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FEATURE ARTICLE

Introducing clinical supervision across Western Australian public mental health services

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ABSTRACT: *Retention and recruitment of the mental health nursing workforce is a critical issue in Australia and more specifically in Western Australia (WA), partly due to the isolation of the state. It has been suggested that these workforce issues might be minimized through the introduction of clinical supervision within WA mental health services, where, historically, it has been misunderstood and viewed with caution by mental health nurses. This may have been partly due to a lack of understanding of clinical supervision, its models, and its many benefits, due to a paucity of information delivered into initial nurse education programs. The aim of this pilot project is to explore and evaluate the introduction of clinical supervision in WA public mental health services. A quantitative approach informed the study and included the use of an information gathering survey initially, which was followed with evaluation questionnaires. The findings show that education can increase the uptake of clinical supervision. Further, the findings illustrate the importance of linking clinicians from all professional groups via a clinical supervision web-based database.*

KEY WORDS: *clinical supervision, mental health, mental health nursing.*

INTRODUCTION

Recent reports imply that mental health nurses experience added stress as a result of poor working conditions and heavy workloads within a culture of burnout (Lynch & Happell 2008; Pinikahana & Happell 2004; White & Roche 2006). Retention and recruitment of the mental health nursing workforce is a critical issue in Western Australia (WA) and strategies to improve these topical issues are prominently highlighted in WA's Mental Health Strategic Plan (DoH 2005).

A main source of job satisfaction reported by mental health nurses is that of supportive working relationships (Robinson *et al.* 2005), one element of which is the amount and quality of clinical supervision. Despite research supporting the concept of clinical supervision in mental health nursing, it has not been widely embraced in Australia (Lynch & Happell 2008; White & Winstanley 2006). Positive change could be realized by introducing a clinical supervision framework within WA mental health services. White and Roche (2006) clearly endorse this notion following their study which examined the effects of clinical supervision on mental health nursing in New South Wales, Australia.

This paper reports on a pilot study of the introduction of clinical supervision workshops and a clinical supervision web-based database into WA's public mental health services.

BACKGROUND

The Health Reform Committee report, *A Healthy Future for Western Australians* (DoH 2004), acknowledges that a need for change in the public health system of WA is

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urgently required. It reports projected workforce shortages and significantly increased resource requirements for mental health as a whole. The report presents a vision of a workforce that is essentially motivated and shares a common set of values and sense of direction. This vision for WA can be progressed significantly by following the *National Practice Standards for the Mental Health Workforce* (National Mental Health Education and Training Advisory Group 2002). The practice standards were developed with five groups of mental health professionals in mind, nursing being the largest, to provide a framework that will assist clinicians from the time they commence working in the mental health arena and throughout employment. This strategy outlines the infrastructure required to ensure the standards can be implemented through orientation, clinical supervision, leadership from management, and training in core areas of clinical practice.

The *National Practice Standards* facilitate enhancement of knowledge and skills in the mental health workforce, and consider the relationship of recent workforce development strategies to recruit and retain mental health professionals and the overarching Mental Health Strategy 2004–2007. The mental health reform initiatives, outlined in WA's *Mental Health Strategy 2004–2007* (DoH 2005), are focused on relieving pressures in the mental health system. 'Workforce, Standards and Safety Initiatives', is one of five key initiatives outlined in the *Mental Health Strategy 2004–2007* (DoH 2005). This initiative supports recruitment and retention and asserts that innovative education and training models will equip the workforce with the skills, knowledge and attitudes to work competently. Clinical supervision is one component of education and training that may contribute to the enhancement of high quality services.

Clinical supervision as a reflective process

Clinical supervision was originally introduced in the United Kingdom as a means of support for nurses in the workplace (DoH 2000; Jones 2003), which would impact positively on job satisfaction (Robinson *et al.* 2005) and ultimately on staff retention. It has also been recognized as a way of providing valuable opportunities for reflective practice (Coakley & Scoble 2003), which facilitates review and improvement of clinical skills.

Schön (1983) suggests that professionals reflect upon experiences and related behaviour by diarizing and discussing events and, in doing so, they ask questions and reflect on practice, generating new understandings of the phenomenon and change in the situation. Boud *et al.* (1985) also advocate the process of truthful exploration of feelings related to the incident being reflected upon, by acknowledging that feelings and emotions may be both a significant source of learning and also a barrier. They describe reflection as 'an activity in which people recapture their experience, think about it, mull it over and evaluate it' (Boud *et al.* 1985; p. 19).

Walsh *et al.* (2003) similarly define clinical supervision as a process involving reflection upon practice, with the final outcome being improvement in clinical practice. There is strong support from the literature that reflection on action is essential for mental health professionals, in that it enables them to explore clinical practice experiences without discounting the possibility that personal values, assumptions, and beliefs have influenced both the practice itself and the way that practice is experienced.

Can education demystify clinical supervision?

Walsh *et al.* (2003) regard clinical supervision as an important developmental tool focused on the delivery of quality nursing care. It is increasingly being used as part of clinical governance, in that it contributes to quality improvement, clinical risk management, and facilitates systems of responsibility and accountability.

It is apparent from clinical supervision literature that there are misconceptions regarding its true nature that inhibit its uptake (White & Winstanley 2009). Cottrell (2002) identifies the *raison d'être* of problematic implementation of clinical supervision in nursing as suspicion, resistance, and mutiny. White and Winstanley (2009) found that management support was fundamental to better understanding the function of clinical supervision and minimizing suspicion.

In summary, it appears that education workshops can demystify clinical supervision and promote the successful implementation of clinical supervision. Milne and James (2002) support this notion by concluding that competence in clinical supervision appears to require education.

AIMS

The findings reported and explored in this paper originate from the Clinical Supervision Project initiated by the Office of Mental Health, Department of Health in WA. The aims of the study were:

1. To develop and implement a clinical supervision framework for WA public mental health services.

2. To provide education in clinical supervision for mental health clinicians.
3. To establish a web-based clinical supervision database to facilitate clinical supervisees accessing clinical supervisors.

ETHICAL CONSIDERATIONS

This study was undertaken under the auspices of the Office of Mental Health, Health Department of WA, which has a legal responsibility and strong commitment to improving mental health services and enabling the implementation of comprehensive mental health reform initiatives. Within this framework of responsibility, the Office of Mental Health supports and facilitates initiatives such as the Clinical Supervision Pilot Project. One significant component of such initiatives is to seek and receive feedback from clinicians regarding their experiences as research participants, which in this example relates to education and training sessions. Clinicians are offered the opportunity to provide feedback, and no compulsion or coercion is placed on them to reply to questionnaires or surveys. Clinicians only provide feedback on a voluntary basis and their viewpoint is always respected. Specific ethical approval is not required when conducting these quality initiatives and reviews. Subsequent permission to publish the findings of this initiative were sought and approved by the Acting Director, WA Office of Mental Health, Health Department, WA.

METHOD

Survey to ascertain viability of clinical supervision implementation

In order to ascertain whether implementation of clinical supervision within WA was a viable option, it was necessary to investigate the occurrences and/or frequency of clinical supervision within the public mental health services of WA.

A survey was randomly distributed to 350 mental health clinicians working in WA's public mental health services. Mental health clinicians were defined as registered and enrolled nurses working in the mental health area, social workers, occupational therapists, clinical psychologists and medical officers. The aims of the survey were to determine:

1. The respondents' understanding of clinical supervision.
2. Whether or not clinical supervision was being carried out in the workplace.

Introduction of clinical supervision: Information sessions

One hour information sessions were planned for 28 WA mental health services. The sessions were devised with the specific objectives of introducing the concept of a clinical supervision framework to services and encouraging policy development. It was anticipated that the information sessions would facilitate a greater understanding of the process of clinical supervision and encourage individuals to attend clinical supervision education.

Clinical supervision education

Clinical supervision courses were planned and developed with the objective of preparing individual clinicians to undertake, and also to deliver, clinical supervision. It was proposed that this would assist clinicians' understanding of the rationale and merits of reflective practice. This process would allow clinicians to demonstrate their competence in the application of the clinical supervision process in role play scenarios and assist in making individuals aware of the related legal and ethical issues.

All courses were facilitated by the clinical supervision project officer, a mental health nurse with experience in the area as both a clinical supervisor and supervisee. The co-facilitator for the first four courses was a professor of mental health nursing who also had prior experience in clinical supervision. The remaining courses were co-facilitated firstly by an occupational therapist and then by a staff development educator with nursing, psychology and teaching qualifications, both of whom had considerable experience with clinical supervision in WA and overseas. The diversity of presenting clinicians served to encourage clinicians from different disciplines to attend the courses.

The workshops were of two and one half days in duration (see Appendix One). An assignment component was also included in the workshop, whereby participants were asked to carry out a minimum of one clinical supervision session over a six week period. The practical experience was then translated into a written reflective account based on their practice as a beginning clinical supervisor.

Initially, five courses were planned; however, the demand was such that this was followed by another two resulting, in a total of seven courses delivered to 210 mental health clinicians. The intention was for clinical supervision education to then be introduced as a comprehensive education package, which, in turn, would act as a catalyst for the development of a clinical supervision policy statement which would encourage and sustain regular practice.

Implementation of clinical supervision database

It was apparent from a review of the literature and a recent increase in recruitment of clinicians from areas where clinical supervision is already embedded, that a method for identifying potential clinical supervisors outside of service areas was required. Development of a web-based database hosted by the WA Office of Mental Health was proposed. A risk analysis was completed to ascertain the involvement of the Office of Mental Health on a long-term basis.

The clinical supervisor's were expected to identify their training and abilities with a further agreement that any disputes were to be managed at a service level. In order to register as a clinical supervisor, applicants were required to complete an online questionnaire, which was determined by the Office of Mental Health. Registration is reliant on the applicant answering 'yes' to all questions. For example, 'Do you have a minimum of two years experience in the mental health field?'; 'Have you had experience with clinical supervision?'; 'Have you familiarized yourself with the document *Clinical Supervision: Framework for WA Mental Health Services and Clinicians?*'; and 'Are you aware of policies existing in your area regarding clinical supervision?'.

RESULTS

Survey results

Following random distribution of a survey to 350 Mental Health Clinicians working in WA's public mental health services, there was a response rate of 44.28% (155 respondents). The survey's intention was to determine clinicians' understanding of clinical supervision and whether or not it was being carried out in the workplace. Of the 155 survey respondents, 121 (78.1%) claimed to understand the definition of clinical supervision, and a remarkable 105 (67.74%) respondents admitted to undertaking clinical supervision at the time of the survey in July 2005. A total of 75 (71.43%) of the 105 clinicians who stated that they were partaking in clinical supervision, had sought their supervisor from outside their usual workplace. Despite a majority of clinicians seeking supervisors who were external to their workplace, 82 (78.1%) individuals chose supervisors from the same professional group. The supporting theme from the results of the survey was that respondents wanted the freedom to choose their own clinical supervisor, and that this capacity for choice may serve to encourage commencement and/or continuing clinical supervision.

Information sessions

Information sessions were delivered to 28 WA mental health service, including metropolitan and country health services. Throughout delivery of the sessions, 409 clinicians were captured, with audiences of between two and 40 attendees at any one service, the majority being mental health nurses.

There was substantial support for the information sessions delivered, and it was apparent that although some services had previously established clinical supervision policies, the effectiveness of implementation could be defined by 'profession specific' interpretation. For example, psychologists were more familiar with the concept of clinical supervision as part of their professional educational requirements than nurses.

Clinical supervision education workshops

Clinical supervision workshops were delivered to 210 mental health clinicians until the conclusion of the project in June 2006. Evaluations of the workshops were completed following each of the seven sessions. The correlated descriptive results can be seen in Appendix Two.

The evaluative results were, for the most part, positive. Of the 210 workshop participants, a significant 88.5% asserted that new skills were gained and their knowledge of clinical supervision had also increased following education. The remaining 11.5% of participants reported that the workshop had not increased their knowledge to any great extent and that new skills were not gained. The additional comments included for this group were that they were already familiar with the concepts and necessary skills required for clinical supervision. When workshop participants were asked whether they would recommend the course to others, a notable 87.6% stated they would. Furthermore they declared that it was a 'worthwhile course to attend'. The remaining 12.4% who answered in the negative did so because they were 'uncertain' about whether they wanted to pursue clinical supervision as supervisors or supervisees. Finally, a majority of 86.6% of participants considered the workshop to have been of an appropriate duration for their needs. The 13.4% who indicated they were unhappy with the workshop durtion suggested that the course be extended to possibly five days.

The assignment component was used to assist in consolidation of the education sessions. If participants completed the assignment then certificates were issued to verify completion of the workshop. Whereas, if participants attended the workshop yet failed to submit the assignment then certificates of attendance were issued.

This outcome was explained both during and following the workshops.

Prior to conclusion of the project, in an attempt to support the momentum of interest and continue to demystify the concept, a clinical supervision education package was developed and distributed to WA metropolitan and country mental health services. Following this, a further 20 mental health clinicians attended subsequent education courses. These workshops were endorsed by the Royal College of Nursing Australia and attracted a total of seven continuing nurse education points, which possibly served to enhance the participant numbers.

Clinical supervision database

A web-based database hosted by the WA Department of Health, Office of Mental Health, was launched in March 2006. This was a database of clinical supervisors, with the Office of Mental Health providing the base and acting as host.

The information recorded on the database for each potential supervisor indicates their availability, level of experience, and clinical supervision interests. This format is also used by the University of Melbourne, Centre for Psychiatric Nursing, Clinical Supervision database (University of Melbourne 2009).

To date there are 26 mental health clinicians registered as clinical supervisors on the database, of which the majority, 22 (84.6%), are mental health nurses.

DISCUSSION

Translation into clinical practice

The benefits of clinical supervision for the field of mental health are commonly agreed upon, in that it provides emotional support, assists in developing clinical skills, and provides the opportunity to discuss other relevant issues (Nicklin 1995). Therefore, the importance of clinical supervision cannot be underestimated and it is timely that issues and concerns should be addressed and translated into actual practice.

One of the most significant findings was that whilst a significant proportion of respondents asserted their knowledge about clinical supervision, only 68% actually confirmed that clinical supervision was being undertaken. This may have been due to clinicians feeling dissatisfied about lack of choice in clinical supervisor. It might also have been related to service conditions, such as high acuity, high staff turnover, and other competing demands interfering with the time available for clinical supervision (White & Winstanley 2009).

Also worthy of comment was the fact that although clinicians sought supervisors who were external to their workplace, they more often chose supervisors from the same professional group. This may indicate that autonomous selection is important for mental health clinicians, and it is expected that the clinical supervision database would meet this need.

Can education demystify clinical supervision?

Cottrell (2002) has identified the reasons behind problematic implementation of clinical supervision in nursing as suspicion, resistance, and mutiny. However, it is apparent from the results collected here following the clinical supervision workshops that new knowledge and skills were indeed gained, which would assist in challenging any misconceptions regarding clinical supervision.

These results seem to suggest that teaching people about clinical supervision results in increased knowledge and skills as perceived by the respondents. Almost 89% of respondents indicated that they had increased their knowledge and skills around clinical supervision. It is possible that some of the participants already had a good understanding of clinical supervision. Ultimately, a better understanding of clinical supervision has probably led to increased engagement in clinical supervision. It is not possible to clarify which of the several variables has influenced this outcome.

Linking mental health professionals for clinical supervision

The clinical supervision database is a unique service available to WA mental health professionals. Whilst the database will offer a wider choice of supervisors to clinicians, the number of registered individuals is low at this time. If there is an ongoing commitment from mental health services to provide more education workshops and support clinical supervision in the workplace, then registration of database membership is likely to increase significantly.

CONCLUSION

The progression of clinical supervision in WA may benefit from a change in institutional culture (Stevenson & Jackson 2000) and this is something that occurs over time. Further energy is required for clinical supervision to continue as a key strategy in supporting the mental health nursing workforce, in maintaining their own mental well-being through the provision of professional and emotional

support, and attracting people into the mental health workforce. It is essential that there is a commitment to the provision of clinical supervision education workshops in the long term and regular marketing of the clinical supervision database to attract qualified clinicians to WA and to maintain the momentum already gathered.

Ultimately, if there is a commitment to maintain and support clinical supervision from all areas of the mental health system, mental health professionals will have the opportunity to participate actively in their professional development and move towards delivering a standard of health care that is consistent across the State.

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APPENDIX ONE: CLINICAL SUPERVISION EDUCATION WORKSHOP OUTLINE

Aim: To prepare course participants to provide skilled clinical supervision to other clinicians.
Objectives: By the end of the course participants will:

- Understand the rationale and merits of clinical supervision
- Evaluate the intrinsic worth of models of supervision
- Exhibit skills in facilitating and promoting reflective practice
- Demonstrate competence in applying the clinical supervision process
- Adopt the prescribed roles and responsibilities of the clinical supervisor
- Be aware of the legal and ethical issues related to clinical supervision
- Identify potential barriers and solutions for implementation of a system of clinical supervision in their own services

	Course content
Day one	History of West Australian clinical supervision in mental health Clinical supervision experiences Defining clinical supervision Models and methods employed in clinical supervision Skill base requirements for clinical supervision
Day two	Clinical supervision framework for Western Australian mental health services Documentation, documentation, documentation Ethics, conflict, confidentiality and legalities Translation of learning into practice Where to from here; organizational culture
Half day	Effective interpersonal communication Reflective practice Practice development

APPENDIX TWO: RESULTS OF EVALUATIVE QUESTIONNAIRE FOLLOWING CLINICAL SUPERVISION EDUCATION WORKSHOPS

	Evaluative response $n = 210$ (%)				
Questions	1	2	3	4	5
1. Has your knowledge of clinical supervision increased?	44 (20.9%)	142 (67.6%)	6 (2.9%)	12 (5.7%)	6 (2.9%)
2. Have you gained new skills?	58 (27.6%)	128 (60.9%)	4 (1.9%)	15 (7.2%)	5 (2.4%)
3. Would you recommend this course to other mental health clinicians?	136 (64.7%)	48 (22.9%)	14 (6.7%)	8 (3.8%)	4 (1.9%)
4. Do you consider that the workshop timeframe was appropriate for your needs?	136 (64.7%)	46 (21.9%)	13 (6.2%)	14 (6.7%)	1 (0.5%)

Evaluative response key:
1 = Yes, totally
2 = Yes, somewhat
3 = Unsure
4 = Not really
5 = Not at all