Presenting the case for all physiotherapists in New Zealand to be in professional supervision

Sarah Butler *MHPrac*
Super Vision Associates
Lesley Thornley *PGCert*
Physiotherapy Clinical Practicum Leader, ADHB and Super Vision Associates

ABSTRACT

Professional supervision is a formalised process of support and learning which allows practitioners to develop and expand their professional knowledge and competence. Its aim is to assist practitioners to assume responsibility for their own practice and to ultimately ensure enhanced care and safety for patients. It is central to the process of ongoing learning and expansion of practice and provides a means of encouraging self-assessment, analytical and reflective skills of their work. This article aims to explain the difference between clinical and professional supervision, to expand the reader's understanding of the process of professional supervision and then to give compelling reasons as to why all New Zealand physiotherapists should be both trained and regularly engage in professional supervision.

Key words: Support, reflection, learning, partnership.

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INTRODUCTION

Professional supervision provides the practitioner with scheduled, protected time in which to reflect upon their practice, facilitated by a respected colleague. Its aim is to equip the practitioner with a forum for professional growth while ensuring consistency, quality and safety of the service they provide to their patients (Physiotherapy New Zealand 2012). Although professional supervision as a way of providing ongoing learning and support has been common in many of the caring professions since the 1990s (Bishop 1998), its use by physiotherapists worldwide has been less familiar (Sellars 2004). As a 'hands on' profession, strong emphasis has traditionally been given to improving clinical practice standards while managing the physical demands such practice places upon us as therapists (e.g. back care). However, with the development of professional supervision there has been increasing recognition of the benefits of using this technique to manage the other stresses involved in being part of a caring occupation. In recognition of this, Physiotherapy New Zealand (PNZ) issued a position statement in March 2012 stating that; "PNZ expects all members to engage in supervision, regardless of the stage of their career, and work settings/context" (Physiotherapy New Zealand 2012). This encouragement to engage with professional supervision brings our profession into line with physiotherapists and other allied health groups around the world. In this article, we explain the difference between clinical and professional supervision and present the case for all physiotherapists in New Zealand to be both trained and engage regularly in professional supervision, irrespective of their type of work or stage of career.

The differences between clinical and professional supervision

All physiotherapists in New Zealand are familiar with the term clinical supervision which is associated with junior and undergraduate learning in the clinical situation under the leadership of a more senior colleague. This process aims to develop the clinical skills of the less experienced clinician (Sellars 2004) by developing their clinical reasoning through discussion, appraisal and review (Hall and Cox 2009) and by presenting the junior with situations in which they are able to 'mirror' the actions of their supervisor (Mattsson and Mattsson 1994). Professional supervision, however, is defined as part of ongoing professional reflection and education, and is less well understood (Hall and Cox 2009) (see Table 1). Confusion between what constitutes professional and clinical supervision is complicated by the literature which commonly refers to the process of 'professional supervision' as 'clinical supervision'. Table 1 distinguishes between clinical and professional supervision (Mattsson and Mattsson 1994, Sellars 2004, van Ooijen 2003).

As with clinical supervision, professional supervision takes place in the work place but involves an exchange between colleagues to facilitate professional development (Winstanley and White 2003). Its aim is to provide the physiotherapist with a "structured opportunity to talk meaningfully to a trusted colleague about their circumstances at work" (Winstanley and White 2003, p 8) and provide a space for them to reflect on practice, to identify solutions to problems and thereby improve practice and increase understanding of professional issues (Hall and Cox 2009).

This lack of understanding of the role and function of the two differing types of supervision may limit the enthusiasm of physiotherapists to pursue professional supervision. To date, the adoption of regular supervision by physiotherapists in New Zealand is variable. In some places, it is considered the norm, with physiotherapists receiving excellent professional supervision but in many other areas, professional supervision is unavailable or provided by line managers resulting in the process being viewed with suspicion by those unfamiliar and distrustful of both the idea and the practice.

Table 1: Differences between Clinical and Professional Supervision

	Clinical supervision	Professional supervision
Location	Work place; office or clinical environment.	Generally in the work place; somewhere free of distractions.
Aim of the process	To improve clinical skills and clinical reasoning through a system of appraisal and review.	To provide support and reflective listening to facilitate professional competency, knowledge and professional growth.
Frequency	As required and as work load allows. Regularly occurs for junior staff but less common as the practitioner becomes more experienced.	Regular protected time. Most commonly for one hour every month irrespective of practitioner skill and experience.
Structure	No formal structure but may follow local guidelines.	Formalised contract agreed to by both parties at outset of supervisory relationship.
People involved	Senior physiotherapist as clinical supervisor and supervisee +/- patient or other supervisees.	Trusted colleague trained in supervision (who is not the line manager and may be from a different profession to the supervisee). Other models such as group supervision may involve other people.
What is discussed	Patient/whānau and clinical issues.	Professional issues including clinical, organisational and personal issues as they pertain to the work environment.
How is this discussed	Senior clinician oversight and/or monitoring - reviews and gives advice.	Supervisor listens and facilitates the supervisee to reflect upon their own practice and identify solutions, opportunities and outcomes.

The components of professional supervision

In recent times, there has been an increase in demand for physiotherapists to show high levels of professional and personal accountability and demonstrate provision of a high quality, innovative, effective and efficient service to the clients they serve, while working collaboratively within their wider team structure (Sellars 2004). This has occurred within a demanding healthcare environment of reduced Accident Corporation Compensation (ACC) subsidies for private practice physiotherapists and a reprioritising and reduction of spending within the rest of the healthcare sector. Both the professional and organisational pressures on physiotherapists have therefore risen considerably and it has become clear that as a profession we need to come up with ways of helping ourselves manage these pressures, while maximising the level of service and care we provide to patients.

Self-reflection on one's practice has historically been seen as one method available to physiotherapists to manage these issues, but may not always be helpful, as it is easy to become "stuck" within the process, resulting in an inability to move forward (van Ooijen 2003) or to put it a different way; for the physiotherapist to be 'unable to see the wood for the trees'. Previously, 'tea and a chat' conversations between colleagues were also used to help therapists manage their stress levels and in some cases to reflect upon their work (Santos et al 2010). However, the increasing time pressure demanded of those working in today's health service has put pay to much of this informal process, leaving many physiotherapists isolated, unsupported and lacking professional accountability (Clouder and Sellars 2004, Santos et al 2010). This potentially puts physiotherapists and their patients at risk. Professional supervision provides a way of managing these issues, through the use of 'learning from practice' and encouragement of a formalised process of critical self-reflection to identify solutions to problems, improve practice and increase understanding of professional issues (Sellars 2004).

The term professional supervision encompasses a number of models of supervision which act as frameworks or guidelines providing structure and intention to the process of professional supervision. These models can be loosely divided into four main groups, each one being more suited to particular groups or situations than the others;

1. Models of reflection; these provide different tools and ways of reflecting on an issue both before and during supervision e.g. brain storming and mind mapping (Bond and Holland 1998).
2. Psychological approach models; these are most frequently associated with counselling and are based on theories of 'what it is that makes people tick', such as those of Freud and cognitive behavioural therapy (van Oojen 2003).
3. Developmental models; these are influenced by developmental psychology and focus largely on the educative role of supervision. These models suggest that there are a number of stages a practitioner passes through, from beginner to experienced clinician and supervision is structured accordingly (Hawkins and Shohet 2000).
4. Supervision specific models; as professional supervision has become an increasingly important part of the caring professions, theoretical models have been developed pertaining specifically to this activity rather than being borrowed from other functions and fields. There are a number of these focusing on different aspect of supervision such as the tasks, functions, structure and process of supervision (van Ooijen 2003).

An example of a supervision specific model is the Supervisory Alliance Model developed by Proctor (Inskipp and Proctor 1993, 1995) which suggests there are three functions of supervision; normative, formative and restorative (Bowles and Young 1999). Generally, all three will be covered during a supervision session but the weight given to each is likely to vary from session to

session depending on the supervisee's needs and requirements. Table 2 provides a summary of the normative, formative and restorative functions of supervision (Cutliffe 2001).

The normative function is concerned with professional and management issues. It encourages review of the administrative and ethical aspects of the physiotherapist's role and encourages the clinician to evaluate their work in relation to these (van Ooijen 2003). This important part of the supervisory process is likely to be compromised if the role of supervisor is taken by the practitioner's line manager. The lack of direct line management involvement in the professional supervisory process allows it to fulfil its supportive rather than confrontational function (Bishop 1998).

The formative function of professional supervision is concerned with developing the physiotherapist's ability and understanding of their skill base. The more inexperienced the supervisee, the more likely this function will share similarities with clinical supervision, in that the supervisor may be required to take on a more educative role, sharing their experience as a way of facilitating learning for the supervisee (Bishop 1998). With more experienced staff, the formative function is likely to be geared towards identifying opportunities for further learning outside the supervisory relationship and may play a less important part in the overall process of regular supervision.

In the restorative part of professional supervision, the supervisor seeks to provide support and understanding for the supervisee, helping them to manage their own needs and feelings in relation to their work (Bishop 1998). This is a big change from the more traditional model of managing physiotherapist's work related stress which assumed that burn out could be managed by 'getting on with things' and teaching the physiotherapist not to care, rather than assisting them to care with supports in place to help them manage the stresses associated with their work (Bishop 1998). The restorative function is central to professional supervision and is vital in a profession such as physiotherapy which has not had a strong history of caring and concern for the wellbeing of its members (Linsay et al 2008).

Although the three functions of professional supervision have been presented separately here, in practice they often overlap within the supervision session. For example, helping a supervisee to reflect upon a treatment session with a patient may involve a discussion of ethical issues, the appropriateness of treatment and if the supervisee had sufficient skill to carry it out effectively. The supervisee may require support around managing such a patient/whānau/condition and wish to discuss what went well or not so well. Likewise, supervision sessions rarely follow one specific model, instead taking elements from a number of models depending on the needs of the supervisee during a specific session. It is here that the benefits of formalised supervision training become clear in helping the supervisor to alter their approach as appropriate.

The value of professional supervision

So what is it that makes today's physiotherapist in need of regular professional supervision, rather than managing with individual reflection and the occasional 'corridor conversation' with a colleague as we have always done? Our profession has a strong tradition of being wedded to the biomedical view of 'the body as a machine' which has demanded the physiotherapist maintain an objective, depersonalised view of both the patient and their practice. As a result, physiotherapist's feelings for, and perceptions of, their clients have been considered of little relevance to clinical practice (Nicholls and Gibson 2010). Physiotherapists have commenced clinical practice with little understanding of the impact this can have on their own wellbeing and on the care they deliver to their clients. Butterworth et al (1998) suggest that the technological, output driven world of today's health service provides little room for emphasis to be given to nurturing, caring and compassion in the relationship we have with our patients. Much of the work undertaken by physiotherapists involves intense one on one relationships with clients, supporting and encouraging them through difficult and often uncomfortable regimes of treatment, frequently over a prolonged period of time. This leads to a responsibility of care which can result in the physiotherapist taking on the patient's distress for which they have had little or no preparation (Balogun et al 2002). The impact of carrying this burden for our patients can be huge, and may lead to an increase in work related stress and eventual burn out (Martinussen et al 2011). Professional supervision provides a place that acknowleges this and allows space for the supervisee to work out ways of managing the situation with the help of their supervisor. Professional supervision has been shown to be an effective preventative measure to avoid burn out in female nurses but is less effective when it comes to manging those who have already reached the stage of being overwhelmed by their professional roles (Koivu et al 2012). Certainly, in a small study of physiotherapists working in acute district hopitals in the UK, three quarters of participants reported having someone from whom they could seek support other than their line manager was considered very helpful (Hall and Cox 2009).

Table 2: Summary of the Supervisory Alliance Model

Function	Normative	Formative	Restorative
Description	Managerial	Educative	Supportive
Tasks in summary	To ensure both supervisee and supervisor monitor administrative aspects of job.	To set up a learning relationship & in some instances to teach	To council and consult.
Task examples	Review of quality assurance schemes, evidence based practice and standard setting. Monitor professional ethical issues. Evaluate practitioners' role within the organisation.	Learning may involve exploring educational opportunities outside the supervisory relationship, e.g. courses or external people who can help, or it may involve sharing clinical experiences for review by both parties.	This restorative element is central to professional supervision and allows the supervisee to 'unload' their stresses concerning their work and clinical practice.

Many of the physiotherapists working in New Zealand are employed by large government agencies such as the District Health Boards (DHBs). It has been suggested that distress in the caring professions comes not only from direct contact with patients, but also from the reactions of the organisation within which they work (Scaife 2001). Working within agencies such as the DHBs can place the physiotherapist in a situation where their basic mandate to care for their patients may conflict directly or indirectly with the organisational priorities (Butterworth et al 1998). This occurs in a myriad of ways but is often linked to increasing fiscal pressure, resulting in a discrepancy between the individual's professional values and the organisation's administrative objectives, a reduction in training opportunities and a lack of organisation in the hierarchal chain of command (Santos et al 2010).

Other physiotherapists in New Zealand work in small, often sole practitioner practices and for those, the lack of accountability, isolated working conditions and the financial pressures of keeping a small business afloat, may also frustrate their ability to maximise both patient care and job satisfaction. The increasing autonomy with which physiotherapists work has also added to the pressure, particularly for those working in smaller practices where the physiotherapist has minimal avenues from which to seek the help, reassurance and support often required.

The physiotherapy profession is able to control the work its members do, the requirements for entry and autonomy over its practice. The power that comes from being part of such an organisation can lead to an unequal relationship between the physiotherapist and the client, distancing the therapist from the patient by limiting the sense of 'being with' or being alongside the patient, helping to contain their anxieties (Bright et al 2012, Mudge et al 2013). These professional relationships often emphasise the practical and technical aspects of a job rather than the more basic but crucial act of caring. In recent times, this caring has been become an necessary component of 'patient centered care' and although understood to be important within clinical practice, there is limited literature suggesting what skills are required for physiotherapists to provide their patients with this type of caring (Bright et al 2012). Despite this lack of clarity on what is required to provide our patients with care as well as clinical expertise, many physiotherapists see their role as providing much more than the delivery of the practical and technical functions of health care. Professional supervision encourages the development of these relationships, both between the physiotherapist and the patient and between the physiotherapist and other members of the healthcare team (Butterworth et al 1998). This results in improved patient care and increased job satisfaction for the physiotherapist (Sellars 2004).

The challenges of professional supervision

Although there has been much written about the role of professional supervision and its use in positively enhancing the ongoing learning and practice of allied health practitioners (Hall and Cox 2009, Sellars 2004), there are a number of authors such as Gilbert (2001), Hall and Cox (2009) and Yegdich and Cushing (1997) who are less enthusiastic about the process. These authors suggest that the practice of regular professional supervision by various allied health groups around the world has become so normalised that its use as an important part of beneficial professional development is assumed, taking the practice beyond question by the rank and file membership. Gilbert (2001) also argues that supervision, far from being helpful, can act as a subversive mode of surveillance, resulting in the disciplining of professional activity and the squeezing of professional identities into a self-regulated autonomy of moral regulation. This view has been directly countered by Clouder and Sellars (2004), who agree that while we are all exposed to surveillance in both our home and professional lives, through a myriad of social agencies, the explicit nature of professional supervision makes the practice more ethical than the more illicit type of professional surveillance that occurs if a formalised regime of professional supervision is not in place. Bishop (1998) agrees with this view, going on to suggest there are ways of reducing the surveillance aspect of professional supervision such as ensuring the role of the supervisor and the manager are kept separate.

The early proponents of professional supervision did not appear to see it as a means of surveillance but instead as a way of ensuring competent practice while enhancing the service provided to patients (Bishop 1998). More recently, the benefits of professional supervision as a way of enhancing professional development have become more strongly emphasised (Hall and Cox 2009). Clouder and Sellars (2004) have suggested that that irrespective of whether or not individual rank and file practitioners agree with supervision, it is likely that the process of professional supervision is now so deeply embedded in policy documents (such as the position statement put out by PNZ in 2012), that it is unlikely to be displaced in the near future.

Where to from here?

So where does that leave us as a profession encouraged to engage and possibly provide regular professional supervision? Physiotherapists in New Zealand have a wide variety of clinical and supervisory experience and work in vastly differing areas of practice. In our view, all would benefit from being in regular supervision. Many physiotherapists may find it easier to see the immediate value of supervision for more junior clinicians who are still developing their professionalism and baseline clinical skills than for more senior staff who have been in their role for many years. However, it is clear from the literature that once engaged in supervision, all physiotherapists irrespective of the stage of their career are likely to feel the benefits of the process (Hall and Cox 2009, Sellars 2004).

Certainly, the days of physiotherapists spending hours caring for a seriously ill patient with nowhere to take their anxiety and grief should be long gone. Similarly, we should not be leaving physiotherapists to disappear unsupported under an avalanche of patients as they attempt to balance the books of their sole practitioner practices. Nor should we expect the profession to retain clinicians left to cope with impossible caseloads and overwhelming organisational demands, while being offered little in return. Scenarios such as these do us no credit as a profession and expose physiotherapists to huge stresses and place them at risk from eventual burn out (Yegdich and Cushing 1997). They also put the provision of good patient care at risk. If we continue to expect members of our profession to practise in a professional, holistic and caring way, we must offer them ways to do so and we believe that regular professional supervision provides such an avenue.

However, despite significant anecdotal evidence of the benefits of professional supervision, there are only a small number of published empirical studies that support its use for allied health professionals. This poses a problem when trying to persuade

a profession of the benefits of the professional supervisory process. Further research is required, ideally carried out within the New Zealand context, to provide a firmer base of support for all physiotherapists to be in regular professional supervision.

Ensuring that all New Zealand physiotherapists embrace the idea of regular supervision will not only be hampered by the lack of research based evidence, but also by the actual time and cost of receiving regular professional supervision. The majority of physiotherapists in New Zealand are self-employed; working in small practices throughout the community. Such businesses have been hard hit in recent times by the changes to New Zealand's ACC levies and by the economic recession generally. Persuading these physiotherapists to take an hour out of their working day on a regular basis to engage in professional supervision will not be an easy task. This may be one reason why, to date, the vast majority of physiotherapists in New Zealand in regular professional supervision, work for DHBs or primary health organisations who are able to provide both time away from clinical work load and the financial resource to pay for professional supervision training.

For professional supervision to become the norm within New Zealand we must ensure professional supervision training is well organised and convincing enough to persuade our colleagues to enrol in both the training and the supervisory process itself. In the longer term, one way to achieve this would be to move the professional supervision training and education from the workplace into the schools of physiotherapy. This would ensure that newly qualified physiotherapists arrive at their first jobs with a reasonable knowledge of professional supervision and a desire to engage in the process throughout their career.

CONCLUSION

Our challenge as a profession is to ensure that regular professional supervision becomes the norm for all physiotherapists, firmly established as part of autonomous practice rather than allowing it to become a casualty of time in a profession that tends to favour patient contact time above all else. For this to happen, there needs to a commitment from both our schools of physiotherapy and our professional bodies to support ongoing training opportunities for professional supervision provided for both under graduate and post graduate physiotherapists as well as research to investigate the benefits of professional supervision in New Zealand.

KEY POINTS

- Professional supervision is different from clinical supervision.
- Professional supervision provides the physiotherapist with scheduled, protected time to reflect upon their practice, providing a forum for managing stress and encouraging professional growth while ensuring consistency, quality and safety of service.
- Physiotherapy New Zealand, through their position statement, expects all members to engage in supervision, regardless of the stage of their career, and work settings or context.

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ADDRESS FOR CORRESPONDENCE

Sarah Butler. Email sarahbuknz@gmail.com

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