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Clinical supervision as a means of professional development in nursing

Abstract

Ongoing professional development is a mandatory component of a nurse's license to practice. One such opportunity to engage in professional development is through clinical supervision. Clinical supervision is a formal arrangement embedded within a structure aimed at supporting staff and enhancing outcomes for both clinicians and service users.

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Clinical supervision as a means of professional development in nursing

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Ongoing professional development is a mandatory component of a nurse's license to practice. One such opportunity to engage in professional development is through clinical supervision. Clinical supervision is a formal arrangement embedded within a structure aimed at supporting staff and enhancing outcomes for both clinicians and service users.

It has a long and established history in many health care professions, including social work, psychology and mental health nursing. Lyth (2000: 728) describes clinical supervision as a *“support mechanism for practising professionals within which they can share clinical, organisational, developmental and emotional experiences with another professional in a secure confidential environment in order to enhance knowledge and skills”*.

Engaging in this process is thought to lead to increased awareness of other concepts integral to nursing such as accountability and reflective practice. It has also been suggested that clinical supervision has *“been developed as a strategy to address the challenges, stresses and opportunities facing the nursing profession of the 21st century”* (Lynch et al 2008:3)

Clinical supervision is conceptualised as having four goals. Corey et al (2014) describes these as that which 1) promotes supervisee growth and development 2) protects the welfare of the client 3) monitors supervisee performance and act as a gatekeeper for the profession and 4) is a process that empowers the supervisee to self-supervise and carry out these goals as an independent professional.

The goals illustrate the value that clinical supervision has with regard to professional development in nursing. They also synergise with the Proctor Model of clinical supervision (Proctor 1986) which has become one of the most influential models to be adopted in nursing contexts. The Proctor Model comprises three domains: 1) Normative: to address the promotion of standards and clinical audit issues 2) Restorative: to develop the personal wellbeing of the supervisee and 3) Formative: to develop knowledge and clinical skills.

The growth and development of nurses who receive clinical supervision is achieved through a structured process of facilitated practice reflection. This professional development strategy is thought to increase practitioner well-being and self-awareness but also contributes to an improvement in the quality of clinical care. Such an approach could in turn improve outcomes for clients (Winstanley & White 2010).

Looking abroad, clinical supervision for nurses was introduced in the late 1980s in the UK, and has since become an integral part of the public health system in terms of clinical governance and quality assurance. This is not so in the broader context of Australian nursing practice. The exception is mental health nursing. Given that clinical supervision can bring benefits not only to practitioners but also health care organisations and its clients when it fulfils the aim of improving and developing clinical practice (Bond & Holland, 2010), Australian health care organisations should consider formally and consistently supporting nursing staff to access clinical supervision as part of ongoing professional development.

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