



Work from
Nursing Development Units

Nursing
Development
Units

KING'S
FUND
CENTRE

Clinical Supervision

an executive summary

The purpose of this paper is to provide information and guidance on the implementation and use of clinical supervision. It is intended for health service managers concerned with the organisational and strategic implications of using clinical supervision, and for managers concerned with the use of supervision as a means of developing and supporting their staff. A complementary publication, *Clinical Supervision in Practice*,¹ offers practical guidelines.

Definitions

The process

Clinical supervision is a formal arrangement that enables nurses, midwives and health visitors to discuss their work regularly with another experienced professional.

The professional fulfilling the supervisory role is most likely to be a nurse or have a nursing background, but her/his supervisory skills, and the relevance of her/his experience and expertise to the needs of the person receiving supervision, are of prime importance.

Clinical supervision involves reflecting on practice in order to learn from experience and improve competence. An important part of the supervisor's role is to facilitate reflection and the learning process.

The purpose

The main purpose of clinical supervision is to improve the quality of patient care. Bishop,² seeking a consensus definition, identifies three overall aims:

- safeguarded standards
- the development of professional expertise
- the delivery of quality care.

Within this framework, it is vital that the purpose of clinical supervision is discussed and agreed within each individual unit in terms that are appropriate to the philosophy of the unit, the services that it provides, and the needs of staff.

The functions of clinical supervision are described by Proctor³ as:

- formative (the educative process of developing skills)
- restorative (supportive help for professionals working constantly with stress and distress)
- normative (the managerial and quality control aspects of professional practice).

Hawkins & Shohet⁴ describe corresponding functions of education, support and management.

Butterworth & Faugier⁵ make the important point that clinical supervision 'should not be confused with simple managerial oversight. Its purpose is to facilitate reflective practice and push forward a patient-centred focus'. (See also 'The relationship between clinical supervision and management' on p.3.)

Clinical supervision is valuable for professionals working in both hospital and community settings and across all specialties.

Benefits

While the purpose of clinical supervision is most appropriately expressed in terms of benefit to the individual nurse, there are also clear potential benefits for the organisation and the service:

- **Improved quality of patient care.** Clinical supervision is an integral part of a high-quality service. It is a means of developing nursing practice in order to improve the quality of patient/client care.

Clinical supervision enables nurses to review their practice critically and develop it creatively, to extend their awareness and understanding of the needs of patients/clients, and to develop the knowledge and skills they need to meet patients/clients' needs more effectively.

As a tool for maintaining, monitoring and developing good practice, clinical supervision is a quality initiative essential in standard setting and clinical audit.

- **Improved staff performance.** Although clinical supervision is not an appraisal tool, it can be effectively employed in conjunction with individual performance review (IPR). For example, objectives set and agreed in IPR may be pursued, and progress evaluated, through regular supervision.

As a means of monitoring and developing staff performance, clinical supervision can play an important part in the implementation of, for example, BS5750 or organisational audit.

Clinical supervision can be used to develop individual accountability, as outlined in the UKCC *Code of Conduct*⁶ and *The Scope of Professional Practice*.⁷

Clinical supervision can also be used in conjunction with other quality tools (e.g. quality circles) and can extend their value.

- **Staff investment.** Clinical supervision is an investment in staff: it acknowledges and affirms the value of nurses and nursing. It is an effective way of providing organised support and building confidence as well as competence. This becomes increasingly important as the scope of clinical practice extends and nurses acquire increased autonomy.

The high levels of sick leave among nurses noted by the Audit Commission⁸ suggest that more and better staff support is needed. A *Vision for the Future*⁹ also identifies nurses' need for support in developing their clinical practice and refers to the use of clinical supervision for this purpose. Clinical supervision offers formalised support linked with practice review and professional development.

The use of regular and appropriate clinical supervision can contribute to an organisational culture which encourages innovative practice, provides high levels of motivation and satisfaction, and encourages individual accountability within a framework of strong collegiate relationships.

- **Professional development.** Clinical supervision is an educational and developmental process, designed to encourage professional growth. It offers the individual the opportunity to learn from experience and provides immediate access to new information and ideas. It also facilitates the identification of further education and learning needs in relation to individual practice, the service provided, and the needs of patients/clients. In these ways, clinical supervision can help to maximise the effective use of training resources.

Clinical supervision is a dynamic process which can change to meet changing needs. For advanced practitioners, for example, supervision can be used to develop specialist knowledge and/or skills.

Establishing a basis for clinical supervision

Within any organisation/unit, there is a need to establish a practical understanding, to be shared by those giving and those receiving supervision, about:

- the purpose of clinical supervision
- the process (or how supervision will be organised and carried out)
- the content and focus of supervision
- the relationship between supervision and management (see p.3).

It is important to take into account:

- the needs of patients/clients
- the needs of staff
- the circumstances and needs of the unit
- existing organisational structures
- available resources
- the experience and abilities of available supervisors.

A working definition should be agreed, written down and shared by all staff.

KING'S FUND LIBRARY

126 Albert Street, London, NW1 7NF

Class Mark	Extensions
H0 GI : FJ	Koh
Date of Receipt	Price
7 Dec 1994	donation

The relationship between clinical supervision and management

While there is no doubt that there must be a relationship between clinical supervision and managerial functions, the way in which this is achieved is open to choice. The two responsibilities may be vested in one person or may be separate, and each approach has advantages and disadvantages. What is clear is that, as part of the process of implementation, a clear decision must be made about the relationship.

The provision of supervision by a line manager or team leader can create opportunities to:

- develop the nurse-manager relationship
- develop and strengthen management as well as nursing practice through a two-way process of feedback and discussion
- identify and build upon practitioners' strengths
- strengthen and improve the team.

However, the combination of the managerial and supervisory roles is powerful and carries some risk. When clinical supervision and management are linked:

- confidentiality and trust may be more difficult to maintain within the supervisory relationship
- interaction may be constrained and the scope of supervision limited
- conflicts of interest may arise
- there may be a greater risk that supervision will be misused.

Clinical supervision should not be used for, and should be clearly separated from, matters relating to pay, promotion or discipline.

The provision of clinical supervision by an experienced professional other than a nurse's manager offers:

- a less constrained relationship and greater freedom for discussion
- expertise and experience particularly relevant to a nurse's stage of development and current needs
- a new perspective.

However, in this situation, it is important to ensure that organisational and professional goals are compatible.



Safeguards

Clinical supervision is a powerful tool and it is essential that it is used with sensitivity and understanding. Clear boundaries and safeguards are needed to protect all those involved.

A contract, or groundrules, should be negotiated and agreed at the start of any supervisory relationship in order to protect both the person giving and the person receiving supervision. For example, it is vital that the extent and limits of confidentiality are clarified and agreed, and an understanding reached about what does and what does not fall within the scope of clinical supervision. Frequency and length of meetings, record-keeping and other practical details should also be included. This contract should be agreed for a fixed period and subject to review.

Either the person giving supervision or the person receiving it should be able to call an end to the supervisory relationship at any time. While an obligation to receive (and, possibly, to provide) clinical supervision may be written into job descriptions, it is important that no one becomes locked into an unproductive or destructive relationship without means of escape.

Those who provide supervision should have past experience of receiving supervision and should continue to receive it, not only for the purposes of their own professional development and support but additionally as a means of monitoring the quality of their supervisory practice.

The possible misuse or abuse of clinical supervision should also be addressed by the provision of training.

Training

There is a need for training (or development) specifically designed to enable supervisors to provide high-quality supervision. Any professional undertaking the task of providing clinical supervision should have appropriate skills – for example, in listening, giving positive and negative feedback, facilitating reflection, and teaching. The experience of having received supervision is not a sufficient qualification for supervising others.

It is recognised, however, that the development of supervisory skills may happen alongside the implementation and development of clinical supervision within a unit.

There is also a need for training to enable those receiving supervision to participate constructively and creatively and so to derive maximum benefit from supervisory sessions.



Implementation

The following are key factors in the implementation of clinical supervision:

- The process and purpose of clinical supervision should be clearly articulated in ways that are straightforward, comprehensible and accessible to all. The relevance of the process to the specific aims and work of the unit should be clear as well as the expected benefits for individuals.
- The supervisory system and the process of implementation should be understood and owned by all staff involved and should be properly recorded.
- The relationship between clinical supervision and management should be clarified.
- Appropriate staff should be identified and enabled to take on the supervisory role. Training should be provided when needed. Clinical supervision can also be implemented by means of group supervision – that is, a number of nurses meeting with one supervisor/facilitator.
- Standards should be set, or guidance provided, for the frequency of supervisory sessions, the qualifications of supervisors, the negotiation of groundrules, etc.
- Clinical supervision should not make demands on nurses' personal commitment or time. There is a need to integrate clinical supervision as an operational necessity at policy level and to ensure that staff are released for supervisory sessions.
- Clinical supervision should take place in a suitable environment. Privacy is important.
- The means for review and evaluation should be built into the system.

References

1. Kohner N. *Clinical Supervision in Practice*. London: King's Fund Centre, 1994.
2. Bishop V. Clinical Supervision for an Accountable Profession. *Nursing Times* 1994; 90(39):35-7.
3. Proctor B. Supervision: A co-operative exercise in accountability. In: Marken M, Payne M (eds). *Enabling and ensuring*. Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work, 1986.
4. Hawkins P, Shohet R. *Supervision in the Helping Professions*. Milton Keynes: Open University Press, 1989.
5. Butterworth CA, Faugier J. *Clinical Supervision in Nursing, Midwifery and Health Visiting. A briefing paper*. Manchester: The School of Nursing Studies, University of Manchester, 1994.
6. UKCC. *Code of Conduct for the Nurse, Midwife and Health Visitor*. London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1992.
7. UKCC. *The Scope of Professional Practice*. London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1992.
8. Audit Commission. *Trusting in the Future. Towards an audit agenda for NHS providers*. London: HMSO, 1994.
9. NHS Management Executive. *A Vision for the Future. The nursing, midwifery and health visiting contribution to health and health care*. Department of Health, 1993.

Acknowledgements

This summary is based on work carried out for the publication *Clinical Supervision in Practice* (London: King's Fund Centre, 1994), which documents the experience of the implementation of clinical supervision in five nursing development units:

Burford Community Hospital, Burford, Oxfordshire;
Cartmel Ward, Prestwich Hospital, Manchester;
Intensive Care Unit, Chelsea and Westminster
Hospital, London;
Eileen Skellern Three Ward, The Maudsley Psychiatric
Hospital, London;
Stepney Neighbourhood Nursing Team, Steels Lane
Health Centre, London.

The summary has also been informed by group discussion. Group members:

Frances Black, Service Nurse Manager, Women
& Child Services, Peterborough Hospital NHS Trust
Pearl Brown, Chief Executive, Riverside Community
Health Care NHS Trust
Margaret Buttigieg, Director, The Health Visitors'
Association
Paula Morrison, Project Officer, Nursing
Developments Programme, King's Fund Centre
Nigel Northcott, Clinical Leader, Ward 7E, John
Radcliffe Hospital, Oxford
Melanie Ryan, Sister, Intensive Therapy Unit,
Chelsea and Westminster Hospital, London
Anthony Sheehan, Consultant Nurse, Michael
Flanagan NDU, St George's Hospital, Stafford

Written by Nancy Kohner.
Co-ordinated by Roma Iskander, Project Officer,
King's Fund Nursing Developments Programme.
Commissioned by Barbara Vaughan,
Programme Director, King's Fund Nursing
Developments Programme.

Clinical Supervision in Practice can be ordered from:
BEBC, PO Box 1496, Poole, Dorset, BH12 3YD
Tel: 0202 715555

or purchased in person from The Bookshop, King's
Fund Centre, 126 Albert Street, London NW1 7NF

King's Fund



54001000575319