Clinical supervision in difficult times and at all times

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This paper has been written by a group of academics from the Mental Health Nurse Academics UK (MHNAUK) Policy and Practice group. The MHNAUK is a group of mental health nursing academics from across the UK who deliver mental health nurse education, and lead on or contribute to, several important research and scholarly developments in mental health nursing.

Introduction

COVID-19 has been and continues to be a global health issue that has brought about further challenges to the nursing workforce (Kozloff et al, 2020), exacerbating the stress levels of both medical staff (Baker et al 2010) , nurses and nursing students in clinical practice.

Mental health nursing students have been an integral part of the health systems response, but what is not clear is the extent to which students have been supported through a traumatic time with meaningful supervision.

Billings et al (2020) highlighted early on in the pandemic that the response to supporting staff and students to the ongoing high stress should support coping, foster resilience, reduce burnout and risk of developing mental health difficulties.

More than any other time before, clinical supervision is relevant to address the already existing pressures and the impact of COVID-19 on the nursing workforce.

Clinical supervision is one of the fundamental support systems in nursing (Pollock et al, 2017); grounded on a professional relationship formed between a supervisor, supervisee, or a group of supervisees (Bond and Holland, 2011).

Benefits associated with clinical supervision have drawn the nursing profession to this support system (Cassedy, 2010; Cutcliffe et al, 2018), and further guided by Proctor's three functions of clinical supervision which identify the development of skills and knowledge (formative), the supportive element which focuses on the emotional and wellbeing of the supervisee (restorative) and the importance of continuous quality monitoring of the supervisee's role as a nurse (normative) (Cassedy, 2010).

However, the challenge is that the current health environments have left both supervisors and supervisees emotionally wounded, causing more stress and burnout.

This has led to further staff shortages in many health environments, with more nurses leaving the profession or being off due to sickness (Gohar et al, 2020).

Staff shortages in the UK are an ongoing issue that has been worsened by the impact of COVID-19 (Buchan et al, 2020).

It should therefore be every organisation's priority to enhance the support offered to the nursing workforce at such challenging times. However, many health organisations have been more reactive than proactive in their support of nurses.

Incorporating regular clinical supervision into a busy nursing environment can be a challenge but can offer an opportunity to reflect on clinical experiences and explore stress levels in a supportive space.

For nursing students in clinical areas, achievement of knowledge, skills and values is a priority. However, this needs to be coupled with emotional support.

As noted by Sahebi (2020), the COVID-19 pandemic may have necessitated the need for a transition to video supervision.

Although the use of video clinical supervision has its shortfalls in terms of lack of human connectivity, the positive use of technology in health cannot be underestimated.

In the midst of the COVID-19 pandemic, it is essential to make sure

> "Health environments have left supervisors and supervisees emotionally wounded"

that clinical supervision is fit for purpose so that it is meaningful for student nurses.

Five areas that may enhance the quality of supervision for student nurses are: adapting to structural and technological changes; having culturally and contextually sensitive guidelines for clinical supervision during COVID-19; the supervisor's confidence and the student's competence in the new supervisory process; a new set of boundaries in the supervisory role; and the supervisory alliance and the vulnerabilities in the face of COVID-19.

Benefits of clinical supervision have been acknowledged by mental health nursing students who received clinical supervision during clinical practice.

One-third year mental health nursing student commented by email to one of the authors: "I am aware that supervision is an extremely important part of mental health nursing... While I have received support from placement staff, supervision is an exercise that I feel is unknown to me.

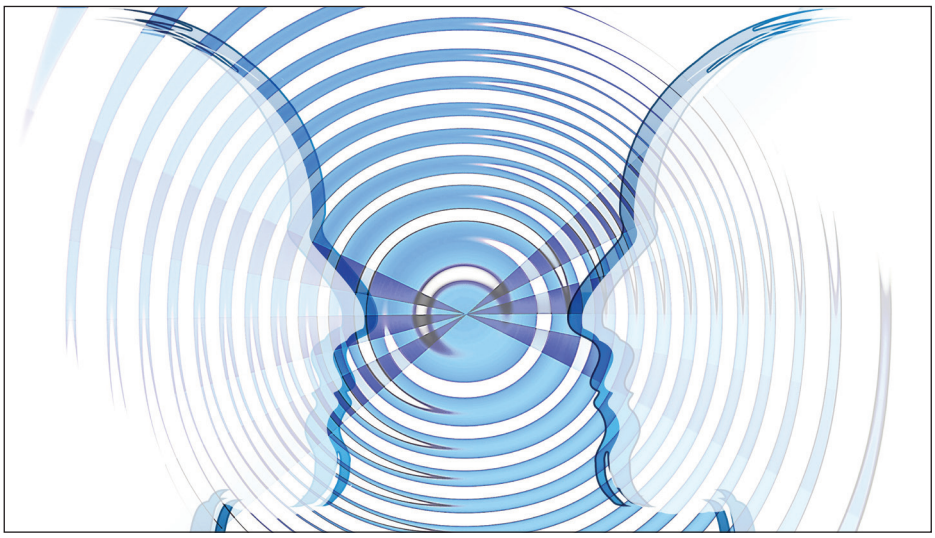
"I feel that some students don't feel comfortable asking for support and perhaps this highlights the need for more 'semi-structured' supervision meetings for students throughout their time on placement.

"It is likely that this will have positive impacts on the wellbeing of student nurses, and a skill they will take into their own practice and utilise with their own students when that time comes."

Supervision is a cornerstone of practice

Research and evaluation in supervision have been consistent and ongoing, yet it still does not seem to be established in all areas of nursing, although we believe mental health nursing is more progressive.

While clinical supervision was introduced as a cornerstone of clinical practice, evaluation of clinical supervision and the benefits and consequences of clinical supervision have been little explored.



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In an extensive systematic review by Cutcliffe et al (2018: 1360), they noted that, 'statistically significant reduction in burnout and stress were discovered'.

Turner and Hill (2011) found, as did Hallberg (1994) and Edwards et al (2005), that stress and burnout can be an aspect of nursing, and clinical supervision can be a means to reducing burnout, leading to increased self-confidence and assertiveness.

It follows that stress and burnout can contribute to missed care due to reduced confidence in decision making.

Stress management

Healthcare work is complex and demanding on many levels, and noticing the early signs of emotional exhaustion, fatigue and frustration (for example) (Pereira et al, 2011) can be the difference between success and burnout.

Understanding the professional self is a marker of skilled practice (Dewane, 2006) and this is one target of working clinical supervision.

A clinical supervisor has a supportive role in addressing burnout and resilience, and providing a scaffolding of support, but also has a monitoring function regarding supporting standards of care, so the self and the texture of the relationship needs bringing to awareness as part of the supervision contract.

Shaw (2013) notes that the monitoring function can create tension, so a paradox is created as part of the collaborative working.

When these tensions emerge, the supervisor must manage them (Safran, 2008). Ladany and Freidlander (1995) note that the better the alliance the better able the potential conflict can be managed.

These parallel processes that occur in supervision are similar to those in the therapeutic relationship, so considerations in clinical supervision must focus not only on the function and structure but also on the process.

Cautions

There are some cautions to be considered in implementing clinical supervision.

Goodyear and Bernard (1998) note three aspects: not confusing supervision with training; a paucity of evidence on clinical supervision; and over-reliance on trainee satisfaction.

These concerns have been addressed somewhat subsequently, for example Cutcliffe et al's (2018) review found that there was some evidence for the positive aspects of clinical supervision.

On a practical level, Wallbank and Hatton (2011) noted the organisation needed for staff to manage supervision time and balance other commitments.

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Other concerns in nursing are regarding the complexity of the supervisory and managerial relationship. For example, if the manager is also the supervisor then the roles need distinguishing (Bond and Holland, 2011), and there being a need to focus on the stages of the supervisory relationship, as Sloan (2005) observed.

A solution-focused model

The challenges of identifying effective models and processes is an ongoing debate in the clinical supervision literature.

Solution-focused clinical supervision is one of the models that can offer supervisees an opportunity to better use skills and knowledge they already have.

Solution-focused brief therapy (SFBT) is often seen as compatible with the mental health nursing process, and can be applied to effectively address a broad range of mental health, alcohol and substance-related challenges.

Wand and Acret (2017) identified that widespread training for student mental health nurses in SFBT would have broad positive implications, not least ensuring more regular supervision for students.

During COVID-19 everyone has been affected differently, therefore clinical supervision must address the needs of the current moment, reflecting the individual's journey and experience of life in the pandemic.

The advantage of adopting a solution-focused model is that its principles can be adapted for the clinical supervision process because they propel individuals to future solutions rather than dwelling on how things did not go well in the past.

In solution-focused principles, an individual's existing knowledge and skills are valuable in directing a new outcome.

Therefore in solution-focused clinical supervision a supervisee is empowered to set their own goals and to use their existing knowledge and skills to deal with an issue brought to the clinical supervision session.

Guided by the supervisee, the supervisor's role is to work in collaboration and ask empowering questions enabling the supervisee to own the clinical supervision session, avoiding prescription of ideas and helping them to identify positives in any situation. This is based on the understanding that we are all individual.

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An important technique within SFBT is that the supervisor asks questions rather than telling the supervisee what to do.

Questions are an important element of all models of therapy, but SFBT makes questions the primary tool of communication and rarely makes direct challenges or confrontations to a student receiving supervision.

However, questions are used as both the primary communication method and as an intervention.

Compliments are another essential part of SFBT. Validating what the student is already doing well and acknowledging how difficult their problems is, encourages the student to change while giving the message that the therapist understands and cares.

Compliments in conversations can punctuate what the student is doing right. Soliciting the student's perception of how other people in their life would compliment them is also another way that SFBT connects the student with those important persons in their real life outside of supervision.

It can include gentle nudging to do more of what is working. Once the nurse or supervisor has created a positive frame via compliments and reframing, and then discovered some previous solutions and exceptions to the problem, they can gently nudge the student to do more of what has previously worked or suggest trying changes they have thought they would like to try.

It is rare for an SFBT nurse as clinical supervisor to make a suggestion that is 'not' based on the student's previous solutions or exceptions to their problems.

Consequently, solution-focused clinical supervision can be successfully used in both nursing and nurse education.

Food for thought about clinical supervision

White (2021) noted that the early clinical supervision ambitions appear

> "A clear and unified response is needed to ensure all students receive timely and structured supervision"

to have already been transformed into a de facto managerial staff performance monitoring exercise.

It follows, therefore, that there is a question about how to address the tension between the apparent uncertain basis of current clinical supervision and the multiple claims to the benefits.

It is hoped that the latter have tended to remain at the level of folklore and continue to act as an agenda for propositions, as opposed to meaningful strategies for support.

Position statement

A clear and unified response at national level is needed to ensure that all mental health nursing students receive timely and structured supervision, and the impact of COVID-19 on their practice and development is minimised.

Providing appropriate responsive support is essential and this has been further emphasised during COVID-19.

This paper highlights solution-focused clinical supervison as a means of providing opportunities to respond appropriately and sensitively in this unprecedent time and into the future.

A central tenet within this process is attention to facilitators, the means of facilitation available and an individual needs to enable nurses to articulate and deal appropriately with the realities and demands of caring.

Solution-focused clinical supervison can be seen as multidimensional and can provide guidance for professional nursing support in daily practice during and after the pandemic, as the demands on nurses now and in the aftermath of COVID-19 require attention and proactive planning.

However, for this to occur, health care organisations need to ensure support and development of all its staff (supervisors/supervisees) because support and development of supervisees translates from the the support and development provided to clinical supervisors. ■

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