

Position Statement: Clinical Supervision for Nurses and Midwives

Clinical Supervision is an effective professional support strategy for nurses and midwives contributing to professional development and the health and well-being of the workforce¹.

This Position Statement highlights the significant benefits that Clinical Supervision offers for supervisees and organisations, and potentially for health consumers, and urges that Clinical Supervision be implemented in all settings that employ midwives and nurses.

Nurses and midwives are encouraged to seek out and learn about Clinical Supervision, engage in Clinical Supervision, and discuss its value within organisations.

State, Territory and Federal governments are advised to consider Clinical Supervision as a strategy that will contribute to workforce retention and recruitment through improving the health and wellbeing of the nursing and midwifery community².

Key statement

Clinical Supervision is increasingly recognised as a core component of professional support for contemporary midwifery and nursing practice³. There is reliable evidence that effective Clinical Supervision positively impacts on professional development and the health and wellbeing of supervisees in the workplace^{1, 2}. Maintaining the health and wellbeing of midwives and nurses is vital to encouraging recruitment, retaining and growing a healthy, safer and sustainable workforce⁴. Furthermore, emerging evidence suggests that healthcare personnel supported with Clinical Supervision provide improved services to health consumers⁵.

Definition

Clinical Supervision is a formally structured professional arrangement between a supervisor and one or more supervisees. It is organised around a purposefully constructed regular meeting that encourages critical reflection on the work issues brought to that space by the supervisee(s). It is a confidential relationship within the ethical and legal parameters of practice. The supervisor facilitates the supervisees to critically examine their work issues to gain a deeper understanding, consider alternative perspectives, develop insights, and where required, determine what next steps need to be taken. Clinical Supervision facilitates development of the reflective practice and professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace.

Clinical Supervision, as it is understood in this Position Statement, is distinct from point-of-care supervision, facilitated professional development, clinical supervision (professional), operational management processes, clinical management processes, personal staff support services, and supervised practice (see discussion paper for further information).

A trusting alliance between the supervisee(s) and supervisor is the central element of effective Clinical Supervision. To develop and maintain this alliance, Clinical Supervision is conducted in regular, private and protected time, away from the practice setting. Central to Clinical Supervision is effective communication and respectful feedback. It provides an opportunity to talk about the realities, challenges and rewards of practice and to be attentively heard and understood by a specifically trained professional of their choosing who engages in their own regular Clinical Supervision. Importantly, Clinical Supervision is not provided by a professional who has organisational responsibility to direct, coordinate or evaluate the performance of the supervisee(s).

Clinical Supervision is supportive, facilitative and focused on the work issues brought to the session by the supervisee(s) and maintains a focus on improved quality of service to health consumers. It is a culturally safe and respectful relationship that has commitment from both the supervisor and supervisee(s) and is confidential within the ethical and legal boundaries of nursing and midwifery practice. It is predictable in that supervisee(s) know what to expect with consistent, thoughtful and clear structures, boundaries, processes and goals articulated in an agreement that is reviewed regularly. It develops knowledge and confidence within the supervisee with a strengths-based focus aimed at building supervisee practice skills and awareness of practice, facilitating supervisee self-monitoring and self-accountability, and involves the supervisee learning to be a reflective nurse or midwife.

This Position Statement acknowledges that Clinical Supervision is evolving within nursing and midwifery and recognises continual development will enable greater achievement and impact as implementation is widened. There is a wealth of literature surrounding Clinical Supervision including the notion that a more robust framework should be developed to properly define what Clinical Supervision is and of what it should be comprised. There are also calls for a consolidation of existing training for Clinical Supervisors to ensure consistency and evidence-based strategies to achieve pre-determined outcomes for supervisees.

What is known is that midwives and nurses who engage in Clinical Supervision as supervisees overwhelmingly report positive benefits for their practice and wellbeing. What is not as clear is the impact that clinically supervised nurses and midwives have on outcomes for health consumers.

The benefits to midwives and nurses include:

- Increased self-awareness and understanding of ourselves as helping professionals.
- Development and utilisation of skills, a deeper theoretical knowledge and linking theory and practice.
- Increased competence, confidence, self-efficacy, professional accountability, and sense of empowerment and autonomy.
- Supported idea generation, creativity, innovation, problem solving and solution generation.
- Improved understanding of professional, moral and ethical issues.
- Improved coping at work and general wellbeing; improved identification of, and access to supports; and reduced stress, anxiety and burnout.
- Increased job satisfaction, personal accomplishment and development.
- Improved collegiate relationships (including with managers) and reduced conflict.
- Increased interest and engagement in work, and commitment to the organisation.
- A sense of community and increased trust.
- Role clarity and a stronger sense of professional identity.
- Increased interest and engagement in work, job satisfaction, personal accomplishment and development.
- Improved ability to engage therapeutically, to listen, support, empathise and understand the experiences of health consumers.
- Increased ability to maintain hope, respect individuality and autonomy and engage health consumers in their own recovery.
- Increased critical thinking, critiquing and improving practice including risk management.
- Feeling supported by having thoughts and feelings listened to.^{1, 6, 7}

Recommendations

The Australian College of Nursing, the Australian College of Mental Health Nurses and the Australian College of Midwives recommend that access to regular Clinical

Supervision be available for all nurses and midwives irrespective of their specific role, area of practice and years of experience.

To achieve this position, it is recommended that:

- Reflective practices, which include Clinical Supervision, are embedded in all nursing and midwifery undergraduate and vocational education as a component of professional practice and self-care.
- All midwives and nurses are fully orientated to Clinical Supervision upon entry to their relevant workforce and have access to regular Clinical Supervision that meets their individual needs.
- All Clinical Supervisors of individuals and groups undertake specific educational preparation for this role and engage in their own regular Clinical Supervision.
- The nursing and midwifery professional bodies advocate for a national standard for educational preparation of Clinical Supervisors.
- All employers of nurses and midwives positively support and actively promote quality Clinical Supervision through organisational policies, procedures and workplace culture.
- Regular systematic evaluations of the quality and efficacy of Clinical Supervision arrangements are undertaken at the local service level, taking care not to compromise the integrity of confidentiality agreements between supervisors and supervisees.
- The nursing and midwifery professional bodies advocate for investment in robust Clinical Supervision programs throughout the health and aged care systems to support implementation and sustainability.
- The nursing and midwifery professional bodies advocate for investment in outcomes-related research to strengthen the Clinical Supervision evidence base and for continuous improvement.
- The nursing and midwifery professional bodies collaborate with industrial associations to incorporate Clinical Supervision within Enterprise Bargaining Agreements.
- The nursing and midwifery professional bodies take an active role in interprofessional collaboration and advocacy for Clinical Supervision.

Professional bodies, the educational sector, healthcare organisations, funding agencies and clinicians must consolidate efforts to promote and contribute to high quality research that investigates the benefits of Clinical Supervision and identifies successful implementation strategies.

The literature that has informed this Position Statement is contained in the Discussion Paper.

This Position Statement was developed by representatives from each college.

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