supervisors and supervisees document the supervision relationship and where this information should be kept
- ▶ Where this documentation will be stored
- ▶ Who will hold copies of supervision contracts and supervision reports?



## Reflecting on ethics during supervision

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

Supervisors will need to have:

- ▶ A sound working knowledge of New Zealand’s laws relevant to your practice and that of your supervisees.
- ▶ A sound working knowledge of the codes of ethics, conduct and guidelines of your own profession and that of your supervisees.
- ▶ A willingness to raise these laws, codes and guidelines in supervision sessions.
- ▶ An awareness that you are developing the ethical antenna and ethical maturity of your supervisees.

(Carroll & Shaw, 2012)

Supervisors can use ethical decision making processes to develop ethical and professional practice. Carroll and Shaw (2013) highlight how you can achieve this during discussions with your supervisees.

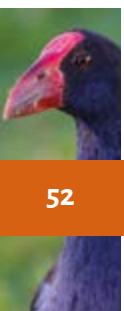
Your role as a supervisor is to:

- ▶ Create ethical sensitivity and thoughtfulness in a supervisee. Questions to enable this include:
  - What about this situation might be unethical?

- What does your 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)

- ▶ Work with a supervisee 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 your supervisee to take action and to follow up with any consequences.
- ▶ Support supervisees 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 supervisees to learn to live with any ambiguity related to their decision peacefully. The supervisor will need to be very thoughtful in their supervision in this stage of the process to enable a supervisee to learn to understand and live with doubt and uncertainty.
- ▶ Have confidence and an ability to raise concerns especially if patterns in the supervisee's behaviour become apparent or when a clear breach of ethics is noted. Such questions are:
  - I have been wondering about ... ?
  - I was wondering if there is a pattern here...?
  - What do you notice about ...
- ▶ Be engaged in regular and sustained supervision of your supervision practice.

*Supervisors can support supervisees to safely reflect and use the opportunity “to question why they considered a particular act right or wrong, what reasons (justifications) are for their judgement, and whether their judgements were correct’*

(Johnstone, 2004 cited in Lynch, et al., 2008, p.133).



# 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.

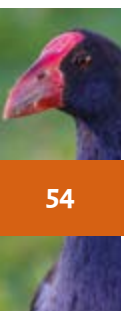
Ethical dilemmas may occur when the values of the nurse, other health professionals and a consumer lead to different decision options. “None of these options may be wrong – they are just different.” Toni stressed that it is important to be able to say how we reach a particular decision, rather than saying 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, 2014)



# How can I prepare to be a supervisor?

## Learn about professional supervision

- ▶ Discuss your desire to become a supervisor with your own supervisor, line manager or nurse director.
- ▶ Once approved attend the supervision training programme supported by your organisation, which will cover the theory and practice of professional supervision and provide opportunities for actual practice of a supervision session.
- ▶ Know your professional, regulatory and organisational expectations of professional supervision.
- ▶ Know your organisation's professional supervision policy and procedures.
- ▶ Read and familiarise yourself with:
  - Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Leaders and Managers (Te Pou, 2017)
  - Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Supervisees (Te Pou, 2017).

## Set up your own professional supervision relationship

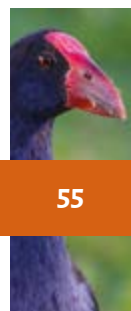
Ensure that you are engaged in effective regular professional supervision sessions. Please read Te Tirohanga a te Manu - "A bird's perspective": Professional Supervision Guide for Nursing Supervisees (Te Pou, 2017) to ensure you are getting the most out of your current supervision sessions.

## Conduct a self-audit

Before beginning to provide supervision to others take time to reflect on the following questions and consider how the answers will impact on how you will supervise:

- ▶ What has been your work experience?

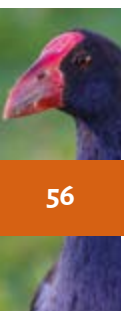
- ▶ How has this shaped your thinking about your profession?
- ▶ What are your professional areas of strength or weakness?
- ▶ Where are you in your life? Will this have an impact on professional supervision?
- ▶ What are your personal strengths and weaknesses?
- ▶ What are your goals for the future?
- ▶ 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 supervisor?
- ▶ How do you learn?
- ▶ How are you at giving feedback? Do you avoid giving feedback?
- ▶ How are you at receiving feedback? Do you get hurt or anxious?
- ▶ What is your philosophy of professional supervision?
- ▶ What might you expect/want from supervisees?
- ▶ What cultural values/attitudes are important to you? How might these impact on the professional supervision process?
- ▶ Does a supervisee need to be of the same cultural group (ethnicity, age, gender, sexual orientation) as you?
- ▶ Who would you like to supervise – stage of professional development, personality type, characteristics?
- ▶ What training would you prefer a supervisee to have had?
- ▶ What arrangements are important (venue, timing, duration)?
- ▶ Is there an area of practice you would prefer not to supervise?



## Example: Preparing to be a Supervisor- Audit

Who are you? - Personally	Who are you? – Professionally
<p>Where are you in your own life?</p> <p>Are you looking for a change?</p> <p>Are you in a process of transition – partnership, parenting, children have left home?</p> <p>Are you at a period of rest or consolidation?</p> <p>How do any of the answers to these questions impact on how you might view your profession, and the professional career development of the people you supervise?</p>	<p>What is your professional experience to date?</p> <p>What have been the highlights?</p> <p>What have been the greatest learning situations?</p> <p>Where are your interests?</p> <p>What are your strengths?</p> <p>What are your weaknesses?</p> <p>What areas of practice do you not enjoy?</p> <p>What is your current learning edge?</p> <p>What are your current professional goals/plans?</p> <p>How will the above impact on your supervision of other practitioners?</p>
Experience of supervision	Supervisor's supervision
<p>What is your experience of receiving supervision?</p> <p>Who, or what, has had the most influence on your supervision to date?</p> <p>How has this affected your supervision practice?</p> <p>What training have you had to prepare you for the role of supervisor?</p> <p>How do you articulate your own approach to supervision?</p> <p>What are your values and beliefs about supervisees?</p> <p>What are your expectations of supervisees?</p> <p>How good are you at giving feedback?</p> <p>How good are you at receiving feedback?</p>	<p>In your own supervision how do you contribute to the supervision relationship?</p> <p>Are you receiving the sort of supervision you need at this point in your career?</p> <p>What are your current questions or dilemmas about the practice of supervision?</p> <p>How much of your own supervision time is spent on your role as a supervisor (as opposed to other roles such as clinician or manager?)</p>

(Davys & Beddoe, 2010, p.54)



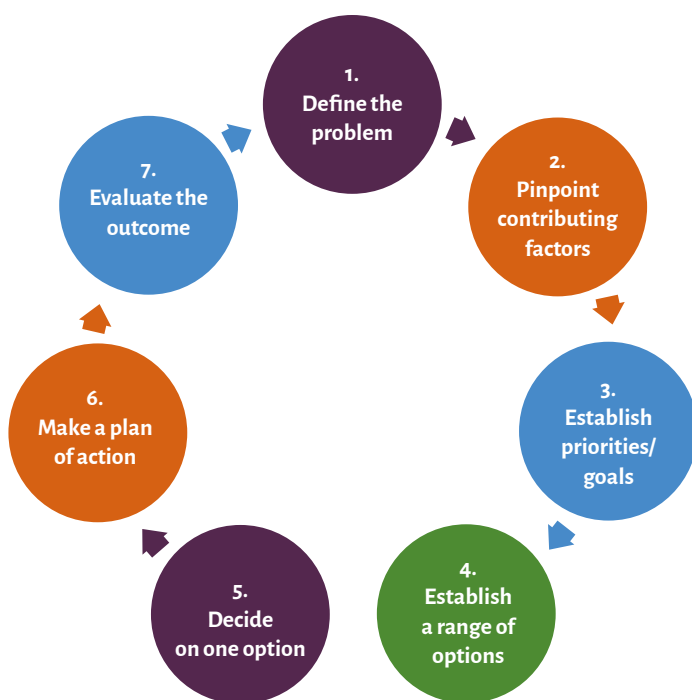


# What reflective practice tools could I use in a supervision session?

Reflection empowers nurses to explore and analyse their roles and 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 supervisor 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)

## Define the problem

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

## 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?

## Establish priorities

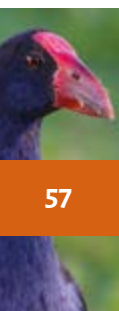
- ▶ What were you hoping to achieve?
- ▶ Has this changed? What can be achieved?
- ▶ What might be realistic? What is most important?
- ▶ In an ideal world, what would success look like?

## 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?

## Decide on an option

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



## 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?

## 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



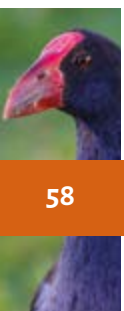
(Kolb, 1984)

## 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 of 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 another 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”.*

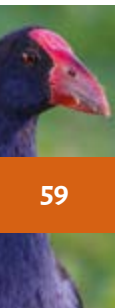
(Carroll, 2010)

## How do I set up the professional supervision relationship?

### Initial meeting

Pre-supervision initial meetings will help you to decide whether there is a match between you and a supervisee and set the scene on which to build an effective alliance.

- ▶ Arrange to meet a potential supervisee for about an hour.
- ▶ Be prepared (refer to your audit).
- ▶ Encourage the potential supervisee to talk about themselves, their strengths and areas of development, their professional practice and what they want from supervision.
- ▶ Talk about your professional experience, supervision experience and your expectations of professional supervision.
- ▶ Discuss your preferred models of professional supervision.



- ▶ Consider and discuss what similarities and differences, including any cultural differences, there may be between you and a potential supervisee.
- ▶ Reflect on how these will impact on supervision and whether they can be managed.
- ▶ Understand the reasons why a supervisee has approached you for supervision.
- ▶ Take time to decide whether there is a good fit between you and the supervisee.

Regardless of whether or not you and the supervisee have chosen each other, this information will help you both to get the best from professional supervision. Suggested questions that may be useful for this initial meeting include:

- ▶ What are your expectations of me?
- ▶ What do you want from supervision?
- ▶ How might the differences between us impact on our relationship?
- ▶ Give me some clues about how you like to learn?
- ▶ What might I do that could block your learning?
- ▶ What would you like to ask me?
- ▶ Is there anything else you would like from me?
- ▶ What does supervision mean to you?
- ▶ Tell me about your experience of supervision?
- ▶ How do you make sense of that?
- ▶ Are you worried that might happen here?
- ▶ How can I help with that?
- ▶ What is your understanding about supervision?
- ▶ What is your anxiety or worst fear about supervision?
- ▶ Why choose me?
- ▶ Are there any questions you wouldn't like me to ask?

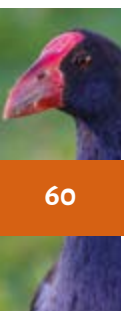
- ▶ What do you think might be challenging in supervision?
- ▶ Tell me about how you think feedback should happen in supervision?
- ▶ What do you like about doing supervision?
- ▶ When hasn't supervision worked for you?
- ▶ Are there any cultural considerations we need to discuss?

## Develop a professional supervision contract/agreement

Negotiating the content of the contract/agreement is significant to developing an effective professional supervision relationship and avoiding misunderstandings in the future. It sets the context for professional supervision and provides an informed consent process. Useful steps in developing this contract/agreement process include:

- ▶ Reviewing the organisation's contract template and process.
- ▶ Noting what you want to include or add to that contract.
- ▶ Ensuring the organisation's template is individualised to each supervision relationship.
- ▶ Discussing the contract with your supervisee. Ask questions such as:
  - 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 our supervision?
  - What could go wrong and then what will we do?
  - How will we know supervision is working?

(Adapted from Carroll & Gilbert, 2011)



In general agreements/contracts should include the following:



Check to see if the supervisee's manager, supervision portfolio manager or clinical nurse director requires a copy of the agreement/contract and provide as per policy.

## Assess your supervisee's strengths and areas for development

Set aside time with your supervisee to reflect on their strengths and areas for development.

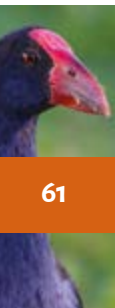
- ▶ Use their job description, performance appraisal, Professional Development and Recognition Programme (PDRP) portfolio, Nursing Council of New Zealand Competencies (2007) and the performance indicators of *Let's get real* (2008) as frameworks to assist your supervisee to reflect on their strengths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

- ▶ It is your responsibility to maintain the focus on these goals throughout the year.

## Help your supervisee understand what they can bring to supervision

A supervisee may bring any issue that affects their practice. This includes personal issues but only in the way that it impacts on their work. They are likely to bring the following topics to sessions:

- ▶ Issues that arise with a person they are working with
- ▶ Issues with colleagues
- ▶ Organisational issues
- ▶ Specific assessment and intervention strategies



- ▶ Emotional impact of the work
- ▶ Stress and pressures impacting on their work (personal and professional)
- ▶ Their professional development
- ▶ Uncomfortable or disturbing moments or interactions
- ▶ Their career development
- ▶ Professional and ethical issues.

Encourage your supervisee to familiarise themselves with *“A bird’s perspective”*: *Professional Supervision Guide for Nursing Supervisees* (Te Pou, 2017).

## How do I structure a professional supervision session?

### Prepare for each session

- ▶ Take some time to review previous session notes, action items and your reflections.
- ▶ List your thoughts for an agenda.
- ▶ Settle yourself.

### Structure a supervision session carefully

Professional supervision sessions have a structure—a beginning (welcoming, settling in and setting an agenda), a middle (discussing agenda items) and an end (summing up, agreeing to actions, feedback) to each session.

#### Beginning

The beginning of a supervision session is important as it sets the scene and establishes the context for the work of supervision to happen.

As the supervisor you will:

- ▶ Welcome the supervisee

- ▶ Open a supervision session as decided during the contracting discussion. This opening will vary across professional supervision pairs and may include prayer or a reflection, an offer of refreshment or a simple ‘hello and how are you?’
- ▶ Help settle the supervisee so they can move from the action-oriented nature of their work to becoming self-reflective by asking some general questions about them and their work.
- ▶ Guide the supervisee to set an agenda, prioritise and allocate time for each item. For example, you may ask:
  - What is on your agenda today?
  - Overall what do you want from supervision today?
  - What’s the most important item?
  - How long would you like to spend on each item?
  - What would you like from me?

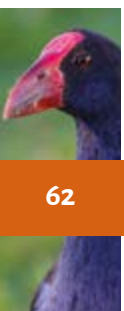
You also follow up on cases/issues/tasks discussed previously and prompt for successes.

As a supervisor you may add agenda items. These may include patterns of practice or attitudes that you as the supervisor may have observed during supervision sessions.

The model of supervision that you are trained in may also determine how you frame your opening questions. For example, if you are trained in using a solution-focused approach to supervision, your opening questions could include:

- ▶ What are your best hopes from this supervision session?
- ▶ How will the people you are seeing after this supervision see the usefulness of this session?
- ▶ How might this session be of benefit to your practice?

(Personal communication, Paul Hanton, Te Pou, 2016)





## Middle

This is where the work of supervision happens. You will use open-ended questions to assist the supervisee to:

- ▶ Discuss each agenda item.
- ▶ Ensure that there is a clear goal for each item by checking in with the supervisee. The following questions can help to clarify expectations and provide a focus to the discussion:
  - What do you want from this discussion?
  - What do you hope will change as a result of discussing this?
  - Where would you like to concentrate our discussion on?
  - What would you like to go away with?
  - What would you like from me?

This allows the supervisee to control and have their needs in relation to the issue met. It also prevents 'fishing expeditions' or irrelevant, unfocused discussion. You can also:

- ▶ Check for any ethical or safety issues relevant to each agenda item.
- ▶ Utilise intervention/reflective strategies as discussed earlier.
- ▶ Keep to the time allocated to each item unless this is renegotiated.

## End

The manner in which the session ends may vary. Again, concluding the process is important and allows for the learning from the session to be identified, valued and generalised to the work environment. You will:

- ▶ Ask the supervisee to sum up.
- ▶ Check on the agreed plans/tasks and make notes related to these.
- ▶ Ask for learning. For example:
  - What is the take-away message from today?

- What will you do differently as a result of our discussion today?
- How might what you have learned today be put into practice?
- What learning stands out for you today? What are you leaving with?
- ▶ Ask for feedback. For example:
  - How was our process today?
  - What was helpful or not helpful?
  - Is there anything you would like to change or do differently?
- ▶ Check back on goals for the session:
  - You said that you wanted to achieve ... Have we done that? Have we answered your questions?

Depending on the agreed process for ending the supervision sessions you may also finish with a karakia, a saying or reading.

## Keep records

Record keeping is the responsibility of both you and your supervisee 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.



## 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.
- ▶ Your supervisee's learning needs are no longer being met.
- ▶ You or your supervisee(s) 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.

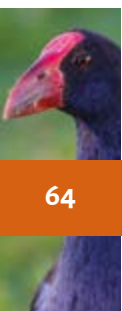
Less commonly, a supervision relationship may end because of the following:

- ▶ There is a poor match between you and your supervisee(s).
- ▶ Either you or your supervisee(s) behave in an unethical way.
- ▶ You and your supervisee(s) are unable to resolve significant differences.
- ▶ Your supervisee attends so infrequently that the process is of no value to them or you.

In these circumstances, there may be an uncomfortable ending to the supervision relationship. Seeking guidance from your own supervisor, 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.

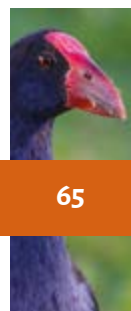
## What challenges might I face as a supervisor?

Professional supervision is a complex process and because of this challenges may arise. These may relate to individual supervisees, individual supervisors, an issue within the supervision relationship or from the organisation. The following table outlines possible challenges and provides some solutions.



Challenges	Solutions
The supervisee is not attending supervision sessions.	<p>Discuss in your own supervision.</p> <p>Discuss with the Professional Supervision Co-ordinator.</p> <p>Plan a constructive discussion with the supervisee.</p> <p>Address barriers, e.g. managing workload, time management and attitude.</p>
The supervisee is attending but not engaging in the supervision process.	<p>Discuss in your own supervision.</p> <p>Discuss with the Professional Supervision Co-ordinator.</p> <p>Plan a constructive discussion with the supervisee.</p> <p>Address barriers, e.g. managing workload, time management and attitude.</p>
The supervisee does not follow through on agreed actions discussed in supervision sessions.	<p>Discuss in your own supervision and with the Professional Supervision Co-ordinator.</p> <p>Plan a discussion with the supervisee.</p> <p>Seek to understand reasons for this behaviour.</p> <p>Develop a plan to ensure actions are followed through.</p> <p>Monitor progress.</p> <p>If the behaviour persists, discuss with the supervisee and indicate the need to discuss this with the manager.</p> <p>Discuss with manager.</p>
The supervisor is concerned that the supervisee may be demonstrating unprofessional, incompetent or unethical behaviour.	<p>Consult Codes of Ethics and Conduct.</p> <p>Discuss in own supervision and with the Professional Supervision Co-ordinator.</p> <p>Plan a discussion with the supervisee.</p> <p>Seek to understand the situation and work collaboratively with the supervisee.</p> <p>Develop a plan of action.</p> <p>Inform the supervisee's manager or professional leader.</p> <p>Monitor progress.</p> <p>If serious, consider reporting to the Professional Regulatory Body.</p> <p>If serious, consider involving Human Resources and following organisational procedures.</p>
The organisation does not allow time for supervision - supervision is conducted on top of caseload expectations.	<p>Discuss in your own supervision.</p> <p>Discuss with the Professional Supervision Co-ordinator and the manager.</p> <p>Discuss with other supervisors.</p> <p>Check the organisation's policy and procedures to see what is recommended.</p> <p>Proactively raise at meetings.</p> <p>Consider how many supervisees you can manage within your caseload.</p> <p>Consult your professional association or regulatory body.</p> <p>Suggest constructive solutions.</p>

(Adapted from *Dapaanz*, 2014 and *Te Pou*, 2015b)



## How do I know that my professional supervision is effective?

There are several approaches to addressing this question. These include your own self-reflection on each session, organisational expectations for evaluating the process, conversations with your supervisee and formal supervision measurement tools. Supervisors may also consider using both informal and formal strategies for evaluating professional supervision. The outcomes of discussions about reviewing the effectiveness of supervision sessions can be noted in the usual record keeping process that you have in place. Adjustments to the supervision agreement/contract can also be made post-review.

### Self-reflection

You may find it useful to reflect on supervision sessions by asking yourself the following questions:

- ▶ 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 will I try to do more of/less of next time?

(Weld, 2012)

### Informal Review – conversations with your supervisee

#### Review each supervision session

At the conclusion of each session allow time to have a conversation about how the session went. By doing so, this can also help to develop the supervision relationship and ensure it remains effective for the supervisee. As a supervisor you may ask questions such as:

- ▶ What was helpful today?
- ▶ Did we meet your goals for this session?
- ▶ 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?

#### Review each new supervision relationship at three or six month intervals

Schedule a review at three or six month intervals after supervision starts. Decide in consultation with the supervisee how you might do this review and what would be useful to cover with them at the review session. As a supervisor you may ask questions such as:

- ▶ Is supervision meeting the agreed goals?
- ▶ Are there changes to be made to the contract?
- ▶ What has been helpful/unhelpful so far?
- ▶ What has been the learning or impact on your work with people or your colleagues?
- ▶ Is there anything you would change?
- ▶ What feedback would you like to give me?
- ▶ How do you see our relationship?
- ▶ Is there anything about the process that is unclear?
- ▶ Are there any differences between us that hinder the process?

#### Review all supervision relationships annually

The purpose of an annual review of supervision is to reflect on the goals set at the beginning of the 12-month period, to consider whether the supervision process



continues to meet the supervisee's needs and to reflect on whether to continue the relationship. This is also a good time to review and update the supervision agreement/contract.

Decide and consult with the supervisee about how you might do this review and what would be useful to cover with them at the annual review session. You may decide on what questions would be useful and then allow the supervisee time to prepare for the annual review session.

Questions such as:

- ▶ Is supervision meeting the agreed goals?
- ▶ Are there any changes to be made to the contract?
- ▶ What has been helpful/unhelpful so far?
- ▶ What has been the learning or impact on your work with people or colleagues?
- ▶ Is there anything that needs to be changed or added to the contract?
- ▶ What feedback would you like to give me?
- ▶ How do you see our relationship?
- ▶ Is there anything about the process that is unclear?
- ▶ Are there any differences between us that hinder the process?

### **If required undertake an annual review of your supervision relationships as per the organisation's policy/process.**

The annual review may be a discussion between you and your supervisee, or an anonymous survey for you and/or your supervisee to complete. Your supervisee's manager may also ask for general feedback for a supervisee performance appraisal.

Organisational annual reviews could request information about the following:

- ▶ The impact of professional supervision on the supervisee's practice.

- ▶ The supervisee's views about the supervision relationship.
- ▶ Helpful/unhelpful aspects of the process.
- ▶ Changes a supervisee may like to make to the process or content.

The confidentiality aspects of the supervision relationship that you have discussed with your supervisee will guide the content of information that can be shared.

### **Formal Review**

There is an increasing interest in paper and pencil instruments in evaluating professional supervision. These are usually completed by the supervisee and supervisor and typically measure satisfaction with a supervision relationship. Such scales include the Manchester Clinical Scale of Supervision, The SAGE – a scale for rating competence in CBT supervision, The Supervision Satisfaction Questionnaire, The Supervision Relationship Questionnaire, The Supervision Relationship Measures, The Supervision Attitude Scale, The Supervision Working Alliance Inventory and The Supervisory Style Inventory (O'Donovan and Kavanagh, 2014).

The Leeds Alliance Scale of Supervision (Wainwright, 2010) on p68 is a visual analogue scale that may be used at the end of each supervision session. It measures the supervisee's opinion of whether the session was focused or not, whether the supervisee and supervisor had understood each other or not and whether the supervisee's needs had been met. This tool allows for useful discussion and may add depth to the actual work of professional supervision.



## 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	<input type="range"/>	This supervision session was focused

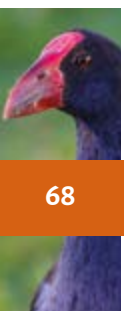
  

Relationship		
My supervisor and I did <b>not</b> understand each other in this session	<input type="range"/>	My supervisor and I understood each other in this session

Meeting my needs		
This supervision session was <b>not</b> helpful to me	<input type="range"/>	This supervision session was helpful to me

(Reprinted with permission, Wainwright, 2010)





# Part E: Group supervision



## What do I need to know about group supervision?

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

### What is group supervision?

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

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

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

## Models of group supervision

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

(Procter, 2008)

## Points to consider

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

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

## Five stages of group supervision

The five stages of the group development model have guided much of the understanding of group supervision. This model allows group members to more fully understand the process and anticipate and plan for group development with this awareness. The five stages are:

1. **Forming** - boundaries, expectations and goals are developed and relationships are beginning to be formed.
2. **Storming** – it is in this stage that some jockeying for position and some conflict may arise.
3. **Norming** – the group begins to work together effectively. Roles become well established and people are confident in expressing their thoughts and feelings. There is a greater sense of comfort and time begins to be used more efficiently.
4. **Performing** – there is an energy and enthusiasm for group supervision. Roles are well established and group members work through processes in a competent manner.
5. **Adjourning and mourning** – the group begins to look at how they might end their group supervision.

(Tucker 1965, cited in Lynch et al., 2008)



## What do I need to consider before becoming involved in group supervision?

Supervisors may find it useful to reflect on the following questions when deciding whether or not to be involved in group supervision.

- ▶ What is the motivation for this group to want to engage in group supervision?
- ▶ Have I got my own supervision organised?
- ▶ Is there a course I can go to or readings I can do to extend my knowledge?
- ▶ Has sufficient time been allocated to each session so group members can discuss their issues and concerns?
- ▶ Is there a sense of collaboration apparent in the group?
- ▶ Is there an enthusiasm for supervision?
- ▶ Is the meeting frequency sufficient to develop the group process and address supervision issues?
- ▶ Is there a fit between the group members and me?
- ▶ What are my initial feelings and thoughts about the team dynamics and functioning?
- ▶ Are my thoughts clear about the group process and my role?
- ▶ Is there clarity about the purpose and process of supervision?
- ▶ How will I monitor my practice?
- ▶ Is there a sense of good will in the group?
- ▶ Is there a sense of competition with this group?
- ▶ What skills do I have to manage group processes including potential conflict?
- ▶ Is there organisational support for group supervision?

(Adapted from Beddoe & Davys, 2016)

## How do I set up group supervision?

### Conduct a self-audit

Please see page 56 to conduct a self-audit. You may also need to ask yourself if you have the right skills and knowledge required to supervise a group of people.

### Set up an initial meeting

Pre-supervision initial meetings will help you to decide whether there is a match between you and the supervisees, and set the scene on which to build effective alliances. This is a crucial component to ensure commitment to the process and prevent misunderstanding occurring.

Useful questions include:

- ▶ What kind of group will this be - authoritative, participative, co-operative or peer group?
- ▶ Is this a closed or open group? How will we manage this process?
- ▶ What is the professional and organisational accountability of the group members?
- ▶ How will we keep records and monitor expectations?
- ▶ How will we maintain confidentiality?
- ▶ What type of group will we engage in and what are the roles for each participant?
- ▶ What are the practicalities – frequency, how to set an agenda, opening and closing rituals and process, venue and timing?
- ▶ What is the purpose of this group?
- ▶ How will the membership be determined? What size will the group be? Will it be a closed or open group?
- ▶ How will we deal with the potential multiple roles?



- ▶ How will concerns about a supervisees practice be raised in the group?
- ▶ What are the group rules about attendance?
- ▶ What will we do if there is conflict? Competition?
- ▶ How will we make decisions?
- ▶ What are our rules about how we communicate to each other?
- ▶ What notes will we agree to keep as a group and then as individuals?
- ▶ What if something goes wrong within the group or between two people? How will we deal with this?
- ▶ Feedback and support are part of the group process. How will we do this?
- ▶ How will we make the process both appropriately challenging and supportive?
- ▶ What are our individual responsibilities?
- ▶ What preparations do we need to do?
- ▶ How will we review our supervision?
- ▶ Under what conditions will we end the group supervision?
- ▶ How might our differences impact on the group supervision process?
- ▶ What reporting does our organisation require and how will that be done?

## Develop a contract/agreement for group supervision

A specific contract/agreement for the work within the group supervision is developed. It is critical that this time is taken to discuss the specific elements of the contract to ensure effective and safe supervision occurs.

## Checklist for a group supervision contract

Elements	Tick
Are the group goals clearly articulated, understood and agreed by all group members?	
Does each member of the group understand his/her role in the group, the role of the other participants and the supervisor?	
Have professional and organisational expectations and accountability regarding supervision been identified? How will they be addressed and reported?	
Are the expectations of the group members of each other, and of the supervisor clear and articulated?	
Are the expectations of the supervisor with regard to the group members clear and articulated?	
Have the boundaries and expectations around confidentiality been discussed understood and agreed?	
Have ground rules been negotiated about communication within the group, attendance, cell phones, punctuality etc?	
How has the group agreed to manage conflict and difference?	
How will unsafe/unethical practices be identified and handled?	
How will feedback be offered?	
What system of review has been agreed? When and how often will that occur?	
What processes are included to allow group members to have relevant knowledge about each other?	
How will group process and dynamics be attended to?	
How will learning be identified and how will members be supported to reflect on their work in order to learn from mistakes and successes?	

(Adapted from Beddoe & Davys, 2016)



# How do I structure a group supervision session?

## Prepare for each session

### Prepare yourself

- ▶ Take some time to review previous session notes, action items and your reflections.
- ▶ List your thoughts for an agenda.
- ▶ Settle yourself.

### Encourage supervisees to come prepared

Supervisees new to group supervision may be puzzled about what it is they can bring to supervision. Take time to ensure that supervisees understand the purpose of group supervision and are involved in developing how it will be structured. Questions include:

- ▶ What type of group will we engage in and what are the roles for each participant.
- ▶ What are the practicalities – frequency, how to set an agenda, opening and closing rituals and process, venue and timing?
- ▶ What is the purpose of this group?
- ▶ How will the membership be determined? What size will the group be? Will it be a closed or open group?
- ▶ How will we deal with the potential multiple roles?

By enabling group members to be involved in the design of the group supervision sessions process, they are more likely to experience greater safety in the process and potentially increase their learnings gained.

### Structure a supervision session carefully

Professional supervision sessions have a structure- a beginning (welcoming, settling and setting an agenda), a middle (discussion) and an end (summing up, agreeing to actions and feedback) to each session.

## Beginning

The beginning of a group supervision session is important to set the scene, re-establish relationships and establish the context for the work of supervision to happen. The agreed model of supervision will determine who leads this beginning phase of group supervision.

As the supervisor you will:

- ▶ Ensure that the room is ready and equipment such as chairs are set up.
- ▶ Welcome the supervisees.
- ▶ Lead or support the opening of the supervision session as decided during the initial meeting.
- ▶ Either lead or support the group to identify the agenda.

As a supervisor you may add agenda items. These may include patterns of practice or attitudes that you as the supervisor may have observed during supervision sessions.

## Middle

This is where the work of supervision happens and depending on the model of group supervision.

The **authoritative and participative models** of group supervision which are supervisor led can be facilitated in similar ways as identified for one-to-one supervision.

You can use open-ended questions to assist the supervisees to:

- ▶ Discuss each agenda item.
- ▶ Ensure that there is a clear goal for each item by checking in with the supervisees. The following questions can help to clarify expectations and provide a focus to the discussion:
  - What do you want from this discussion?
  - What do you hope will change as a result of discussing this?
  - Where would you like to concentrate our discussion?



- What would you like to go away with?
- What would you like from me?

This allows the supervisees to have control and their needs in relation to the issue met. It also prevents 'fishing expeditions' or irrelevant, unfocused discussion. You can also:

- ▶ Check for any ethical or safety issues relevant to each agenda item.
- ▶ Utilise intervention/reflective strategies as discussed earlier.
- ▶ Keep to the time allocated to each item unless this is renegotiated.

On the other hand, the middle phase of a supervision sessions using either a **co-operative or a peer group model** differ in that the supervisees take the lead. Examples of ways to focus the conversations during the middle phase include the following:

### Discussing successes

A group member describes in detail an aspect of their work they are pleased with. Group members may ask clarifying questions. Group members then feedback what they thought about how the speaker may have contributed to the success. Finally, the supervisee states what he/she learned about themselves from this exercise. In doing this, successful practice is reinforced.

### Advice giving

Supervisees come to professional supervision for advice and it is important to be thoughtful about these requests and encourage the supervisee to reflect broadly. It is highly likely in the discussion, that the supervisee will identify the next step or what needs to be done themselves. Ask the supervisee to tell their story. Group members may ask clarifying questions, for example, what the supervisee has done so far, what they are pleased with or would do differently and then what ideas they have. Only then can group members offer any advice.

### Sharing questions

A group member presents an issue for discussion and talks about this for about five minutes. Then each of the other group members asks one question and the presenter is asked what question was the most useful to them and the group then follows on with that area of interest.

Regardless of what method of group supervision is used, reflection on practice is crucial to the supervision process. The problem solving spiral (Bond & Holland, 2001) and the Kolb experiential model (Kolb, 1984) are reflective practice tools which help the supervisor to guide supervisees around the cyclical process enabling learning and reflection.

### End

This end phase may vary across supervision groups. Concluding the process is important and allows for the learning to be identified and valued, and generalised to the work environment.

- ▶ Ask supervisees to sum up.
- ▶ Check on plans/tasks and make notes related to these.
- ▶ Ask for learning:
  - What is the take-away message from today?
  - What will you do differently as a result of our discussion today?
  - What learning stands out for you today?
- ▶ Ask for feedback:
  - How was our process today?
  - What was helpful or not helpful?
  - Is there anything you would like to change or do differently?
- ▶ Check back on goals for the session for each individual supervisee:
  - You said that you wanted to achieve ... Have we done that? Have we answered your questions?





# Barry Kennedy, registered nurse, Mason Clinic, Waitematā DHB

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

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

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

### Skills and approaches

Barry trained to be a supervisor with the Sunnyside Hospital Supervision Project in Christchurch in the early 1990s. This was facilitated by the late Mike Consedine and based on Role Theory, pioneered by Mike and drawn from Jacob Moreno's model of psychodrama therapy. Barry has also found Transactional Analysis, Prochaska



and Di Clementis' 'Stages of Change' model, and the Conscious-Competence learning model (Peyton, 1998) to be enduringly relevant and useful. The topic of his 2013 Master's thesis was the relationship between empathy and burnout in nurses.

### Leadership buy-in vital

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

Supervision is often the first thing to be sacrificed in a busy unit or when experiencing staffing difficulties. However, the benefits of supervision such as reduced burnout, reduced sick leave and enhanced professional



practice outweigh the time and potential cost factor of releasing nurses to reflect, grow and learn. Showing support for staff who work in chaotic and busy inpatient units, by valuing supervision, is critical to enabling staff to provide professional nursing care and to the wellbeing of nurses.

### Preparing for a supervision session is essential

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

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

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

### Growing trust

“A supervisor needs to create a space where staff feel they can trust each other to open up about what is actually happening”, explains Barry. A space where they can become more receptive to examining what is happening – their practice reality. An openness to discovering new ways to approach things and growing

their practice. With open group supervision sessions the level of trust may fluctuate because there is usually a different group of attendees at each session due to rosters. Because of this the ability of the supervisor is vital in providing an effective open group supervision. A safe space to build supervisees trust and allow them to listen, reflect, share, and learn.

### Tailored group supervision

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

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

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

### Group supervision for new graduate nurses

Barry provides open group supervision for new graduate nurses, who start the programme at different times. This means that more experienced new graduates can share their experiences with the newer ones. This in turn helps new nurses to understand what they are going through is something that others have also experienced. They learn how others coped and also gain support to develop their skills as they make the transition from



student nurse to graduate nurse. These sessions provide an opportunity to learn from someone who is close to where they are in their career journey. The role of the group supervisor is to facilitate this, and if needed gently bring supervisees around to what needs to be talked about.

Barry says that one of the common issues raised by new graduates is how to handle complaints from service users/tangata whai ora about unprofessional staff behaviour, or when they see unprofessional behaviour in the practice setting. Wanting to be part of the team and have collegial relationships is important when you are the 'newbie'. The hard part is balancing the need to be accepted by the team and the need to advocate for services users to receive professional quality care. Discovering ways to find the right balance can be a big learning curve when moving into a new practice setting, and stressful.

Supervision sessions provide a safe place to have discussions about; values, attitudes, the shock of being a new graduate nurse in the clinical setting, bullying, collusion, wilful blindness and the development of professional responsiveness.

## We don't know what we don't know

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

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

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

1. We do know that we don't know what we do know (conscious of the learning process above)- When teaching new graduate nurses, nursing students or nurses new to the area of practice, we need to be able to bring to our



consciousness again the skills, knowledge and experience that we have and they need. This is an especially important skill for advanced practitioners, clinical supervisors, preceptors, nurse educators, and clinical nurse specialists.

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

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

## How do I know that group supervision is effective?

Strategies for evaluating group supervision are less well developed than those in one-to-one supervision. Informal measures are likely to be most commonly used. As with one-to-one, self-reflection on each session is one option.

Check to see if the organisation has a process in place to review the effectiveness of the group supervision sessions you are providing.

At the initial meeting the process to review the effectiveness of the group supervision sessions should have been agreed.

Adjustments to supervision: The group supervision agreement/contract can also be made post-review.

### Self-reflection

You may find it useful to reflect on supervision sessions by asking yourself the following questions:

- ▶ What are my immediate thoughts & 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 will I try to do more or less of next time?

(Weld, 2012)



## Informal review – conversations with supervisees/group members

### Review each supervision session

At the conclusion of supervision sessions, the supervisor or group member leading the session opens a conversation to evaluate and review a session. That person may ask group members:

- ▶ What was helpful today?
- ▶ Did we meet your goals for this session?
- ▶ What learning was important?
- ▶ How was the session for each group member?
- ▶ What did you find challenging today?
- ▶ Is there anything I should have done that I didn't do or could do better?

The purpose of this practice is to continue to develop the supervision relationship and ensure it remains effective for each person in the group.

### Review each new supervision relationship at three or six month intervals

Schedule a review at three or six month intervals after supervision starts. Decide in consultation with the supervisees how you might do this review and what would be useful to cover with them at the review session. As a supervisor you may ask questions such as:

- ▶ Is supervision meeting the agreed goals?
- ▶ Are there are changes to be made to the contract?
- ▶ What has been helpful/unhelpful so far?
- ▶ What has been the learning or impact on your work with people or your colleagues?
- ▶ Is there anything you would change?
- ▶ What feedback would you like to give the group?
- ▶ How do you see the relationships within the group? The dynamics?

- ▶ What might be hindering or helping the development of this group?
- ▶ Is there anything about the process that is unclear?
- ▶ Are there any differences between all of us that hinder the process?

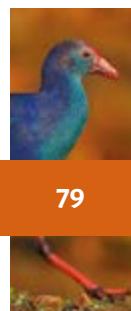
### Review all group supervision relationships annually

The purpose of an annual review of supervision is to reflect on the goals set at the beginning of the 12-month period, to consider whether the supervision process continues to meet the supervisee's needs and to reflect on whether to continue the relationship. This is also a good time to review and update the supervision agreement/contract.

Decide and consult with the supervisee about how you might do this review and what would be useful to cover with them at the annual review session. You may decide on what questions would be useful and then allow the supervisee time to prepare for the annual review session.

Questions such as:

- ▶ Is supervision meeting the agreed goals?
- ▶ Are there changes to be made to the contract?
- ▶ What has been helpful/unhelpful so far?
- ▶ What has been the learning or impact on your work with people and or your colleagues?
- ▶ Is there anything that needs to be changed or added to the contract?
- ▶ What feedback would you like to give us?
- ▶ How do you see the relationships within the group?
- ▶ Is there anything about the process that is unclear?
- ▶ Are there any differences between us that hinder the process?



## **If required undertake an annual review of your supervision relationships as per the organisation's policy/process.**

The annual review may be a discussion between you and your supervisees, or an anonymous survey for you and/or your supervisees to complete. Your supervisee's manager may also ask for general feedback for a supervisee performance appraisal.

Organisational annual reviews could request information about the following:

- ▶ The impact of professional supervision on the supervisee's practice.
- ▶ The supervisee's views about the supervision relationship.
- ▶ Helpful/unhelpful aspects of the process.
- ▶ Changes a supervisee may like to make to the process or content.

# Summary

Regardless of the method of supervision you have chosen to use, your role as a supervisor is to support supervisees to really utilise this protected time away from practice. Your role is to support them to engage in a formal structured process that enables them to develop their knowledge and competence, be responsible for their own practice, and promote service users' health, outcomes and safety.

Over time you will develop the skills to create the space and conversations which enable supervisees to offer an account of their work, reflect on it, and receive feedback and guidance. If supervision is done well, it can enable supervisees to develop their cultural and ethical competencies, build their confidence and boost their creativity to give the best possible service to the people they support.

Your skills as a supervisor to enable a supervisee to grow their practice are critical. Engaging in your own supervision, keeping abreast with emerging evidence related to supervision and attending regular supervision updates will support your own professional growth in being able to offer effective supervision.

We wish you well.





*“A supervisor needs to create a space where staff feel they can trust each other to open up about what is actually happening.”*

(Barry Kennedy, p.76)



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