

Maintaining professional resilience through group restorative supervision

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Abstract

Restorative clinical supervision has been delivered to over 2,500 professionals and has shown to be highly effective in reducing burnout, stress and increasing compassion satisfaction. Demand for the programme has shown that a sustainable model of implementation is needed for organisations who may not be able to invest in continued individual sessions. Following the initial six sessions, group restorative supervision has been developed and this paper reports on the programme's success in maintaining and continuing to improve compassion satisfaction, stress and burnout through the process of restorative group supervision. This means that organisations can continue to maintain the programme once the initial training has been completed and have confidence within the restorative group supervision to support professionals in managing the emotional demands of their role. The restorative groups have also had inadvertent positive benefits in workplace functioning. The paper outlines how professionals have been able to use this learning to support them in being more effective.

Key words

Clinical supervision, restorative supervision, stress, burnout

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Introduction

Restorative clinical supervision (Wallbank, 2007) is a model of supervision designed to support professionals working within roles where they have a significant emotional demand. The model has been piloted (Wallbank, 2010) and substantially tested with a range of community staff (Wallbank and Hatton, 2011). It has delivered substantial reductions in the stress and burnout levels of over 2,500 staff while supporting their compassion satisfaction (the pleasure they derive from their job) and increasing the attachment they have to their organisations (Wallbank and Woods, 2012). The programme currently offers a training day, followed by six individual sessions and two group sessions of restorative supervision. Professionals report:

'Feeling stronger and having greater thinking capacity' (Nursing Standard, 2013: 21)

post sessions and cite that the programme supports them to:

'interact more positively in the workplace, which benefits both the rest of the team and the families or patients they are working with' (Nursing Standard, 2013: 21).

The programme was cited as a positive example of what could be done to support a compassionate NHS service in the government response to Francis (Department of Health (DH), 2013) and the cascade model continues to be commissioned widely to support staff.

Restorative group supervision

To develop the sustainability of the model it became quickly apparent that organisations are not always in a position to support individual sessions. As group supervision had been a consistent feature for the supervisors working within the restorative programme, there was also anecdotal evidence available from these sessions that there were also benefits to this approach.

This paper will discuss the development of the group aspect to the restorative programme and the evidence base that is currently in development to demonstrate the effectiveness of the ongoing group supervision to support professionals' resilience and compassion within the workplace.

Literature for group supervision

The effectiveness of group supervision has not been widely studied, particularly using a more formal quantitative methodology. There exist only a handful of studies that evaluate the efficacy of clinical supervision using self-report questionnaires (Nicklin, 1995; 1997a; 1997b; Mahood et al, 1998; Berg and Hallberg, 1999; Winstanley, 2001; Hyrkäs 2006). Many other evaluation studies have used approaches that cannot be replicated, such as in-depth interviews or subjective perceptions and experiences of clinical supervision and the numbers involved in the studies would prevent wider applicability of findings (Brunero and Stein-Parbury, 2008).

A small-scale study of six high-level managerial nurses revealed that after six months of clinical supervision, nurses viewed it as positive as they had been able to debrief, reflect and share stressors in their work environment (Cross et al, 2010). Although this study adds to our knowledge about the impact of clinical supervision in the nursing community the sample size is small and the methodology unreplicable.

Abbott et al (2006) conducted a study where mandatory clinical supervision was introduced to all frontline nursing staff, including health visitors and school nurses working in City and Hackney Teaching Primary Care Trust. On evaluation the researchers found that staff strongly supported the implementation of clinical supervision within their service. Although this study clearly indicated that clinical supervision was effective for the nurses involved, quantitative replicable results were not used and so this study is limited in

Table 1. Results of baseline, post-individual and group sessions

Area	Baseline (before any restorative intervention)	Post six individual sessions	Post up to six group sessions
Compassion satisfaction (Standard deviation)	44.20 (4.18)	44.72 (4.17)	45.21 (4.12)
Burnout (Standard deviation)	42.81 (4.23)	24.71 (5.13)	22.81 (6.15)
Stress (Standard deviation)	43.85 (4.12)	16.86 (4.02)	15.81 (3.02)

its effectiveness.

A number of Scandinavian studies have moved towards a more empirical approach using the Manchester Clinical Supervision Scale (MCSS) and the Maslach Burnout Inventory (MBI) (Hyrkas, 2005; Hyrkäs et al, 2006). These studies identified that evaluations of clinical supervision were related to a number of factors, including the supervisee’s background, the infrastructure at work and job satisfaction. Evaluations of clinical supervision could also predict burnout and job satisfaction.

Gonge and Buus (2011) have undertaken wide-scale research into supervision within psychiatric nursing and identified that factors such as level of education, gender and engagement with the organisation will certainly impact on the effectiveness of supervision. Benefits of the process appeared to be increased job satisfaction and vitality and less stress and emotional exhaustion.

While the evidence for the effectiveness of group supervision was not widely available, there appeared to be a satisfactory amount of early findings to indicate as a strategy for sustainability there would be merit in researching the impact of group supervision with the restorative model.

Aim

The aim of this study was to evaluate the effectiveness of group supervision as a tool to maintain the resilience of the professional achieved through individual restorative supervision.

Design

The study was a cross-sectional, questionnaire design which aimed to

review the impact of the restorative group supervision sessions after up to six sessions.

[Ethical approval?

Please provide a sentence on seeking ethical approval, even if this was not required.]

Participants

The study invited all health visitors who were involved in the cascade of the restorative model and had experienced up to six group supervision sessions to participate in the evaluation of the sessions. This paper reports on 174 health visitors’ experience of the group sessions.

Data collection

The restorative programme has relied upon the professional quality of life scale (Stamm, 2005) to provide baseline evidence for stress, burnout and compassion satisfaction (the pleasure one derives from their role). Given that baseline and post individual supervision session **[do you mean data? Pls clarify]** was available using this questionnaire it was decided to keep the measure consistent and use this measure again after up to six group sessions. **[pls provide numbers for participants. Were there six individuals or groups or both?]**

Data analysis

Data were analysed using ‘SPSS version 21’. T-Tests were conducted to compare means of the baseline and post-supervision data.

Results

The average number of group sessions was 5.46. The results showed the group supervision continued to reduce levels of

stress (t (139)=-11.564; p=0.00) and burnout (t (139)=-.141; p=0.01). It also showed that the group supervision maintained and increased levels of compassion satisfaction (t (139)=-7.480; p=0.00).

Discussion

The quantitative results show that the model of restorative supervision (Wallbank, 2007) is able to offer professionals the individual experience that they need to reduce their stress and burnout levels. It can also be used as a sustainable tool within organisations to ensure that the change is maintained through group supervision. Group restorative supervision is an efficient and effective way of maintaining professional resilience. Organisations can have confidence that the training programme offered is able to deliver change through the individual sessions and then this is continued once in the group phase.

The process of restorative group supervision also appeared to have inadvertent benefits to the groups within it. As part of the programme’s ongoing evaluation, supervisors who were facilitating the group were asked for themes within the supervision. **[pls explain – unclear]** These themes showed how the group members were able to use the restorative sessions to support their resilience within the workplace.

Insight into my group role

Through the process of group restorative supervision, the supervisors within the programme team were able to learn more about how the individual professional engages within a group dynamic and this further enhanced their ability to function as a dynamic team member outside of the sessions. By supporting the professional to understand not just the content of the group supervision but the process of being within a group, the professional was able to learn about themselves. By noting the group dynamics and where these may be mirrored within the workplace, professionals were able to think about the wider impact of their individual style and support any changes they needed to make.

Helping me deal with conflict situations

Dealing with conflict was and remains a consistent issue within restorative

Key points

- Restorative group supervision after six individual sessions is effective in maintaining and improving compassion satisfaction, stress and burnout
- Group restorative supervision has individual and organisational benefits which improve how the professional functions within the workplace
- Group restorative supervision can be used to support learning about team functioning and enhance the strategies available to the professional for dealing with conflict

supervision and while the individual sessions have been useful in talking this through and developing strategies, group supervision has enabled live situations where conflict has developed and presented an ideal opportunity to think about the impact in the moment. This opportunity has been used by the supervisors to support individual professionals thinking around how they deal with conflict but also to pull on others experience and watch how they may exacerbate or mediate in particular situations.

The group sessions allows participants to play with ideas around how would you deal with this particular situation and given the psychological safety of the space that has been developed, this enables professionals to practice potential solutions without the fear of getting it wrong.

Others feel this way

Normalising demands on the professional and having an opportunity to understand that others are feeling the same way is a critical part of the process. Structural changes in organisations lead to professionals not spending enough time working together and sharing experiences. This means that they can be more vulnerable to thinking that the way they are experiencing their workload or difficulties within their organisation are not shared by others. By working together to understand the aetiology of issues and, more importantly, how these can be resolved, professionals are learning to work in a more constructive and supportive way with each other. Although team-working skills are already strong within most professionals, it is the opportunity to utilize them within the restorative space that is regarded as valuable [by whom?]

Motivating, creating and bringing together ideas

Post individual sessions, most supervisees are more energetic, creative and able to

think more clearly. Bringing together groups of professionals who are high functioning and full of ideas can only encourage the innovation for services that needs to happen within the NHS.

During one recently observed group session there was a clear organisational difficulty occurring. Rather than focus on the negative aspects of what was happening, several members of the group were able to reflect different perspectives of their reality and represent the system in a more balanced way. This enabled the professional who was most impacted by the difficulty to really think about how she was viewing the situation.

Sharing the session with the supervisor

The experience of delivering individual and group restorative supervision does demand a high degree of emotional involvement on behalf of the supervisor. The group sessions were described as both enjoyable and challenging but all the supervisors appreciated the opportunity of drawing on different perspectives within the room and bringing together that thinking. This opened up the learning from the supervisees and supervisors perspectives, which will no doubt enhance the abilities of the supervisor.

Conclusions

Embedding the restorative model within an organisation means adopting a flexible approach to individual and group sessions once the initial six sessions have been delivered. The group restorative experience seems to enhance the progress that has been made within the individual sessions and brings a new dimension to the learning that occurs within the restorative experience. Group restorative supervision is both an efficient and effective way of delivering the restorative model and will further enhance the capacity of organisations to sustain the benefits of the sessions.

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