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# SUPERVISION PRACTICES IN AN ENGLISH NATIONAL HEALTH SERVICE ORGANISATION: COMPLEXITY AND PARADOX

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## **Abstract**

Staff employed in health and social care organisations are expected to participate in supervision practices which mean regular and protected time for discussion, reflection, and feedback on their work. Despite an extensive literature base, research has shown that implementing successful processes to support these practices remains challenging. To date, much of the literature has focused on specific functions such as training or supervision processes, and employed solutions designed to ‘fix’ the challenges. There remains little that has explored an organisation-wide perspective. This study builds on current research and contributes to the understanding of the nature of supervision practices. It provides additional insights to inform organisational approaches to supervision in an English National Health Service (NHS) organisation (the Trust). The study aimed to investigate how supervision across all staff groups, and at all levels in the organisation, could be enhanced.

Following a social constructionist and ethnographically informed research approach that drew on focused ethnography, data was gathered over 18 months, through four focus group, and five one-to-one interviews, with staff with a cross-section of roles and levels of seniority.

Combining thematic analysis and complexity theory revealed supervision practices to be a complex adaptive system, underpinned by discourses of order and paradox. This study contributes to knowledge in the understanding of the relationship between supervision practices and organisational culture by adopting an organisation-wide perspective of supervision.

The dominant discourse of order, and ‘fixing’, that permeates organisational processes, means ‘paradox’ is rarely acknowledged other than as a barrier to the desired order. This study problematises the concept of supervision practices as fixed and definable, and instead presents them as complex, emergent, and subject to context and system history. It reframes paradox as a critical element of supervision

practices, which generates energy, and contributes to the positive impact of those practices on individuals and organisational priorities.

This alternative understanding has significant implications for a revised approach to supervision practices. The principal recommendation is an organisational narrative which acknowledges and embraces supervision practices as complex and paradoxical, enabling a flexible and dynamic approach and allowing for improvisation, creativity, and innovation.

Re-imagining supervision practices in this way, also contributes to the application of complexity thinking in the realm of organisational research and has implications for this beyond supervision practices.

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## **Declaration**

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

A handwritten signature in black ink that reads "Denise Harris". The signature is fluid and cursive, with "Denise" on top and "Harris" below it.

Signed:

Dated: 7<sup>th</sup> November 2021

# Chapter 1 Introduction

## 1.1 The context

This study is an exploration of the range of understandings of supervision, across an interprofessional group of practitioners, within a National Health Service (NHS) organisation in England.

The organisation that is the focus for the study, is an NHS community trust that employs nearly 6,000 staff. It is the main provider of community health and care services across a geographical area of approximately 3,400km<sup>2</sup> for a population of around 1.3 million. The region covered by the organisation includes densely populated urban settings as well as rural areas where the residents are remote and scattered. The staff members, who include nurses, therapists, doctors, and dentists, as well as clinical support staff, administrators, and corporate service staff, are deployed across this large area.

The organisation operates from over 200 bases and the services include:

- Multidisciplinary community teams caring for the frail elderly, children, young people, and adults in their own home
- Specialist doctors, dentists, psychologists, nurses, and therapists providing services that include child development centres, specialist children's services, special care dentistry, community diabetes, musculoskeletal, heart failure, respiratory, community rapid response and end of life services
- Intermediate Care Units (Community Hospitals) providing subacute care to the local population
- Health visiting and school nurse teams providing support and care for 0–19 year-olds and their families
- Improving Access to Psychological Therapies (IAPT), community based talking therapies

NHS organisations are continually being rearranged, amalgamated, and divided up (The King's Fund, 2015; NHS Digital, 2020), and the Trust in its current form has existed since 2010, when it was created by amalgamation of two legacy organisations. I have referred to the Legacy Organisations as Legacy Organisation A

and Legacy Organisation B. Throughout the thesis, the organisation will be referred to as ‘the Trust’.

In the context of health and social care, supervision is generally understood to be a formal arrangement for conversation between two or more people. There will usually be a supervisor, who is responsible for directing the conversation, and a supervisee, who is responsible for bringing an aspect of their work for discussion, critical reflection, and feedback (Rothwell et al., 2019; Harvey et al., 2020). There is a multiplicity of definitions (Lynch, Happell and Sharrock, 2008; White, 2017; Kühne et al., 2019; Rees et al., 2020) and details of arrangements will be determined by a number of factors, including the roles of those participating, the precise purpose of the arrangement, the level of seniority of each party, and the nature of any responsibility one or other may have for delivery of a service (Smith, 2011).

There is an expectation from professional and registrant bodies, that registered healthcare professionals participate in supervision practices (General Medical Council (GMC), 2013; Nursing and Midwifery Council (NMC), 2010; Royal College of Occupational Therapists (RCOT), 2015; Health and Care Professions Council (HCPC), 2016; Chartered Society of Physiotherapists (CSP), 2017; Royal College of Speech and Language Therapists (RCSLT), 2017; GMC 2019; Health Education England (HEE), 2019). These documents recommend that staff engage in supervision practices as a demonstration of good practice. However, staff registered with the British Association of Counselling and Psychotherapy (BACP) are mandated to attend supervision to maintain their registration to practice (BACP, 2021).

The importance of support and supervision for health and social care staff is also identified elsewhere. For example, health and social care organisations are required to demonstrate to the Care Quality Commission<sup>1</sup> (CQC) inspectors that they meet CQC standards (CQC, 2018). These standards include reference to policies and processes supporting supervision practices in the following Key Lines of Enquiry (KLOE) questions:

- What are the arrangements for supporting and managing staff? (p10)

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<sup>1</sup> The Care Quality Commission (CQC) is the independent regulator of health and social care in England.

- Do staff feel respected and valued? (p21)

The report on serious failings of Mid Staffordshire NHS Foundation Trust (Francis, 2013) indicated that support and supervision of staff was essential in ensuring high quality patient care. In his report, Sir Robert Francis recommended clinical staff should receive regular feedback on their work. He also identified the importance of role modelling and mentoring for staff to support learning and development.

Despite these requirements and expectations, use of supervision as a support and development tool for staff remains inconsistent, and there are challenges associated with implementation of these practices. The implied imperative of supervision as a tool to address practice issues, creates dissonance in the perception of its function as a support mechanism for staff. This continues to provoke strong feelings both for those who support implementation of supervision practices, and those who are suspicious of the potential for them to be used as a surveillance tool (Grant, 2000; Banks et al., 2013).

The activity and concept of supervision as an intervention for “helping professions” (Hawkins and Shohet, 2012), is one I have engaged with for a period of over thirty years. Initially this was as an occupational therapist and then more latterly in a corporate role, with responsibility for supervision practices in the organisation in this study, a position I held when I embarked on this research. In this role, I was tasked with measuring and reviewing supervision activity with a view to improving the quality of supervision practices in the Trust. I found wide variation in the effectiveness and maturity of supervision activity across the organisation, with some staff reporting positive experiences, and others struggling with the concept, practice, and impact of supervision.

For me, supervision allows space for individuals to think and reflect, to be challenged and enabled to develop. This is influenced and informed by my understanding of the importance of valuing the individual and is underpinned by the philosophical and ethical principles of my profession of occupational therapy (COT, 2014; 2015). I believe in the merit and effectiveness of supervision, but this perspective was not one all staff shared. In my role as supervision lead, I found staff members, even

within the same profession, describing supervision differently. It was therefore not surprising this resulted in variation in the impact and helpfulness of supervision.

The Trust has an inclusive approach to supervision and currently identifies it as something all staff should have access to, including those in administrative roles. Over time, various aspects or purposes of supervision have been woven together in Trust policies. This is in terms of how diverse types of supervision are presented, for example clinical supervision or managerial supervision, whether the emphasis is on governance, support, or learning, and whether the priority is the organisation or the individual. More recently a separate Clinical Supervision Policy that applies to nurses, allied health professionals, and their support staff has been written. This describes clinical supervision as separate from managerial processes and emphasises the importance of reflection for practitioners.

## **1.2 The research focus**

Supervision is understood very differently by individual authors (Fitzpatrick, Smith and Wilding, 2015; Pollock et al., 2017; McPherson, Frederico and McNamara, 2016; Wilson and Taylor, 2019; Rees et al., 2020), and the multiplicity of different ideas about supervision practices is widely acknowledged by researchers (Snowdon, Millard and Taylor, 2015; Pollock et al., 2017; Harvey et al., 2020). However, searching the literature base for studies and evidence on the topic of quality in supervision, revealed a lack of research that satisfactorily addressed questions raised by these differing ideas and experiences. Most studies concerned with developing supervision practices focus on individual aspects such as training (Rees et al., 2020; Harvey et al., 2020), barriers (Martin et al., 2015; Wilson and Taylor, 2019), relationships (Fitzpatrick, Smith and Wilding, 2015), policy and processes (White, 2017; McLaughlin, Casey and McMahon, 2019) or organisational factors (Gonge and Buus, 2016). None explore relationships between these components or their impact on supervision practices.

Studies predominantly concentrate on registered clinical staff and there are few that include clinical support staff such as healthcare and therapy assistants. There do not appear to be any that consider supervision for those in administrative and corporate

roles in a healthcare setting. This implies that although the focus of supervision in healthcare settings has been on clinical skills development (learning) (Sharrock and Javen, 2013), patient safety and care (White and Winstanley, 2010), and the impact on staff members of delivering care (Hyrkäs, Appelqvist-Schmidlechner and Haataja, 2006; Pearce et al., 2013), this applies primarily to registrant staff rather than clinical support staff. The absence of administrative staff from studies appears to ignore they also interact with patients, clients, and the public, contribute to the quality of care delivered, and are likely to be impacted on by those interactions. It could be argued that supervision is particularly relevant for administrative and clinical support staff, as they may not have the benefit of professional training to draw on (Malin, 2000; Spilsbury et al., 2011; Swedberg et al., 2015). Alongside this is acknowledgement, and an ongoing debate, regarding the difference (or not) between clinical and management supervision (Dawson, Phillips and Leggat, 2013; Wilson and Taylor, 2019). I would suggest that if supervision has a management element, it could be assumed this ought to apply to all healthcare staff regardless of role.

Studies are mainly either profession or service specific (Snowdon, Millard and Taylor, 2015; Evans and Marcroft, 2015; Wilson and Taylor, 2019), rather than examining supervision as an organisational process, or addressing the challenge of producing a policy that is meaningful for all staff groups. However, searching for examples of supervision policies from other organisations, I noted the scope of these would usually apply to the whole organisation, or to all clinically facing staff, with little or no differentiation for different staff groups (Torbay and South Devon NHSFT, 2015; Isle of Wight NHST, 2016; Solent NHST, 2018).

The focus of this study, therefore, was to explore supervision practices as an organisational activity with a view to informing supervision practices and policies for the Trust. The scope of the study considered supervision across the whole organisation. It included all clinical, administrative, and corporate staff who were employed by (members of) the Trust. Considering the lack of clarity of the concept both in theory and practice, which I will show, this study explored supervision through the lens of complexity theory in the context of organisational culture and learning. This was with a view to understanding the phenomenon of supervision

practices in that milieu. It identified supervision practices as a complex adaptive system underpinned by discourses of order and paradox

### **1.3 The value of this research**

This study is important as it builds on current research and considers the relationship between supervision practices and organisational culture, by uniquely adopting an organisation-wide perspective of supervision.

I discuss the concept of ‘paradox<sup>2</sup>’ and will show how the dominant discourse of order, disorder, and ‘fixing’ that permeates organisational culture means ‘paradox’ is rarely acknowledged other than as a barrier to the desired order. This study problematises the concept of supervision practices as fixed and definable, and instead presents them as complex, emergent, and subject to context and system history. It reframes paradox as a critical element of supervision practices, generating energy, and contributing to the positive impact of those practices on individuals and organisational priorities.

This alternative understanding has significant implications for a revised approach to supervision practices for the Trust and wider health and social care system. The principal recommendation is an organisational narrative that acknowledges and embraces supervision practices as complex and paradoxical, enabling a flexible and dynamic approach that allows for improvisation, creativity, and innovation.

The re-imagining of supervision practices in this way also contributes to the application of complexity thinking in the realm of organisational research and has implications for this beyond supervision practices.

### **1.4 Study outline**

The research question for this study was:

- How do staff in an NHS organisation perceive the purpose and experience the practices of supervision?

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<sup>2</sup> One (such as a person, situation, or action) having seemingly contradictory qualities or phases (<https://www.merriam-webster.com/dictionary/paradox>)

The aim of this study was:

- To identify the range of perceptions and experiences of supervision practices across the organisation, and the relationship between these and the organisational context.

From this the objectives were to:

- Investigate different understandings, experiences, and expectations of supervision for differing strata and professional groups of staff across the Trust.
- Investigate the relationship between organisational factors and the manifestation of supervision practices in the Trust.
- Inform development of the supervision practice agenda for the Trust and similar organisations.

Having established the study would be exploring the experience and understanding of supervision within the Trust, I used an ethnographically informed approach, incorporating aspects of focused ethnography (Knoblauch, 2005; Wall, 2015).

I am employed by the organisation that is the subject of this research and am therefore an insider researcher. I explored the impact and implications of this through use of reflexive accounts at the end of each chapter. I also included extracts from my diary and field notes throughout this thesis, indicated by use of:

*Indented paragraphs in italicised Georgia font.*

## **1.5 Thesis outline**

This opening chapter has provided the rationale and context for my research. The next sections provide an overview of the chapters contained in this thesis.

### **1.5.1 Chapter 2: Literature Review**

This chapter presents supervision practices as a contested concept. In it I outline the development of supervision practices and review the literature with reference to how these are understood. From this I suggest the complexity of supervision practices

has not been sufficiently acknowledged as a factor impacting on the implementation and sustainability of those practices.

Following this is a review of the development of complexity theory and relevance of this to healthcare organisations. Finally, I make a case for the application of complexity thinking in viewing and understanding supervision practices, an argument I develop further as part of my analysis in Chapter 4.

### **1.5.2 Chapter 3: Research Process Part 1: Methodology and Method**

In Part 1 of the Research Process, I explore my philosophical position and rationale for using an ethnographic approach (Hammersley and Atkinson, 2019) in this study, presenting how that is supported by my onto-epistemological position of social constructionism (Gergen, 2015). I discuss my rationale for data selection and data collection methods and present my position as an insider researcher.

Data for this study was obtained from four focus groups, five individual interviews, and document analysis of Trust supervision policies and national guidelines from professional and registering bodies. I detail the design of the study and describe the process of sampling and recruitment of participants. I then describe how I conducted the focus group and individual interviews and discuss the ethical issues this study presented; describing the steps I took to manage these.

### **1.5.3 Chapter 4: Research Process Part 2: Analysis and Methodological Rigour**

Part 2 of the research process provides a detailed account of the analysis of my data using Braun and Clarke's Reflexive Thematic Analysis (TA) (2006; 2014; 2019) as a framework. In this account I demonstrate how I used the theoretical lens of complexity thinking, and the principles of 'thinking with theory' identified by Jackson and Mazzei (2012) to 'show' as well as 'tell', as described by Grant, Short and Turner (2013), how I arrived at the themes. I conclude this chapter by demonstrating the methodological rigour of this study.

#### **1.5.4 Chapter 5: Findings**

In this chapter I present the three themes of '*The search for order in supervision practices*', '*Supervision as a safe space (or not)*' and '*Contradictory organisational and cultural messages and assumptions in supervision*'. Using extracts from the four focus groups, five individual interviews, and documents included in the document analysis, I demonstrate how these themes are evident in the data.

#### **1.5.5 Chapter 6: Discussion**

The discussion chapter explores the concepts of order and disorder in supervision practices, and I argue for a view of supervision practices as a complex adaptive system underpinned by discourses of order and paradox. From this I posit that embracing the complexity and paradox of supervision practices has potential to generate energy and contribute to the positive impact of those practices on individuals and organisational priorities. I then discuss implications of this perspective along with detailed recommendations for senior leaders and policy makers, individuals who are engaged in supervision practices, national monitoring and registrant bodies, and the wider health and social care context.

#### **1.5.6 Chapter 7: Conclusion**

In the closing chapter, I reiterate the originality of this research and the contribution it makes to knowledge. I provide an overview of the study and outline strengths and limitations of this, discuss plans for dissemination of the findings, and make recommendations for further research.

This thesis concludes with a final reflexive section that offers a summary of the experience of conducting this research study.

### **1.6 Summary**

This chapter is an overview of my study and this thesis. I described the rationale for my research and the context in which it is set, outlined the aims, objectives and process I followed, and identified the contribution to knowledge. The following chapters provide details of the study beginning with a review of relevant literature.

# **Chapter 2      Literature Review**

## **2.1 Introduction**

In this chapter I present the contested and diverse nature of supervision and explore why it might be considered a complex phenomenon. The chapter is organised into two sections: ‘Supervision as a contested concept’ and ‘Complexity thinking’.

The first section, Section 2.2, presents a critique of literature on supervision and clinical supervision and establishes some unanswered questions relating to supervision practices. I investigate findings from studies exploring the development and implementation of supervision, and present tensions and contradictions these highlight. From this I argue that the literature has, in the main, neglected to address the ‘elephant in the room’ of the complexity of supervision practices. Several studies have described these practices as complex (Fitzpatrick, Smith and Wilding, 2015; McPherson, Frederico and McNamara, 2016; Wilson and Taylor, 2019; Rees et al., 2020), but the detailed nature of the complexity and impact of this on how and why supervision practices operate in the way they do, has not been studied. This gap in the literature requires investigation.

Apart from a handful of studies (Duncan-Grant, 2001; Gonge and Buus, 2016), most researchers exploring supervision practices in a health and social care context focused on individual professions or small groups of professions, rather than considering the wider organisational context. Studies concentrated on registered staff with very few (Spilsbury et al., 2011; Swedberg et al., 2015; Beavis et al., 2021) specifically exploring the experience of unregistered staff. None included staff whose role does not involve direct patient/client interventions. This also presents a gap in the literature.

In some papers ‘supervision’ is used to mean all types of supervision. At other times authors used terms including ‘clinical supervision’, ‘management supervision’ or ‘professional supervision’. ‘Preceptorship’ and ‘mentoring’ are also sometimes used interchangeably with supervision. In this thesis, I have generally used ‘supervision’ or ‘supervision practices’ as an inclusive term. Where there is a distinction made

between several types or understandings of supervision in a paper, I used the same language as the author.

The second section, Section 2.3, offers a critique of the development of complexity thinking and situates it in the context of healthcare research. It is important to note that the relevance and application of complexity thinking for supervision practices became apparent as this study developed and the findings analysed. It was not a framework that informed the research from the beginning. In this chapter I present a review of the literature from the perspective of its potential to illuminate supervision practices and argue for the significance of the contribution this novel approach offers. The application of complexity thinking in this research is then further developed in Chapter 4, where I outline how I applied complexity thinking as an analytical lens for the data in this study.

### **2.1.1 Conducting the literature review**

Aveyard (2019) describes a literature review as “*the comprehensive study and interpretation of literature that relates to a particular question*” (p.2) and identifies the significance of this in determining understanding and insights around that question.

The research question for this study was:

- How do staff in an NHS organisation perceive the purpose and experience the practices of supervision?

The purpose of a literature review in a doctoral thesis is to identify what is known but also what is currently unknown about the question (Monash University, 2021).

Lingard (2017) uses the metaphor of a map which is incompletely coloured in to illustrate this and suggests that focusing on the gaps is key to developing an argument for a research study. Aveyard (2019) identified the characteristics of a quality review as having a comprehensive coverage of the literature and a description of how this was searched and evaluated. It is therefore important that any review is systematic and follows a clear process (Aveyard and Sharp, 2017).

The purpose of this review is to critique existing literature on the topics of supervision practices and complexity thinking, to highlight gaps, and justify the research proposal in this study. The process followed the steps outlined by McCombes (2021):

1. Search for relevant literature
2. Evaluate sources
3. Identify themes, debates, and gaps
4. Outline the structure
5. Write your literature review

The search strategy and reviewing process are outlined below and the review is organised by themes identified through these processes.

#### **2.1.1.1 Search Strategy**

Determining the search strategy for this study presented several challenges. The first of these was the extensive literature base for supervision (Turner and Hill, 2011a; Pront, Gillham and Schuwirth, 2016; Rees et al., 2020) the majority of which has been produced since the mid 1990's. Appendix 1 illustrates this and provides a summary of the extent of available literature. For this reason, I chose to limit my detailed search to UK and international studies undertaken in the last ten years. However, it was necessary to extend the search to historic studies and narratives of supervision to establish the context for current supervision practices. I also included earlier studies investigating a specific aspect of supervision practices, and reviewed reference lists from articles to identify relevant papers and seminal writing pertinent to the topic.

A further challenge was the language associated with supervision practices, as the word 'supervision' has differing meanings depending on the context in which it is applied. A dictionary definition of the word indicates scrutiny:

Definition of *supervision*: the action, process, or occupation of supervising especially: a critical watching and directing (as of activities or a course of action)

(Merriam-Webster, 2021)

In health and social care contexts both in the UK and internationally, supervision is generally, but not exclusively, understood to be focused on conversation, discussion, learning, and reflection, rather than examination. However, it is used to describe a range of activities in this context, leading to a multiplicity of applications of the term 'supervision' and a variety of definitions being developed across professions (Rees et al., 2020). This situation is exacerbated by different understandings of supervision and clinical supervision in other countries (Cutcliffe and Lowe, 2005; Severinsson,

2012; Son and Ellis, 2013). I therefore needed to include additional terms to refine the search and to ensure I captured relevant aspects of research.

The search for complexity theory literature presented comparable challenges, as this topic extends across multiple disciplines (Castellani, 2018) and has similarly diverse interpretations and application of language (Eppel and Rhodes, 2018). In contrast, searching for links between complexity thinking and supervision revealed little literature that connected the two concepts, so I needed to expand the terms and consider application of complexity thinking in related topics.

The search terms for both parts of the literature review included ‘supervision’, ‘clinical supervision’, ‘preceptorship’, ‘support’, ‘reflection’, ‘mentor\*’, ‘leader\*’, ‘impact’, ‘healthcare’, ‘organisational learning’, ‘organisational theory’, ‘complex\*’, ‘complexity theory’, ‘complexity thinking’ and ‘complex adaptive systems’. Appendix 2 provides a detailed account of my search strategy.

### ***2.1.1.2 Reviewing the literature***

I used the structure of the Critical Appraisal Skills Programme (CASP, 2021) to evaluate the quality of studies, making use of appropriate checklists according to the study design. Alongside in-depth evaluations, I incorporated examples from other studies to illuminate particular points, and to contribute to an overall ‘map’ of literature relating to the research topic in this study, as suggested by Lingard (2018).

The key areas of the ‘map’ of the literature included in this review reflect the research questions for this study. I examine the different origins of supervision practices and explore how practices are influenced by organisational, professional, and international culture. I investigate the language of supervision practices and the variety of interpretations that emerged. I discuss the concept of quality and impact of supervision practices on staff members and their practice, and from this highlight the impact of organisational factors.

This then leads to the second part of the literature review where I critique the application of complexity thinking to social sciences and healthcare. The section concludes with a review of the nature of complexity in supervision practices.

## **2.2 Supervision as a contested concept**

This study begins with a question about what is meant and understood by the term ‘supervision practices’. In this section, I explore this in the context of the literature, examining aspects of the concept and identifying some of the challenges.

### **2.2.1 Influences and cultural origins of supervision**

Supervision as an activity or process within a work environment developed from a variety of sources and agendas (White and Winstanley, 2014). These have been added to, or superimposed on, mechanisms for supporting and managing staff and their work activity.

Critical review of the literature base for studies on this topic reveals that the concept of supervision is not fixed. This is in relation to what it is, its purpose and focus, and how it relates to organisational culture. The result is a mixture of ideals and interpretations of what is being referred to by the term ‘supervision’. There are cultural and international differences, but variation is also evident within and between organisations and professional groups (Cutcliffe and Lowe, 2005; Shanley and Stevenson, 2006; Pack 2012; Sewell, 2018). These different influences are reflected in the broad scope of research and literature regarding supervision for health and social care employees.

To understand what has come to be called supervision in the context of health and social care it is necessary to look at how the concept has developed.

#### **2.2.1.1 *Supervision as a management tool***

The notion of supervision in a work context originated in industry and in this environment referred to the relationship with the person responsible for getting the work done; a top down, performance, and productivity orientated concept (Leggat, et al., 2015). The philosophical background to this understanding reflects the ‘command and control’ model of managing staff that emerged in the industrial revolution, pioneered by Frederick Taylor (Morgan 2006). Taylor advocated a scientific or mechanical approach to organising work and workers, and Morgan

(2006) uses the metaphor of the ‘machine’ to illustrate this. Viewing organisations in this way means there is an expectation they will operate in a rational and efficient manner (Smith 2019).

The legacy of this is apparent in all areas of organisational management including health and social care services (Sturmberg, O’Halloran and Martin, 2012; Belrhiti, Nebot Giralt and Marchal, 2018; Long, McDermott and Meadows, 2018; Smith, 2019). It can be seen in the structure of the NHS which operates as a “*command and control*” system (The King’s Fund, 2012, p.7) and a hierarchical bureaucracy subject to rules and changes imposed externally (Timmings, 2016).

This history has had an impact on the way supervision activity is understood, enacted, and received by staff. Smith (2011) explored how the need to assign and organise work in early social work practice led to the development of an ‘overseer’ role (p.2). This role was primarily one of administration, maintaining standards and quality, and indicates a ‘didactic’ approach to supervision. There was also an assumption that the role of supervisor carried with it a level of accountability to more senior levels. Thus, the nature of supervision within this context is one of hierarchical management. This approach fosters a dependency on “*line management*” or “*line of command*” structure (Morgan, 2006, p.20) and reinforces an authoritarian perception of supervision.

Within the structure of the NHS in England, regulatory requirements for supervision and the obligation to report on activity (CQC, 2018) further emphasises the link between ‘overseeing’ and supervision. The background of supervision as a tool to manage and monitor staff is reflected in an underlying perception of its use as a governance tool (Turner and Hill, 2011a; Pearce et al., 2013; Kumar, Osborne and Lehmann, 2015). This is overt in some studies, where the rationale for development of ‘clinical supervision’ is cited as being a response to specific concerns around safety of practice (Butterworth, 1995; Bush, 2005; White and Winstanley, 2006; White and Winstanley, 2010; Snowdon, Millard and Taylor, 2016; Pollock et al., 2017). In these examples, supervision is seen as linked to the need to ensure safe practice from the perspective of service users.

Focus on supervision as a mechanism for governance reflects neoliberal influences on health and social care organisations. For example, Gane (2012) explores the development of differing models of surveillance and suggests the current focus on audit (and competition) are an indication of the “*...shift from government based on trust to a new regime of accountability*” and that this accountability reflects the need for the “*...state to justify itself to the market*” (p.629). The output from reports into concerns within the NHS and serious case reviews, for example, Department of Health (1994), Laming (2003), and more recently the aforementioned inquiry into failings in Mid-Staffordshire (Francis, 2013), reinforce this (Tomlinson, 2015). These are important reports, as the investigations uncover serious flaws in the protection of patients and the way care is provided. However, the lists of recommendations and actions that follow reveal a method that demands a ‘fixing’ approach to challenges and difficulties.

This is then reflected in how other problems and challenges are addressed. It can be seen in the way researchers have sought to explore implementing supervision, primarily by using a problem-based model, looking for barriers and identifying steps to address these (Edwards et al., 2005; Fone, 2006; Lilley, David and Hinson, 2007; Chilvers and Ramsey, 2009; Martin et al., 2015). Application of this approach perpetuates the view of supervision practices as a problem to be solved and potentially ‘closes down’ the generation of new and innovative ideas (Priest et al., 2013; Serrat, 2017). It also fails to address the interconnectedness of aspects of supervision practices and their impact on each other (Turner and Baker, 2019).

### ***2.2.1.2 Supervision as an educational and developmental process***

Another area of influence on understanding and application of supervision practices has come from counselling and psychotherapy practice. The root of supervision in this context is as an educational and developmental process (Carroll, 2007; Beddoe and Howard, 2012; Kühne et al., 2019). It is primarily used to support and develop clinical practice skills and is a compulsory aspect of registration requirements for this group of practitioners (Kennedy et al., 2018). In this setting, most supervision is provided by a clinical supervisor who has undergone a training programme and obtained a qualification. It is an arrangement between a more senior or experienced

practitioner and a student or junior practitioner (Carroll, 1996; 2007; Beddoe and Howard, 2012; Kühne et al., 2019).

Despite this more clearly articulated supervision structure for counselling and psychotherapy professions, there are varying interpretations of how supervision should be practiced (Carroll, 1996; Wheeler and Richards, 2007; Kühne et al., 2019). Some of this is due to differing counselling/psychotherapeutic approaches (Martin and Cannon, 2010; Kennedy et al., 2018), but the content and focus of supervision are also topics for discussion. In a debate that continues (Starr et al., 2012), Carroll (1996) identifies some of these as the tension between supervision and counselling, the degree of performance management that should be included in supervision, and whether there are differences between supervision for trainees and supervision for experienced practitioners.

Carroll (2007) charts the development of supervision practices and describes how changing meanings have evolved. However, the underlying concept of supervision practices as an educational activity has persisted. For example, supervision practices for medical doctors are synonymous with education and learning (Health Education England, 2019), and application of supervision as an educational process is evident in other professional groups such as social workers (Beddoe and Howard, 2012). This emphasis on learning in supervision is a focus in much of the literature, along with the assumption supervision dyads will be formed between a more senior supervisor and a more junior supervisee (Fitzpatrick, Smith and Wilding, 2015; Wilson and Taylor 2019; Rees et al., 2020).

### ***2.2.1.3 International perspective***

It is important to recognise that use and understanding of supervision varies between countries. Differences in emphasis, focus and understanding of supervision practices across the world have been influenced by how supervision has been implemented in a country and the underpinning philosophy of professions that pioneered those practices (White and Winstanley, 2014). For example, supervision in North America is primarily understood as an administrative function (Rounds, 2001; Smith, 2011).

Following on from this, the professionalisation of psychotherapy and counselling included a requirement to learn from an expert, and supervision evolved as an element of the education process (Hamlin, 2021). This is reflected internationally by the approach in psychotherapeutic supervision, where accessing supervision is a statutory requirement for registration. However, more recently an emphasis on reflective supervision has been introduced to supplement the administratively focused clinical supervision structures (McCrea, 2014; Tomlin and Scott Heller, 2016). In other places, for example Northern Europe, supervision practices have been influenced by development of supervision within mental health nursing, where the original emphasis was on managing complex emotional interactions with patients (White and Winstanley, 2014).

These contrasts were explored in an earlier study by Cutcliffe and Lowe (2005) who compared clinical supervision for psychiatric/mental health nurses in North America with those practising in Europe. They found that clinical supervision in North America is expected to be a relationship between a more experienced senior clinician from the same clinical area as a junior, less experienced, graduate supervisee. The process is centred on performance appraisal and the supervisor has administrative responsibility for the supervisee. The approach for health professionals in Europe has a broader perspective and reflects a variety of definitions but the overall emphasis is on a more supportive, facilitative approach which is orientated towards professional development of the practitioner.

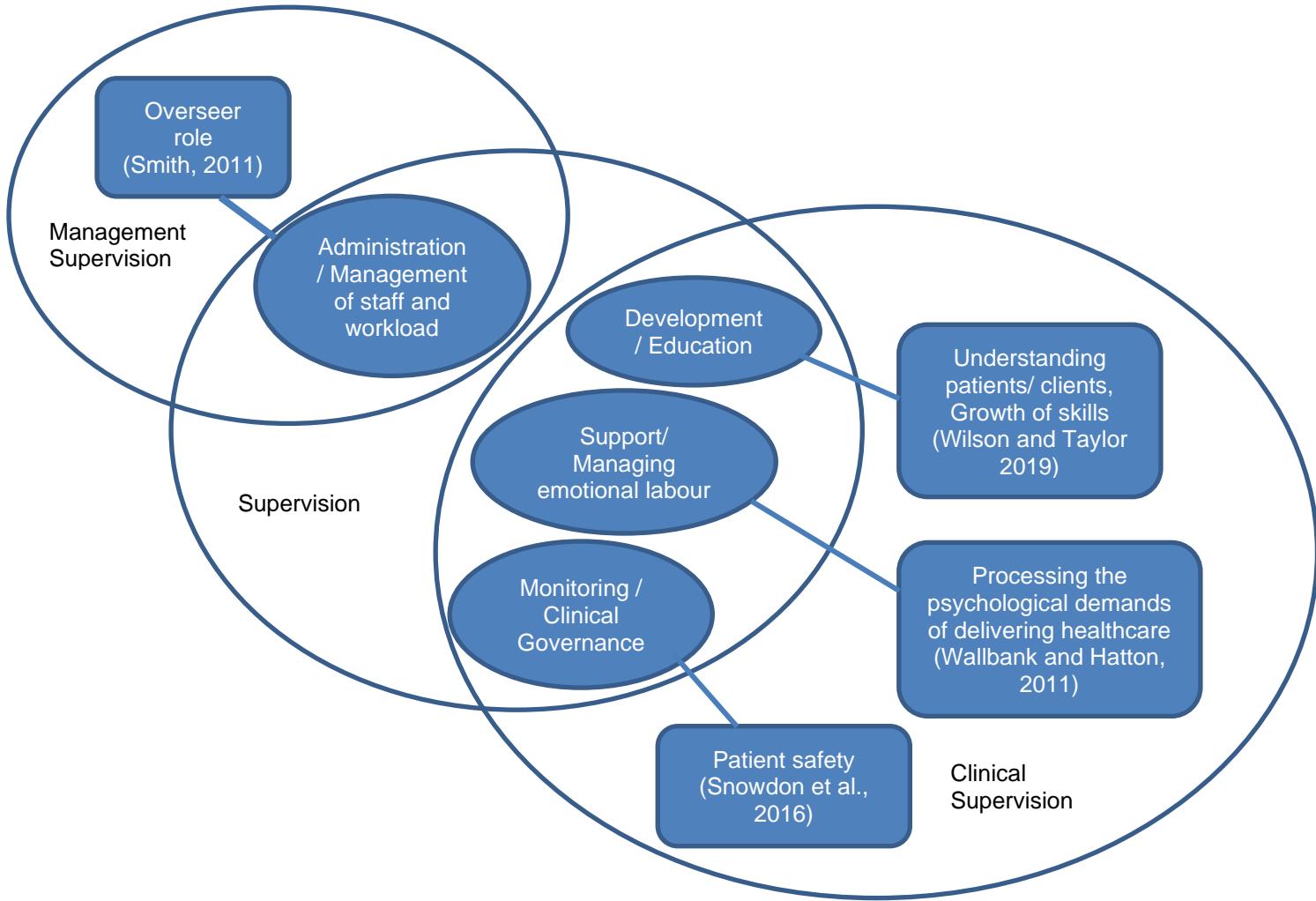
Another key difference noted by Cutcliffe and Lowe (2005) is where responsibility lies regarding ensuring changes or improvement in practice. In the North American model this rests with the supervisor, but in the European model it can lie with the supervisee, implying a less hierarchical perception of supervision (Cutcliffe, Butterworth and Proctor, 2001; Gilmore, 2001; Sloan 2011). Alongside these differences, Cutcliffe and Lowe (2005) identified features evident in both contexts. These included a focus on helping supervisees to reflect on their work and explore their reaction to events, thereby developing self-awareness and mechanisms to improve practice.

An aspect that is absent from Cutcliffe and Lowe's (2005) study and more recent reflections of changes to supervisory practices in North America (McCrea, 2014; Tomlin and Scott Heller, 2016), is the discussion or acknowledgement of the influence of the cultural and political context of the wider care systems in which these healthcare systems operate. For example, White and Winstanley (2014) chart a detailed account of the development of supervision practices in various parts of the world. They identify some of the early influencers, but do not link this with differences in systems or culture of care provision in those countries. This is significant as underpinning philosophy and values associated with development of public policy will have influenced this (Haynes, 2015; 2018a). It is beyond the scope of this study to explore this in detail but presents a gap in the literature.

In addition to studies in America and Europe, there has been significant supervision research activity in Australia. The approach to supervision there has similarities with the UK/European model and is perceived primarily as a support and development resource for registered health professionals (Martin et al., 2015; Snowdon, Millard and Taylor, 2015; 2016; Harvey et al, 2020). In other parts of the world, supervision practices have evolved and adopted different perspectives, following cultural and/or professional philosophical models (White and Winstanley, 2014). Influence of these approaches to supervision can be seen in UK and international literature and indeed contribute to the myriad of understandings.

#### ***2.2.1.4 Development of supervision practices***

It can be seen from the sections above that ideas and understanding of supervision practices have shifted as different influences have been incorporated over time. Appendix 3 provides a table of the key historic events and shifts in thinking that have impacted on the development of supervision practices. In the first instance the focus was on the oversight and management of workers practice but as more professions adopted supervision it became an educational tool in addition to the management oversight function. Alongside this was the emphasis on the importance of providing opportunities for workers to process difficult experiences. Thus, supervision became about all those aspects, and Figure 2.1 is a summary diagram of the relationship between different purposes of supervision practices demonstrating how they overlap.



**Figure 2.1: Relationship between the different purposes of supervision practices (original in colour)**

It is important to recognise that events and changes in cultural ideas continue to impact on the use and understanding of supervision practices in health and social care and more recently the supportive aspect of supervision has received greater attention (Milne and Martin, 2019). Following on from this, at the time of writing, the world is experiencing a global pandemic. This has highlighted the importance of psychological wellbeing for healthcare staff and has begun to influence a further shift towards an emphasis on the supportive and restorative aspect of supervision practices as discussed by Fessell and Goleman (2020).

In the next section I explore the impact and implications of these developing ideas on research for supervision practices.

## **2.2.2 What is supervision?**

The development of supervision, as outlined in Section 2.2.1, can be seen to have influenced practice in the NHS. Over time, and particularly since the 1980s, there has been a conflation of different requirements and expectations of supervision for health and social care workers (Carroll, 2007; Smith, 2011). This has resulted in a lack of consensus regarding its primary purpose and outcomes, and a level of confusion regarding how it should be structured.

...the remit of CS has extended from the development of therapeutic proficiency to the acquisition of professional skills, the protection of healthcare consumers from nurses and reflecting on the diversity of professional practice.  
(Sloan, 2005, p.918)

The difficulty associated with identifying the definition and purpose of supervision practices has been present for several decades. As early as 1991, Bodley (1991) discussed challenges associated with different models of supervision, and in 1995, Burrow (1995) posited clinical development and management control as potentially contradictory reasons for supervision. Since then, attempts to identify a shared understanding of supervision have been unsuccessful despite extensive research activity (Martin, Kumar and Lizarondo, 2017).

Some researchers acknowledged this diversity, for example, Wilson and Taylor (2019) identified variable understandings as a contributory factor in creating barriers for allied health professionals accessing supervision. Harvey et al. (2020) developed a training programme for clinical supervisors and referred to different meanings ascribed to 'clinical supervision'. However, neither of these studies explored the implications of this diversity of thinking or considered how it added to the richness or depth of understanding of supervision practices.

In the following sections I explore the implications of these differing ideas and how they are represented in the research literature.

### ***2.2.2.1 Definitions of supervision***

Much of the supervision literature begins with a discussion regarding definitions of supervision practices. What is immediately apparent is there are many

interpretations, some of which identify functions or aspects of supervision and others the nature of relationships that make up supervision (Falender and Shafranske, 2014). Researchers have identified these differences, for example Vandette and Gosselin (2019) examined supervision practices across four professions, professional psychology, social work, medicine, and nursing. These authors noted that, although the definitions and guidance notes included some common features regarding the practice of supervision, there was a lack of shared perspective on the purpose, principles, and standards for practice.

In an earlier paper, Lynch, Happell and Sharrock (2008) commented on the challenges associated with this variety of perspectives and discussed how researchers have contributed to the array of interpretations:

When reviewing the historical literature it is evident that authors largely ignore the work of others from the past and hence clinical supervision for nursing continually emerges as a new concept or a new phenomenon.

(Lynch, Happell and Sharrock, 2008, p.4).

The first point relevant for this study is the continual reinvention of supervision as a concept, revealing a way of thinking that considers it is possible to define it, as illustrated by researchers who seek to identify a consensus or shared definition (White, 2017; Vandette and Gosselin 2019; Kühne et al., 2019). This reflects influence of the mechanical thinking described in Section 2.2.1.1 (Belrhiti, Nebot Giralt, and Marchal, 2018) and indicates a philosophical position of positivism. These authors could be described as displaying naïve realism (Bryman, 2012; Ringland, 2013) in that there is an assumption of a single objective reality that can be defined.

There is a theme in the studies, suggesting that diversity of understanding contributes to the difficulties in establishing robust supervision practices, and is the reason for lack of empirical evidence supporting supervision as an evidence-based intervention (Vandette and Gosselin, 2019; White and Winstanley, 2021). This is demonstrated by attempts to capture or define something that remains elusive, along with a lack of recognition or consideration of alternative perspectives. A sense that ‘our interpretation’ is unique dismisses the validity of other understandings. It could be argued that attempting to obtain clarity and unanimity of understanding is unrealistic, and researchers who are using a positivist and mechanical approach to supervision research are missing the point. This perspective was argued by Cutcliffe

(2005) who described attempts to identify a single model of clinical supervision as “*the height of folly*” (p.471).

Some authors acknowledge the multiplicity of understandings of the boundaries and purpose of supervision practices. For example, Martin et al. (2015), Wilson and Taylor (2019), and Rothwell et al. (2019) each cite lack of consensus as a barrier to participation in supervision practices. However, this is then either not discussed (Martin et al., 2015), or is addressed by suggesting that a more detailed policy (Wilson and Taylor, 2019) or implementation strategy (Rothwell et al., 2019) is required.

Rice, et al. (2007) discuss lack of clarity around supervision definitions and then identify that an objective of their research is to produce a definition. This was despite findings within their study reiterating the difficulties and confusion about what supervision is. This approach is also evident in more recent studies. Martin, Kumar and Lizarondo (2017) acknowledge the ‘minefield’ of different words and understanding associated with supervision practices and posit that the solution to this challenge is to provide a “*uniform understanding*” (p.890) of the purpose of supervision. They cite lack of empirical evidence for the impact of supervision practices on clinical practice, as the reason for this lack of clarity. This once again indicates a naïve realist position of an objective reality that, with sufficient effort, can be realised.

Dawson, Phillips and Leggat (2013) conducted a systematic review of studies of clinical supervision and noted the differing, and at times contradictory, interpretations of its purpose. One of the studies reviewed suggested these different interpretations could be viewed as a positive factor, as they prevent clinical supervision being constrained (Hyrkäs, Koivula, and Paunonen, 1999). Indeed, there is some legitimacy in seeing supervision as something being constantly re-imagined. Arguing from the perspective that supervision is discursively constructed between participants, who will draw on wider personal, professional, organisational, and socio-political discourses to co-create the interaction, it could be said this re-invention is appropriate (Stevenson, 2005; Shanley and Stevenson, 2006). However, in their conclusion, Dawson, Phillips and Leggat (2013) suggest the solution to

managing differing interpretations is to conduct further research to achieve a definition of clinical supervision. In this, they are apparently ignoring discursive assumptions and the shifting, context-specific meanings of supervision; rather they are seeking to define supervision as something fixed.

Conclusions of recent studies exploring supervision echo findings of much earlier studies and have not moved away from the ideal of an agreed definition. For example, Bishop (1994) called for a consensus in how supervision is defined as a way of supporting development of supervision practices. In 2019, Wilson and Taylor (2019) recommended organisations “*should have an agreed definition of clinical supervision*” (p.275) as a way of mitigating barriers for uptake of supervision practices.

The second factor is that the lack of a single understanding also means any studies exploring the impact of supervision do not have a clear or consistent phenomenon to measure. This point was made by Pearce, et al. (2013) who evaluated evidence pertaining to content of supervision discussions and noted this is sparse. These authors posit that a lack of detail creates a problem for any examination of effectiveness of supervision, as it is not clear what is being measured.

This issue has been ignored by some researchers, including Fitzpatrick, Smith and Wilding (2015), whose study sought to identify a shared model of clinical supervision for allied health professions. There are several limitations of this study; for example, it is not clear which professions are included in the study, reference is made to physiotherapy, occupational therapy, speech pathology and social work, but there is no mention of other professional groups that are, or could have been, part of the study. A further issue is that the authors emphasise the importance of conducting a study focusing on supervisory needs of different allied health professions, grouping them together as a cohort and ignoring the contradiction this presents. One of the findings from the study was the range of understanding of clinical supervision between the different professions. However, the use of a shared criterion of ‘successful clinical supervision’ as a measure for the study was not explored in the context of the differing understandings, or interpretations of what that might mean.

Snowdon, Millard and Taylor (2016) acknowledged and identified differences in understanding and interpretation of clinical supervision by professional bodies. They then sought to measure the effectiveness of supervision for this diverse group using a single measure, without articulating the limitations of their approach. Their results indicated that the extent of ‘effectiveness’ of clinical supervision was linked to professional background and prior knowledge and understanding of supervision. The discussion acknowledged culture and environment were significant factors in differentiating experience, but there was still an emphasis on homogeneity of approach and a naïve assumption this is achievable.

White and Winstanley (2010) used a randomised controlled trial (RCT) to demonstrate the causal link between clinical supervision and patient outcomes. For the design to work, they needed to assume uniformity in use and understanding of supervision. It was apparent from their findings there was a wide variation in the way supervision was received by participants. However, this lack of a clear or distinct phenomenon was not discussed or explored as a limitation of the study design. The findings for this study did not provide statistically significant differences in clinical outcomes for patients where staff were in receipt of supervision, except in an area “*where clinical supervision was enthusiastically supported at all levels of the management structure*” (p.161). The authors discussed this and posited that organisational and cultural factors were significant regarding the effectiveness and level of positive experience of supervision for staff members. There is evidence of the link between organisational culture and patient outcomes (Braithwaite et al., 2017) and it would have been helpful for this to have been explored and acknowledged more overtly in White and Winstanley’s (2010) study.

Thirdly, some studies present language around supervision practices and presume a shared perspective, whilst remaining unaware of the problem this presents. In these instances, researchers fail to mention or discuss any differences in definition or interpretation. For example, Martin et al (2019) present a definition of clinical supervision but do not acknowledge there are different understandings of the concept. Similarly, Buus, Cassedy and Gonge (2013) provide a statement describing clinical supervision and offer no further explanation or discussion regarding differing

interpretations. There is an assumption of a shared understanding that will be implicit to their readers.

In these examples, those who acknowledge multiple influences and understandings of supervision, but then proceed to offer universal definitions or seek to measure the effectiveness, or impact of supervision practices are being both unwittingly ironic and contradictory. Those who do not acknowledge alternative understanding, or assume a shared understanding, are potentially contributing further to the confusion and misunderstanding.

In the next section I discuss some of the ways supervision has been applied.

#### ***2.2.2.2 Different types of supervision***

Within the literature, there are a variety of terms used to describe aspects of supervision. For example, professional, administrative, managerial, and clinical designate different types of supervision (Smith, 2011; Milne and Martin, 2019). In addition, other terms such as preceptorship and mentoring are sometimes used interchangeably with supervision (Lynch, Happell and Sharrock, 2008; Harvey et al., 2020). However, there is not a consensus or agreement of boundaries for differences (Dawson, Phillips and Leggat, 2013; Pearce et al., 2013; Martin, Kumar and Lizarondo, 2017), and there are challenges with amalgamating or separating out types of supervision (Gray, 2001; Kleiser and Cox, 2008; Beddoe, 2012; Cutcliffe, Sloan and Bashaw, 2018). This is particularly a problem where the same person undertakes both clinical and management supervision responsibilities (Martin, et al., 2015); although, even when clinical and managerial supervision are separated, there can be difficulties as there is often a variation in understanding (Pack, 2015) or use of supervision:

[clinical supervision with staff who are less experienced] ...tends to be more directive and is more likely to include observation of practice, but [...] supervision of more experienced therapists is described as collegial and cooperative, with less emphasis on observation.

(Leggat, et al., 2015, p.E)

Shanley and Stevenson (2006) explore this in some detail and state:

...the meaning of [clinical supervision] as managerial monitoring leaves nurses who have another construction of [clinical supervision] wary of the concept of [clinical supervision].

(p.587)

Working with clashing meanings is uncomfortable.

(p.589)

The debate regarding who is best placed to offer supervision has been extensively discussed, and researchers who explored the issue have recommended that the different expectations of clinical and management supervision are explicitly identified (Cutcliffe and Lowe, 2005; Lynch, Happell and Sharrock, 2008; Martin, et al., 2015; Cutcliffe, Sloan and Bashaw, 2018). Alongside this, an earlier paper by Kleiser and Cox (2008) suggested that having different arenas for supervision can help to address the difficulty of potentially competing agendas:

The first is the agenda from specific healthcare professions such as occupational therapy, to assist in addressing the theory-practice gap and, therefore, professional development. The second is the political managerial agenda, which aimed to ensure consumer protection through clinical governance and potentially the [Knowledge and Skills Framework] by professional regulation and competence monitoring.

(p.5)

Tomlinson's (2015) findings support this view as he identifies that the link between quality and safety of patient care and supervision is most effective when educative and supportive functions of supervision are separated from administrative and evaluative functions. In their study exploring resistance to group supervision, Buus et al. (2018) found that although some resistance to participating in group supervision was linked to a perception of supervision as a managerial function, the principle of group supervision as being separate from managerial involvement was an important feature of the offer.

This is not as straightforward as at first it appears and, as discussed in Section 2.2.1.1, one understanding of supervision is to equate it with governance and the management of functions. Gray (2001) makes the point there is a paradox in that although the thing called clinical supervision is assumed to be different from management supervision, this is not actually the case. The very purpose of clinical supervision is to protect against poor practice. In other words, it could be seen as

management of poor performance (Gilbert, 2001; Shanley and Stevenson, 2006; Banks et al., 2013).

In a review of clinical supervision policies in mental health NHS trusts, White and Winstanley (2021) concluded clinical supervision has “*morphed into a de facto managerial staff performance monitoring exercise*” (p.7). This indicates a further blurring of boundaries between managerial and clinical supervision and is significant in terms of recognising the differing interpretations that abound. However, this perspective is not acknowledged or explored within most studies. There is instead an assumption that ‘clinical supervision’ is something distinct from ‘management supervision’ and, when conducted ‘properly’ and separately from ‘management supervision’, is an intervention that will empower and support staff (Wallbank, 2010; Lavalette et al., 2011; Wallbank and Hatton, 2011; Diogo et al., 2016).

Both the use of supervision as a management and monitoring tool and the educational focus of counselling and psychotherapeutic practice assumes the ‘supervisor’ will be more senior to the ‘supervisee’ and/or more expert (McLaughlin, Casey and McMahon, 2019; Kühne et al., 2019). This is based on the principle that:

Clinical supervision influences quality of care through the translation of knowledge from the experienced health professional to the less experienced professional

(Snowdon et al., 2020, p.1173).

This arrangement is not always the case and a literature review conducted on behalf of the Health and Care Professions Council (HCPC) (Rothwell et al., 2019) offered a differentiation between ‘clinical supervision’ requirements:

Supervision includes an ongoing professional workforce relationship, between two or more staff members with different levels of knowledge or expertise...  
(p.7)

And ‘peer supervision’ requirements:

Peer supervision... does not require the presence of a more experienced, qualified or senior colleague.  
(p.8)

Buus et al (2018) noted that informants in their study cited peer supervision as being more relevant and useful, and a safer, less challenging, context for supervision than a traditional hierarchical arrangement. A further counter argument to that presented by Snowdon et al (2020), is Cutcliffe and Lowe’s (2005) suggestion that having a

supervisor from a different discipline helps to avoid “*The tendency of some supervisors to default to offering ‘expert advice’*” (p.485).

Bush (2005) suggests the purpose of supervision should be framed as an intervention intended as a support mechanism for staff. This is reflected in the work of Wallbank and Hatton (2011) who present supervision as something that helps clinicians as they manage and process the emotional labour of their role. This requires a sophisticated supervisor/supervisee relationship, as staff are required to be open and describe their thoughts and anxieties, with a view to creating new knowledge about themselves. However, it is interesting to note that the concept of a supervisor as being someone who is senior or more expert pervades the literature (Gray, 2001; Clouder and Sellars, 2004; Leggat, et al., 2015; Wilson and Taylor, 2019; Rees et al., 2020). This indicates the continued focus on supervision as an educative or performance management process rather than having a supportive or restorative function (Milne and Martin 2019).

Review of the research and literature on supervision, reveals acknowledgement of a myriad of understandings regarding definitions and purpose of supervision. However, many researchers operate from the perspective that it is possible to agree a shared meaning (White, 2017). This is based on a naïve realistic assumption that supervision is something essential, coherent, non-contingent and definable. A poststructural position (Jackson and Mazzei, 2012) presents an alternative view, contributing a style of thinking that acknowledges complexity and allows for the generation of ideas rather than reducing and limiting options to fit a formula (Cilliers, 1998). This position recognises supervision as something local, partial and time bound (Stevenson, 2005). It only exists at the point where participants have reached a provisional consensual agreement, through dialogue and exchange of ideas, about what defines supervision. It does not exist outside of that context (Stevenson and Jackson, 2000).

These different interpretations and a lack of consensus have an impact on the quality and impact of supervision. In the next section, I go on to explore this further.

### **2.2.3 Quality and impact of supervision**

One of the main drivers for this research study was to explore the concept of high-quality supervision. The diversity and understandings of supervision as described in Section 2.2.2, means articulating what ‘quality supervision’ might look like is difficult. There is agreement from researchers that ‘just having’ supervision is not sufficient (White and Winstanley, 2021), but identifying what makes it a quality experience that is effective, is not straightforward as the different stakeholders in the process will have different priorities (Rothwell et al., 2019).

In this section, I examined the literature and explored quality from the perspective of supervisee and supervisory relationships, as well as the link between quality and impact of supervision practices.

#### **2.2.3.1 *What does ‘good’ look like for the supervisee?***

Distinguishing the core requirements of good supervision arguably starts with the supervisee’s perception of a ‘good supervisor’. However, there is variation in what supervisees need, or look for, in a supervisor.

An example of this is an early paper by Fowler (1995) who identified a number of key issues around ‘good supervisors’. Unfortunately, there is not enough information to evaluate the significance of this study, but there are some relevant points to consider. He noted that different groups of staff require different qualities in their supervisors. Those studying for the English National Board (ENB) Higher Award<sup>3</sup> course were less likely to give priority to their supervisor’s level of clinical knowledge. Those studying for the ENB Clinical Award course, which was a lower academic level, were less likely to attach importance to the personal relationship they had with their supervisor.

Acknowledging that the purpose and focus of supervision is different for individuals and changes through their career, is supported by the findings from Leggat, et al. (2015) and Bowles and Young (1999) who noted that:

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<sup>3</sup> The English National Board (ENB) Higher Award framework was introduced in 1992. It provided a structure for nurses studying clinical courses to obtain academic ‘points’ towards a First level or Master’s degree.

An inverse relationship between length of service and reported benefits in the formative and restorative dimensions was apparent.

(Bowles and Young, 1999, p.963)

This was also a finding by Martin et al., (2019) who discovered differences in perception of quality of supervision between staff who had been qualified less than one year and those who had been qualified longer. They suggest this may be due to the need for more guidance in the first year of work, but note it is not clear if this is the case.

Difference in perception of good supervision was also recorded by Koivu, Saarinen and Hyrkäs (2011) who compared use of clinical supervision between nurses on medical and surgical units in an acute hospital. They found opposite characteristics in each group indicated an increase in uptake of clinical supervision. For example, nurses on the surgical units were more engaged with supervision when they perceived that it provided opportunities for challenge. By contrast, for those on the medical units this had the opposite impact. Another difference was the reaction to symptoms of burnout, which increased the likelihood of uptake in supervision on the medical units yet decreased the likelihood on surgical units. Rothwell et al. (2019) highlighted these differences and noted that the context in which staff operate will impact on the nature and design of supervisory practices they require.

When supervision is provided, regardless of the framework or philosophical background to the design of supervision provision, different staff groups will use supervision according to their own culture and needs (Brunero and Lamont, 2012; Cookson et al., 2014; Snowdon, Millard and Taylor, 2016). This then is significant when considering supervision across a whole healthcare organisation. It should be anticipated there will be variation in perception of 'good supervision' within and between teams (Koivu, Saarinen and Hyrkäs, 2011; Rothwell et al., 2019). Therefore defining 'good supervision' remains a subjective concept and further undermines the notion of a single unified understanding.

#### ***2.2.3.2 The quality of supervisor/supervisee relationships***

There is consensus in the literature that the relationship between a supervisor and their supervisee(s) is a critical element of any supervisory arrangement (Davis and

Burke, 2012; Dawson, Phillips and Leggat, 2013; Fitzpatrick, Smith and Wilding, 2015; Martin, et al., 2015; Rothwell et al., 2019). Pack (2015) identified that the nature of the relationship between supervisee and supervisor was the most significant factor contributing to good supervision, particularly for the supervisee:

The relationship established in clinical supervisees to trust and feel confident enough to explore areas of ambiguity and complexity without fearing shaming or personal humiliation in the eyes of their clinical supervisors for not knowing what to do.

(p.1828)

There are several elements affecting the success or otherwise of supervisory relationships; for example, the opportunity to choose a supervisor appears to have an impact on perceived benefit of supervision (Howatson-Jones, 2003; Hyrkäs, 2005; Cookson, et al., 2014; Martin, et al., 2015; Martin et al., 2019). There is a need for mutual trust and respect (Fitzpatrick, Smith and Wilding, 2015; Martin, et al., 2015), a degree of shared values (Spence, et al., 2014), rapport (McLaughlin, Casey and McMahon, 2019), and a shared understanding of the purpose and goals of supervision (Son and Ellis, 2013; Falender, Shafranske and Ofek, 2014; Fitzpatrick, Smith and Wilding, 2015). The supervisor's skills both in terms of their profession specific knowledge (Dawson, Phillips and Leggat, 2013), and their theoretical knowledge and understanding of supervision are also key factors (Cutcliffe and McFeely, 2001; Sloan and Grant, 2012; Davis and Burke, 2012; Snowdon, Millard and Taylor, 2016).

A study by Spence, et al. (2014) explored the quality of supervisory relationships from the perspective of the supervisee and the impact this had on their willingness to disclose. They suggested this is a cyclical process in that we disclose to those we 'like' and trust, which in turn strengthens the relationship (Fitzpatrick, Smith and Wilding, 2015; Martin, et al., 2015). It is important therefore that the supervisory relationship is one in which each party feels safe. This then is another factor impacting on the implementation of supervision, which will depend in part on the degree of sophistication in skills and understanding of supervision by participants (Sweeney, Webley and Treacher, 2001b; Watson, Macdonald and Brown, 2013; Knox, 2015).

The extent to which supervisory space is used to disclose vulnerability or experience discomfort, will also be affected by the values and beliefs of the profession, organisation, or team. For some, admission of vulnerability and willingness to admit to ‘not knowing’ or making a mistake is a risky stance (Spence, et al., 2014). This was evident in the study by Koivu, Saarinen and Hyrkäs (2011) mentioned above. They noted that nurses on the surgical unit wanted to use supervision to explore processes and identify areas for improvement, whereas this was avoided by nurses on the medical unit. In their discussion, the authors identify several potential reasons for these differences and summarise these as being linked to the culture of different units, the nature of the work being undertaken, and the way clinical supervision is presented by senior managers.

Sociocultural and historical differences are also likely to have an impact on supervision practices. Some of these will be exacerbated by differences between countries in the way supervision is understood (Ellis et al., 2015), but there are also differences in cultural ‘norms’ that will affect how supervisors and supervisees think, feel and behave (Allan, 2017). For example, Son and Ellis (2013) conducted a cross-cultural comparison of supervision between South Korea and the United States. They commented that in certain ethnic groups, deference to senior or authority figures affected supervisees’ understanding of their role within supervision, and had an impact on their willingness to take the lead in a supervisory relationship. Engagement in supervision practices is dependent on a mutually trusting and respectful relationship (Rothwell et al., 2019); however, as suggested above, this is not necessarily the case within supervision. For staff to engage at this level, the organisational culture needs to be sufficiently sophisticated to receive challenge without becoming defensive (Duncan-Grant 2001; Stevenson, 2005).

Any social interactions will therefore be affected by an array of undisclosed factors and pre-conceived ideas. As discussed in Section 2.2.2, there is a power dynamic within the supervision relationship. This is most often seen in the hierarchical nature of supervision arrangements. However, there are examples of power being exercised by the supervisee in that they may sabotage or disengage from the process adopting a passive role (Sweeney, Webley and Teacher, 2001b; Pack 2012; Knox, 2015). Willingness to disclose is linked to mediating factors of safety,

communication styles, and shared understanding of the purpose of supervision, influencing the extent of openness and challenge in the discussion (Martin et al., 2015; McPherson, Frederico and McNamara, 2016; Kuo et al., 2016).

A further consideration that may affect supervision relationships is the potential conflict of the manager's role with that of supervisor. This is highlighted above in Section 2.2.2.2 and is a topic that attracts much discussion and debate, with most researchers suggesting the various aspects of supervision need to be separated (Spence et al., 2012; Pack, 2015; McLaughlin, Casey and McMahon, 2019; Rothwell et al., 2019). In contrast, Turner and Hill (2011b) posit that the role of supervisors and whether they are also a line manager is irrelevant. They suggest the principal factors are that the supervisor should be an experienced clinical leader with a clinical focus. I would suggest this is a naïve assumption and that the nature of a supervisory relationship means the skills of supervisors and the level of sophistication of the supervision are more critical. All supervisory relationships include a power differential:

...the acknowledgement of power differences in the status and experience of supervisors and supervisees in [clinical supervision] needs to be clearly negotiated and articulated in a supervision contract at the outset of the relationship.

(Pack, 2012, p.178)

This is particularly the case when the supervisor is also the line manager:

Training for new clinical supervisors who have a 'dual role' as the clinical supervisee's line manager and clinical supervisor is...fraught with complexity in balancing organisational agendas with the development of the clinical supervisee's emerging professional sense of self.

(Pack, 2015, p.1834)

The ability of supervisees to work with their supervisor and manage the implicit power imbalance that inhabits, and potentially inhibits, the supervision dynamic, will significantly affect the quality of the supervision (Falender, Shafranske and Ofek, 2014). Spence et al (2012) discuss this and suggest the ability to manage these co-existing tensions effectively are part of the process of supervision, resulting in a more constructive supervisory relationship and high-quality supervision.

It is of significance for this study that there is a wealth of evidence for the importance and influence of supervisor/supervisee relationships in supervision, (Pack, 2015; Wilson and Taylor, 2019; Harvey et al., 2020; Rees et al., 2020). However, exploring how to support and develop positive relationships in supervision is not an area of research that has received much attention.

#### ***2.2.3.3 Impact of supervision***

Dilworth, et al. (2013) note that, despite the large body of literature discussing implementation and impact of supervision, evidence to support the effectiveness of these practices is not strong. Studies examining the effect of supervision on patient outcomes have produced tentative results; these studies often show that any perceived changes can be attributed to other factors such as working environment and managers' support rather than supervision interventions (Wheeler and Richards, 2007; White and Winstanley, 2010; Snowdon, et al., 2016; White, 2017).

I would suggest looking to demonstrate a link between supervision and patient outcomes is inappropriate as it assumes linear 'cause and effect' of interventions. Lack of clarity and consistency in describing and defining the content of supervision, as outlined in Section 2.2.1, make proving the impact on staff and patient care extremely difficult (Dilworth, et al., 2013), potentially undermining any conclusions reached by research into these areas. This is echoed in reviews by Dawson, Phillips and Leggat (2013) and Leggat, et al. (2015) who highlight the different ideas about content of supervision meetings. These authors noted contradictory perspectives in the literature, which make it challenging to supply evidence attributing changes in practice or wellbeing to supervision practices.

Other studies explored the impact of supervision on supervisees. As outlined in the section above, the supervisory relationship will influence how positive or negative the supervisee finds their supervision (Falender, Shafranske and Ofek, 2014). Factors such as professional contexts and cultures will also affect the impact of supervision. For example, Snowdon, Millard and Taylor (2016) investigated perceived effectiveness of clinical supervision in Australian allied health professionals. They found that differences reported by professions included in the study (physiotherapists, occupational therapists, social workers, psychologists, speech and

language therapists, dietitians) were aligned to pre-existing skills inherent in those professions. Those that acquire strong counselling skills as part of their training and have a strong structure for clinical supervision are more likely to find clinical supervision effective. They concluded:

Training aimed at improving knowledge and skills in CS will likely be ineffective unless the culture and environment are equipped to support professions in creating a change in their practice.

(p.119)

This would indicate that the skills and culture of professional groups will affect the impact, use and embedment of supervision.

In their study exploring who benefits the most from supervision, Koivu, Saarinen and Hyrkäs (2012) identify that effective supervision seems to be dependent on pre-existing wellbeing of supervisees. This is significant as it presents the concept that staff will be best placed to engage with supervision and therefore influence the potential for its impact if they are working in a positive environment. For that to be the case, it is essential to consider the wider context and organisational factors that contribute to the positive environment, and therefore the effectiveness of supervision.

#### **2.2.4 Organisational factors in supervision**

Supervision is perceived as an organisational activity (CQC, 2018; Rothwell et al., 2019) and there is evidence of the link between organisational structures and culture, and the practice of supervision (Gonge and Buus, 2016; Wilson and Taylor, 2019). There is also much debate regarding the level of prominence supervision is afforded (Snowdon Millard and Taylor 2016), and aspects of the process which can be addressed to help and support supervision practices to flourish (Rothwell et al., 2019). In this section I explore organisational factors that affect supervision practices.

Supervision provokes strong feelings both for those who support its implementation and those who are suspicious of the potential for it to be used as a surveillance tool (Burrow, 1995; Grant, 2000; Banks et al., 2013). This is significant, as much of the research assumes supervision is a desirable activity that health staff should be

engaging in (Dilworth, et al., 2013; Pearce, et al., 2013; Snowdon, Millard and Taylor, 2016):

“Existing research on the topic of supervision … tends to reify the concept of supervision. Supervision is assumed to be beneficial, and there is a focus on investigating the effects of supervision without an accompanying understanding of why, how, where and by whom supervision is done.”

(MacLaren, 2013, p.ix)

Gilbert (2001) challenged the belief of the beneficial effect of supervision. He applied a Foucauldian perspective of ‘governmentality’ to show that the link between supervision systems and surveillance is present even when supervision is removed from the overt ‘overseeing’ function. For those who are supervisees, the impact of this is that some perceive supervision as a negative or punitive process (Stevenson and Jackson, 2000; Watson, Macdonald and Brown, 2013; Jackson, 2014), and a way of reinforcing authority, power and superior-subordinate relationships.

Surveillance thus becomes a decisive economic operator both as an internal part of the production machinery and as a specific mechanism in the disciplinary power.

(Foucault, 1975, p.175)

It is therefore relevant to examine the relationship between organisational factors and supervision practices.

#### **2.2.4.1 Supervision and priorities**

The position of supervision practices in relation to organisational priorities has led to debate in the literature regarding whether engaging in supervision should be a matter of personal choice (Howatson-Jones, 2003; Bush, 2005; Kumar, Osborne and Lehmann, 2015). Morgan (2006) uses the metaphor of the ‘political system’ which looks at the organisation as an administrative system based on political principles that legitimise and create different rules and regulations. Using this metaphor to consider the implications of making supervision compulsory could result in a perspective that sees it as more scrutiny and increased management control. Supervision is seen as a priority and staff members are expected to engage in these practices (CQC 2018). Alternatively compulsory supervision could be seen as endorsing a right and interpreted as organisational commitment to the importance of

supervision; validation of time needed to reflect and process the demands of delivery of healthcare (Gonge and Buus, 2016).

Kumar, Osborne and Lehmann (2015) evaluated the impact of mandated clinical supervision on clinicians. They found time, workload and clinical priorities posed barriers to supervision and expressed concern that a flexible approach, although potentially useful, could result in inefficiency and variable quality. They noted that the idea of ‘one size fits all’ was inappropriate, but their conclusion was that lack of a “*universally agreed model for clinical supervision*” (p.270) contributed to the barriers along with a gap in knowledge of best practice. This illustrates that making supervision compulsory does not resolve the challenges faced in practice. It is also an example of the idea that it is possible to find the ‘right way’ to do supervision.

Responsibility for ensuring supervision takes place is seen to rest with the individual employee and their manager. However, the structures and expectations of service delivery militate against this happening. Supervision is seen as something expendable in the face of service demands (Williams and Irvine, 2009; Snowdon, Millard and Taylor, 2016), and pressure to respond to ever increasing expectations in terms of service delivery make justifying supervision as ‘real work’ difficult (Dilworth, et al., 2013). Morgan (2006, p.158) refers to three elements that co-exist in a work context:

- Task - the requirements of the role, what the organisation is expecting from the employee
- Career - the employee’s aspirations
- Extramural - the employee’s values and belief system

He uses a diagram of three overlapping circles to illustrate tension between these potentially competing factors and notes there is most often an uneasy balance that can shift depending on the situation.

Clouston (2014) discusses this in the context of ‘occupational imbalance’. She explored the influence of neoliberal market economies and the impact this has on the shifting of responsibility to the individual. Her study also showed that the emphasis on ‘doing’ activities meant time available for ‘being’ activities was neglected. This potentially has two effects on supervision, firstly, time for supervision is not prioritised

as it is not viewed as a ‘doing’ or productive activity; secondly that if it does take place it is dominated by tasks or activities rather than reflection (Jackson, 2014; Johansson, 2015).

Grant (2014b) also identifies this situation. He argues that the shift away from the state to a more open market with privatisation and competition has fuelled the requirement to work harder. It has also resulted in an increased level of surveillance and control (Gerada, 2014). The result of this is that supervision is potentially, or actually, hijacked by management and performance measurement, as discussed above in Section 2.2.2.2. In addition, there is potential risk attached to challenging the way supervision is outworked in an organisation, as any alternative way of understanding or articulating supervision may be interpreted as suspect, deviant or transgressive (Grant, 2014b).

The difficulty of managing different priorities and agendas for supervision is described by some researchers (Kumar, Osborne and Lehmann, 2015; Buus et al., 2018). However, there is a lack of development of this challenge except to offer consensus as a solution (Wilson and Taylor, 2019). This needs to be explored if supervision is to become an activity that supports staff and enhances patient care.

#### ***2.2.4.2 Factors that support supervision practices***

A significant number of studies have explored initiatives that are designed to support supervision practices, for example, policy development and information packs (Fone, 2006; McLaughlin, Casey, and McMahon, 2019). These initiatives often include an element of preparation or training for supervisors and supervisees (Tsutsumi, 2011; Johansson, 2015; Harvey et al., 2020). Rees et al. (2020) noted that the length, content, and approach for supervisor training varied widely. They also highlighted that there was limited evidence for the effectiveness of training currently provided for supervisors and conducted a review of supervision training to address this gap.

Rees et al. (2020) firstly identified that the content of training usually focuses on theoretical knowledge and the skills required for supervisors. They found that courses were delivered in a variety of modes, such as face to face or online, and using a range of teaching strategies, such as demonstrations, discussion, and

experiential exercises. The length of the courses also varied from a one-day workshop to an extended programme lasting several months. From their review, they concluded that the important factors for supervisor training were a mix of teaching strategies, the significance of social learning, and the importance of protected time for supervisors to learn and practice skills.

These are important findings and there is significant research linked to the impact of training for supervisors on the quality of supervision (Sloan and Grant, 2012; Davis and Burke, 2012; Kuo et al., 2016). However, this is not sufficient on its own to ensure effective supervision (Snowdon, Millard and Taylor 2015) and, as discovered by Gonge and Buus (2016), there are multiple other uncontrollable factors affecting supervision practices. These influence how these practices are understood, practiced, and embedded and whether they achieve the desired impact.

The complexity of supervision practices is recognised in some studies (Cookson, et al., 2014; Snowdon, Millard and Taylor, 2016), and Starr et al. (2013) acknowledge that supervision practices are complex and paradoxical, but there is limited exploration of how this relates to influence and structural power or 'procedural rationality' in an organisation. There are few studies in the supervision literature that acknowledge or focus on organisational factors affecting supervision practices.

An example of one is the aforementioned study by Gonge and Buus (2016) who set out to demonstrate the significance of 'organisational factors' on supervision activity. They found organisational context is far more influential in determining success or otherwise of an implementation plan than the quality of the plan itself. However, they only considered the immediate findings of their study and implied that organisational factors could be 'fixed'. They did not explore the context in terms of the complexity of supervision practices and organisations, or in terms of thinking practices within the organisation.

Other studies found a link between culture and supervision practices (Scanlon and Weir, 1997; White and Winstanley, 2010), or identified the role of organisational systems in supporting supervision practices (Wilson and Taylor, 2019), but these are not then developed further by the researchers. An earlier study by Duncan-Grant

(2001) explored the role and impact of structural organisational power on supervision activity. In this, he acknowledged the significance of organisational factors and explored in detail the impact of these on supervision practices. In his conclusion he writes:

...I argued that the rational intentions of the organization appeared to be continually undermined by its affective underlife around contested ownership and resistance to clinical supervision.

(Duncan-Grant, 2001, p.218)

This is a significant study in terms of the contribution to understanding of the presence, impact, and complexity of organisational factors. However, there is a lack of research building on these findings and none exploring the complexity of supervision practices in detail, a gap this current study addresses.

### **2.2.5 Conclusion**

In conclusion therefore, despite the significant amount of research undertaken, the issues and challenges of supervision remain (Rice, et al., 2007; Sloan and Grant, 2012; Dilworth, et al., 2013; Snowdon, Millard and Taylor, 2016; Wilson and Taylor 2019). I have found that many existing studies and literature on the topic of supervision acknowledge or describe supervision as a complex phenomenon. This is in relation to intent and aspiration, how it comes to be defined and conducted, and then how it is implemented and evaluated. There is acceptance in the literature that there are a vast number of interpretations and understandings of supervision and a lack of consensus regarding the definition of what supervision is. However, I argue this is not sufficiently understood, resulting in numerous studies seeking to produce the ‘holy grail’ of definitive supervision.

To move forward, there is a need to approach the issue from a different perspective. I suggest the challenges of differing origins of supervision and the resulting differences in understanding and purpose need to be recognised and included in the construction of the concept. Trying to provide a definition assumes supervision is fixed and stable, whereas the reality is that it is complex, emergent, and subject to context and system history.

There are studies addressing individual factors, such as training, and other processes designed to support supervision, but this approach does not recognise the interaction between different elements of supervision. Some studies (White and Winstanley, 2010; Gonge and Buus, 2016) identified the link between organisational factors and success of supervision, although there is little exploration of the impact of organisational settings or culture on how supervision is understood and delivered.

This is a significant gap in the literature, and in the next section I argue that there is a potential to deepen our understanding of this gap by using the lens of complexity theory. I do this by presenting an overview of the theory of complexity, providing examples of application of this in the social sciences, with particular attention to healthcare research. I then pose my argument for using complexity thinking to understand and work with supervision practices.

### **2.3 Complexity thinking**

There is a tendency in organisational policy development, to seek out tangibles to manage and measure intangible concepts, such as culture. This view of managing is informed by neoliberal new public management approaches, implemented over the past forty years or so in public organisations including the NHS (Haynes, 2015). New public management was designed to improve efficiency and reduce bureaucracy. Implementers of this approach took private sector principles such as competition, performance management, and management by objectives and applied them to public sector bodies. Alongside neoliberalism is the underlying positivist and reductionist approach to healthcare and evidence-based practices (Plsek and Greenhalgh, 2001; Long, McDermott and Meadows, 2018). This has resulted in a culture of measurement, and a need to produce metrics as evidence of effective activity (Gane, 2012; Clouston, 2014).

Scientific enquiry and analysis have historically been based on the principle that the most effective way to explore an issue is to break it down into manageable parts. These parts can be analysed as separate entities and then, once they are understood individually, put back together again (Plsek and Greenhalgh, 2001; The Health Foundation, 2010; Eppel and Rhodes 2018; Turner and Baker, 2019).

However, when trying to understand something that is complex, this approach has limitations (Turner and Baker 2019):

A complex system is not constituted merely by the sum of its components, but also by the intricate *relationships* between the components. In ‘cutting up’ a system, the analytical method destroys what it seeks to understand.

(Cilliers, 1998, p.2 (emphasis in original)).

Complexity theory offers an alternative to this historic ‘reductionist’ paradigm of examining individual parts of a system to show how things work and why things happen (Turner and Baker, 2019). Instead, it looks at the system as a whole network of interactions and feedback loops. Using complexity theory, it is possible to explore what might emerge from this whole when participants or ‘agents’ are subject to a process or set of rules. It is also possible to look at the impact of change and how slight changes can produce significant shifts in behaviour or output (Cairney 2012).

Complexity theory or, to be more precise, the science of complexity is the study of emergent order in what are otherwise very disorderly systems.

(McElroy, 2000, p.196)

The literature makes an important distinction between the terms complicated and complex (Stirling, 2014; Andersson, Törnberg and Törnberg, 2014; Haynes, 2015; Prokopenko, 2017). The words share a common root and describe something that is ‘not simple’. However, Prokopenko (2017, p.104) explained there is a difference between complicated (folded) and complex (woven). He suggests this reflects the contrast between a system such as an engine that is dependent on stability (complicated) and one that is elastic, flexible, and emergent (complex):

Something that is complicated is intricate, but essentially static. In contrast, to say that a system is complex is to imply that it is involved in a dynamic process of interactions, a continual state of change. The interactions, more than the structure, distinguish a system as complex.

(Stirling, 2014, p.3)

Therefore, separating out and examining individual elements of something complicated can aid understanding, but this approach does not work for something that is complex. Byrne (2005) refers to complexity as an adjective and provides a useful definition:

...the interdisciplinary understanding of reality as composed of complex open systems with emergent properties and transformational potential.

(Byrne, 2005, p.97)

Complexity theory is not a single theory; it is a group of theories that seek to understand how complex systems operate and change (Mitleton-Kelly, 2003; Prokopenko, 2017). These theories originate in the natural sciences and mathematics, offering an understanding of why complex systems respond in unpredictable but productive ways; for example, changes in weather patterns or behaviour of money markets (Clarke and Collins, 2007). Examples of other ideas that have informed the development of complexity theory include general systems theory (Turner and Baker, 2019), mathematics and computing (Andersson, Törnberg and Törnberg, 2014) and knowledge management (McElroy, 2000).

Use and application of complexity theory is relatively new, although many of the ideas and principles of complexity theory, as it is currently understood, have been informed by earlier ideas and theories. For example, as early as 1880 Charles Darwin and his colleagues recognised that not everything can be explained by a simple cause and effect understanding (Davis and Sumara, 2012).

Mitleton-Kelly (2003) suggests that theories of complexity provide a “*conceptual framework*, a way of thinking, *and a way of seeing the world*” (p. 26 Emphasis in original). She also acknowledges that although there are multiplicities of complexity theories, the literature refers to *complexity theory* for ease of reference. I have adopted this approach and use *complexity thinking* when referring to a collective term for the various aspects of complexity theory.

Development of complexity thinking has not been linear. As different disciplines, for example natural sciences, computing, and knowledge management (McElroy, 2000; Prokopenko, 2017), adopted ideas of complexity, they tended to focus on their field of interest when applying the principles and adapted it to suit the requirements of their studies (Stirling, 2014).

For this reason, there are a variety of terms used when referring to complexity. These include chaos, complexity, complex adaptive systems, complex social systems, and complexity sciences. Some of these terms are used interchangeably and the meanings overlap (Houchin, 2003). Despite this, there are some common

features of the thinking which indicate the nature of complexity theory, and in his seminal book, Cilliers (1998) named ten features present in a complex system. Table 2.1 provides a summary list of these features which have been used by authors and researchers exploring complexity in organisations. For example, Haynes (2018a) describes this framework as a “*formative definition*” (p.982) of social complex systems and uses the model in his analysis of the influence of values in public services; Abusidualghoul (2014) cites Cilliers (1998) description and applies the features to her study exploring organisational complexity. I have used this definition as a framework for considering complex systems in the context of my study, something I expand on in Section 4.4.5.

- Large number of elements
  - The elements need to interact
  - The interaction is ‘rich’; any element in the system influences and is influenced by several other elements
  - The interactions will be non-linear
  - They will be mainly ‘short-range’
  - There are loops in the interactions which can be positive or negative
  - There is interaction with the environment
  - There is dynamicity in the system, and it is far from equilibrium
  - The complex system has a history, it exists in a time frame
  - Each element is acting locally
- (Cilliers, 1998. p.3-5)

**Table 2.1: Ten features of Complex Systems**

Castellani (2018) produced a comprehensive map of the various streams of complexity thinking illustrating how different areas link and diverge in their development of the concept. He makes the point that as it is a relatively new field of study the theory continues to develop and evolve, and, importantly, that there will be further connections and crossover of understanding between these different streams.

This complex and non-linear development reflects the nature of the theory. Complex systems are constantly changing and evolving in response to the interaction between elements. Urry (2005) refers to the ‘complexity turn’ and uses the metaphor of a maze where the walls are constantly moving to describe the nature of the development of complexity thinking (p.3). Stewart (2001, p.324) acknowledges this movement and suggests the term “*Theories of nonlinearity*” is a more accurate description. It can therefore be seen that development to date has created a way of thinking that is itself complex.

This overview illustrates how complexity thinking has developed and expanded to include a wide range of disciplines. However, there are differing ideas in terms of how this thinking, which originated in natural systems, can be applied in social sciences. I now go on to explore this debate and argue a perspective for this study.

### **2.3.1 Complexity thinking in social sciences**

Complexity theory has in recent years been applied across a range of areas in social sciences (Table 2.2).

<b>Examples of social science disciplines where complexity thinking has been applied in research</b>	<b>Reference</b>
Public organisations	Houchin, 2003; Haynes 2015
Education	Abusidugghoul, 2014; Eppel, 2009; Clarke and Collins, 2007
Healthcare practice	Long, McDermott and Meadows, 2018; Chandler et al., 2016
Organisational leadership	Uhl-Bien, Marion and McKelvey, 2007
Healthcare leadership	Belrhiti, Nebot Giralt, and Marchal, 2018

**Table 2.2: Complexity theory research in social sciences**

In considering the applicability of this thinking in social science research, it is necessary to explore debates considering the value and merits of such an approach. The first point is that although complexity theory has been notionally applied in social studies research, the reductionist paradigm still underpins some studies (Stewart, 2001). Andersson, Törnberg and Törnberg (2014) propose this is partly due to the predominance of quantitative methodology in the application of the theory. The result of this is that much about the way complexity thinking is applied in organisations is still based on a linear systems theory approach, which is founded in reductionist, positivist thinking. Examples of this include using systems theory alongside complexity theory and the persistence of applying mathematical terms to social processes (Stewart, 2001).

Belrhiti, Nebot Giralt, and Marchal (2018) noted this when they conducted a review of studies concerning complex leadership in healthcare. They found use of complexity theory was informed more commonly by ‘mathematical complexity perspective’ rather than a ‘social complexity perspective’ (Snowden and Stanbridge, 2004). In this there was an emphasis on the impact of simple rules on emerging order, rather than viewing complex leadership as a socially constructed process. This is an important consideration when applying complexity thinking, and I return to the theme of the dominance of linear and ordered thinking in Chapter 6 where I explore this perspective in more detail in the context of order and disorder in supervision practices (Section 6.2).

As discussed in Section 2.3, there are inconsistencies in how various terms are represented in complexity literature (Castellani, 2018). This presents a challenge when identifying the most appropriate ways to apply complexity thinking to social systems research. The term complex adaptive system was originally developed to describe systems in natural sciences, for example physics, chemistry, and biology (Snowden and Stanbridge, 2004) and referred to the way such systems produced emergent order. This term has now been applied in a range of social science research fields (Table 2.3).

<b>Examples of Application of Complex Adaptive Systems</b>	<b>Reference</b>
Policy Processes	Eppel, 2009
Clinical practice	Chandler et al., 2016
Clinical leadership	Belrhiti, Nebot Giralt, and Marchal, 2018
Communities of practice	Borzillo and Kaminska-Labbé 2011
Establishment of a new organisation	Houchin, 2003
Educational establishment	Abusidualghoul, 2014
Researcher group/Senior leadership team/Mental health service	Long, McDermott and Meadows, 2018

**Table 2.3: Examples of application of Complex Adaptive Systems in Social Science**

The use of complex adaptive systems as a framework for social science research was explored by Turner and Baker (2019), who produced an overview of complexity theory in relation to social sciences. They identified the numerous descriptions and definitions of complex adaptive systems in the literature, and named path dependence, non-linearity, emergence, and adaptiveness as core characteristics of a complex adaptive system in social sciences (p.8). However, others have argued this is not appropriate, as a key component of a complex adaptive system is the capacity to self-organise without the need for free will or conscious choice (Houchin and Maclean, 2005; Belrhiti, Nebot Giralt and Marchal, 2018). Humans, on the other hand, can consciously choose order. These authors caution against applying the term to human systems and behaviours without acknowledging the limits of transferability of the concept. Houchin and Maclean (2005) also question the applicability to human social systems of a theory developed in the natural world and suggest use of complexity theory in organisations must be informed by social theory, an approach endorsed by others. For example, Stewart (2001) argued complexity theory should be combined with existing social theories, to produce a sufficiently sophisticated structure with which to approach studies of society.

Haynes (2015) offers a resolution to this challenge, contending that exploring interactions between humans, their behaviours, values and independent thinking, and the social and organisational systems within which they function is what makes complexity thinking so relevant to social research. He argues it provides valuable opportunities for new insight and solutions, a perspective supported by Turner and Baker (2019). These authors suggest applying complexity thinking to social science is critical to finding ways of addressing problems in the increasing complexity of society and organisations.

Snowden and Boone's (2007) discussion of the application of complexity thinking to leadership is relevant for this argument. They propose the science of complexity provides a helpful model when trying to address challenges and developments in an increasingly complex world. They also acknowledge there are significant differences when complexity thinking is applied to human systems, acknowledging human capacity for emotion, conscious decision making, and an ability to choose how they present themselves. In terms of implementing policy and change, Andersson,

Törnberg and Törnberg (2014) suggest viewing societal systems as complex means that:

it [opens] up the promise of entirely new types of analytical and policy tools, based on ideas about how we can dynamically steer and scaffold society by engaging more directly with its causal mechanics; for example more bottom-up approaches like the management and design of social networks of actors or the management of innovation dynamics

(Andersson, Törnberg and Törnberg, 2014, pp.145-146)

Complexity thinking therefore offers an alternative perspective, one in which the systems are enablers and that the agents, in this case staff members and the teams they are part of, are facilitated to self-organise and produce their own solutions (Lewin, 1999). Adopting complexity theory as a lens enables the problem to be viewed as a complex system and considered as a whole, rather than focusing on individual elements (Sammut-Bonnici, 2000). This is important, as discussed by Jones and Corner (2012) who applied complexity theory as a lens to explore mentoring. They comment that examining individual variables and component parts of mentoring sometimes results in a loss of focus on the actual process. My critical analysis of this debate follows Haynes (2015) in that the very complexity of human interactions is what makes complexity thinking so relevant. I would argue viewing the intricacies of interpersonal interactions through the lens of complexity thinking provides a way to make sense of these.

A further challenge was identified by Eppel and Rhodes (2018) in the way complexity thinking is used in social science research:

...we note the need for a distinction to be made between the use of complexity theory to create and test concepts and theories to describe the world as it is (which is often the domain of the natural sciences), and the use of these concepts and theories to design and bring about change (this latter often the domain of social sciences).

(Eppel and Rhodes 2018, p.952)

This was discussed by Castelnovo and Sorrentino (2018) who explored issues related to using complexity thinking as a metaphor in social research. They suggest that simply applying the principles of complexity as they are understood in the natural world limits applicability of the approach when considering human organisations. There is a risk the metaphor (of complexity) “[reduces it] to just shorthand for complicated” (Castelnovo and Sorrentino, 2018, p.1016) when it is

used to describe complex organisations, rather than as a tool for design or practical application.

The Health Foundation (2010) produced an overview of the application of complex adaptive systems thinking in healthcare and other systems, and offered a similar perspective:

There may be a need for a clearer definition of this approach and how it applies to healthcare, comparisons with alternatives and empirical exploration of its value because most of the information available is descriptive rather than solid research.

(The Health Foundation 2010, p.3)

However, the review concluded that applying the concept of complex adaptive systems has value in the context of healthcare, as a way of understanding leadership and organisational development, in that it:

- Challenges assumptions
- Focuses on relationships rather than simple cause and effect models
- Can be applied in a variety of contexts
- Provides a framework for categorising and analysing knowledge and agents
- Suggests new possibilities for change
- Provides a more complete picture of forces affecting change

(The Health Foundation 2010, p.3)

Davis and Sumara (2012) examined development of complexity theory and identified three increasingly sophisticated phases. The first phase they referred to as the 'descriptive phase' which centred on the natural sciences. This is the acknowledgement that some things cannot be explained in simple terms. The second phase reflected expansion of the concept of complexity to a wider range of fields of inquiry and recognition of 'living systems'. The third phase not only uses complexity theory to explain complex phenomena and what makes them shift or change, but also applies a more pragmatic emphasis to:

...trigger [complex systems] into being, to support their development, and to sustain their existence.

(Davis and Sumara, 2012, p.31)

Belrhiti, Nebot Giralt, and Marchal (2018) reviewed studies concerning complex leadership in healthcare, making use of Snowden and Stanbridge's (2004) 'landscape of management' framework to show different approaches used in

complex leadership literature. Their conclusions echo those of the authors cited above in that they found most studies used complexity theory to explore or explain complex leadership rather than to assess the effectiveness of complexity theory as a practical model, indicating a lack of development of the third phase of complexity as described by Davis and Sumara (2012).

This debate is important for my study, which explores interactions between organisational members in supervision in the context of the organisational culture of an NHS organisation. My aim was to identify a way forward for supervision practices and I applied complexity thinking as a lens to inform this. The metaphor of complexity thinking provides a start point, but for it to be of benefit, there was also a need for me to apply the thinking to recommendations I make to support sustainable practice in supervision.

In summary, complexity theory has been developed from a concept initially used to explain unexpected events in the natural sciences to an approach that can be applied to a wide variety of specialisms. Regarding the social sciences, there are compelling arguments that support the relevance of this approach to studies about people and organisations (Haynes, 2015; Rodrigues-Júnior and Paiva, 2006; Uhl-Bien, Marion and McKelvey, 2007). However, for this to be a lens that informs understanding and practice in organisational research, it is necessary to acknowledge the way complexity manifests in systems that include human agents, to consider how the thinking works with existing social theories and to ensure there is practical application (Stewart, 2001; Houchin and MacLean, 2005; Castelnovo and Sorrentino, 2018).

I go on to present the concept of complex adaptive systems as a way of understanding complexity in the context of healthcare organisations and organisational activity.

### **2.3.2 Complexity in the context of healthcare organisations**

The complexity of the NHS is formed and informed by factors including practices of individual organisational members, different professions and services, the hierarchy of NHS organisations, organisational policies and processes, history of NHS

organisations, external bodies that monitor and direct the business of NHS organisations, and the network of connections between all these aspects (Bunniss and Kelly, 2013).

As identified above, complexity theory has been used in research in healthcare settings. For example, Chandler et al. (2016) applied the core concepts of complexity theory to a study exploring attempts to make changes in clinical practice. They found it addressed the increasing complexity in clinical practice and provided useful insights into behaviour of staff. It also enabled them to identify a way to implement changes effectively. Long, McDermott and Meadows (2018) explored use of a combination of complexity theory and pragmatism in healthcare research. They concluded that inclusion of pragmatism, as an epistemological position, strengthened the value and contribution of complexity thinking to health research as it enhanced the flexibility of the approach. Plsek and Greenhalgh (2001) offered the following definition of a complex adaptive system in the context of healthcare:

A complex adaptive system is a collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected so that one agent's actions changes the context for other agents.

(p. 625)

As discussed earlier in this chapter, particularly in Section 2.2.1.1 and Section 2.2.4.2, organisational thinking and policy development have been based on a mechanical understanding of organisational processes, which is predicated on an assumption of predictability. Plsek and Greenhalgh (2001) suggest that healthcare services reflect complexity in the way they operate and are delivered, a position exacerbated by the constant changes that are imposed. They propose that the mechanical understanding is therefore flawed, and complexity theory offers an alternative perspective, along with an appropriate and helpful framework with which to understand and develop healthcare services and organisations.

Table 2.4 illustrates the complexity of NHS organisations with an illustrative, but not exhaustive, list of various aspects or layers of the NHS. Each of these then include two or more 'elements'. All these elements and aspects interact and impact on each other, contributing to complexity of the entire system. This has been presented as a

linear table, but the relationship between aspects and elements is more accurately reflected as a mesh.

<b>Aspect of the system</b>	<b>Example of the elements</b>
Culture	Organisational History Legacy Organisations
Systems	Organisational Polices Organisational Processes Organisational Management and Governance
People	Individuals Professional Groups Departments Services
External systems	Commissioners National bodies (e.g., NHS E/I) Regulators (e.g., CQC)
NHS System	The Trust The Integrated Care Service (Local cluster of H&SC Services) The Regional Group Department of Health

**Table 2.4: Elements of complexity in NHS organisations**

Despite the suggestion by Plsek and Greenhalgh (2001) that complexity theory is a useful lens, and the consensus by authors that healthcare practices and organisations are complex adaptive systems (Plsek and Greenhalgh, 2001; Sturmberg, O'Halloran and Martin, 2012; Chandler et al., 2016; Long, McDermott and Meadows, 2018; Belrhiti, Nebot Giralt, and Marchal, 2018), application of complexity theory as a methodology in healthcare research is in its infancy (Kannampallil et al., 2011; Long, McDermott and Meadows, 2018). Most studies have focused on the applicability of complexity theory in clinical contexts rather than organisational processes, and its application to clinical leadership is limited in scope (Belrhiti, Nebot Giralt, and Marchal, 2018).

A criticism in complexity theory literature is a lack of practical application of complexity thinking in social science and healthcare research (The Health Foundation 2010; Eppel and Rhodes 2018). At present, most studies have used complexity thinking to describe rather than to design for development and change (Castelnovo and Sorrentino, 2018). This means the literature and evidence base for applications of complexity thinking in healthcare research is limited, and I was unable

to find any studies that applied complexity thinking to organisational processes in healthcare such as supervision practices. Therefore, in terms of applying complexity thinking to supervision practices, I drew on studies in related topics such as mentoring and teaching (Jones and Corner 2012; Stirling, 2014), leadership (Mendes et al., 2016) and those that applied complexity theory in public services (Haynes 2015; 2018a; Eppel and Rhodes 2018). I argue that these studies indicate the relevance and usefulness of this theory for my study.

### **2.3.3 Supervision practices and complexity**

As discussed in Section 2.2.4.2, the complexity of the healthcare context and of supervision practices has been acknowledged by several researchers who conducted studies relating to supervision practices. For example, Kennedy et al., (2018) and Karpetis, (2019) reference the complexities of the healthcare context in which staff members are operating and imply supervision is important as a way of managing these complexities. McLaughlin, Casey and McMahon (2019) go further in that they discuss the role of supervision in providing “*spaces that enable practitioners to make sense of ambiguity and complexity*” (p.284). This is significant as there is acknowledgement of the need to manage the complexity practitioners are experiencing, but these authors do not go on to discuss how that might be achieved or to develop the ideas of complexity thinking.

Rees et al., (2020) produced a synthesis of supervision training in healthcare and discussed the complex nature of this. They referred to supervision training as being context-dependent, affected by cultural influences and non-linear, all of which are aspects of complexity thinking. However, this is simply presented as a statement of fact, and they do not elaborate on the implications as part of their discussion. There are also specific references to the complexity of supervision practices in some studies (Pollock et al., 2017; Wilson and Taylor, 2019; Miller, 2020) although this is often presented as a footnote rather than something requiring exploration. An example of this is illustrated by Kennedy et al., (2018) who describe the complexity of the relationships in supervision, referring to:

...the constant systemic interplay between supervisee and supervisor, and between them and the wider systems within which they operate...

(p.294)

Pront, Gillham and Schwirth (2016) conducted a review of literature addressing 'good' clinical supervision across a range of healthcare professions and geographical locations. They highlight the complexity of healthcare environments and acknowledge supervision is a complex phenomenon. They question the 'one size fits all' approach (p.486) and suggest supervisors need to develop skills that enable them to be adaptable. This study offers a helpful perspective for my study; as well as recognition of the complexity inherent in supervision practices, there is a focus on identifying characteristics for 'good' supervision, which was the initial driver for my research. However, in identifying future research, Pront, Gillham and Schwirth (2016) suggested that studies focusing on establishing a framework and competencies for supervisors would be appropriate next steps. They do not identify a need to explore complexity thinking further.

McPherson, Frederico and McNamara (2016) also acknowledge the complexity of supervisory practices as well as the complexity of practice. These authors take this further and suggest that supervisors who are operating in the context of child and family practice need an understanding of complexity theory. They do not elaborate on this in their paper but suggest it as an area for further research, providing support for the approach taken in my study.

#### **2.3.4 Conclusion**

The review above shows how complexity and supervision practices are intertwined. There is reference to the complexity of supervision practices in the literature, but researchers have overlooked the significance and implications of this. They have not theorised or seen it as something to embrace or explore. I would argue this is a significant gap and one this study seeks to address. I have presented the argument for using complexity thinking to inform understanding of supervision practices and in Chapter 4 explore this in more detail, outlining how complexity thinking was used as an analytical lens for data in my study.

## **2.4 Summary**

In this chapter I presented an overview of the literature pertaining to supervision practices. The extensive literature base explores aspects of supervision including, its purpose and meaning, what might be understood by different ‘types’ or descriptions of supervision, perceived and measured impact of supervision on individual practitioners and their patients, clients or service users, factors that support or hinder supervision practices, and the relationship between organisational culture and how supervision is understood and practiced in an organisation.

Most studies exploring supervision practices have been conducted within a single or limited number of professions, predominantly with registered staff members. None has included staff whose role does not include direct patient/client interventions. Researchers that studied supervision practices across an organisation or system encountered the impact of cultural practices on supervision practices, but this was not usually the focus for the research or explored in detail.

In reviewing the literature, I have identified supervision practices as a contested concept, and posit that differences in understanding and application of ‘supervision’ mean it is not possible to produce a single understanding or definition of the concept. Most of the existing studies and literature on the topic of supervision acknowledge the multiplicity of definitions and a number describe supervision as a complex process that is not straightforward to implement. However, I argue this is not sufficiently understood, resulting in numerous studies that have sought to produce the ‘holy grail’ of definitive supervision. I suggest this is a naïve realist view in that it assumes supervision is something essential, coherent, non-contingent and definable. This position is informed by a reductionist and positivist perspective along with the dominant discourse of organisations as machines.

Much of the research has been conducted on this basis, and recommendations repeatedly call for a definition of supervision as a way of supporting implementation and providing evidence of efficacy of supervision practices. As I read the literature, I had a sense of going round in circles. It is essential that to move forward, there is a need to approach the issue from an alternative perspective. The challenges of

differing origins of supervision and resulting differences in understanding and purpose need to be recognised, and included, in construction of the concept. The reality that supervision can only be understood in the moment it occurs and through discourse between participants, makes defining it in a way that satisfies all parties unrealistic. This then has implications for how supervision practices are described with potentially a simpler overarching presentation of the concept.

Having presented supervision practices as a contested concept, I reviewed the application of complexity thinking to social science research and specifically to healthcare systems and leadership behaviours. From this I argued that the complexity of supervision practices and of NHS organisations, means complexity thinking contributes an important perspective that addresses the challenges encountered by the existing literature.

In this study I sought to contribute to the development of supervision, by highlighting elements of the contradictions inherent in supervision practices in the context of the organisation in the study. In the next chapter I will outline the methodology and methods used to achieve this.

## **2.5 Reflexivity**

I began this study having already read a considerable amount of literature on supervision practices. This had given me an indication of the volume and diversity of research and opinions and was influential in my decision to conduct the research. I find the topic of supervision fascinating and needed to exert considerable self-control in my searching. There were occasions when I was overwhelmed by the extent of the literature and identifying a strategy to concentrate on a manageable number of relevant papers was an important part of conducting this literature review. Knowing what to leave out was as important as deciding what to include.

My status as insider researcher may have influenced the focus for this literature review as I approached it through the lens of my own experiences of supervision practices. When I set out, I had already shifted from a position of considering supervision from the perspective of my profession of occupational therapy to one

that recognised the diversity and breadth of understanding of the concept across the organisation. As I engaged with the literature, I was frustrated by the persistence of some researchers in exploring the ‘uniqueness’ of supervision from a uni-professional perspective and became increasingly convinced this had limitations. I was aware of the pressure of the organisational narrative around the importance of measuring and counting supervision practice, something with which I was uncomfortable. My experience of working across the organisation meant I had a perception of what the issues and challenges were but remained uncertain how to move this forward. Finding studies that echoed this was encouraging, but they did not offer anything new, and it became apparent the solutions offered were aimed at fixing symptoms rather than understanding underlying issues.

These factors have impacted on how I approached and structured this chapter. Reflecting on this I can see how my thoughts and ideas shaped the areas I focused on for the review. I can also see how my thinking developed as I reviewed articles, understood more of my philosophical position, and began to apply the theoretical lens for my study.

# Chapter 3    Research Process Part 1: Methodology and Method

## 3.1 Introduction

In this chapter I clarify my philosophical perspective, outlining how the approach and methods used in this study support the aim of the research, and contribute to answering the research question. A core element of this study was to understand at a deeper level the way supervision practices were understood and represented in the Trust. The purpose of this was to inform a constructive and sustainable way of supporting development of these.

I build on the conclusions from the Literature Review (Chapter 2), linking these to the philosophical approach and methodology used in this study. I then describe the research design, sampling and recruitment of participants, and data collection. Finally, I present the ethical considerations for the study.

## 3.2 Philosophical approach

Having explored supervision research through the literature review, it was clear the topic was multifaceted, unclear, and included a wide variety of interpretations (Pearce, et al., 2013). There is no definitive ‘way of doing’ supervision. This resonated with my own understanding of supervision. I have experienced supervisory relationships that facilitated my growth and learning, as well as those that were less helpful. If asked, I would not be able to articulate definitive boundaries for the different supervisory interactions I had engaged with or describe the components that constituted ‘good’ supervision. It is rather more intuitive and based on my relationship with the individual supervisor.

*In 1989 I moved to a new job in a neighbouring Health Authority. The occupational therapy service in this area had a more formal approach to support and expected staff to have regular meetings with their senior. They called these meetings ‘supervision’. For me this meant meeting with the head occupational therapist. She always began the meeting by asking me ‘how are things going?’ and I responded by talking about my workload, my dealings with other professionals, how I was feeling and to ask for her opinion and advice regarding how I was managing my role. I always looked forward to these meetings as ‘me time’ and had a sense that she was genuinely interested in me. I found this a powerful motivator. I felt safe and consequently disclosed more than I had done with other managers.*

*This relationship was a major influence on my understanding of supervision. It was my first experience of the term and the skills my supervisor demonstrated meant that I found it a positive experience. For me, the most crucial element was her focus on, and interest in, me. She was skilful in disclosing her own vulnerability and limitations without resorting to shifting the focus to her needs. This gave me a strong message about it being 'ok' to not know. She also affirmed my own skills and knowledge. I am aware that this has influenced my own supervisory style and that I use her as a role model.*

(DH Development of my understanding of supervision)

I found the multiple descriptions and explanations of supervision practices confusing. As discussed in Section 2.2.2, the word 'supervision' has multiple meanings and Pollock et al.'s (2017) review of the literature notes that the language was used interchangeably. These variations will affect how an individual perceives and responds to the concept of supervision (Snowdon, Millard and Taylor, 2016). This emphasis on the impact of language, and the constant movement between the word and the concept, is reflected in Grant's (2014a) poststructural critique of conventional qualitative assumptions:

The light of human meaning is always refracted through the dark glass of language and language is always unstable.

(Grant, 2014a, p.2)

In discussion with colleagues, it was clear that they held and represented numerous views and interpretations of supervision practices. Although several of them acknowledged that there were differences in ideas and experiences of supervision, many of them considered their own view and understanding of supervision to be the correct or only perspective.

### 3.2.1 Onto-epistemology

Ontology is the "nature of reality" (Creswell, 2007, p.16) as understood by the researcher, requiring recognition of the assumptions and beliefs that inform their understanding of what can be known and what is real (Moon and Blackman, 2014). At the point where I recognised the importance of the differing understandings and 'realities' of colleagues, I was not clear how this fitted into a particular epistemology. Darlaston-Jones (2007) reflected on her experience of identifying the approach for her study and stated:

The fact that I arrived at this approach *before* I had read any literature that explained the constructionist perspective indicates that it was my personal worldview that was dictating the orientation the study should follow.

(p.22) (Emphasis in the original)

This is a helpful observation in terms of using my own experience and view to inform how to describe my position and consider how different approaches resonated with or contradicted my perception of reality:

*Trying to work out my onto-epistemology makes me think of the experience I had of using a Personal Shopper in Debenhams to choose the outfit for my brother's wedding. Some of the items she brought for me to try were completely unsuitable, but there were some that I would never have looked at on my own and I was surprised to see they did work.*

(DH Diary 19.06.16)

Rubin and Rubin (2012) provide a useful description of the nature of reality and clarify the key difference between objectivist/positivist and interpretivist/constructivist paradigms. Both positions accept there is reality; the disparity lies in the understanding of how this reality is generated and identified. For positivists, reality is objectively measurable, a fixed and single entity which already exists and is waiting to be discovered, whereas within the interpretivist/constructivist paradigm, reality is socially constructed. It is produced or generated through an individual's perception, their interactions with the social world, their contextual experience, and their cognitive processes (Mackenzie and Knipe, 2006).

The interpretivist/constructivist paradigm resonated with my view of reality, as by the time I began my PhD, my experience of supervision and clinical supervision had led me to deduce that there was not a "*single objective reality*" (Rubin and Rubin, 2012, p.15) that could be described as supervision. As reflected in the discussion in Section 2.2, the use of language around supervision is not fixed and the concept is contested.

### **3.2.2 Constructionism and constructivism**

Identifying the language to use in this process has been challenging. There is a certain irony in that one of the issues explored in this study is differing understandings of words connected with supervision. Similarly, language around research approaches is not fixed, and therefore finding something that accurately

describes what I am doing has not been straightforward (Crotty, 2003; Van Niekerk, 2005; Lincoln, Lynham and Guba, 2013).

There are conflicting views of whether constructionism and constructivism are the same or different concepts. Constructivism is sometimes used as a collective term for both social constructionism and constructivism. There are also differing perspectives regarding whether they are paradigms or ontological/epistemological positions. Rubin and Rubin (2012) offered a description of an interpretive constructionist approach:

Constructionists try to elicit the interviewees' view of their worlds, their work, and the events they have experienced or observed.

(p.20)

And Lichtman (2013) defined constructivism as:

... a theory or proposed explanation of a phenomenon, that says that knowledge is constructed by the researcher and is affected by his or her context.

(p.13)

Bryman (2012) however, introduces constructionism as an ontological position and suggests that the term is interchangeable with constructivism. It can be seen therefore that there are alternative understandings and uses of these phrases. Consequently, it could be argued that constructionism/constructivism is a social construct.

Crotty (2003) and Van Niekerk (2005) discuss this in more detail and differentiate constructivism from constructionism. Crotty (2003) identifies constructivism as signalling the uniqueness of a person's perception of the world, as everyone has a perspective which is valid for them. He described this perspective as: "...*an individualistic understanding of the constructionist position...*" (p.58), which is significant for this study as part of the purpose was to reveal and explore differing interpretations and potential uses of supervision. I was interested in obtaining individuals' views and experiences of supervision to inform my findings.

Crotty (2003) describes constructionism as the construction of meaning or meaningful reality that is dependent on interactions between human beings, within the context of their social constructs, for example, a localised understanding of what

makes a ‘good meeting’. Knowledge and understanding of concepts are not fixed. They do not exist independently of human practices but: “...are constructed by human beings as they engage with the world they are interpreting.” (p.43). A constructionist approach includes the impact of culture on the way we think and respond to things. This is also important as it acknowledges external factors that have shaped those ideas and perception:

Knowledge and systems are inherently dependent upon communities of shared intelligibility and vice versa. They are therefore governed to a large degree by normative rules that are historically and culturally situated. As a result, social constructionists do not claim to provide the ‘truth’.

(Van Niekerk, 2005, p.64)

Based on the above, I have understood both constructivist and constructionist paradigms move away from the positivist idea that the world is objectively knowable. Instead, they present the idea that there is no one true reality, and 'reality' can be multiple. The difference between them is that the constructivist paradigm, which is based on Piaget's educational philosophy, views reality as how the individual makes meaning, their unique system of 'knowing', influenced, for example, by their cognitive processes and viewpoints (Rob and Rob, 2018). The constructionist paradigm however, views reality as being constructed through interaction with others and the use of language and is based on Papert's learning theory (Rob and Rob, 2018). It is how knowledge is produced in response to social context (Talja, Tuominen, and Savolainen, 2005; Taylor, 2018).

In the context of my study, applying a constructivist point of view to differing understandings and views of what constituted ‘supervision’, meant I would only have considered interpretations of supervision as existing in the minds of participants. My understanding is that supervision is influenced by the interactions and relationship between supervisor and supervisee, and in turn by the culture and climate of the environment implying constructionism.

### **3.2.3 Onto-epistemological position**

Crotty (2003) suggests subjectivist, objectivist and constructionist are three stances of epistemology but notes they: “...are not to be seen as watertight compartments.” (p.9). It could be argued that constructionism is a balance of subjectivism and

objectivism. Constructionism cannot exist without a level of subjectivism. Everyone creates their own understanding of a concept which therefore exists in their subjective consciousness, as well as in the words they use to describe it. Hence inter-subjectivity is part of constructionism. However, the meaning created is a result of interacting with the world and of absorbing, or being socialised into, a way of thinking, implying some objectivism (Moon and Blackman, 2014).

Pope and Mays (2020) discuss ontological perspectives and suggest it is not helpful or appropriate to consider realism and relativism as binary options (pp.16-17). They present a view that there are a range of positions, and the nature of the study will determine where the research is situated. For example, if the study is about fixed items such as measurable objects, it is more likely to be towards the realist end of the continuum, whereas, if it is exploring fewer tangible aspects such as experiences, it will be located nearer to the relativist end of the spectrum. Hammersley (1992) uses the term ‘subtle realism’ (p.74) to refer to a position that views knowledge as being socially constructed and based on assumptions, but at the same time recognising that the resulting knowledge has potential for meaning beyond the moment of its construction. This implies a more fluid understanding of ontological positions.

Having considered the above, I concluded that my ontology is orientated towards relativism in that I argued against an absolute and pre-existing reality of supervision (Hammersley, 1992). My epistemological position is that knowledge is socially constructed (Gergen, 2015). I had created (constructed) my knowledge and understanding of supervision based on my context, experience, and conversations. This is also the case for my colleagues. Thus, the meaning-making of supervision within the Trust is a result of interpretations of supervision by staff members, and co-construction of the phenomena in dialogue with others, which, in turn, becomes a reality for those engaging in supervision (Rubin and Rubin, 2012).

I am an insider researcher, a status I discuss further in Sections 3.3.3.5 and 3.5.2.1. As such, adopting a position of social constructionism acknowledges the contribution I made to the social construction of the meaning of supervision with the participants

in this study. Alongside this it acknowledges the contribution of my view and understanding of supervision which informed my interpretation of the dataset.

### **3.2.4 Conclusion**

In conclusion, I have used social constructionism to explore multiple meanings and understandings of supervision, recognising and critiquing co-created realities (constructs) that are the climate and culture of the Trust. This is in recognition that supervision practices are a socially constructed concept, and that supervision does not exist away from the interaction between supervisor and supervisee(s).

## **3.3 Methodological approach**

Having identified that supervision practices are not a “*single objective reality*” (Rubin and Rubin, 2012, p.15), and that my onto-epistemological position is social constructionist, it was appropriate to use a qualitative research design. In this section I outline the main principles and benefits of qualitative research before describing in more detail the approach I took in the study.

### **3.3.1 Qualitative research**

Qualitative research is concerned with exploring social phenomena such as language, experience, and behaviours (McLeod, 2019). It can address the questions ‘why?’ and ‘how?’, exploring topics and offering explanations (Campbell, 2014). A strength of qualitative research is that it is concerned with how people function within their ordinary setting, rather than in an experimental environment. A further feature of qualitative research is that several different data collection methods can be incorporated in the design, contributing to deeper insights around the topic (Mays and Pope, 2020).

In qualitative research, data collection and analysis both use qualitative methods. There are some qualitative researchers who also use quantitative methods for analysis, but the extent to which this is appropriate will depend on the nature of the study, and the onto-epistemological stance of the researcher (Mays and Pope, 2020). In qualitative research studies, researchers collect and analyse open ended data and use this to explore and develop themes:

Qualitative research is the process of collecting, analyzing, and interpreting non-numerical data, such as language. Qualitative research can be used to understand how an individual subjectively perceives and gives meaning to their social reality.

(McLeod, 2019)

In contrast, quantitative research uses data to objectively support or refute a hypothesis, and to provide a causal explanation for outcomes (Campbell, 2014).

There are a wide variety of qualitative research approaches available. Selecting which to use will be informed by the nature of the question being asked, the philosophical and theoretical perspectives of the researcher, and the context of the study (Patton, 2002). In this study I was particularly interested in the impact of organisational culture, on supervision practices and the behaviour of organisational members. The questions raised by the research focused on the structure and functions of supervision and I sought to investigate participants' understanding of supervision in the context of the employing organisation, the wider National Health Service (NHS), and organisational culture.

Ethnography is the study of shared patterns and experiences of a group of people, informed by the concept of culture. Culture is formed from shared systems of meaning (patterns), in values, behaviours, beliefs, and language of the group. Culture is socially constructed, can be described and understood, and is the focus of ethnographic study (Richardson, 2006; Creswell, 2007; Holloway and Galvin, 2016). Ethnography is both the process of researching those patterns, and the end product of the study (Holloway and Galvin, 2016). An ethnographic study “*... focuses on a group of people who have something in common*” (Morse, 1994, p.161) and can be defined as:

...an integration of both first-hand empirical investigation and the theoretical and comparative interpretation of social organization and culture.

(Hammersley and Atkinson, 2019, p.1)

An ethnographic approach (Creswell, 2007; Holloway and Galvin, 2016) is appropriate for this study because the aim is to explore the relationship between the local meaning attached to social constructs, behaviour of members of the group and organisation, and the environment and culture of the organisation and group (Bryman 2012; Erikson, 2013):

Ethnography is appropriate if the needs are to describe how a cultural group works and to explore the beliefs, language, behaviours and issues such as power, resistance, and dominance.

(Creswell, 2007, p.70)

Other approaches were also explored. A phenomenological approach (Morse, 1994; Holloway and Galvin, 2016) for this study would enable an exploration of experiences of organisational members and the meaning they attach to supervision. Ataro, (2020) used a phenomenological approach to explore experiences of medical students in Objective Structured Clinical Examination (OSCEs), and Pack (2012) conducted a phenomenological exploration of the meanings of supervision for supervisors and supervisees. Both these studies resulted in a deeper understanding of the participants' experiences. This approach is one that would provide rich information and insight to the lived experience of supervision within the Trust. However, the requirement in phenomenological studies to 'bracket' earlier experiences, presented some challenges regarding including historical and cultural impact on supervision practices (Pringle, Hendry, and McLafferty, 2011).

A case study approach enables exploration of a phenomenon in real life settings (Crowe, et al., 2011). The focus for the research was the concept of supervision within an organisation (NHS Trust) and the study participants were all employed by this organisation. This design would provide an in-depth understanding of the use of supervision practices in the organisation and Yin (2014) describes case study research as being applicable in answering 'how' 'what' and 'why' questions. Pack (2015) argues for the benefit of a case study approach in research of supervision practices particularly as case study design "*focuses on the dynamics present in a single setting*" (Eisenhardt, 1989, p.8). An example of this is McLaughlin, Casey and McMahon (2019) who used a case study design in their exploration of the processes and planning of a group supervision pilot. I therefore considered case study design but concluded that my focus on the cultural context in which supervision practices were taking place, meant that an ethnographic design was more appropriate for my research.

### **3.3.2 Ethnography**

Ethnographic studies cover a wide range of philosophical positions and approaches, and there is debate in the literature about the relative position of subjectivity and objectivity in such studies (Hammersley and Atkinson, 2019). The origins of ethnographic research are in nineteenth and early twentieth century anthropological studies, where an external researcher sought to understand the world of their research subjects (Holloway and Galvin, 2016). The implication was that a researcher would be able to objectively observe and analyse their subjects' reality. Over time this understanding has evolved, and Gold (1958) identified levels of observer involvement in the field, ranging from being a pure observer, to being a pure participant, which Pitney et al. (2020) present as an "*observation continuum*" (p.40).

Arguably the concept of a neutral or objective observer (researcher) was never possible. The very presence of the researcher is likely to affect those being researched; the researcher's interpretation of any observations will be influenced by their pre-existing knowledge and the relationships they develop with research subjects (Holloway and Galvin, 2016). This then calls into question the 'truth' or 'reality' being identified, and there is a view, based on a relativist position, that the experience of research subjects is socially constructed and therefore not an objective reality (Pope and Mays, 2020). However, the positivist influence is still apparent in ethnographic literature, with, for example, Pitney et al. (2020) referring to the importance of reducing researcher bias in studies (p.39). Jackson and Mazzei (2012) discuss this, contending that discussions about researcher bias are not appropriate in qualitative research. They refer to the importance of recognising the partial and incomplete stories that participants tell. In their research, they also recognised the significance of their own stories, and the way that influenced how they read and interpreted the data. Instead of endeavouring to remove themselves from the analysis they embraced and acknowledged this, adding to the richness of the study.

Other 'types' of ethnography have emerged in response to some of these debates, for example, autoethnography and performance studies (Hammersley and Atkinson, 2019). These approaches combine the positions of researcher and researched, and

overtly acknowledge “*the relationship between personal autobiography and culture*” (Grant, Short and Turner, 2013, p.2), representing the pure participant end of Gold’s (1958) levels of observer participation.

Hammersley and Atkinson (2019) present an overview of developments, influences and ‘turns’ that have informed ethnographic studies over time. They discuss the contribution these influences have had on the lack of a “*standard well-defined meaning*” (p.2) but assert that there are some distinctive features that make it possible to identify an ethnographic study. These include:

- People are studied in a ‘natural’ rather than a constructed environment.
- Primary data is collected from observation and/or conversations.
- Data is gathered from a range of sources.
- Data collection does not follow a pre-planned or strict protocol.
- Interpretation of data is generated from data rather than being built into the collection process.
- There are a small number of cases or participants and in-depth investigation of the data.
- Findings are descriptions, explanations, and theories; statistical analysis is absent or less prominent.

(Hammersley and Atkinson, 2019, p.3)

Ethnographic studies traditionally include participant observation as a data collection strand (Patton, 2002). However, there is debate regarding whether this is an essential part of ethnographic research, or whether ethnography is “*more than doing participant observation*” (Feldman, 2011, p.376). I chose not to include participant observation as a specific data collection method for several reasons, the detail of which I outline in Section 3.3.3.6. At this point I would argue that the absence of participant observation does not undermine the design of this study, as it has the features of ethnographic design as listed above (Hammersley and Atkinson, 2019).

In referring to this study as adopting an ethnographic approach, I have acknowledged it is focused on the shared experience of supervision for staff members employed by the Trust. However, as shown above, ethnographic studies embrace a wide range of philosophical positions. Partly because of this, there are a

variety of different ‘types’ of ethnographic study (Boellstorff, et al., 2012, p.39), and I have drawn on focused ethnography to inform the design of this study. In doing so, I have acknowledged the context of the research in an NHS organisation, the relationship between participants and the cultural context, my role as an insider researcher, and the inclusion of multiple sources of data, including focus group and individual interviews, organisational and national documents, and my own experience.

### ***3.3.2.1 Focused Ethnography***

Focused ethnography was first described by Huber Knoblauch (2005) as a way of explaining the difference between anthropological or traditional ethnography, and the nature of sociological ethnography that is conducted in applied research. He identified several features common to this branch of ethnography. It is usually a study conducted in a local group, typically in the researcher’s own context. The group may be quite dispersed and consequently not know each other, although they will have some common experiences meaning the researcher can assume there is an element of shared culture. The research will be conducted around a specific issue, problem or question that is experienced by the group (Wall, 2015), hence the term ‘focused ethnography’ (Knoblauch, 2005).

The design of focused ethnography challenges the concept of ethnography as a long-term exercise of data gathering and exploration of all aspects of activity within a group. Some of the criticism of focused ethnography, therefore, is centred on the short-term nature of the data collection and consequential limitation of scope. This argument is countered by the intensity of the data collection (Knoblauch, 2005), and Wall (2015) argues that focused ethnography is defined by the focus on cultural understandings and descriptions, rather than the method and extent of data gathering. For example, Kalogirou, et al. (2021) used focused ethnography to investigate the impact of hospital context on nurses’ ability to consider environmentally friendly practice. Papoutsi et al. (2020) adopted a focused ethnographic design to explore participant responses to a ‘complexity in healthcare’ workshop and revealed how participants navigated complexity theory in the context of health research.

My study is not a typical focused ethnography as the data was gathered over a longer period. However, data collection was conducted in short ‘bursts’ rather than continuously over the time frame. The questions raised by my research focused on the structure and functions of supervision within an organisational culture of which I was an insider. Traditional ethnographic studies enter the field with an open question. However, I had a specific topic to focus on and questions to address, further demonstrating the applicability of this approach.

### **3.3.3 Data sources**

There are several data sources used in my study. Mays and Pope (2020) identify this as a particular feature of qualitative research and suggest that combining a variety of data sources supplies deeper insights for the study topic. Participant data was gathered through four focus group and five individual interviews. Further data was obtained from document analysis of organisational and national documents and guidelines pertaining to supervision practices. The wider dataset also included my perspective as an insider researcher.

A significant element of the study was recognition of the differing perspectives and views within the Trust. It was therefore important the questioning techniques were open and flexible (Patton, 2002), and there was diversity among participants (Pitney et al., 2020). Diversity for this study meant representation from a range of levels of seniority in the organisation and different professional groups, as well as a mix of clinical and non-clinical staff. The purpose was to open out understandings around supervision and explore the variety of mechanisms and options contributing to the organisational picture or narrative of supervision practices:

Meanings and understandings are plural; individuals and groups see and interpret reality through their own lenses. Understanding is subjective.  
(Rubin and Rubin, 2012, p.22)

One of the ways I managed this was to include individual interviews in my data collection strategy. Individual interviews are the most usual form of data collection in qualitative research (Roller and Lavrakas, 2015; Holloway and Galvin, 2016). In my study, individual interviews provided an opportunity to explore in depth an individual’s experience and understanding of supervision practices.

The choice of focus groups and interviews was also informed by my belief that the most effective way to develop understanding of supervision, was to allow individuals to explore it for themselves. I therefore wanted to invite participants to investigate their thinking about supervision. However, my purpose in doing this was not that everyone would then share the same perspective. I wanted to expand both my own and my participants ideas about supervision to highlight the depth and breadth of the scope of supervision within the Trust (Patton, 2002).

### **3.3.3.1 Individual interviews**

Patton (2002) describes the purpose of interviewing in qualitative research as a way of finding out another's perspective. The interviewer approaches the participant with an assumption they have a meaningful story that can be articulated (Hinton and Ryan, 2020).

Interviews are a product of the interaction between interviewer and interviewee and, as with all methods of data collection, there are challenges and pitfalls associated with using these. Much of the challenge focuses on the influence of the interviewer on the conduct, content, and interpretation of the interview. This then brings into question what it is that is produced from the interview. In their critique of interviews as a data collection method, Hofisi, Hofisi and Mago (2014) discuss this and refer to the need for the interviewer to take steps to protect the validity and reliability of interview data. They highlight the potential for the interviewer to influence or contaminate the interview data so that it is no longer the product of the respondent. This perspective implies that it is possible for the interviewer to conduct the interview objectively and assumes that the interviewee will respond accordingly. An alternative perspective is presented by Alvesson (2003) who refers to interviews as "*a complex social event*" (p.14). He discusses the need to adopt a reflexive approach to the data produced through interviews in that any interpretations are examined and challenged rather than assumed to be simple facts.

Jackson and Mazzei (2012) discuss this and acknowledge that in addition to the influence of the interviewer, their participants will respond with a story that is "*filtered, processed and already interpreted*" (p.3). To manage this, they adopted a reflexive

approach throughout the research process and paid attention to their own theoretical and methodological perspectives.

Identifying the most appropriate way of conducting the interview and enabling the participant to share their story requires a number of considerations, the first of which is the structure and content of the interview. This is a further area of potential criticism and weakness, and the design of the questions needs to follow a robust sequence (Hinton and Ryan 2020). The interview schedule for this study followed a semi-structured format as described by Pitney et al. (2020), and the structure of the individual interviews followed an interview guide (Appendix 4) (Patton, 2002, p.343). The rationale was that this provided a structure, ensuring the same basic content was covered in each interview (Hennink, Hutter and Bailey 2011), but allowing for follow up questions and deeper probing as needed. This was appropriate as this study focused on participants' thoughts, feelings and opinions, and a semi-structured format enabled those to be explored.

The next consideration is the format for the interview. Historically, interviews have been conducted face to face (Cachia and Millward, 2011; Pitney et al., 2020), but more recently, and particularly with the advent of technology, other 'modes' have become prevalent (Holloway and Galvin, 2016; Hinton and Ryan, 2020). Of the five individual interviews, three were conducted face to face on Trust premises, at a venue selected and arranged by the interviewee. The other two interviews were conducted virtually. One of these was by Skype and the other by telephone.

Each of these 'modes' of conducting one-to one interviews in this study presented challenges, a point that is highlighted by Holloway and Galvin (2016). In both face to face and Skype interviews there were interruptions, distractions from others entering the room, and noisy environments, illustrating the need to consider the environment. Hinton and Ryan (2020) discuss this and emphasise the importance of finding a suitable venue for the interview. The distractions meant that at times it was difficult to remain focused on the interview process. I had to sometimes repeat questions as the participant had forgotten what had been asked of them. In the 'Skype' interview there was the added challenge of connectivity issues which made it difficult to follow what was being said at times. However, this needs to be balanced with the preferences of

the participant (Holloway and Galvin, 2016), and in this study I asked them to select their preferred format and venue; a choice mainly determined by convenience and accessibility. On reflection, I could have exerted more influence over their decision to improve the quality of the interviews.

Alongside these challenges is the importance of establishing rapport in the interview. Pitney et al. (2020) suggest five components that support rapport and require consideration when conducting any interviews:

1. Setting the stage: Provide the interviewee/participant with a framework for the study.
2. Building the relationship: Set the tone for your relationship, and help your interviewee feel comfortable.
3. Addressing the research focus: Ask your interview questions as detailed by the interview protocol.
4. Debriefing: Conclude the interview by identifying the important things you learned. Obtain permission to follow up at another time, if necessary.
5. Thanking your participants: Genuinely thank your participants for the opportunity to learn about their experiences.

(Pitney et al., 2020, p.37)

### ***3.3.3.2 Focus group interviews***

Focus group interviews are a method of collecting data originally developed for use within the area of market research (Patton, 2002; Holloway and Galvin, 2016). The primary purpose was to obtain information from potential customers regarding product development. However, the use of focus groups has expanded, and they are now used widely across a variety of disciplines as a data collection method (Fern, 2001; Patton, 2002; Holloway and Galvin, 2016).

There are some challenges and pitfalls with conducting focus groups as a data collection method (Patton, 2002; Holloway and Galvin, 2016). These are primarily linked to managing group dynamics which I address below, and the ethical challenges, outlined in Section 3.5.2. It is also important to be clear regarding the rationale for choosing focus groups as a data collection method as they produce complex data which is also complex to transcribe and analyse (Holloway and Galvin, 2016).

The purpose of focus group interviews in this study was to obtain a broad range of views and perspectives from participants (Pitney et al., 2020). It meant the relationship between supervision and organisational members could be studied in the context of the systems and structures of the organisation (Holloway and Galvin, 2016). They complement the in-depth data obtained from individual interviews, providing data generated from the interaction between participants (Pitney et al., 2020):

...the focus group affords the opportunity for multiple interactions, not only between the [researcher] and the respondent but among all the participants in the group.

(Krueger, 1998, p.2)

They were an opportunity for participants to share learning and to develop their thinking about the topic of supervision. This was with a view to identifying perspectives and ideas that would inform the supervision agenda within the Trust (Fern, 2001). The schedule for the focus group discussion can be seen in Appendix 4.

There are some criticisms of the use of focus groups. These include the limited size of the sample, lack of a consistent approach to questions and the interactive nature of responses (Fern 2001). However, these criticisms are primarily based on an assumption that the data produced can be compared to that obtained by survey (Fern, 2001), and reveal a positivist paradigm. It is more appropriate to consider the focus group as an opportunity to generate ideas. The interactive nature of the discussion is what makes the data that is obtained 'rich data'. As Hubbling et al., (2014) state:

...focus groups are a very efficient mechanism for generating rich data about a shared experience.

(p.2)

Focus groups require a moderator or facilitator. I functioned as the moderator for all the focus groups in the role of 'Seeker of wisdom' (Krueger, 1998):

This moderator is out to obtain understanding, insight, and wisdom. This moderator assumes that the participants have that wisdom, and that, if asked the right questions, they will share it. This moderator may have considerable knowledge or expertise in the topic of discussion.

(p.46)

The advantage, as principal researcher, of acting as moderator was that I was able to revise and amend my own perceptions of supervision in the Trust (Fern 2001). In addition, having the same moderator for each group ensured a consistent approach to the questions. However, there was also a disadvantage in the potential for me to bring my own agenda into the discussion (Fern, 2001). In addition, the potential for conflict in my roles as an insider researcher may have been a problem (Krueger and Casey, 2015). It was important therefore for me to consider reflexively the impact that my roles and perceptions had on the focus groups.

It is recommended that focus groups include a co-facilitator who can function as an observer and note taker (Patton, 2002; Holloway and Galvin, 2016). I invited peers from within the wider staff development and education team who had previous experience of facilitating groups, and understood the challenges of managing group discussions, to act in this role. They had all expressed an interest in being involved with the research project and had an interest in the topic. However, they also were different from me in terms of professional background, work experience and personality, and offered an alternative perspective on the group discussion. I was confident that they had an appropriate level of self-awareness and would be competent in managing their reactions to the discussion, remaining silent unless I asked them to comment as suggested by Krueger (1998). Drawing on the guidance from Krueger (1998), I provided them with briefing notes and instructions regarding their role in the focus group:

The role of the note taker or assistant is to:

- Monitor and manage arrivals and interruptions
- Manage the recording device during the session
- Take notes in case the recorder fails or the recording is inaudible
- Observe the discussion and note/record body language or other subtle but relevant clues
- Remain outside the group only asking questions when invited to by the moderator
- Provide an oral summary at the end
- Debrief with the moderator

(Krueger, 1998, p.73)

For the composition of the focus groups, I considered the relative aspects and benefits of homogeneity (shared perspectives) and heterogeneity (unique or diverse perspectives) of group members. Fern (2001) explored the different nature of

information that will emerge depending on the level of homogeneity of the group members. When there is a high level of cohesiveness in the group, there may be a greater willingness to take part, but there is a risk that individuals will be reluctant to share ideas that differ from the norm (Pitney et al., 2015). When there is less cohesiveness, the opposite is the case. However, these groups will be more likely to reveal unique ideas and approaches to the topic, thus providing a more complete picture (Holloway and Galvin, 2016).

The question of who to include or invite to the focus groups was an evolving process. I originally intended to use a mixture of profession specific and mixed groups. However, following further discussion with my supervisors, I decided to conduct the team-based focus groups with a team that reported effective systems and processes for supervision, and one that had not been able to develop any regular supervision in their area. Patton (2002) discusses this approach to purposive sampling and suggests that it offers an opportunity to examine a specific aspect or phenomenon in depth (p.46). In this case, it provided contrasting experiences of supervision and I was able to consider features that were present or absent in these two situations.

Bearing in mind that part of the purpose of the study was to acknowledge the diversity of supervision, it was important membership of focus groups reflected this (Fern, 2001). The groups needed to include staff with a range of levels of seniority and from different professions and staff groups. However, there was a risk that in my desire to be inclusive, I would set up too many groups and be overwhelmed by the amount of data that generated (Duncan-Grant, 2001). Identifying how to be selective yet include as much diversity as possible was a challenge, and I describe in more detail how I managed this through the sampling and recruitment strategy in Section 3.4.

### **3.3.3.3 Collage**

To encourage conversation and elicit ideas, I included collage as part of the focus group process. The use of collage as a method of data collection can be applied in a number of ways, as a reflective process, a form of elicitation, or a way of conceptualising ideas (Butler-Kisber and Poldma, 2010; Sinclair, 2012; Soltanifar and Ansari, 2016; Orr et al., 2020). In this study it was used as an elicitation tool.

This meant that the conversation participants had whilst creating the collage, was included in the data analysis. However, the collages they produced were not subject to analysis.

The collages created by the focus groups can be seen in Appendix 5.

#### ***3.3.3.4 Document analysis***

In addition to the core data, I included documents as part of the wider dataset. Pitney et al. (2020) suggest that including documents as data can serve to clarify findings from focus group and individual interviews. In considering my rationale for choosing the documents for analysis, I identified those that contributed to the organisational narrative of supervision practices. I searched Trust archives for historic policies and guidance notes and searched the Internet for the most current directives and guidelines from professional, statutory, and regulatory bodies. I also included unpublished academic (grey) literature on supervision practices in the organisation in the study.

As discussed by Connell, Lynch and Waring (2001), it is important to articulate the meaning of any documents that are included, and the contribution they make to illuminating issues in the research. I suggest that these documents supply organisational and national context for the research, add details and information about supervision, and track changes and development in supervisory practices (Bowen, 2009). I categorised the documents as follows:

- Organisational policies and guidance notes pertaining to supervision from the organisational archives between 2006 and present date.

I included these artefacts as they describe the ‘official’ understanding and practices of supervision in the Trust. Historic policies provide a perspective on the way supervision has been presented and described, and how this has changed over time, contributing to supervision practices in the Trust.

- The most recent professional, statutory, and regulatory bodies’ guidance and standards related to supervision for nursing, occupational therapy, physiotherapy, speech and language therapy, and medical practitioners.

Clinical professional, statutory, and regulatory bodies have produced supervision guidance for their members. I have included guidelines for these professional

groups as they are representative of most registered healthcare staff in the organisation.

- An unpublished academic paper.

This paper documents some of the history of development of supervision in the Trust and reflects on challenges this presented. I have included it as it provides a perspective on the how and why supervision practices are understood in the organisation in the way they are.

A full list of the documents can be seen in Appendix 6.

### **3.3.3.5 *Insider researcher data***

Braun, Clarke and Hayfield (2019) describe the importance of researcher reflexivity in qualitative research. By this they mean reflecting on assumptions and “*seeing things differently*” (Braun, Clarke and Hayfield, 2019, p.15). I undertook this study as an ‘insider researcher’ (Coghlan and Brannick, 2005). This position is one that has been the subject of much debate, reflecting the breadth of epistemological positions represented by ethnographic researchers (Brannick and Coghlan, 2007). However, those who have conducted insider research have presented compelling arguments in support of the approach (Taylor, 2011; Teusner, 2016) and Webster-Deakin, (2020) describes how her shift from outsider to insider researcher enhanced her practice and contributed significantly to her study. My developing self-awareness and understanding of theory are as much part of this study as the data I have collected from my participants, and the documents I have analysed.

Including my own story as part of the research data, was an acknowledgement of the impact and influence my own developing understanding of supervision has had on the organisation that employs me. This is in part due to the role that I had in developing the use and practice of supervision. It explored the parallel processes that continue to influence how supervision is understood and practiced. This is for me as a researcher practitioner, as well as for organisational staff members. My contribution also acknowledged development of my understanding of supervision as it continued to evolve through the course of the study. This was in response to my own reflexivity as well as being influenced by the output from the focus groups and individual interviews.

Attia and Edge (2017) discuss the association between development and reflexivity. They define reflexivity as an ongoing relationship between researcher and research. Development is then an increase in awareness of such processes. They go on to assert that development of the researcher is central to the process of qualitative research. The ways in which this development may be apparent can be described firstly, as the impact of the researcher on the research, acknowledging the influence of the researcher's values, knowledge, and experience on their decisions about questions, process, and analysis. Secondly, it is the impact of the research on the development of the researcher and how the process of the research changes them (Attia and Edge, 2017).

Including my story enabled me to reflexively explore my response to the data collected from participants, and to challenge my own ideas and tacit knowledge. Macfarlane (2006) explained this as follows:

We may sub-consciously understand how we go about certain research activities...yet find this difficult to explain to ourselves or to others.  
(p.125).

Workman (2007) conducted a study into factors that affect insider research. She suggests that although there are significant advantages, for example, insider knowledge, there are also constraints to be aware of. These included managing the political context, and the potential conflict of interest for an insider researcher (Wilkinson and Kitzinger, 2013; Tuffour, 2018). These caveats are echoed by Costley, Elliott and Gibbs (2010) who described the advantages of being an insider researcher, as well as emphasising the importance of considering the impact of this position on each aspect of a study.

I drew on several authors when identifying how this study might be impacted on and influenced by socio-cultural factors (Foucault, 1975; Fern, 2001; Coghlan and Brannick, 2005; Jackson and Mazzei, 2009; Krueger and Casey, 2015; Holloway and Galvin, 2016), and identified the following as relevant for this study:

- The participants themselves and what they chose to tell as described above.
- The exercise of power by and between participants in the focus groups. For

example, the groups included staff members from levels of seniority who sometimes already knew each other, and in some cases were from the same team. There was therefore potential for relationships between participants, and implicit and actual hierarchy, to affect the way participants engaged with the discussion.

- My position in the Trust, both from the perspective of participants and from my own sense of responsibility for the supervision agenda.
- The exercise of power by and between myself and participants. For example, my role in the Trust included development of supervision. There was potential for participants to wish to 'please' me by guessing what my agenda might be, or to see me as the 'expert' and therefore be reluctant to express their views and ideas in case they were 'wrong'.
- The environment where the groups and interviews took place. For example, familiarity of the venue, the level of distraction and external noise, what had been happening immediately before, or was due to take place after, the focus groups or individual interviews.
- The mode of the interviews (face to face, telephone, or video call).
- My interpretation of the meaning of the comments, emphasis, and non-verbal communication.
- My own understanding and ideas about supervision.
- The impact of the data on my continually evolving ideas.

I have acknowledged and embraced my own position and story as part of the data in this study. This was important as an insider researcher, as my own ideas are significant (Brannick and Coghlan, 2007). However, this study is not just about my ideas as I sought and included the perspectives of colleagues. I have made use of reflexive accounts throughout this thesis, as a way of identifying and acknowledging the impact of my developing thinking on the study as it evolved. I needed to be self-critically aware of my own position and the subjectivity I brought to the study. This in no way undermined or devalued the study and findings, but it served to reveal more of the process and purpose as understood by an insider researcher, contributing to the credibility and dependability of the study (Costley, Elliott and Gibbs, 2010).

### **3.3.3.6 Participant observation**

Patton (2002) identifies participant observation as a hallmark of ethnographic studies and suggests that:

Observational data...permit the researcher to understand a program or treatment to an extent not entirely possible using only the insights of other obtained through interviews.

(Patton, 2002, pp.22-23)

Feldman (2011) presents an alternative view stating that "*ethnography is more than participant observation*" (p.376), He argues that the setting and context of some ethnographic research means participant observation is not always possible or appropriate. Feldman (2011) goes on to suggest there are other sources of data and methods of data collection available for the researcher to draw on, and these can potentially be more useful or relevant than participant observation for some ethnographic studies.

These positions would indicate that identifying how and when to use participant observation is a key aspect of ethnographic research design. I chose to not include participant observation as a separate data collection method for this study. One reason for this decision was the difficulty in identifying what to observe. The topic of the study is supervision practices so an option would have been to observe supervision meetings. This would have supplied a perspective of how supervision worked in practice and offered a comparison to the description of supervision by participants. However, the focus of my study was the understanding of supervision from the perspective of participants, rather than the practice of supervision. At this stage I had not planned to explore such a comparison although this may provide an opportunity for future research.

A further practical challenge of observing supervision meetings is these are usually closed and confidential meetings between a supervisor and supervisee(s). My presence would have significantly shifted the dynamic of the meeting, potentially undermining any value the observation would add. Due to the sensitivity of the meetings, I would have had to justify the significance of including such observations in my study design and then identify participants willing to be observed. Duncan-Grant (2000) attempted to include observation of supervision practice in his study,

but although he had permission in principle to observe supervision practices, none of his participants consented to this.

McCurdy and Uldam (2014) describe a reflexive framework for identifying the role an insider researcher might take in relation to participant observation. They identify a spectrum of positions, including overt and covert observation and insider/outsider status, and acknowledge that a researcher can move between various positions during their study. I have discussed above the advantages of my position as insider researcher and acknowledged the contribution of my own experience to this study. I would posit that my position as insider researcher provided an element of observer perspective in the dataset. As discussed by Pitney et al. (2020), I am both participant and researcher in this study.

### 3.3.4 Analysis

The purpose of using different data sources in my study was not to find a fixed point or to confirm findings, but rather to illuminate and expand understanding of the topic being studied. For this reason, the process described as crystallization by Richardson and St Pierre (2005) is an appropriate metaphor to use in describing analysis and evaluation of the data. These authors argue that using the metaphor of a triangle as a way of demonstrating validity, indicates a rigid and fixed view of the truth, whereas the crystal indicates there are a multitude of perspectives that all look different depending on the angle you look through the crystal:

Crystallization, without losing structure deconstructs the traditional idea of ‘validity’; we feel how there is no single truth, and we see how texts validate themselves. Crystallization provides us with a deepened, complex, and thoroughly partial understanding of the topic.

(Richardson and St Pierre, 2005, p.963)

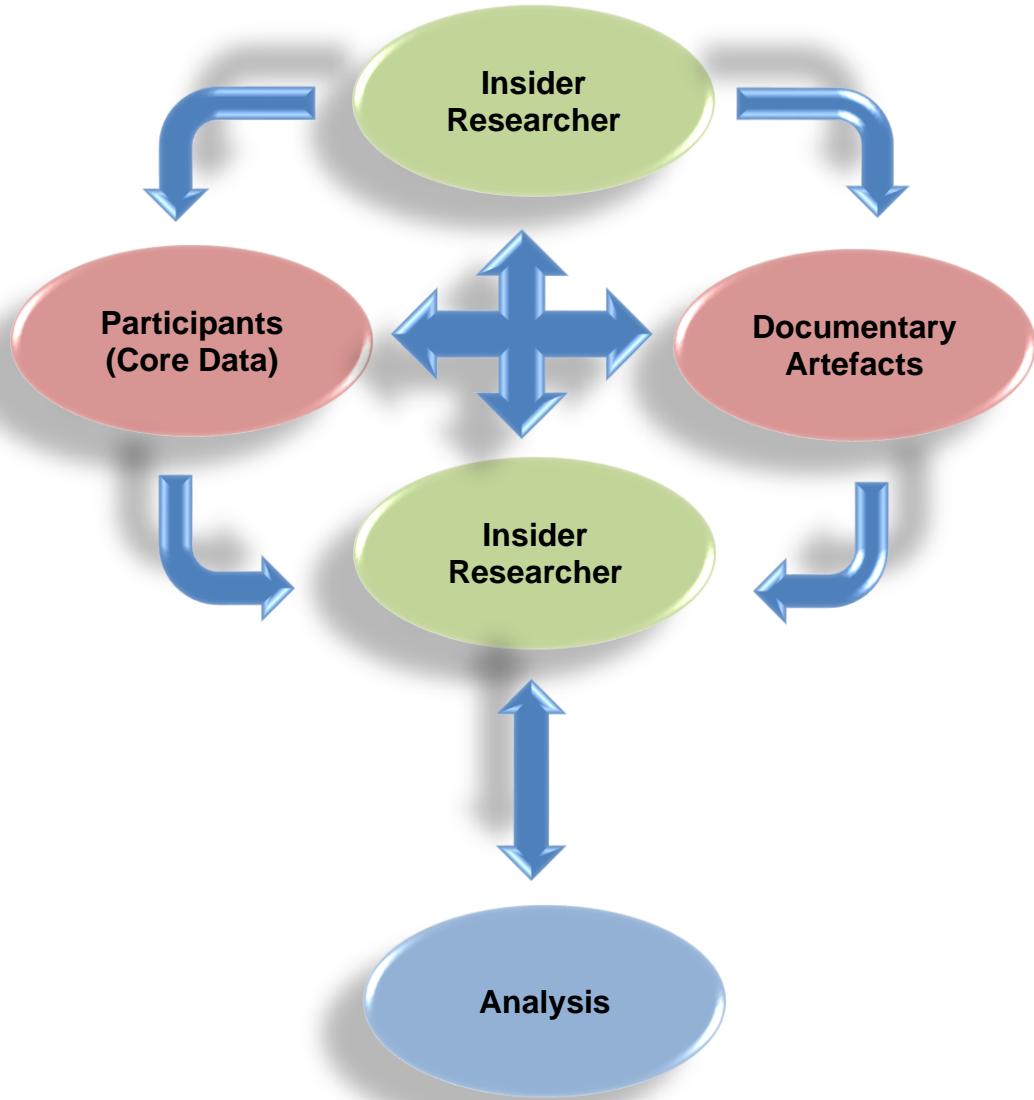
However, this is discussed by Tobin and Begley (2004) who suggested that the term ‘crystallization’ could be seen to be an attempt to ‘reinvent the wheel’. These authors posit that the concept of triangulation has evolved and no longer means a fixed and rigid point. Rather it refers to:

...‘two or more’ theories, methods, approaches, instruments or investigators providing data on the topic.

(p.394)

I suggest that this is a subtlety of interpretation that could be missed and that using different language to describe what I am attempting with my data is more helpful.

Figure 3.1 is a diagrammatic representation of how the different strands of data interact to produce the analysis.



**Figure 3.1: Representation of the interaction between data sources**

I used the framework of thematic analysis as described by Braun and Clarke (2006; 2019) to conduct the analysis of the data in my study. Chapter 4 describes in detail the approach I took and the outcome of the analysis. Before then I explain how the study was conducted and outline the steps I took in sampling and recruiting participants, and in collecting the data.

### **3.4 Research design and methods**

This study included several methods and data sources as is appropriate for an ethnographic study (Hammersley and Atkinson, 2019; Mays and Pope, 2020). In this section I describe in detail the study design, and the sampling and recruitment strategy for participants.

In considering the design and sampling strategy for the focus group and individual interviews, I was mindful it was necessary to obtain in-depth and detailed perspectives, as well as more strategic understandings of supervision. This would help to balance local stories and versions with an understanding of how those stories fitted within a bigger picture of supervision.

#### **3.4.1 Sampling strategy**

I identified that a minimum of three focus groups were required to incorporate the various aspects outlined in the section above; one with a team that had successfully established supervision practices, one with a team that were struggling, and one that included a mix of participants from different services. I then decided to include a further group that included corporate and administrative staff. This was important as my critique of the supervision literature includes an observation that these staff members are not represented in studies exploring supervision practices in healthcare settings. The size of the focus groups was set at a minimum of two and a maximum of eight participants. This reflects the guidelines for optimal focus group size (Bloor et al., 2001).

For the individual interviews, I identified three senior leaders who had influence over supervision policy in the organisation. I also planned to use individual interviews to provide more detailed information of experience of supervision practices for staff members, and to supplement the focus group interviews. I expected the number of interviews to be higher than three but did not know at the outset how many I would conduct in total. Sampling for this cohort of participants meant that I was able to identify participants who represented areas of the Trust that were not included in focus groups. I was also able to invite individuals who had specific roles that impacted on supervision practices in the Trust. The third way that I used individual

interviews was to follow up areas of interest with individual participants. This allowed for exploration of specific topics, issues, and themes generated through focus group interviews which in turn contributed to the richness of data obtained as discussed by Pitney et al. (2020).

In recruiting participants for this study, my aim was to obtain a broad range of perspectives from across the Trust. That meant staff representing diverse levels of seniority in the organisation, and a range of roles, including clinical, as well as corporate and administrative staff. I planned to use convenience sampling and then address any specific characteristics with purposive sampling. However, the process was more iterative and a mix of convenience sampling and purposive sampling (Patton, 2002; Rapley, 2014).

### **3.4.2 Recruitment strategy**

I originally planned to use the Trust's Communications Team to advertise the opportunity for staff to take part using the Trust-wide newsletter that is emailed to all staff members. I expected to follow this up with emails to operational managers inviting expressions of interest to participate in the study. However, the focus on specific groups meant the recruitment was more targeted, and invitation to take part directed at particular groups of staff.

#### ***3.4.2.1 Focus group recruitment***

The first focus group included a group of staff members who attended a supervision training session. They were a purposive sample as they were all supervisors as well as supervisees and represented a cross section of professions. However, there was an element of convenience sampling as they had self-selected to attend training on that date.

The second group were also a purposive sample as I wanted to conduct a focus group interview with corporate and administrative staff. The convenience nature of the sample was that they were all based in offices on one of the Trust sites. I invited them to take part in a focus group I had arranged in a meeting room close to their offices. This group included administrative staff, members of the facilities team and human resources professionals.

In both these instances I already knew the participants and they were aware of my research study. I discuss the potential ethical challenges of this in Section 3.5.2 and followed the protocol of inviting them by email (Appendix 7), attaching the participant information sheet, consent form and pre-group questionnaire (Appendices 8, 9 and 10). I invited them to respond confirming or declining attendance at the group, and to return the pre-group questionnaire.

Recruitment for the third group was conducted via a manager who contacted me directly when they heard through a third party that I was conducting the study. Following discussion, they offered to invite their team to participate. This team of community based clinical staff had a sophisticated and well-established system of supervision. They are a team who work across a large geographical area so I wanted to run the focus group at a time that would work well for them. I consulted with the team leader to identify how best to invite the team to participate. They offered to finish a team meeting early, allowing time for the focus group. I composed an email and asked the team secretary to send it to team members along with the participant information sheet, pre-group questionnaire and consent form. In the email I emphasised that the focus group was separate from the team meeting and that attendance was voluntary.

For the fourth group, I wanted to recruit staff from a team that had struggled to implement supervision. The nature of my role meant I was regularly approached by managers seeking help with implementing supervision for their teams. I contacted a service manager who had been in discussion with me about the challenges some staff were experiencing with supervision, and asked permission to invite them to a focus group. They agreed to this and to support me in recruiting participants.

Members of this team do not access their email accounts very often, so I needed a different approach to recruitment. I arranged a date and time for the focus group and produced a poster for the department (Appendix 11). I then sent this along with the participant information sheet, pre-group questionnaire and consent form to the service manager. The poster was placed in the department and staff members were asked to notify the manager if they wanted to attend.

In this way I had four groups that represented contrasts in the organisation. With the team-based groups, I was able to explore what made the supervision successful in one situation and difficult to implement in the other. The mixed group of supervisors included staff from different professions and services in the organisation. I used the focus group to draw out contrasts in their understanding and expectations of supervision. With the group of non-clinical staff, I explored what they thought they needed from supervision.

### **3.4.2.2 Individual interview recruitment**

Recruitment for the five individual interviews was informed by purposive sampling. The first purpose of the individual interviews for this study was to ascertain similarities and differences, in understanding and perception of supervision, of more senior staff, in contrast to those of junior staff members; an approach known as “*maximum variation sampling*” (Pitney et al., 2020, p.32). Another reason for conducting individual interviews was to ask more probing questions and explore the thinking behind statements they made (Creswell, 2007; Hennink, Hutter and Bailey, 2011).

The first individual interviewee was a senior manager who contacted me to discuss supervision in the Trust. When they discovered the topic of my research, they offered to be interviewed. The next three interviews were with senior members of the organisation who had considerable influence either over policy or over a specific group of staff. They could be described as ‘culture carriers’ (Duncan-Grant, 2001) who I knew had an interest or investment in supervision practices. The purpose of recruiting them to the study was to obtain a strategic view, and to encompass the wider organisational context in which supervision processes and practices were taking place. In each case I had opportunity to discuss the nature of my study with them before formally inviting them by email to take part, an example of which can be seen in Appendix 12.

The purpose of recruiting to the final individual interview was to explore a specific experience of supervision practices. Holloway and Galvin (2016) suggest this is an important aspect of individual interviews, adding depth and richness to the data. The interviewee was a clinical staff member I met when they attended a supervision

workshop. They were a novice supervisor and expressed reservations about supervision practices. I invited them to participate to reflect an alternative perspective, in contrast to the attitude of other participants who generally had a positive view of the purpose of supervision practices. This interview supplied an in-depth account of the experience of being a supervisor and supervisee.

### **3.4.3 Sample summary**

There were a total of twenty-one individual participants recruited for the study representing a cross section of the organisational staff members. They included:

- A mix of levels of seniority from Apprentice through to the most Senior Leaders
- Clinical staff from Adult, Children's, and Specialist Clinical Services
- Staff from Corporate (non-clinical) Services
- Registered and unregistered clinical staff from Medical, Nursing and Allied Health Professions services

Table 3.1 and Table 3.2 provide a summary of focus group and individual interview participants, length of the sessions, and the identifying label I have used when attributing quotes. There is also detail of the participant number, inclusion criteria, and composition of participants for the focus groups (Table 3.1), and characteristics of participants and method of interviewing for individual interviews (Table 3.2).

<b>Data collection method/ identifying label</b>	<b>Group size</b>	<b>Inclusion criteria</b>	<b>Composition of group</b>	<b>Length of session</b>
Participant, Focus Group 1407	3	Organisation employee Supervisor Supervisee	Clinical staff – Nursing and Allied Health professionals All supervisors	37 mins
Participant, Focus Group 2108	7	Organisation employee Supervisee Non-clinical staff member	Non-clinical staff – HR professionals, Facilities staff, Administrators, Mix of supervisors and non-supervisors	32 mins
Participant, Focus Group 2409	4	Organisation employee Supervisee Team A Clinical staff member	Clinical staff - Nursing Same team Mix of supervisors and non-supervisors Community-based	41 mins
Participant, Focus Group 1910	2	Organisation employee Supervisee Team B Clinical staff member	Clinical staff - Nursing Same team All supervisors Ward-based	52 mins

**Table 3.1: Focus Group Details**

<b>Data collection method/ identifying label</b>	<b>Demographic characteristics</b>	<b>Interview method</b>	<b>Length of interview</b>
Participant, Individual Interview	Senior manager Supervisor Supervisee	Face to face	38 minutes
	Senior Leader Supervisor Supervisee	Face to face	38 minutes
	Senior Leader Supervisor Supervisee	Skype video call	22 minutes
	Senior Leader	Telephone	45 minutes
	Clinician Supervisor Supervisee	Face to face	30 minutes

**Table 3.2: Individual Interview details**

In the next section I provide detail of the focus group and individual interviews along with other data analysed in this study.

### **3.4.4 Conducting data collection**

Participant data was collected through four focus groups and five strategic semi-structured individual interviews. Appendix 4 includes the focus group and individual interview schedules. This formed my core dataset along with pre-focus group questionnaires participants were invited to complete (Appendix 10), the note-takers written records of focus groups, recordings of post focus group debriefs, collages created by the focus group members (Appendix 5), and my field notes.

The focus groups and four of the individual interviews took place concurrently over a period of six months, with the final individual interview taking place twelve months after the initial collection period. These were all recorded using a voice recorder.

#### **3.4.4.1 Individual interviews**

I had already met each of my interviewees, but it was still important to set the scene for the interview and to create a safe environment for them to engage with the interview. This was a particular challenge with the Skype interview, mainly due to the poor connectivity. It was the shortest of the interviews and had the least amount of follow up and probing questions.

In contrast, the telephone interview was the one I found easiest to concentrate on. I was in an office on my own using ‘hands free’ and the interviewee was also on their own. There were therefore no distractions, and I was able to concentrate on what was being said in a way that I had not been able to with the other interviews. This experience is supported by the findings in Cachia and Milward’s (2011) study exploring the comparison between face to face and telephone interviewing. They identified significant advantages to this approach and concluded that it was a robust format to use in qualitative research.

#### **3.4.4.2 Focus group interviews**

I sent the focus group members a questionnaire prior to the focus group itself (Appendix 10). This offered an opportunity for them to consider the questions before

the actual group. The purpose of this was two-fold. It gave them extra thinking time so that they arrived at the group having considered the questions in advance. It also provided additional data that supplemented the recordings of the focus group discussion.

The experience of facilitating the focus groups presented challenges. In the extract from my field notes below, I describe the first of the focus groups:

*The group was a convenience sample of supervisors who had attended some training with me that morning. They were a mixed group and had already developed a working relationship from the morning's course. There were only three people, but I was quite glad as this was my first focus group. The room was the Manual Handling Training room and I think the fact that we had already been together for a few hours meant that they were able to be quite open with each other. I suspect that had I started with the focus group it would have taken a while for them to engage. I would have needed to include more of a 'warm-up' exercise. Discussing the group with my note-taker, she had observed that two members of the group were more dominant, and the more junior member of staff deferred to them at first. She did however contribute when spoken to directly. I need to manage the time carefully as I struggled to fit all my topics in. I think going forward I will concentrate on the first two elements of the Appreciative Inquiry cycle.*

(DH Field notes 14.07.15)

This first group was the only one that included relative strangers. The participants had only met that morning. The second group included staff who knew each other to some extent as they were based in the same group of offices. The third and fourth group each included staff from a single team. In both these cases the manager was also present. It is important to acknowledge that having the manager present is likely to have affected the behaviour of the group and content of the discussion. However, this was discussed before the start of the session and in both cases the group chose to include the manager.

In all four groups all the participants made contributions, although it was noticeable that there was variety in the way they engaged. This was particularly apparent in the making of the collage. Some quickly chose lots of pictures while others were drawn to words. One participant found it difficult to identify anything at first but was able to contribute her ideas once she had reflected on how supervision impacted on her.

I found I needed to direct questions to each group member in turn as they were inclined to wait for prompts from me. This made the first part of the focus group quite stilted (Krueger and Casey, 2015). It was noticeable which of the participants had read the pre-focus group questionnaire, and this prompted some thoughtful and insightful contributions, but it did contribute to the question-and-answer nature of the conversation. However, this changed when creating the collage as the participants discussed the topics between themselves with little or no input from me.

Using collage was a significant element of the data collection process as the use of visual images facilitates reflection in participants (Butler-Kisber and Poldma 2010; Morris and Stew, 2013; Orr et al., 2020). The group were given coloured magazines and brochures that included abstract images and pictures of places, objects, and people. Each participant selected images representing aspects of supervision for them. They then discussed this with their fellow participants and created a single collage using all the images (Appendix 5). This element of the focus groups lasted approximately ten minutes. The co-construction of the collages meant that they discussed and challenged each other on the concept and understanding of supervision:

The purpose of this technique is to introduce the participants to the research topic, to stimulate their creative thinking, and to support the development of the group dynamic.

(Hammond, 2010, p.46)

#### ***3.4.4.3 Insider data***

In addition to the transcriptions of the four focus groups, five individual interviews and the documents identified in Section 3.3.3.4, I drew on my diary and reflections on the impact of the study on my thinking. I also drew on my experience as an employee of the organisation in this study, along with a vast array of stories and situations I had heard from organisational members. I thus brought with me personal experience of supervisory practices in the Trust, both as a supervisor and as a supervisee (Holloway and Galvin, 2016).

## **3.5 Ethical considerations**

Conducting research in the organisation that employs me, and with participants who were my peers, presented a range of ethical considerations. I have identified these as procedural ethics, relational ethics, and situational ethics.

### **3.5.1 Procedural ethics**

Ethical approval for this study was obtained from the University of Brighton Health and Social Science, Science and Engineering Research Ethics and Governance Faculty Research Ethics Governance Committee (Appendix 13). The research was conducted with staff employed by an NHS organisation and required submission of an Integrated Research Application System (IRAS) Form to the Health Research Authority (HRA) for NHS Local Research Governance Approval. The Research Governance Approval letter can be seen in Appendix 14.

All staff who took part in the study were provided with a copy of the Participant Information Sheet, and consent was obtained prior to each focus group or interview (Appendices 8 and 9). The completed Consent Forms and Demographic Information Sheets were stored in a locked cabinet and remained on Trust premises. Transcripts of focus groups and individual interviews were anonymised and stored on the NHS secure drive, as were recordings of focus group and individual interviews (Holloway and Galvin, 2016). This was to ensure compliance with the University of Brighton Guidance on issues in research ethics (University of Brighton, 2021) and General Data Protection Regulations (GDPR, Information Commissioner's Office, 2018).

Taking account of the need to manage issues of confidentiality, anonymity, and privacy (Pitney et al., 2015), the organisation is referred to as ‘the Trust’ and legacy organisations were given pseudonyms. All references to the organisations concerned have been redacted (Unluer, 2012). There was potential for participants to be identified by virtue of their position in the Trust, for example ‘Senior Leader’. This applied particularly to those who were interviewed as individuals. To reduce this risk, titles were not used.

It could be possible for a local reader to identify an individual participant through extracts from their interview used in the text. For this reason, I removed identification of specific individual interviews. This decision has potential to mask some of the nuances of the individual interviews and means that the reader will not be able to judge if one or other of the transcripts dominates the text. However, in the interests of protecting participants' anonymity as much as possible, I have referred to all individual interviewees as 'Participant, Individual Interview'.

I considered this for participants in the focus groups but decided to retain reference to specific focus group conversations as I had intentionally selected the makeup of the groups to provide contrasts in responses. Therefore, to protect participants' anonymity when presenting extracts of transcripts from focus groups, I gave them pseudonyms and removed or redacted any names or other identifiable details such as team names.

### **3.5.2 Relational ethics**

I was an insider researcher which meant I needed to acknowledge several ethical challenges as discussed by Duncan-Grant (2001) and Macfarlane (2009):

- My involvement in the development of supervision practices in the Trust meant I was also analysing my own work.
- Blurring of boundaries of my roles as employee and researcher could present a conflict of interest.
- My understanding of supervision from the perspective of professional background and experience of supervision in the Trust would influence my perception and analysis of the data.
- My relationship with participants who were in some cases my peers had potential to impact on power dynamics in data collection.
- My position had potential to impact on how I might feedback my findings, including any difficult or negative aspects of supervision, and I may adjust this or avoid including more difficult data.
- There was potential for my research to undermine the Trust position on supervision.

### **3.5.2.1 My position in the organisation**

I was principal researcher and an employee of the organisation that was the focus for the research and therefore subject to the policies and procedures that were being explored. I brought with me my own preconceived ideas, assumptions and unconscious socialisation into the organisational culture being examined (Tuffour, 2018). Morgan (2006) uses the metaphor of the ‘psychic prison’ to describe the potential for organisational members to be “*Trapped in webs of their own creation.*” (p.207). By this he means the tendency of groups or organisations to develop ideas and ways of doing things that become enshrined in ‘custom and practice’, so that they no longer question or challenge ‘the way things are done around here’, and to do so is seen as subversive. Following Pfeffer (1981), Duncan-Grant (2001) referred to this as “*procedural rationality*” (p.172). As an insider researcher, I needed to be alert to potential for me to be complicit in perpetuating ‘procedural rationality’ of the Trust.

I am a health professional; however, my responsibility in this research was to investigate supervision for the whole organisation both clinical and non-clinical staff. I therefore needed to be aware that my professional background had potential to impact on my perception and interpretation of data (Webster-Deakin, 2020).

For much of the study period, I was Trust lead for implementation of supervision. In this role I was responsible for delivering supervision skills training and monitoring supervision activity in the organisation. As outlined in the introduction, the Trust originally comprised two Legacy Organisations. I was responsible for authoring supervision policies in one of these Legacy Organisations, before sharing that responsibility with a colleague in the new organisation.

Acknowledging my insider researcher status allowed me to embrace my role as part of data gathering. However, using a work project for which I was responsible as my study topic meant it was important for me to be able to distinguish between actions that were part of the project, and research inquiry activity that formed my study. I had to be clear regarding what it was that was being studied, as well as how the evaluation would be presented, to be reflexively aware of potentially conflicting expectations and:

...differentiate between the actions of the project and the quality of [the] enquiry into how that project progresses and what knowledge can be extrapolated. [The] research is evaluated on the quality and rigour of [the] inquiry, rather than the extent and success of the organisational project [in the study]

(Coghlan and Brannick, 2005, p.48).

I needed to consider reflexively how my separate roles might influence each other, to be able to separate these out, and notice any potentially conflicting expectations this might present (Duncan-Grant, 2001; Costley, Elliott and Gibbs, 2010; Tuffour, 2018). It was necessary to consider the impact of issues of power and organisational politics on my own understanding, perception, and interpretation of data. There was potential for the roles of researcher and supervision lead to become blurred; it was important to recognise this was likely to result in the research activity including an element of covert data collection (Duncan-Grant, 2001; Costley, Elliott and Gibbs, 2010; McCurdy and Uldam, 2014).

To provide transparency of the potential impact of this relationship, I have included a section at the end of each chapter titled 'Reflexivity' where I have reflexively explored each part of this study. In addition to these reflexive accounts, I made use of reflective discussions with my supervisors. This was appropriate as they were not part of the organisation in the study and therefore provided a more 'distanced' perspective.

### ***3.5.2.2 Recruitment of participants***

When considering how to approach recruitment of my participants, I was mindful of potential for misuse of my position power. I was also aware of the fluid nature of my relationships with those who agreed to participate (Taylor, 2011). I have positioned myself as an insider researcher, but it was apparent from the data that the participants' perception of the implications of that, and the extent to which I was perceived by them as an 'insider' varied. This was discussed by Wilkinson and Kitzinger (2013) who noted that the status of insider researcher can move between being an insider and outsider throughout a period of research. This meant that although I was employed by the same organisation as the participants, I was more junior than some and senior to others. I did not have any formal or line management

relationships with any of my participants, but for some of them, my position in a corporate service gave me added authority, and a role as the ‘voice of the organisation’, a status highlighted by Webster-Deakin (2020).

I discussed the recruitment strategy with my supervisors and was encouraged by them to articulate the rationale that I applied.

*A helpful discussion about my methodology and methods sections. The conversation about whether the focus groups should be local or more widely focused was extremely helpful. I have the beginnings of a structure for how I might frame that. I also continued to reflect on this as I travelled back and looking at the information I have from different teams, am starting to think about how I might approach recruiting for the focus groups.*

(DH Supervisory Meeting Report 21.07.14)

I was careful at each stage to emphasise the voluntary nature of participation (Costley, Elliott and Gibbs, 2010). This was particularly important for the groups that included staff members I already knew, and in Section 3.4.2 I describe in detail how I approached this when recruiting participants. It is not possible to determine if participants felt any degree of coercion, but there is no evidence that this was the case, and many of them expressed enjoyment during and after the focus groups. I would suggest there was a degree of reciprocity in that supervision practices is a topic many of the participants felt strongly about, and they were keen to support a project they viewed as supportive of such practices. However, it could be argued this revealed a gap in the recruitment protocol in that, after the initial round of focus groups and individual interviews, I realised the participants all viewed supervision practices as a positive and desirable concept. I was aware, from discussions that I was party to beyond the scope of this study, that this was not always the case. In mitigation, I therefore actively recruited a member of staff who expressed scepticism about supervision practices and who offered an alternative perspective.

### **3.5.2.3 Data collection**

Regardless of how I was viewed, I had shared history with the participants and there was therefore potential for an inappropriate use of power or coercion to obtain information (Macfarlane, 2009). I was conscious that the position I held within the Trust as supervision lead carried with it a degree of power imbalance (Hawkins and Smith, 2006), and had potential to impact on responses and interactions with

participants. Duncan-Grant (2001) noted this when researching in the organisation that employed him, and described blurring of his roles of ‘researcher’ and ‘expert supervisor’ particularly when collecting data:

...I failed to anticipate the blurring of my researcher and clinical nurse specialist roles that started quite soon after beginning my fieldwork.  
(p.47)

Hodge (2014) discussed this in reference to her research on coaching supervision. She acknowledged that by recruiting from within her own circle of practice there was a risk of conflict of interest or ‘messy boundaries’:

I realised that my clients may have felt inhibited from reporting or reflecting truly on their lived experience out of loyalty or respect or compliance with me.  
(p.87)

Some participants had previously attended training I delivered or had met me in the context of another aspect of my role in the organisation. Consequently, I needed to be sensitive to several challenges. There was potential for participants to see the interview as an opportunity to verbalise their own agenda (Costley, Elliott and Gibbs, 2015), and I needed to prepare to manage their expectations. There was also potential for participants to want to ‘please’ me by being over helpful in their responses. Alternatively, anxiety about how the information would be presented and shared within the Trust could have made them reluctant to be honest in their responses (Teusner, 2016). It was therefore essential that their anonymity was maintained, and confidentiality of any information provided was protected.

### **3.5.2.4 Data analysis**

My position as insider researcher posed a potential challenge for data analysis as I was aware I could unconsciously privilege particular positions or voices. I therefore needed to be able to recognise my own ideas, notice my response to the ideas of my participants and examine my own beliefs, values and understanding of supervision, as I brought these to the study along with my preconceived ideas, assumptions, and unconscious socialisation into the organisational culture that I was examining (Costley, Elliott and Gibbs, 2010). To manage this, and maintain a level of self-awareness, I needed to ensure I applied a reflexive lens. Adams (2007) defined reflexivity as follows:

... [reflexivity] refers to the act of an individual subject directing awareness towards itself; reflecting upon its own practices, preferences and even the act of reflection itself.

(p.43)

Attia and Edge (2017) describe the developmental process of research and acknowledged the '*on-going mutual shaping between researcher and research*' (p.33) that occurs when research is reflexive. I adopted thematic analysis as described by Braun and Clarke (2006; 2019) as a framework for analysis of my data. This provided a structure that facilitated reflexivity in the data analysis process and, along with reflexive accounts of development of my ideas, helped to ensure that findings of this study represented the data I had obtained.

### **3.5.2.5 Reporting findings**

As an insider researcher, I was privy to information beyond that which I gathered from my participants. Some of this was important data as it represented my own experiences. However, I needed to bear in mind the extent and appropriateness of this, and to reflexively consider how it impacted on my recruitment, data collection, data analysis, and final document (Mercer, 2007; Teusner, 2013).

In terms of how I represented the Trust in my reported findings, I needed to ensure that as far as possible this was anonymised by referring to it as 'the Trust' and giving the legacy organisations pseudonyms. I also redacted the names of the organisation and legacy organisations from documents in my document analysis and any other organisational documents I referred to in the study (Unluer, 2012). The process of reviewing the document by my supervisors and internal readers provided an additional check that any identifiable information had been removed. However, it was not possible to disguise the organisation completely as there are relatively few community NHS trusts in England, and it would not be difficult for a reader to identify the one in this study. I therefore needed to manage a balance between accurate reporting of findings from this study and making sure that these did not reveal sensitive information about the organisation (Unluer, 2012).

I conducted this study with a view to supporting development of supervision practices within the Trust and therefore intended to share the findings internally. This

presented a challenge in that I am employed by the organisation in the study, and as such needed to be politically astute about the way I presented these to my colleagues, and the senior leadership of the Trust (Costley, Elliott and Gibbs, 2010). Mercer (2007) discussed this and outlined her rationale for not presenting the findings internally. However, I felt that this would be unethical as the original purpose of the study was to benefit the organisation; they had supported my study, and there was an expectation that I would share findings.

In deciding how and what to share, there was a risk that I would feel the need to modify the message from my findings to fit the culture of the organisation (Coghlan and Brannick, 2005). Alternatively, the findings could have been perceived as too controversial (Mercer, 2007). The report for the organisation needed to reflect the language and current position regarding supervision practices. It was important that those I presented to could recognise the ideas and relate to the recommendations from the findings. This thesis and any other papers or presentations designed for different audiences need to be respectful of the organisation whilst maintaining academic credibility and robustness of process (Workman, 2007).

### **3.5.3 Situational ethics**

Situational ethics refers to contextual circumstances and are related to the way the researcher responds in a specific situation (Tracy, 2010). There are likely to be circumstances where unexpected or unanticipated issues occur (Mercer, 2007). This is the case for all researchers but presents a particular challenge for insider researchers where role duality can present a conflict of priorities (Unluer, 2012).

The nature of the research topic and study design meant it would be unlikely any party involved would be at risk of harm during, or because of, participating in the study. However, it was possible I might uncover information that placed an individual or the Trust at risk. It was also possible participants would disclose confidential information during the focus groups or individual interviews (Holloway and Galvin, 2016). In both these circumstances, I would need to consider the needs of the group and the individual and determine an appropriate course of action. This might include escalation of the situation, completion of a Datix (incident reporting system) report, debrief with the group or individual, and reflection with my supervisors.

In the case of more minor unanticipated events, I reflected on these, recording them in my diary. I detailed changes, and my response to these, in my reflexive accounts at the close of each chapter in this thesis.

### 3.6 Summary

In this chapter, I have described and justified my philosophical position, relating that to the methodology I have used. I explained the approach I took to sampling and recruiting participants, the rationale for the methods followed, and detail of data collection. This has been underpinned by my philosophical approach.

By presenting the processes I followed, I have demonstrated how I considered ethical issues. This includes the steps taken to identify methods, select participants, and undertake data gathering.

In the next chapter I describe the process of analysing the dataset.

### 3.7 Reflexivity

For me, identifying the underpinning epistemology and theoretical perspective that informed this study was a journey of discovery. I am aware that some of what occurred evolved and developed as I went along, which is in keeping with an ethnographic and qualitative study. However, this also meant that sometimes I was working backwards to understand what I had done. As my thinking became more sophisticated, I was able to describe my decisions and actions more accurately. I noted in my diary:

*Trying to understand my philosophical position has not been a linear process. I have found that I needed to go back and forth between data collection methods, my own knowledge, findings from the literature, the purpose of the study, my evolving awareness of assumptions I bring to the topic and the nature of the study. A more appropriate description would be a game of snakes and ladders or solving a problem where progress is limited by unresolved issues further back in the process.*

(DH Diary 25.06.16)

I found the first focus group to be an exhausting experience. Krueger (1998) discussed this and noted that the moderator is undertaking several cognitive processes simultaneously. He stated:

Without doubt, the moderating process is hard work and fatiguing. Because of the mental and emotional discipline required, we won't conduct more than two focus groups on the same day.

(p.10)

*'Ran my first focus group today. I'm exhausted and my brain feels like jelly. I had not accounted for the impact of my excitement and the related level of adrenaline.'*

(DH Diary 14.07.15)

Some of this was due to the effort of managing the group, but I was also aware of my subjectivity in conducting research in a topic that I felt strongly about. Alongside this was my response to the strong feelings expressed by the participants:

*'I was excited by the complexity of the answers and comments. There were no superficial, trite responses. The participants were taking this seriously and with an intensity that indicated the strength of their feeling about this thing called supervision that they were struggling to engage with in a way that made sense to them.'*

(DH Field notes 31.07.15)

This strength of feeling was something that stayed with me as I moved into analysing the data. I reflected on the impact of this and was aware that it influenced how I viewed my data. I needed to produce an analysis that reflected this passion and provided a meaningful outcome.

# **Chapter 4    Research Process Part 2: Analysis and Methodological Rigour**

## **4.1 Introduction**

The previous chapter outlined my philosophical position, methodology and method. This chapter builds on this by continuing the account of the research process, beginning with an explanation of the theoretical lens used in this study. This is followed by a detailed account of the process of analysing my data, including presentation of the themes identified. The chapter concludes the account of the research process with a demonstration of methodological rigour in this study.

## **4.2 Theoretical lens for analysis**

In determining the theoretical lens to apply when viewing my data, I investigated several options and trying these out is reflected in my several attempts to analyse this. Identifying an appropriate lens and understanding how that informed my data analysis was a significant aspect of my development as a researcher.

### **4.2.1 Michel Foucault**

In the first instance, I considered the thinking of Foucault (1975), and explored the use and role of power in supervisory relationships, with reference to how supervision was constructed in the Trust. Following Jackson and Mazzei (2012) I was interested in the potential for energy produced by interactions in supervision to contribute to knowledge. I rejected this approach primarily because it did not help to illuminate the questions I was asking in my research and was taking me in a direction away from the core of my study. However, reading his work contributed to my developing understanding of poststructuralism (Harcourt, 2007). It challenged my assumptions and added depth to my skills of critical analysis.

### **4.2.2 Social learning theory**

Following discussion with my supervisors, I began exploring social learning theory and in particular the work of Etienne Wenger (Lave and Wenger, 1991; Wenger, 1998; Wenger, McDermott and Snyder, 2002; Wenger-Trayner and Wenger-Trayner, 2015). Using this as a ‘lens’ I approached supervision as a learning activity on the

basis that development of the supervisee is a primary function of supervision.

In their book, 'Situated learning: legitimate peripheral learning', Jean Lave and Etienne Wenger (1991) emphasise the impact on learning of interactions between individuals. They argue that learning can happen in any environment and suggest more learning results from interaction and experience in informal environments, than occurs in a formal setting. This contrasts with other learning theories that focus on the process of learning as something that occurs in an individual learner's mind and because of the actions or approach of a teacher or expert in a formal setting (Wenger, 1998).

I reflected in my diary on the link between this view of learning and the way research into supervision practice has been approached:

*I have just had a bit of a lightbulb moment...All the studies around supervision and what to do to make it work are based on a cognitivist approach and understanding of learning. The social context is not considered. Therefore, applying the principles of social learning to a. How to approach supporting supervision, b. recognising what happens in supervision, and c. identifying what the benefits of it are could be very powerful!*

(DH Diary 23.11.18)

Applying this to the concept of supervision made sense, particularly the significance of interactions and relationships between supervisor and supervisee. Also, the metaphor of a "*landscape of practice*" (Wenger 1998, p.13) reflected the variation in supervision practice and experience across the Trust.

On revisiting my data whilst considering social learning theory, I noted that this was applicable to the individual's experience. However, I was not sure it adequately addressed organisational aspects of my data, and reflected on this in my diary at this time:

*Thoughts on the analysis - Reading the transcripts of focus groups, there is something about individuals and that might be appropriate to use social learning theory to analyse and there is also something about organisational learning so could I use two lenses?*

(DH Diary 06.06.18)

Exploring this took me towards organisational learning and eventually to complexity theory as described in the diary extract below:

*So, I have gone from:  
Learning theory  
Learning organisations  
Organisational Learning  
Systems thinking  
Complexity Theory*

*I have gone from thinking about individuals to thinking about the organisation and organisational learning. Much of the existing research focuses on the individual and does not consider the organisational element.*

*I think that my research offers a different perspective as I am looking at the whole.  
(DH Diary 21.08.18)*

I concluded that complexity theory offered the lens I was searching for and set out to investigate that further.

#### **4.2.3 Complexity theory**

It is important to note from the discussion above, that identifying complexity theory as a theoretical lens for analysis in this study was part of the process of the study. I did not set out to use complexity theory, but as I went through the process of analysis it became apparent this would contribute to an in-depth understanding of my data.

In the following sections I describe how I analysed the data in my study, before setting out how complexity theory illuminates the findings in this study.

### **4.3 Data analysis**

Analysing my data has been a long, complex, and challenging process, a perspective highlighted by Holloway and Galvin (2016) who refer to qualitative data analysis as complex and non-linear (p.287). I transcribed and analysed my data manually. This decision was based on my evaluation of the relative advantages of a Computer Aided Qualitative Data Analysis System (CADQAS) in comparison with a manual process. Holloway and Galvin (2016) argue that the decision to use either a manual process or a CADQAS is a matter of personal choice, and I have outlined the rationale for my decision in more detail in Appendix 15.

Neale (2000) emphasises the importance of applying a structured approach to analysis, and the need to create some order in what is generally quite unstructured qualitative data (Holloway and Galvin, 2016). In their interview with Nikki Hayfield (Braun, Clarke and Hayfield, 2019), Virginia Braun and Victoria Clarke discuss the way in which data in a qualitative study needs to be approached. They refer to the significance of “*telling a story*” and “*making an argument*” in data analysis (p.11). However, it is acknowledged in the literature that accounts of qualitative research are relatively silent on the mechanics of how data is analysed (Boellstorff et al., 2012; Neale, 2016; Nowell et al., 2017), and Bryman and Burgess (1994a) refer to the “*mystery that surrounds the way in which researchers engage in data analysis*” (p.xiii). This presents a particular challenge for the novice researcher when trying to understand how to make sense of the volume of data that has been accumulated.

I explored content analysis, discourse analysis, and ethnographic analysis as potential methods of making sense of my data. These approaches offered useful structures for analysis and there were aspects of each that would be helpful, for example, the flexibility and reflexive movement back and forth between data and ideas in ethnographic analysis (Boellstorff et al., 2012) and content analysis (Altheide, 1987; Hsieh and Shannon, 2005), and the potential for discourse analysis to challenge thinking on a topic (Cheek, 2004; Gee, 2005). However, when I examined these approaches in more detail, there were aspects that presented difficulties when applying them to my study topic, approach, and questions.

In content analysis and some approaches to ethnographic analysis, there is a focus on words, the frequency with which they appear in the data, and consequently their significance when identifying codes and themes (Altheide, 1987; Hsieh and Shannon, 2005; Popping, 2017). This would not have captured the scope of the full dataset I was using, and a criticism of the approach is that focusing on frequency of words may result in a failure to identify key categories (Hsieh and Shannon, 2005; Vaismoradi, Turunen and Bondas, 2013). As discussed above, I recognised that what my participants said in the focus groups and individual interviews would be nuanced by a range of factors. Therefore, to place such an emphasis on frequency of words would not have been appropriate.

In discourse analysis, use of language is a central aspect of the analysis (Bryman and Burgess, 1994b; Gee, 2005). The goal of discourse analysis, as described by Shanthi, Kean Wah and Lajium (2015), is to understand how people use language when creating and enacting identities and activities. My dataset included documents and other items as outlined above, so I needed an approach that was sufficiently flexible to include the entirety of this material.

When I explored ethnographic analysis further, I found that the process of this as described by Boellstorff et al. (2012) matched more accurately the requirements of my study. They emphasised the importance of the relationship between data and theory and the need for theory to be “*responsive to the data*” (Boellstorff et al. 2012, p.162). They also described inclusion of a range of data sources and the need to see beyond initial coding of information. However, there was still a gap for me in terms of how I might initially manage my data. I needed an approach that was accessible for a novice researcher such as myself, but also sufficiently sophisticated that I would be able to conduct an analysis reflecting my onto-epistemological stance. From this I concluded that thematic analysis (Braun and Clarke, 2006) provided the structure I needed to conduct my analysis.

#### **4.4 Thematic analysis**

Braun and Clarke (2006; 2014; 2019) suggest that thematic analysis is a flexible approach that is “*comparatively easy to learn*” (2014, p.2). They argue that their six-step thematic analysis, which they now refer to as Reflexive Thematic Analysis (Reflexive TA) (Braun and Clarke, 2019), presents a framework that can be utilised across a range of theoretical applications. Thematic analysis can also be applied to document analysis (Bowen, 2009) making it an appropriate framework for analysis of my data.

Thematic analysis is presented by Vaismoradi, Turunen and Bondas (2013) as an “*independent qualitative descriptive approach*” (p.400) that can be used across a variety of qualitative methodologies (Nowell et al., 2017). However, it is described as “*poorly branded*” (Vaismoradi, Turunen and Bondas, 2013, p.400; Nowell et al.,

2017, p.2), “*rarely appreciated*” (Nowell et al., 2017, p.2) and “*less coherent [than other approaches]*” (Braun and Clarke, 2014, p.1).

Some of the difficulty is that thematic analysis has been applied by researchers using a range of philosophical applications that have not always been acknowledged or articulated. There is not one way of defining or describing thematic analysis, and Braun and Clarke (2016; 2019) differentiated between different applications. They identified “*coding reliability thematic analysis*” as described by Boyatzis (1998) and Popping (2017) and demonstrated by Fereday and Muir-Cochrane (2006), “*codebook thematic analysis*”, as described by Ritchie and Spencer (1994) and demonstrated by Roberts, Dowell, and Nie (2019), and an “*organic approach*” which they present as a researcher-centric application (Braun and Clarke, 2019, p.593).

In their original paper, ‘*Using thematic analysis in psychology in qualitative research in psychology*’, Braun and Clarke (2006), outlined a step-by-step guide to using thematic analysis in qualitative research. In this they identified six steps that can be applied to data to analyse findings and produce a report (Appendix 16). In their more recent paper, Braun and Clarke (2019) reflexively explore the development of their six-step thematic analysis. In this they acknowledge that they made assumptions and took for granted their knowledge and background. For a novice researcher such as me, this is an important reflection as I have found it difficult to ‘get’ what it is that I am doing. I have listened to my supervisors’ feedback and challenge and struggled with how to apply this to my study. The reflexivity of my analysis is therefore knowing *what* I did but also being able to explain *why* I did (or did not) do what I did.

Braun and Clarke (2006) emphasise the importance of being explicit about the purpose of data analysis and how that has informed the approach used. It is also necessary to highlight how this has been influenced by the underpinning onto-epistemology of the researcher. Being an insider researcher influenced my ideas and experience and contributed to my interpretation of the data, the way I transcribed the focus groups and interviews, and what I took note of and highlighted. I explored the specific challenges and considerations for the insider researcher in Chapter 3 and it is important for me to acknowledge this. Jackson and Mazzei (2009) highlight the impact of the researcher on data and data analysis:

Letting readers ‘hear’ participant voices and presenting their ‘exact words’ as if they are transparent is a move that fails to consider how as researchers we are already shaping those ‘exact words’ through the unequal power relationships present and by our own exploitative research agendas and timelines.

(Jackson and Mazzei, 2009, p.2)

Braun and Clarke (2006) identify some considerations regarding the way the analysis is approached, and they emphasise the importance of being explicit about this both in the explanation, and way, that data is presented. The first of these is clarifying the scope of the analysis, whether it is a rich thematic description, or a detailed account of one aspect of the data. I set out to provide a rich thematic description of the entire dataset. In this way I would be able to include all the contributions of participants, as well as analysis of documents and the wider dataset. The next consideration is whether themes or patterns are derived inductively, from data, or deductively, from existing theory. This aspect is more fluid and Braun and Clarke (2006; 2019) highlight the reality that even if a researcher is using an inductive approach, they will be influenced by their theoretical and epistemological commitments. I approached my data with a clear aim in mind:

- To identify the range of perceptions and experiences of supervision practices across the organisation, and the relationship between these and the organisational context.

I did not have a predetermined set of codes or a coding framework when I began my analysis although I was aware of my position as insider researcher. I therefore conducted an inductive analysis but was influenced by my position and pre-existing knowledge of supervision experiences of Trust staff (Braun and Clarke, 2019).

Braun and Clarke (2006) also differentiate between semantic and latent levels for identification of themes. By this they mean difference between themes that are descriptive and look at surface meanings in data, and those that explore underlying assumptions, values, and ideas of participants. This can be seen as a part of the development process of data analysis. In the first instance, I applied a semantic level of analysis for the themes, organising the data to show patterns in the content. This was followed by a more latent analysis, using complexity theory as a lens, to interpret the significance of these patterns in the data.

The following sections describe the analysis of my data and detail the process I followed using the framework of Reflexive TA (Braun and Clarke, 2019). In these I acknowledge the (apparently) false starts I made in attempting to make sense of what I had to work with. I have described the six steps of Reflexive TA as a linear process, but analysing data is an iterative and reflective process that requires movement back and forth between phases (Braun and Clarke, 2006; Nowell et al., 2017). This has been my experience and therefore the process was not as tidy as the structure of the framework might suggest. I have endeavoured to capture this movement in the way I portrayed development of my ideas and my understanding of the process of analysis.

#### 4.4.1 Step 1: Familiarisation with the data

Data analysis began at the point of data collection, as recommended by Pitney et al. (2015). This reflected the blurring of data collection and analysis, and the iterative nature of the process of analysis (Patton, 2002; Boellstorff et al., 2012; Nowell et al., 2017). In the case of my study there were ideas and comments that I noticed as the interviews and focus groups took place. I used the post-focus group debrief with the co-facilitators to reflect on these and test out some of my emerging ideas, as well as hear their observations:

**Co-facilitator:** "...there's obviously a gap between what's happening at the moment and what your experiences have been of supervision and actually what we think it could be or what you think it could or should be if it was that perfect supervision."

(Focus Group 1407, Transcript of debrief with co-facilitator)

When listening back to recordings of the focus groups and individual interviews, I used a voice recorder to capture ideas as well as phrases and topics that I noticed, and recorded my response and thoughts in my diary:

*As I listened [to the recording of the focus group] my reaction was very physical. I could feel the emotion in my chest. It made me realise why I found the actual session so draining. Some of that emotional response was about the reality that participants were describing...The level of empathy that I felt as they described supervision experiences, and how they perceived it to be, or how it ought to be, contributed to the physicality of my response.*

(DH Diary 31.07.15)

Transcribing the recordings of the focus groups and interviews myself meant listening to these several times and ensured I was immersed in the data (Miller and Crabtree, 2005; Holloway and Galvin, 2016). The manual process of typing the words meant I was processing what was being said visually as well as audibly. During this process, I recorded my evolving thoughts in my diary, as I noticed other topics and themes:

*Listening back to my interview with (name of participant). There is a significant amount of assumption and distinct lack of awareness of the gap in knowledge - Nurses and AHPs naturally reflect - to me this indicates a lack of understanding of why it is so difficult to establish - nurses and AHPs do not naturally reflect or at least not in a helpful and constructive way.*

*There is real danger in only doing self-reflection as you will not ask yourself the difficult questions, you may adopt dysfunctional or destructive systems to manage things that don't go well, and you will only have your own perspective which is going to be dominated by emotion and your state of mind at the time.*

*Interestingly she hasn't mentioned the psychological benefits for staff which is a major feature of the focus group discussions.*

*If you're taking time to reflect, you're inevitably going to improve' This is interesting as it will only be true if the quality of the reflection and the level of reflection skills are sufficient for this to take place.*

(DH Diary 10.10.15)

At this stage, I created summaries of the focus groups and interviews (Appendix 17) and of my observations for each of the documents in the dataset (Appendix 18).

Participants made extensive use of metaphors to describe their experience of supervision and supervisory practices; a list of these can be seen in Appendix 19. Metaphor is often used to describe situations and experiences as shorthand to explain complex concepts. Morgan (2006) discussed this and said:

Metaphor is often regarded just as a device for embellishing discourse, but its significance is much greater than this. The use of metaphor implies a way of thinking and a way of seeing that pervade how we understand our world generally...We use metaphor whenever we attempt to understand one element of experience in terms of another.

(Morgan, 2006, p.4) (Emphasis in original)

Sharoff (2013) emphasises the significance of metaphor in terms of revealing participants' views. She also suggests that metaphors can indicate how participants engage in their world. This is also demonstrated by Shinebourne and Smith (2010) who assert that metaphors can be a powerful device, enabling participants to express ideas that might be challenging to express directly.

Metaphors used by participants were therefore an important feature of the data, as they offered a nuanced expression of their experiences and understanding of supervision that could be difficult to express using non-metaphorical language. In using metaphor to describe various aspects of supervision and supervisory relationships, participants were able to describe, discuss, and explore concepts with a shared understanding of what they were talking about.

Using my reflections, notes, and the summaries from the participant data and policies, I collected my initial thoughts under eight headings which can be seen in Appendix 20. The headlines are listed below:

- Organisational issues/context
- Purpose/functions/descriptions of supervision
- Language
- Impact
- Tensions
- Relationships/Supervisors' skills
- Quality supervision
- The gap – what participants think is missing

I was aware from reading through the dataset that the majority of comments and ideas that participants expressed were reflective of other findings in research about supervision (See for example, *Organisational Issues/context* - Duncan-Grant, 2001; Gonge and Buus, 2016, *Purpose/ functions/ description of supervision* - Dawson, Phillips and Leggat, 2013; White and Winstanley, 2021, *Language* - Shanley and Stevenson, 2006; Wilson and Taylor, 2019, *Impact* - Dilworth, et al., 2013; Pollock et al., 2017, *Tensions* - Gray, 2001; Buus et al., 2018, *Relationships/supervisors skills* - Sweeney, Webley, and Treacher, 2001a; Pack, 2015, *Quality supervision* - Snowdon, Millard and Taylor, 2016; Martin et al., 2019, *The gap* - Wallbank and Hatton, 2011; Milne and Martin, 2019). My challenge therefore was to look at the data in a new way.

The stage of familiarisation with the data provided a foundation for the rest of the analysis. Braun and Clarke (2006) underline the importance of reading the data

'actively' to search for ideas and potential themes. I have found part of the process of analysis has been to return to this phase several times to re-read the data and my notes.

#### 4.4.2 Step 2: Generating initial codes

Braun and Clarke (2006) emphasise the importance of approaching this part of the analysis systematically and of giving equal attention to each segment of data. This process resulted in 'codes' that formed the basis of the themes of my findings, and Figure 4.1 shows a coded extract of data from one of the individual interviews.

Data source	Line	Data extract	Coded for
Int1502	65	<i>Denise:</i> Could you think of an example of a supervision session that was a good supervision session for you	
Int1502	66	<i>Interviewee:</i> Erm the best supervision sessions I've had is where we've I've taken in almost like an agenda so I have written what I want to talk about and I've thought about it since my previous supervision and I will have written a list	planning helps I (as the supervisee) take control
Int1502	67	<i>Denise:</i> Mm	
Int1502	68	<i>Interviewee:</i> So every time I think of something during my working day I'll write it on the list and when it comes to my supervision time I haven't forgotten it and I'm prepared I guess so preparation erm and similarly if my supervisor has done that as well as and sort of done written down the issues she wants to discuss with me er and I think that's also the case from the supervisors when I supervise someone	Preparation happens before the supervision
Int1502	69	<i>Denise:</i> Mm	
Int1502	70	<i>Interviewee:</i> I will try and write down a list of everything I need to talk to my supervisee about so that when I go in we can just work through the process er I try and because time is such a premium and I'm sure that's been said to you that y'know the main issue is not having the time to do it	process time pressure
Int1502	71	<i>Denise:</i> Yes	
Int1502	72	<i>Interviewee:</i> Um if you can be as efficient as possible then	efficiency helps the process
Int1502	73	<i>Denise:</i> Yes	
Int1502	74	<i>Interviewee:</i> It I-I feel it works better	

<b>Data source</b>	<b>Line</b>	<b>Data extract</b>	<b>Coded for</b>
Int1502	75	<i>Denise:</i> Yes ok so could I ask you the converse then of where a thinking of supervision that you've experienced that has been less effective	
Int1502	76	<i>Interviewee:</i> Yeah I was supervising someone who didn't wasn't interested in being supervised they were coming up to retirement they had absolutely no interest in job progression or developing their role or developing their skills they were marking time until they retired in nine months' time supervision was almost impossible actually and also I was very new myself	Supervisee not engaged, supervisor inexperienced
Int1502	77	<i>Denise:</i> Right	
Int1502	78	<i>Interviewee:</i> And I think in retrospect I should not have been supervising that person I should have said to my own supervisor I can't y'know it's not appropriate I'm not equipped to deal with it erm but I think I was probably too new and wanting to prove myself and not look like I had failed to be able to say that	supervisor inexperienced, reluctant to ask for help anxiety about being seen to fail
Int1502	79	<i>Denise:</i> Mm	
Int1502	80	<i>Interviewee:</i> So I carried on supervising someone who didn't want to be supervised and I would say it was dire and completely unproductive	negative consequences
Int1502	81	<i>Denise:</i> Yes	
Int1502	82	<i>Interviewee:</i> In fact probably destructive because it made the relationship between me and this worker strained and erm whereas prior to trying to enforce supervision we'd had quite a good working relationship on quite a fluid and flexible way as soon as I tried to be more professional and more rigid about it and we have to have supervision and we have to talk about this that instantly destroyed our rapport I would say	damaged rapport flexibility versus rigidity professional = rigid
Int1502	83	<i>Denise:</i> Mm ok what impact has that had on you do you think if any	
Int1502	84	<i>Interviewee:</i> Erm it's probably put me off supervision although um has it put me off supervision? It's made me very reluctant to supervise someone and unfortunately the next person I supervised had a massive um lot of issues which went had to go quite far high up the organisation	apprehensive about supervising supervisee with complex issues

Data source	Line	Data extract	Coded for
Int1502	85	<i>Denise:</i> Right	
Int1502	86	<i>Interviewee:</i> Urm and I went to my own supervisor and I was like I don't think I can do this supervision I don't know how to handle this I'm not equipped and she gave me quite good supervision around that but wouldn't let me off the hook y'know what I wanted her to say was Ok you don't have to supervise her	asking for help not equipped good support stretched
Int1502	87	<i>Denise:</i> (laughs) yes	
Int1502	88	<i>Interviewee:</i> (laughs) but she didn't say that	no easy escape
Int1502	89	<i>Denise:</i> (laughs) darn!	
Int1502	90	<i>Interviewee:</i> Erm so and in the end y'know it all seemed to be all right and that I don't know the issue wasn't solved terribly well but that wasn't down to my supervision of this person so but it has made me more reluctant to supervise and I have now got a new person to supervise and I find I do slightly dread the sessions	reluctant supervisor supervision too difficult dread of supervision
Int1502	91	<i>Denise:</i> Mmm	
Int1502	92	<i>Interviewee:</i> Although my new person in fact is really motivated really keen really bright you've y'know you couldn't really ask for better er worker to supervise I think	motivated supervisee and positive about supervision

**Figure 4.1: Extract of Coded Interview Data**

To identify separate 'voices' in the focus groups, I allocated a different colour for each participant. I then copied the transcripts of the four focus groups and five individual interviews into a spreadsheet and numbered each line, adding an identifying label that referenced the source. Appendix 21 provides an example of how this worked. This labelling was an important part of ensuring an audit trail for the analysis process so themes could be traced back to raw data and was helpful when I printed out and cut up the transcripts later in the process.

I had chosen to take an inductive approach regarding constructing and developing themes so managed this phase without a predetermined list of codes. This meant that I was able to consider coding policies with 'fresh eyes' and pay attention to the detail of the language used; an aspect of analysing as an insider researcher which is highlighted by Teusner (2016) and by Coghlan and Brannick (2005). The challenge of coding in this way was that the resulting list of codes was exceedingly long, and

as I approached the next step, I organised these in a number of ways. This included, reviewing the initial codes and collating semantically similar codes, creating a mind map with a network of linked codes, and experimenting with dividing the groups of collated codes in different ways, all of which contributed to the process of analysis.

#### **4.4.3 Step 3: Generating initial themes**

Braun and Clarke (2006) explain this step as “*re-focusing the analysis at the broader level of themes*” (p.89). At this stage, there are some pitfalls that await novice researchers and I have experienced most of them in the process of “*generating initial themes*” (Braun and Clarke, 2019, p.593).

I had three attempts at generating initial themes. Each time I tried something different and managed to get part-way towards themes that captured meaning from the data and the research questions, as described by Maguire and Delahunt (2017), but I struggled to create something that effectively told the story of my data (Braun and Clarke 2019). In this section I illustrate how this process contributed to my final themes.

##### **4.4.3.1 Generating initial themes part 1**

I collapsed the lengthy list of codes into a shorter and more manageable list (Appendix 22). From this I could begin to see some patterns and groups of ideas and identified three themes:

- Understanding supervision
- Tension in and between discourses of supervision
- Organisational mediation

However, I had focused on broad themes rather than data from my participants, and my position as insider researcher impacted on my view of the data (Costley, Elliott and Gibbs, 2010). When I expanded these themes, I wrote descriptively rather than analytically and struggled to identify what it was that my research contributed. With hindsight, I can see I was still developing an understanding of how to analyse data; the resulting analysis was therefore, inevitably, only partial.

#### **4.4.3.2 Generating initial themes part 2**

I approached the data from a different position and identified the main ideas or themes in each of the four focus groups and five individual interviews (Table 4.1).

<b>Transcript</b>	<b>Themes</b>
Focus Group 1	Espoused View Reality
Focus Group 2	What do I need to make it work? What happens in supervision What is the impact
Focus Group 3	Process Purpose Outcome
Focus Group 4	Being a supervisor Being a supervisee What having supervision would do
Interview 1	What is the purpose What makes supervision good What actually happens
Interview 2	What are we talking about? Contradictions and challenges
Interview 3	Need for differentiation
Interview 4	What makes it work Who it is for? It's complicated
Interview 5	What makes for good/poor supervision How does supervision make me feel? What is supervision for

**Table 4.1: Themes from the transcripts**

In this exercise, I was intuitively focusing on the data and responding to what I saw there. I printed out and cut up the transcripts and mapped the data against the themes to check for relevance. Some of the themes were semantically similar, so could be grouped together. For example, ‘What is the impact’, ‘Outcome’ and ‘What having supervision would do’. From this I created mind maps of how the topics were connected (Appendix 23) and identified four themes:

- The theory and rationale behind supervision
- How the process should work
- What actually happens
- The impact on participants’ feelings

I had concentrated on applying the framework as a linear process exercise and ended up with descriptive themes that were more a collection of data under ‘domains’ (Braun and Clarke, 2016; 2019).

Braun and Clarke (2016; see also Braun and Clarke, 2019; Braun, Clarke and Hayfield, 2019) suggest that although collecting topics into domains can be part of the process of analysis in qualitative research, more work of analysis is needed to create or generate themes that reflect the data, and relate to a core, shared, meaning. I had not understood the need for analysis as an active process created by me, using my theoretical assumptions, with my data (Braun and Clarke, 2019).

#### **4.4.3.3 Generating initial themes part 3**

Braun and Clarke (2006; 2019; 2021) are clear that themes do not ‘emerge’ from the data but are generated by the researcher. However, my experience was that this is harder than it may seem. It is not just a case of knowing it is the right thing to do; it requires a shift in thinking.

Revisiting Braun and Clarke’s (2006) original paper along with their more recent publications (Braun and Clarke, 2014; 2016; 2018; 2019; Braun, Clarke and Hayfield, 2019; Braun et al 2019; Braun and Clarke, 2021) meant my understanding of the process of analysis shifted, and I saw where I had made mistakes or lacked underpinning knowledge of what it was I was doing. However, I was struggling to apply theory consistently and coherently and had not yet understood how to ‘think with theory’ (Jackson and Mazzei, 2012).

Jackson and Mazzei (2012) refer to “*disrupting the theory/practice binary*” (p.5) as a way of describing what they have done with ‘thinking with theory’. By this they mean that instead of viewing data as something to be coded, a process that is likely to produce predictable themes, the data is something that works *with* the theory, the experience of the researcher, and the context. This approach then presents analytical questions and a way of seeing the different elements, data, theory, researcher, and context, as part of a whole. Braun and Clarke (2006) refer to this as telling the story of the research.

Although I understood the principle of avoiding treating coded data as the end product, it was much harder to put this into practice. There was an air of mystery about how those who advocated ‘thinking with theory’ arrived at their analysis. Cumming (2015) identified some of the reasons why this is so, explaining why I, as a novice researcher, found it difficult to grasp how to handle my data in this way. The nature of the approach is that the researcher (or analyst) is trying to work with a ‘thing’ that is constantly moving and there is no set ‘way of doing’ the analysis:

These mappings of how concepts work, and what they produce will always be circumstantial, and therefore cannot be transposed into a model.

(Cumming, 2015, p.138)

I found it reassuring that she had experienced similar difficulties in trying to ‘think with theory’ and she noted she had:

...inadvertently fallen back on my social scientific research methods training and had transposed methodological and analytic procedures that were familiar to me.

(Cumming, 2015, p.139)

Augustine (2014) had a similar experience and explains how she initially approached analysis of her data in a linear fashion. She then describes simultaneously writing and reading with her participant data and theoretical lens, as a way of shifting from a coding approach to using ‘thinking with theory’

I approached my data with this new insight, reflecting on the overall impression that the data left on me and revisiting previous attempts I had made at analysis. I made notes on the documents, wrote phrases, and drew diagrams and pictures of my response to the data. This reflected the principles of Braun and Clarke’s (2006) framework in terms of:

Coding interesting features of the data in a systematic fashion across the entire dataset, collating data relevant to each code.

(Braun and Clarke 2006 p.87)

It also reflected more accurately the process of thinking with theory.

I combined the codes from part one (Appendix 22), and the list of potential themes from part two (Table 4.1). It was at this stage in the process of analysis that I recognised the complexity in supervision practices and began to explore how this illuminated my data. By now I understood more clearly how to ‘think with theory’, and viewed the codes and themes being mindful of the lens of complexity theory and of

supervision as a complex adaptive system. The temptation was to try and match the codes to aspects of complexity, but at this stage I was still focusing on a more inductive analysis. I therefore created five initial themes, reflecting the codes I had generated from the raw data. These can be seen in Table 4.2.

Themes	The experience of supervision	Why have supervision?	Supervision is not straightforward	The things that make supervision work	The process of supervision
Codes from part 1	Discomfort Resistance Negative experience Positive experience Feeling pressure	Impact of supervision Time to think Reassurance Enlightenment Consistency	Cultural limitations Restrictions Definition Individual focus versus organisational focus Language Reality External impact	Understanding Relationship Culture Level of sophistication Supervisors' skills Flexibility	Scope of supervision Evidence Content of supervision Nature of supervision Structure Process
Themes from part 2	Being a supervisor Being a supervisee	What is the impact? Outcome What having supervision would do Purpose Who is it for?	It's complicated Contradictions and challenges Need for differentiation What are we talking about? Espoused view versus reality	What do I need to do to make it work? What makes supervision good? What makes it work?	What happens in supervision Process

**Table 4.2: Initial themes**

These themes were still very descriptive and literal. To identify something new it was necessary to move beyond this stage towards a more conceptual analysis of the data.

I turned again to the concept of ‘thinking with theory’ as described by Jackson and Mazzei (2012). They call the process ‘plugging in’ and describe it as a continuous activity of organising, arranging, and fitting in the many different texts that are part of the analysis. This includes, for example, the raw data and notes, the theories, the researcher and all the ideas that evolved along the way. I had arguably been doing this in the sense that I had revisited the texts and explored separate ways to present what I saw, but I had not found a way to incorporate complexity thinking into my analysis.

#### 4.4.4 Step 4: Reviewing themes

There are two stages for this phase (Braun and Clarke, 2006). The first is to revisit the extracts of data coded in phase 3 and review them to see if they form a coherent pattern. The second is to read the entire dataset to review if the themes resonate with the data as a whole.

Maguire and Delahunt (2017) identify the following prompts that are useful at this stage:

- Do the themes make sense?
- Does the data support the themes?
- Am I trying to fit too much into a theme?
- If themes overlap, are they really separate themes?
- Are there themes within themes (subthemes)?
- Are there other themes within the data?

(Maguire and Delahunt, 2017 p.8)

Revisiting the data, I noticed the strength of emotion expressed by participants, and the effect supervision had on them, both as supervisors and as supervisees. The codes under the themes of '*The experience of supervision*' and '*Why have supervision?*' (Table 4.2) mainly reflected this emotional and psychological impact, although some codes did not fit with this theme. I noticed I had lost the concept of a 'safe space', which was a thread running through all the focus groups as well as being apparent in Trust policies, emphasising the importance of creating a safe environment for the supervision to take place. I therefore created the theme '*Supervision as a safe space (or not)*' to reflect the notion of the effect supervision had on participants. Under this theme I created two subthemes of '*Supervision should be a good thing*' and '*State of Readiness to engage in supervision*'.

The themes of '*The things that make supervision work*' and '*The process of supervision*' were present in the data in the way participants described how they thought supervision should be. These themes were also reflected in the policies of the Trust in the detail about governance processes needed to support supervision. I reorganised the codes in these themes and created a new theme of '*The search for order in supervision practices*'. Under this I also created two subthemes of '*Processes*' and '*Clarity*'.

Reviewing the theme of '*Supervision is not straightforward*', highlighted the tensions described by participants and the occasions where they contradicted themselves.

These tensions and contradictions were also apparent, and at times overtly acknowledged, in the documents that formed part of the dataset (Appendix 6). I renamed this theme '*Organisational and cultural messages and assumptions in supervision*' and created two subthemes of '*Who and what is supervision for?*', and '*The impact of culture on supervision*'.

The revised table of themes and codes can be seen in Table 4.3.

<b>Theme: Supervision as a safe space (or not)</b>	<b>Theme: The search for order in supervision practices</b>	<b>Theme: Contradictory organisational and cultural messages and assumptions in supervision</b>
<p><b>Subtheme:</b> Supervision should be a good thing</p> <ul style="list-style-type: none"> <li>• Time to think</li> <li>• Enlightenment</li> <li>• Reassurance</li> <li>• Discomfort in the setting (may be helpful or unhelpful)</li> <li>• Resistance or lack of engagement</li> <li>• Feeling Pressure to perform and 'do'</li> <li>• Being a supervisor</li> <li>• Being a supervisee</li> <li>• What is the impact/how does supervision affect participants' behaviour or practice?</li> <li>• Relationship and security - feeling safe.</li> </ul>	<p><b>Subtheme:</b> Supervision processes</p> <ul style="list-style-type: none"> <li>• What having supervision would do/Outcome - what supervision is expected to achieve</li> <li>• What makes it work /structure/process</li> <li>• What makes supervision good</li> <li>• What is the responsibility for the individual, what do they need to do to make it work?</li> <li>• Espoused view - this is what the participants said it is or should be</li> <li>• Evidence - what is the evidence base?</li> </ul>	<p><b>Subtheme:</b> Who and what is supervision for?</p> <ul style="list-style-type: none"> <li>• Where should the focus be, individual or organisational?</li> <li>• Impact of supervision on outcomes for others (outside of the supervisory dynamic)</li> <li>• What is it expected to achieve?</li> <li>• Why do we have it?</li> <li>• Reality - The experience is not always what I expected</li> </ul>
<p><b>Subtheme:</b> State of readiness to engage in supervision</p> <ul style="list-style-type: none"> <li>• Need for differentiation/flexibility for different groups</li> <li>• Level of sophistication in understanding</li> </ul>	<p><b>Subtheme:</b> Shared understanding of supervision</p> <ul style="list-style-type: none"> <li>• Scope of supervision - who should access it? and Who needs it?</li> <li>• Content of supervision - what should be</li> </ul>	<p><b>Subtheme:</b> The impact of culture on supervision</p> <ul style="list-style-type: none"> <li>• Contradictions and challenges - competing priorities</li> <li>• It's complicated and a complex process</li> </ul>

<b>Theme: Supervision as a safe space (or not)</b>	<b>Theme: The search for order in supervision practices</b>	<b>Theme: Contradictory organisational and cultural messages and assumptions in supervision</b>
<ul style="list-style-type: none"> <li>• Supervisors' skills</li> <li>• Supervisee's skills</li> </ul>	<p>included/What happens in supervision?</p> <ul style="list-style-type: none"> <li>• What are we talking about? /Understanding/Nature of supervision</li> <li>• Consistency of Language</li> <li>• Definition - what are we talking about?</li> </ul>	<ul style="list-style-type: none"> <li>• Culture/Cultural limitations</li> <li>• What actually happens?</li> <li>• External impact</li> <li>• Restrictions - time, expectations</li> </ul>

**Table 4.3: Themes at the end of step 4**

Having reviewed these themes against the entire dataset, I was satisfied I now had themes that 'accurately reflected' my view of the meanings of the dataset, as described by Braun and Clarke (2006, p.91).

I was aware these themes were still more descriptive than conceptual, and that they did not reveal anything new about the practices of supervision or answer my research question. However, I had recognised supervision practices as a complex adaptive system, and this had potential to add something new. In the next section I discuss how I shifted my approach to one that more overtly reflected 'thinking with theory', using complexity thinking as a lens.

#### **4.4.5 Step 5: Defining and naming themes**

As I approached this stage of the process, I was mindful of the principles of thinking with theory (Jackson and Mazzei, 2012; Jackson and Mazzei, 2017). Reading more about how different researchers had applied these principles in their studies, I could see how I had instinctively defaulted to a positivist position of looking for themes that 'emerged from the data'. The combination of this and my inexperience contributed to the struggle to articulate a conceptual analysis of my data.

One of the criticisms levelled at using coding as a way of analysing data, by those who advocate 'thinking with theory', is the focus on the macro (Jackson and Mazzei,

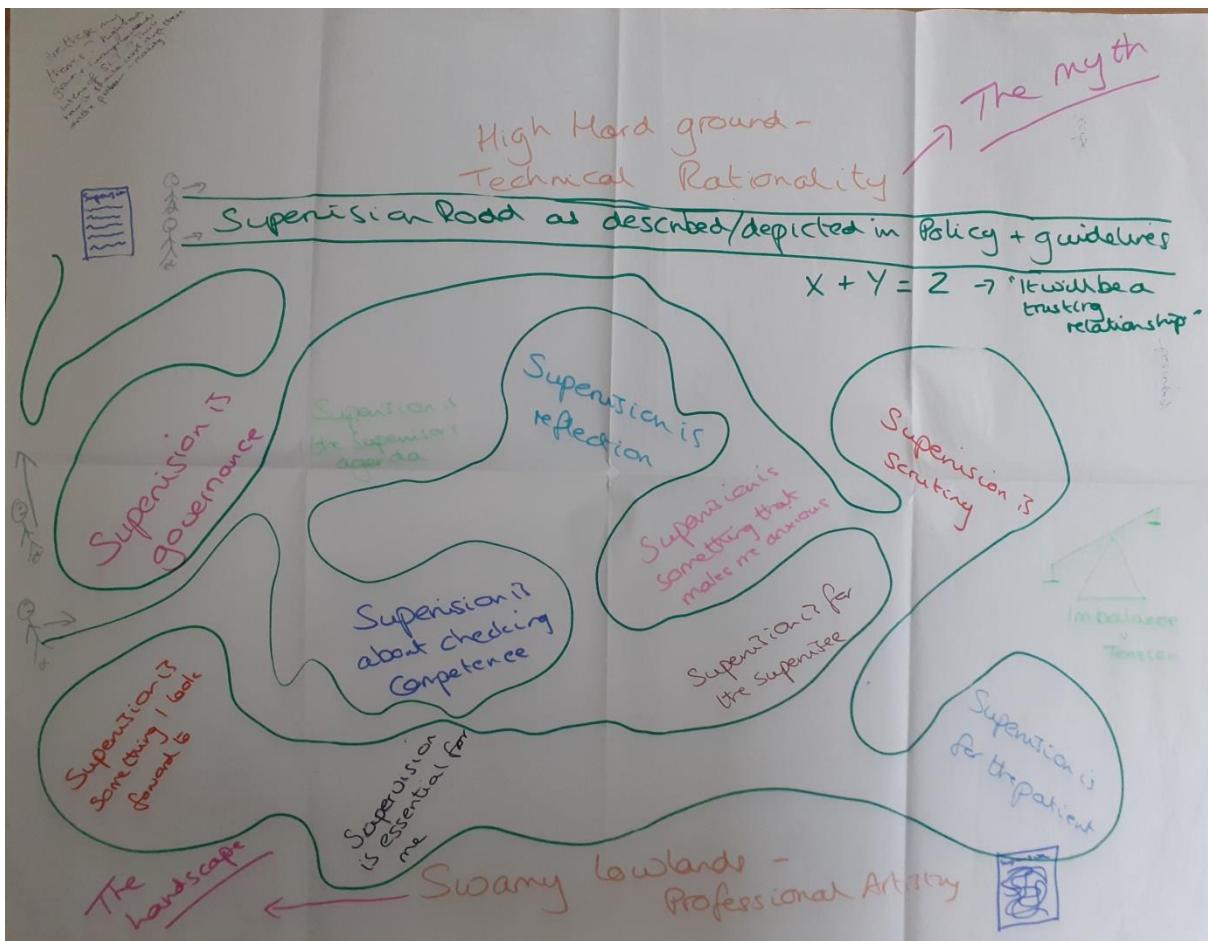
2012; Augustine 2014; Cumming, 2015; Jackson and Mazzei, 2017). These authors argue that coding of data draws the researcher towards what is already known and the opportunity for finding new and different knowledge is lost in the process.

I followed Braun and Clarke's (2006; 2019; 2021) Reflexive TA structure for my analysis which, as a novice researcher, provided me with a helpful framework to make sense of and organise my data. However, this only worked up to a point. The process did not account for the 'messiness' of my evolving understanding and interpretation of the data. This resulted in themes that were a logical progression in terms of how the data had presented, but I struggled to articulate these in a conceptual manner. I also found it difficult to identify themes that were discrete, as the different ideas I identified all impacted on each other.

This resonates with the contrast Schön (1987) makes between the "*high hard ground*" of the "*technical rational*" approach and the "*swampy lowlands*" of "*confusing problems*" (p.1). The systematic approach to analysis 'worked until it didn't'. I could have chosen to stay with the logical and technical process and followed the themes that had emerged from that process. However, I was uncomfortable with this course of action as I felt I would be forcing the themes to work together rather than allowing them to evolve. I was also aware of needing to change approach to produce a conceptual analysis of my data and articulate what was new.

#### **4.4.5.1 Complexity thinking and supervision**

As I developed 'thinking with theory', I read the whole dataset alongside complexity literature, exploring how and where complexity thinking illuminated supervision practices. Figure 4.2 is an illustration of the contrast between the ordered and prescribed version of supervision practices I found in policies and national documents, represented in the diagram by the straight line at the top of the picture, and descriptions of supervision by participants, which were much more varied. The statements reflect comments from participants, and the meandering line represents the wide variety of their ideas.



**Figure 4.2: Visual representation of the data (original in colour)**

I was interested in the contrast between the espoused perspective of supervision practices with a desire for structure and order, and that of the reality of participants' and my own experience. I noticed the significance of order in the data, the discomfort that order created, and the tension generated by these contradictory ideas. This was a critical stage in the analysis process and the point when I realised the extent of complexity in supervision practices.

Snowden and Boone (2007) developed the Cynefin Framework as part of their work exploring complexity thinking and complex adaptive systems. They used this framework to differentiate between systems that are simple, complicated, complex, or chaotic. It is important to note that none of these systems are preferable than another, rather, the framework is designed to help make sense of systems and to provide guidance that supports an appropriate response. Table 4.4 provides a summary of this framework along with descriptions of the various categories.

Type of system	Description
Simple	Repeating patterns and consistent events Clear cause-and-effect relationships evident to everyone; right answer exists Known knowns
Complicated	Expert diagnosis required Cause-and-effect relationships discoverable but not immediately apparent to everyone; more than one right answer possible Known unknowns
Complex	Flux and unpredictability No right answers; emergent instructive patterns Unknown unknowns Many competing ideas A need for creative and innovative approaches
Chaotic	High turbulence No clear cause-and-effect relationships, so no point in looking for right answers Unknowables Many decisions to make and no time to think High tension

(Snowden and Boone, 2007, p. 73)

**Table 4.4: The Cynefin Framework**

Considering supervision practices, it could be argued that they span more than one category in Table 4.4. For example, at a simple level, supervision is a conversation between two or more individuals (Wilson and Taylor, 2019; Harvey et al., 2020). This is helpful as there could potentially be aspects that are definable or would operate following rules, such as an outline for the process. There are also aspects of supervision practices that are complicated. This includes the intricacies of the healthcare system in which the agents are operating (McLaughlin, Casey and McMahon, 2019), and the technical knowledge required to effectively support supervision practices in an organisation. From this it is possible to conclude that providing instructions and access to expert support would be required. There will also be occasions when the realities of healthcare services mean there is a chaotic environment in which supervision practices take place (Smith, 2019). In these circumstances it is important to have practices that are responsive and flexible. However, supervision practices reflect the description of ‘complex systems’ Table 2.1

and demonstrate features of a complex system as identified by Cilliers (1998, Table 2.1).

In Section 2.3, I critiqued the relevance and applicability of complexity thinking to human systems and organisational processes in a healthcare organisation, acknowledging arguments for and against this. Authors suggest that the introduction of independent thinking and free will means that the principles of complex adaptive systems may not be appropriate (Stewart, 2001; Houchin and Maclean, 2005). The counter argument is that complex adaptive systems can be understood in different ways and that the complexity and unpredictability of human interactions adds to the relevance and applicability of complexity theory (Haynes, 2015):

Complex adaptive systems thinking is an approach that challenges simple cause and effect assumptions, and instead sees healthcare and other systems as a dynamic process. One where the interactions and relationships of different components simultaneously affect and are shaped by the system.

(The Health Foundation 2010, p.3)

When I had completed my analysis and identified the three themes, I recognised that each of these contained a level of tension or contrast, illustrating the nature of supervision practices as a complex adaptive system. There was a thread of order and disorder in each of the themes, in that, there was a focus on viewing supervision as a system that could be ordered, managed, and defined, as a well as an anticipation of the potential for supervision practices to contribute to order within the organisational system. However, this did not match the experience of the participants, or the reality of practice they described.

I began to explore the concept of paradox in complexity thinking and realised this offered a way of understanding the emotion and tension I had noticed from the beginning of the data collection. This was something of a 'lightbulb' moment and things began to fall into place. By drawing on the theory, I was able to achieve a more conceptual analysis of my data.

#### **4.4.5.2 Supervision as a complex adaptive system**

In Section 2.3.3, I discussed the potential for supervision practices to be viewed as a complex, interactive, and dynamic process between individuals. The nature of the

interaction cannot be prescribed or predicted, and it is impacted on by innumerable variables. This complexity has been acknowledged by authors including Wilson and Taylor (2019) and Miller (2020). There are also examples of complexity thinking being applied in healthcare settings, along with an acknowledgement of the inherent complexity of healthcare systems (Long, McDermott and Meadows, 2018). However, these studies have mostly focused on clinical contexts and clinical leadership. In considering how to use complexity thinking for supervision practices, I have had to draw on a range of disciplines and looked outside the health and social care literature for examples of complexity thinking in organisational processes, translating these for a healthcare context.

As I practiced ‘thinking with theory’, I began to see features of complexity thinking and complex adaptive systems more overtly in the data. Supervision includes several elements, for example, organisational staff and external stakeholders such as professional bodies and commissioners. These elements interact and impact on each other and the cultural environment in which supervision practices operate (McPherson, Frederico and McNamara, 2016). It is an interactive, dynamic, and unpredictable process that takes place between individuals at a local level, impacted on by innumerable variables, including organisational history and current climate. The nature of the interaction cannot be prescribed or predicted. Viewing supervision practices as a complex adaptive system therefore is useful and has potential to provide insight.

Aspects of a complex adaptive system I identified as particularly applicable to supervision are:

- Agents
- Interaction and Feedback
- System History and Path Dependency
- Attractors and Values

#### 4.4.5.2.1 Agents

A complex adaptive system comprises agents or elements that are independent of each other, but together form an integrated whole. The relationship between them means they impact on each other (Heylighen, Cilliers, and Gershenson, 2007). This

is particularly relevant in social systems as the independence and unpredictability of human agents is a significant factor in contributing to their complexity. Agents in social systems can therefore be a person, a group, or an organisation (Jones and Corner, 2012), and can be understood at a micro, meso and macro level.

In supervision, agents can be individual staff members of the organisation as well as supervision dyads or groups. Agents may also be groups of staff in the organisation, for example, different professions, services, or levels of seniority. At a macro level, agents can be the whole organisation. (Turner and Baker 2018)

#### 4.4.5.2.2 Interaction and feedback

Activity in a complex adaptive system is predominantly defined by interactions between agents. These will be nonlinear, dynamic, and in the case of social systems where the agents are humans, subject to hidden variables and thus more difficult to define or determine (Haynes, 2015; Prokopenko, 2017). As a result of this a complex adaptive system is in a state of constant movement or ‘dynamicity’ (Rodrigues-Júnior and Paiva, 2006). These interactions create feedback loops that impact on the activity and behaviour of the system.

Feedback operates in two different ways. It can be ‘reinforcing’ feedback that increases or confirms behaviour, or ‘balancing’, or ‘checking’ feedback that reduces or changes behaviour (Haynes, 2018b; Turner and Baker, 2019). This is at times referred to as ‘positive’ and ‘negative’ feedback but, as discussed by Haynes (2015), the language of ‘reinforcing’ and ‘balancing’ feedback is more often used in social science research due to potential confusion caused by normative judgements associated with the words positive and negative.

In the context of supervision, interactions between agents will be a result of variables, for example, the relationship between parties, understanding, previous experience, and external factors such as the structure of organisations and policies and expectations surrounding supervision. In supervision, feedback loops will include the dynamics of the relationships between individuals, as well as variations that result from organisational or wider system change.

#### 4.4.5.2.3 System history and path dependence

The activity, interactions, and behaviours of agents in a complex adaptive system will be subject to the history of the system (Cilliers, 1998). ‘Path-dependency’ or ‘sensitivity to initial conditions’ refers to the impact of differences in initial conditions on the outcome, or path, a complex system follows (Sammut-Bonni, 2015).

The nature of supervision is informed by the history and development of supervision. This includes differing professional understandings and application of supervision, culture at a team, service, and organisational level, interpretation of supervision at a team, service, and organisational level, and organisational policies and guidance. Complex systems are ‘nested’ and part of bigger complex systems (Clarke and Collins, 2007; The Health Foundation, 2010), so system history is also impacted by external understanding and interpretation of supervision. This is both at a local level, from external stakeholders such as commissioning bodies, and at a national level, for example from the Care Quality Commission (CQC), or guidance from professional bodies.

#### 4.4.5.2.4 Attractors and values

Attractors are mechanisms that contribute to stability in a complex system. They act as gravity or magnets as they exert a pull on the activities and focus for the complex adaptive system (Anderson, 1999; Plsek and Greenhalgh, 2001; Haynes 2018a). In human social systems, attractors may be values, shared beliefs, or rules of operation (Sturmberg, O’Halloran, and Martin, 2012; Haynes, 2018a). These are aspects of complex adaptive systems around which behaviour fluctuates (Plsek and Greenhalgh, 2001; Wilson, Holt and Greenhalgh, 2001; Haynes 2018a). Another way of describing them could be the parameters or range within which behaviour could expect to operate, although it is important to note that these parameters cannot be predetermined or defined.

In the context of supervision, there are policies and ‘rules’ informing the practice of supervision. Staff members hold beliefs and values which have informed their understanding, interpretation, and practice of supervision. These may be shared with others at a team or professional level. However, there may be variation across different levels of the organisation, and potentially these can be contradictory

(Sturmberg, O'Halloran, and Martin, 2012; Haynes, 2018a). There is therefore potential for this to create tension, and the capacity for attractors to provide stability is disrupted.

#### **4.4.5.3 Conclusion**

I concluded that the three themes I had created, '*Supervision as a safe space (or not)*', '*The search for order in supervision practices*' and '*Contradictory organisational and cultural messages and assumptions in supervision*', interacted and impacted on each other, were sufficiently different, and resonated with complexity thinking.

However, the order of the themes and the subjects of the subthemes required some revision to reflect the data more accurately. I therefore rearranged the themes and renamed the subthemes as can be seen in Table 4.5.

<b>Theme: The search for order in supervision practices</b>	<b>Theme: Supervision as a safe space (or not)</b>	<b>Theme: Contradictory organisational and cultural messages and assumptions in supervision</b>
Subthemes: <ul style="list-style-type: none"><li>• Order is a good thing;</li><li>• When order becomes unhelpful.</li></ul>	Subthemes: <ul style="list-style-type: none"><li>• Space as time;</li><li>• Space as environment;</li><li>• Space as relationship.</li></ul>	Subthemes: <ul style="list-style-type: none"><li>• Systems and structures;</li><li>• Priorities and values.</li></ul>

**Table 4.5: Final Themes**

These themes each reflected an aspect of complexity thinking and provided a platform for deep conceptual exploration of the data.

#### **4.4.6 Step 6: Producing the report**

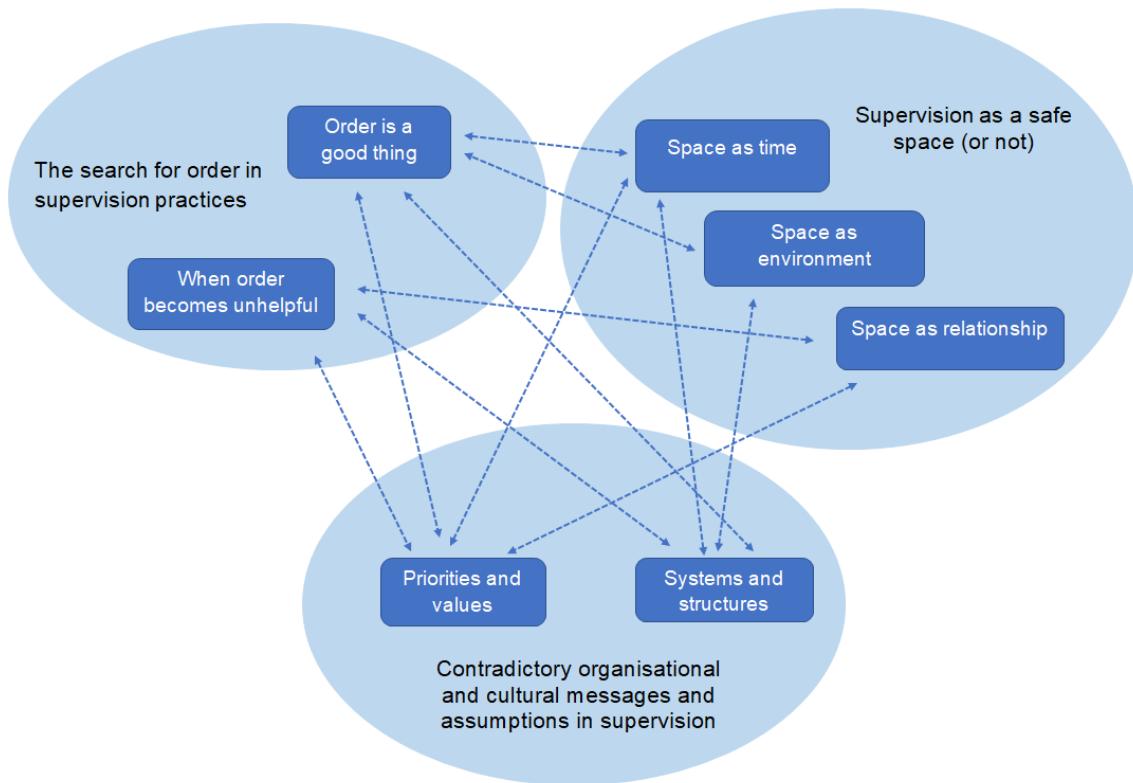
Terry et al. (2017) describe this stage as the point when the researcher draws together the different strands of data, analysis, and literature to produce a whole. As stated in Section 4.4.5 the themes impact on each other. This reflects the nature of complex adaptive systems, supporting my argument that supervision is a complex adaptive system in that the different elements or aspects of the system interact with each other and produce non-linear outcomes (Turner and Baker, 2019).

Disrupting the theory/practice binary in this study is looking at the data with the lens of complexity theory. This is not to explain supervision, but to view it differently as a

complex adaptive system. The sections above (Sections 4.4.1 – 4.4.5) illustrate this process in my study. The realisation that supervision practices are a complex adaptive system leads to the following analytical questions:

- How does the interaction of different elements or aspects of the system, for example, behaviours, thinking practices, processes, and existing narratives manifest in the data in this study?
  - How is it understood?
  - What is the impact of this on individuals, the organisation and supervision practices?

Figure 4.3 is a diagrammatic representation of the three main themes and their subthemes, which illustrates the relationships and complexity of the concept of supervision.



**Figure 4.3: Relationship between the Main and Subthemes**

The first of the main themes, '*The search for order in supervision practices*', represents the desire for structure, clarity, a tangible process that those involved in supervision practices can follow, and a way of knowing if they were doing the right thing. This is from both the supervisee and supervisor perspective. Some

participants acknowledge that there is a need for differentiation of the supervision offer for different staff groups, but there is an underlying message that there should be a way of defining what is meant by 'good supervision'. The Trust policies and guidelines also reflect this desire for clearly defined processes and provide detailed instructions for supervision practices.

In the second of the main themes, '*Supervision as a safe space (or not)*', participants describe the importance of supervision as a 'safe space', from the perspective of being a supervisee as well as being a supervisor. The Trust policies and guidelines also reflect this as being a priority for supervision. These attempts to secure a 'safe space' contribute to the search for order, as described in the first theme. Alongside this is description of this 'safe space' as a place where participants (supervisees) can grow, develop, and experience challenge. In contrast, there are instances where participants describe examples of supervision being 'uncomfortable' or 'unsafe', and express anxiety about the mismatch between the vision of supervision as a safe space and the reality of their experience.

The third main theme '*Contradictory organisational and cultural messages and assumptions in supervision*' represents contradictions and conflicts that participants, both supervisees and supervisors, experience as part of supervision. It also reflects contradictions evident in Trust documents, and the impact of culture at a local, organisational, and national level. These inconsistencies include varying ideas about the purpose and focus for supervision, the interaction between support and surveillance in supervision practices, and the multiplicity of priorities participants are required to manage. This third theme links to the previous two. It acknowledges the impact of organisational history on the practices and understanding of supervision and provides context for participants' experience of supervision and their differing needs and expectations of supervision.

In Chapter 5, I provide a detailed account of the themes supported by extracts from the data.

## 4.5 Methodological rigour

It is important to assess the quality of any research to judge the value of that research, and therefore the contribution it makes to the knowledge base (Hennink, Hutter and Bailey, 2011). The quality of a study can be measured by the robustness of the processes and the attention paid to ensuring these are followed.

In determining the quality of a qualitative research study, there is a debate regarding the language and principles that are appropriate (Guba and Lincoln, 2005). It is argued by some that language associated with a positivist paradigm; that of validity, reliability, and generalisability, is not transferable to a social constructionist paradigm. Tobin and Begley (2004) discussed this and suggest that:

...due to a long history of producing important findings, quantitative research has become the language of research rather than the language of a particular paradigm.

(p.389)

If, however, the language is rejected as it is not compatible with the paradigm of the study, it is necessary to identify alternative ways of describing the rigour that has been applied. This is important, as without such a process the significance of qualitative study in contributing to the advancement of knowledge is undermined (Smith, 2018).

Rigour in a qualitative study is a way of demonstrating the integrity of the research process, and the competence with which it has been conducted. This is still an emerging debate and several methods of assuring quality have been suggested (Tobin and Begley, 2004; Creswell, 2007). Creswell (2007) identified a list of characteristics of a ‘good’ qualitative study that emphasises the importance of rigorous methods and Denzin and Lincoln, (2005, p.24) offer the terms “trustworthiness”, “credibility”, “transferability” and “confirmability”. However, it is acknowledged that these criteria do not satisfactorily capture methodological rigour for qualitative research, primarily because they are designed to parallel conventional and scientific inquiry (Tobin and Begley, 2004; Tuckett, 2005; Schwandt, Lincoln, and Guba, 2007).

Tracy (2010) discussed the issue of good quality research and outlined eight hallmarks for high quality qualitative methods referred to as the “*Eight “Big-Tent” criteria for excellent qualitative research*” (p.837) (Appendix 24). I have used this as a framework to demonstrate the quality of my study, the robustness of the processes I followed, and a level of transparency in how I analysed the data.

#### **4.5.1 Worthy topic**

A worthy topic is “...relevant, timely, significant, interesting, or evocative.” (Tracy, 2010, p.840). The topic of this study, ‘supervision practices’ is one that has been discussed, written about, and researched, by numerous authors over a lengthy period extending back to the 1980s and beyond (Barber and Norman, 1987; Butterworth, et al., 2008; Dawson, Phillips and Leggat, 2013; Pollock et al., 2017; Wilson and Taylor, 2019). The debates in the literature, as illustrated in Chapter 2, demonstrate the worthiness of research on the topic of supervision practices.

#### **4.5.2 Rich rigour**

Rigour is established in the variety, complexity, and detailed account of the research process (Tracy, 2010). The approach used in structuring the study, identifying the dataset, conducting the data collection, and analysing the data is detailed in Chapters 3 and 4 of this thesis.

#### **4.5.3 Sincerity**

Tracy (2010) described sincerity as being related to transparency and honesty. The most significant aspect of this is the importance of reflexivity along with an acknowledgement of the vulnerability of the researcher. To demonstrate this, I have included reflexive accounts at the end of each chapter, in which I consider my position as an insider researcher, and my response to challenges I encountered.

#### **4.5.4 Credibility**

For Tracy, (2010), the credibility of a study is related to its believability and the richness of the data that has been analysed. It is also demonstrated in the quality and depth of the analysis process and findings. The account of selecting and gathering data is described in Sections 3.3.3 and 3.4.4, and detail of the analysis

process is described in Section 4.4. Credibility is established through the link between data sources and findings of this research.

#### **4.5.5 Resonance**

Resonance is linked to the extent to which a reader can see their own experiences reflected in the topic, content, and writing of the study (Tracy, 2010). The experiences described need to ‘resonate’ with the audience. This in turn leads to transferability of findings to other contexts. To achieve this, I included details about participants and the process of recruitment, so that others would be able to identify with the findings. I also included details of the context, to evoke understanding and recognition of similarity with other organisational situations.

#### **4.5.6 Significant contribution**

To provide a significant contribution, a study needs to demonstrate how it impacts on current knowledge and practice (Tracy, 2010). I provide a detailed account of the significant and original contribution for this study in Chapter 7.

#### **4.5.7 Ethical**

An ethical study is one where the processes are conducted following ethical principles and the product of the research is itself ethical (Tracy, 2010). I have detailed in Section 3.5 how I demonstrated ethical considerations in this study. The processes of participant selection, data collection, recording, and reporting were informed by ethical principles, and I paid attention to the implications of being an insider researcher.

#### **4.5.8 Meaningful coherence**

Tracy (2010) describes meaningful coherence as the way aspects of the study, research design, data collection, and analysis, work together with the theoretical framework to produce a whole. This study followed a socially constructed epistemology and an ethnographic approach. Chapters 3 and 4 provide detail of how this is demonstrated in this study.

## **4.6 Summary**

This chapter provides a detailed description of the process of analysis of the data in my study using Braun and Clarke's Six Step Thematic Reflective Analysis (Braun and Clarke, 2006; 2019) as a framework, along with complexity thinking as a theoretical lens. In it I demonstrated how using 'thinking with theory' (Jackson and Mazzei, 2017), enabled me to generate conceptual themes reflecting the data in this study. The chapter concludes with a description of how methodological rigour was established.

As I outlined at the beginning of the chapter, analysing my data has been a long and challenging process, which has, at times, nearly defeated me. I now recognise that this is an important part of the process of analysis and have reflexively acknowledged how my thinking evolved as I generated themes for my data.

In the next chapter I present the themes and then go on to interpret the meanings and implications of these in the context of supervision practices in the Trust.

## **4.7 Reflexivity**

I knew (or had been reminded by those who have experience) that analysing the data is probably the hardest aspect of conducting research (Holloway and Galvin, 2016). The progression of my thinking through how and what theoretical lens I would apply to my study, has informed and contributed to the depth of my understanding of thinking with theory. Some of the 'going with' my supervisor's ideas gave me the stretch I needed. However, it sometimes felt as if I was wearing an ill-fitting outfit as I tried to make the findings fit into the lenses they suggested. I realised that the suggestions they made were their perception of my findings, rather than what I was experiencing in myself. No-one else could get inside my head and understand what was happening.

Another challenge I faced was that of deciding when I had explored the data sufficiently. In attempt to make sense of the data, I tried a variety of systems and ended up with a range of ways of exploring what it contained. Braun and Clarke

(2006) describe this and warn that coding and identifying themes can go on “*ad infinitum*” (p.21).

*The volume of information I have generated around the data is overwhelming, and I cannot see how I might begin to synthesise this in a meaningful way. I need to find a way of approaching this so that I can process the information and begin to identify themes.*

(DH Diary 13.01.19)

I would describe the process of analysing the data as a continuous movement in and out of the raw data, back and forth between the detail and a larger view. At first, all this did was generate more ways of describing the content, hence my comments above. However, eventually I began to see there were some patterns.

The story also represents my development as a researcher; moments of frustration as I tried things that did not work, and then moments of understanding and enlightenment when I could see the way forward. This convoluted process illustrates how I have gone back and forth between the data and the theoretical lens, as part of understanding what it is that constitutes data analysis in a qualitative study. To produce an analysis that was rigorous and credible, I needed to get to a point where I not only understood the theory I was using, but also that I was sufficiently cognisant of how and why I was using the theory. It has felt like unpeeling an onion, as each time I tried something and had feedback from my supervisors, it revealed something else. In this way my understanding grew, but it took a long time for me to really feel that I ‘got it’.

I have stated above that the process has not been linear, and I think in my naïveté or inexperience, I thought it was a case of finding the ‘right way’ to analyse the data. However, I can now see that my previous attempts were not ‘dead ends’ or ‘wrong’ but incomplete versions of the analysis. I used these to inform my final analysis and they were part of the process.

Working out that complexity thinking was how I would view the findings in this study was a significant ‘lightbulb’ moment. Once I had made the decision to use this as a lens, everything began to fall into place. I had found an outfit that fitted. I concluded that complexity thinking offered the framework I was looking for, but it was some time

before I had the confidence to tell my supervisors this. Once I did so, I felt more 'ownership' of my study.

The process of identifying complexity thinking as an appropriate lens was iterative. I have found it difficult to differentiate, with hindsight, whether I found it, it found me or whether it was there all the time, and I just hadn't found the right words. I do know that once I began to use the language of complexity thinking it became a lot easier to articulate my questions and findings.

Writing this analysis has been a learning experience. I am still unsure as to what it is that I have done. I am attracted by the messiness of the diffractive methodological approach as described by Mazzei, (2014) in that the opportunity to explore data through multiple theoretical lenses would present further insights related to the topic of supervision practices. I am also drawn to the physicality of the somatographic analysis as described by Clark/Keefe (2014), particularly as I was aware of the emotional content of my data and the response it evoked in me. However, as a novice researcher, I needed to develop my skills of analysis. Using a less structured or more sophisticated approach could have resulted in me going round in circles and struggling to reach a conclusion. I was also anxious that in my naïveté and inexperience, I would not produce sufficiently robust writing. I was mindful that I needed to be able to produce a thesis that demonstrates the strength and rigour of my study. Therefore, I have used the coding structure of Braun and Clarke (2006) as a framework for my analysis in anticipation I will be able to attempt something more unconventional in the future.

# Chapter 5    Findings

## 5.1 Introduction

This chapter presents the findings generated from analysis of the core dataset of four focus groups and five individual interviews, as well as the wider dataset of the document analysis and my experience as an insider researcher. The dataset also included notes and observations from the co-facilitators of the focus groups, my field notes, and reflective diary. The research aimed to explore how supervision practices are understood and experienced in an NHS Trust and the relationship between this and the organisational context. The prompts for the focus groups and individual interviews asked participants to consider their perception of these concepts (Appendix 4).

The process of analysis as described in the previous chapter resulted in three main themes, reflecting my understanding and interpretation of the data: '*The search for order in supervision practices*', '*Supervision as a safe space (or not)*' and '*Contradictory organisational and cultural messages and assumptions in supervision*'.

In this chapter I explore each theme along with the subthemes and, using selected quotations from the focus groups, individual interviews, and the wider dataset, provide evidence and understandings for these. Through this I illustrate the complexity of supervision practices and clarify the links between data, analysis, theory, and my interpretation. Appendix 25 provides further examples of quotes and extracts that illustrate the themes.

In Section 3.5, I outlined my rationale for anonymising the participants, and to protect their identity I refer to them by the format of their interview. Where it is particularly relevant or helpful in illustrating a point, I have provided additional information in the text regarding a participant's position or role in the Trust.

## 5.2 Theme One: The search for order in supervision practices

'Order' in this theme is linked to the desire for a structured process providing clarity, rules, and boundaries for supervision practices. This structured process would be

informed by detailed policies and guidelines, ensuring that all those engaging in supervision practices were confident that they were following the correct procedure. There is acknowledgement that current processes lack clarity, along with suggestions for how this might be addressed for a state of ‘order’ to be realised.

There is also acknowledgement that there is not a straightforward solution. The complexity of supervision practices as a system means that any structures and processes supporting clarity have potential to become counter-productive. There are two subthemes:

- Order is a good thing
- When order becomes unhelpful

### **5.2.1 Order is a good thing**

Order in supervision practices as a desirable state was a consistent theme in the data and identified by participants at all levels in the Trust. Order was presented as structured processes for those participating in supervision practices, and a baseline that could be measured and evaluated:

*So apart from engagement ownership being clear having a clear policy and being able to report on that and then evaluate how we're doing so that the process can be improved upon I think they're just really the key*  
(Participant, Individual Interview)

This policy aims to describe the functions of and the relationship between the different methods of support and supervision that are available to staff in [The Trust]. It provides clear definitions of the support and supervision options and outlines the overall vision of the organisation in relation to support and supervision. In addition, it provides general guidance to staff on the process and clarifies individual responsibilities in relation to support and supervision systems.

(Supervision Policy, the Trust, 2014)

The impact of this would be to provide security for supervisees and supervisors, and contribute to confidence in practice:

*Having supervision on a regular basis is kind of nice to ok we can talk through things we can have a plan and actually I come out saying 'yes' we know what we're doing*

(Participant, Focus Group 2409)

The emphasis on the importance of order is also evident in professional, statutory, and regulatory bodies’ guidance and standards related to supervision. There is an

expectation in these national documents that organisations have an ordered and structured approach to supervision practices:

An organisation's or service's policy should define its approach to and rationale for supervision. It should define the aims and functions of supervision within the context of that particular work setting. It should explain how supervisors are selected and trained, what their rights and responsibilities are, and those of the supervisee, including confidentiality.

(RCOT, 2015)

The emphasis on order also included examples of the importance of order in supervision meetings:

*One thing we didn't sort of bring out was sort of like ground rules and rules and trust so I don't know if perhaps we could put it in*  
(Participant, Focus Group 2409)

*The best supervision sessions I've had is where I've taken in almost like an agenda so I have written what I want to talk about and I've thought about it since my previous supervision and I will have written a list...So every time I think of something during my working day I'll write it on the list and when it comes to my supervision time I haven't forgotten it and I'm prepared I guess so preparation and similarly if my supervisor has done that as well as and sort of written down the issues she wants to discuss with me and I think that's also the case from the supervisors when I supervise someone I will try and write down a list of everything I need to talk to my supervisee about so that when I go in we can just work through the process I try and because time is such a premium and I'm sure that's been said to you that y'know the main issue is not having the time to do it*

(Participant, Individual Interview)

For the participant above, order and an ordered process were linked to good supervision. Some of this was to help manage the meeting and ensure their agenda was met, but it was also influenced by the pressure of time that staff experience. This point is further developed in Theme Two where the relationship between time and safety is discussed.

From the way participants discuss the topic, there is indication of an outstanding need to provide more information and detail about processes. There is also an implied view that the reason for a lack of clarity and order at present is that 'the Trust' has not yet identified the correct recipe or structure for the order. The extracts below are from interviews with senior staff members in the Trust:

*I don't think we're clear ...about what clinical supervision and what is management supervision and how we either separate it or we if we integrate it let's have clear lines of definition of what we mean by that*

(Participant, Individual Interview)

*One, we need a clear policy and two we've said already we need to communicate it really well*

(Participant, Individual Interview)

This perception that there is insufficient detail or clarity around supervision practices is significant, as the Trust already has supervision policies in place outlining the vision for those practices:

This policy lays out the model of clinical supervision within *[The Trust]* for health professionals (excluding doctors and dentists) and clinical support staff employed by *[The Trust]*.

(Clinical Supervision Policy, the Trust, 2019)

Supervision should be embedded throughout the organisation. The supervision assurance process will identify where there are problems in achieving the standards outlined in this policy. In these circumstances, managers should ensure that the highest priority is given to agreeing action plans to address the identified problems, and should ensure that close monitoring takes place until they are resolved.

(Supervision Policy, the Trust, 2014)

The extract above illustrates the underpinning ideas regarding organisational systems and processes, and the relationship between these and supervision practices. This is illustrated by the expectation that supervision would contribute to order for the Trust, which was perceived as positive:

*I think because we are mostly lone workers there has to be some sort of structure in place where the standards of quality are checked and things like that*

(Participant, Focus Group 1407)

*Well their practice technically should be improved because it's a quality improvement exercise really so getting ideas from other clinicians about how to manage a case then patient care improves but it's also a good mechanism for retaining staff because if they feel well supported and they know they've got someone to turn to then they'll stay with us if they feel isolated where they're making decisions on their own then they'll leave so it's a retention mechanism*

(Participant, Individual Interview)

There was also an expectation that supervision could be applied in a uniform way, as a mechanism for managing consistency of practice, and to monitor activity:

*I think consistency of message so if you've got a manager that supervises a*

*number of people it's useful to make sure that they're all getting the same information but also consistency in their work as well if you're answering questions you know everyone's working to the same guidelines*

(Participant, Focus Group 2108)

*Which makes me think ok I know that when I look at the figures and the audits that we've done to date around supervision I know that staff are accessing all be it different staff groups access it to different levels and some more than others but I don't see anything from any of that supervision ever being escalated and it makes me think well are they formalising their supervision? Or is it an informal process and if they if it is formalised or informal how have they got an escalating route do they know to escalate so I think that's one of the benefits as well so that having time out being able to reflect quality improvement being able to escalate things if they need to*

(Participant, Individual Interview)

Viewing supervision practices in this way indicates an emphasis on the importance of order in a wider setting. It places the search for order in the context of organisational culture and helps to explain why it is so important for participants in this study. This reflects the nested nature of supervision practices as a complex adaptive system, in that, the activity at one level will impact on and interact with activity at another level. Trust policies emphasise the importance of order from an organisational perspective, linking this to the priorities of organisational governance along with the role that supervision has in ensuring these are met:

Supervision has three components; management, professional and clinical. This policy concentrates on clinical supervision and lays out the model of clinical supervision within [the Trust] for Health professionals (excluding doctors and dentists) and clinical support staff employed by [The Trust]. It also provides a framework for reporting clinical supervisory activity with [The Trust] acknowledging that clinical supervision is part of the Clinical Governance Framework.

(Clinical Supervision Policy, the Trust, 2019)

Order is also reflected in an emphasis on the importance of a factual and evidence-based approach to implementing and measuring supervision practices. For one participant, this was a way of demonstrating a robust approach to identifying best practice, and was linked to the need to demonstrate credibility, particularly when being challenged about the design by external bodies such as the Care Quality Commission. There was a perception that being able to articulate and justify a particular approach to supervision would contribute to the robustness of supervision practices in the Trust:

*So what we're looking at is which is the best model is it best for group is it best for 1-1 when is it best for those situations so that we can then have some evidence based around what we're doing and support it y'know in a kind of evidence based way*

(Participant, Individual Interview)

This emphasis on evidence and 'best practice' was also identified by other participants, particularly in reference to internal monitoring and the need to articulate and justify the use of time:

*But the supervision that grows you as either a clinician or a whatever - you need to have a choice about how you access that but with your line manager it needs to be agreed how you will evidence that's a good use of time*

*I think for me from what you've found out you need to do a state of the nation statement about where you have evidence that things are working well where you have evidence that things need to be improved*

(Participant, Individual Interview)

The quotes above are from a senior leader in the Trust and suggest a belief that there is a 'right way' for supervision to be practiced. This thinking was apparent in the language of imperatives such as 'should' and 'ought' which occurred in participants' descriptions of supervision practices. For participants, getting it right was a priority. They identified that once this position of the 'right way' was identified and practiced, supervision would be successful, once again indicating a link between order and a positive experience of supervision:

*So that is a positive because hopefully once we get it all organised she'll be able to organise supervision times*

(Participant, Focus Group 1910)

*I chose that because I thought that once the process is perfect [...] it should be a plain sailing process*

(Participant, Focus Group 2108)

This subtheme illustrates the impact on organisational processes, and individual thinking, of the idea that order and structure contribute to a robust process. There is an indication in this of the privileging of order as a desired state for supervision practices. The implication is that supervision practices are driven by process, and that this process will provide a robust structure to enable these practices. It assumes that once a blueprint for 'best practice' has been identified and established, supervision practices will flourish. The importance of order, and need to identify or seek this out, was influenced by the sense that absence of order was due to a flaw in

the process. There was a narrative in the data indicating that lack of order is a negative construct. This can be seen to originate in the view of organisations and organisational processes as systems and is based on an understanding of supervision as a set of processes or elements.

Viewing supervision practices in this way, rather than as a complex system, is based on an understanding that they comprise separate component parts that can be 'fixed' by focusing on an individual element. There is an underlying assumption that these practices can be managed, and improved, with specific actions to address problems that arise.

### **5.2.2 When order becomes unhelpful**

As identified above, there was a desire for clarity and order from participants. This was supported by organisational policies and guidelines. However, where order and structures had been applied, participants identified potential for this to become unhelpful. The emphasis on 'best practice' and the need to identify the 'right way' for supervision to be practiced presented some difficulties. For example, in attempting to 'get it right', there was a risk that processes could overwhelm the purpose, in that 'having supervision' became the only goal. For several of the participants, this was a reality they had experienced, and the negative impact undermined any potential benefit supervision might offer the individual and the Trust:

*But actually the priority isn't actually about the supervision it's about ticking the box*

(Participant, Focus Group 2409)

It is important to note that this emphasis on process also had an impact on those who were supervisors. The presence of imperatives in policy documents and organisational narrative, along with the implication that there was a 'right way' to do supervision, had potential to create pressure on supervisors to carry out supervision as a reactive activity:

*I mean I do it as I say on a one to one when there's a problem or where somebody comes in can I just have a chat say well let's just write it down but often we have ad hoc conversations that they say I should be writing down but often you don't get the opportunity and there's some people that I don't tend to ever get to supervise because they've never got any problems and we never need to chat*

(Participant, Focus Group 1910)

For some participants, an ordered and organisation-led process suggested that the contribution to order might be linked to the perception of supervision as a surveillance tool:

*About it almost being like a mini audit for the Trust as an opportunity for an unofficial audit of people's competence and service quality that they're providing I think there's an undertone of that that's actually bubbling to the surface more and more and more as time's gone on that wasn't originally how it was introduced to me as a concept I think that's the way it is developing over time. And that people are using it as documented evidence of competence*

(Participant, Focus Group 1407)

There is potential for the emphasis on an ordered process to make supervision appear to be purely about the organisation, and for the supervisee's needs and priorities to be overlooked. The participant above went on to describe this:

*It was very much a case of you write an appraisal once a year which is based quite firmly on the Trust values rather than my own that's the way it was delivered to me and then supervision revolved around looking going through the KSF<sup>4</sup> each month we did a different element of KSF and signed off things so y'know it didn't feel like the sort of supervision I felt I was providing for my supervisees and I think as a supervisor probably some of the best things that's come out of supervision is people being able to open up to issues like [name] just discussed*

(Participant, Focus Group 1407)

Another result of the emphasis on getting it right, led to an implied message that there was a 'wrong way' to conduct supervision practices. There is potential for policies and guidelines to undermine confidence of both supervisors and supervisees. This may manifest as a reluctance to engage in supervision practices, or anxiety in relation to admitting that help is needed:

*I think in retrospect I should not have been supervising that person I should have said to my own supervisor I can't y'know it's not appropriate I'm not equipped to deal with it erm but I think I was probably too new and wanting to prove myself and not look like I had failed to be able to say that*

(Participant Individual Interview)

The purpose of a policy is to set standards (order) so that the organisation can measure if it is meeting these standards or not. Policies are written to provide

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<sup>4</sup> The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services.

guidance for organisational members and to support them in achieving those standards. Participants expressed a desire for structure and clarity as discussed above. However, as soon as that becomes part of a policy document, there is a tendency to focus on tangible elements such as 'How often' and 'How long?' rather than considering what is required by individuals in that moment. Policy authors have endeavoured to consider the variations and difficulties that may present in supervision, but in doing so, have at times, produced lengthy and complicated documents. This has contributed to the unhelpfulness of order for supervision, and presence of such instructions means that practising flexibility is more difficult:

*When you say in the supervision policy you've got to receive supervision every 6 weeks they count that as 1-1 sort of line managerial supervision and I think I'd like to maybe look at shifting that emphasis a little bit and maybe doing that every other month and a group supervision session*

(Participant, Focus Group 1407)

The impact of this contributes to the 'tick-box' mentality of supervision practices:

*And there's some people that I don't tend to ever get to supervise because they've never got any problems and we never need to chat and everything's hunky dory so it's like the pressure of never actually doing everybody and they're saying now we should be doing it once a month with everybody isn't it or all trained [staff]*

(Participant, Focus Group 1910)

A further challenge of presenting detailed instructions in organisational policies is potential for these to be misread, or for ideas to be out of date. In the extract above, the participant refers to 'they're saying' although it is not clear who 'they' are. It is possible they are referring to the policy authors, and the questioning tone may indicate a lack of confidence or certainty in requirements and expectations of the latest policy, reflecting the potential for misunderstanding or differing interpretations of instructions. It is also possible they are referring to something they have heard from a third party, rather than from having read the policy themselves.

The quote below is from a senior manager. In it they describe the challenge of creating a structure that provides sufficient boundaries and guidelines to support supervision practices, without stifling the flexibility that such a complex activity requires:

*A vision for supervision I think it needs to be clear and I think I say that because um in the different organisations and this is no different from any of*

*the other ones I've worked in there's often a blurring of the boundaries around supervision and I don't know whether boundaries is the right word but I think people access their supervision in different ways and I think people should be allowed to access supervision in different ways I think we just need to be clear around the organisation's expectations and what we class as the expectations for the individual errm so I think it's giving people the tools and making sure that they've got their the expectations clear from the organisation's expectations and then allowing them to adapt it adopt it in the way that suits their them from a personal perspective*

(Participant, Individual Interview)

However, identifying the structure is not straightforward and this senior leader reflects on the difficulties of imposing something, acknowledging that implementing a 'top down' approach is likely to be unsuccessful:

*So apart from a few boundary rules I haven't got a specific way in which I think it should happen because I think then you constrict people*

*It's no good sitting in an office and saying well this is what it should look like and then actually operationally some staff groups are saying well actually that isn't that doesn't hold with us it would be really difficult for us to manage so I think it's you need ownership with the staff so you need to engage with the staff for them to so that's a key component to getting it right so you don't fall hurdle at the last minute I think something that's really key is being able to capture what's happening so being able to capture supervision so although supervision shouldn't be if I'm talking about clinical supervision*

(Participant, Individual Interview)

They describe needing to engage with staff groups, but managing expectations of organisational members so they feel secure, and can exercise their judgement, is a delicate balance; too much flexibility can be unhelpful; an organisational approach that is too changeable can be destabilising:

*What's my perception? Um my perception is that is that there is probably not an easy answer to that I think that the Trust maybe looking at the positives that have been discussed but um I also and I think that if you if they'd given us a supportive environment and a forum for staff to discuss work issues um then they are doing they are doing the right thing. There there's always a concern with me that um the Trust changes its mind so quickly in what it does and does not implement*

(Participant, Focus Group 1407)

This subtheme illustrates the challenge of viewing supervision practices as a linear process that can be managed through policies and detailed instructions. However, the complexity inherent in supervision practices means that a complete absence of structure is also problematic.

### **5.2.3 Conclusion**

The first theme considered the relevance and applicability of a structured process along with an underlying paradigm that privileged order as a desirable state for supervision practices. This represents the view that it is possible to have clarity around supervision purpose and processes, and that once that is achieved then supervision will ‘work’. However, there are a number of difficulties with this view as it does not account for the complexity of supervision practices.

An ordered approach using policies and structure to manage supervision practices provides security, but also has potential to undermine this and produce unhelpful manifestations of these practices. Despite extensive efforts to produce robust and ordered processes for supervision practices, these have proved elusive. It is therefore proposed that the idea of establishing such processes is problematic and potentially unrealistic.

## **5.3 Theme Two: Supervision as a safe space (or not)**

The topic of the second theme is the concept of safety in supervision and the importance of this for participants, both as supervisees and as supervisors. The experience of participants indicated that the space was sometimes ‘unsafe’. The relationship between safe and unsafe was discussed and this then raised questions regarding what that meant in terms of contributing to the helpfulness of supervision, and whether safe/unsafe exists as a binary description.

From the analysis of the data, the concept of safe space included three aspects which are presented here as three subthemes. These are listed below, and, in this section, I go on to discuss each of these in more detail:

- Space as time
- Space as environment
- Space as relationship

### 5.3.1 Space as time

Time was highlighted throughout the data as an important aspect of supervision; there was recognition from participants of the value of stopping to think about their work. Access to time to think has a positive impact on practice, allowing for processing of experiences and identifying ways forward in practice:

*Yeah I've always found 1-1 supervision on the whole really supportive and I've been really glad to have that opportunity to have that on a regular basis sometimes I've gone with something I definitely wanted to talk about but sometimes actually it's just been having that protected space where I've gone Oh I want to talk about this and then where you've stored things up and you've been just so busy just getting on with things that you haven't had the opportunity to explore something that maybe has been niggling and then given that kind of protected time actually the opportunity has presented itself and I have found that really supportive*

(Participant, Focus Group 1407)

It is of note that in the extract above, there is reference to 'protected space'. This is a phrase that was used by several participants when talking about time for supervision. It conveyed an idea that time was ring-fenced for supervision and could not be used for other activities. This was important, as making a conscious effort to stop and think is something that was described as difficult and counter intuitive.

*And it's very difficult sometimes to slow down and to think about what we're doing and the people that we're working with so clinical supervision provides that time and that space and that ability to have that thinking time together*

(Participant, Focus Group 2409)

Some of this was due to time pressures on the system, so having 'protected time/space' implied organisational permission to remove themselves from the immediate demands of their role and have time to focus on their needs, contributing to a sense of being valued and cared for:

*I think it is actually about you feeling valued people recognising that you're doing a difficult job and actually sometimes you just need time and thinking space to do that job well*

(Participant, Individual Interview)

There was acknowledgement of the difficulty of the work and the emotional labour that healthcare practitioners are exposed to, as well as recognition of the importance of staff having a place where they can process their experiences. In the extract of an individual interview below, the participant, who is a senior leader in the Trust, describes what happens when they visit services:

*But when I said y'know I have often ended up feeling as if I'm giving people supervisory time. I'm giving them time which is precious. For somebody to listen to them and somebody to acknowledge that they're dealing with often impossible situations*

(Participant, Individual Interview)

Supervision practices that allow time for listening can contribute to safety of staff members, in particular their psychological wellbeing, and has potential to enhance the resilience of the workforce:

*People won't leave so much y'know people are going to have better emotional wellbeing there's going to be less sickness people aren't going to be moaning and negative and will move on*

(Participant, Focus Group 2409)

A further outcome that thinking time in supervision offers, is to provide an opportunity for reassurance, learning, and assurance for both supervisee and supervisor. This is important for individuals, and benefits the organisation in the contribution this makes to safe practice:

*So it's reflecting on a clinical intervention of some description and that may be a process it may be an intervention with a person but it's a reflective process so it is taking time to stop think about an intervention or something that you've done and think Ok how did that go? Did that go well? What went well? Why did it go well? What didn't go so well? What could I have done differently next time? Or What would aid this process? To make it run smoother or to make the clinical outcome better or to make the patient's experience better or something like that. So to me it's having a time out to think and reflect about your work your interventions whatever your role is*

(Participant, Individual Interview)

From this it can be seen that time to think, and be listened to, contributed significantly to a sense of safety, both in supervision and in practice. However, it also created a feeling of lack of safety for participants as, due to conflicting demands on their time, the perception they were being unproductive caused them anxiety. The relationship that participants had with time for supervision in a working environment was complex, and although they felt they 'ought to' allocate time for supervision there was a perception that this was a lower priority and a potentially indulgent use of that precious resource. Priorities set by the organisation meant that using time for supervision took time away from the needs of their patients. It was seen as a binary option, time for me or time for my patients (work), as identified by the participant below:

*When I see I have supervision I think I haven't got time um I feel it encroaches on my time with the patient that's the first thing Oh no it's supervision*  
(Participant, Individual Interview)

In response to this conflict, there was an indication of supervision being 'squeezed in' or as a reactive process:

*I will try and write down a list of everything I need to talk to my supervisee about so that when I go in we can just work through the process ... and because time is such a premium and I'm sure that's been said to you that y'know the main issue is not having the time to do it*  
(Participant, Individual Interview)

*I do it as I say on a one to one when there's a problem or where somebody comes in can I just have a chat say well let's just write it down but often we have ad hoc conversations that they say I should be writing down but often you don't get the opportunity*

(Participant, Focus Group 1910)

There is a link to Theme One in this subtheme in that an ordered process that mandates time for supervision practices supports a culture of stopping to think. This then contributes to staff feeling valued and creates an environment of learning. It is important to recognise that being told to stop and think is not sufficient on its own, and that the ideas and culture of individuals, teams, and the wider organisation will impact on this. This is further developed in Theme Three.

### 5.3.2 Space as environment

Setting, environment, and timing of supervision sessions were identified as significant in contributing a feeling of safety for those receiving supervision. This was particularly evident when the participants explained why they had chosen certain pictures for the collages (Appendix 5). They discussed their choices in the context of supervision and, from the extract below, creating a physically comfortable and welcoming space was linked to feeling comfortable and safe in supervision:

**Participant 8:** *I have a comfy chair with a light because I thought light y'know um thinking about stuff and comfy chair coz and yeah um comfy*

**Participant 6:** *Got to feel relaxed and comfortable*

**Participant 7:** *What does that represent then?*

**Participant 9:** *Erm comfortable secure supervision*

(Focus Group 2108)

Most participants implied or assumed that supervision would take place in a room, probably an office, but this can present difficulties when private space is limited:

*Actually one of the things that we didn't put down challenges which we don't have an issue with but in certain other roles is actually having somewhere suitable to do it*

(Participant, Focus Group 2409)

The location of supervision can therefore be considered to have an impact on the safety felt by participants. Having a physically comfortable environment is important but so is having access to supervision when they need it:

*If your supervision is in ten days' time and you're seeing a patient tomorrow then y'know what do you do? Do you wait for your supervision or do you just find your supervisor now and get the help now so I guess you would say that was still supervision but it's not in that formal slot that you've put aside for supervision if that makes sense?*

(Participant, Individual Interview)

In the next extract, the discussion is once again part of the collage creation and although beds and sofas are being discussed, one of the participants refers to having supervision in a timely way, in this case reflecting in the car immediately after a community visit:

**Participant 2:** *Which um gave it a nice break so and then you had the time after being in the community to reflect on my clinical practice in the car or whatever or follow it up with a 1-1 um so I always found that quite useful*

**Participant 1:** *I was going to cut this bed out coz I think that represents a sort of safe comfortable place*

(Focus Group 1407)

There were limited examples of intentionally choosing a different place to have supervision. The occasions where supervision has taken place away from a traditional office space have been for convenience, such as in the extract above, or to work in practice with a supervisee:

*I think it's all very well looking at your job description and your erm KSF framework but y'know actually having someone there and taking them out perhaps to do a live session with them is better*

(Participant, Individual Interview)

There is reference in more recent policies to different formats for supervision, for example supervision in practice, and the use of technology for supervision, although the implication is that the default will be a meeting room or office:

Most clinical supervision will occur face to face in a meeting room or office but staff are encouraged to make use of other formats:

- Clinical supervision in practice: This can be a useful format when the supervisee works autonomously and opportunities to share experiences are rare. It would work well for peer clinical supervision as well as with a clinical supervisor. In this situation the focus of the conversation remains the supervisee's experience and provides a more immediate opportunity to reflect.
- Virtual clinical supervision: Clinical supervision does not always have to be face to face, staff should consider the use of technology such as telephone, video link etc. All of the modes can be supplemented by telephone or e-mail contact between sessions as agreed between supervisor and supervisee.

(Clinical Supervision Policy, the Trust, 2019)

This could be because the assumption is that supervision needs to be in a formal space. It is possible that having supervision in a different or unconventional space such as on a walk would result in those engaged in the supervision feeling unsafe or uncomfortable, reflecting the focus on a formalised and ordered process that avoids disruption or disorder.

This subtheme highlights the importance of environment and includes location, format, and timeliness of supervision meetings. The order and disorder are linked to the amount of formality or informality of environmental arrangements, and the potential for flexibility or unconventional arrangements to enhance the quality and productiveness of supervision practices.

### 5.3.3 Space as relationship

As already identified in previous subthemes, safety and space were linked together in many of the narratives from participants. This third subtheme identifies the significance of the less tangible aspect of 'safe space' in the interaction between supervisors and supervisees. This is the element of 'safe space' that has the most impact on feelings in supervision. The importance of trusting and safe relationships in supervision was highlighted in all the focus groups and individual interviews, as well as in the policies:

*And it feels that trust is a massive thing in supervision in order for it to have that level of trust with between the supervisor supervisee so that everything is honest and stuff like that*

(Participant, Focus Group 1407)

[Supervision] is designed to support a facilitative and involving management style, developed in the context of a trusting relationship, based on regular dialogue and reflection on the work being undertaken.

(Supervision Policy, Legacy Organisation A, 2006)

The implication in the extracts below is that the supervision space is one where supervisees should not feel judged, are able to explore ideas, admit their anxieties and mistakes, and that they can ask for help:

*So for me it's a safe place where I can think through problems use other colleagues to do options and work out ways forward particularly in areas where I may have concerns*

(Participant, Individual Interview)

*I can, without giving away what was discussed erm I had gone to my supervision with a few issues to do with the team which was having an impact on my working day and it was a bit sensitive coz it was a people thing and my manager was so open and willing to listen to me and hear my story if you like erm she didn't judge she didn't she was just amazing really and she listened above everything and together we came up with a way of putting it right*

(Participant, Focus Group 2108)

Participants were able to describe what they needed in a safe relationship and what it would look like if it were unsafe. Examples they gave of unsafe experiences included thinking the supervisor had a different or hidden agenda, being unsure their concerns would be listened to, and being misunderstood by a supervisor:

*Making sure that as a supervisee you get out of the session what you want to get out of it and not what the supervisor has on their agenda [...] About it almost being like a mini audit for the trust as an opportunity for an unofficial audit of people's competence and service quality that they're providing*

(Participant, Focus Group 1407)

Some of the safety was linked to the extent supervisees could influence who their supervisor might be. Alongside this, the relationship that the supervisor and supervisee have away from the supervision meeting will also impact on how they interact during supervision. For example, some participants identified that they would feel constrained by having supervision with their manager. This was mainly cited as being an issue if there were a pre-existing difficulty with the relationship. However, there was also recognition that whoever the supervisor was, the degree to which the supervisee and supervisor could develop rapport would affect the success of the supervision:

*What I do think for supervision is that it should be separate from their line management responsibilities so I would which is why I like it separate from management supervision. Because I don't think it should be with the line manager because I think that puts up all kinds of barriers. So if somebody wants to reflect on an intervention that wasn't so good would they want to do that in their line manager with their line manager who's also responsible for their performance so I don't think that that I think that's something that that shouldn't be um shouldn't they shouldn't be allowed to have reflective supervision led by their line manager cos I think that can be constraining for them*

(Participant, Individual Interview)

*A challenge might be not being able to speak as openly as you would like to because of the person that you are being supervised by it could cause a problem*

(Participant, Focus Group 1407)

The creation of a safe space between supervisor and supervisee requires self-awareness in the supervisor, and an understanding of the implicit imbalance in the relationship. As illustrated in the extract below, this needs careful management. The participant highlights the contradiction between the supervisor's responsibility in 'looking after' the supervisee, along with the importance of sharing knowledge and experience, whilst at the same time being able to create a feeling of equality in the partnership:

*But you're in a position of more greater knowledge so that y'know there is an imbalance in the hierarchy and if someone behaves as if that's the case it's harder to stop that happening does that make sense? So if um and I know y'know part of being a supervisor is to be able to I don't know look after the person in a way and make sure they're alright and as I said share knowledge or what have you but it shouldn't I don't feel that it's beneficial if it's hierarchical it should I feel like it should be an equal sort of level thing which I do feel in a way with my supervisor at the moment she's got loads more experience and knowledge than me so inevitably I will go to her for advice and help But she never makes me feel like I'm less of a clinician or less of a worker because of that. Y'know she imparts her knowledge in a very easy egalitarian way and I think yes I'd probably like to emulate that*

(Participant, Individual Interview)

In the same way that the skills and attitudes of supervisors will impact on the supervision experience, the supervisee is not a passive participant and will contribute with their own skills and understanding of supervision. Bearing in mind the complexity of interpersonal dynamics, supervisees need to have a sufficiently sophisticated understanding of supervision for it to be effective. If this is not present,

then there is likely to be resistance or difficulty engaging with the process. This highlights the complexity of interpersonal relationships in supervision and illustrates the effect of feedback loops in the interaction between supervisor and supervisee. The feeling of 'lack of safety' can also be experienced by the supervisor and if the interaction in supervision is perceived to be unhelpful or negative, it may affect working relationships:

*So I carried on supervising someone who didn't want to be supervised and I would say it was dire and completely unproductive. In fact probably destructive because it made the relationship between me and this worker strained and whereas prior to trying to enforce supervision we'd had quite a good working relationship on quite a fluid and flexible way as soon as I tried to be more professional and more rigid about it and we have to have supervision and we have to talk about this that instantly destroyed our rapport I would say*  
(Participant, Individual Interview)

In contrast, there is a risk that supervision relationships that are too safe and comfortable will not be helpful either. Some participants acknowledged that challenge and an element of discomfort were essential components of supervision. Without this, it would all become a bit too 'cosy' and the potential for learning could be missing:

*It shouldn't be that comfortable it should actually be a little bit challenging*  
(Participant, Focus Group 2409)

*The space gives me a chance to work through what I would describe as a gut feeling what is it what is it that I'm actually concerned about and to be challenged on verbalising what I'm feeling*  
(Participant, Individual Interview)

For this to work, supervisees need to be able to receive feedback that may be uncomfortable, so considering how to prepare supervisees to engage in supervision is necessary:

*The challenges would be someone who doesn't really want to be supervised*  
(Participant, Focus Group 1407)

*So I think just people willing to engage and willing to want to erm gain in knowledge and experience also if they have thought about what they want to say erm so rather than sort of sitting without any clue about what they would want to talk about or how they want to progress erm and yeah if you sort of say "What's, how've you been getting on?" "Fine" "Any problems?" "No" (Laughs) "What could we talk about?" y'know "Are you up to date with training?" "Yes or No" That's your supervision session*  
(Participant, Individual Interview)

Managing the balance between safety and challenge in supervisory relationships is a complex and sophisticated skill. The participant above went on to describe their learning:

*It was quite hard and I guess I learnt my lesson that I shouldn't try and be 'friends' I'm a supervisor I don't know there's a fine line between being too friendly and crossing a boundary yeah so I guess I've learnt that and now with my erm supervisee you can be friendly without being friends does that make sense*

(Participant, Individual Interview)

This subtheme illustrates the complexities of relationships in supervision. The contrasting aspects contribute to the richness and value of supervision, but they present a challenge for the participants and managing them is not straightforward.

#### **5.3.4 Conclusion**

The findings in this theme indicate that challenging the perception of what might be a 'productive' use of time and enabling a counter-intuitive use of that time for space to reflect is important. There is indication of the potential for environments in which supervision takes place to enable or disrupt conventional relationships or learnt patterns of behaviour. Recognising the complex relationship between safety and feeling some discomfort in supervision is critical, and supportive relationships in supervision need to be troubled with some challenge. Alongside this is the inherent contradiction of the roles in supervision which need careful management if a productive supervisory relationship is to be realised.

This theme identifies that viewing supervision as a safe and comfortable place is too simplistic, although that is what participants appeared at first sight to be searching for. The disruption (disorder) that is part of the safe space of supervision is necessary to produce something that is meaningful and has a positive impact as it provides a learning opportunity. These factors then contribute to the intersection of safety and discomfort in supervision practices, which harnessed together, have potential to facilitate growth and learning for staff members engaging in those practices.

## **5.4 Theme Three: Contradictory organisational and cultural messages and assumptions in supervision**

This third and final main theme reflects contradictions and mixed messages around supervision practices that are prevalent in the organisation and wider system. These include relationships between different expectations, values and priorities, and the impact of culture and cultural history on supervision practices. It also highlights the effect of this complexity and ‘messiness’ of supervision practices on staff members’ ability to make sense of, and engage with, supervision.

There is a tendency for participants at all levels in the organisation to see ‘the organisation’ as an independent entity, rather than as a manifestation of messages and culture created by organisational members. Output from ‘the organisation’ includes policies and other organisational documents, which will have gone through a ratification process. The output is also the messages, behaviours, and culture that are experienced and contributed to by organisational members. The nested nature of supervision practices as a complex adaptive system means that this is also affected by the messages, behaviours, and culture of the wider health and social care context. However, perception of those messages, and experience of the culture, will vary depending on whereabouts in the structure of the organisation an individual operates.

The data revealed the interconnected nature of the various aspects of organisational life. These aspects can be grouped into two principal areas which are reflected in the subthemes below. However, the complexity of organisational life means that there is overlap between each of the areas. The two subthemes are:

- Systems and Structures
- Priorities and Values

### **5.4.1 Systems and structures**

There is an assumption that managing and communicating processes and expectations for supervision practices is the responsibility of the organisational leadership:

*We've said already we need to communicate it really well which we could probably do through y'know wider ELT and the leadership events and all of*

*that but we need to be really clear around our communication we need to engage the staff in well actually cos we've got to operationalise it so it's got to be workable for them*

(Participant, Individual Interview)

The extract above indicates that decisions regarding supervision practices are made at a senior level and then communicated to the rest of the organisation. There is reference to the importance of engagement with staff members, but it is not clear how this might be managed. The same senior leader goes on to elaborate on the importance of designing something that works in practice, an aspect that links back to Theme One:

*So the other thing I suppose we need to be mindful of is it's got to be workable and that's where the ownership and engagement bit comes from because with the best will in the world when people say to me yes but they're not following the policy or they're not doing that well who's not doing well 60 or 70% of them aren't doing it well then the policy is wrong then isn't it... so I said it it's really important that that we make sure this is workable for people*

(Participant, Individual Interview)

One of the difficulties of designing processes or systems that are workable are the different understandings of what constitutes supervision. Participants offered a range of interpretations regarding how supervision might be organised, as well as what it might include:

*So personally for me the clinical supervision cannot be done by your line manager because your line manager has a performance responsibility*

(Participant, Individual Interview)

*So clinical supervision and management supervision go together*

(Participant, Focus Group 2409)

*I think clinical supervision is a way of keeping them up to date with current issues that if they were to return to practice they wouldn't be out of date*

(Participant, Individual Interview)

*Clinical supervision to me is a reflective process*

(Participant, Individual Interview)

The level of awareness of these differences varied. For example, in the extract below, the participant, who is a senior leader in the Trust, acknowledges the varying interpretations of supervision practice, but then goes on to imply that 'we' have a shared understanding. It is not clear who 'we' are and may refer to the individual's professional background or the Trust:

*You understand because I do recognise people like social workers and some other professions actually have mixed management and what we would consider clinical supervision but to me the two seem quite different and clinical is more around time to reflect and that might be in a group session whereas management supervision tends to be on a one to one basis it could be with a few of you but it tends to be on a one to one basis around your own personal performance and your day to day role*

(Participant, Individual Interview)

In contrast, another of the senior leaders describes the wide variety in understanding, purposes, and options that are available to use under the heading of 'supervision practices' and explains how they navigate these different ideas:

*I suppose [there are] many different words and I think that's probably one of the problems because supervision can have many facets so I suppose there's lots of things it's supervision on its own just for me conjures up lots of different scenarios so it might not it just be clinical supervision It might be management supervision it might be safeguarding supervision it might be some kind of if you use in its broadest sense some kind of facilitative supervision some kind of coaching mentorship supervision although personally I tend to de-compartmentalise those into separate areas so for me it can conjure up many different things so if somebody said to me supervision on its own I would want to ask a little bit more to find out what's sort of I think supervision just the word supervision probably conjures up something of one person guiding another person through something um and so that's pretty broad so I would want to know a little bit more*

(Participant, Individual Interview)

Along with the different understandings and interpretation of supervision practices within the organisation, there are influences from external agencies and monitoring bodies. These include directives issued by Government and regulatory bodies, such as the CQC, that monitor and review supervision practices. There are guidelines and descriptions of requirements for registered clinicians, and in some cases also for support (unregistered) staff, which also affect how supervision is understood and practiced:

All nurses must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

(NMC, 2010)

You must continue to provide appropriate supervision and support to those you delegate work to.

(HCPC, 2016)

All these organisations offer a distinct perspective on supervision practices, and how these are interpreted will vary. Managing this can be challenging, as identified by the senior leader's comment below:

*The other thing is which makes it even more difficult is you'll get regulators that come in who've got different opinions around it as well so in the previous organisation I worked in when I started there we had a joint policy around all types of supervision and then when we were regulated they didn't like it said it needed to be separated so then had to separate out management and what we classed as clinical supervision and I think that is also an issue around different people and how they perceive supervision*

(Participant, Individual Interview)

This acknowledgement of the difference in opinion about supervision then impacts on the way supervision is organised. There is a need to satisfy the requirements of regulators, but this is not straightforward as individual inspectors will be likely to have differing understandings of supervision. This finding reflects the internal differences discussed above. Identifying how to respond to and manage these differences is dependent on internal mediating factors. A willingness to challenge expectations is linked to the level of confidence and sophistication of understanding of supervision practices at a senior level:

*So that's the way we're looking at it there has been a comment from ... we've had a [Care Quality Commission] thematic review recently in [the Trust] and one of the things they put into the comments was around they spoke to health visitors and health visitors didn't like group supervision they preferred the old way of having ... supervision. We don't have the resources for that anymore and some of the people who wanted it that way obviously made their voices heard ... as they have every right to do that but my comment back to the inspectors was show me the evidence. Show me the evidence that says y'know a 1-1 is the best model for delivering safeguarding*

(Participant, Individual Interview)

Awareness of external impact on supervision practices was most apparent in the interviews with managers and senior organisational members. The more junior participants did not identify or explicitly acknowledge a link between the wider context and supervision practice in the organisation. For this group, understanding of supervision imperatives was limited to an organisational (meso) level, and included an interpretation of the reasons the organisation required them to engage in supervision practices.

However they interpreted supervision practices, most participants approached supervision as a positive and enabling process. There was a perception that supervision was there to help staff members and that it should be embraced. There was however acknowledgement of the link between supervision and monitoring, as highlighted in Theme One, a relationship also identified in the policies:

[Supervision] also provides a framework for reporting clinical supervisory activity with [The Trust] acknowledging that clinical supervision is part of the Clinical Governance Framework

(Clinical Supervision Policy, the Trust, 2019)

For some, this provided assurance and was viewed as a positive concept. As can be seen in the extracts below, this is from the perspective of both supervisor and supervisee:

*Testing out what you're doing and just makes you feel happier and more confident in doing things and doing them correctly*

(Participant, Focus Group 2108)

*So if you say that somebody's being performance managed people automatically think it's something negative Whereas me to me performance management is almost the same as management supervision it because you're managing someone's performance you're aiding their performance you're guiding their performance and you're developing them along the way*

(Participant, Individual Interview)

Conversely, some participants interpreted monitoring as surveillance, and a negative or constraining aspect of supervision. This was linked to the anxiety of being criticised or judged and had potential for participants to avoid supervision:

*Depends what your definition of supervision is so if it is loosely around providing peer support rather than saying that someone's more senior professionally than someone else if it's peer support then the word supervision probably needs to be changed because it gives the impression you you're being watched or checked which rubs badly with consultants*

(Participant, Individual Interview)

Managing these different understandings and anxieties requires skill and a sophisticated understanding of supervision practices. This was highlighted by participants in relation to identifying and training of supervisors. Participants wanted a supervisor with credibility and the skills and knowledge to help them. This was from the perspective of their specialist knowledge, skills they brought as a supervisor, and their ability to enable the supervisees to think:

*So to talk through problems if you've them with someone who's more experienced than you are and who probably has a wider knowledge of where to go to point you for help and if we're talking about actual therapy interventions or I guess clinical interventions then will have a wider knowledge of erm if you've got a particular problem with a patient they might be able to give you tips on how to get round that or how to solve that y'know what for me as a physio what specific exercises to give or erm or to help someone walk better etc. so yeah*

(Participant, Individual Interview)

There was an expectation that for this to happen, the systems and structures needed to include development and training for supervisors. This would help to ensure that supervisors had the skills to supervise others.

*So for me it's about making sure that they've got if we're asking people to be supervisors then we need to make sure that they're trained appropriately and feel confident to be able to do that...*

(Participant, Individual Interview)

This view reflects the significance for participants of preparation for engaging in supervision, and the link between skills of supervisors and quality of supervision practices in the organisation. It echoes ideas that appear in Theme One of an ordered process that can be reproduced with the correct input and information. It also links to Theme Two in reference to the significance of relationships in supervision. However, there was also acknowledgement that ability to learn about and facilitate supervision practices was not straightforward, and providing training on its own is not sufficient:

*You do the training you think 'ok this is the way this is the framework this is the way you conduct it' but actually the active listening it's really, well for me, I found it a really hard skill to learn. I think it's totally underrated I'm not convinced you can teach it I think it's experiential and to do it well you have got to develop trust. And it will not always be done well*

(Participant, Individual Interview)

For participants, the reality of their experience was that these subtleties were not often considered. The emphasis on the process of having supervision, meant that there was an expectation that once a staff member reached a certain level or seniority, they would automatically take on responsibility for supervising others:

*When this first started I was in a position where they just sent out a list and said you're supervising these people and I was like yes well am I? But how, when and what so sometimes I think the ideas are good but I'm not always*

*sure that there's been enough planning in the implementation of this and then they don't work they fail and then they don't achieve their objectives. Is there staying power in this?*

(Participant, Focus Group 1407)

Being able to navigate different agendas and 'clients' in supervisory conversations requires sophisticated supervisory skills, which a number of participants described they felt ill-equipped to deliver. Managing these different expectations was expressed as challenging, and for some this was a source of anxiety:

*I like to be supervised like one to one but when it comes to me supervising others one to one I'm not very comfortable. Maybe they won't like it I think like they won't be happy for me to supervise them*

(Participant, Focus Group 1910)

There was acknowledgement that seeing supervision as a transactional skill could result in the 'wrong' people becoming supervisors. There was also concern that there was an assumption everyone could learn the skills, without an appreciation of the complexity of the interaction as identified in Theme Two:

*I think for me as well there's something around the training so we expect people to be able it's a bit like saying if you're a good clinician you can be a good manager. And we tend to promote people who are really good clinicians and then they suddenly feel that they don't like management or that that isn't their skill set why should it be they were a clinician so it's the same with managers and leaders y'know if you're a good manager doesn't mean to say you're a good leader and if you're a good leader it doesn't mean to say you are a good manager you the there's different components that are needed for both I think it's the same with supervision you can't expect somebody to lead a group around reflective practice without giving them the skills to be able to do that. And some people will be able to do that well. And some people won't be able to do that so well no detriment to the person it's just that some people are good at that sort of thing and some people aren't"*

(Participant, Individual Interview)

*I guess making sure that everybody is equipped to supervise when they're asked to and I don't know how possible it would be because there is a slight sense that everybody has to do it and so if somebody doesn't want to be a supervisor should they be made to be a supervisor how good and effective would they be*

(Participant, Individual Interview)

This subtheme illustrates the contradictions in systems and structures for supervision practices, and potential for assumptions around these made at different levels in the organisation to lead to mixed messages. It highlights some of the instances of lack of

awareness of these mixed messages, and the contribution this makes to undermining supervision practices.

#### **5.4.2 Priorities and Values**

This subtheme examines the differing priorities and values surrounding supervision practices, and the impact of these on the messages and assumption for those practices.

The relationship between organisational priorities and supervision practices was identified by participants. This included whether supervision is seen as a priority activity, but also whether staff members perceive that their needs are seen as a priority. As highlighted in Theme Two, for many of the participants the challenge of competing demands and the perceived conflict of prioritising supervision over clinical work, made it difficult or uncomfortable to engage in supervision:

*I think a lot of that is time pressures y'know I've overheard people say I've got supervision I wonder if I could move it because I've got so much to do and then they look at it the next week I wonder if I could move it I've got so much to do this week and it seems to be that supervision is something that can be moved so it's not seen as a priority anyway and b. if y'know if you're being told constantly that we've got all those patients you have to y'know we're having to be called from our department to work in other departments because they're firefighting as it were how much of a priority is supervision I don't know it's a really interesting thing because on the one hand the Trust are saying that's it's vital we have to do it it's important for our information governance I think and policy and competencies and professionalism all of which is true but at the same time they're saying no you have to do y'know you have to see these many patients*

(Participant, Individual interview)

Tension between engaging in supervision practices and managing workload, particularly where there are vulnerable patients and clients, is one that was recognised by participants across all the focus group and individual interviews. There was also an acknowledgement that other organisational factors such as staffing levels contributed to the difficulties:

*And you can't ask staff to do reflective practice without addressing some of the staffing levels and everything else and leadership and everything else*  
(Participant, Individual Interview)

*I think it's a definite positive and I can see why the trust is but they've also got*

*to know that there's a lot of pressures on the wards*

(Participant, Focus Group 1910)

The perception of supervision as a priority is also influenced by the culture of groups (teams, services, professional groups). This is a significant factor and, in the extract, below, the relationship between priorities and culture is highlighted:

*I think in past roles the protected time is something that slips because I think again I think we're very good we know it's in our diaries and we know that we cancel it not almost at our own peril but it would only get cancelled if there was something that actually was almost urgent and needed responding to and even then it wouldn't be looked on lightly that it was cancelled Um or rearranged so I think in other p'raps in other teams I've worked within it hasn't had that same respect and it has been more like you you've been saying that Oh that I've got to do it because I'm supposed to have it so it's a tick-box but actually the priority isn't actually about the supervision it's about ticking the box Um I think it's more of that and I think it probably gets cancelled and put aside and put aside and put aside because it hasn't got that priority within it*

(Participant, Focus Group 2409)

This participant contrasts the culture of their current team “*we cancel it not almost at our own peril*”, with a culture of seeing supervision practices as a task to satisfy organisational requirements “*I've got to do it because I'm supposed to have it*”. The preparedness of supervisors and supervisees to engage in supervision will be impacted by their previous experience of supervision, the culture of the team, and their understanding of supervision. The experience described by one of the participants who is a senior manager illustrates this:

*I can always remember introducing clinical supervision and the health visitors embraced it and the district nurses didn't and ... that always stuck in my mind cos they're all nurses so why wouldn't they all find the model of group supervision as we set it up helpful... So I think there's a whole raft of things that mean that group of people, public health practitioners, have got a very different concept of supervision but I didn't I you know at the time when we were introducing it really puzzled me*

(Participant, Individual Interview)

In this example, the groups of staff had responded differently to the (apparently) identical arrangements. The cultural and historical background of the different groups impacted on their perception of supervision and willingness to engage.

Organisational culture also has an impact on priorities for supervision practices and how they are viewed. Policy documents have changed over time and, in the context

of organisational history, reflect the culture of legacy organisations. Earlier policies from Legacy Organisation A presented supervision in an autocratic way with an emphasis on the responsibilities of the supervisor/manager to ‘make the supervision work’. The implication was that supervisees were passive participants in the process and the manager would retain control of any supervision arrangements:

The supervision described in the policy is a managerial process, defined as ‘mainstream supervision’, and incorporates clinical and professional supervision for those working directly with patients and service users.

Mainstream supervision may be delegated by the manager to others in the service; in these circumstances, the manager will retain responsibility for overseeing the supervision process and for ensuring ongoing three-way communication between those involved.

(Supervision Policy, Legacy Organisation A, 2009)

In contrast, Legacy Organisation B had a different approach, and the policies indicated that more responsibility rested with the supervisee:

All staff employed by [Legacy Organisation B] should have access to appropriate support and supervision. This will incorporate line management supervision provided by their manager and will include the Performance Development Review process.

It is recognised however, that line management supervision will not meet all the staff member’s support and development needs. Additional support and supervision should be provided by someone who has the appropriate skills and competence but is not involved in their direct line management. It is the Line Manager’s role, instead, to ensure that the supervisee’s needs are met by enabling them to access appropriate additional support as necessary. These processes will not replace line management supervision but will be a complement to it.

(Supervision Policy, Legacy Organisation B, 2009)

Organisational culture operates at various levels, and local expectations and understanding of the purpose and priorities for supervision will impact on the nature and focus of the conversation. The tension of the conflict in priorities between organisational business, and the needs of staff members, is reflected in how time in supervision is used:

*Sometimes I think it's mainly around time again it's difficult to always cover what they what the manager wants to say and what you want to say as well sometimes*

(Participant, Focus Group 2108)

*It was very much a case of you write an appraisal once a year which is based*

*quite firmly on the Trust values rather than my own that's the way it was delivered to me*

(Participant, Focus Group 1407)

In the extracts above, there is an implication that the individual is not prioritised in supervision, both from the perspective of the content and in terms of what is important to them. In the second extract, there is an indication that the participant views their own values to be separate or different from those of the organisation. This perception of different values and the link between values and priorities is also evident in the wider system. For example, the way services are commissioned and the relationship between the organisation and Clinical Commissioning Groups (CCGs) have an impact on supervision practices. These bodies are responsible for commissioning services that meet the needs of the local population and therefore determine what the organisation should deliver to meet those needs. The organisation covers a population that is represented by several different CCGs who will potentially identify different priorities or ways of delivering services. The focus for the CCGs is the needs of the local population and the Trust must manage this, balancing the needs of staff members with the requirements of the commissioners. This does not allow for much flexibility. The relationship with the commissioners, and the perceived span of control or influence, are significant in determining how services are funded and supervision is understood and supported within the organisation:

*The way contracts are set [by the commissioners] there is very little time for all the things that wrap around providing a good service it's all based on contacts...it's based on targets it's not based on having the best clinician making the best decision at that point in time*

(Participant, Individual Interview)

*And I think that's the issue and I think the other issue particularly because we have now got GP commissioners is doctors don't value supervision in the same way as nurses do and therapists*

(Participant, Individual Interview)

Organisational culture is not static. In response to the changing needs of services and the evolution in understanding of supervision practices in the Trust, policies for supervision have been updated. The extracts below show a contrast between an earlier policy and a more recent version:

All staff members require supervision [...]. The specific arrangements will be determined by the individual's role and responsibilities. It is expected that they will have access to monthly supervision sessions; this will include mainstream supervision, clinical supervision, and any role specific supervision such as child protection supervision.

(Supervision Policy, the Trust, 2010)

As a minimum, clinical staff must attend two clinical supervision meetings in a year regardless of their contracted hours, although there is an expectation that clinical supervision would occur quarterly. Best practice suggests clinicians should access a mix of clinical supervision activities (group and individual) to reflect on and discuss their work. The frequency and activity will vary according to the needs of the service and the individual's role.

(Clinical Supervision Policy, the Trust, 2019)

The values and priorities for supervision practices have therefore shifted. However, these subtle changes in emphasis for supervision practices will not necessarily be noticed by organisational members. This presents a further challenge for participants who will be unsure if they are following the latest 'best way' for supervision. They are unlikely to be referring to a policy document whilst conducting supervision practices and will not necessarily have read the latest version or be aware of changes. They will have interpreted the instructions and then recalled aspects of those instructions with a mixture of different policies influencing their ideas. It is also likely that they will add in influences from other sources such as their professional bodies, or approaches adopted by organisations where they previously worked. This system history then has a significant impact on supervision practices enacted by organisational members, as it limits the potential for a unified and ordered approach for the organisation.

It can be seen in this subtheme and from the examples above, that the story created by organisational members about what supervision might mean varies across the organisation. There are systems and processes within the organisation that will impact on the use and understanding of supervision for the organisational members. There are also cultural norms and behaviours that will influence the implementation of supervision within the organisation. This is further compounded by external factors that impact on activity and behaviour of the organisational members and the climate within the organisation.

### **5.4.3 Conclusion**

In summary, this third theme illustrates the complexity of the concept of supervision and indicates an unresolved gap in identifying a way to manage all the differences that are inherent in supervision. It highlights interaction between different mediating factors that impact on the process, understanding, and practices of supervision. These factors operate at various levels and reflect cultural and historical influences that are present in supervision practices. The contrasts that are evident are the multiplicities of variation in priorities and values, expectations, and approaches to supervision, and the difficulty organisational members have in reconciling those differences.

An analysis of the data illustrates the dissonance, tensions, and contradictions in descriptions of supervision practices, experience of supervisees, and language of the Trust policies. These factors impact or ‘mediate’ on supervision practices at various levels, although it is important to acknowledge that the complexity of the concept of supervision practices and the nested nature of the system means that they also impact on each other. Similarly, the complexity and nested nature of supervision practices means that many of the mediating factors identified in this theme overlap with aspects of Theme One and Theme Two.

The approach to managing this has been to produce policy documents and guidelines that attempt to provide direction for conducting supervision practices. This reflects the “*high hard ground of technical rationality*” as described by Schön (1987, p.1) and does not address the “*swampy lowlands*” of “*confusing problems*” (Schön, 1987, p.1). The challenge as outlined in this theme is that the messiness of the different ideas continues to impact on the experience of supervision for organisational members. This in turn contributes to the difficulty of implementing supervision practices that are robust and effective.

## **5.5 Summary**

In this chapter, I have presented the themes identified following analysis of the data from four focus groups and five individual interviews, along with the document analysis of organisational and national documents (Appendix 6).

The findings in this chapter are primarily a descriptive presentation of the data. In the next chapter, I develop the concepts I have introduced using the theoretical lens of complexity thinking to deepen understanding and explore the implications and recommendations for practice.

## **5.6 Reflexivity**

Writing this chapter has been an iterative process and each time I reviewed it I understood more of the analysis or noticed something else that I wanted to include. Producing this part of my thesis was enjoyable as it felt creative, and I noticed how my confidence grew as I wrote.

I found I drew on all the several ways I had analysed my data as described in Chapter 4. This was significant as, at the time I was struggling with the analysis, I had been concerned that I might be doing it incorrectly, or that the reason I was finding it so hard was due to a failure in my skills of analysis. However, all those apparently false moves were important. I can now see that they provided a more rounded view of my data and added to the richness of my findings.

# **Chapter 6    Discussion**

## **6.1 Introduction**

In this chapter, I discuss the findings in relation to the extant literature and present supervision practices as a complex adaptive system, governed by tension between order and disorder which I frame as a paradox. I argue for the significance of this paradox, contrasting it with the dominant discourse of reductionist and mechanical thinking. I consider how recognising complexity and paradox contributes to an understanding of challenges associated with development and sustainability of supervision practices.

In Chapter 5, I demonstrated a central theme of individuals searching for a tangible, stable, secure, unified, and measurable way of understanding and practising supervision. At the same time, such linear and straightforward understanding of supervision processes and practices was elusive, resulting in an underlying tension and conflict for those participating.

My core argument will demonstrate how the search for order, the need for a safe space, and the nature of organisational cultures and processes, reveal tension between order and disorder in supervision practices. These tensions show how supervision is a complex adaptive system underpinned by specific paradoxes of order and disorder. From the themes, I will illustrate how these concepts impact on the processes, perceptions, and experiences of supervision practices in the Trust, demonstrating a response to the analytical question posed in Section 4.4.6:

- How does the interaction of different elements or aspects of the system, for example behaviours, thinking practices, processes, and existing narratives manifest in the data in this study?
  - How is it understood?
  - What is the impact of this on the individual, the organisation and supervision practices?

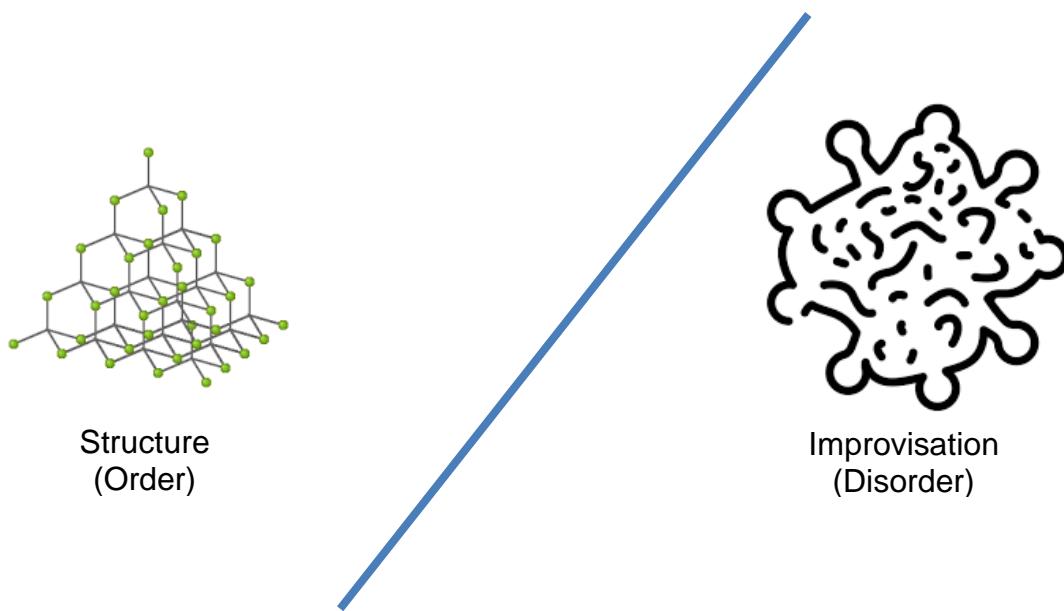
I discuss the implications of these findings, and use this perspective, to inform recommendations for supervision practices. This is for those engaging in supervision

both as supervisors and supervisees, for policies and practices in health and social care organisations, and the wider healthcare context.

In the following sections, I discuss order, disorder, and complexity within supervision processes, supervision meetings, and priorities relating to supervision practices. I then make the case for supervision practices as a complex adaptive system.

## 6.2 Order, disorder, and complexity in supervision practices

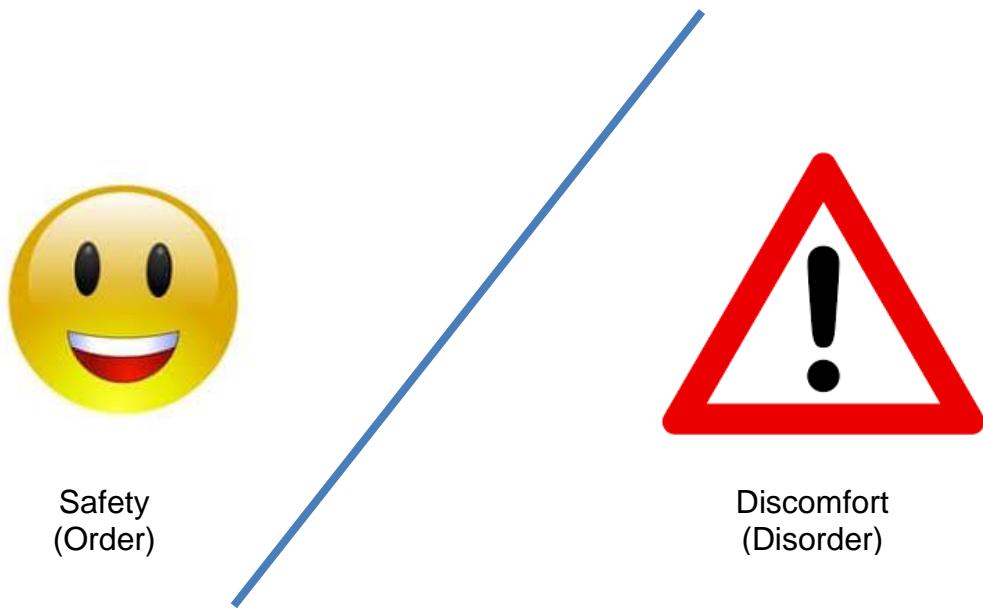
In the first theme, '*The search for order in supervision practices*', tension between order and disorder is illustrated by the understanding that it should be possible to organise and define supervision practices so that they are a measurable process. This is countered by the necessity for processes to be flexible and responsive to local need. Tension, causing the paradox, can be illustrated by the requirement for structure (order) along with improvisation (disorder) as shown in Figure 6.1



**Figure 6.1: Order and Disorder in Theme One: The Search for Order in Supervision Practices (original in colour)**

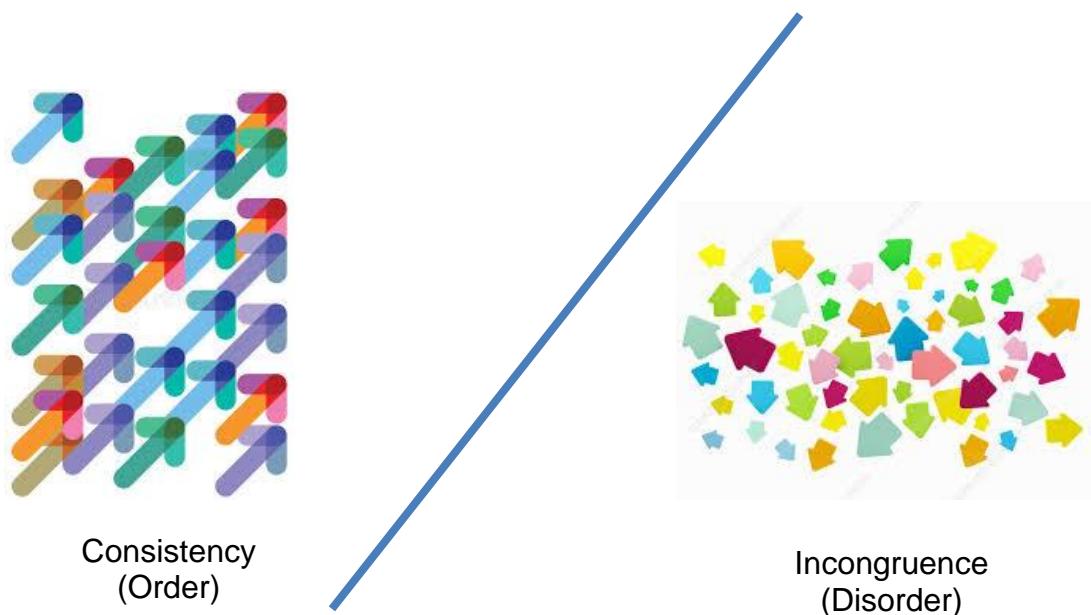
Tension between order and disorder in the second theme '*Supervision as a safe space (or not)*', demonstrates the importance of safety in supervision spaces, and the impact of this on learning for participants. The experience of supervision will be positively or negatively affected by how 'safe' those participating feel. However, for

learning to occur, there is also a need for challenge in supervision practices. This can be illustrated by the need to balance safety (order) and discomfort (disorder) (Figure 6.2).



**Figure 6.2: Order and Disorder in Theme Two: Supervision as a safe space (or not) (original in colour)**

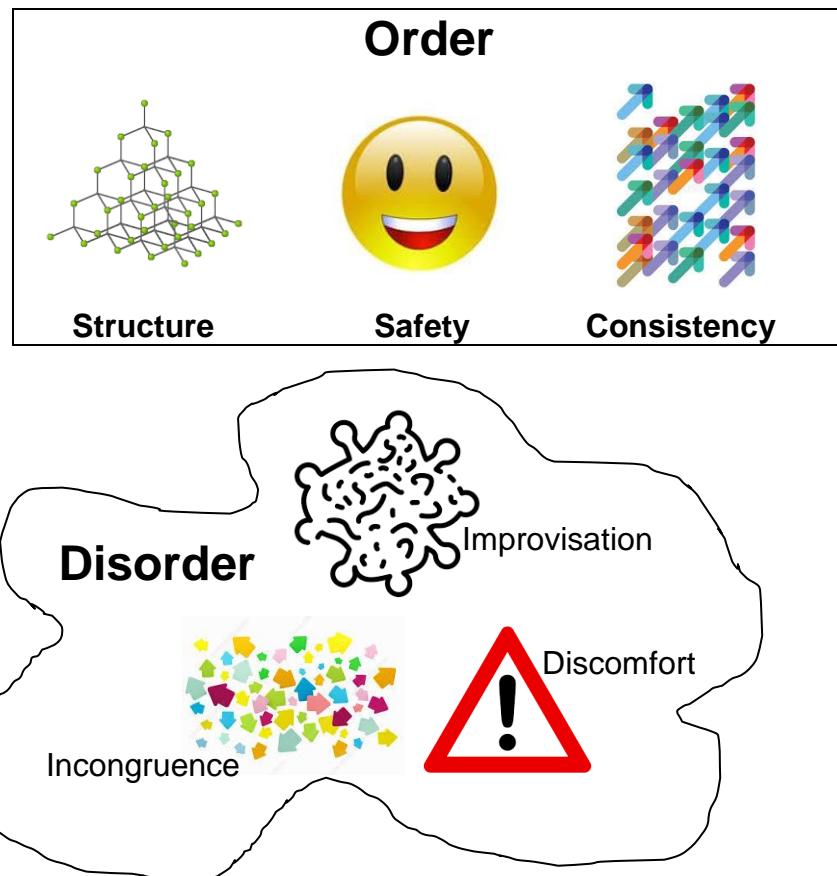
In the third theme, '*Contradictory organisational and cultural messages and assumptions in supervision*', tension between order and disorder reflected the different and sometimes contradictory expectations, priorities, and directives for supervision at a micro, meso, and macro level. This theme is linked to the others in that messages and assumptions in the system impact on order and safety in supervision practices. Tension is reflected in the perceived need for consistency (order) and the reality of incongruence (disorder) inherent in supervision practices as shown in Figure 6.3.



**Figure 6.3: Order and Disorder in Theme Three: Contradictory organisational and cultural messages and assumptions in supervision (original in colour)**

Within the findings therefore, some elements of supervision practices contributed to order, and others contributed to disorder. This exposes a thread of tension in the manner that supervision practices are described, enacted, and presented. The findings suggest that those involved want supervision practices to be tangible and ordered, a perspective that was reinforced by the focus of organisational and national documents. However, experience of supervision practices is often far from this idealised vision. The resulting tension between stability, security, or order and the untidiness, uncertainty, or disorder of practice is a core finding from this study.

Figure 6.4 builds on the visual representation of the data in Figure 4.2 illustrating how the straightforward aspects of structure, safety, and consistency and the more disordered or untidy aspects of improvisation, discomfort, and incongruence were evident in the processes, practices, and policies of supervision.



**Figure 6.4: The ordered and disordered elements of supervision (original in colour)**

A need for order originates from the influence on our perception of the world of Descartes and positivist thinking (Kurtz and Snowden, 2003; Rihani, 2007). The notion that order is a desirable state is informed by a linear model seeking order as a way of approaching organisational processes and change. Stacey and Mowles (2016) described this dominant discourse of a “*taken for granted assumption that organisations are systems*” (p.43) as originating in Newtonian thinking. Snowden and Stanbridge (2004) describe an ordered system as one where the link between cause and effect is discoverable, and that given a predicted set of circumstances, the cause or trigger would consistently produce the same outcome. The significance of order was illustrated by Khan et al. (2018) who applied complexity concepts to healthcare systems and transformation. They made the point that:

...human systems are characterized by entrenched social and political structures that are designed to impose order on a complex and chaotic world.  
(Khan, et al., 2018, p.3)

This way of understanding how systems operate underpins much of management theory and practice and led to development of ‘Taylorism’, an approach based on a scientific and mechanical metaphor (Eppel and Rhodes, 2018). Taylorism was first introduced by Frederick Taylor in the early 1900s and although more recently management theory has moved away from this rigid and positivist epistemology, mechanical ideology continues to influence and inform much of current management practices and theories (Snowden, 2005; Haynes, 2015).

As discussed in Section 2.3, there is debate in the literature regarding how complexity thinking and complex adaptive systems are applied in social systems. Snowden and Stanbridge (2004) discuss this in the context of studies that have applied complexity thinking to management processes, identifying the difference between mathematical complexity and social complexity. They argue that mathematical complexity, which is unordered but subject to rules, is more applicable in natural sciences, whereas social complexity is more applicable in complex adaptive systems where the agents are people. Social complexity reflects Cilliers’ (1998) description of a connectionist model of complexity in that it allows for ambiguity and the impact of independent thinking by agents. My findings suggest that this view of complexity can be applied to supervision practices.

### **6.2.1 Order, disorder, and complexity in processes**

My study highlights the perception of the importance of systems and processes to support supervision practices, and the significance of these in contributing to order. Participants referred to needing clarity of processes and expressed concern when these were absent. Having an ordered and understandable process is important and linked to ‘good’ supervision.

There was a view indicated in my findings that lack of a framework would result in ‘not knowing’ how to ‘do’ supervision and consequently this might result in ‘doing it incorrectly’. This reflects an approach to supervision practices that considers them a problem to be fixed, as participants suggested actions and interventions that contribute to order and help these practices to flourish. An example of this was the emphasis in the policies and guidelines on measuring frequency of supervision as a mechanism to assure quality. There was an assumption in these documents, and

expressed by participants, that organisational documentation, systems, and processes are what ‘make supervision work’.

As illustrated above, impact of the dominant discourse of reductionist and positivist thinking (Andersson, Törnberg and Törnberg, 2014) means that supervision practices are regarded, and approached, as a system that responds to structure and rules. It is also assumed that it is possible to define and clarify these practices and to construct a process that will result in a predictable and desired outcome (Rees et al., 2020). This indicates the presence of ‘cause and effect’ thinking and, as described by Stacey and Mowles (2016), reveals underlying assumptions that it is possible to find a way to predict the impact certain interventions will have.

This perspective is reflected in the supervision literature where much of the research focuses on individual aspects of supervision practices. For example, Leggat et al. (2015) identified policies as being a critical factor in determining effectiveness of supervision; studies by Harvey et al. (2019) and Rees et al (2020) focused on the importance of training programmes to support supervision. There is an emphasis on ‘problem areas’ which can be addressed by applying ‘best practice’ as highlighted in the findings of Martin, et al. (2015) who concluded:

It is imperative that implementing best practice [clinical supervision] is underpinned by current best evidence regarding “what works” in practice contexts.

(p.6)

The document analysis in this study illustrates the output of this thinking in the multiplicity of organisational and national documents and guidance for supervision practices. To provide satisfactory guidance and support, these became, at times, very lengthy, as authors sought to convey sufficient information for organisational staff to engage in supervision practices that were meaningful. However, despite the detail, participants were still seeking clarity in what supervision ‘should be’ like. I would suggest that the detailed instructions in policies and guidance notes contributed to disorder in that ‘rules’ may be misunderstood or interpreted differently. The impact of this in my study, was to add to the anxiety felt by those participating in supervision practices in thinking that they may get it wrong or ‘break the rules’.

This finding is reflected in the literature. Cooper and Wren (2012) argue that influence of an evidence-based culture contributed to the linear view of policymaking which was “*ill-adapted to the nature of practice realities*” (p.199). Cropanzano and Byrne (2001) discuss the impact of overly elaborate policies and posit that ‘less is more’ to make policies flexible and manageable. Nancarrow et al. (2014) conducted a review of policy and guideline documents pertaining to supervision practices and notes that these have produced:

Primarily static guidelines that provide guidance on the mechanisms of interaction for the purpose of “providing” supervision...  
(Nancarrow et al., 2014, p.248)

A further challenge is associated with the relationship that organisational staff have with policy documents. The findings provide examples of some of these in that it was apparent not all participants had read the policies and, if they had read them in the past, were not necessarily aware the policy had been updated. Stories about what was and was not part of supervision practices were more likely to be based on hearsay or assumptions than on what was written in the latest policy. Similar difficulties were noted by Wilson and Taylor (2019) who highlighted inadequate policies as a barrier to participation in supervision practices. Their response was to suggest that a “*robust implementation and evaluation framework*” along with “*best practice policy*” (p.275) would address this challenge. However, the findings in my research would indicate this can be an unhelpful approach as it reinforces the assumption that supervision is definable, fails to account for the complexity of supervision practices, and contributes to some of the difficulties outlined above.

The impact of ‘interaction and feedback’ can be seen in the application of structures and in participants’ responses to those structures. For example, at the same time as identifying they would like further clarity, some participants expressed concern about the imposition of an order that was not flexible or responsive to individual situations, a finding echoed in a study by Dilworth et al. (2013). The findings in my study indicate that experience of the ‘rules’ being imposed included instances of supervision practices being reduced to an encounter that had no meaning beyond meeting the requirements of the process. In other words, the quality of supervision was compromised.

Cropanzano and Byrne (2001) discuss the risk of rigid processes and propose that an emphasis on procedures can undermine subjective human judgement. This thinking reflects the dualistic stage of cognitive development as identified by William G. Perry (Markwell and Courtney, 2006). Dualistic thinking leads to a perception that there is one correct answer, or way, of doing things. The risk is that supervisors become over reliant on the instructions provided, which in turn, perpetuates a search for more clarity. My study identifies the potential for this to undermine confidence that participants have in their own knowledge and agency.

The importance of boundary setting was highlighted by my findings, but they also identify that this needs to be in combination with flexibility and the opportunity to be creative. This more experimental way of thinking reflects William G. Perry's pluralistic stage of cognitive development where there is acceptance of diversity and an ability to create new options and ideas (Markwell and Courtney, 2006). There is a risk that attempts to produce policies and documents that include 'perfect rules' can result in inflexible and potentially obsolete instructions (Cropanzano and Byrne, 2001, p.35; Quain, 2018). From this it could be seen that introducing too many boundaries and conditions has potential to stifle supervision practices, reducing them to a formulaic 'tick box' exercise (Mueller, 2020). However, abandoning policies and processes completely could result in disorder and difficulties, such as those noted by Johansson (2015), who found that an absence of policies contributed to limited understanding of supervision and a negative perception of those practices as surveillance (Chater, 2020).

All these challenges call into question the place of policies in supporting supervision practices. The literature that explores the drawbacks of human resource policies and the potential impact they have on organisational staff, mainly focuses on the relevance, fairness, or appropriateness of the content. There is limited exploration of whether policies as a tool help or hinder the behaviour they are designed to manage. However, there is some discussion that they have potential to produce the opposite effect to the one they are designed to achieve and that they may undermine the skills of leaders and managers in an organisation (Cropanzano and Byrne, 2001).

From the discussion above, it can be seen that my study findings demonstrate order and disorder in supervision processes, and that identifying how supervision practices might be supported by policies and organisational processes is complex. Tension is created by the need to have an ordered process, along with the limitations this approach places on creativity in supervision practices. Later in the chapter I discuss the need for structure (order) along with improvisation (disorder) (Figure 6.1) as a way to support and enable supervision practices.

### **6.2.2 Order, disorder, and complexity in supervision meetings**

In my findings, order was represented in the supervision meeting by the need for safety. The language of ‘safe space’ was used by participants to refer to several aspects including physical space, space as time, and the interactions that took place in the supervision meeting ‘space’.

A priority for participants was a supervisory relationship that had a level of trust and honesty so they could explore ideas and reflect without feeling judged. This aspect of supervision has been extensively discussed within the literature. For example, Martin, et al. (2015) identified that as well as supervisor-supervisee fit, positive and supportive relationships between supervisors and supervisees had an impact on the perceived effectiveness of supervision. Other studies including Leggat et al. (2015), Fitzpatrick, Smith and Wilding (2015) and Wilson and Taylor (2019) identified similar findings. However, it is important to note that these authors predominantly focus on the supervisee’s perspective and in the findings from my study, interpersonal relationships were raised as also being a significant factor for those who were supervisors. Being accepted by a supervisee as being ‘worthy’ of supervising them had an impact on the ability of supervisors to be their ‘best self’ in supervision and bring integrity to that interaction. Sweeney, Webley and Treacher’s (2001a) study supports this finding. These authors identified that supervision is frequently experienced as uncomfortable or disordered for supervisors and that anxiety is primarily linked to their confidence in managing the relationship.

The complexity of supervisory relationships and the link between these and experience of a safe supervisory relationship was identified by McPherson, Frederico, and McNamara (2016). These authors also note that both supervisors and

supervisees considered safety in the relationship to be critical for effective supervision. However, as discussed by participants in my study, an aspect of managing relationships in supervision is the amount of challenge that is tolerated. One of the focus groups debated this at some length and acknowledged the importance of challenge in a supervisory space. There was an expectation that they would be able to use their supervision to grow and learn. In other words, supervision is not just about being comforted or protected; it is also being enabled to acknowledge mistakes and receive potentially difficult or uncomfortable challenges, indicating the importance of disruption or disorder in the relationship.

A further aspect of order evident in the findings of my study was linked to the use of metaphors and images of comfortable environments. This reflects the discussion above, but also refers to the significance of the environment for supervision. Having a physical space that allows supervisors and supervisees to engage in supervision without interruption or distraction was an aspect of order that contributed to how safe participants felt in supervision. There was an expectation there would be privacy and that the environment would enable supervisor and supervisee(s) to be focused on the supervisory conversation. Martin, Copley and Tyack's (2014) recommendations for effective supervision support this finding. They include consideration of venue as an important factor in supporting supervision and suggest that finding a space away from clinical areas enhances the relationship and communication and reduces risk of interruptions and disorder.

The findings in my study indicate a comfortable environment is also dependent on timely supervision. The opportunistic aspect of supervision in the car when returning from a community visit provides space for reflection and feedback for supervisees, indicating a responsive approach to supervision conversations. It is possible that having supervision in a different or unconventional space such as the car, on a walk, or online could contribute to disorder, especially if it is unplanned. However, my findings indicate that the spontaneity of supervision in a different environment is usually a positive construct. Alcee (2018) suggests these opportunities offer practical alternatives and that the disruption has potential to generate creative thinking; for example, Miller (2020) reflected on the benefits and challenges of offering supervision in a digital format. She notes that creating a safe environment online

requires additional considerations and attention to contracting for communication but acknowledges that being able to access supervision in this way presents greater flexibility and options for supervision.

Examining information and guidance about supervision reveals that the physical environment is not something necessarily included as part of contracting for supervision (Hawkins and Shohet, 2012; Borders, 2014). There is a ‘taken for granted’ assumption all those engaging in supervision will understand the principles of safety in the environment, and therefore they will be ordered. However, there were examples in my study findings of this being absent, contributing to disorder and a lack of safety; indicating that explicit inclusion of a discussion about environmental safety would be appropriate as part of contracting for supervision.

Having planned and dedicated time for supervision meetings contributed to safety and order for those meetings. The findings in my study emphasise the importance of ‘protected time’ and the impact of this on safety in practice for participants. However, this was not always comfortable for participants. This is partly due to the culture of prioritising patient care over their own needs, a dilemma discussed by Buetow and Davis (2014). There was also evidence in the findings of a reluctance to acknowledge that they may, at times, need help or support for themselves; an issue raised by Fessell and Goleman (2020) who discussed this in the context of the current Covid-19 pandemic and the increasing demands on healthcare staff. In the next section I expand on this and discuss the link between time and organisational priorities, highlighting the tension that is produced by competing demands for participants.

From the findings, the interaction between time, environment, and relationships contributes to the experience of ‘safe space’ for those engaging in supervision practices and together presents a metaphor for supervisory relationships. There was a manifest desire from participants for ‘safety’ in the supervision space and an expression of anxiety when that space felt unsafe. There is a link between safety and the structure and order of policies, but if this is a fixed or rigid framework it has potential to feel threatening and unhelpful (Cooper and Wren, 2012). Feedback loops that reinforce or destabilise supervision practices are apparent in participants’

description of safe and unsafe supervision. This illustrates the significance of agents' (participants') behaviour in the complex adaptive system that is inherent in supervision practices. Their ideas and response to each other makes the relationships within a supervision 'space' infinitely variable. This finding is similar to the conclusions drawn by Pack (2012) who compared experiences of supervisors and supervisees and noted that 'safe space' was a particular priority for supervisees. Exploring what made supervision a safe space for participants in my study reveals the complexity and interconnectedness of the concept. Tension was generated by the relationship between time, environment, and relationships in supervision, along with the impact of challenge in the supervision space.

Order and disorder are represented here by the desire for safety and security, and the experience of challenge, lack of safety or discomfort. However, there was an appreciation that learning, and the most productive space 'happened' when those two extremes intersected, and challenge and discomfort were seen as a positive element of supervision. Too much safety or too much negative discomfort was unhelpful. Later in this chapter, I discuss how the intersection of order (safety) and disorder (discomfort) (Figure 6.2) might be harnessed to produce a learning space for participants in supervision practices.

### **6.2.3 Order, disorder, and complexity in organisational priorities and understanding that impact on supervision practices**

The privileging of order and structure can be seen in my findings in the value that is ascribed to 'doing' activities over 'being' activities. Time was presented as a precious and limited resource, associated with an ever-increasing workload and multiplicity of demands. Order in relation to activity in a healthcare context is influenced by the use of purchasing and commissioning to manage health and social care services. The focus on tasks and 'doing' is linked to allocation of a set amount of time to complete activities, as practitioners are increasingly required to account for and justify their activity and use of time (Gould et al., 2004; NHS England, 2019).

There was evidence in the findings of conflict and discomfort when prioritising time for supervision over time focused on patient care. At the same time there was anxiety associated with failing to engage in supervision practices, adding further to

feelings of conflict and guilt. It was apparent that a culture of ‘doing’ contributes to the idea that ‘thinking time’ is not considered productive, and a view in some areas that supervision is not a valid use of clinicians’ time when the needs of the service are pressing. There is also a narrative in my findings of ‘finding time for supervision’ which implies that it is not integral to the activity of practitioners, adding to the challenge of prioritising supervision practices. These findings are reflected in other studies, for example, Wilson and Taylor (2019) cited ‘finding time’ as a barrier for accessing supervision and discussed the unwillingness of clinicians to prioritise supervision over patient contact. This perspective was also noted by Snowdon, Millard and Taylor (2016) and by Gonge and Buus (2016). The impact of rising demands is presented as a cause for concern by Rimmer (2018) who links this to the increase in instances of work-related stress in staff. Warrender (2016) also identifies the unpredictability of healthcare contexts as contributing to the difficulty of ‘finding time’.

Findings in my study illustrate the value of having time to think and the impact this has on reducing stress levels for staff. It is also evident that the opportunity to discuss challenges helps those engaging in supervision identify ways forward in practice. Clouston (2014) highlights the importance of maintaining a balance of ‘being’ and ‘doing’ in all spheres of life. She argues managing this is linked to maintaining wellbeing and that it is necessary to challenge the socialised notions of what counts as productive activity. Wallbank’s (2013) study supports this perspective and provides evidence of the impact on practice and wellbeing of facilitated reflection in a group. Fowler (2014) and Kennedy et al (2018) also highlight the value of time for reflection. Both these papers identify links between reflective practice and staff wellbeing, and the potential for reflection to impact on the quality of care provided for patients and services users.

Another aspect of order, disorder, and priorities in the findings was apparent in the variation in description, and understanding, of the purpose and outcomes of supervision practices. This was influenced by the culture of professions, services, and the legacy organisations that had been joined together to form the organisation in this study. Some of the diverse messages came from historical or profession specific interpretations of supervision purpose, but there were also implicit mixed

messages that pervaded the findings and supervision policies, for example, supervision as support or supervision as surveillance. There is a perception that supervision can be seen as a way of managing and monitoring agents' activity, contributing to order for the organisation. At the same time the policies and messages about supervision practices, emphasise that these should be responsive to the supervisee's needs and a supportive and enabling process. This contradiction or disorder was particularly evident in the descriptions from supervisors who were struggling to manage this in supervision meetings.

Some studies acknowledge these various agendas. For example, Wilson and Taylor (2019) observed that there was suspicion of the purpose of supervision from their participants, which contributed to lack of engagement in supervision practices. In their study exploring enablers and barriers to supervision, Martin et al. (2015) suggested that conflicting priorities in supervision would be managed by separating out line management and clinical supervision. However, as discussed in Section 2.2.2, this is a simplistic view, and the complexity of the intervention means that there is no clear division between supervision that is organisationally focused and that which is purely centred on the individual practitioner.

The differing agendas and priorities for supervision are also linked to potentially competing values inherent in the various levels of a complex adaptive system (Haynes, 2018a). For example, the conflicting demands of service delivery and organisational priorities, alongside the expectation that supervision would take place. These contradictions are reflected in the supervision literature and are presented by authors as barriers to supervision. Watson, MacDonald and Brown (2013) examined perceptions of values attached to supervision practices by novice and experienced nurses and note the variation of ideas between diverse levels of seniority. Pack's (2012) study exploring perspectives of supervision highlighted differences and congruence demonstrated by her participants. She observed that priorities and perceived value of supervision differed, with supervisors focusing on organisational needs and supervisees focusing on personal and professional growth. Pack (2012) suggests that these differences are exacerbated by levels of seniority and proximity to the 'business' of the organisation. However, she did not expand on the conflict that an individual supervisor might experience because of this, an aspect of complexity

which my study highlights. The level of awareness demonstrated by participants in this study is therefore significant as it emphasises the complexity and inherent contradiction of the purpose of supervision practices.

Differing priorities are also linked to culture and my findings identify the varying attitudes to supervision represented by different staff groups and teams. My study was interprofessional and although Koivu, Saarinen and Hyrkäs' (2011) study compared the experience of supervision between separate groups of nurses rather than across professions, there were some similarities. They found that culture of the different teams had an impact on supervision so that perception of its purpose and value varied between services.

Along with the differing interpretations of the purpose of supervision practices was the description of what constituted supervision practices, indicating the impact of system history and path dependence on these practices. My findings show that understanding was primarily informed by professional background and previous exposure to supervision. This is evident in the literature and Smith (2011) offers a comprehensive review of the development of supervision practices which explains some influences from different professional groups. This finding in my study is also supported by Snowdon, Millard and Taylor (2016) who noted the relationship between levels of engagement in supervision and skills acquired in pre-registration training.

There was evidence in my findings, of participants assuming that the way they viewed supervision was the 'only', or 'right' way it should be organised, along with instances of 'othering<sup>5</sup>' of those with different understandings. This was then linked to a desire to obtain consensus of understanding.

The need to create order in understanding of supervision is reflected in the studies that sought to produce definitions of supervision. A recent example of this is Vandette and Gosselin (2019) who set out to compare clinical supervision across

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<sup>5</sup> **Othering** is a phenomenon in which some individuals or groups are **defined** and labelled as not fitting in within the norms of a social group. ... This process essentially involves looking at others and **saying**, "they are not like me" or "they are not one of us." <https://www.verywellmind.com/what-is-othering>

four professions: psychology, social work, nursing, and medicine. Their recommendations include the suggestion that a shared understanding of supervision is needed within each profession, along with a definition for interprofessional clinical supervision. However, as seen in my findings, system history has contributed to the changing way that supervision practices have, over time, been presented in organisational policies and guidelines. There is potential for disruption and confusion therefore in the multiplicity of ideas about supervision that these different pathways have created; a finding reflected in Lynch, Happell and Sharrock's (2008) discussion of the interpretation of language around supervision practices and the contribution this makes to different ideas about the purpose and practice of supervision.

Supervision practices are impacted on by the actions and interaction between different levels of 'agents' in the complex adaptive system of supervision practices. The thread of tension that results from the different agendas, ideas, cultures, priorities, and values in and between these agents contributes to the anxiety that has been described above. Order and disorder are represented by assumptions around consistency and alignment of values and drivers, alongside lack of acknowledgement of the reality of the incongruence resulting from different priorities held by agents at each level. Having a shared set of values and priorities has potential to support growth of supervision practices, but there is a risk this could have the opposite impact if there is a lack of challenge.

Haynes (2018a) drew on Molina's (2015) and Stone's (van Ostaijen, Jhagroo and Stone, 2015) research into the classification of values in public services and identified a hierarchy of values that differ according to the position an individual holds in an organisation. This reflects the nature of complex adaptive systems as nested, in that agents can be individual staff members but also services, groups of staff or organisations represented in the wider complex adaptive system. It is important because, as discussed by Haynes (2015), differing hierarchies of values generate conflict. He goes on to suggest that enabling managers at all levels in the organisation to re-connect with their personal values provides a way forward in recognising and embracing complexity. This position is advocated by Fulford (2008) who contends that understanding values and working with them in the context of values-based healthcare practice is essential for the development of clinical practice.

Haynes (2015) argues that by doing this the complexity of differing values can enhance practice, a perspective that has implications for supervision practices.

The order discussed here could be described as a desire for there to be a consistent message and stability in the system. However, it is possibly more appropriate to describe it as the lack of acknowledgement of these differing priorities and values and the impact of them on supervision practices. In an effort to present an ordered system, the messiness is ignored. The disorder then is the reality of the confusion and tensions that result from the contradictions as outlined above.

Values and culture are core elements of complex adaptive systems and later in this chapter I discuss how energy created at the intersection of consistency (order) and incongruence (disorder) (Figure 6.3) could be used to challenge and develop supervision practices in the Trust.

#### **6.2.4 Supervision as a complex adaptive system**

In my review of the literature, I discussed the multiplicity of understandings and interpretations of supervision practices and proposed that supervision is a complex and contested concept (Section 2.2). Current literature has not linked supervision practices and complexity thinking. However, there are studies that have applied complexity thinking to related topics (Jones and Corner 2012; Belrhiti, Nebot Giralt, and Marchal, 2018; Eppel and Rhodes 2018). I therefore suggested this provides a potential lens with which to view supervision practices (Section 2.3). In Section 4.4.5 I built on this, demonstrating how these practices can be understood as a complex adaptive system. I outlined the elements of complex adaptive systems that apply to supervision practices in the context of my study and illustrated the relevance of exploring these with the theoretical lens of complexity. Table 6.1 is a summary of this with features of supervision practices mapped against elements of complex adaptive systems.

<b>Element of Complex Adaptive System</b>	<b>Application to Supervision</b>
Agents	<ul style="list-style-type: none"><li>• The individual staff members engaged in supervision</li><li>• The supervision dyads or groups</li><li>• Services</li><li>• Professional groups</li></ul>

<b>Element of Complex Adaptive System</b>	<b>Application to Supervision</b>
Agents (cont.)	<ul style="list-style-type: none"> <li>• Levels of seniority</li> <li>• Organisations</li> </ul>
Interaction and Feedback	<ul style="list-style-type: none"> <li>• Relationships</li> <li>• Organisational change</li> <li>• System demands</li> <li>• External expectations/requirements</li> </ul>
System History and Path Dependency	<ul style="list-style-type: none"> <li>• Experience of supervision and learnt behaviour</li> <li>• Culture</li> <li>• Policy documents</li> <li>• Interpretation of supervision</li> </ul>
Attractors and values	<ul style="list-style-type: none"> <li>• 'Rules'</li> <li>• Values at a micro, meso and macro level</li> </ul>

**Table 6.1: Elements of complex adaptive systems applied to supervision**

In the sections above, I demonstrate how order, disorder, and complexity are evident in the findings of my study. This then strengthens my argument for viewing supervision practices as a complex adaptive system. Plsek and Greenhalgh (2001) offered the following definition of a complex adaptive system in the context of healthcare:

A complex adaptive system is a collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected so that one agent's action changes the context for other agents.

(p. 625)

The findings show that supervision practices are complex adaptive systems that are nested (operate) within other complex adaptive systems, such as the service, professional groups, the Trust, and a wider NHS system (Khan et al., 2018). There are therefore multiple stakeholders (agents) that will be part of the values hierarchy and have different agendas for supervision. Plsek and Wilson (2001) suggest the impact of this can at times present as a reluctance to engage in new or different practices. They point out that this is often labelled as 'resistance' to initiatives, whereas it is more likely to be related to an individual or team's perception that the initiative or practice does not resonate with what they find meaningful. This multiplicity of views is acknowledged in my study findings and can also be seen in external expectations of supervision, for example, from professional and registering

bodies (Appendix 6) and from regulatory bodies for the NHS such as the Care Quality Commission (CQC, 2018).

As discussed above, the application of ‘rules’ to manage complex adaptive systems reflects a reductionist and mechanical view of complexity. However, this study demonstrates that this perspective has limitations for a social system such as supervision practices, as the activity resulting from those practices is dependent on interactions and connections between agents. I would argue that adoption of this approach contributed to the anxiety felt by staff members, as the implication was that there could be an answer to each scenario. This is not possible as the nature of supervision practices as a complex adaptive system means that there are an infinite number of potential scenarios, and it is not viable to include or anticipate every eventuality within a policy or guideline.

Boisot and Child (1999) discuss this and explore ways in which complex adaptive systems that are made up of human agents respond to complexity. They differentiate between a response that ‘reduces’ complexity to something that is understandable and able to be managed with a single response, and the alternative of ‘absorbing’ the complexity, along with the ability to ‘hold’ a variety of potentially conflicting responses (p.238). Mueller (2020) discussed this in the context of public policy. His argument was that the nonlinear, unpredictable, and ever-changing nature of complex adaptive systems means that developing policies in this environment requires a different approach, harnessing rather than controlling the complexity.

Snowden (2005, p.45) uses the analogy of a child’s birthday party to illustrate how application of social complexity to a complex system would enable this ‘holding’ approach. For example, there are things you put in place; boundaries to keep party-goers safe, games and toys to encourage interaction, and parental or adult oversight to monitor and manage any disruptive activity. You then review the party and establish whether you considered it a success. He points out that the party is not a regimented activity constructed with project plans, milestones, and outcome measures, and that it is not possible to define in advance what success would look like. From this analogy, there is something about engaging pragmatically with the

multiple uncertainties inherent in supervision to create a more flexible and emergent approach to these practices for organisations such as the Trust.

Stacey and Mowles (2016) suggest that instead of considering the alternative to ‘order’ as ‘no order’ it is more helpful to recognise the limitations of seeking to impose order on a system that is complex. Kurtz and Snowden (2003) discuss this and present the idea of ‘un-order’ or ‘emerging order’. They assert that considering the alternative to ‘order’ in this manner presents new options for approaching complex adaptive systems. However, viewing complex adaptive systems like this does not mean replacing order with un-order, as the complexity of these systems means they will not be exclusively ordered or un-ordered. It is more likely that there will be aspects of both present (Kurtz and Snowden, 2003). The point at which potentially conflicting responses intersect is described by Stacey (2010) as the moment when the constraining and enabling experiences of human agents together produce emergent behaviour. Mowles, Stacey and Griffin (2008) discuss this and suggest that energy produced at the point of greatest tension is a result of the “*complex responsive processes*” (p.810) in human interactions.

#### **6.2.5 Conclusion**

This understanding of complex adaptive systems, where the agents are humans and the focus is on communication, power relations, and the unpredictability of collective human action, reflects supervision practices as a complex adaptive system. In the next section I use the concept of paradox as described by Stacey (2010) as a way of approaching supervision practices in organisations such as the Trust. This presents an opportunity to reframe the challenge of supervision practices and avoid reduction of the complexity to something that can be ‘solved’ (Mowles, Stacey and Griffin, 2008).

### **6.3 The paradox of supervision practices**

I have argued above that supervision practices are a complex adaptive system, a perspective that is illustrated by the findings in this study. In this section I discuss the concept of ‘paradox’ in supervision practices and contend that this is an aspect that has not been overtly acknowledged.

In this study, paradox is evident in the complexity of the relationship between order and disorder in the findings. This was apparent in the challenges identified in relation to policies and guidelines. Despite the extensive documentation available, participants were still seeking clarity around supervision practices. Cooper and Wren (2012) argue that influence of an evidence-based culture contributed to the linear view of policymaking which was "*ill-adapted to the nature of practice realities*" (p.199). However, abandoning policies and processes completely could result in other difficulties such as those noted by Johansson (2015) who found that an absence of policies contributed to a limited understanding of supervision and a negative perception of those practices. The paradox is that there is a need to have structure, but this can also be unhelpful and undermine supervision practices.

Paradox is also evident in the nature of the interactions in supervision meetings. There is a need for safety and challenge in the supervision space. Several studies provide evidence that quality of learning is enhanced when learners are exposed to challenge. For example, Starr et al. (2013) notes that being stretched and uncomfortable in supervision is essential to enable growth and learning. There is also evidence that perception of safety, or lack of the same, has an impact on the effectiveness of this challenge; Pack (2015) and Spence, et al. (2014) discuss the link between supervisory relationships, trust, and willingness of supervisees to disclose or explore mistakes. Unless staff members participating in supervision feel safe, this will not be achievable and there is discussion in the literature about the concept and importance of a 'safe container' for supervision (Starr et al., 2013) and for learning (Rudolph, Raemer, and Simon, 2014).

This interaction is not something that can be imposed, as it is dependent on individual relationships. Therefore, including how best to support the supervision space to be a place of learning is an important consideration. Paradox is represented here by desire for safety and security and experience of challenge, lack of safety or discomfort. There was an appreciation that learning, and the most productive space 'happened' when those two extremes intersected, and challenge and discomfort were seen as a positive element of supervision. Too much safety or too much negative discomfort was unhelpful.

Paradox is also represented by the tension for participants in supervision as they attempt to reconcile the needs of the service with expectations regarding participation in supervision. Within the findings there was evidence of conflict and discomfort when prioritising time for supervision over time focused on patient care. Alongside this was anxiety associated with failing to engage in supervision practices which added to feelings of conflict and guilt.

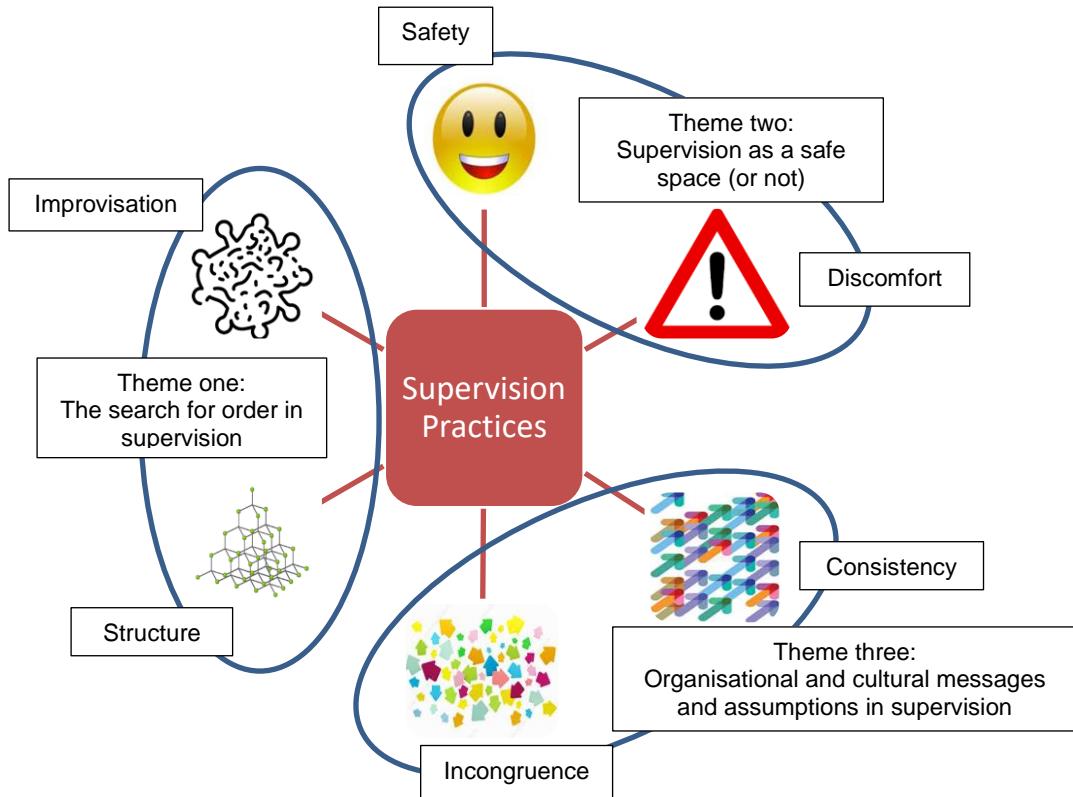
A further paradox is presented by the focus for supervision practices. Leggat et al. (2015) discuss the difference between supervision that is supportive and supervision that is related to competency and performance management. They acknowledge that their respondents did not appear to understand that supportive supervision still retains an aspect of duty of care and clinical governance which, were it to be breached, would require escalation of unsafe practice. This paradox, therefore, is represented by the apparently conflicting and multi-layered purposes of supervision.

Stacey (2010) explored the concept and nature of paradox in complex adaptive systems. He argued that 'dualistic thinking' of both/and, which is informed by Kantian thinking and dominates management discourse (p.49), seeks a resolution to contradictions and ignores conflict. Stacey (2010) contends that organisations will only progress when they are able to recognise and embrace these contradictory aspects of their functions. Zimmerman, Lindberg and Plsek (2001) echo this perspective and suggest that:

In a CAS, creativity and innovation have the best chance to emerge precisely at the point of greatest tension and apparent irreconcilable differences.  
(Zimmerman, Lindberg and Plsek, 2001, p.33)

The contrasts of order or stability and disorder or disturbance evident in this study are illustrated in Figure 6.5. Understanding the nature of order and disorder in complex adaptive systems and the potential for the relationship between these to be differently perceived is significant for development of supervision practices. I propose that it is not helpful to view these contrasting aspects in the themes as an either/or option or as something that needs to be balanced. Instead, the energy that is created

when they impact on each other offers a new way to understand supervision practices.



**Figure 6.5: Ordered and disordered elements within supervision practices (original in colour)**

Zimmerman, Lindberg and Plsek (2001) suggest that one way of working with paradox and tension is to consider paradoxical questions so that creative approaches can emerge (p.34). The purpose of posing these questions is to acknowledge the potential of the energy resulting from focusing on the point where the apparently contradictory perspectives meet.

The following questions reflect the tension and paradox in supervision practices that are evident in my findings. They were developed in response to the data collected in my study and provide a prompt for implications and recommendations for supervision practices in an organisation such as the Trust:

- How might a structure support improvisation at a micro, meso, and macro level to provide or allow a space to liberate or enable supervision practices in organisations like the Trust?
- How might the intersection of safety and discomfort in supervision practices

be harnessed to produce a learning space for agents?

- How might the incongruence of organisational and cultural values be consistently embraced to support supervision practices in organisations like the Trust?

The sections above illustrate how order, disorder, complexity, and paradox are evident in the findings of this study. From this, I argue that embracing the paradoxical nature of supervision practices is essential for organisations seeking to implement robust and effective supervision practices.

#### **6.4 Embracing paradox to develop supervision practices**

In his seminal book ‘The Reflective Practitioner’, Schön (1983) discusses the influence of “*technical rationality*” on development of professional practice. By “*technical rationality*”, Schön is referring to the reification of engineering and medical science with professional practice being seen as a process of problem solving and decision making; in other words, there is a best fit to resolve the problem. He goes on to point out that this approach does not consider the ‘setting’ and refers to a multiplicity of competing views of what constitutes professional practice. He discusses the impact of this on individuals and suggests that practitioners who recognise the complexity of settings will involve themselves in the “*swampy lowlands*” of professional artistry (pp.42-43). The outcome of working with, rather than against, the ‘messiness’ mean the practitioner draws on their intuition and tacit knowledge to inform their actions.

In my data, it was apparent that the ‘messiness’ of engaging in supervision practices required sophisticated supervisory skills and a flexibility that could not be defined by policy documents. An example of this is the need for a supervisor to be both supportive and challenging of their supervisee. This resonates with Stacey’s (2010) description of embracing complexity as a ‘paradox’. It means that, rather than trying to balance the opposing positions of order and disorder in a compromise or ‘duality’, both should be present at the same time. He asserts that the continuous tension this produces will result in “*some new form*” (p.101). Khan et al (2018) discusses this and suggests that embracing complexity provides a way for health care systems to foster

creative and innovative service developments. The authors of this paper explored the significance of the challenge for healthcare organisations and posit that recognising the complexity of a context was an important first step in being able to ‘work with’ this complexity.

Viewing supervision practices as a complex adaptive system and recognising the limitations of approaching these practices in a traditional style, has potential for significant impact on organisations such as the Trust. However, for this to be effective, our understanding and narrative regarding supervision needs to shift so that at the most senior level in the organisation there is an appreciation of the complexity of supervision practices. Mowles, Stacey and Griffin (2008) explored the potential for complexity thinking to disrupt the dominant paradigm, but this is only effective if there is recognition that it is an alternative to the dominant discourse of management thinking (Plsek and Wilson, 2001).

For this reason, the organisational narrative and how supervision is described is more important than a detailed policy (Fraser and Greenhalgh, 2001). As discussed above, it is not possible to anticipate every variation of a situation in a complex adaptive system so even when the policies are detailed, they will not account for every circumstance. The findings suggest that policies have potential to create a further barrier in the development of supervision practices, as they are open to multiple interpretations and perpetuate the ideas of a ‘proper way’ of conducting supervision.

There is a need to shift the narrative away from one maintaining the notion that supervision is not as it ‘should be’. For supervision practices therefore, it is necessary to let go of the idea of control in a conventional sense, and acknowledge there is complexity, unknown unknowns, and that supervision practices are not ‘fixable’. Stories of supervision should include patterns of where it works well, rather than focusing on solutions to ‘fix’ circumstances where they are struggling.

Narrative surrounding supervision needs to challenge the dominant discourse of a need for order, overtly acknowledge the inherent contradictions, and recognise disorder can be beneficial. This alternative narrative requires articulation of the link

between organisational values and supervision practices and to acknowledge the potential for supervision to ‘trouble’, disrupt, or challenge, order, and the organisation’s procedural rationality.

Morgan’s (2006) metaphor of the organisation as a ‘brain’ links with the need for ‘double-loop’ learning (Arygris, 1991). An awareness of the “*assumptions, frameworks and norms*” (Morgan 2006, p.89) that exist as part of the organisation’s thinking, along with a culture of reflexivity and questioning at all levels would support this. Morgan (2006) suggests that managers (and staff members) need to develop an awareness of such hidden factors so that behaviour can be understood differently. This would in turn then lead to:

...managers and change agents [being able to] open the way to modes of practice that respect and cope with organizational change in a new way.  
(p.236)

This would include developing an appreciation of potentially conflicting priorities and articulating the stance taken on how supervision ‘fits’ in the hierarchy of these priorities. Challenging socialised notions of what counts as productive activity also presents an opportunity to use the intersection of order and disorder to support supervision practices.

The extent to which these ideas are embraced will be determined in part by the ability and openness of organisational staff to challenges to practice and their ability to learn and change (Daley, 2008). O’Hara, Murphy and Reeve (2007) explored the link between developing critical thinking skills across an organisation and organisational learning. A feature of their project was the lack of engagement by the senior team. They fully supported the programme in principle but did not take part. The consequence of this was that the impact and learning generated by the study did not transfer into organisation-wide change.

This was also evident in the study by Gonge and Buus (2016). They used an approach to implementation that focused on the supervisees’ experience and used a ‘bottom up’ model with a view to empowering supervisees. These authors also wanted to explore the impact of organisational factors on the effectiveness of supervision. However, they identified that their study did not take account of

organisational culture and was therefore only operating at a local level, which limited the effectiveness of their intervention. Ross (2013) summarised contrasting challenges of the process of successfully implementing supervision, particularly that operating an exclusively ‘bottom up’ or ‘top down’ approach each carry risks of failure.

Practical considerations include identification of an overarching framework for supervision. Snowden (2005) and Plsek and Wilson (2001) both suggest that simplicity is key. Providing the minimal amount of framework or structure will allow creativity and emergence to function. By identifying simple aspects of supervision, that is, those that are repeating patterns and predictable, and then acknowledging aspects that are complex, supervision practices would be enabled to flourish. This would mean that those responsible for writing policies and the human agents that are interested in the effectiveness or success of supervision practices would have to ‘live with’ a level of complexity that is not reducible to a measure or individual component.

Organisational structures (policies, guidelines, and preparation for supervision) need to support and enable emergent supervision practices. Focus for supervision practices should be on local manifestations of supervision rather than any attempt to identify ‘best practice’ for an organisation. Allowing teams and services to identify what works in their context would facilitate an emphasis on improvisation and development of local solutions and practices. This is linked to the first challenge of capturing emergence in that each supervision arrangement will be unique, as indeed will each session of supervision. Viewing supervision as a social construct and supervision practices as a complex adaptive system means that values and attractors can be harnessed to produce supervision experiences that are fit for purpose at an individual level (Plsek and Wilson, 2001).

Preparation and systems that support supervision are traditionally focused on conversation skills, definitions of supervision, and requirements of policies (Rees et al., 2020; Harvey et al., 2020). Viewing supervision practices as a complex adaptive system means that preparation for supervision should have a greater emphasis on the context and factors that impact on supervision, along with the importance of creativity in practice.

In this study, there was an expectation by participants that supervision would take place with all participants in a room together, without risk of interruption, and in a physical setting that was comfortable. However, this can present challenges and barriers as there are not always suitable rooms available. At the time of writing, the world is experiencing the Covid-19 pandemic. Development of alternative formats for supervision has accelerated as it has not always been possible to meet in person due to travel restrictions, social distancing, and changed working practices; supervision has necessarily become more versatile, with an expansion in use of telephone and video options for meetings.

Miller (2020) has written in response to changes brought about by the Covid-19 pandemic and discussed advantages and differences in supervising remotely and by video. She suggests that not having to travel means greater choice for the supervisee and potentially more access to supervision opportunities. Conversely, the nature of remote working means that 'chance encounters' or opportunities to have informal discussions are much less frequent. This means that when supervision happens it is almost always formal and planned. These factors are important when considering what might constitute supervision practices in the future and supports the notion of improvised practice for supervision.

Embracing paradox means considering the apparent contradictions that create tension in supervision practices. In Section 6.3, I identified three questions reflecting the tension and paradox in supervision practices evident in my findings. In the following sections I discuss these and suggest how they can be applied to ways of approaching supervision practices.

#### **6.4.1 An improvised structure or a structure that is improvised**

- How might a structure support improvisation at a micro, meso and macro level to provide or allow a space to liberate or enable supervision practices in organisations like the Trust?

'Agents' in a complex adaptive system will be creative and adaptive in how they respond to the circumstances in which they operate. Emergence operates as a

'bottom-up' phenomenon and at a local level between 'agents' (Cairney, 2012; Haynes, 2015; Chandler et al, 2016). In the context of supervision practice the 'agents' at the core of supervision practices are staff members. Practices that emerge will be informed by the interaction of agents. Feedback loops created by those interactions then serve to reinforce or reduce the behaviour of the agents. The 'order' that emerges from this is a local manifestation and cannot be controlled or managed from a central source.

From this study, it can be seen that some services and groups of staff have developed and established supervision. These localised manifestations are a product of the adaptation by participants to internal and external stimuli and changes they experience. However, it is not possible to understand these by exploring isolated factors as "*the whole is greater than the sum of its parts*" (Prokopenko, 2017, p.104).

Therefore, learning from these examples needs to be treated with caution as the unpredictability of complex adaptive systems means it is not possible to use hindsight to inform foresight (Snowden and Boone, 2007). In other words, identifying aspects that contributed to success or failure in an activity on one occasion will not necessarily transfer with the same outcomes to a comparable situation. The complexity of the system means a multiplicity of variable determinants will have had an impact on outcomes. This turns on its head the notion of identifying 'good practice' and then seeking to replicate it. Such an approach can bring about adoption of 'rules' that would in turn result in creating 'order', potentially stifling creativity and in this context, inhibiting emergence of other supervision activity (Khan et al. 2018).

...complex systems are creative and the essence of creativity is unpredictability. Humans, for instance, are unpredictable learners and this characteristic is responsible for the emergence of creative learning experiences.

(Rodrigues-Júnior and Paiva, 2006, p.2)

In terms of implications of this for supervision practices, it is helpful to consider Plsek and Wilson's (2001) suggestion for focusing on the relationship between parts of the complex adaptive system and the impact of the wider system within which it operates. This may include for example, change, culture, supervisory skills and

experience, and leadership styles. Recognising that supervision does not operate as a separate process means that it is not possible to produce a ‘recipe’ that will ensure success, neither is it about finding the end of a ball of string so that it can be unravelled. Instead, it is considering how each aspect of supervision practices impacts on, and responds to, an aspect in another part of the system.

Recalling that tension between order and disorder is required for complex adaptive systems to flourish (Cilliers, 2005), there is a need for some structure. Emergent behaviour in complex adaptive systems results from a simple framework that allows agents to experiment (Jones and Corner, 2012). Drawing on Bourdieu (1977), Mowles, Stacey and Griffin (2008) use the metaphor of artistic improvisation in for example, jazz music, to illustrate the idea of a structure around which agents in a complex adaptive system can be creative. Localised learning needs to focus on looking at the structures that are in place, noticing patterns in behaviours, and then improvising to generate new manifestations of supervision.

Therefore, supporting staff members to notice what works, and then giving them the resources to develop local expressions of supervision has potential to result in emergence of supervision practices. The challenge will be to capture this and create the resources in such a way that they do not inadvertently end up being structures that once again limit creativity in supervision.

#### **6.4.2 A safe space that is uncomfortable or an uncomfortable space that is safe**

- How might the intersection of safety and discomfort in supervision practices be harnessed to produce a learning space for agents?

The importance of safety in a supervisory relationship is highlighted in this study and there is no doubt that feeling safe in supervision is a desired state. There is much in the supervision literature focusing on the importance of the relationship between supervisors and supervisees and on how to develop rapport in order that supervision is a productive activity (Sloan and Watson, 2001; Sloan, 2005; Cerinus, 2005; McPherson, Frederico, and McNamara, 2016; Pront, Gillham and Schuwirth, 2016; Wilson and Taylor 2019). However, this study also provides evidence that managing

the safe space is more than just the relationship between the parties involved in supervision. It also includes spoken and unspoken permissions to engage in supervision alongside access to a physically safe environment and indicates the importance of challenge in supervision. The question that has been posed suggests that being safe in supervision is more than just being comfortable.

The concept of 'psychological safety' (Edmondson, 1999; Edmondson, Bohmer and Pisano, 2001; Edmondson et al., 2016) provides a reference point for the paradox and tension:

[Psychological safety is] The degree to which people view the environment as conducive to interpersonally risky behaviors like speaking up or asking for help

(Edmondson, et al., 2016, p.71)

Edmondson (1999) argues that when an individual or team experience 'psychological safety', they can challenge and be challenged, admit mistakes, and ask for help without fear of judgement or censure. Emphasis on the interpersonal context and the relationship between this and learning that takes place, contrasts with the conventional approach of identifying structures that support learning or providing individuals with skills to manage learning in 'difficult' interpersonal situations (Edmondson, 1999).

Arguably, this is an appropriate view as there needs to be some direction and guidance from the organisational leadership. However, agreeing on what supervision 'should be' implies that there is a 'right way'. The organisation has policies and guidelines in place that support supervision but, as highlighted above, these cannot account for all eventualities, experience, expectations, and circumstances. It is important to acknowledge that, as discussed in Chapter 2, the concept of supervision is not fixed (Lynch, Happell and Sharrock, 2008; Pollock et al., 2017). The findings in this study contribute to this idea in that the systems and structures that surround supervision, for example, policies, history, experience, and culture, impact on supervision practices, but they do not 'make' the supervision. It is the interactions between these and the organisational staff, in the moment of supervision, that create those practices. Therefore, discussing the significance and implications of this

argument adds to understanding and development of supervision practices in organisations such as the Trust.

Edmondson's (1999; Edmondson et al., 2016) study identifies the significance of leaders' behaviour and the impact that hierarchy plays in fostering or inhibiting psychological safety. Rudolph, Raemer, and Simon (2014) discuss this further and used the framework of psychological safety to identify how to enhance learning for students. They identified that there were actions that a teacher could consider that would facilitate environmental safety. However, applying this to the paradox of an uncomfortably safe space means consideration of the context and culture of supervision practices at all levels in the organisation. As discussed in the first point above, supervision practices will emerge at a local level, but the impact of messages and narrative from senior leaders are particularly important in addressing the extent of safety experienced by staff members engaging in supervision practices.

#### **6.4.3 An incongruent consistency or a consistent incongruence**

- How might the incongruence inherent in organisational and cultural values be consistently embraced to support supervision practices in organisations like the Trust?

This study highlights the significance and challenges of different value systems that contribute to supervision practices as a complex adaptive system. The findings provide examples of conflict at a micro level when participants struggled to reconcile their ideas about supervision with their professional and personal values. In response to this, there is an expectation by participants that the organisational narrative will provide some direction and clarity regarding reconciling values and behaviours. However, their experience illustrated that the contradictions in values also exist at a meso level. The impact of this on participants was to provoke anxiety and more uncertainty about supervision.

The values framework held by staff members would have been influenced by a variety of factors. These include, for example, the individual's core value system, their exposure to, and experience of, supervision, their underpinning philosophy of

supervision, historical approaches to supervision from an organisational perspective including polices and culture, and their position in the organisation (Molina, 2015).

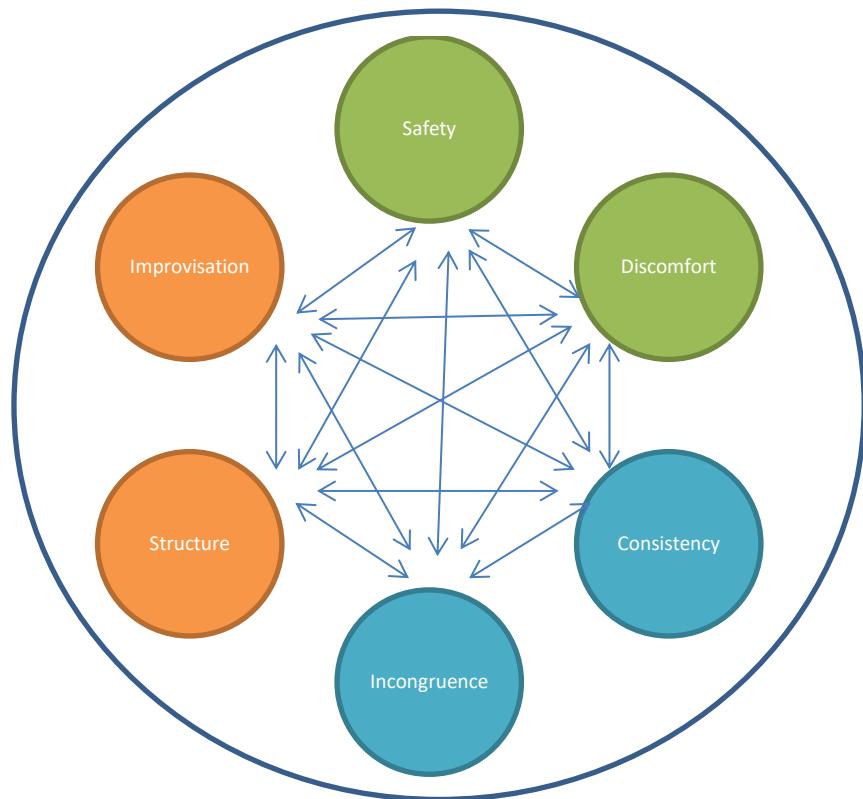
Values held at an organisational (meso) level that relate to supervision practices are articulated in policies, and in messages that are conveyed by senior leaders. These values reflect the organisational culture and are also informed by, and respond to, external (macro) values and messages. This reflects the nested nature of complex adaptive systems and the interaction that occurs between different layers of the system (Haynes, 2018a).

Haynes (2018a) argues that it is essential to recognise the impact of values on policy and practices in public services and he notes the intersection and tensions that result in the overlapping and contradictory nature of values. He links values to the concept of 'attractors' and describes these in a social context as being mechanisms that create stability and order (p.983). Plsek and Wilson (2001) identified the relationship between values, attractors, and responses to change by human agents in a complex adaptive system. They suggest that understanding this aspect of complex adaptive systems is essential when implementing policies. Haynes (2018a) also discusses the hierarchical nature of values, along with the potential for processes or initiatives that are not perceived as a priority to be marginalised, resulting in the neglect or exclusion of other values. As mentioned earlier, an example of this is the moral failure identified by the Staffordshire Hospital Inquiry in England (Francis, 2013) where the senior leadership's focus on financial stability, rather than compassionate care, led to fatal consequences for delivery of care to patients.

There is a need for transparency at a micro, meso, and macro level of the values that are informing supervision practices. The intersection of order and disorder could be the point at which structures are sufficiently flexible that they are able to absorb different priorities and value approaches for supervision. The paradox moment is in the tension between values and the embracing of differences rather than ignoring or attempting to eliminate them (Plsek and Wilson, 2001). Articulating these and identifying the link between organisational values, priorities, and supervision practices provides a way of managing this tension.

#### 6.4.4 Conclusion

It is important to recognise that due to the nature of complex adaptive systems, all aspects of supervision practices interact and impact on each other. Figure 6.6 illustrates this by acknowledging the inter-relationship between order and disorder in the three themes.



**Figure 6.6: Supervision practices as a paradox (original in colour)**

The next section builds on this discussion and sets out recommendations that support embracing the paradox inherent in supervision practices.

#### 6.5 Implications and recommendations

This section outlines the implications of the findings from this study and identifies recommendations for senior leaders and policy makers, supervisors and supervisees, registrant and monitoring bodies, and the wider health and social care context.

### **6.5.1 Implications and recommendations for senior leaders and policy makers:**

In complex adaptive systems, emergence of creative solutions happens at a local level and cannot be managed or controlled from a central point or by a hierarchical approach. However, because of the relationship between culture and complex adaptive systems, it is important that the narrative, structures, and resources for supervision practices are modelled by the senior leadership of organisations, such as the Trust, and the systems that are in place support supervision practices as a complex adaptive system.

From this study, and in response to viewing supervision practices as a complex adaptive system, there are significant implications for the way that supervision is articulated at a senior level. This shift includes a 'letting go' of the notion it is possible to neatly define and manage supervision practices. These findings indicate that narrative at a senior level in the organisation needs to explicitly acknowledge the impact of context, values, and priorities on supervision practices. It is also important for this to recognise that supervision practices bring an element of order but that they can also disrupt and challenge order. Managing to hold this contrasting or conflicting position is challenging but acknowledging and embracing the complexity has the potential to enable innovative supervision practices to flourish. The recommendations include:

- Policy notes and guidance should focus on a simple outline framework. This is important for two reasons. Firstly, complex adaptive systems benefit from having a few simple 'rules'. Secondly, inclusion of detailed instructions in policies and guidance notes can perpetuate the idea that it is possible to clarify all aspects of supervision.
- Resources for supervision practices need to support emergence and local manifestation of supervision.
- Focus for supervision practices should be on local manifestations of supervision rather than any attempt to identify 'best practice' for an organisation. Supporting teams and services to identify what works in their context would enable emergence of local solutions and practices.
- Information and preparation for staff engaging in supervision should emphasise the complexity of supervision practices and focus on supporting

staff members to embrace this complexity.

- Content of preparation courses for those engaging in supervision practices needs to include development of understanding of the complexity of supervision relationships, and reflect the need for improvisation, psychological safety, and transparency of values.

#### **6.5.2 Implications and recommendations for supervisors and supervisees:**

Those engaging in supervision practices must embrace the variations that they will experience in supervision. This group also needs to be able to 'let go' of the notion that it is possible to neatly define and manage supervision practices. It is necessary to prioritise development of a 'psychologically safe' space which requires sophisticated communication skills and a willingness to acknowledge competing demands on supervisory practices. The recommendations include:

- Approaching each supervision interaction as a new activity and venture.
- Development of interpersonal and communication skills.
- Reflexively and openly consider how they interact in supervision 'spaces'.
- Exploring and experimenting with supervision practices, identifying what 'works' in each supervisory relationship.
- A valuing of challenge and discomfort in the supervisory relationship.

#### **6.5.3 Implications and recommendations for monitoring and registrant bodies**

There is a perpetuation by professional and registrant bodies of the notion that supervision can be defined specifically for different staff groups. However, it can be seen from the findings in this research that no such delineation exists. Recognising that supervision is a complex and emergent concept needs to be reflected in the expectations of these bodies and other monitoring organisations such as the Care Quality Commission. The recommendations therefore for this group include:

- To incorporate minimal detail in instructions for supervision practices allowing for local manifestations to emerge.
- To emphasise the importance of interpersonal communication in supervision.
- To highlight alternative and flexible manifestations of supervision practices.

#### **6.5.4 Implications and recommendations for the wider health and social care context**

Recognising the complexity inherent in supervision practices within the wider context of health and social care has implications for the way supervision is understood and practiced. There is increasing acknowledgement of the complexity of health and social care systems and practices, but the dominant discourse of reductionist and mechanical thinking is still pervasive particularly in organisational policy (Long, McDermott and Meadows, 2018; Belrhiti, Nebot Giralt, and Marchal, 2018).

Supervision practices are seen as an important aspect of workforce activity (CQC, 2018), but the continually increasing pressures on the system mean this necessarily will conflict with the demand on practitioners' time (Gerada, 2014). The recommendations for this group include:

- A shift in narrative that embraces the complexity of supervision practices.
- Consideration of the implications of complexity thinking for organisational policies.

## **6.6 Summary**

This chapter presents the discussion of the findings in this study and demonstrates how order and disorder are present in these. Using these findings, I have argued the case for considering supervision practices as a complex adaptive system. This provides an exploration of what it is that contributes to the complexity of supervision and argues for an explanation of why it is so challenging to implement and sustain supervision practices.

I have then identified how tension in the complex adaptive system, which I have framed as order and disorder, can be seen as a paradox. Being able to live with paradox in a complex adaptive system can be uncomfortable for agents, a perspective that is evident in the findings from this study. Living with or embracing complexity challenges the traditional need to impose order (Khan et al., 2018). This means that rather than trying to manage the disorder and reconcile the differing aspects, it is necessary to embrace the paradoxical nature of supervision practices.

This is important when considering an organisational approach to understanding supervision, and in terms of identifying conditions that would enable these practices to flourish. Viewing supervision practices as a complex adaptive system means the conventional way in which supervision is described, supported, and evaluated must be reconsidered. Being able to reconcile the need to ‘hold’ paradoxical aspects of the complex adaptive system requires a significant shift in thinking.

I have offered suggestions for application of this perspective to the approaches used in communicating and supporting supervision practices in the organisation. I have identified that for supervision practices to flourish, there is a need for a structure that embraces the paradox of supervision practices in that it allows for improvisation, provides safety, encourages challenge, fosters consistency, and embraces incongruence.

Agents in complex adaptive systems will only be aware of the impact of their actions on their immediate context (Heylighen, Cilliers and Gershenson, 2007); I have therefore noted the implications of these challenges at a local level. However, the nature of complex adaptive systems means that actions of agents will have a wider impact than they will necessarily anticipate (Heylighen, Cilliers and Gershenson, 2007). I have therefore also identified the implications for the leadership of the organisation and the wider healthcare system.

In the concluding chapter, I summarise my study and make recommendations for further research studies.

## **6.7 Reflexivity**

The process of discussing my findings has helped me to understand them at a greater depth. It has been particularly useful in terms of clarifying what my findings say and how I present them. I have likened it to authoring a novel in that I needed to know what the ending was to ensure that there were no loose ends earlier in the narrative.

It was sometimes a struggle to know what to include, and what to leave out from my writing and I am conscious that I could have written much more. This has made me realise what a rich source of potential contribution to knowledge this study provides.

I have been challenged whilst writing this. There have been times when I was aware that I was 'sitting outside the organisation' (Stacey and Mowles, 2016). I am an insider researcher and need to constantly remind myself that *I* am the organisation as much as my participants. I catch myself imagining myself sitting outside the organisation, looking in. I need to consider what *my* contribution is to supervision practices in the organisation and to reflect on how *I* behave and view supervision, both as a supervisee and as a supervisor.

This chapter is my ideas and interpretation of the findings from my study. It has been an energising and enjoyable aspect of writing this thesis.

# **Chapter 7 Conclusion**

## **7.1 Introduction**

This concluding chapter provides a summary of my research and the conclusions I have drawn from the findings and discussion. I begin by presenting the contribution to knowledge made by this study. Following this is an overview which includes a brief description of the context and rationale for conducting the research, along with the study aims and questions. I then outline the strengths of the study and discuss the limitations and steps taken to mitigate these.

In presenting the plans for dissemination and implementation of the findings, I suggest that the study will be of interest and value to a wide audience, including those working in health and social care, and researchers who are interested in developing complexity thinking in organisations. Finally, I reflect on my personal and professional development through this doctoral ‘journey’ and the experience of becoming a researcher.

## **7.2 Originality and contribution to knowledge and practice**

The primary contribution of this PhD to the existing body of knowledge related to supervision is in the way supervision is understood in an organisation. Most existing studies of supervision practices explore ways to increase understanding of supervision and develop skills and systems that support practice. I have argued that this approach is reductionist. Trying to ‘fix’ supervision using a homogeneous approach, or by applying a particular formula, is looking at the challenge from one direction, and does not take account of the complexity inherent in supervision practices.

Presentation of a novel interpretation of supervision practices as a complex adaptive system, governed by the paradox of order and disorder, challenges the idea of supervision practices as fixed, static, and definable activities. It instead presents them as dynamic, complex, emergent, and changing in response to context and system history.

Adopting complexity thinking provides an opportunity to consider, in a unique way, how supervision practices are understood. It adds to understanding of why implementing sustainable and effective supervision practices is elusive, despite extensive application of methods and models to support those practices. I have challenged the concept of supervision practices, problematizing the dominant narrative. This invites an alternative perception of what supervision is, and what it contributes to organisational practices at a micro (individual), meso (organisational), and macro (external) level.

A further element of my contribution to knowledge is in the approach I have taken in viewing supervision practices as an organisational activity. Most existing studies explore supervision for a section of an organisation or across a professional group. This study is novel in that it uses an organisation-wide approach to explore the challenges of implementing supervision practices. This is important, as NHS organisations will usually have a supervision policy or policies that apply to all staff or major groups of staff, only differentiating between those who have clinical roles and those whose role is more administrative or corporate. The uniqueness of my study is in its inclusivity and acknowledgement of the impact of the wider organisational context on how supervision practices are viewed, enacted, and supported.

This research also offers a contribution to knowledge in the way complexity thinking has been applied in this study. Having established that supervision practices are a complex adaptive system, I then used this thinking to deepen understanding, and inform recommendations for those practices. This is a novel application of complexity thinking and contributes to empirical understanding of the potential for complexity thinking to inform organisational practices.

### **7.3 Overview of the study**

I was once told that it is important to pay attention to things that bother you, aspects of your work that ‘niggle’; this is the beginning of research.

I approached this study with a problem that I wanted to explore. I had concluded that supervision practices were something that, despite my best efforts and those of

many others, remained a cause of contention and, at times, distress. For example, on one hand, it was lauded as an important, even essential, aspect of working life, but on the other it was often one of the first things to be cancelled when services became busy. Supervision was perceived as something good and beneficial for staff, but the focus on complying with policy requirements meant it was sometimes experienced as a negative and onerous activity.

At the time I began my research I was professional lead for supervision and charged with responsibility for improving the quality of supervision practices in the Trust. However, as I searched for studies addressing this challenge, I could find none that satisfactorily answered my questions about what 'quality supervision' was, or how to support something that might be considered 'quality supervision' across an organisation. Most researchers focused on an element of supervision process such as training or documentation and ignored the wider context. A small number of studies included a variety of professions, but most chose to explore supervision or offer interventions aimed at specific staff groups. There were even fewer that considered organisational factors or looked at longer term efficacy of any interventions.

To address this gap in the literature, it was necessary to adopt a wider perspective and establish an understanding of what was happening in practice. From this it was possible to consider how to strengthen supervision practices that might benefit individual staff members, develop my own practice, and support organisational priorities.

The research question for this study was:

- How do staff in an NHS organisation perceive the purpose and experience the practices of supervision?

The aim of this study was:

- To identify the range of perceptions and experiences of supervision practices across the organisation, and the relationship between these and the organisational context.

From this the objectives were to:

- Investigate different understandings, experiences, and expectations of supervision for differing strata and professional groups of staff across the Trust.
- Investigate the relationship between organisational factors and the manifestation of supervision practices in the Trust.
- Identify a basis on which to move the supervision agenda forward within the Trust.

I adopted an ethnographic approach and collected data through four focus groups and five individual interviews with staff representing a cross-section of roles and levels of seniority. The schedules for the focus group and individual interviews can be seen in Appendix 4. This demonstrates how I invited participants to describe and explore their perception of supervision practices. Participants included a cross section of staff, representing various levels of seniority in the organisation and a range of staff groups and services. The sample summary can be seen in Section 3.4.3. I conducted a document analysis of Trust supervision policies and national guidelines from professional and registering bodies (Appendix 6) and included my experience as an insider researcher.

Data produced from asking the research questions illustrated the range of experiences and understandings of supervision practices in the organisation. However, this did not help to address the study aims of obtaining a deeper understanding of supervision practices, or of identifying ways to support those practices more effectively. A significant feature of the data was the tension and conflict participants described in reference to their understanding and experience of supervision practices. Analysing the data and identifying a framework that effectively captured and articulated this conflict in a coherent way, was a focus for much of this research journey.

Applying the lens of complexity thinking provided that framework. It enabled me to acknowledge the complexity of the influences on supervision practices, and to take account of differences in individual members' perceptions and experience. In using complexity thinking, I approached supervision practices as a complex adaptive

system underpinned by order, disorder, and paradox. This contrasts with viewing them as linear processes with sections to be explored and developed as separate entities. Complexity thinking offered new insights to the ‘how’ and ‘why’ supervision operates in the way it does. I wrote in my diary:

*I am now writing my discussion chapter and feel that in complexity thinking I have identified a way of expressing what I felt right at the beginning of my research, that there was tension in the conflicting views and experiences of supervision. I have finally found a way of expressing that by using the concept of order and disorder and the intersection of these two aspects of my data.*

(DH Diary 21.11.20)

## 7.4 Strengths of the study

In deciding which approach to use for this study, I considered a range of options and discussed potential alternative designs in my Methodology Section (Section 3.3). I presented my rationale for choosing an ethnographic design which, as this study explores supervision practices in the context of organisational culture, is an appropriate approach (Morse, 1994). I incorporated elements of focused ethnography (Wall, 2015), reflecting the focused topic of supervision practices in this study.

I discussed my position as an insider researcher in Chapter 3, and in recognition of this challenge have incorporated reflexive accounts throughout this thesis. I consider that this perspective contributes to the strength of this study. It served to support my onto-epistemological position of social constructionism in that I was viewing the concept of supervision practices from inside rather than as an objective observer (Gergen, 2015). The reflexive accounts I included at the end of each chapter demonstrate the value of this position. They are by their nature still limited, as absolute reflexivity is impossible (Pillow, 2003), but they present some transparency of my developing thinking and the contribution of this to the study findings and discussion.

This study is a qualitative study conducted in a single organisation with a small number of participants. However, a further strength is in the unique approach to considering supervision practices across a whole organisation. It is likely that the

findings will be broadly transferable to similar health or social care organisations, and I took steps to strengthen this. Inclusion of a range of interprofessional staff groups and incorporation of organisational policies and processes meant the findings were not focused on a specific staff group or organisational context. This lack of specificity contributes to the probability that health and social care staff members will be able to recognise, and identify with, the stories of participants. I would argue these features mean that the findings may resonate with other organisations.

There is an ongoing debate in relation to how complexity thinking is applied to organisational processes and in social systems research. Application of complexity thinking in social systems research is evolving. There are differing views regarding the potential for complexity thinking to provide a metaphor for organisational processes, and the extent to which it can inform practice (Castelnovo and Sorrentino, 2018; Eppel and Rhodes, 2018). I have argued this throughout my thesis and would assert that the specific application of complexity thinking to supervision practices is a strength of this study. By using complexity thinking in this way, I have demonstrated the capacity for it to transform the perception of organisational processes, a contribution to knowledge that is potentially applicable to a broader range of social and organisational systems research.

## 7.5 Limitations of the study

I provided evidence for the methodological rigour of this study in Section 4.5 using the structure of Tracy's (2010) Eight "Big Tent" criteria. However, on reviewing and reflecting on development and completion of this thesis, I identified aspects of the methodology, method, and analysis that may be interpreted as limitations. In this section I acknowledge these and describe steps I took to mitigate them.

### 7.5.1 Study design

Hammersley (2006) outlines some of the challenges facing researchers who state that they are conducting an ethnographic study. I discussed this in Section 3.3.2 and acknowledge that this study has employed an ethnographic approach drawing on focused ethnography. The absence of a 'pure' ethnographic approach has potential to undermine dependability of the study. Participant observation was not included in

the design of my research which is presented by some as a hallmark of ethnographic studies (Patton, 2002). However, Feldman (2011) challenges this and I outline in Section 3.3.3.6 my rationale for omitting participant observation in this study.

I would argue that the nature of ethnographic study is to adopt approaches that work for the circumstances and followed Hammersley and Atkinson's (2019) list of distinctive features (p.2) to justify this approach. I have taken care to provide a clear audit trail of the processes I followed and included reflexive accounts throughout the thesis.

### **7.5.2 Viewing supervision practices as a positive concept**

As discussed in Section 2.2.4.1, there is a tendency in the literature and organisational and national documents to reify supervision practices as something helpful and positive (Maclaren 2013). This was also apparent in this study in the stories of supervision told by participants and in my own experience of supervision. Supervision practices were presented as something 'we should be doing'. I was aware there was a risk of all my participants sharing this view, which presented a gap in the recruitment strategy. An additional potential gap was that I did not recruit any participants who avoided, or admitted to avoiding, supervision. To mitigate this, I included an interview with a participant who held a more sceptical view and elicited their description of avoidant behaviours. This will not have addressed the gap completely and presents a future area for research.

### **7.5.3 Single organisation**

This study was conducted in a single NHS organisation. This may be considered a limitation of the study as inclusion of participants from another organisation or organisations would have presented additional perspectives. The decision to conduct the study in one organisation was based on the purpose of the study, the design, and the methods used.

The purpose of this study was to consider an organisation wide view of supervision practices in the cultural environment of that organisation, and the current neoliberal context (Gane, 2012; Clouston, 2014; Grant 2014b; Haynes, 2015). Data was collected from a broad range of roles and levels of seniority, resulting in a cross-

section of staff in the organisation. The dataset also included organisational documentation which provided additional cultural background. By exploring supervision practices in a single organisation, I was able to locate these in the cultural context which then contributed to the robustness of the findings.

Section 4.5.5 describes how the study meets the requirements of resonance, and I detail the recruitment and selection of participants in Section 3.4. This then supports the relevance and applicability of the findings to other health and social care organisations.

#### **7.5.4 Insider researcher**

Being an insider researcher presented some potential limitations. My position in the organisation and relationship with participants may have impacted on their comments and contributions. This has been discussed by authors who identify as ‘insider researchers’ (Mercer, 2007; Costley, Elliott and Gibbs, 2010; Tuffour, 2018) and Lor and Bowers (2018) explored the impact of insider status on the willingness, or not, of participants to be open and honest with the researcher. They concluded that establishing trust between researcher and participant was a key factor in supporting data collection in such circumstances, and that an ability to identify with participants was a positive factor.

To mitigate the potential for this to be an issue for my research, I emphasised the confidentiality of the interviews and the nature of the study as being separate from my role in the organisation (Costley, Elliott and Gibbs, 2010). I also had a co-facilitator who functioned as a note taker for each focus group. The presence of a second ‘official’ reinforced the nature of the focus group for participants and gave me access to an independent perspective on the interactions and engagement of the group.

Similarly, I will have interacted differently with my participants, particularly those who held very senior positions in the organisations, subconsciously adjusting my interview approach in deference to their position (Webster-Deakin, 2020). I was aware of this and the impact on my behaviour when interviewing them. To manage this, I had an outline interview schedule that provided structure for the conversation

and was mindful that I did not include in the schedule any questions I would be reluctant to ask of colleagues at any level. I was, however, aware that I did not press more senior colleagues for answers with as much persistence as I did for those who were more junior. This may have had an impact on the data, but I made a conscious decision to focus on the main points of the interview schedule.

As an insider researcher, I brought my own agenda to this study and therefore may have paid more attention to participants' views that matched my own. I analysed my data using Reflexive TA (Braun, Clarke and Hayfield, 2019) and reflected on my assumptions and ideas alongside those I noticed in my data. Taylor (2011) discussed the importance of recognising that the researcher's perspective will be affected by the relationships they have with participants, and the extent to which they identify with the subject of the research study. Identifying the findings was an iterative process and I discussed my developing ideas with my supervisors. This provided an opportunity to evaluate and reflect on the themes I identified, and I regularly revisited the data to ensure there was empirical evidence to support those themes.

A further limitation of this relationship is my closeness to the subject of the study and the potential for me to be the last to notice the sea in which I am swimming (Pillow, 2003). This point was made by Unluer (2012) who referred to closeness to the situation as potentially being a hindrance to an insider researcher, preventing them from seeing the bigger picture. At the same time, I was mindful of the risk of seeing myself as 'outside the organisation' (Stacey and Mowles, 2016) rather than as a contributor to the organisational context. It was important that I maintained a level of reflexivity throughout the study, checking my responses, noting my learning and reactions to the data and findings, and articulating the impact the research had on me (Attia and Edge, 2017).

To do this, I made use of reflexive accounts throughout this thesis, which I included at the end of each chapter. In these I describe the development of my ideas, what of myself I bring to these, and how they in turn impacted on me. I also added excerpts from my field notes, diary, supervision notes, and reflections as illustrations of the development of my thinking, and to expand on specific points throughout the thesis.

## **7.6 Dissemination of the findings**

I have taken opportunities throughout my doctoral journey to disseminate the findings of my study. This has included conference presentations, poster presentations, and competition applications (Appendix 26). These provided me with opportunities to discuss my study with others, including those from different specialities, to respond to feedback, and to reflect on and develop my research.

I will feedback to the participants in my study with a summary report of the findings and discussion. I will present the findings and discussion to relevant groups, operational managers, and senior leaders, including the Executive Team in the Trust. I will also seek opportunities to disseminate my study findings to interested parties in other NHS organisations

The findings in this study have implications for health and social care organisations, professional, statutory, and registering bodies, and higher education curriculum. To inform and influence development of supervision practices, I plan to present my findings at a Research Conference (internal to the organisation) in the first instance. I will then identify relevant conferences where the findings will be of particular interest. These include health professional and practice education conferences, health service management conferences, and health professional development conferences. I also anticipate the findings will be of interest to an audience wider than the United Kingdom, so will seek to present at international conferences.

I plan to publish papers in journals that reflect the topic, methodology, and/or theoretical lens used in my study. I anticipate this research will be of interest to health professional journals as well as journals incorporating health and public services management. I will also approach journals with a focus on qualitative research and those that have an interest in complexity in social sciences.

## **7.7 Recommendations for further research**

Applying the principles of complexity thinking to management of supervision practices in an organisation is, as outlined above, a new way of understanding

supervision. It is therefore an area that would benefit from further research. The recommendations from the findings and discussion present some considerations for changes to the organisational approach to supervision. It would be appropriate to explore this in practice and then evaluate the experience for organisational members.

Findings from this study have implications for other organisational processes in healthcare organisations, as well as for organisations beyond healthcare. Further research would continue to build on this knowledge base

Most studies in healthcare that have used complexity thinking have focused on clinical leadership and clinical processes. Studies to develop this approach would add further to knowledge and understanding in this area and would be particularly relevant in a post-pandemic era. This is partly because pandemics are themselves complex systems (Wernli et al., 2021), but also the impact of the Covid-19 pandemic on human systems has exacerbated the complexity of those systems (Saurin, 2020; Fessell and Goleman, 2020).

In this study, I focused on supervision practices as a complex adaptive system. It would be appropriate to explore the relationship between supervision practices and the wider complex adaptive systems in which they operate. This is in recognition of the nested nature of complex adaptive systems.

Following on from this study, there are several areas of interest I have not explored other than superficially. One of these is to examine the relationship between supervision as a complex adaptive system, knowledge creation, and learning in the organisation. This would build on the work of Borzillo and Kaminska-Labbe (2011) and would inform another aspect of supervision practices in focusing on the output of these practices.

A further area of research would be to look in more detail at the organisational factors of control and surveillance and how they mediate on supervision. I acknowledged the relationship between supervision practices and the production of safety, and supervision practices and the production of order, but again have not

explored these in detail. Studies exploring these aspects would build on the work of Duncan-Grant (2001) and Gonge and Buus (2016), adding to the understanding of the potential for supervision to create or disrupt order.

## 7.8 Reflexivity

I have included a 'reflexivity' section at the end of each chapter. This is in recognition of my position as insider researcher, and I have detailed my rationale in Section 3.3.3.5 and Section 3.5.2.1.

Part of the process of becoming a researcher has been my developing understanding of what constitutes reflexivity, and it is significant that there is diversity of understanding in the literature. For example, Hinton and Ryan (2020) include a heading of Reflexivity on page 52 but this section describes reflecting on what went well or less well and tracking the development of ideas. For me, this is more akin to reflection and is linked to the importance of reviewing actions and identifying an appropriate response.

My understanding is that reflexivity offers a deeper and more complex examination of my ideas. It requires self-awareness and the ability to place myself in the opposing position. To intentionally notice my taken for granted assumptions and ask the question 'What if the opposite were so?'. It also requires me to notice when those assumptions impact on my actions throughout the study and on my interpretation of information and data. Alvesson (2003) describes reflexivity as follows:

Reflexivity operates with a framework that stimulates an interplay between producing interpretations and challenging them. It includes opening up the phenomena through exploring more than one set of meanings and acknowledging ambiguity in the phenomena and the line(s) of inquiry favored, and it means bridging the gap between epistemological concerns and method.

(Alvesson, 2003, p.14)

Writing this chapter signifies the end of this thesis. However, the nature of the document means I end with more questions and ideas ready for the next challenge, so not an end at all.

I began this project with a question about quality of supervision. At the time I was lead for developing supervision policy and practices in the Trust and seeking a way to support Trust members to develop supervision practices that were meaningful and productive. I was aware of feeling a level of discomfort about what I perceived to be the disconnection between how supervision was presented in Trust policies, and the variety of experience and understanding of Trust members. I was also aware of the confusion and multiplicity of understandings of supervision and clinical supervision in the literature (Lynch, Happell and Sharrock, 2008; Dawson, Phillips and Leggat, 2013; Snowdon, Millard and Taylor, 2016). I initially approached this study to check whether this disconnection and confusion was only in my head, or if it was indeed how others experienced it. I was seeking a framework to begin to make some sense of this because without it, I did not think it was possible to move forward and develop supervision practices in the Trust.

During the time of this study, I continued to have an influential role in the Trust regarding development of supervision policy and practices. As I conducted the study, I became aware of how my understanding has shifted. My position as a researcher has influenced the approach, process, and interpretation of the study, but also the process of exploring this topic has impacted on my thinking, and perception of supervision. I have challenged my assumptions and socialised views of supervision, for example, the notion that supervision is a 'good thing'. From my data and other conversations with colleagues, I noted that not everyone shares my view. MacLaren (2013) cautions against the reification of supervision and suggests this idea should be challenged by researchers. I have acknowledged that my view is based on my own experience and preferred style of processing ideas, and that others may have a different and equally applicable view. Supervision, in my preferred style, may therefore be less helpful for someone who has a different processing style.

In addition, I noticed the mixed messages presented around supervision, in terms of the way it is described by individuals, but also in the policies of the Trust, some of which I authored. As I analysed Trust policies, I was particularly struck by how the language used might contribute to the challenge of implementing supervision. I also became conscious that, although these documents were often detailed and provided

comprehensive guidance, for them to be effective, staff members needed to read them and interpret content in the way intended by the author(s).

I have become increasingly aware of how socialised I am in the positivist paradigm. This is challenging as although I do not believe there is a 'right' way for supervision to be conducted or indeed that it is a fixed 'thing', I am immersed in a culture that expects things to be measurable. This means that at times I resort to positivist language, for example, wanting to use several types of data to corroborate my findings when describing or arguing my position. I am still learning ways to articulate my position appropriately, and in language that is understood in my organisation. In the supervision record below, I reflect on this challenge and how it impacts on my relationship with my study from the position of insider researcher:

*I came away from the supervision meeting with a sense of anxiety, and it took me a while to work out what that was about. My default in these situations is to align it with a sense of failing and to give myself a hard time about not achieving, but I knew that was irrational. I now think that it was a reaction to the need to be more conscious about my differing and at times conflicting roles. Once I had recognised this, I found that firstly the anxiety resolved but also it made it easier to think about what it is I need to do for the Trust. I realise I was in one sense making my life more difficult than it needed to be by expecting that I, and the Trust members, needed to progress supervision in line with my research findings. I now realise I need to recognise the 'procedural rationality' that is impacting on those expectations and include that in my research. However, what I produce for the Trust will be what works for that body at this time. I think I was trying to 'make it all better' on my own and confusing my responsibility as an employee with what I am noticing/finding/identifying as a researcher.*

(DH Supervisory Meeting Report 21.01.16)

I am therefore part of this study, both in terms of what I have added to it, but also how the learning and process of conducting the study have changed me. It is with this in mind that I present my dataset and process of analysis.

As I reflect across the whole of this journey, I see the ups and downs of the time I have engaged in this enterprise. I recall periods when I felt overwhelmed by the number of things I (felt I) needed to complete. I can take myself back to the places when I felt completely stuck and frustrated, not able to comprehend I would ever reach the end. There were also times of excitement and achievement; listening to my participants as they discussed supervision, progressing through the stages; Research Plan, Ethics Submission, Transfer.

I have gained much in this time. As anticipated, I acquired knowledge and understanding of topics, skills, and processes, in other words, conventional learning. I also developed a new way of viewing the world, one that has challenged my preconceived ideas and biases. Being asked to justify and explain what you are doing and why you are doing it requires a deep level of understanding of yourself. This then reflects my development as a researcher. It is not just about learning how to ‘do research’ but also how, as a researcher, you approach the world with curiosity and a reflexivity that means you are able to look at things differently and discover new insights.

The other learning I gained, is in my perception of myself. I spent much of the time during this project feeling intimidated by the research process and the potential significance of my findings. When I finally expressed this to one of my supervisors, they suggested I may be experiencing imposter syndrome. This was a helpful framing of my feelings, it enabled me to shift position and ‘own’ my study which represented my ‘becoming’.

On a personal level, I have had to navigate the impact of ‘real life’ on my capacity to engage with my project. It is not appropriate to detail these here, but there were periods when I was not able to engage with my study and needed to step away completely. Finding energy to continue and identifying what would motivate me has been a very individual exercise. Another of my supervisors commented that completing a PhD is not a demonstration of ability to study at that level, as the selection process identifies that, instead it is more a reflection of tenacity. This resonates with me. I have reached the end of this thesis because of my determination to complete it, and my refusal to give up even when it became difficult or overwhelming.

There is something ironic in that identifying supervision practices as a complex adaptive system provides some order to a messy and disordered concept. For me, the need to find a level of closure and definable outcome in this study is satisfied by the model I have created. However, I find myself challenged by the contradiction this presents. I have argued for the complexity of supervision practices to be embraced

but am left wondering if I have fallen into the same trap of following the dominant discourse of a need for order.

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## **Appendices**

## **Appendix 1. Example of Search History conducted in 2017**

**Databases searched:** AMED, EMBASE, HMIC, BNI, Medline, Psychinfo, CINAHL, HEALTH BUSINESS ELITE

**Search terms used:** **1** Supervision.ti; **2** Research.ti,ab; **3** “clinical supervision”.ti; **1** AND **2**; **2** AND **3**; (**1** AND **2**) OR (**2** AND **3**); Duplicate filtered (**1** AND **2**) OR (**2** AND **3**)

**Results by Publication Year following deduping process:**

<b>Publication years</b>	<b>Number of papers</b>
2015 – 2016	292
2013 – 2014	490
2011 – 2012	451
2009 – 2010	437
2007 – 2008	432
2004 - 2006	375
2001 – 2003	389
1997 – 2000	483
1991 – 1996	193
1981 – 1990	119
1887 - 1990	59

## Appendix 2. Literature Search Strategy

<b>Search terms used</b>	<p>Supervision OR 'Clinical supervision' AND Research          Supervision OR 'Clinical supervision' AND Quality          Supervision OR 'Clinical supervision' AND Healthcare          Supervision OR 'Clinical supervision' AND Support          Supervision OR 'Clinical supervision' AND Reflection          Supervision OR 'Clinical supervision' AND Impact          Supervision OR 'Clinical supervision' AND Unregistered OR          Unqualified OR 'Support staff'          Preceptorship OR Reflection OR Mentor\$ AND Research          Organisational learning AND research          Organisational theory AND research          Organisational theory AND complexity OR 'complexity theory'          OR 'complex adaptive systems'          Healthcare AND complexity OR 'complexity theory' OR          'complexity thinking' OR 'complex adaptive systems'          'Healthcare leadership' AND complexity OR 'complexity          theory' OR 'complexity thinking' OR 'complex adaptive          systems'          'Clinical supervision' AND complexity OR 'complexity theory'          OR 'complexity thinking' OR 'complex adaptive systems'          Supervision AND complexity OR 'complexity theory' OR          'complexity thinking' OR 'complex adaptive systems'</p>
<b>Range of literature searched – UK and International</b>	UK, Africa, Asia, Australia, Canada, Japan, Latin America, New Zealand, Scandinavian countries, South Korea, USA,
<b>Dates</b>	<ul style="list-style-type: none"> <li>Main search - 2010–2021 Plus seminal work related to the topics of supervision and complexity theory</li> <li>Search for development of supervision - From earliest publication dates in professional journals</li> </ul>
<b>Inclusion/exclusion criteria</b>	<p>Include:</p> <ul style="list-style-type: none"> <li>Research relating to supervision of staff in health and social care settings</li> <li>Papers in English</li> </ul> <p>Exclude:</p> <ul style="list-style-type: none"> <li>Supervision of patients</li> </ul>
<b>Databases used</b>	AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE ResearchGate Google Scholar
<b>Additional sources</b>	<ul style="list-style-type: none"> <li>Follow up on authors in the field</li> <li>Follow up from references in identified studies</li> <li>Other relevant papers were identified through networking with the research community. In addition, I have access to unpublished theses and academic papers that have been made available to me through personal contact with the authors.</li> </ul>

### Appendix 3. Evolution of Supervision

Date	Late C19	1902	1912	1920s	1980s		1990s
<b>Significant event</b>		Midwifery Act 1902 (Dale and Fisher, 2009)	Review of Medical Education (Flexner, 1912)		Supervision made compulsory for members of the British Association for Counselling and Psychotherapy		Clothier Report (DH, 1994)
<b>Professional groups adopting supervision / clinical supervision</b>	Charitable Social Agencies, Social Work (USA)	Midwifery (UK)	Medicine	Social Work (USA) Psychotherapy and counselling	Psychotherapy and counselling Social Work Mental Health Nursing (UK)	Occupational Therapy Physiotherapy and other allied health professions (UK)	General Nursing
<b>Influence / trigger</b>	Apprenticeship model			Professionalization of roles		Burnout and stress	Isolated working patterns Stress Investigations (e.g., Allitt Inquiry) Clinical Governance
<b>Function or focus</b>	Supervisor as Overseer (Latin: <i>Super - 'over' videre - 'to watch, or see'</i> )	Monitoring standards of practice	Education	Administration Education Support	Analysis Education	Reflection	Education Support Monitoring competence Promotion of standards
<b>Underpinning theory or philosophy</b>	Behavioural Learning Theory	Behavioural Learning Theory	Social Learning Theory Clinical Reasoning Theory	Education	Freud Psychoanalytic schools and models of supervision	Peplau's Interpersonal Relations Theory Reflective Practice Model (Schön, 1983)	Modelled on social work supervision
<b>Challenges / conflicts</b>					Supervision as therapy or training?		Development of supervision as a mechanism for reducing stress in practitioners

## **Appendix 4. Individual Interview and Focus Group Interview**

### **Schedule**

#### **Individual Interview Schedule**

##### *Introduction*

When you hear the word '*supervision*' in the context of work, what comes to mind?  
What does the phrase '*clinical supervision*' mean for you?

##### *Discover (What gives life?)*

Appreciating the best of 'what is'

In your opinion and as a supervisee, what are the benefits of supervision?

What are the challenges?

And as a supervisor?

What is your understanding of why the organisation thought that it was a good idea to implement supervision systems?

What do you imagine the organisation gets from having those systems?

What is different now in comparison to when no such systems existed?

Do you think the organisation is better as a result?

If yes, how is it better?

If no, can you articulate why?

What is your perception of the effectiveness of the supervision systems currently in place in the organisation?

Think of an example of a good supervision session that you have experienced either as a supervisor or as a supervisee.

What made it good?

##### *Dream (What might be?)*

Envisioning 'what could be'

What would you say are the key components of effective supervision?

##### *Design (What should be?)*

Co-constructing 'what should be'

So (looking forward into the future) if supervision were the best it could be...

What needs to remain the same?

What needs to change?

What else is needed?

##### *Destiny (How to empower, learn and adjust/improvise?)*

Sustaining 'what will be'

What would you like to do now to impact on the supervision in the Trust?

##### *Summary*

Is there anything else you would like to add on the topic of supervision?

## **Focus Group Schedule**

### **Introductions**

(Opening Question)

Your name, which service you work in and something you enjoy doing when you are not at work.

### **Discover (What gives life?)**

#### **Appreciating the best of 'what is'**

(Introductory Question)

When you hear the word 'supervision' in the context of work, what comes to mind?

**Write responses on flip chart**

(Transition Question) **I may not ask questions from both angles - it depends on the makeup of the group**

As a supervisee, what do you think the benefits and challenges of supervision are? / As a supervisor, what do you think the benefits and challenges of supervision are?

(Key Questions)

What is your understanding of the benefits of supervision for the organisation?

Tell me about a time when supervision was helpful for you. What were your thoughts and feelings (storytelling)

(These are more analysis questions)

What happened?

Why was it helpful?

### **Dream (What might be?)**

#### **Envisioning 'what could be' (Results)**

I will use collage at this stage and potentially will ask them to avoid words in their collage. I want them to be imaginative and creative.

(Key Questions)

If supervision were the best it could be...

What would be the effect/impact?

What would you see, hear, feel, do?

What would other people see, hear, feel, do?

### **Design (What should be?)**

#### **Co-constructing 'what should be' (The Future)**

(Key Questions)

So if supervision were the best it could be...

What 3 things need to remain the same?

What 3 things need to be different?

### **Destiny (How to empower, learn and adjust/improvise?)**

#### **Sustaining 'what will be' (The change)**

(Key Question)

What could you do differently now to impact on the supervision you are involved with? What could you do now to sustain this idea and move it?

What needs to shift?

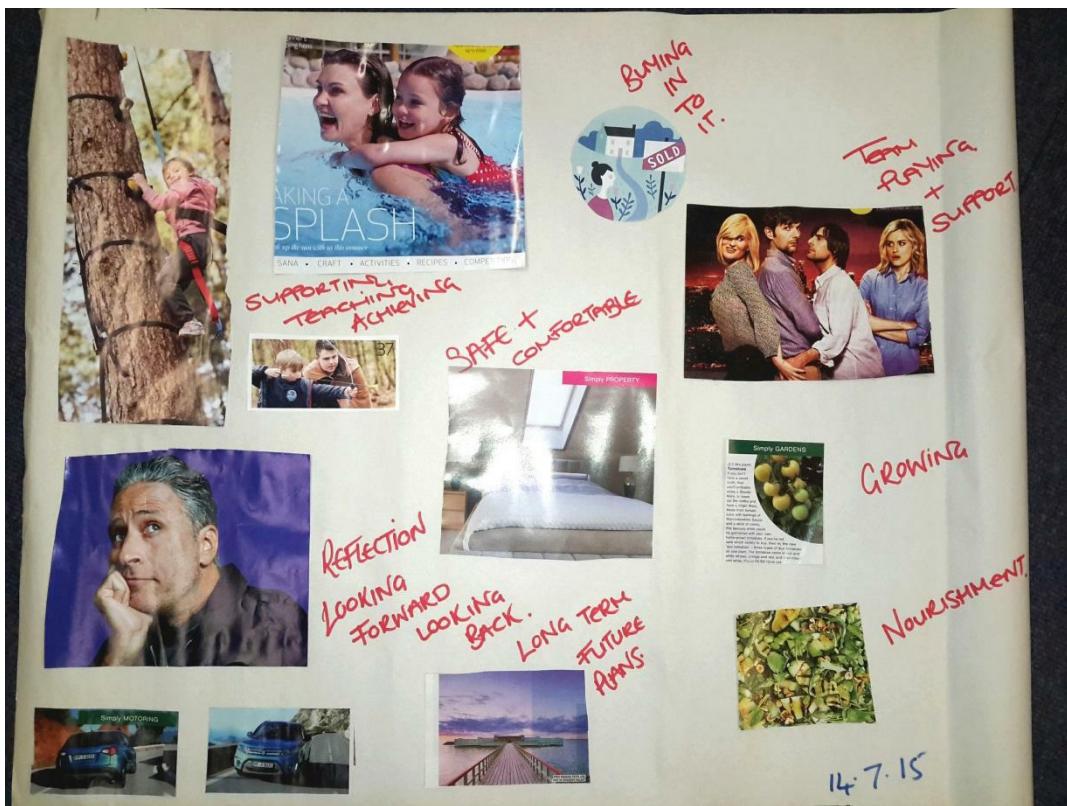
**Summary**

(Ending Question)

Think about what we have talked about today. What is the most important thing for you? Post It notes?

## Appendix 5. Focus Group Collages

Focus Group 1 - 14.07.15



Original in colour

Focus Group 2 - 21.08.15 (a)



Focus Group 2 - 21.08.15 (b)



Original in colour

## Focus Group 3 - 4.09.15



Original in colour

Focus Group 4 - 19.10.15



Original in colour

## Appendix 6. Table of Documents for analysis

<b>Organisational Policies and Guidelines</b>	
<b>Document name</b>	<b>Date</b>
Legacy Organisation A Supervision Policy 2006	2006
Legacy Organisation A Supervision Policy 2008	2008
Legacy Organisation A Supervision Policy 2009	2009
Legacy Organisation A Guidance for Supervisees 2009	2009
Legacy Organisation A Guidance for Supervisors 2009	2009
Legacy Organisation B PDR Policy 2006	2006
Legacy Organisation B Overarching Supervision Policy 2009	2009
Legacy Organisation B Clinical Supervision Policy 2009	2009
The Trust Supervision Policy 2010	2010
The Trust Supervision Policy 2011	2011
The Trust Supervision Policy 2014	2014
The Trust Clinical Supervision Policy version 1.4 2017	2017
The Trust Clinical Supervision (Reflective Practice) Policy version 1.8 2019	2019
<b>Guidelines/Standards related to supervision Registering and Professional Bodies</b>	
<b>Document name</b>	<b>Date</b>
Standards for the competence for registered nurses (NMC, 2010)	2010
Standards of conduct, performance, and ethics (HCPC, 2016)	2016
The Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2013)	2013
Handbook for Medical Supervisors (GMC, n.d.)	n.d.
Glossary for undertakings and conditions (GMC, 2019)	2019

<b>Guidelines/Standards related to supervision</b>	
<b>Registering and Professional Bodies</b>	
<b>Document name</b>	<b>Date</b>
Supervision Guidance for occupational therapists and their managers (RCOT, 2015)	2015
Clinical Supervision: A brief overview (CSP, 2017)	2017
Information on supervision (RCSLT, 2017)	2017
Enhancing Supervision for Postgraduate Doctors in Training (HEE, 2019)	2019
<b>Unpublished Academic Paper</b>	
The Implementation and Use of Supervision within [Legacy Organisation A] <sup>6</sup> . (Thomas, 2002)	2002

<sup>6</sup> Title of the paper has been redacted to anonymise the organisation

## **Appendix 7. Email to participants**

From: Harris Denise

Sent: 15 July 2015 14:32

To: XXX

Subject: ..... Invitation to a Supervision Research Focus Group

Attachments: .....Staff Participant Information Sheet V1.2 18.04.15.docx; Staff Consent\_form

V1.1 18.04.15.doc; Questions for Focus Group Attendees.docx

Dear Colleague

I am undertaking a research project as part of a PhD looking at the use and understanding of supervision in XXX Trust. The findings will be used to review supervision policy and practice in the Trust.

I am keen to obtain ideas from as wide a group of staff as possible and would like to invite you to participate in a Focus Group to discuss and explore the topic of supervision on Friday 21st August at 14.30. The session will last for an hour.

This is completely voluntary and I have attached the information sheet which gives you the details, along with a consent form which I will need you to complete if you agree to participate. I have also attached a questionnaire on the topic of supervision and I would be grateful if you could complete as much of this as you are able to and bring it with you to the session. Alternatively you can email it to me.

I look forward to hearing back from you.

Kind regards

Denise

## **Appendix 8. Participant Information Sheet**

**Organisation Name**

**Participant Information Sheet**

**18 April 2015 v1.2**

### **THE MEANING AND PERCEIVED FUNCTION OF SUPERVISION IN AN NHS ORGANISATION**

#### **Introduction**

I am the Lead for Supervision in XXX Trust and am currently a PhD research student at the University of Brighton. I would like to invite you to take part in a research project. Before you decide whether to take part you need to understand why the research is being done and what it will involve for you. Please take the time to read the following information carefully. Talk to others about the study if you wish.

#### **What is the purpose of the study?**

The Care Quality Commission (CQC) Essential Standards state that health and social care provider organisations must supervise their staff. However, organising and delivering this is challenging.

There has been a great deal of research about how to organise supervision but there is not an agreed 'best way'. Different groups of staff have different ideas, and this means it is confusing and difficult to make sure that what happens in supervision is what needs to happen.

The purpose of this study is to find out what the different staff groups in the organisation think about supervision. In particular what it should be for and what would make supervision a helpful and positive experience.

#### **Why have I been invited to take part in the study?**

This study is about supervision in XXX Trust and as an employee of that organisation you have been included in the invitation to participate.

#### **Do I have to take part?**

No, you do not have to participate. There will be no adverse consequences in terms of your professional development or employment status if you decide not to participate. You can withdraw at any time without giving a reason.

#### **What will my involvement require?**

There will be two ways of participating in this study, as part of a focus group or by being interviewed by the principal researcher.

##### **1. Focus Groups**

These groups will last for between 45 minutes and 1 hour. There will be between 2 and 10 participants. All those attending will be employees of XXX Trust but may not be from the same area as you.

The group will be facilitated by the principal researcher, Denise Harris. The group will also be attended by an assistant who will help Denise by ensuring that the group runs smoothly and that all the ideas and suggestions are recorded.

The group will begin with an explanation of what will happen, the process for reviewing the content of the discussions and a discussion regarding ground rules including confidentiality.

The session will be recorded using an audio device. This will be operated by the assistant who will also make a written recording of the session in the event of the device failing. The recording will be transcribed by the principal researcher so that the information can be analysed.

## 2. Individual Interviews

The interviews will be conducted by the principal researcher, Denise Harris. They will last between 30 and 45 minutes.

The session will begin with an explanation of what will happen and a discussion regarding a contact for the interview. This will include confidentiality, length of the interview and the process for reviewing the content of the interview.

The session will be recorded using an audio device. The recording will be transcribed by the researcher so that the information can be analysed.

### **What will I have to do?**

If you would like to take part, please sign the consent form, and return it by email to [email@nhs.net](mailto:email@nhs.net).

## 3. Focus Group

Participants in the focus groups will be asked to respond to questions related to the topic of supervision; what you think supervision is, what it is for, what supervision needs to be like for it to be something that helps you to do your job and what ideas you have regarding the development of supervision.

You will be asked to describe your experiences and ideas. The responses will be a mixture of discussion and group work using collage.

Following the group, you will be sent a written transcript of the session. Please read this to check for accuracy. You will also be able to ask for your own comments to be removed.

## 4. Individual Interviews

Participants in the individual interviews will meet with the principal researcher and will be asked to respond to a semi-structured interview on the topic of supervision. This will explore what you think supervision is, what it is for, what supervision needs to be like for it to be something that impacts on the quality of care provided by the organisation and what ideas you have regarding the development of supervision.

You will be asked to describe your experiences of supervision, your perception of what it could be, and your ideas for how that could be achieved.

Following the interview, you will be sent a written transcript of the session. Please read this to check for accuracy. You will also be able to ask for comments to be removed.

## **What are the possible disadvantages or risks of taking part?**

### **Focus group**

You may be anxious about participating in a focus group. This may be because you do not like speaking out in a group or you are concerned about how other people will react to what you say. However, the facilitator will ensure that there is an opportunity to discuss ground rules and will explain the format of the session before it begins.

### **Interviews**

If you are interviewed, you may change your mind with regard to what you would like included in the data for analysis. You will have an opportunity to review the transcript of the discussion and the option of asking for comments to be removed.

## **What are the possible benefits of taking part?**

It is unlikely that you will benefit directly but it is hoped that the results of this study will contribute to the development of supervision so that it is useful, supportive, and helpful for staff. In addition, by participating in the study you will have the opportunity to hear about others' ideas for supervision. This could be helpful in providing ideas for developing your own supervision and that of the team you work in.

## **What happens when the research study stops?**

At the end of this study the results will be fed back to all those who participated in the study. The outcomes of the study will also be made available through the organisation's staff communication processes. In addition, the findings will be presented in report form to the Executive Leadership Team in XXX Trust.

The results will also be presented at the University of Brighton Doctoral College Conference and are likely to be of interest to audiences at other relevant conferences. The outcomes of the study will also be published and made available through the University of Brighton Repository. The findings will also be presented for publication in an appropriate journal.

## **What if there is a problem?**

Any complaint or concern about any aspect of the way you have been dealt with during the course of the study will be addressed; please contact your Line Manager. Alternatively, you can contact the sponsor's representative (TBC)

## **Will my taking part in the study be kept confidential?**

Yes. The information on the audio recording will be transcribed. The transcripts will be anonymised. The recordings will be erased once the study is complete. The anonymised transcripts will be retained for a minimum of 10 years in line with the University of Brighton policy on research data. Data will be stored securely in accordance with the Data Protection Act 1998.

A record of focus group attendees by profession, role, work area, and pay band will be kept by the principal researcher in order to ensure that a broad range of staff groups are included. This information will not form part of the analysis and will be destroyed at the end of the study.

**Contact details of researcher?**

Denise Harris

Address

Phone:

Mobile:

Email:

**Who is organising and funding the research?**

This research is organised as part of my studies as a PhD student at the University of Brighton. This project has received no external funding.

**Who has reviewed the project?**

The project has been reviewed by the University Ethics Committee and XXX Research Consortium for Ethical and Governance requirements.

**Thank you for taking the time to read this Information Sheet.**

Version 1.2 - April 2015

## **Appendix 9. Staff Consent Form**

Name of organisation removed

**Participant Identification Number for this trial:**

### **STAFF CONSENT FORM**

**Title of Project: The meaning and perceived function of supervision in an NHS organisation**

**Name of Researcher: Denise Harris**

Please initial box

1. I confirm that I have read the information sheet dated 18<sup>th</sup> April 2015 (version 1.2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment, development or legal rights being affected.

3. I understand that relevant sections of study data collected during the study, may be looked at by individuals from XXX Trust, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to this data.

4. I agree to take part in the above study.

Name of Participant                      Date                      Signature

Name of Person  
taking consent                      Date                      Signature

## **Appendix 10. Pre-group Questions for Focus Group Attendees**

1. When you hear the word '*supervision*' in the context of work, what comes to mind?
2. What does the phrase '*clinical supervision*' mean for you?
3. In your opinion and as a supervisee,
  - a. what are the benefits of supervision?
  - b. What are the challenges?
4. And as a supervisor?
  - a. what are the benefits of supervision?
  - b. What are the challenges?
5. What is your understanding of why the organisation thought that it was a good idea to implement supervision systems?
6. What do you imagine the organisation gets from having those systems?
7. What is different now in comparison to when no such systems existed?
8. Do you think the organisation is better as a result?
  - a. If yes, how is it better?
  - b. If no, can you articulate why?
9. What is your perception of the effectiveness of the supervision systems currently in place in the organisation?
10. Think of an example of a good supervision session that you have experienced either as a supervisor or as a supervisee. What made it good?
11. What would you say are the key components of effective supervision?
12. So (looking forward into the future) if supervision were the best it could be...
  - a. What needs to remain the same?
  - b. What needs to change?
  - c. What else is needed?
13. What would you like to do now to impact on the supervision in the Trust?
14. Is there anything else you would like to add on the topic of supervision?

# **Supervision**

**What do you think it is?**

**Why do you think we have it?**

**What do you think makes it good?**

Denise Harris, Organisational Development Manager is conducting a research study about supervision.

You are invited to attend a Focus Group to discuss the topic of Supervision and to answer the questions above.

**When: 19<sup>th</sup> October 2015 15.30 – 16.30**

**Where: Seminar Room 1, XXX Hospital**

**What do I do?**

Please let X or X know if you are interested in attending.

Alternatively contact Denise Harris ([email@nhs.net](mailto:email@nhs.net)) for further information.

## **Appendix 12. Email invitation for interview**

**From:** Harris Denise  
**Sent:** 22 October 2015 10:20  
**To:** X  
**Subject:** An invitation to be part of supervision research  
**Attachments:** Staff Participant Information Sheet V1.2 18.04.15.docx

Dear X

We spoke briefly at the R&D Conference at the beginning of the month when you came to visit my poster.

I am following up on that conversation and in particular that I would very much like to interview you as part of the data collection for my research. I have attached a copy of the Participant Information Sheet for my study and would like to arrange a suitable time to meet.

I anticipate the interview will take 30 minutes so if we are able to allocate an hour that would be helpful. That allows for time to cover any questions you may have and to complete the consent forms etc.

Please let me know when might be a possibility for us to meet or who it would be best to liaise with in regard to your diary availability.

I look forward to hearing from you.

Kind regards

*Denise*

Denise Harris  
Organisational Development Manager  
**Address**

Phone number

email@nhs.net

## **Appendix 13. University Research Ethics Approval**

Health and Social Science, Science and Engineering Research Ethics and Governance Committee -  
Decision on Manuscript ID REGC-15-011.R1  
onbehalfof+l.redhead+brighton.ac.uk@manuscriptcentral.com  
To: Harris Denise (XXX TRUST); [d.harris3@brighton.ac.uk](mailto:d.harris3@brighton.ac.uk)  
Sent: 01/05/2015 13:40

01-May-2015

Dear Mrs. Harris:

It is a pleasure to approve your application entitled "The meaning and perceived function of supervision in an NHS organisation" which has been approved by the Health and Social Science, Science and Engineering Research Ethics and Governance Committee. The comments of the reviewer(s) who reviewed your manuscript are included at the foot of this letter.

Please notify The Chair of FREGC immediately if you experience an adverse incident whilst undertaking the research or if you need to make amendments to the original application.

We shall shortly issue letters of sponsorship and insurance for appropriate external agencies as necessary.

We wish you well with your research. Please remember to send annual updates on the progress of your research or an end of study summary of your research.

Sincerely,  
Dr Lucy Redhead  
Acting Chair, Health and Social Science, Science and Engineering Research Ethics and Governance Committee

Reviewer(s)' Comments to Author:

Reviewer: 2

Comments to the Applicant

Thank you for resubmitting this proposal. You have addressed all the issues I raised.

A13: There are a few typos in this section, would be good to proofread again.

## Appendix 14. Research Governance Approval Letter



[REDACTED] NHS Research Consortium

Mrs Denise Harris  
[REDACTED]



23/06/2015

Dear Mrs Harris,

Our ID: [REDACTED]

TITLE: The meaning and perceived function of supervision in an NHS organisation.

Thank you for your application to the [REDACTED] NHS Research Consortium for research governance approval of the above named study.

I am pleased to inform you that the study has been approved, and so may proceed. This approval is valid in the following Organisations:

\* [REDACTED]

The final list of documents reviewed and approved is as follows:

- IRAS NHS R&D form (signed and dated 19/05/2015: submission code 166607/804337/14/299)
- Research Proposal (version 3, dated January 2015)
- Staff Consent Form (version 1.1, dated 18/04/2015)
- Staff Participant Information Sheet (version 1.2, dated 18/04/2015)
- CV for Denise Harris (signed and dated 19/05/2015)

Your research governance approval is valid providing you comply with the conditions set out below:

1. You commence your research within one year of the date of this letter. If you do not begin your work within this time, you will be required to resubmit your application.
2. You notify the Consortium Office should you deviate or make changes to the approved documents.
3. You alert the Consortium Office by contacting me, if significant developments occur as the study progresses, whether in relation to the safety of individuals or to scientific direction.
4. You complete and return the standard annual self-report study monitoring form when requested to do so at the end of each financial year. Failure to do this will result in the suspension of research governance approval.
5. You comply fully with the Department of Health Research Governance Framework, and in particular that you ensure that you are aware of and fully discharge your responsibilities in respect to Data Protection, Health and Safety, financial probity, ethics and scientific quality. You should refer in particular to Sections 3.5 and 3.6 of the Research Governance Framework.
6. You ensure that all information regarding patients or staff remains secure and strictly confidential at all times. You ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice, Data Protection Act and Human Rights Act. Unauthorised



CSP047282

disclosure of information is an offence and such disclosures may lead to prosecution.

Good luck with your work.

Yours sincerely,



Assistant Research Governance Manager



cc: [REDACTED]

## **Appendix 15. Computer programme or manual analysis?**

In deciding how to manage the analysis process, I considered my preferred style of approaching tasks:

*Reflecting on my supervision with my supervisors yesterday, I think some of my style is to jump into the middle, probably out of my depth, realise I don't quite understand what is going on and then look for things to make what I see, hear, or read make sense. I tend to work backwards. The result of this is that I find myself in a position of being surrounded by muddle or confusion. This provokes some anxiety, but it is also creative and productive. I find it helpful to then revisit things and recognise what now makes sense. It is part of my processing and developing. I see this in other areas also. I will say yes to things or volunteer for things that are outside my comfort zone. The risk of this is that I experience imposter syndrome and am discomfited when I sense that I have fooled people into thinking I am more expert than I think I am. The payoff is that I end up with opportunities and experiences that I would not have otherwise been able to have. That's exciting and I'm then glad I did the risky thing.*

(DH Diary 03.11.15)

A major advantage of using a Computer Aided Qualitative Data Analysis System (CADQAS) to perform analysis of data in qualitative research is the management of the large volume of data typically produced in such studies. Another advantage is that use of a computer programme can help demonstrate methodological rigour due to the systematic use of tools to analyse data (O'Kane, Smith and Lerman, 2021). Programmes are continually being developed, and the increasing sophistication of these means that a researcher can select software that best suits their study design and the nature of their data (Grbich, 2013; Silver and Bulloch, 2017).

There are those who advocate for the use of CADQAS and those who are suspicious of using a mechanical system to analyse qualitative data. For example, Grbich (2013) reviewed a range of software programmes and presented their potential for application. She then outlined some of the concerns about use of computer programmes in data analysis for qualitative research, such as the software taking over some of the cognitive and interpretative processes of the human researcher. In contrast, Greaves (2016) presents an account of how CADQAS can be combined with qualitative data analysis strategies to produce new insights for researchers, and Silver and Bulloch (2017) discuss the benefits of using CADQAS in research.

It appears that the choice between a computer aided and manual system is a matter of personal preference and experience (Holloway and Galvin, 2016). I chose to analyse my data without use of a software programme. This was partly due to the process described above in my diary extract and the need for me to experience some ‘muddle’ as part of my learning. I also am aware that my cognitive processing style means that I need to be able to see how I have worked out any conclusions and be able to trace my thought process. Although I had a large amount of data to process, this was not sufficient reason for adopting a computer aided tool.

Considering the users’ experience outlined by Grbich (2013), a time advantage would potentially be lost in learning how to use any programme. This perspective is highlighted by Boellstorff et al., (2012) who acknowledge that the time needed to learn how to use any new system is one of the challenges of using a software programme.

I would argue that this decision also follows the philosophical stance I have taken in this study. The constructionist paradigm views reality as being constructed through interaction with others and the use of language. It is how knowledge is produced in response to social context (Rob and Rob, 2018). It also follows the principles of thinking with theory as described by Jackson and Mazzei (2012). St. Pierre and Jackson (2014) refer to the use of computer programmes as potentially treating data as ‘...brute data waiting to be coded, labelled with other brute words...’ (p.715) and I was aware that my lack of experience meant that I could easily have fallen into the trap of seeing my data as words to be manipulated. This was a significant risk as will become evident as I later describe the challenges I experienced when analysing my data.

## **Appendix 16. Phases of Braun and Clarke's (2006; 2019)**

### **Reflexive Thematic Analysis**

<b>Familiarising yourself with the data</b>	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
<b>Generating Initial Codes</b>	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
<b>Searching for themes</b>	Collating codes into potential themes, gathering all data relevant to each potential theme.
<b>Reviewing themes</b>	Checking in the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis.
<b>Defining and naming themes</b>	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
<b>Producing the report</b>	The final opportunity for analysis. Selection of vivid compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

## **Appendix 17. Summary comments from focus groups and individual interviews**

### **FG1407**

Meeting with others, supervision may not work if the skills are not right. There was a strong sense of the tension between what I might need and what my supervisor/the organisation might think is necessary. It is open to interpretation. The issue of time and how difficult it can be to prioritise it. Difficult to know how to evaluate what the output/impact is. There was a sense of checking and observation, making sure the supervisee was doing what they should. Supervision should be a safe and comfortable space. Awareness of the need for multiple offerings to meet all the needs associated with supervision. The gap between experience and what we might want it to be.

### **FG2108**

Making sure I am doing what I should, reassurance that I am able to get guidance if I need it. I need to have access to someone that I feel safe with and that may not be my manager. The relationship between me and my supervisor is critical to the effectiveness of the supervision. Also, the attitude and skills of my supervisor make a significant difference. Do I feel safe with them? The balance between what I want out of the supervision and what my supervisor needs to cover can be a challenge. The need to be safe and the importance of time. Managing problems before they get too big. The metaphor of light and lightbulbs was used to illustrate developing understanding or awareness. A major focus on safety and comfort, so if they do not feel safe, not being able to engage. Need assurance and feedback.

### **FG2409**

Developing awareness, illumination and understanding. Supervision is about keeping you and the service users safe. It is time to slow down and think. Supervision is critical to providing a service. The allocated person may not be the right one. Relationships are key to effective supervision. There are different aspects of supervision. Supervision needs to meet my needs. With supervision I can be more available for my clients. It has a positive impact on me and therefore on my clients. Supervision helps me grow (develop). There should be some discomfort in order that I am stretched and develop. Awareness that access to supervision is not consistent and that some areas do not have the infrastructure or the culture to support it.

### **FG1910**

It is about skills development and competency checking. It is a relief for me to have supervision, but I am uncomfortable/feel pressurised to supervise others. Supervision often becomes something that I do when there is a problem. (This feels uncomfortable for me). I am not confident and feel anxious about making supervision a positive experience for others. Time is a major barrier. I think if we could have supervision everyone would be happy, and it would contribute to a positive working environment.

### **Int1408**

There is a desire to 'name' what is happening in supervision (management/clinical or whatever) but a struggle to decide what that is in a consistent way. We are

accessing/offering different types of support/intervention but not sure what to call it. There is a feeling that 'something' is missing. Supervision is mostly about being safe in practice and protecting the safety of our clients.

#### **Int1609**

Supervision can be lots of different things depending on the context and the needs of the individual. Recognition that even if you are not in a clinical role, you might need something other than just management supervision. Nurses and AHPs reflect naturally but medics do not. If supervision were working well things would be escalated to the Exec team. Need clarity - what are we talking about? Need to make it work.

#### **Int1911**

Supervision is an alien concept to most doctors. They struggle with the word as it has associations with being scrutinised (one could speculate about the impact of going through medical training that results in this perspective) and with being a learner. They want to be 'different'.

#### **Int0601**

Need to have access to reflection away from your line manager. Finding time is a major difficulty. A recognition of the difficulty of developing the skills - and how it takes time. Also, the difference high-quality supervision can make. I can only see what supervision means for me - it is about professional development and therefore I must have CS with someone from my own profession? It is really important and makes a difference to staff.

#### **Int1502**

The impact of having a novice supervisor and a reluctant supervisee is detrimental. Also, if this is combined with a need to change style of interaction with someone you work with, that could also be destructive. But also, it is linked to how well the supervisor's own supervision is conducted - there is an element of cascade, modelling, being enabled. So, having a good experience of supervision myself and being in a positive place with my supervisee means that I feel much more positive about supervision.

## **Appendix 18. Summary of documents for analysis**

### **Policies**

*Legacy Organisation A Supervision Policies 2006/2008/2009*

*Guidance for Supervisors 2009*

*Guidance for Supervisees 2009*

These policies are versions of the same document and have very small changes.

The guidance documents are designed to clarify points in the main policy. I have therefore grouped them together for the purpose of analysis.

The focus is on a managerial process and there is an expectation that all supervision will be with the line manager or someone selected by the manager. The responsibility for setting up and managing the supervision rests predominantly with the manager or supervisor. The supervisee seems to have a more passive role. There is a strong emphasis on the importance of trust in the relationship and this is stated as an expectation rather than something that may be more fluid. The processes are detailed and are dependent on the readers having a shared understanding of supervision with the author(s).

*Legacy Organisation B Overarching Supervision Policy 2009*

This policy highlights the responsibility of the supervisee as well as the manager/supervisor. There is an emphasis on the flexibility of arrangements and an expectation that supervisees will access supervision with more than just their line manager. This policy is complicated and has detailed instructions for setting up and monitoring the quality of supervision. It is dependent on a sophisticated understanding of supervision practices.

*Legacy Organisation B Clinical Supervision Policy 2009*

The main emphasis for this policy is the separation of line management and clinical supervision. It sets out a framework for group clinical supervision and provides considerable detail for how this might be set up, monitored, and supported. It does not offer alternative modes for clinical supervision. It does acknowledge some of the challenges regarding group dynamics and the potential fragility of trust and safety.

*The Trust Supervision Policy 2010*

This policy was written following the merger of two legacy organisations: Legacy Organisation A and Legacy Organisation B to create the newly formed Trust. It is a combination of two different approaches to supervision and is very long. There is an idealised view of supervision practices that assumes a shared understanding and sophisticated view of supervision. It does not necessarily reflect the underlying culture of the organisation or of the NHS.

*The Trust Supervision Policy 2011/2014*

To simplify the supervision policy, information about the appraisal process was removed from these versions of the supervision policy.

Supervision is presented as a priority and there are directives regarding frequency which are quite prescriptive. The emphasis is still very much on supervision as a

managerial process although there is more detail about alternative options for support. There are expectations and assumptions about supervision being 'embedded'.

*The Trust Clinical Supervision Policy 2017/2019*

This policy only applies to nursing and allied health professional staff (except psychologists and counsellors) and their support staff. It describes clinical supervision as a reflective process that is distinct from any line management supervision. Despite this, there are mixed messages around the purpose with support and competence both being mentioned. Most of the policy concentrates on the mechanics of supervision rather than anything about the philosophy or skills underpinning supervisory practices.

**Standards and Guidelines from Professional Bodies**

*Standards for the competence for registered nurses*

*Nursing and Midwifery Council 2010*

Refers to supervision in the context of improving their performance and in increasing their self-awareness of their impact on their practice.

Mental health nurses are specifically expected to reflect on the impact on themselves of providing care and to have 'clinical supervision'. This is not mentioned for general nurses, children's nurses or learning disability nurses.

Does not provide details of definition or understanding of supervision from a nursing perspective

*Standards of conduct, performance, and ethics*

*Health and Care Professions Council 2016*

This document only mentions supervision as follows:

"You must continue to provide appropriate supervision and support to those you delegate work to". (p.7)

*The Good medical practice framework for appraisal and revalidation*

*General Medical Council 2013*

Medical Appraisal is specifically linked to Revalidation whereas for other registered professionals there are separate processes for appraisal which is an employing organisational process and Revalidation/Re-registration which is a professional body process.

Medical appraisal requires the practitioner to reflect on their practice and discuss how they 'are' as a medical practitioner.

It is completely focused on clinical practice and in many ways resonates with the practice of 'clinical supervision' by other clinical practitioners.

*Handbook for Medical Supervisors*

*General Medical Council (n.d.)*

This document applies to doctors who have been subject to a 'Fitness to practice' investigation due to mental or physical ill health.

In this context the supervisor is responsible for monitoring the doctor's health and progress and the impact of their health on their ability to practice safely.

*Glossary for undertakings and conditions*

*General Medical Council 2019*

This document outlines the expectations of clinical supervision for a doctor who has been subject to referral to the Medical Practitioners Tribunal Service.

They are responsible for ensuring that the doctor practices within the limits of their conditions experience and expertise.

*Supervision guidance for occupational therapists and their managers*

*Royal College of Occupational Therapy 2015*

A detailed document providing information about supervision.

Uses the language of professional supervision and clinical supervision.

Focuses on what the supervision is for rather than what it is called.

*Clinical Supervision: A brief overview*

*Chartered Society of Physiotherapy 2017*

Notices the tension that results from the link between clinical supervision and clinical governance. In particular what the purpose is, scrutiny or development?

Emphasises the importance of flexibility of the approach so that it meets the needs of individuals.

Summarises the principles to consider.

The implementation of these principles is dependent on staff having a well-developed understanding of the scope of supervision.

*Information on supervision*

*Royal College of Speech and Language Therapy 2017*

This document provides detailed guidance on the different types of supervision. It describes the whole range of supervision types and includes examples of how to use them.

Uses the language of managerial (line management) supervision and professional (clinical/personal/practice) supervision.

A very useful and clear description of supervision.

*Enhancing Supervision for Postgraduate Doctors in Training*  
*Health Education England 2019*

Responsibility for Education Supervisors rests with HEE, Local Deaneries and Universities. This document focuses on supervision for junior doctors (doctors in training).

Uses the language of clinical supervision, educational supervision, and workplace supervision.

The purpose of supervision is to do with the supervisee's skills and knowledge development.

### **Other Documents**

*The Implementation and Use of Supervision within [Legacy Organisation A].*  
*Sarah Thomas - January 2002*

The historical context described in this paper sheds light on the way supervision is still understood and practiced in some parts of the organisation. It is interesting to note that there was a shift from a position that reflected the way supervision was interpreted in Legacy Organisation B to a more hierarchical and almost paternalistic approach to supervision. The expectations of what supervision will achieve seem unrealistic. It also highlights the (possibly negative) impact of applying supervision as understood by certain groups of healthcare professionals to a wider group of staff. It occurs to me that even though the different professional groups all have different ways of understanding supervision, they all have an identity within that and the act of putting it all together created more confusion. also including professions that do not have a history of supervision made it very difficult to explain.

## **Appendix 19. Metaphors**

### **Focus Group 1407**

A safe environment  
[Supervision is] Enlightening  
Get to see where your supervisee is running  
They're ticking along  
You've got to stretch yourself (as a supervisor)  
[Supervision can be a] Tick-box exercise  
Is there staying power  
Something embedded  
Opportunity to work through issues  
Protected space  
I stored things up  
A safe comfortable place  
Driving forward  
Take a long view  
Looking to the distance  
Something growing  
Nourishment  
Number of branches  
Being at home with supervision  
Buying into supervision  
Team playing  
Build my awareness (as a supervisor)  
Throwing stuff out there  
Pitching the right offering  
Need a broader spectrum

### **Focus Group 2108**

Iron out issues  
Nipping issue in the bud  
[Supervision is a] Comfy chair  
Light (thinking)  
Open door (access to manager)  
A good match  
Not one person driving  
Path to follow  
Light coming through  
Plain sailing  
Space to talk  
Along the footpath

### **Focus Group 2409**

Bigger vision and picture  
Can't see the wood for the trees, opens it up  
See the whole picture  
Dissect things  
Space, a time set aside  
Ticking the box  
Need to unpick things  
See things clearly  
Safe space  
If you are tearing your hair out

Good to re-fuel  
We mirror that with our clients  
Tick-box exercise  
Room to grow  
Building together  
Sanctuary  
Tranquil space  
Moving forward  
Lightbulb moment  
Shine a light  
We're on a mission  
Healthy foundation  
Recharge, refuel

### **Focus Group 1910**

Opportunity to offload  
It feels like a chore  
Nips problems in the bud  
House is where family is and supervision brings people together  
Good supervision keeps the house in order  
Happy family  
A sum - bringing things together  
A bridge  
Working together produces the same sound  
Warm feeling  
Get to know people deep down  
When the chips are down they have pulled together  
Building relationships

### **Interview 1408**

Fluid  
Want a clear line about supervision

### **Interview 1609**

Make things run smoother  
Looking at things with different eyes  
When you are on the hamster wheel  
Ticks the box  
Having the tools  
It can become top heavy  
Supervision with the manager puts up barriers  
Reflection with the manager can be restraining  
Vicious downward spiral  
It's how you package the message

### **Interview 1911**

Clinical governance is bread and butter  
The word supervision...immediately turns them off  
One step at a time  
We might get some buy-in

### **Interview 0601**

Safe place  
A chance to work through my gut feeling  
To identify where the blocks are

Space  
Safe environment  
Markers for good supervision  
You will move heaven and earth  
Thinking space  
It took time to grow into the role  
I've fought battles to get supervision  
We're ticking the box  
We need a menu  
One size does not fit all  
Managers are torn in two directions  
It's a nightmare scenario

**Interview 1502**

Keep a good eye on  
Show them the ropes  
Show them the way  
I may have short-changed my supervisee  
To keep people in check  
So long as every link in the chain is strong  
They were marking time  
Making sure everyone is equipped

## Appendix 20. Phase 1, Initial ideas from the participant data and policies

Heading	Step 1 - Ideas from the participant data	Step 1 - Comments from the policies
<b>Organisational issues/context</b>	<ul style="list-style-type: none"> <li>• Organisational culture</li> <li>• Macro level organisational agenda</li> <li>• Competence of the organisation</li> <li>• Commitment of the organisation</li> <li>• Hidden agenda</li> <li>• Supervision has changed or is different</li> <li>• Measurement,</li> <li>• Organisational agenda</li> <li>• 'They'</li> </ul>	<p>When I read the Trust documents, policies, and guidelines, I was struck by the formality of the policies which implied a linear and process-oriented activity that could be described and prescribed by policy. The phrases that I wrote were:</p> <ul style="list-style-type: none"> <li>• Prescriptive</li> <li>• Focused on the 'normative' function</li> <li>• Controlling</li> <li>• Emphasis on Safe and effective practice</li> </ul> <p>The organisational culture was reflected in the way the supervision policies are written. This is noticeable in the difference between the policies from the different legacy organisations. Some have a more 'command and control' emphasis whereas others place a large responsibility on the supervisee for the success of supervision.</p>
<b>Purpose/ functions/ description of supervision</b>	<ul style="list-style-type: none"> <li>• Confusion about what supervision is for</li> <li>• Functions of supervision</li> <li>• Can management and clinical supervision be defined</li> <li>• What is Management supervision?</li> <li>• What is supervision?</li> <li>• What is clinical supervision?</li> <li>• Safeguarding supervision</li> </ul>	<p>All the policies used Proctor's Three Function Model (Proctor, 2001) as a way of explaining the purpose of supervision.</p> <p>There was an assumption that supervision is a 'good thing' without necessarily providing any supporting evidence.</p> <p>The guidelines for occupational therapists,</p>

<b>Heading</b>	<b>Step 1 - Ideas from the participant data</b>	<b>Step 1 - Comments from the policies</b>
<b>Purpose/ functions/ description of supervision (cont.)</b>	<ul style="list-style-type: none"> <li>• A sense that there is a 'better way' and 'we aren't doing it yet', what is the 'holy grail' of supervision</li> <li>• Other support mechanisms</li> </ul>	speech and language therapists and doctors in training all referred to Proctor's model (Proctor 2001).
<b>Language</b>	<ul style="list-style-type: none"> <li>• Language</li> <li>• Find the word supervision problematic</li> </ul>	<p>In the policies, there were attempts to provide clarity of definitions of different aspects of supervision and an acknowledgement of the variety of interpretations.</p> <p>The guidelines for occupational therapists, speech and language therapists and doctors in training referred to different types of supervision but applied the words differently.</p>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• Standard of care</li> <li>• Impact on clients</li> <li>• Impact of transformational versus transactional</li> <li>• The impact on me as a supervisor</li> <li>• Staff support</li> <li>• Supervision is a safe place - metaphor</li> <li>• Happy</li> <li>• Supervision is about keeping the house in order</li> <li>• Time</li> </ul>	The policies focus on the impact of supervision on patient care and safe practice
<b>Tensions</b>	<ul style="list-style-type: none"> <li>• Contrast between supervising and being supervised</li> <li>• Imbalance</li> <li>• Discomfort</li> <li>• Resistance (is that what it is? Or is it something else?)</li> </ul>	The policies potentially contribute to the tension as the focus of supervision and expectations of the different roles has changed over time.
<b>Relationships/ Supervisors skills</b>	<ul style="list-style-type: none"> <li>• Relationship – this responsibility starts with</li> </ul>	The policies emphasised the importance of trust in a

<b>Heading</b>	<b>Step 1 - Ideas from the participant data</b>	<b>Step 1 - Comments from the policies</b>
<b>Relationships/ Supervisors skills (cont.)</b>	<ul style="list-style-type: none"> <li>• the supervisor</li> <li>• Supervisor's skills</li> <li>• Roles in supervision</li> <li>• </li> </ul>	<p>supervisory relationship and the need to develop this.</p> <p>There was an implied acknowledgement that relationships are not always straightforward and there were detailed instructions for managing challenges in supervisory relationships.</p>
<b>Quality supervision</b>	<ul style="list-style-type: none"> <li>• Quality supervision</li> <li>• Flexibility</li> <li>• Supervision being staff member centric</li> <li>• Regularity</li> <li>• Maturity of supervisee</li> </ul>	<p>Regarding the quality of supervision, the policies included governance processes although these were mainly about measuring activity rather than supervision practices.</p> <p>There is a lot of focus on monitoring the activity and not on the cultural context which supports supervision.</p>
<b>The Gap - what do the participants think is missing?</b>	<ul style="list-style-type: none"> <li>• Emotional support</li> </ul>	<p>From the policies, there are aspects that are emphasised differently at different times and some of the changes have been to address perceived 'gaps'.</p> <p>Speech and Language Therapy Guidelines acknowledged that staff members might need a space to reflect on interpersonal issues as well as directly clinical issues</p> <p>In the NMC (2010) document, there is reference to the need for nurses to reflect on the impact on them of providing care. However, this is only referring to the requirements for registered mental health nurses.</p>

## Appendix 21. Illustration of the Analysis Audit Trail

- These first two tables are extracts of Focus Group discussions, demonstrating the colour coding of participants, the numbering of the lines of data and the colour coding of the focus group. These were created in a spread sheet for ease of sorting and organising (original in colour):

The diagram illustrates the analysis audit trail by mapping data from Focus Group 1 to Focus Group 2 across four audit trail boxes:

- Colour coding the participants meant I could see where they had contributed**
- The line number meant I could find the quote in context**
- Colour coding the lines and codes meant I could identify which of the focus groups or individual interviews the quote came from**
- The collapsed codes were a shorter list meaning I could group similar content before developing the initial themes**

**Focus Group 1 Data:**

Line no	Extract of data	Phase 2 initial codes	Phase 2 collapsed codes
2	Denise: When you hear the word supervision in the context of work what comes to mind?		
3	Participant 1: S-support	support	definition
4	I'm going to write this up on the flip chart		
5	Opportunity to reflect on quality	opportunity quality, reflection, time,	positive experience impact of supervision time to think Time to think
6	Participant 2: Problem solving the issues	issues problem solving,	content of supervision
7	Uhum		

**Focus Group 2 Data:**

Line no	Extract of data	Phase 2 initial codes	Phase 2 collapsed codes
2	Denise: When you think of the word supervision in the context of work what is it that comes to mind?		
3	Participant 4: Guidance	Guidance	content of supervision
4	Guidance thank you yep		
5	Participant 5: Troubleshooting	Troubleshooting	content of supervision
6	Uhm		
7	Participant 6: Focused discussion	Focused discussion	skills
8	Uhm		
9	Participant 7: Support	Support	definition
10	Participant 8: I think there's also and i-i-it's not quite the context w-we're talking about here but	Control, Direction	organisational focus

**Annotations:**

- Arrows point from the audit trail boxes to specific cells in both tables.
- A large arrow points from the bottom audit trail box to the bottom right cell of the Focus Group 2 table.

8	Participant 3: It's an opportunity to meet with staff outside of the everyday sort of work environment in that you know it's not your caseload	communication, difference, opportunity time,	impact of supervision enlightenment positive experience Time to think
9	Ok Yeah meet with staff. Yeah. Ok		
10	Assist people to develop	develop	impact of supervision

2. The table below illustrates how the numbering and colour coding worked when the data was combined (original in colour):

Line no and interview identifier	Original quote	Phase 2 initial codes (and interview identifier)	Phase 2 collapsed codes
6	Participant 2: Problem solving the issues	issues	content of supervision
6	Participant 2: Problem solving the issues	problem solving,	content of supervision
3	Guidance	Guidance	content of supervision
5	Troubleshooting	Troubleshooting	content of supervision
10	I think there's also and i-it's not quite the context w-we're talking about here but there is supervision can also mean how closely your um how much freedom you have to do your job and how much you are told exactly what to do sorry that's not a word (Laughs)	direction	content of supervision

Quotes with more than one initial code were repeated but the line number meant they could be located in the raw data

The colour coding meant it was easy to see which interview the quote came from

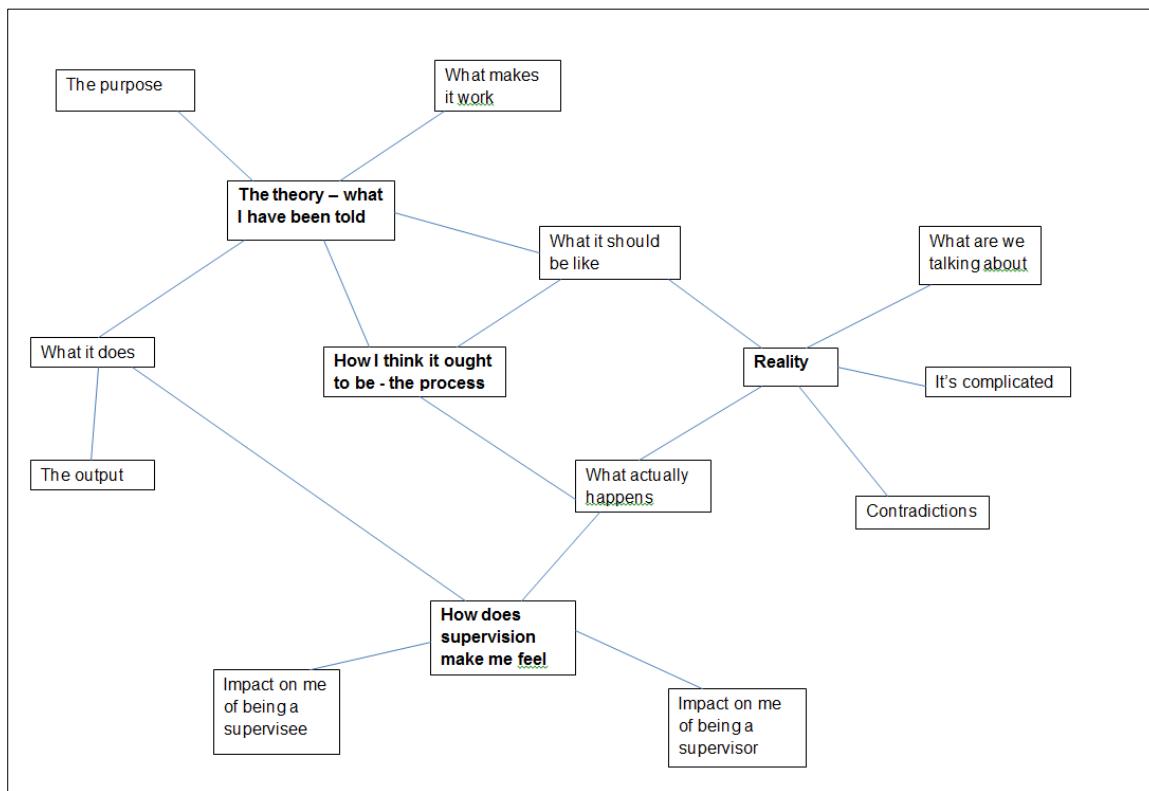
The tables were created in a spread sheet so it was easy to sort into the collapsed codes to identify and compare quotes

## **Appendix 22. Codes and themes from Generating Initial Themes -**

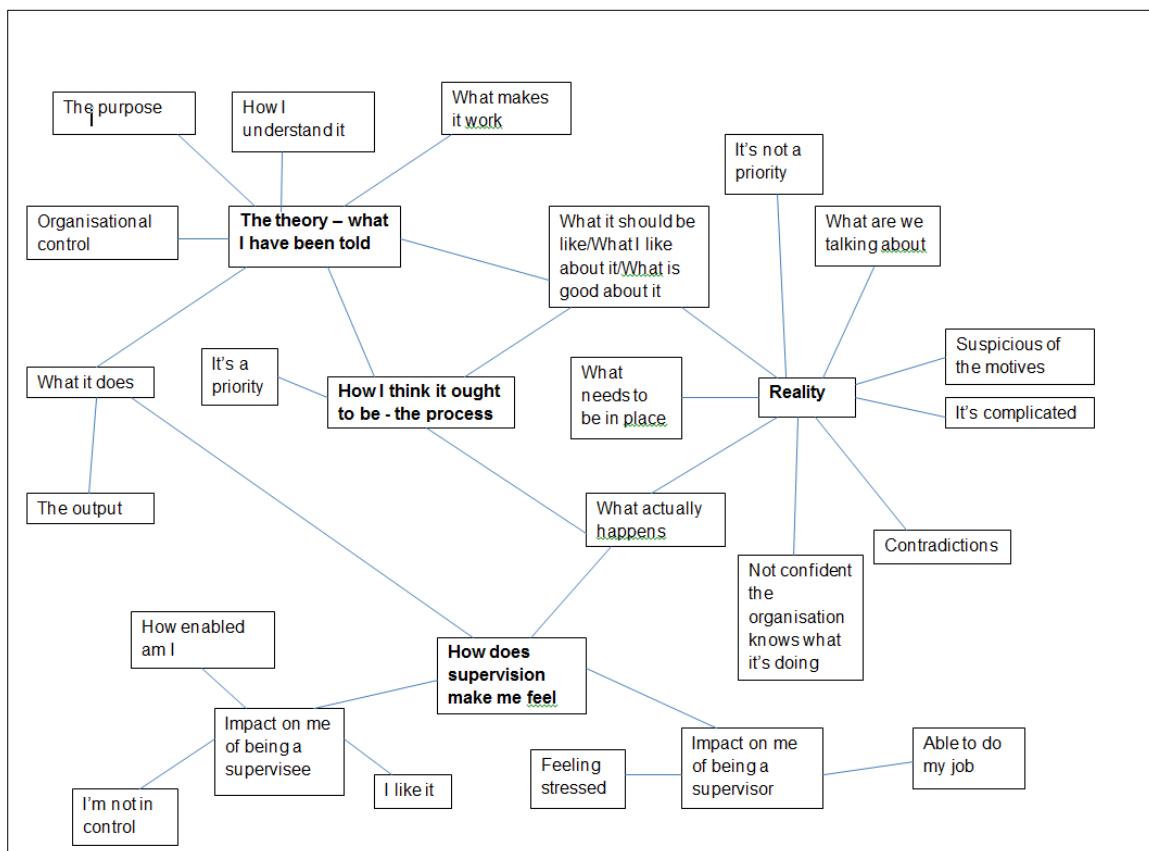
### **Part 1**

<b>Understanding and using supervision</b>	<b>Tension in and between discourses of supervision</b>	<b>Organisational mediation</b>
Content of supervision	Consistency	Cultural limitations
Nature of supervision	Discomfort	Culture
Negative experience	Enlightenment	External impact
Evidence	Feeling pressure	Processes
Cultural limitations	Flexibility	Resistance
Flexibility	Impact of supervision	Restrictions
Individual's focus	Individual's focus	Understanding
Resistance	Nature of supervision	Nature of supervision
Lack of sophistication	Negative experience	Relationship
Language	Organisational focus	Scope of supervision
Level of sophistication	Positive experience	
Culture	Quality	
Scope of supervision	Reassurance	
Understanding	Relationship	
Definition	Scope of supervision	
Discomfort	Skills	
	Structure	
	Time to think	

## Appendix 23. Mind maps of the data



Mind map version 1



Mind map version 2

## Appendix 24. Eight “Big-Tent” criteria for excellent qualitative research

<b>Criteria for quality (end goal)</b>	<b>Various means, practices, and methods through which to achieve</b>
<b>Worthy topic</b>	The topic of the research is <ul style="list-style-type: none"> <li>• Relevant</li> <li>• Timely</li> <li>• Significant</li> <li>• Interesting</li> </ul>
<b>Rich rigor</b>	The study uses sufficient, abundant, appropriate, and complex <ul style="list-style-type: none"> <li>• Theoretical constructs</li> <li>• Data and time in the field</li> <li>• Sample(s)</li> <li>• Context(s)</li> <li>• Data collection and analysis processes</li> </ul>
<b>Sincerity</b>	The study is characterized by <ul style="list-style-type: none"> <li>• Self-reflexivity about subjective values, biases, and inclinations of the researcher(s)</li> <li>• Transparency about the methods and challenges</li> </ul>
<b>Credibility</b>	The research is marked by <ul style="list-style-type: none"> <li>• Thick description, concrete detail, explication of tacit (nontextual) knowledge, and showing rather than telling</li> <li>• Triangulation or crystallization</li> <li>• Multivocality</li> <li>• Member reflections</li> </ul>
<b>Resonance</b>	The research influences, affects, or moves particular readers or a variety of audiences through <ul style="list-style-type: none"> <li>• Aesthetic, evocative representation</li> <li>• Naturalistic generalizations</li> <li>• Transferable findings</li> </ul>
<b>Significant contribution</b>	The research provides a significant contribution <ul style="list-style-type: none"> <li>• Conceptually/theoretically</li> <li>• Practically</li> <li>• Morally</li> <li>• Methodologically</li> <li>• Heuristically</li> </ul>
<b>Ethical</b>	The research considers <ul style="list-style-type: none"> <li>• Procedural ethics (such as human subjects)</li> <li>• Situational and culturally specific ethics</li> <li>• Relational ethics</li> <li>• Exiting ethics (leaving the scene and sharing the research)</li> </ul>
<b>Meaningful coherence</b>	The study <ul style="list-style-type: none"> <li>• Achieves what it purports to be about</li> <li>• Uses methods and procedures that fit its stated goals</li> <li>• Meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other</li> </ul>

(Tracy, 2010)

## Appendix 25. Appendix for Quotes

### Theme One: The search for order

Order is a good thing	
I think we just need to be clear around the organisation's expectations and what we class as the expectations for the individual erm so I think it's giving people the tools and making sure that they've got their the expectations clear from the organisations expectations and then allowing them to adapt it adopt it in the way that suits their them from a personal perspective	Participant, Individual Interview
So the other thing I suppose we need to be mindful of is it's got to be workable and that's where the ownership and engagement bit comes from because with the best will in the world when people say to me yes but they're not following the policy or they're not doing that well who's not doing well 60 or 70% of them aren't doing it well then the policy is wrong then isn't it. Because if 60 or 70% of the staff can't aren't doing it then that's because it's too difficult for them so we need to make it as simple as possible. If it was like 5% weren't doing it then actually you could think well actually the policy's working it's just that when you've got something so I said it it's really important that that we make sure this is workable for people	Participant, Individual Interview
For that I have asked for assurance how can I be assured um we have some assurance but not enough so that's why it keeps coming back on the agenda that's why the quality of supervision audit was requested and so on and so forth	Participant, Individual Interview
And it's keeping safe in practice so we can you can um remain safe as a practitioner because you're providing a service that is and care that is safe and also it keeps the client safe because you're working in boundaries and looking at the care that you're offering and analysing where you're and planning and where you're going next	Participant, Focus Group 2409
So that you're talking to your staff and y'know if there is a problem you're getting that regular contact um before it goes further or becomes and y'know and prevents sickness if there's y'know cos it can do um that there's skills you're being able to observe their skills and making sure their skills and their patients are getting the best possible care cos sometimes it might be that they didn't know that	Participant, Focus Group 1910

<b>Order is a good thing (cont.)</b>	
certain things had to be done like we found out the other day um and things like that	Participant, Focus Group 1910 (cont.)
Once a month with my line manager who ensures that I am carrying out my managerial responsibilities through that supervision so um things like y'know appraisals, am I dealing with any incidents, and um any health and safety issues any sickness erm performance staff performance through data so um that that is very clearly management supervision I do have a clinical role but that but my clinical role doesn't come into that supervision I have some separate supervision for my clinical work	Participant, Focus Group 2409
<b>When Order becomes unhelpful</b>	
So that it is that kind of yes we're having supervision but actually it's because that's a process that we need to go through because we are managing you rather than necessarily getting the benefits from that	Participant, Focus Group 2409
And whether it is just a well that's come that's a tick box exercise and we need to do that whether or not there's a real staying power 'n' y'know will it just be another sort of trust exercise that comes and goes	Participant, Focus Group 1407
When it's my supervision I think Oh thank goodness for that I can get rid of some of this upphph but when I hear it in context of me being the supervisor I'm thinking Oh my God there's I just feel it's pressure because I haven't done it and I should have done it and dddd so that's how yeah	Participant, Focus Group 1910
Well that's kind of quite a good question because there is that element that yes they're doing it because um that is part of the expectation and I think often it's important for the person who is receiving the supervision to be able to actually get what they want from it rather than just being a-a tool that's being used	Participant, Focus Group 2409

## Theme Two: Supervision as a safe space (or not)

Space as time	
<b>Participant 10:</b> Me having the space to talk about things and the challenges in your workload and feedback	Focus Group 2108
<b>Participant 6:</b> For me it's about the time being given same as what [name of participant] says it makes you feel valued so for me that's important staff should feel that they can have a conversation with their superiors if they've got issues makes you feel valued	
Seems a space a time set aside for doing that work that the others have just talked about a slowing down we have a big tendency to particularly in nursing to be rushing around the whole time	Participant, Focus Group 2409
And I haven't been able to so I feel like it I just want to support them I want to give them lots of positives So then because I haven't had time to do that It does tend to be I do tend to pull them in when I've got something to talk about and then I have to do all the positives and the negatives so it takes that much longer because you can't just give negative you have to give positive And then it just feels it's like it's more of a chore than it is something that could be quite enjoyable	Participant, Focus Group 1910
..so she'd put it all in perspective so I used to come away feeling... that I'd got rid of a lot of y'know and she'd be more positive... cos I tend to be a bit negative so she was being positive about things but she could do it regularly with me so I was seeing her once a month	Participant, Focus Group 1910
Getting my opinion across and being valued in what I'm saying so I feel I'm doing the correct thing and it means the supervisor is happy with me and I'm happy as well so that makes me feel good	Participant, Focus Group 2108
And it's keeping safe in practice so we can you can remain safe as a practitioner because you're providing a service that is and care that is safe and also it keeps the client safe because you're working in boundaries and looking at the care that you're offering and analysing where you are and planning and where you're going next	Participant, Individual Interview
...so there's safety I mean the ultimate goal is for all of our team to feel safe in their response to feel that they use a listening mechanism rather than a talking mechanism in supervision...	Participant, Individual Interview
Sometimes I think it's mainly around time again it's difficult to always cover what they what the manager wants to say and what you want to say as well sometimes the agenda	Participant, Focus Group 2108

Space as Environment		
Like this one because it as a picture I thought open door errm coz I think well my own manager's got an open door and that's outside of supervision and appraisals and for me that's quite important so I don't know whether it's appropriate to put that on maybe		Participant, Focus Group 2108
I would love to do be out on the ward and do more clinical supervision and just say y'know watch because I did do it once and I worked with some HCAs		Participant, Focus Group 1910
Space as relationship		
I went along the lines of having a good match between you and your supervisor so I've got a picture of a wedding and a cut out from a shampoo bottle that says ultimate blend and the strength restorer		Participant, Focus Group 2108
But [when I have my] one to one with [Sister] I'm so happy I like to participate but where I [am asked to supervise others] maybe they won't like it I think [they will] say they won't be happy [for] me to supervise them maybe if it's Sister for example if a health care assistant on the ward if Sister supervises them they don't mind if me um maybe they'll feel I-I mean they won't be happy me doing them		Participant, Focus Group 1910
<b>Participant 8:</b> I was going to say feedback from people who from somebody who has a bit more experience maybe but yeah feedback from somebody that you trust to know more about than you really (laughs)	Focus Group 2108	
<b>Participant 7:</b> Yes I think I like the supervision to be about me that's when you actually feel listened to		
<b>Participant 5:</b> Um open trusting relationship		
<b>Participant 4:</b> So somewhere to air things off to I think and be supportive		
<b>Participant 12:</b> We haven't got the word challenging anywhere have we	Focus Group 2409	
<b>Participant 13:</b> No but I think		
<b>Participant 11:</b> We're all a bit cosy at the moment		
<b>Participant 13:</b> We are focusing on growing and building a future maybe uncomfortable over there sometimes and challenging		
<b>Participant 11:</b> Ok		
<b>Participant 13:</b> Um and performance because it does challenge our performance doesn't it		

<b>Space as relationship (cont.)</b>	
The ultimate goal is for all of our team to feel safe in their response...there was an instance recently when a practitioner felt during supervision she was being slightly criticised by her peers y'know. Because of the route that she'd the risks that she managed and the way that she dealt with it I know that the [supervisor] went back to her later that day to give her some assurance about and to say to her your risk assessments were right ... and y'know there may be some professional challenge and that may come internally in the team or not but however y'know so it's about people feeling safe about the right decision making and the risks attached to that really	Participant, Individual Interview
If that person's not appropriate they may have an issue with their manager whereas somebody else could be a supervisor for them	Participant, Focus Group 2409

### Theme Three: Contradictory organisational and cultural messages in supervision practices

Systems and Structures	
I would like the trust to have some kind of clear line about it I would love for there to be clarity around what is expected from clinical supervision what is expected from management supervision if it's ok to do both when is it ok to do both I think some guidelines around it would be very helpful	Participant, Individual Interview
Erm I suppose many different words and I think that's probably one of the problems because um supervision can have many facets so I suppose there's lots of things it's supervision on its own just for me conjures up lots of different scenarios so it might might not it might not just be clinical supervision	Participant, Individual Interview
That says exactly how I want it to look like because it's going to differ between disciplines and staff groups depending on what their day to day job is erm and I think some people would need to access more than others and that's just a fact of life cos we're dealing with people so some people will need more opportunity to reflect at different times in their career than others will erm and and I think the other thing for me is about being clear around what is supervision and what is mentorship and what is preceptorship	Participant, Individual Interview
I could just say and she'd say and she was very good at saying not criticising but saying well do you think we should be doing this or d'you think but also when I knew that I was failing on something she used to say well d'y'know you're doing all right and everything whereas I was feeling down about it she'd say [Name] but actually you've done this and you've done this and you haven't had any staff and dddd so she'd put it all in perspective so I used to come away feeling uhhph y'know and that it was like I'd got rid of a lot of y'know and and she'd be more positive cos I tend to be a bit negative so she was being positive about things but she could do it regularly with me so I was seeing her once a month	Participant, Focus Group 1910
Because equally you want somebody that's quite passionate about supervision to offer supervision	Participant, Focus Group 2409
The challenges would be someone who doesn't really want to be supervised	Participant, Focus Group 1407

<b>Systems and Structures</b>	
You get to sort of check where your supervisee is running like whether they've got any concerns	Participant, Focus Group 1407
And you know having that open conversation and again some people find that very difficult they find it critical	Participant, Individual Interview
<b>Priorities and values</b>	
But I think also it's recognising that that practitioner's important. Because y'know because we're all in the caring profession we'll put patients and clients first and think Oh y'know I've got to see that person or but actually that person's [meaning the staff member] important as well and needs that time to be looked after and stay in the Trust	Participant, Focus Group 2409
I would like the trust to have some kind of clear line about it I would love for there to be clarity around what is expected from clinical supervision what is expected from management supervision if it's ok to do both when is it ok to do both I think some guidelines around it would be very helpful	Participant, Individual Interview
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## **Appendix 26. Presentations, Posters and Competition entries**

<b>University of Brighton</b>	<ul style="list-style-type: none"><li>• Doctoral College School of Health Sciences Annual Conference/ Festival Presentations 2014, 2015, 2016 and 2017</li><li>• Doctoral College School of Health Sciences Poster Competition 2016</li><li>• Conference Presentation at the Brighton Business School Action Research Conference 2014</li></ul>
<b>Local NHS Organisation</b>	<ul style="list-style-type: none"><li>• Poster Presentation at NHS Research and Development Conference 2015</li><li>• Conference Presentation at NHS Research and Development Conference 2017</li></ul>
<b>National Organisation</b>	<ul style="list-style-type: none"><li>• Poster Presentation at National Association of Educators in Practice Conference 2016</li></ul>
<b>Competition entries</b>	<ul style="list-style-type: none"><li>• Application for Council for Allied Health Professions Research Public Health Awards 2017 – Commended on my application</li><li>• Roffey Park Research Competition 2017 – Achieved third place</li></ul>