



NATIONAL GUIDELINES FOR THE PROFESSIONAL SUPERVISION OF MENTAL HEALTH AND ADDICTION NURSES





Citation: Te Pou. (2009). *National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses*. Auckland: Te Pou, The National Centre of Mental Health Research, Information and Workforce Development.

Published in January 2009 by Te Pou o Te Whakaaro Nui: The National Centre of Mental Health Research, Information and Workforce Development. PO Box 108 244, Symonds St, Auckland 1150, New Zealand.

ISBN 978-0-9582904-7-0

This document is available on the Te Pou website: www.tepou.co.nz.

FOREWORD

Good quality professional supervision is essential for excellent nursing practice. It allows mental health and addiction nurses the time and space to reflect on their professional identity, development and the wider social and political environments that influence health.

These guidelines are intended to set a national direction for professional supervision. They have been developed in fulfilment of the first recommendation from *Professional Supervision for Mental Health and Addiction Nurses* (McKenna, Thom, Howard and Williams, 2008), and to ensure greater consistency across New Zealand in all aspects of professional supervision for mental health and addiction nurses. The guidelines will contribute considerably to the sector's quality initiatives.

The Ministry of Health's *Let's get real* framework (2008) is a significant quality initiative for the sector. *Let's get real* describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services. The framework outlines the expectations for everyone working in the mental health and addiction workforce (including nurses), and will strengthen shared understandings and consistency across the sector. *Let's get real* sets a benchmark for services and complements professional competencies, such as those of the Nursing Council of New Zealand (2007). *Let's get real* was developed with a service-user-centred approach and aims to build a workforce that is person centred, supports recovery, is culturally capable and committed to improving the quality of services for people.

Professional supervision is a key enabler for *Let's get real*, as it transforms the framework from a document to being about the way we practice and work. Through professional supervision, mental health and addiction nurses have an opportunity to embed *Let's get real* into their nursing identity and their organisational culture. Professional supervision also gives mental health and addiction nurses the opportunity to embed a service-user-centred approach like *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.

The successful implementation of these guidelines will require the multi-level leadership of nursing leaders, clinical directors, managers and professional bodies. The guidelines have been developed in a manner that is inclusive of the whole mental health and addiction workforce. They are transferable and can be used by allied health professionals and other parts of the workforce, such as service user leaders. This whole-of-sector approach will also support leaders to apply professional supervision practices throughout organisations, thereby positively contributing to improved outcomes and experiences for service users.



Anna Schofield
Nursing Leadership Manager
Te Pou

ACKNOWLEDGEMENTS

We would like to thank the following people for taking the time to be interviewed, providing guidance and feedback on the development of these guidelines and sharing copies of the policies and procedures of their organisations.

- | | |
|-------------------------|--|
| Vera Andrews | - Clinical Leader – Wellink Trust, Te Hononga, Wellington |
| Ross Brown | - Clinical Nurse Director – Lakes District Health Board |
| Heather Casey | - Nurse Director – Otago District Health Board/President of Te Ao Maramatanga, College of Mental Health Nurses |
| Larry Clark | - General Manager, New Initiatives – Hauora Waikato |
| Dr Sunny Collings | - Consultant Psychiatrist – Capital Coast District Health Board |
| Alex Craig | - Associate Director of Nursing – Mental Health, Waitemata District Health Board |
| Sally Crene | - Clinical Nurse Specialist Watch-House Nurse Pilot – Counties Manukau District Health Board |
| Allyson Davies | - Head of School, Social Development – Wintec, Hamilton |
| Dr Daryle Deering | - Senior Lecturer – The National Addiction Centre, Christchurch |
| Dr Bronwyn
Dunnachie | - Senior Advisor – Werry Centre for Child and Adolescent Mental Health |
| Dr Monique Faleafa | - National Manager – Le Va |
| Lyndsay Fortune | - General Manager – Pathways |
| Nerilie Gilson | - Project Leader – Primary Mental Health, Te Pou |
| Gail Goodfellow | - Strategic Manager – Skills Matter, Te Pou |
| Cynthia Growden | - Professional Advisor – Occupational Therapy Registration Board |
| Hineroa Hakiaha | - Kaiwhakahaere – Te Ao Maramatanga, College of Mental Health Nurses |
| Fiona Hamilton | - Project Lead, Lets get real – Te Pou |
| Dr Averil Herbert | - Ngati Maniapoto, Ngati Paretekawa, Registered Psychologist |
| Fiona Howard | - Coordinator, Consumer Advisor – Canterbury District Health Board |
| Fiona Howard | - Registered Psychologist, Senior Tutor Doctoral Programme – Auckland University |
| Vicki Hurst | - Supervisors Interest Group Coordinator, Auckland – Aotearoa New Zealand Association of Social Workers |
| Sue Lim | - Service Manager, Asian Health – Waitemata District Health Board |

- 
- Trish Lumb - Family Advisor – Werry Centre for Child and Adolescent Mental Health
 - Dr Joanna MacDonald - Senior Lecturer, Director of Psychiatric Registrar Training – University of Otago, Wellington
 - Dr Lyndy Matthews - Consultant Psychiatrist – Hauora Waikato/Chairperson of the College of Psychiatrists
 - Janet May - Programme Coordinator, Graduate Diploma on Supervision – Wintec, Hamilton
 - Christine Maxwell - Clinical Nurse Manager – Family Mental Health Service
 - Sean McKinley - Executive Director – New Zealand Association of Social Workers
 - Annie McNaught - Team Leader – Pathways, New Plymouth
 - Tony O’Brien - Senior Lecturer – Auckland University
 - Katie Owen - Service Manager – Wellink Trust, Te Hononga, Wellington
 - Vicki Paulin - Professional Leader – Nutrition and Diabetes, Counties Manukau District Health Board
 - Jolene Profit - Group General Manager – Hauora Waikato
 - Olive Redfern - Clinical Nurse Educator – Wanganui District Health Board
 - Dale Rooke - Occupational Therapy Leader – Mental Health, Auckland District Health Board
 - Anna Schofield - Nursing Leadership Manager - Te Pou
 - Kim Sutton - Clinical Resource Manager - Stepping Stone
 - Carolyn Swanson - Service User Workforce Manager – Te Pou
 - Philippa Thomas - Consultant Psychologist – The Psychology Centre, Hamilton
 - David Warrington - Nurse Consultant – Mental Health Services, Hawkes Bay District Health Board
 - Annemarie Wille - Director – Matua Raki Workforce Development Programme
 - Emma Wood - National Workforce Manager – Te Pou
 - Trish Young - Te Arawa (Ngati Tuara Ngati Kea), Ngati Awa (Te Tarewa), Community Psychologist.

Te Pou would also like to acknowledge and thank Beverley Burns, registered psychologist who was contracted to develop this document.

EXECUTIVE SUMMARY

These guidelines are intended to set a national benchmark for the practice of professional supervision in Aotearoa New Zealand and create greater consistency across organisations in the mental health and addiction sector. They are also a resource to guide the sector in implementing professional supervision and making it sustainable.

Professional supervision is an implied expectation of the legislative and regulatory requirements for nurses working in the mental health and addiction sector. However, all professional bodies and organisations employing nurses in this sector support the implementation of professional supervision. This support is echoed in the literature, with a small but growing evidence base demonstrating the positive impact of professional supervision on quality care and service user outcomes.


There are a number of definitions and models of professional supervision discussed in the literature and these are used interchangeably across all disciplines. For mental health and addiction nurses it may be of greater use to consider the functions of supervision, that is, the administrative, educative and supportive functions of supervision, as these more accurately relate to the many roles nurses in such services hold. Addressing each of these functions in the supervision process will add depth and learning to the process for the supervisees.

The overarching goal and focus of professional supervision is to develop the supervisee's skills, which in turn improves outcomes for service users. This development is informed by the Nursing Council of New Zealand's competencies for registered nurses (2007), the Ministry of Health's workforce development framework (2008), the seven Real Skills of *Let's get real*, and the recovery focus of work in the mental health and addiction sector.

There are clear guidelines within the literature about what constitutes best practice in supervision. This includes the values and principles that underpin the supervision process, the agreements or contracts required, the process for setting up supervision, the roles and responsibilities of all parties, the methods and formats for supervision, and evaluation procedures.

The development of these guidelines was informed by the following: a review of the current policies and procedures from district health boards, non-government organisations and primary health organisations; a brief literature review of the development and implementation of supervision guidelines; and, interviews with key stakeholders. Those interviewed included representatives from district health boards, non-government organisations and primary health organisations, regulatory and professional bodies, individual nurses currently engaged in receiving and providing supervision, service user leaders, cultural groups and allied health professions.

The guidelines have been presented in four sections: Part One provides a description and definition of supervision; Part Two outlines the mechanics of conducting professional supervision; Part Three describes the roles, responsibilities and relationships between the parties




in professional supervision; and Part Four details the implementation of professional supervision in organisations.

The guidelines provide a framework that is flexible enough for organisations to use to implement and deliver professional supervision in a manner that is relevant to their own context.

CONTENTS

FOREWORD	3
ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	6
INTRODUCTION	11
PART ONE: Background	13
1.1 Description and Definition of Professional Supervision.....	13
1.1.2 Cultural Supervision	15
1.2 Benefits of Professional Supervision	17
1.3 Ethical Values of Professional Supervision	18
PART TWO: Key Elements of Professional Supervision.....	19
2.1 Guiding Principles Underpinning Professional Supervision.....	20
2.2 The Mechanics of Professional Supervision	21
2.2.1 Choice of Supervisor.....	21
2.2.2 Matching Process	22
2.2.3 Pre-Supervision Meetings.....	22
2.2.4 Contracts and Agreements	22
2.2.5 Assessment of Strengths and Needs	23
2.2.6 Professional Supervision Meetings	23
2.2.7 Record Keeping	23
2.2.8 Formats of Professional Supervision	24
2.2.9 Content of Professional Supervision Sessions.....	25
2.2.10 Evaluation of Professional Supervision.....	26
PART THREE: Roles, Responsibilities and Relationships in Professional Supervision.....	27
3.1 Organisation	27
3.2 Professional Leaders and Managers	27
3.2.1 Responsibility to the Organisation.....	27
3.2.2 Responsibility to all Supervisors and Supervisees	28
3.2.3 Responsibility to Supervisors.....	28
3.2.4 Responsibility to Supervisees.....	28
3.3 Supervisors.....	29



3.3.1 Supervisor’s Responsibilities.....	29
3.3.2 Responsibility to Supervisee	29
3.3.3 Pre-Supervision Meetings	29
3.3.4 Professional Supervision Meetings	30
3.4 Supervisees.....	30
3.4.1 Supervisee’s Responsibilities.....	31
3.4.2 Responsibility to Supervisor	31
3.4.3 Pre-Supervision Meetings	31
3.4.4 Professional Supervision Sessions.....	31
3.5 Service User Groups	32
PART FOUR: Organisational Implementation and Sustainability of Professional Supervision.....	33
4.1 Active Support	33
4.2 Development of a Professional Supervision Strategy	33
CONCLUSION	36
REFERENCES.....	37



INTRODUCTION

The need for national guidelines for the supervision of mental health and addiction nurses was a recommendation of McKenna, Thom, Howard and Williams (2008) in their review entitled *Professional Supervision for Mental Health and Addiction Nurses*. This review was commissioned by Te Pou o Te Whakaaro Nui, the National Centre of Mental Health Research, Information and Workforce Development. The aim of the review was to assess support for a national approach to training for professional supervision. These guidelines should be read in conjunction with that review.

McKenna *et al.*, (2008) reviewed the current literature on international best practice for professional supervision for mental health and addiction nurses and allied disciplines. They also surveyed district health boards and non-government organisations about how supervision was provided in their organisations. They concluded that the majority of services and individuals canvassed supported a nationally endorsed approach to supervision and made six recommendations to achieve this. Such standardisation was seen as a way to refine and monitor the practice of professional supervision across district health boards and non-government organisations. The development of national professional supervision guidelines is the first step in this process.

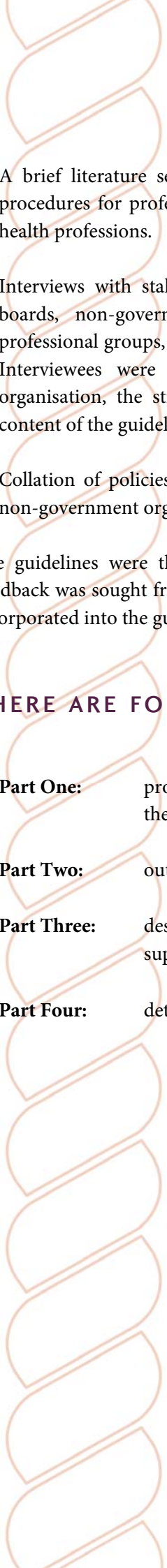
A number of relevant legislative and government documents have identified (or imply) that professional supervision is central to the ongoing support, development and retention of nurses working in the mental health and addiction sector, and to achieve improved outcomes for service users. These include *The New Zealand Health Strategy* (2000), the *National Mental Health Sector Standards* (2001), the *Health Workforce Advisory Committee Framing Future Directions* (2001), the Health Practitioners Competence Assurance Act 2003 and the *Mental Health Nursing Framework and its Future: A discussion framework* (2006).

The regulatory and professional bodies for mental health and addiction nurses include the Nursing Council of New Zealand, Te Ao Maramatanga New Zealand College of Mental Health Nurses, the Drug and Alcohol Practitioners Association of Aotearoa New Zealand, and Drug and Alcohol Nurses Australasia (DANA). These professional bodies state their support for professional supervision and have an expectation that nurses are supervised.

Emerging trends within mental health and addiction nursing also indicate and support the need for professional supervision. These include the move to community-based care for service users; the increasing number of service users with serious and complex illnesses; the increasing emphasis on managing risk; and the need for individual nurses to maintain their registration. Lynch and Happell (2008a) comment that these trends indicate the skill level of mental health and addiction nurses requires further development and consolidation. Professional supervision is one way that this can be achieved.

The following steps were taken in developing these guidelines.

- A review of the relevant legislative and government documentation.

- 
- A brief literature search on developing and implementing guidelines, and on best practice procedures for professional supervision across mental health and addiction nursing and allied health professions.
 - Interviews with stakeholders across the nursing profession in New Zealand, district health boards, non-government organisations and primary health organisations, allied health professional groups, regulatory and professional bodies, service user leaders and cultural groups. Interviewees were asked about the current professional supervision processes in their organisation, the strengths and barriers to such supervision, and their views regarding the content of the guidelines.
 - Collation of policies and procedures for professional supervision from district health boards, non-government organisations, primary health organisations and allied health professions.

The guidelines were then developed based on the information obtained across these sources. Feedback was sought from a range of the stakeholders originally consulted. This feedback was then incorporated into the guidelines.

THERE ARE FOUR PARTS TO THE GUIDELINES:

- Part One:** provides a description and definition of professional supervision and discusses the context in which it occurs
- Part Two:** outlines the steps to conducting professional supervision
- Part Three:** describes the roles, responsibilities and relationships within professional supervision
- Part Four:** details how professional supervision can be implemented in organisations.

PART ONE: BACKGROUND

1.1 DESCRIPTION AND DEFINITION OF PROFESSIONAL SUPERVISION

*Nau te raurau
Naku te raurau
Ka ki te kete*

*With your input
And my input
The basket will be full*

This whakatauki (proverb) is used by a number of commentators to describe and reflect the essence of professional supervision. It clearly describes a collaborative approach, within a supportive relationship, to address issues within a supervisee's nursing practice and professional role, so that they and the service user benefit and hence "the basket is full" (McKenna *et al.*, 2008).

McKenna *et al.* (2008) indicate their preference for the Ministry of Health definition of professional supervision:

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. (Ministry of Health, 2006, page 22)

McKenna *et al.* add:

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 practicing. (page 2)

This definition is similar to others in the literature. It is broad, encompassing many aspects of professional supervision, and reflects the nature of the work of mental health and addiction nurses.

As a means of simplifying and understanding what professional supervision is, McKenna *et al.* (2008) have grouped these aspects of supervision into three functions – administrative, educative and supportive – commenting that these reflect the key functions in the work of nurses in the mental health and addiction sector. This focus on functions promotes a more holistic approach to professional supervision.

The administrative function of professional supervision is defined as focusing on the service requirements of nursing practice, such as professional oversight, competence, accountability and

safety.

The educative function of professional supervision is defined as focusing on developing the supervisee's knowledge, skills and professional understandings. Here the supervisor works with the supervisee to link professional knowledge and education to the specifics of the supervisee's work with service users. In doing so, the supervisor facilitates the development of effective and innovative practice. It is also a mechanism for developing professional identity.

The supportive function of professional supervision is defined as focusing on supporting and empowering the supervisee in a safe environment to manage the emotional effects of their work.

The discussion in the literature supports the focus on these three functions, noting that all three functions of professional supervision need to be attended to across time. A supervisee, however, may need to focus on one area for a time, depending on their professional development, current circumstances and individual needs (Inskipp & Proctor, 1995; Winstanley & White, 2003.)

Numerous models of professional supervision have emerged in the literature. In Aotearoa New Zealand the models most commonly referred to are the TAPES model and Daphne Hewson's triangle of twelve areas to be covered in supervision. While all models add understanding to the process of professional supervision, they all focus on different aspects. McKenna *et al.* (2008) state that it is not possible to recommend one model to suit all organisations and supervisees in the mental health and addiction sector. Instead, they suggest a flexible approach, where organisations and individuals select their own model and approach to suit their context, ensuring that the three functions of professional supervision are covered.

Professional supervision is distinct from other professional and complementary activities occurring in the workplace. Activities such as line management supervision, preceptorship, mentoring, coaching and performance appraisals are similar to professional supervision. In each of these activities there is a focus on developing the individual staff member, ensuring good outcomes for service users and developing the service. However, there are differences in terms of purpose and function, and the nature of the interaction and relationship between the parties, for each of these activities (Roche, Todd & O'Conner, 2007).

In **management supervision** or **line management supervision** the manager is responsible for all staff in a unit or team, including monitoring their performance to meet organisational goals, and determines the agenda for the relationship. It is a hierarchical reporting process, concerned with the evaluation and appraisal of a practitioner's performance (Northcott, 2000; Roche *et al.*, 2007).

Preceptorship is an educative role specifically for newly qualified and newly appointed staff. The agenda is created by the staff member. However, the preceptor is likely to be appointed to their role and the duration of the relationship is time limited.

Mentorship or coaching is a method of working with a person to help them achieve a goal or develop a specific skill or skills. It is focused on the future and on building strengths.

Performance appraisal is a method of evaluating the job performance of an employee. There is a joint responsibility between the line manager and employee to evaluate the employee's current performance and set goals for his or her future (Northcott, 2000).

Professional supervision in contrast to the above practices provides an individual with explicit and focused opportunities to consider and reflect on their practice in terms of themselves at work. This occurs in the context of a sustained, confidential relationship and aims to develop an effective practitioner (Ask & Roche, 2005).

Professional supervision's overarching goal is to develop the supervisee's professional competency. The Nursing Council of New Zealand's competencies (2007), the Ministry of Health's workforce development framework (2008), the seven Real Skills of *Let's get real* will inform and guide the development of these competencies.

1.1.2 CULTURAL SUPERVISION

Cultural competence encompasses ethnic, gender, religious, sexual identity, disability and age diversity. Competence in this area is critical in providing culturally safe and effective mental health and addiction nursing, and therefore improving outcomes for service users (Ministry of Health, 2006).

Professional supervision is one way that cultural competence can be developed for all nurses working in this sector. Both bicultural and cultural supervision are part of this process. Not only do all nurses need to consider their own cultural values and principles, they need to reflect on and understand the diversity within their service user population and consider the interaction of these two aspects within the relationship (Howard, Burns & Waitoki, 2007).

Cultural competence should be addressed within professional supervision. The supervisee needs to develop an appreciation of cultural diversity in New Zealand, an understanding of his or her own culture, and the impact that they may have on others.

To do this, supervisees need to address and reflect on questions such as, "What are my own cultural values and practices? How have these developed? What have been critical influences on the development of these values? How might these values and practices influence my work with service users? What biases and prejudices might I hold? How might service users perceive these values, biases and prejudices?"

The supervisee then needs to develop an awareness and knowledge of other cultural groups in Aotearoa New Zealand (Howard *et al.*, 2007). This may require them to seek cultural advice and develop links with relevant community groups. In professional sessions they will need to reflect on the interaction between their own culture and that of the service user as this will assist with understanding and developing engagement. Reflecting on such questions as, "What did the service user understand? Did I really listen and understand their perspective? What was I thinking while the service user was talking? What do I think they have understood? Was I aware of the non-verbal cues in the discussion? Did I reflect back to the service user my

understanding?” will aid engagement and understanding. The supervisee can then reflect on whether they are the most appropriate person to work with the service user.

As Howard *et al.*, (2007) note, the interplay between all three parties in the supervision relationship further complicates the development of cultural understandings. It is possible for the supervisor, supervisee and service user to be of different cultures. A consideration of what stereotypes each person might bring to the respective relationships are essential, as is an understanding of differing styles of communication. It is the supervisor’s responsibility to explore this complexity, challenging the supervisee’s understandings where appropriate. However, as is noted by commentators in this area, the development of cultural competence is a journey that evolves over time and with experience. Supervisors will need to be aware of where the supervisee is on this journey and work carefully to ensure their development.

More specifically, bicultural supervision is an important part of professional supervision. Supervisees will need to explore why it is important to understand biculturalism in Aotearoa New Zealand and how it relates to practice in the mental health and addiction sector. Developing an understanding of the historical cultural context of Maori, the loss of their language, land alienation and the impact this may have on service users today, will potentially improve engagement. Professional supervision sessions are not the only place this learning will occur. However, this is the place for the supervisee to specifically link cultural knowledge and understanding to their work with the service user.

Of concern is the recognition that, in general, insufficient time and opportunity is allowed for these discussions within the professional supervision process. It is the supervisor’s responsibility to ensure that discussions focusing on cultural competence do occur.

A specific form of cultural supervision is kaupapa Maori supervision. Eruera (2005) defines this form of supervision in social work as “an agreed supervision relationship by Maori for Maori with the purpose of enabling the supervisee to achieve safe and accountable professional practice, cultural development and self care according to the philosophy, principles and practices from a Maori worldview” (page 144). McKenna *et al.* (2008) note in their review that it is “imperative” that Maori nurses are “supported, nurtured and encouraged to continue to develop and integrate their clinical and cultural skill” (page 9). This form of supervision walks side by side with professional supervision and is likely to be provided by a Maori nurse, kaumatua or kuia who understands the Maori dimensions of well-being.

However, one cannot assume that all Maori nurses will want to participate in this form of supervision. Their engagement may be dependent on their individual connection to their cultural background and their values. As with all professional supervision, the supervisor must be aware of the supervisee’s current development and move gently to further this. It is likely that a supervisee will require professional supervision from different sources at different times in their career, and it is the line manager’s responsibility to ensure that this resource is provided. McKenna *et al.* (2008) and Howard *et al.* (2007) report useful models for Maori nurses that may guide this process and integrate their cultural and clinical knowledge. Cultural supervision is likely to assist in developing a skilled Maori mental health and addiction workforce.

In a similar manner, Pasifika nurses would benefit from working with a supervisor of their own culture to address the relationship between their clinical and cultural lives. Again, it is the responsibility of the line manager to provide the resources for cultural supervision. The specifics of how this supervision process will work will be dependent on the organisation, the numbers of Pasifika nurses and the make-up of the Pasifika population they serve. Careful consultation to ensure the process is appropriate will be important.

*“Supervision can create a space for
a clinician to walk in two worlds”
- Monique Faleafa, 2008*

The effectiveness of professional supervision for Pasifika nurses will depend on an awareness of the impact of hierarchical relationships on the supervisee, the need for time to build relationships, the impact of family, cultural, community and professional responsibilities, and the sometimes informal nature of the contact involving food and humour. These elements should inform how professional supervision for Pasifika nurses develops (personal communication Monique Faleafa, November 2008). Mafile’o and Su’a-Hawkins (2005) present a model for the supervision of Pasifika practitioners working in non-Pasifika settings. Other nurses from non-dominant cultures may benefit from the same model.

In addition, and more specifically, cultural advice or consultation involves seeking advice and support from a knowledgeable cultural expert. This may occur when a practitioner is working with a service user who is of a culture different to themselves or when the service user is of the same culture. It is a process to assist in case management decisions, to facilitate access to the families of service users and to seek advice about specific cultural practices. The process is similar to that of professional supervision, where the supervisee may have an ongoing relationship with this expert.

1.2 BENEFITS OF PROFESSIONAL SUPERVISION

As already noted, the body of empirical evidence regarding the benefits of professional supervision is small but developing. However, expert opinion and experience indicates its value for supervisees, service users and organisations.

Anecdotal and qualitative evidence supports the value of professional supervision for nurses. Specifically nurses report increased confidence in their ability to work with service users (Roche *et al.*, 2007). Also noted is an increase in retention, staff morale and satisfaction, and a decrease in staff turnover and absenteeism as a result of supervision (Winstanley & White, 2003; Kavanagh, Spence, Wilson, & Crow, 2002).

There is also growing evidence to support the effectiveness of professional supervision for service users (Mullarkey, Keeley & Playle, 2001). A range of outcomes are investigated and discussed in the literature. For example, Roche *et al.* (2007) cited a study by Bland and Rossen (2005), which found that ongoing “clinical supervision” (as it was called in the study) improved the quality of

service user care and the management of challenging service user behaviours. They commented further that overall there was increased team effectiveness. The study concluded that professional supervision facilitated a more therapeutic environment, promoted effective treatment and reduced re-admissions. Milne, Pilkington, Gracie and James (2003) demonstrated that there was some generalisation of skills from professional supervision to therapy when working with trainee cognitive behaviour therapists. Wheeler and Richards (2007) in their review of the professional supervision of counsellors and psychotherapists concluded that there were positive impacts on such areas as skill development, self-awareness and self-efficacy.

Rice *et al* (2007) claim that the benefits of professional supervision for organisations include an assurance that employees are adhering to their respective codes of ethics, maintaining their requirements for competence, and providing appropriate and effective treatment for service users. These authors further suggest that the benefits to an organisation include accountability to the public, as good standards are being met.

1.3 ETHICAL VALUES OF PROFESSIONAL SUPERVISION


In accordance with the literature and the codes of conduct and ethical practice of health professionals in Aotearoa New Zealand, the following ethical values are suggested for the practice of professional supervision. The process that will be used to implement each of these values should be outlined in the professional supervision contract or agreement.

Treaty of Waitangi – both the professional supervision relationship, and the relationship between the service user and supervisee, should reflect the treaty's principles of partnership, protection and participation.

Confidentiality – is critical to the success of professional supervision. All parties (supervisor, supervisee, professional leader, all levels of management, and service users) must understand that the content of professional supervision sessions is confidential, to ensure that the supervisee is open in his or her discussion.

Integrity of relationships – the relationship between the supervisor and supervisee must reflect the core values of respect, honesty, trust and compassion. This means that issues of power imbalance should be specifically addressed, as should any dual relationship. The service user is the silent party in the professional supervision relationship and as such must also be accorded the same respect, honesty, trust and compassion.

Competence – both the supervisor and supervisee must demonstrate competence within the supervisory process. While a supervisor's competence is not clearly spelt out in the literature, they must keep up to date with the theoretical, research and professional developments within their field, and in professional supervision itself. It is expected that they will demonstrate the



ability to engage with a supervisee and practice appropriate interpersonal skills to facilitate the supervision process. Competence for a supervisee relates to their work with a service user and will be informed by the Nursing Council of New Zealand's competencies (2007) and *Let's get real* (Ministry of Health, 2008).

***“Supervision acts like a bridge between
what you are currently doing and
what you have the capacity to do”***

- Ask & Roche, 2005

PART TWO: KEY ELEMENTS OF PROFESSIONAL SUPERVISION

This section clarifies the practice of professional supervision by looking in more depth at its key elements. The principles that underpin the practice of supervision, the roles and responsibilities of the parties involved, and the relationships between them, and the possible structures and processes will be outlined.

2.1 GUIDING PRINCIPLES UNDERPINNING PROFESSIONAL SUPERVISION

The practice of professional supervision should be guided by and encourage the following principles.

Supported by management – a culture of professional supervision is developed and fostered within the organisation. Resources are provided to implement and sustain the process for mental health and addiction nurses.

Culturally competent – professional supervision is conducted in a manner that reflects cultural competence and allows the supervisee to explore culture in its broadest form, from their own perspective and that of the service user.

Participation by all mental health and addiction nurses – professional supervision is appropriate regardless of a supervisee's level of experience, their professional background or organisational role. It is as important for a beginning nurse, as it is for an advanced practitioner and a nurse with managerial responsibilities.

Regular and sustained – a regular time is set aside for the supervisee to review their practice and roles. The frequency may increase depending on the supervisee's stage of development, current stress, level of experience or experience in their current work area.

Has clear purpose – the three functions of professional supervision (administrative, educative and supportive) are specifically addressed, both within and across sessions, as appropriate and as needed, and the supervisor ensures that this occurs.

Is accountable – the practice of professional supervision is accountable to service users, professional bodies and the organisation employing the supervisee. This means that the roles of all parties are explicitly identified, as are the boundaries of these roles and the ethical principles that guide the supervision.

Involves multiple parties – the parties involved in professional supervision include the supervisee, the supervisor, the organisation and the service user. Each brings a particular focus to the relationship and has a defined role.

Is flexible – the professional supervision process is sufficiently flexible to ensure that it meets the needs of the supervisee, regardless of the stage they are at in their development. For example, the professional supervision requirements of a highly experienced nurse are likely to be different from those of a nurse beginning in a mental health or addiction service. The requirements of a Pasifika nurse may be different from those of a Chinese nurse. This may mean that a supervisee has more than one supervisor at different stages of their careers, and may seek professional supervision outside their discipline.

Developmental process – the supervisory process takes into account the developmental stage of the supervisee. Supervisees and supervisors work to assess where the supervisee is on the continuum from novice to expert, and where further development is required across a range of competencies.

Principles of adult learning – are central to the supervisory process. These include an understanding of the adult learning process (such as that encapsulated by the Kolb experiential learning cycle (1984)) and of people's different learning styles (such as those identified by Honey and Mumford (2008)). Professional supervision provides an opportunity for the supervisee to learn through linking theoretical knowledge and professional practice. This learning occurs in a context that guides, enables and facilitates the supervisee's learning. The context is strength-based, with a focus on finding solutions to problems.

Challenge and affirmation – the professional supervision process maintains an explicit, but delicate, balance between challenge and support or affirmation. Both are essential to further the supervisee's learning, and to help them gain new perspectives on their professional experience.

2.2 THE MECHANICS OF PROFESSIONAL SUPERVISION

There are commonly agreed structures and processes for practising professional supervision. Resources for setting up professional supervision are readily available, but need to be tailored to meet the needs of individual organisations and their staff (Carroll & Gilbert, 2005; Scaife, 2001). The process and time taken to set up a professional supervision relationship is important in determining its success.

2.2.1 CHOICE OF SUPERVISOR

While having a choice over who is to be one's supervisor contributes to how successful the process will be, this is an ideal situation and may not be possible in all circumstances. Where it is not possible, care must be taken in setting up the process to ensure the safety of the supervisee and that an effective working alliance is formed.

Using a line manager to provide professional supervision for a nurse should only be considered as a last resort (Roche *et al.*, 2007). Where there is no other option, clear boundaries will be needed to ensure appropriate separation of the two roles, as will a high degree of trust and mutual respect between the two parties. Having access to additional forms of professional

supervision (for example group supervision), will also help to provide an effective process in this situation.

2.2.2 MATCHING PROCESS

A matching process between supervisee and supervisor assists with developing an effective working alliance. However, such a process assumes the supervisee may choose from a number of supervisors, which is not always the case. While a matching process may not be possible in all organisations, an attempt should always be made to consider the best fit for a supervisee.

To assess the best fit, a supervisee will need to consider what they want from a supervisor and what their needs are for professional supervision. Other information will include the professional qualifications and experience, gender and culture (including ethnicity) of the supervisor, as well their interests and personal style. It is preferable that the matching process is a collaborative process between the professional leader or line manager and supervisee. To achieve this, a database of available supervisors may need to be developed.

2.2.3 PRE-SUPERVISION MEETINGS

A meeting between the supervisee and their potential supervisor is recommended, to explore and discuss their respective backgrounds and experience, learning styles, previous experience of supervision and the supervisee's developmental goals. The limits, boundaries and ethics of professional supervision, from each of their perspectives, should also be discussed. Cultural similarities, and differences, between the supervisee, their service user population and the supervisor will be discussed at this point, and processes to accommodate them identified. Making sure that this process occurs will ensure that an effective and strong alliance develops between the supervisor and supervisee, and will allow each party to make an informed choice.

2.2.4 CONTRACTS AND AGREEMENTS

Putting in place a professional supervision agreement or contract is considered best practice in professional supervision (McKenna et al., 2008). Although not legally binding, contracts and agreements provide for informed consent by the supervisor, supervisee and the organisation.

While the content of contracts and agreements may vary across organisations, they are likely to have similar content. Individualising contracts and agreements to suit the individual supervisee sets the scene for a well-facilitated process. The contract or agreement then reflects the supervisee's needs, goals and development within the context of professional supervision. Howard et al. (2007) stressed the importance of a negotiated approach to contracts and agreements, in order to build trust and rapport, and establish a strong alliance between the supervisor and supervisee.

The professional supervision contract or agreement is also an agreement between the supervisee, the supervisor and the organisation, and as such should reflect the organisation's service goals. The contract will detail the supervisor's accountability to the organisation, and provide an outline of the required reporting (Roche *et al.*, 2007).

The contract or agreement should specifically identify processes for managing situations, such as where concerns arise about the performance or competence of the supervisor or supervisee. This process must be clear for all parties.

2.2.5 ASSESSMENT OF STRENGTHS AND NEEDS

A more focused assessment of the supervisee's strengths and needs should occur after the contract or agreement has been completed. This will involve the supervisee reflecting on their current skills and knowledge, and considering what further development they require. This assessment will also inform decisions about any additional professional development needed by the supervisee, for example further training or cultural supervision.

Let's get real's seven real skills (Ministry of Health, 2008) and the Nursing Council of New Zealand's competencies (2007) can be used as framework to inform this assessment. It is important to review the supervisee's strengths and needs at regular intervals in the supervisory process, resetting goals as appropriate.

2.2.6 PROFESSIONAL SUPERVISION MEETINGS

Professional supervision meetings should be scheduled regularly and held in a private uninterrupted setting. While the literature identifies a minimum of 1 to 1.5 hours per month as appropriate (Edwards, Cooper, Burnnard, Hannington, Adams & Fothergill, 2005), the frequency should be determined by the professional needs and stage of development of the supervisee. This means that professional supervision may occur more frequently under some circumstances.

The structure of professional supervision meetings will vary depending on the supervisee's experience and requirements, their learning and interpersonal style, and their cultural values. Novice practitioners, or those with a limited experience, are likely to require greater structure and a higher degree of modelling and perhaps direction. For more experienced workers, professional supervision is likely to require less structure, with more scope for discussion and identification of relevant issues.

2.2.7 RECORD KEEPING

Appropriate record keeping is both a professional and ethical requirement in the practice of professional supervision. Each organisation will have their own record keeping procedures and these will be detailed in the contract. Professional supervision meeting notes are confidential and belong to the supervisee. Both the supervisee and supervisor are likely to keep notes, however, any actions agreed too will need to match. As a minimum, notes should contain the dates and times that supervision occurs, the agenda set for the meeting, a record of agreed actions, and any ethical or professional issues of concern. Some organisations and teams may require that a note is made on the service user's file if a matter is taken to professional supervision.

2.2.8 FORMATS OF PROFESSIONAL SUPERVISION

The various formats of professional supervision discussed in the literature and practised in organisations, include one-to-one individual sessions, group supervision, peer supervision, sessions with internal or external supervisors, and sessions using technology. Each format has its own advantages and disadvantages, and it is possible that participating in a number of professional supervision formats may benefit both supervisees and organisations. Having access to a variety of supervision formats is likely to increase competence and confidence for supervisees, which in turn will impact on service user's outcomes (Roche *et al.*, 2007). Preference for one or other of the formats is likely to vary according to a supervisee's work role, experiences, cultural background and values, and the location of their service.

One-to-one individual professional supervision is the most commonly used format of professional supervision and is considered by many to be the most useful and effective. Its strengths include the development of an effective trusting relationship, greater disclosure as the relationship develops, and the focus of each session being on the individual supervisee. The weaknesses of this method relate to resource issues – having sufficient numbers of trained and capable supervisors, cost (financial and time) and the total reliance on candid self-disclosure by the supervisee. This latter point can be minimised by including direct (sitting in on an interview with a service user) and indirect observation (audio or video) of the supervisee's work.

Group professional supervision may be supervisor led, or a cooperative or peer group process (McKenna *et al.*, 2008). Groups of between four to six supervisees are considered to be of greatest value. The advantages of group professional supervision include that it is seen to be cost-effective, less threatening for some supervisees, can contribute to building team relationships, and perhaps most importantly, provides opportunities to draw on the skills and knowledge of other group members. Some researchers suggest that groups increase motivation to learn, perceptions of self-efficacy and the exchange of new knowledge (Hillebrand, 1989 as cited in Howard *et al.*, 2007).

Disadvantages of the group format (either peer or supervisor led) include the difficulty staying on task, with some participants missing out unless time is managed carefully, a tendency towards being too supportive, less challenges and difficulties arising from different communication styles. This can intensify when the group is led by a line manager. Understanding the dynamics of the group, as well as establishing clear roles, expectations and a process for managing time effectively and fairly, can minimise these difficulties.

Peer professional supervision is a non-hierarchical process and involves two peers taking the role of both the supervisee and supervisor in any one session. It is a model that is seen to be effective for more experienced practitioners only. As with other formats, the setting up, the contracting, the understanding of each person's context and the evaluation of professional supervision lead to success. The advantages of this format include the development of a safe and trusting relationship between the peers. The disadvantages are that this relationship can become social in nature and as a consequence less learning takes place.

Internal versus external professional supervision has been debated widely in the literature and in practice.

Internal professional supervision is when a supervisee is supervised by a supervisor who is part of their team. The advantages of this format are that the context of the supervisee is well understood by the supervisor and service issues are more readily dealt with. The disadvantages relate to the multiple roles possible in such a situation.

External professional supervision is when the supervisee is supervised by a supervisor who is not part of their work team. The supervisor may be working in another part of the organisation or outside of the organisation. Practitioners who prefer external professional supervision comment that there is greater safety in this form of supervision allowing for greater disclosure by the supervisee. Disadvantages include the potential cost of such arrangements and the supervisor's lack of knowledge of the supervisee's work environment and organisation. A further difficulty can be when concerns about a supervisee's performance or a service user arise. An external supervisor may not be aware of all the details or the organisation's processes in such a situation, or may find it difficult to approach the relevant people in the organisation.

Technology and **cross-discipline professional supervision** are two further formats for delivering professional supervision that need to be considered. Technology may be used to solve problems associated with accessing professional supervision. For example, email, video conferencing, Skype, chat rooms and telephones are all possible in an already established professional supervision relationship. Cross-disciplinary professional supervision is an option that may be useful for experienced practitioners and when further specialist knowledge is required. Such a practice supports the multidisciplinary approach taken by many mental health and addiction services.

2.2.9 CONTENT OF PROFESSIONAL SUPERVISION SESSIONS

The intention of professional supervision is to create situations where the supervisee is able to discuss and reflect on a broad range of issues directly related to their practice. Therefore topics will include those from each of the three functions (administrative, educative and supportive); the development of the seven Real Skills as outlined in *Let's get real* (Ministry of Health, 2008); specific issues with nursing practice; or aspects of a service user's assessment or treatment. While the supervisee may bring a specific issue to professional supervision, it is the supervisor's responsibility to relate these to the overarching topic of the supervisee's development and goals. While therapy for personal issues is not part of the professional supervision process, personal issues may be discussed in as much as they impact on the supervisee's work. If needed, a supervisor may suggest to a supervisee that they seek professional help.

Professional supervision sessions are also likely to use a number of processes to assist the supervisee's learning. These may include discussing cases, reviewing files and reports, reviewing audio or DVD recordings of interactions with service users, and direct observation (with the written consent of the service user). Learning strategies will include modelling, skill rehearsal and role play within the professional supervision session.

2.2.10 EVALUATION OF PROFESSIONAL SUPERVISION

Evaluating the professional supervision process and relationship is essential to ensuring that best practice processes are followed and that the process is effective and meeting the needs of the supervisee. Evaluation needs to occur both formally and informally.

Informally the supervisor should seek feedback from the supervisee at regular intervals about what is working and what isn't within the process and relationship.

More formally, the professional supervision process needs to be evaluated by all parties concerned. An early review (after three months) of a new professional supervision relationship should be scheduled, so that both parties have the opportunity to decide whether to continue. An annual evaluation of the professional supervision process will include a review of the relationship between the supervisor and supervisee, whether the goals outlined in the professional supervision contract or agreement have been met, and the impact on the supervisee's work with service user. This evaluation may be by way of a feedback session between the supervisee and supervisor, an anonymous questionnaire, or by way of the more formal professional supervision evaluation processes such as suggested by McKenna *et al.* (2007). They note that the Manchester Supervision Scale is the only internationally validated research instrument currently available to measure the effectiveness of professional supervision.

Hancox, Lynch, Happell and Biando (2004) suggest some innovative and creative ways of evaluating professional supervision, which an organisation may consider. These include recording the frequency of positive feedback, incidents and complaints, the uptake of professional development activities and the type of activity attended, measures of the stress and confidence of the supervisee, and the awareness of and management of risk.

“Supervision personally supports my thinking and enlarges my thinking”

- Interviewee

PART THREE: ROLES, RESPONSIBILITIES AND RELATIONSHIPS IN PROFESSIONAL SUPERVISION

There are at least four parties to the professional supervision relationship – the manager representing the organisation, the supervisor (which includes the cultural supervisor or expert), the supervisee and the service user. Each has different roles and responsibilities within professional supervision and all must work in partnership with each other if professional supervision is to be effective.

3.1 ORGANISATION

There is a strong expectation in Aotearoa New Zealand that nurses in the mental health and addiction sector will be supervised. To be effective, the process needs to be organised and explicitly supported by management, and all mental health and addiction nurses must participate fully. It is the organisation's responsibility to establish the policies and procedures to support professional supervision, and consideration should be given to making professional supervision a requirement of nursing practice and hence mandatory. Organisational policies and procedures set out the purpose, process, expectations, limitations, roles and responsibilities of each party.

3.2 PROFESSIONAL LEADERS AND LINE MANAGERS

It is the professional leader's and line manager's (or equivalent) responsibility to ensure they understand the principles and processes of professional supervision. Both may need to attend professional supervision training.

3.2.1 RESPONSIBILITY TO THE ORGANISATION

The professional leader or line manager is responsible for ensuring that professional supervision occurs, and that resources are available to facilitate the process. As part of this responsibility, they will ensure that professional and legal requirements for professional supervision of their staff are met and that professional supervision is included as an expectation and requirement in job descriptions and employment contracts.

The professional leader or line manager will contribute to the professional supervision strategy, working to raise awareness and challenging negative perceptions of professional supervision. They will participate in developing policies and procedures, and in developing monitoring procedures to ensure compliance to these procedures. These procedures may cover such things as attendance at professional supervision, frequency, costs and resources.

Professional leaders or line managers will also establish procedures for evaluating professional supervision across their teams.

3.2.2 RESPONSIBILITY TO ALL SUPERVISORS AND SUPERVISEES

The professional leader or line manager will ensure that all staff take part in an introduction to professional supervision course as part of their induction. They will also make sure that staff are aware of their organisation's policy and procedures with respect to professional supervision, will support staff to understand the expectations of professional supervision, and encourage them to attend. To facilitate professional supervision, leaders and line managers will need to address and resolve barriers that stand in staff members' way.

3.2.3 RESPONSIBILITY TO SUPERVISORS

The professional leader or line manager will establish criteria for recruiting and selecting supervisors, making these clear to all staff. Criteria are likely to include training, qualifications and experience in supervision, interpersonal qualities, cultural background and experience, as well as experience in mental health or addiction nursing.

Professional leaders and line managers will actively seek internal supervisors, and will facilitate any external supervision agreed to. All external supervisors will need to understand the organisation's context, including its philosophy, mission, policies and procedures, referral process, how it and the supervisee's team functions, and any professional supervision reporting procedures. They also need to be informed of any changes to procedures within the team.

To facilitate the process, it will be helpful for the professional leader or line manager to meet the internal and external supervisors as a group, to discuss the values that guide the practice of professional supervision and, in particular, the process and limits for confidentiality and reporting procedures. It is here that supervision's overarching goal – of developing competencies specific to the mental health and addiction sector – can be emphasised. Reference to the seven Real skills of *Let's get real* (Ministry of Health, 2008) will help supervisors understand this goal.

3.2.4 RESPONSIBILITY TO SUPERVISEES

Where possible, supervisees should be provided with a choice in selecting their supervisor, and the process and the rationale for this choice needs to be made clear to all parties. Professional leaders and line managers must also enable each supervisee to access cultural supervision if required.

The professional leader or line manager should participate in at least one meeting with the supervisor and supervisee during the early set-up phase of professional supervision, and should ensure that each supervisee's supervision is reviewed annually, possibly as part of their performance appraisal process. The latter can be facilitated by having the supervisor report to, or attend, the appraisal meeting.

3.3 SUPERVISORS

Supervisors have a responsibility to, and a relationship with, the organisation, as represented by the manager, the profession and the supervisee.

Supervisors are responsible for participating fully in professional supervision and working to achieve an effective alliance with their supervisee. As senior practitioners, they are also responsible for advocating for professional supervision when it is not established in an organisation. To do this, they will need to approach the professional leader, and work with them and management to find a solution.

3.3.1 SUPERVISOR'S RESPONSIBILITIES

Supervisors will hold as an overarching goal the development of the supervisee's professional and ethical practice and competencies. This requires an understanding of the Nursing Council of New Zealand's competencies for nurses (2007) and the seven Real Skills of *Let's get real* (Ministry of Health, 2008). Supervisors' responsibility is to set an example, by undertaking their own supervision with respect to their work with supervisees and by participating in professional supervision training to develop their own competencies.

3.3.2 RESPONSIBILITY TO SUPERVISEE

The supervisor will be open and willing to share his or her own experience and skills with the supervisee. Supervisors are responsible for facilitating an appropriate and safe environment for professional supervision to occur, taking into account the individual style and communication patterns of the supervisee.

3.3.3 PRE-SUPERVISION MEETINGS

For effective professional supervision, supervisors will need to understand the context of the supervision, including the philosophy of the supervisee's organisation, its policies and procedures, referral processes and team functioning, as well as the professional requirements of the supervisee and any reporting requirements. Supervisors should meet with potential supervisees for at least two sessions, before professional supervision begins, to gain this understanding. Such meetings are the basis for a strong working alliance.

To further facilitate professional supervision, and clarify each party's roles and expectations, supervisors should participate in a three-way meeting between themselves, the supervisee and the agency or organisation (as represented by the professional leader or line manager) early on in the process of setting up the professional supervision arrangement. Such a meeting is particularly important if the supervisor is external to the organisation.

Supervisors are responsible for completing the organisation's requirements for supervision, such as the professional supervision contract, in consultation with the supervisee. This will be part of

the initial sessions with a supervisee. Initial sessions should also be used for setting goals for professional supervision, which may include a focus on specific skills and knowledge (such as the seven Real Skills or the nursing council's competencies) or on learning theories or assessment or intervention procedures.

Supervisors are also responsible for initiating (in the initial sessions) a discussion about the possible ethical limitations or issues that may arise in supervision. This will include, but is not limited to, the possible dual relationships that may occur, potential issues arising from differences in power and diversity, confidentiality of sessions and boundaries within the relationship. Supervisors will monitor these issues throughout the supervision and ensure that the supervisee has opportunities to discuss them openly.

3.3.4 PROFESSIONAL SUPERVISION MEETINGS

While professional supervision sessions should be supervisee led, it is the supervisor's responsibility to provide some structure to the process and ensure that the discussion covers each of the three functions – administrative, educative and supportive.

It is also the supervisor's responsibility to practise supervision skills that support active learning. For example, in most situations using reflective and questioning processes is more effective than direct advice giving. A supervisee's development will also be facilitated by providing appropriate constructive feedback. Feedback should take into account the supervisee's learning needs and their response to such feedback. In conjunction with the feedback, the supervisor should provide appropriate and careful challenges to the supervisee's practice, to help them develop a sound ethical and professional practice.

Supervisors will need to prepare for professional supervision by reviewing the previous sessions' notes and progress on the goals set for professional supervision, and identifying possible agenda items.

Supervisors must discuss any issues of a serious ethical nature, firstly with the supervisee and then the professional leader or line manager, if needed. The process for doing so should be clearly identified in the professional supervision agreement or contract.

Supervisors are responsible seeking feedback from the supervisee on the professional supervision process, and on their role specifically. If this occurs regularly, it will also inform the professional supervision process.

3.4 SUPERVISEES

The supervisee's responsibility is to participate fully in professional supervision, working to achieve an effective alliance with their supervisor.

3.4.1 SUPERVISEE'S RESPONSIBILITIES

Supervisees will initiate and seek professional supervision, in accordance to their organisation's requirements, and then participate fully. They will need to consider their professional supervision needs, including their individual cultural supervision requirements, then work collaboratively with their leaders and managers to have these met. Where professional supervision is not established in an organisation, it is a supervisee's responsibility to work collaboratively with senior staff to advocate for such supervision.

3.4.2 RESPONSIBILITY TO SUPERVISOR

The supervisee is responsible for participating in professional supervision in an open manner, reporting on their work honestly.

3.4.3 PRE-SUPERVISION MEETINGS

Supervisees must participate in the initial supervision set-up process, by engaging in an open conversation with their supervisor about their work experience and background, specific developmental issues, strengths and areas of development, cultural supervision needs, professional goals and aspirations.

During this process, supervisees should review their developmental needs, using the competencies identified in *Let's get real* (Ministry of Health, 2008) and by the Nursing Council of New Zealand (2007) as a guide. Other considerations to be covered in pre-supervision meetings include reviewing their cultural competence in relation to their own development and the population they work with, and discussing potential ethical issues and dilemmas (such as the limitations of confidentiality within professional supervision, the potential for dual relationships, and the possible impact of the power imbalance within the supervisory relationship).

Supervisees should discuss and complete the professional supervision contract or agreement, as required by their organisation.

3.4.4 PROFESSIONAL SUPERVISION SESSIONS

Supervisees will prepare for professional supervision and, where necessary, will provide their supervisor with information prior to the session. Preparing for professional supervision meetings adds to their effectiveness. Supervisees should review the previous month's work, asking themselves such questions as "Have there been any ethical issues?, What has been concerning me regarding projects, service user work or staff issues?, What progress have I made on my goals?, What have I done to implement action points from the previous supervision meeting?". Supervisees should ensure that any actions agreed upon in professional supervision are carried out.

Should any difficulties or concerns arise with professional supervision, the supervisee should discuss these with the supervisor in the first instance. If the matter remains unresolved, it is the supervisee's responsibility to take it up with their line manager, professional leader or

professional body. Any further concerns may then channelled through the appropriate complaint procedures for the supervisee's organisation or professional body. Given the possible power imbalance in the supervisory relationship, clear procedures for managing this situation need to be included in the agreement or contract.

Supervisees will participate in evaluating their professional supervision. Evaluation needs to occur annually, and should be by way of a review meeting with the supervisor. It should also form part of the supervisee's annual performance appraisal and be included in any other organisational evaluation, as required. Informal evaluation should occur more frequently, with the supervisee discussing what is working and possible improvements to the supervision process at regular intervals.

3.5 SERVICE USER GROUPS

It is important that it is made clear to service users that all mental health and addiction nurses are expected to be supervised and the purpose of this supervision. How this is done depends on organisational policy, the nature of the service offered and the service user population.

As a minimum, all service descriptions (such as brochures, pamphlets, and posters) should describe the professional supervision process, as part of the framework for providing effective and efficient services to service users. It is possible that for some service users, in some services, the professional supervision arrangements of their practitioner will be explained during initial contact or at the initial assessment phase.

McKenna *et al.* (2008) suggest that consideration must be given to including service users in improving professional supervision. They suggest that the expertise and experience of service users may enrich the professional supervision process, by making the service user's perspective more explicit. For example, services could consider including service user employees (such as consumer advisors or peer support specialists working in multidisciplinary teams) in group supervision. Service users who are trained in professional supervision may also be useful for cross-discipline supervision, where it is identified that their perspective is needed.

PART FOUR: ORGANISATIONAL IMPLEMENTATION AND SUSTAINABILITY OF PROFESSIONAL SUPERVISION

Implementing best practice in professional supervision within organisations, and ensuring that it remains sustainable over the long term, are priorities. Strategies to ensure this happens include gaining active support for supervision from both senior management and clinical leadership, and developing a specific professional supervision strategy. It is the responsibility of all parties within an organisation to initiate and seek professional supervision.

4.1 ACTIVE SUPPORT

Senior management and clinical leadership should sponsor professional supervision as a key strategy for workforce development and take every opportunity to actively champion and model the process. Creative ways to use limited resources will need to be considered to achieve this, and is likely to include sharing supervision resources across organisations.

4.2 THE DEVELOPMENT OF A PROFESSIONAL SUPERVISION STRATEGY

A group of stakeholders (representing every level of the organisation and including service user advocates and cultural groups) should be appointed and tasked with developing a professional supervision strategy. The strategy will focus on embedding professional supervision into the culture of the organisation. In addition to developing the strategy, the stakeholder group will contribute to its coordination and evaluation, and to developing any subsequent policies and procedures (McKenna *et al.*, 2008).

Developing a professional supervision strategy will involve the following.

Conduct an audit or snapshot of current supervision processes and opinion to inform the strategy. This snapshot will include data such as the actual number of staff currently attending professional supervision, the frequency of attendance, the professional supervision models used, an evaluation of the process and the effectiveness of professional supervision, and an assessment of the dynamics within the organisation that support and resist professional supervision (Lynch & Happell, 2008b).

The audit will also identify the barriers to supervision, specific to the organisation, then address these in a practical manner. Barriers may include such things as the availability and quality of supervisors, irregular professional supervision with no formal contracts, financial constraints, negative supervisor behaviours, a lack of understanding of the purpose of professional

supervision by supervisors, supervisees and managers, a lack of priority for professional supervision, location of supervision sessions, and the lack of replacement cover to enable staff to attend them (Lynch & Happell, 2008c).

The audit should also identify the cultural needs of the supervisors and supervisees within professional supervision and suggest practical strategies to develop and maintain the cultural competence and safety of staff from non-dominant cultures in the workplace.

Develop specific communications and awareness training to build understanding about professional supervision across all levels in the organisation. This will include information about what professional supervision is and isn't, explanations about confidentiality and its limitations, an explanation of the benefits of professional supervision and a description of the process (Rice *et al.*, 2007).

Identify the resources required to facilitate the professional supervision process. Some creativity and joint collaboration across teams and organisations may be central here. As Roche *et al.* (2007) suggests, reciprocal arrangements between agencies and tertiary institutions will assist with managing resources. Access to libraries and journals, and the provision of scholarships for training will provide additional support, as will commissioning and supporting further research into professional supervision for mental health and addiction nurses in the Aotearoa New Zealand context.

Develop a cultural supervision plan to ensure that supervisees' cultural needs are met. Developing this plan will require careful consultation and assessment of staff's cultural needs, in the broadest sense. The plan will set out how cultural supervision will be provided safely for all those concerned. It will also include processes for outsourcing, recruiting and training sufficient Maori and Pasifika supervisors. This is of particular importance where there are high numbers of Maori and Pasifika in the population that staff serve. Given the relatively small pool of possible supervisors, there is an urgent need to identify and develop supervisors with cultural expertise.

Develop a model of all professional development activities occurring within the organisation demonstrating the links and differences between them. Spelling out the linkages will increase the effectiveness of professional supervision, which will in turn impact on service user outcomes. Consultation with human resources specialists may be helpful in developing the model. The Ministry of Education National Supervision Framework Group Special Education (2005) provides a useful example.

Establishing a professional supervision coordinator position or positions to implement, monitor and evaluate professional supervision. This person is likely to be considered an expert in the field, and will most likely be an advanced practitioner who holds a senior position. Adequate time and space should be allocated to implementing professional supervision, so that it is not a secondary consideration or squeezed into an already full-time workload (Lynch & Happell, 2008c).

The professional supervision coordinator can then identify people interested in becoming supervisors. Ideally this group will have had some training or experience in professional supervision. The impact that professional supervision duties will have on supervisors' workloads

will have to be considered, and adjustments made. It is likely that each person will not supervise more than four to six people. As the champion of professional supervision, the coordinator will provide support and supervision for the other supervisors, with a focus on furthering and extending their competencies.

Recruiting and training sufficient supervisors will be part of the professional supervision strategy. Decisions about what constitutes sufficient and competent training will need to be made by each individual organisation, as will accreditation processes. It is likely that professional supervision coordinators will have tertiary level training, as will those providing supervision of supervisors.

Staff should be consulted about issues such as choosing a supervisor, internal versus external professional supervision, the format of professional supervision sessions, allowing time for professional supervision in work time and providing cover in inpatient units, and the information from the consultation used to inform policies and procedures. Similarly, staff should be encouraged to participate in developing definitions, functions and processes for professional supervision that are specific to their organisation, and this input should be used in developing the organisation's professional supervision strategy, and its policies and procedures. Taking this approach will help ensure staff ownership of the process.

Establish an interim professional supervision process until there are sufficient trained supervisors available and a clear process has been established. This interim process may include a combination of formats for supervision sessions, such as providing access to an external supervisor for some staff, as well as group professional supervision. It will be the responsibility of all staff to work with their professional leaders and managers to have their professional supervision needs met, recognising that the development of an effective system will take some time.

Establish evaluation procedures for professional supervision. It is likely that this will involve anonymous surveys and targeted conversations to identify what is working, as well as any barriers to professional supervision. Any evaluation should inform the professional supervision systems and processes, and modifications and additions made. Monitoring and evaluation are critical to establishing professional supervision as being effective and financially viable within organisations. Creative thinking about what constitutes relevant evaluation data may see such things included as staff sicknesses and other absences, increases in creative and innovative practice, and expressed consumer satisfaction (Lynch & Happell, 2008c). Some way of collating this information across district health boards, primary health organisations and non-government organisations would be useful for measuring professional supervision efficacy and developing models of practice that are specific to Aotearoa New Zealand. Finding ways of seeking service user comment as part of evaluating professional supervision, while difficult, would also add to the effectiveness of the process (McKenna *et al.*, 2008; Rice *et al.*, 2007).

CONCLUSION

Professional supervision is complex and challenging, though ultimately a rewarding task for supervisors, supervisees and organisations. Maintaining a focus on the three functions of supervision – administrative, educative and supportive – is key to the process, as is the understanding that professional supervision is directed at developing the supervisee’s competencies. It is these skills that will impact on the supervisee’s work with service users.

These guidelines describe the best practice approach to conducting, implementing and maintaining professional supervision. The values and principles of professional supervision are outlined, as are the mechanics of how supervision works and the roles and responsibilities of each party.

The guidelines will ensure greater consistency in the practice of professional supervision across district health boards, non-government organisations and primary health organisations. A section on implementing and maintaining professional supervision in organisations has been included to ensure that there is greater take up. A planned and system-wide approach to professional supervision is likely to ensure greater effectiveness in the process and impact more significantly on outcomes for services and service users. It is the responsibility of all nurses, regardless of their position, to work in partnership with their organisations to develop professional supervision. It is not enough to acknowledge that professional supervision is a necessary requirement. System-wide procedures and processes need to be in place to ensure that it happens.

Further work is needed to develop structures and approaches to professional supervision that are specific to mental health and addiction nursing; to explore structures for implementing cultural supervision in Aotearoa New Zealand; to develop standards and competencies to guide the training of supervisors; and to evaluate the impact of professional supervision on supervisees and the work they do with service users.

It is hoped that these guidelines will support and assist the further development of professional supervision across the mental health and addiction sector, thereby improving the effectiveness of nurses and the service they provide to service users. Furthermore, these guidelines will form the basis for training for supervisors and supervisees, which is to be introduced in 2009.

Supervision is “keeping the world light”
- Interviewee

REFERENCES

- Ask, A. & Roche, A.M. (2005). *Clinical Supervision: A practical guide for the alcohol and other drug field*. Adelaide: National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.
- Carroll, M., & Gilbert, M. (2005). *On Being a Supervisee: Creating learning partnerships*. London: Vukani Publishing.
- Cutcliffe, J.R. & Hyrkas, K. (2006). "Multi-disciplinary attitudinal positions regarding clinical supervision: A cross-sectional study". *Journal of Nursing Management*, 14, 617-627.
- Edwards, D., Cooper, L., Burnard, P., Hannigan, B., Adams, J. & Fothergill, A. (2005). "Factors influencing the effectiveness of clinical supervision". *Journal of Psychiatric and Mental Health Nursing*, 12(8), 405-414.
- Eruera, M. (2005). "He Korero Korari". In Beddoe, L., Worrall, J. & Howard F. (eds.). *Weaving the Strands of Supervision: Proceedings of the supervision conference*, 59-65. Auckland: University of Auckland.
- Hancox, K., Lynch, L., Happell, B. & Biando, S. (2004). "An evaluation of an educational programme for clinical supervision". *International Journal of Mental Health Nursing*, 13, 198-203.
- Health Practitioners Competence Assurance Act 2003.
- Health Workforce Advisory Committee (2003). *The New Zealand Health Work Force: Framing future discussion document*. Wellington: Health Workforce Advisory Committee.
- Honey, P. & Mumford, A. (retrieved November 6, 2008). From <http://www.peterhoney.com/>
- Howard, F., Burns, B. & Waitoki, W. (2007). "Supervision in Aotearoa New Zealand in professional practice of psychology in Aotearoa New Zealand". In Evans, I.M., Rucklidge, J.J. & O'Driscoll, M (eds). Wellington: New Zealand Psychological Society.
- Kavanagh, D.J., Spence, S.H., Wilson, J. & Crow, N. (2002). "Achieving effective supervision". *Drug and Alcohol Review*, 21, 247-252.
- Kolb, D.A. (1984). *Experiential Learning: Experience as a source of learning and development*. New Jersey: Prentice Hall.
- Lynch, L. & Happell, B. (2008a). "Implementing clinical supervision: Part 1: Laying the ground work". *International Journal of Mental Health Nursing*, 17, 57-64.
- Lynch, L. & Happell, B. (2008b). "Implementation of clinical supervision in action. Part 2: Implementation and beyond". *International Journal of Mental Health Nursing*, 17, 65-72.
- Lynch, L. & Happell, B. (2008c). "Implementation of clinical supervision in action. Part 3: The development of a model". *International Journal of Mental Health Nursing*, 17, 73-82.
- Mafile'o, T. & Su'a-Hawkins, A. (2005). "A case for cultural supervision: Reflections on experiences of Pasifika cultural supervision". In Beddoe, L., Worrall, J. & Howard, F. (eds). *Weaving the Strands of Supervision: Proceedings of the supervision conference*, 59-65. Auckland: University of Auckland
- McKenna, B., Thom, K., Howard, F. & Williams, V. (2008). *Professional Supervision for Mental Health and Addiction Nurses: A review of current approaches to professional supervision internationally and in the New Zealand mental health and addiction sector*. Auckland: Te Pou o Te Whakaaro Nui, the National Centre of Mental Health Research, Information and Workforce Development.
- Milne, D., Pilkington, J., Gracie, J. & James, I. (2003). "Transferring skills from supervision to therapy: A qualitative and quantitative analysis". *Behavioural and Cognitive Psychotherapy*, 31, 193-202.

- Ministry of Education (2005). *National Supervision Framework*. Wellington: Ministry of Education.
- Ministry of Health (2006). *Mental Health Nursing Framework and its Future: A discussion framework*. Wellington: Ministry of Health.
- Ministry of Health (2008). *Let's get real: Real skills for people working in mental health and addictions*. Wellington: Ministry of Health.
- Ministry of Health (2001). *National Mental Health Sector Standards*. Wellington: Ministry of Health.
- Ministry of Health (2000). *The New Zealand Health Strategy*. Wellington: Ministry of Health
- Mullarkey, K., Keeley, P. & Playle, J.F. (2001). "Multi-professional clinical supervision: Challenges for mental health nurses". *Journal of Psychiatric and Mental Health, Nursing*, 8, 205-211.
- New Zealand Health Workforce Advisory Committee (2001). *The New Zealand Workforce: A stock take of issues and capacity*. Wellington: Health Workforce Advisory Committee.
- Northcott, N. (2000). "Clinical supervision: Professional development or management control?" In Spouse, J. & Redfern, L. (eds). *Successful Supervision in Health Care Practice Promoting Professional Development*. London: Blackwell Science Ltd.
- Nursing Council of New Zealand (2007). *Competencies for the Registered Nurse Scope of Practice*. Wellington: Nursing Council of New Zealand.
- Rice, F., Cullen, P., McKenna, H., Kelley, B., Keeney, S. & Richey, R. (2007). "Clinical supervision for mental health nurses in Northern Ireland: Formulating best practice guidelines". *Journal of Psychiatric & Mental Health Nursing*, 14, 516-521.
- Roche, A.M., Todd, C.L. & O'Conner, J. (2007). "Clinical supervision in the alcohol and other drug field: An imperative or an option?" *Drug and Alcohol Review*, May 2007, 26, 241-249.
- Scaife, J., *Supervision in the Mental Health Professions: A practitioner's guide*. Hove, UK: Brunner-Routledge.
- Wheeler, S. & Richards, K. (2007). "The impact of clinical supervision on counsellors and therapists, their practice and their clients: A systematic review of the literature". *Counselling and Psychotherapy Research*, 7(1), 54-65.
- Winstanley, J. & White, E. (2003). "Clinical supervision: Models, measures and best practice". *Nurse Researcher*, 10(4), 7-38.



AUCKLAND

65 New North Road, Eden Terrace
PO Box 108-244, Symonds Street
Auckland 1150, **NEW ZEALAND**
T +64 (9) 373 2125 F +64 (9) 373 2127

HAMILTON

Kakariki House, 293 Grey Street, Hamilton East
PO Box 219, Waikato Mail Centre
Hamilton 3240, **NEW ZEALAND**
T +64 (7) 857 1202 F +64 (7) 857 1297

WELLINGTON

Level 3, 147 Tory Street
PO Box 6169, Marion Square
Wellington 6141, **NEW ZEALAND**
T +64 (4) 237 6424 F +64 (4) 238 2016

CHRISTCHURCH

PO Box 7683, Sydenham
Christchurch 8240, **NEW ZEALAND**
T +64 (27) 207 4037