
CLINICAL SUPERVISION IN
**Mental Health
Nursing**

G. SLOAN

*Consulting and Clinical Psychology Services
NHS Ayrshire and Arran, Ayr, Scotland*



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About the Author

Graham Sloan is a Clinical Specialist in Cognitive Psychotherapy and works in Consulting and Clinical Psychology Services, NHS Ayrshire and Arran. He completed his PhD in May 2004 studying with the School of Nursing, Midwifery and Community Health, Glasgow Caledonian University. He has had several papers relating to clinical supervision and cognitive and behavioural psychotherapy published in the recent nursing literature and has presented at international conferences. He provides clinical supervision to mental health nurses, cognitive and behavioural psychotherapists, clinical psychologists and psychiatrists and provides education on clinical supervision and CBP within the Trust. He is also employed as a Visiting Lecturer at Glasgow Caledonian University.

Foreword

At last, a research project on clinical supervision in nursing where we are left in no doubt as to what really happens in nursing supervision. With his debut book, Graham Sloan has produced both an enjoyable read, at once informative and rigorous, as well as an honest account of how supervision at least in one Mental Health site in Scotland has developed since its implementation. Gone are the usual wild claims and extravagant benefits made for the behalf of clinical supervision and in their place is a well-considered and cautiously executed study that allows the reader a view that is reliably absorbed in objective data. We know this because we are provided transcripts of actual accounts of supervision sessions recorded via audio-taping.

Sloan is not happy with the usual subjective reports of supervision that remain unquestioned; nor is he satisfied with the purported yet untested ideals found in the nursing literature – he wants to capture the essence of supervision first-hand and, unusually, in an empirical manner. To this end, his research questions propose gaining objective knowledge on the content of clinical supervision, how the interpersonal interactions between supervisee and supervisor influence this content, the impact of the organisation in which nurses work on the supervision process and the changes that are expected to occur in supervision. Uniquely to nursing supervision research, he uses an Illuminative Evaluative approach that focuses on the supervisory dyad couple and this method further enables him to encapsulate any modifications to the supervision process during its unfolding. After all, supervision is an ongoing dynamic process, and change is inherent to all dynamic processes.

To obtain his rich data base, Sloan collects multiple sources of information both from interviews and self-ratings of all participants and his own careful observations which he subjects to Burnard's (1991) thematic analysis and Heron's (1971) Six Category Intervention Analysis in a longitudinal study over 18 months. These methods provide him with an epistemically objective means of evaluating the interpersonal domain of subjective interactions, rather than merely relying on his own thoughts and biases. This is innovative and enormously important and has not been done before in nursing supervision. What Sloan has done here is to do elevate simple talking to the level of complex action – speech acts are acts like any other, and clearly have a reciprocal impact on both the listener and the speaker. Thus, he legitimises the 'talking approach' of clinical supervision, and for all nursing, not only for mental health nursing.

Rightly, Sloan argues that supervision is an educational innovation, and one that cannot be separated from the learning milieu or wider organisational

context. It is highly interesting then, to note that, without exception, all supervisors in this study were on-line managers. The result is unsurprising. Most supervision discussions were underpinned by managerial concerns from the supervisor – a situation both contrary to the literature and contrary to what supervisor and manager participants themselves claimed. As promised by the expanding nursing literature, supervision is not particularly supervisee-led, and these supervisee-participants were not shy in disclosing to the researcher their dissatisfactions with supervision. Clearly, this is an unexpected benefit from the study in that the supervisees derived some benefit and even relief from discussing their experiences.

Sloan ensures, as much as possible, to ‘keep himself out’ of the participants’ expectations of supervision; he has no need to ‘influence’ them to tell a researcher what he may want to hear. And he does this in the most sensitive manner – he informs all participants that he wants to know what is happening, and not what ‘should’ be happening. At every turn, he offers participants to review their statements or withdraw their audio-visual tapes recording their sessions. It is to his credit that, overall, the participants were as generous as they were, considering the sensitivity of their private thoughts and the knowledge that some of those thoughts would be published in a public world (although anonymously).

Sloan, too, is generous. He is overwhelmed with data, yet manages to offer the reader a coherently flowing account of his journey, selecting personal quotes that absorb our attention and make us want to think for ourselves. One cannot help but be left with the impression that his own work as a supervisor is highly sensitive and unambiguously on the side of the supervisee’s self-discovery. He is disappointed that this does not happen more frequently either in the literature or in his study. Yet, with his unobtrusiveness he does not suggest what we should think – that is entirely left to us – the reader.

Sloan, sensibly, concludes that a complexity of factors influence how nurses engage with clinical supervision: the organisational culture and perception of supervision, who supervises, what training and ongoing support is offered to supervisors, what is hoped to be achieved, and for what outcome.

It also remains unanswered what is being ‘supported’ in supervision. The usual assumption is that nurses’ wellbeing is supported in the light of the new therapeutic patient-centred nursing approach (Butterworth and Faugier, 1992; Savage, 1990), yet there is little evidence to substantiate this. No great in-depth discussions of the impact of patients on nurse’s therapeutic work were uncovered in this study. Frustratingly so. But there are many insights to this study. My own favourite is this (though I am biased here): How clinical supervision is conceptualised by nursing scholars and practitioners will influence how supervision is implemented and developed. The repercussions are clear enough: much work still needs to be done on considering what nurses want or need from supervision rather than waxing lyrically about its untested benefits.

Further, it is not enough to just listen and accept to what people say they do, one must explore what actually happens in practice. There is no shame in this – all of us can misperceive our environment, or we can deceive ourselves, or simply be mistaken about what we think. I think this book deserves all the time and the effort required to study it, to savour it and to return to it for the insights that are glowing on many of its pages.

Tania Yegdich

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