

Exploring Maternal and Child Health nurses' clinical supervision practice – findings from research and future directions.

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Acknowledgement

- Acknowledgement of Country
- Supervisors: Associate Professor Kristina Edvardsson
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- Department of Health and MAV

Research aims



Clinical supervision -

- Problematic term – purpose, contexts
- Operational supervision vs clinical supervision (EMCH CS guidelines)

Operational Supervision

Includes clinical oversight, compliance and professional, managerial, educational and administrative supervision

Largely supervisor driven and supervisor evaluated

Performance factors are prominent

Clinical Supervision

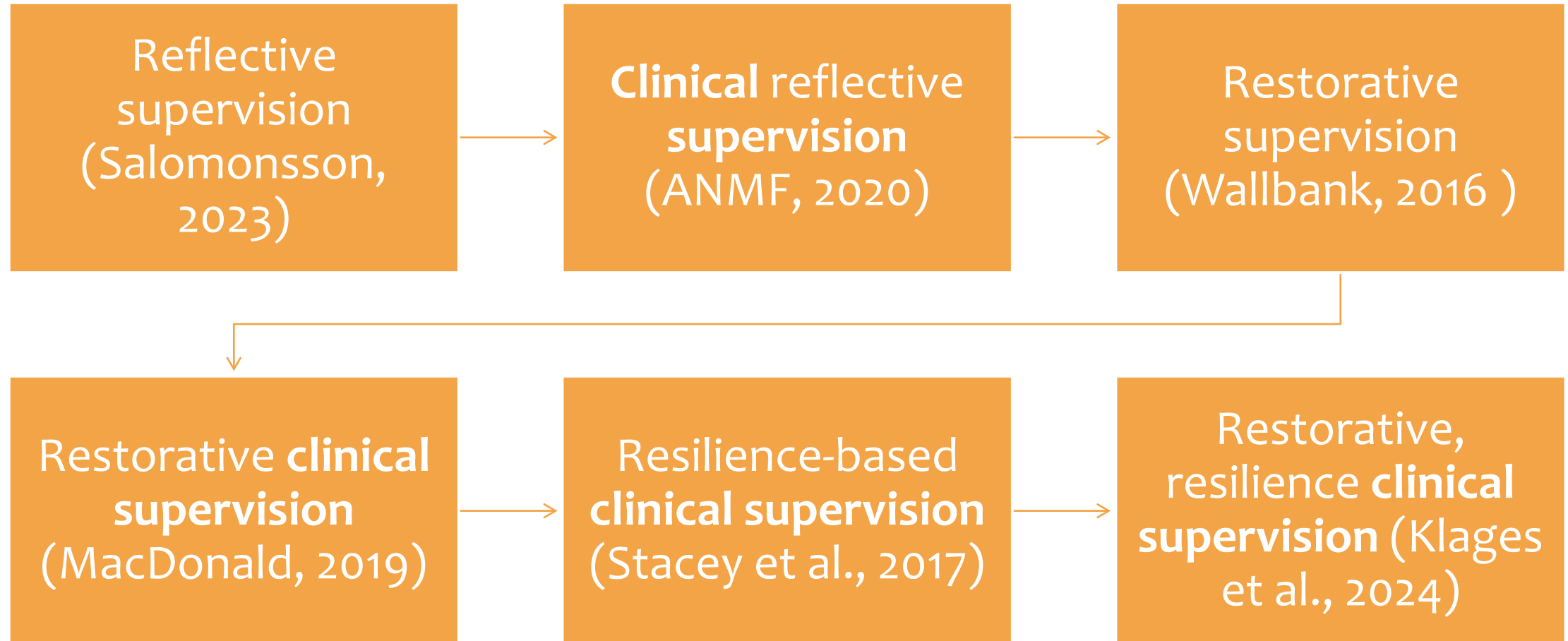
Confidential, facilitated reflection on professional practice

Supervisee driven

Working agreement is in place

Evaluation is negotiated

Purpose and aims



Clinical supervision models

Three function
interactive framework
of clinical supervision
(Proctor, 1986)

Role development
(Consedine, 2001)

Seven-eyed model of
clinical supervision
(Hawkins and Shohet,
2006)

Reflective practice and reflection

Models

- Gibbs, Kolb, Johns

Levels

- Technical
- Practical
- Critical
- Process

Clinical supervision - definition

- Formal structure
- Supervisor and one or more supervisees
- Purposeful, critical reflection
- Confidential *
- Facilitates reflective practice
- Professional skills
- Increased awareness of complex human and ethical issues



POSITION STATEMENT: CLINICAL
SUPERVISION FOR NURSES AND
MIDWIVES (2019)

The research study



REVIEW | Open Access |

2022

Clinical supervision practice by community-based child and family health nurses: A mixed-method systematic review

Anne O'Neill , Kristina Edvardsson, Leesa Hooker



EMPIRICAL RESEARCH - QUALITATIVE | Open Access |

2023

'What is it we are trying to achieve here'? Community maternal and child health nurses and clinical supervision: A qualitative descriptive study

Anne O'Neill , Leesa Hooker, Kristina Edvardsson

2024

Clinical supervision in Australian child and family nursing, a cross-sectional study.

Anne O'Neill, Leesa Hooker, Kristina Edvardsson (manuscript).

What did we find?

CS
Provision



- **Widely available to MCH nurses/access issues**
- **External supervisors** (Social Work, Psychology, MCH nurses)
- **Group formats the norm**
- **Lack of consistency** between services – size, frequency, time, awareness/ use of CS guidelines/resources
- Enhanced MCH Clinical Supervision Guidelines (2018)

What did we find?

Value & Benefits



- Opportunity to meet, **validation** – e.g. “*have done enough*” ... “*not missed anything*”
- Mutual support, **reduced sense of isolation**
- **Different perspectives** and specialist clinical **knowledge**
- Maintaining **professional boundaries**, support to manage **emotional demands** of work – child safety and risk
- **Self-care**

What did we find?

Challenges/
Barriers



- Lack of **agreed understanding** purpose/aim of CS *
- Poor supervisor **facilitation skills** *
- Not '**safe enough**' (individual/group)*
- **Tokenistic**, passive responses / dominant voices
- Workplace **cultures**
- **Arrangements** - group size, venue, time, regularity

So, what does
it mean?

Nurse education and training

Professional forums and associations

Identify exemplars and practice leaders

Organisational and clinical leadership – align
policy and governance agendas-include in
reporting

CS implementation frameworks

College of Mental Health
Nursing (2018)

**Clinical supervision for
mental health nurses**
A framework for Victoria

Queensland Health (2021)

**Framework
for Queensland
Nurses & Midwives**

ACT Health (2023)

**Clinical supervision
framework for ACT nurses
and midwives**

Office of the Chief Nursing
and Midwifery Officer
ACT Health

Resources

- Sainsbury, J., & Stacey, G. (2022). Setting up a national clinical supervision subject expert group. *Nursing Times*, 118(2), 23-25.
- [Clinical Supervision Network - Florence Nightingale Foundation \(florence-nightingale-foundation.org.uk\)](https://www.florence-nightingale-foundation.org.uk)

Thank you

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