

## Clinical Supervision in the Health Professions: A Literature Review

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*Clinical supervision has become standard practice for many health professionals. The literature on clinical supervision is vast and covers aspects of clinical supervision across various health professions, including the definitions and the practice of clinical supervision. The literature includes scholarly opinion papers, research from different methodological paradigms, meta-syntheses of existing literature, and policies. This literature review examines how clinical supervision is defined across the various health professions and explores how clinical supervision is practiced. This literature review focuses on the definitions and practices of clinical supervision, what research has been done, how the research has been done, and the models or frameworks that guide clinical supervision. The gaps identified in the literature on clinical supervision are summarized and presented.*

**Keywords:** *clinical supervision, health professions, models of clinical supervision, learning design and leadership, workplace learning*

Clinical supervision has become standard practice for many health professionals. Health professionals integrate clinical supervision into their practice, and regulatory policy provides an impetus for this (Redpath et al., 2015). Clinical governance frameworks have supported clinical supervision at organizational, professional, and national regulatory levels based on the perceived benefits of clinical supervision, which include the development of professional skills to support the quality and safety of interventions, professional accountability, and competence (Forshaw et al., 2019; Kilminster et al., 2007; Snowdon, Sargent, et al., 2020). It is now expected and required by many regulatory bodies of health professions in many jurisdictions, for example, the Australian Health Practitioner Regulation Agency and the United Kingdom's Health and Care Professions Council, to name a few. In Singapore, clinical supervision is now expected and required by its national regulatory agency, the Allied Health Professions Council (AHPC) (AHPC, 2021a).

The literature on clinical supervision is vast and covers aspects of clinical supervision across various health professions, including the definitions and the practice of clinical supervision. The literature includes scholarly opinion papers, research from various methodological paradigms, meta-syntheses of existing literature, and policies. In this literature review, the literature on clinical supervision in the health professions is surveyed and reviewed to address the following questions:

- How do the health professions define clinical supervision?
- How is clinical supervision practiced in the health professions?
- What models of clinical supervision are used in the health professions?
- What methods of inquiry or research methods are used to examine or explore clinical supervision?

Therefore, this literature review examines how clinical supervision is defined across the various health professions and explores how clinical supervision is practiced. This literature review focuses on the definitions and practices of clinical supervision within the health and helping professions, what research has been done, how the research has been done, and the models or frameworks that guide clinical

supervision. The gaps identified in the literature on clinical supervision are then summarized and presented.

### About Clinical Supervision

Milne (2009) traced the earliest evidence of practices similar to clinical supervision to the handing down of healing rituals from Heron to Asclepius and priests in ancient Greece. Heron, a centaur, contains the ambiguity of whether he was a god or just an intelligent, considerate, civilized, socially skilled centaur with expertise in healing. This metaphor encapsulates the varying perceptions of the professional relationship in clinical supervision, with the supervisor personifying authority and power in a professional relationship to impart wisdom to the supervisee (Milne, 2009). Other metaphors of clinical supervision include: “as a shepherd with his or her flock, as an oasis in the desert, and as a lighthouse beacon that provides the supervisee with bearings in often foggy situations” (Bernard & Goodyear, 2019, p. 15).

Kilminster et al. (2007) and Sheu et al. (2017) have pointed out that clinical supervision is complex and varied, drawing together multiple concepts and skills. Milne (2007) has argued that the focus of clinical supervision can differ depending on how the profession or organization regards it and how the supervisor and supervisee perceive it. Milne (2007) also noted that the term ‘clinical supervision’ could often be interpreted differently, by different people, in different contexts.

Regarding the functions of clinical supervision, Martin et al. (2017) have stated that clinical supervision is helpful to all professionals across the continuum, from newly qualified to experienced professionals. Snowdon, Sargent, et al. (2020) stressed that clinical supervision is recommended to ensure professionals have the appropriate skills and approach to provide safe, high-quality work through the guidance of a more experienced professional. It is also generally agreed that clinical supervision influences the quality of work through the translation of knowledge from the experienced professional to the less experienced professional (Kilminster et al., 2007; Snowdon, Sargent, et al., 2020).

Bernard and Goodyear (2019) have also emphasized the functions of clinical supervision and highlighted the importance of evaluation. The purpose is to guide, provide feedback on, and assess personal, professional, and educational development in the context of the supervisee’s experience of providing safe, appropriate, and high-quality care (Bernard & Goodyear, 2019). As an assessor, the clinical supervisor assesses the supervisee’s levels of clinical competence using various workplace-based assessment tools and makes judgments about the supervisee’s clinical and workplace performance (Bernard & Goodyear, 2019). In the healthcare setting, clinical supervisors assess the higher levels on Miller’s pyramid of “Shows How” and “Does” (Witheridge et al., 2019). Examples of workplace-based assessment tools used in healthcare disciplines include the Clinical Evaluation Exercise (CEX) or Case-based Discussion (CbD) (Lee & Gingerich, 2021).

Clinical supervision overlaps partly and shares the same noun with other kinds of supervision. The dictionary states that supervision is “the action, process, or occupation of supervising... especially a critical watching and directing (as of activities or a course of action)” (Merriam-Webster, n.d.). A range of synonyms is given, including “care, guidance, oversight, regulation, superintendence, surveillance” (Merriam-Webster, n.d.). In the literature reviewed on clinical supervision, there seems to be a general agreement that clinical supervision is distinct from other forms of supervision. Scaife (2019) and Milne (2007) posited that clinical supervision differs from academic supervision, educational supervision, managerial supervision, professional supervision, research supervision, mentoring, coaching, and so on. Milne and Watkins (2014) also agreed that clinical supervision is distinct from but shares common elements with mentoring, coaching, leadership, and peer support.

## Clinical Supervision for Workplace Learning

Professionals are expected to keep pace with the VUCAH<sup>1</sup> environment within the healthcare industry by learning during clinical practice or while working. Working is interconnected with learning (Cacciattolo, 2015). The literature reviewed on workplace learning offers different definitions. However, the authors have concurred that working and learning are inseparable and fundamental (Cacciattolo, 2015; Mertens et al., 2018; Tynjälä, 2013). According to Cacciattolo (2015), workplace learning can be defined “as the acquisition of knowledge or skills by formal or informal means that occurs in the workplace” (p. 243). Workplace learning also refers to “learning that takes place at work, through work, and for work” (Tynjälä, 2013, p. 12). Workplace learning is also described as a process that is informal, incidental, practice-bound, based on experience, and shaped by the work tasks and context in which the learning takes place (Cacciattolo, 2015; Mertens et al., 2018; Tynjälä, 2013).

Cacciattolo (2015) has stated that workplace learning is how skills are upgraded and knowledge is acquired. Workplace learning can also enhance knowledge and skills and thereby improve work performance. According to Daryoush et al. (2013), there are different forms of workplace learning, such as informal and formal learning. However, Cacciattolo (2015) argued that workplace learning is more concerned with informal learning that facilitates specialized or focused skill acquisition than formal learning that may lead to formal qualifications. Tynjälä (2013) also supported the notion that workplace learning is informal in nature and highlighted that informal learning at the workplace is a “non-intentional activity, a side effect or by-product of working” (p. 16). In the healthcare context, Mertens et al. (2018) have posited that any health professional can learn from others, often informally in the clinical setting, both within the same profession and between different professions, especially from those who are sufficiently different from themselves to be able to offer additional knowledge and expertise.

Methods of workplace learning may also take many forms. Cacciattolo (2015) has pointed out that the methods of workplace learning are broadly categorized into four types: “in-house training, experience-based learning opportunities and training through coaching, mentoring and supervision, and continuous learning” (p. 244). Henry and Malu (2011) have highlighted supervision as a method of workplace learning for the professions of medicine and nursing. During supervised practice, a novice or junior clinician (supervisee) actively participates in developing skills and learns professional values and attributes from the support and guidance of a senior or more experienced clinician (supervisor) (Henry & Malu, 2011). Several authors have also recognized how (clinical) supervision exemplifies as a method of workplace learning in the health professions (Bifarin & Stonehouse, 2017; Schmutz et al., 2021; Sellars, 2004; Sheu et al., 2017; Snowdon, Sargent, et al., 2020). Hall and Cox (2009) have also pointed out that clinical supervision is a workplace learning activity that occurs between the supervisee and the supervisor “to develop clinical reasoning and for support” (p. 283). Essentially, clinical supervision involves the oversight of the supervisee performing professional processes or procedures in the workplace.

As a form of workplace learning, clinical supervision differs from clinical learning that is part of a formal educational program or qualification known as clinical education. Gandy and Black (2001) have defined clinical education as “that portion of a health profession’s program, which is conducted in the health care/practice environment” (p. 38). These experiences have been noted as the key to facilitating the student’s transition from the classroom to the professional practice world (Strohschein et al., 2002). On the other hand, as a mode of workplace learning, clinical supervision is less structured and less formal, whereby the junior clinician continues to learn and acquire skills while working (Cacciattolo, 2015; Mertens et al., 2018; Tynjälä, 2013).

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<sup>1</sup> VUCAH stands for volatile, uncertainty, complexity, ambiguity, and hyperconnectivity. It describes the situation of constant unpredictable change that is now the norm in the healthcare industry.

## Clinical Supervision in the Health Professions

Different health professions or disciplines have different takes on what clinical supervision is. The existing literature has revealed many definitions of clinical supervision represented in the health professions. This literature review thus explores how clinical supervision is defined and practiced in the health professions.

### The Allied Health Professions - Definitions and Practices

#### *Definitions*

Allied health professions may be defined as those health professions that are distinct from medicine and nursing. Allied health professionals play essential roles in the investigative work and therapeutic care for patients and clients and provide interventions that aim to enhance or maintain their patients' or clients' physical, psychological, cognitive, and social functions (Sengkang General Hospital, 2021). As essential members of the multidisciplinary healthcare team, allied health professionals work alongside medical practitioners and nurses to provide holistic and high-quality healthcare. Allied health professionals, to name a few, include audiologists, clinical psychologists, clinical social workers, dietitians, occupational therapists, pharmacists, physiotherapists, podiatrists, radiographers, respiratory therapists, and speech-language therapists.

The literature reviewed shows that there is no standard definition of clinical supervision used among allied health professionals. Snowdon, Sargent, et al. (2020) explored the effectiveness of clinical supervision of allied health professionals and used Kilminster et al.'s (2007) definition of clinical supervision to frame their studies. Kilminster et al. (2007) have defined clinical supervision as

the provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care (p. 3).

On the other hand, Pearce et al. (2013) used a definition of clinical supervision by Milne (2007) to guide their systematic review that evaluated the evidence regarding the content of clinical supervision for allied health professionals. Milne (2007) has defined clinical supervision as:

the formal provision by senior/qualified health practitioners (or similarly experienced staff) of an intensive relationship-based education and training that is case-focused and which supports, directs and guides the work of junior colleagues (supervisees) (p. 440).

Other sources of the definition of clinical supervision arise from regulatory agencies. The Health and Care Professions Council, which regulates 15 allied health professions in the United Kingdom (UK), adopted the 1992 definition of clinical supervision by Bernard and Goodyear put as:

this relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person and monitoring the quality of the professional services (Bernard & Goodyear, 1992, as cited in Health and Care Professions Council, 2020).

The Singapore AHPC, on the other hand, has adopted the definition by Lyth (2000) put as:

a support mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills (AHPC, 2021b, slide 6).

The Australian Health Practitioner Regulation Agency (AHPRA) has provided a common definition of supervision for medical radiation practitioners, occupational therapists, physiotherapists, and podiatrists in Australia. The following common definition is extracted from the Physiotherapy Board of Australia:

Supervision incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice, and enhance public protection and safety (Physiotherapy Board of Australia, 2017).

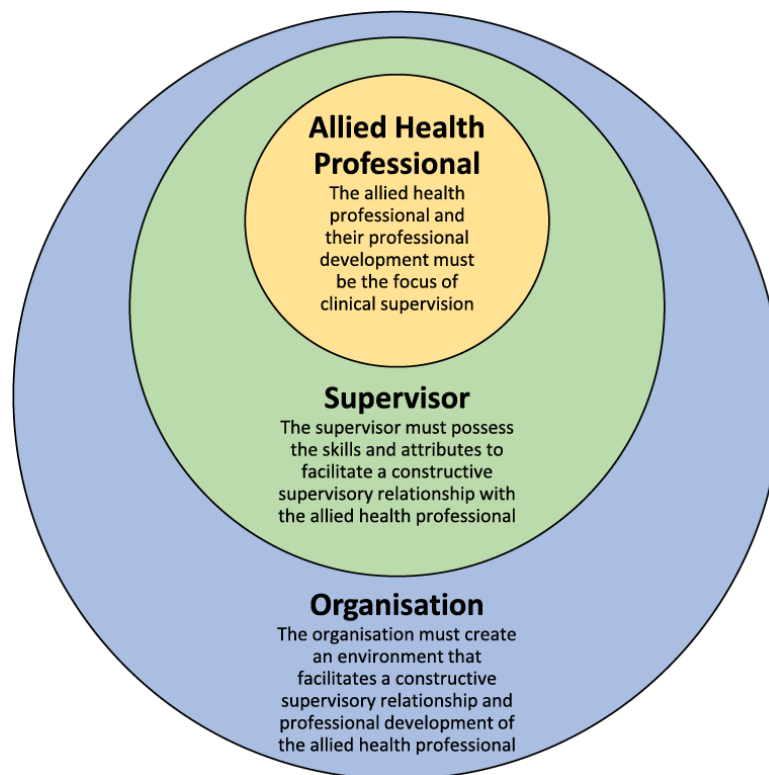
### *Practices*

This literature review demonstrates that there is limited research conducted about clinical supervision in the allied health professions worldwide. The literature reviewed shows that the research conducted in the allied health professions has primarily focused on the effectiveness of clinical supervision and its role. Ducat et al. (2016) and Martin et al. (2019) found clinical supervision to be effective in assuring clinical competence and providing psychosocial support for allied health professionals working in rural Australia. Regarding the role of clinical supervision, the studies by Leggat et al. (2016) and Snowdon, Leggat, et al. (2020) found that clinical supervision plays a pivotal role in quality assurance and clinical governance. Leggat et al. (2016) and Snowdon, Leggat, et al. agreed that quality assurance and clinical governance bear implications for safety, quality, and performance management in allied health practice.

Pearce et al. (2013) iterated that clinical supervision is an essential component of organizational quality assurance and clinical governance frameworks in their systematic review. However, they reported a lack of evidence for effective content of clinical supervision for Australia-based allied health professionals (Pearce et al., 2013). Leggat et al. (2016) explored the perspectives of allied health professionals in Australia on appropriate content for effective clinical supervision. They also found a lack of evidence of effective clinical supervision and that the practice of clinical supervision at the time of the study is not meeting the need for clinical governance (Leggat et al., 2016).

Snowdon, Sargent, et al. (2020) explored allied health professionals' perceptions about the aspects of clinical supervision that can facilitate effective clinical supervision. In Australia, they reported that clinical supervision is positive and effective, as perceived by allied health professionals from physiotherapy, occupational therapy, social work, dietetics, psychology, podiatry, and speech pathology. They identified three main elements that influenced the effectiveness of clinical supervision (Figure 1). They reported that clinical supervision of an allied health professional is most effective when:

- the clinical supervision focuses on learning and professional development,
- the clinical supervisor is competent in facilitating a constructive supervisory relationship, and
- when the workplace environment is conducive to promoting the supervisory relationship and process.

**Figure 1.** *Clinical Supervision of Allied Health Professionals*

Snowdon, Sargent, et al., 2020, p. 5

The literature reviewed about research conducted with specific allied health professions resonates with similar findings. For example, as Hodge et al. (2018) reported, clinical supervision is an essential training component for specialist paramedics. Kennelly et al. (2017) and Martin et al. (2015) indicated that the effectiveness of clinical supervision depended on the quality of clinical supervision. Kennelly et al. (2017), in their study exploring clinical supervision of Australian-based music therapists, revealed that the experiences of clinical supervision in music therapy are also influenced by the quality of the supervision provided. Martin et al. (2015) explored the factors influencing the quality and effectiveness of clinical supervision of Australian-based occupational therapists and found that supervisor-supervisee matching and fit, supervisory relationship, and supervisor availability for support were associated with perceived higher quality of clinical supervision.

## **The Medical Profession - Definitions and Practices**

### ***Definitions***

Regulatory bodies such as the General Medical Council (2021) and Singapore Medical Council (2021) have recognized that clinical supervision is indispensable for medical graduates' training and professional development. The General Medical Council (2021) and Singapore Medical Council (2021) have stated that clinical supervision is an important pillar in building the medical workforce to provide safe and high-quality patient care. The Australian Medical Association (2017), in a position statement, has stated that "clinical supervision is an intrinsic part of medical practice" that enables medical students and trainees to gain the experience they need to practice as safe, competent, and independent practitioners (p. 1). Farnan et al. (2012) and Martin et al. (2017) also concurred that the availability and extent of

clinical supervision are crucial to prepare medical practitioners for competent, safe, and unsupervised practice and can have implications for the quality of patient care.

Kilminster et al.'s (2007) definition of clinical supervision, as reported above, is one of the most commonly used definitions in the literature reviewed. Kilminster et al. stated that their definition also fits the trainee's or supervisee's educational objectives as an educational or professional development activity to ensure the supervisee becomes competent. Tomlinson (2015) further discussed Kilminster et al.'s definition stating that the definition encompassed the elements of ensuring patient safety and the quality of patient care as the primary purposes of clinical supervision in medical practice and recognized the role of clinical supervision in ensuring the well-being of supervisees.

Martin et al. (2017) proposed that the medical community adopt the definition of clinical supervision by Milne (2007), as presented above. In their 2017 commentary, Martin et al. drew attention to the confusion in clinical supervision terminology used in the medical profession and the need to adopt a consistent labeling approach to growing the evidence base in clinical supervision. Martin et al. further highlighted that clinical supervision based on Milne's definition also addressed the supervision functions of quality control, maintaining and facilitating the supervisees' competence and capability, and helping supervisees work effectively.

### ***Practices***

Launer (2014) posited that clinical supervision consists of the day-to-day discussion of clinical cases and their management and any issues arising from them. Launer also suggested that clinical supervision may take various forms, from very brief discussions on ward rounds or in clinics, to more extended and reflective discussions of complex cases or options for clinical management. Farnan et al. (2012) have also indicated that learning the mechanics of patient care under supervision enhances patient safety, helps prevent unnecessary medical errors, and lays the foundations for public trust in medical competence.

Research on clinical supervision in the medical profession conducted by Hauer et al. (2015), Pront et al. (2016), and Sheu et al. (2017) studied aspects of clinical supervision in postgraduate medical training, a form of workplace-based learning intended to train medical graduates in a specific discipline of medicine. The research focused on the quality of clinical supervision and the supervisory relationship between supervisors and supervisees.

Hauer et al. (2015) studied the factors contributing to supervisors' trust in their supervisees and how trust was developed in a supervisory relationship. They concluded that trust between supervisors and their supervisees developed over time, and it is crucial in postgraduate medical training where supervisors make decisions to entrust supervisees with various responsibilities and perform clinical tasks or activities based on the supervisees' performance (Hauer et al., 2015). Sheu et al. (2017) investigated whether supervisor experience affected the supervisors' approach to trust and whether that variation affected supervisee learning. They noted that supervisor experience affects how a supervisor decides whether to entrust a supervisee and the quality of supervisee learning (Sheu et al., 2017).

Pront et al. (2016) sought to illuminate what determined the quality of clinical supervision. They identified four domains that contribute to the learning quality of clinical supervision: "to partner, to nurture, to enable, and to facilitate meaning" (Pront et al., 2016, p. 491) (Table 1). The first two domains (to partner and to nurture) highlight the importance they place on a functional relationship between the clinical supervisor and the supervisee in supporting learning (Pront et al., 2016). The third domain (to enable) refers to the provision of opportunities to engage in medical professional activities, and the fourth domain (to facilitate meaning) refers to the clinical supervisor's ability to go beyond simply providing information to promote clinical reasoning and understanding (Pront et al., 2016).

**Table 1.** *Learning-Focused Clinical Supervision Domains*

To partner	Establish a learning relationship through communication, trust and respect, identifying boundaries for learning and practice
To nurture	As a learning advocate, transition the student into a clinical setting and facilitate socialization into the professional culture and health team
To enable	Promote and support learning opportunities for student engagement within individual established boundaries
To facilitate meaning	Promote understanding through problem solving, reflection and feedback, fostering a professional way of knowing and being

*Pront et al., 2016, p. 491*

Jackson et al. (2019) and Martin et al. (2014) emphasized the importance of a positive supervisory relationship. They identified the factors that lead to effective supervision and supervisory outcomes in the context of postgraduate medical training. Jackson et al. concluded that one important aspect of building a positive supervisory relationship is sharing expectations relating to goals, tasks, and roles to facilitate negotiation and agreement between the clinical supervisor and the supervisee.

## **The Mental Health Professions - Definitions and Practices**

### ***Definitions***

The mental health discipline encompasses a variety of professions. The mental health professions distinct from medicine and nursing are counseling, psychology, and social work, as listed in the National Alliance of Mental Illness (2020). Bernard and Goodyear (2019) and Borders et al. (2014) have stated that clinical supervision is a vital component of mental health professions education and has established itself as a specialty in the mental health professions. Bernard and Goodyear stressed the importance of clinical supervision as a chief means by which mental health professionals strive to develop and enhance supervisees' competence to ensure safe, effective client care. Watkins and Milne (2014) also supported the notion that clinical supervision is recognized as the instructional strategy that most characterizes the preparation of mental health professionals.

As reported previously, definitions of clinical supervision emerging from the mental health professions are well established and often adopted by non-mental health professions. Bernard and Goodyear (2019) and Milne and Watkins (2014) wrote extensively about clinical supervision. They asserted that the two main definitions widely used in the mental health professions are as follows.

Bernard and Goodyear (2019), in the sixth edition of their authoritative text,

*Fundamentals of Clinical Supervision*, defined clinical supervision as:

an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for the particular profession the supervisee seeks to enter (p. 9).

On the other hand, Milne and Watkins (2014) distinguished clinical supervision from other related activities and defined clinical supervision as:



the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. It therefore differs from related activities, such as mentoring and therapy, by incorporating an evaluative component and by being obligatory. The main methods that supervisors use are corrective feedback on the supervisees' performance, teaching, and collaborative goal-setting. The objectives of supervision are 'normative' (e.g., case management and quality control issues), 'restorative' (e.g., encouraging emotional experiencing and processing, to aid coping and recovery), and 'formative' (e.g., maintaining and facilitating the supervisees' competence, capability, and general effectiveness). These objectives could be measured by current instruments (e.g., Teachers' PETS) (p. 4).

Researchers working in the area of clinical supervision of mental health professionals have agreed that clinical supervision is an effective way for mental health professionals to sustain and strengthen their competence (Borders et al., 2014; Falender & Shafranske, 2017; Gaete & Strong, 2017; Simpson-Southward et al., 2017). According to the definitions of clinical supervision by Bernard and Goodyear (2019) and Milne and Watkins (2014), clinical supervision is an intensive and interpersonal professional relationship between the supervisor and the supervisee, designed to enhance the supervisee's competence and clinical skills. Bernard and Goodyear asserted that clinical supervision provides opportunities for autonomy, professional identity development, ongoing professional development, and transformative practice. Gaete and Strong pointed out that the supervisor-supervisee relationship is integral to fostering positive changes in the supervisee, such as enhanced self-awareness, self-efficacy, and competence.

### ***Practices***

Watkins (2020) has stated that clinical supervision and its research have evolved in counseling and psychology. Bernard and Goodyear (2019) and Watkins identified the five broad areas of clinical supervision research as follows:

1. Supervision effects on client outcomes
2. Supervision effects on the supervisor-supervisee interaction
3. supervision's direct effects on supervisee competence
4. Factors that mediate and moderate supervisor impact on supervisee competence
5. Supervisor and supervisee characteristics

Watkins (2020) has highlighted that clinical supervision research in the mental health professions has been around for more than sixty years, and its importance for the field's advancement has been increasingly recognized. Watkins pointed out that the mass of studies provides opportunities for supervision research reviews to offer a critical perspective on the available research to identify what can be learned to guide practice and what areas need to be examined or explored.

Most of the recent research in the area of clinical supervision has focused on the practices of what works in clinical supervision. Borders et al. (2014), Gonsalvez et al. (2017), and Simpson-Southward et al. (2017) examined the best practices in clinical supervision for counselors and psychotherapists. In their paper on best practices in clinical supervision, Borders et al. discussed the counseling profession's recognition of clinical supervision as a separate specialty and described guidelines for best practices in clinical supervision. The authors stressed the importance of research on supervision practice to further evolve the knowledge of clinical supervision (Borders et al., 2014). Simpson-Southward et al. analyzed clinical supervision practices for psychotherapists in the United Kingdom and contended that clinical supervision practices with psychotherapy lack consistency and reliability. Gonsalvez et al. compared the supervisory practices of psychologists in Australia against best practice guidelines. Gonsalvez et al. identified the need for supervisors to use recommended techniques in day-to-day supervisory practice and the need for better communication between supervisors and supervisees.

Falender and Shafranske (2017) identified the competencies in clinical supervision and the mediating and moderating factors in a supervisory relationship in terms of what works. The authors discussed the strategies to address the factors that hinder the supervisory process and relationship with respect to multicultural factors. They also proposed the need for a systematic approach to facilitate the implementation of competency-based clinical supervision.

A recent line of clinical supervision research in the mental health professions has focused on the supervisor. Watkins et al. (2019) examined supervisor humility and how it impacted supervision practice. They found that supervisor humility is “fundamental, foundational, and transformational” in clinical supervision and contributes to supervisor best practices by fortifying the supervisory relationship (Watkins et al., 2019, p. 58). Ellis et al. (2017) reported that a supervisor’s actions or inactions that result in psychological, emotional, or physical harm to the supervisee constitute harmful clinical supervision. Ellis et al. (2017) concluded that harmful clinical supervision was underreported and appeared to be occurring at an “alarming rate” (p. 4). De Stefano et al. (2017) suggested that the power dynamics in a supervisory relationship might contribute to harmful clinical supervision. De Stefano et al. interviewed counselors about their participants’ views of their supervisors’ power relative to their experiences in the supervisory context. They found that the power differential has always existed in clinical supervision and that power dynamics are most prominent when the supervisee experiences an adverse supervisory event (De Stefano et al., 2017).

Clinical supervision has also been established in social work. Clinical supervision in social work is as old as social work, and that its practice is inseparable from social work practice (O’Donoghue, 2010). O’Donoghue (2010) explored social work supervision from the perspectives of social work supervisors and supervisees in Aotearoa New Zealand and found that clinical supervision is influenced by the context of culturalism and indigenous development in Aotearoa New Zealand. In a follow-up survey of registered social workers in Aotearoa New Zealand, O’Donoghue found that the supervision of social workers was aligned with the Aotearoa New Zealand Social Work Registration Board’s expectations and code. The survey also raised awareness about the cultural responsiveness of clinical supervision to supervisees’ culture and the need to place culture at the forefront of clinical supervision (O’Donoghue, 2019).

## **The Nursing Profession - Definitions and Practices**

### ***Definitions***

Clinical supervision is a core component of professional support for nursing practice. There is a wide range of literature reviewed that investigated or examined clinical supervision in the nursing profession. The Nursing and Midwifery Board of Australia (2021), Nursing and Midwifery Council (2018), and Singapore Nursing Board (2017) have stated that clinical supervision is recommended for all nurses regardless of their practice role, area of practice, and years of experience. Lyth (2000) argued that clinical supervision is important not only for nursing but also for employers of nurses and that it would be helpful for the nursing profession to have some clarity to the concept of clinical supervision. However, there still appears to be a high degree of uncertainty regarding what clinical supervision entails, as reported by Aparício and Nicholson (2020).

There are several definitions in the literature pertaining to the nursing profession. Lyth (2000) conducted a concept analysis of clinical supervision and presented a definition of clinical supervision as:

a support mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills (p. 728).

O’Shea et al. (2019) defined clinical supervision for nurses in the Republic of Ireland. They defined clinical supervision as:

a professional relationship between a supervisor and a supervisee (nurse) where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisee's work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike (p. 7).

Professional nursing registration boards and associations have provided other definitions of clinical supervision. The Nursing and Midwifery Board of Australia (2021) and the UK Royal College of Nursing (2003) described clinical supervision as a process that helps supervisees gain mastery of specific knowledge and skills, take responsibility for their patients, and enhance career development. The Nursing and Midwifery Board of Australia (2021) has defined clinical supervision as:

a formal process of professional support and learning which allows a nurse or midwife (supervisee) to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety (p. 8).

The Royal College of Nursing (2003) described clinical supervision as:

a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex situations (p. 3).

### ***Practices***

The practice of clinical supervision in nursing is implemented in various ways. However, White and Winstanley (2014) claimed that nurses are frequently unsure of what is being asked of them, which may create resistance to its implementation. The literature reviewed revealed that nursing uses several terms to describe clinical supervision. Firstly, Lyth (2000), in his paper on content analysis of clinical supervision, noted that there is the concept of clinical supervision. Lyth attempted to define clinical supervision in nursing and acknowledged that clinical supervision is an umbrella term. Nursing regulatory bodies describe the supervisor's role. The Nursing and Midwifery Board of Australia (2021) and the Singapore Nursing Board (2017) have asserted that the supervisor's primary role focuses on aiding the registered nurse in achieving competencies and learning aims. Secondly, Russell et al. (2016) pointed out that the term mentor is used in nursing. For the role of a mentor alone, Spouse (2001) argues that there is a wide variety of definitions of the role. Thirdly, the term preceptor is also widely used within nursing. The Singapore Nursing Board has described the preceptor as one who is responsible for supporting and enabling newly qualified nurses and nurses to move to new work environments.

The literature reviewed on clinical supervision in nursing has concentrated on the quality of clinical supervision and the enablers for clinical supervision to take place effectively. Howard and Eddy-Imishue (2020) identified the factors that influenced adequate and effective clinical supervision for the professional development of mental health nurses. They claimed that nurses prefer a 'good' clinical supervisor who gives specific ideas, provides feedback, promotes autonomy, and possesses traits such as warmth and competence (Howard & Eddy-Imishue, 2020). In a similar study that identified the qualities of an 'ideal' clinical supervision environment, King et al. (2020) examined the perspectives of clinical supervisors. The 'ideal' clinical supervision environment they posited entailed a strengths-based approach that involved identifying what went well, encouraging the supervisees to do more, and emphasizing the clinical supervisor's role-modeling behaviors (King et al., 2020). Aparicio and Nicholson (2020) also concurred that a well-planned and structured clinical supervision program increases work satisfaction, improves skills and competence, and retains staff.

## **The Physiotherapy Profession - Definitions and Practices**

### ***Definitions***

The World Confederation for Physical Therapy (2019) has stated that, as autonomous health professionals, physiotherapists work in partnership with patients or clients and relevant others to improve functional independence and physical performance, manage and prevent physical impairments, disabilities, and handicaps, and promote health and fitness. Physiotherapists are allied health professionals accountable for professional judgments and apply a collaborative and reasoned approach to assessment, diagnosis and planning, intervention, and outcome evaluation (World Confederation for Physical Therapy, 2019). For a newly qualified or inexperienced physiotherapist, as noted by Hall and Cox (2009) and Sellars (2004), clinical supervision is a necessary workplace learning activity that occurs with a more senior clinician in order for the newly qualified or inexperienced physiotherapist to acquire and hone the clinical and reasoning skills required to practice autonomously.

Hall and Cox (2009) noted that clinical supervision is a familiar term for physiotherapists in the context of workplace learning. Butler and Thornley (2014) also agreed that physiotherapists are familiar with the term clinical supervision, which is associated with a “junior physiotherapist learning in the clinical setting under the leadership of a more senior colleague” (p. 42). However, the literature reviewed shows that there is no common definition of clinical supervision used among physiotherapists.

Sellars (2004) is one of the earlier researchers to examine the clinical supervision of physiotherapists. Sellars pointed out that while there are many definitions of clinical supervision in the literature, there is no single, all-encompassing definition. Sellars (2004) voiced concern about the lack of a clear definition. She argued that this led to “some confusion and ambiguity” (Sellars, 2004, p. 65). Snowdon et al. (2015) resonated with Sellars and noted that the lack of consensus on the definition of clinical supervision is a “possible impediment to the practice of effective supervision” (p. 191).

Hall and Cox (2009), who investigated the experiences of physiotherapists engaged in clinical supervision, used a definition of clinical supervision that came from nursing:

Clinical supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professions issues (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1996, as cited in Hall and Cox, 2009, p. 283).

As noted by Sellars (2004), this definition relates to the process of reflection, which is central to clinical supervision. In their study, Redpath et al. (2015) examined physiotherapists’ preferred structure and content of an effective clinical supervision program. They used a definition of clinical supervision by Kavanagh and colleagues, who are mental health professionals, to guide their study. Kavanagh et al. (2002) defined clinical supervision as:

a working alliance between practitioners in which they aim to enhance clinical practice, fulfil the goals of the employing organization and meet ethical, professional and best-practice standards of the organization and the profession, while providing personal support and encouragement in relation to the professional practice (p. 247).

Snowdon et al. (2015) quoted Lyth’s (2000) definition of clinical supervision in their study investigating the effectiveness of clinical supervision of physiotherapists in Australia. Lyth (2000) defined clinical supervision as follows:

Clinical supervision is a support mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills (p. 728).

In recent studies by Snowdon et al. (2021) and Snowdon, Cooke, et al. (2020), the authors cited Kilminster et al. (2007), Lyth (2000), and Milne (2007) to define clinical supervision as involving an experienced physiotherapist guiding the practice of a less experienced physiotherapist. Snowdon, Cooke,

et al. (2020) indicated that “clinical supervision bridges the gap in professional experience, ensuring that patient care is not negatively affected by a therapist’s inexperience” (p. 250). Snowdon et al. (2021) have stated that clinical supervision involves physiotherapists “exchanging personal and professional experiences, thereby facilitating learning” (p. 1).

Other sources of the definition of clinical supervision arise from regulatory bodies and professional associations. For example, Singapore’s Allied Health Professions Council (AHPC) (2021c) adopted the definition by Lyth (2000), while the Physiotherapy Board of Australia uses the following common definition provided by the Australian Health Practitioner Regulatory Agency, put as:

Supervision incorporates elements of direction and guidance. It is a formal process of professional support and learning which enables a practitioner (supervisee) to develop knowledge and competence, assume responsibility for their own practice, and enhance public protection and safety (Physiotherapy Board of Australia, 2017).

### ***Practices***

This literature review shows that there is limited research conducted about clinical supervision in the physiotherapy profession worldwide. The literature reviewed shows that the research conducted on clinical supervision of working physiotherapists has focused on the effectiveness and role of clinical supervision of physiotherapists as well as their experiences and perceptions of clinical supervision.

Snowdon et al. (2015) investigated the effectiveness of clinical supervision of physiotherapists working in an Australian public healthcare setting using the Manchester Clinical Supervision Scale<sup>®</sup> 26-items version (MCSS-26<sup>®</sup>), which is a commonly used tool to evaluate the effectiveness of clinical supervision. They found that they could not conclude the effectiveness of clinical supervision within the sample of physiotherapists in their study because more than half of all the physiotherapists surveyed reported that their supervision was ineffective and found it challenging to find time for clinical supervision despite recognizing its value and importance (Snowdon et al., 2015). The authors also reported the difficulty of practicing effective clinical supervision when a physiotherapy department provides services to multiple geographic practice sites where cultures and workplace processes differ between each site (Snowdon et al., 2015).

In a recent study, Snowdon et al. (2021) assessed changes in clinical supervision effectiveness of physiotherapists who participated in a clinical supervision training program using a mixed methodology. The authors reported an improvement in the effectiveness of clinical supervision after the physiotherapists, who serve as supervisors, participated in a clinical supervision training program. Their study has provided preliminary evidence that a clinical supervision training program improves the effectiveness of clinical supervision “at least in the short term” (Snowdon et al., 2021, p. 378). The authors continued to report that difficulty in finding time for clinical supervision remained a barrier.

A few studies in this literature review explored the experiences and perceptions of physiotherapists engaged in clinical supervision. These studies have yielded some important insights into clinical supervision in physiotherapy. Sellars (2004) asserted that clinical supervision is a means of professional learning and support in one of the earlier exploratory studies of clinical supervision in physiotherapy. Sellars examined the structure, process, and outcome of clinical supervision with physiotherapists in the UK using a mixed methodology. She found that physiotherapists regarded clinical supervision highly as a form of continuing professional development. The physiotherapists who participated in the study also expressed a need to take time for clinical supervision, and the lack of time due to heavy workloads, busy schedules, and manpower shortages is one of the main reasons for not participating in clinical supervision (Sellars, 2004).

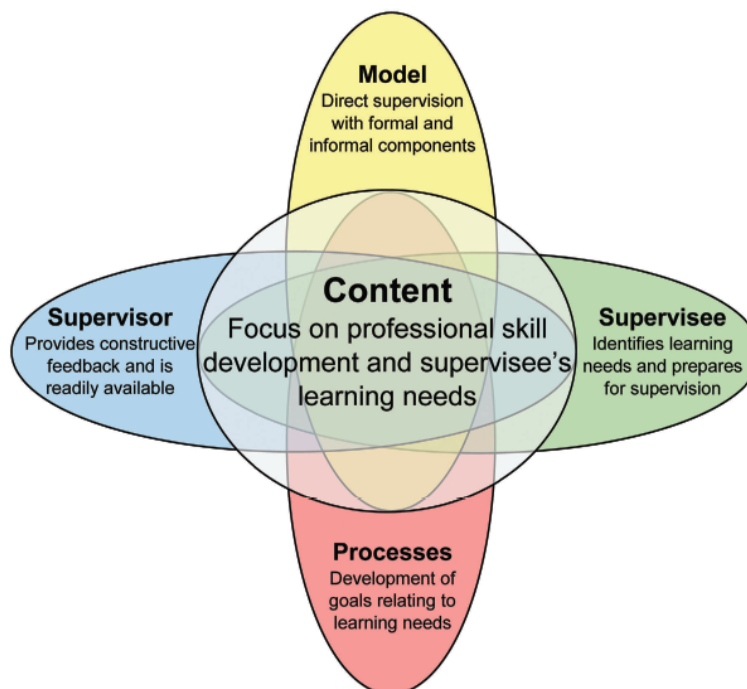
In a qualitative study by Hall and Cox (2009) that also explored the experiences of physiotherapists in the UK who participated in clinical supervision, the authors examined the term

‘clinical supervision’ and its appropriateness for physiotherapy. They found that the physiotherapists in their study did not have a clear understanding of the purpose of clinical supervision (Hall & Cox, 2009). However, they reported that clinical supervision is most effective for physiotherapists who have selected their own supervisors and who are clear about the purpose of clinical supervision, and when supervisors receive the support and training for their role within the supervisory relationship (Hall & Cox, 2009). In a more recent study, Redpath et al. (2015) provided insights into the ideal structure and content of clinical supervision for physiotherapists. Redpath et al. reported that clinical supervision should cover various workplace issues and involve scheduled and unscheduled sessions. The physiotherapist, being the supervisee, should be prepared to take responsibility for leading the supervision session. Redpath et al. also argued that clinical supervision should be broad-ranging, structured, and based on individual needs and goals.

Like Hall and Cox (2009), Snowdon, Cooke, et al. (2020) also reported what made clinical supervision most effective. In their qualitative study, Snowdon, Cooke, et al. found that the clinical supervision of physiotherapists working in an Australian public hospital setting was most effective when it focused on the supervisees’ professional skill development. The studies by Hall and Cox (2009), Redpath et al. (2015), and Snowdon, Cooke, et al. (2020) agreed on the need to clarify the purpose of clinical supervision for both the supervisors and the supervisees for effective clinical supervision. Snowdon, Cooke, et al. also agreed with Redpath et al. that clinical supervision should be driven by the supervisees’ individual learning needs instead of the needs of the health organization.

In the study by Snowdon, Cooke, et al. (2020), the authors conducted semi-structured interviews to explore the perceptions of clinical supervision of physiotherapists working in an Australian public hospital setting regarding their experiences and the aspects of supervision that the physiotherapists perceived to be effective. They reported that clinical supervision should primarily focus on professional skill development, including clinical and non-clinical skills, to be effective.

**Figure 2.** *Effective Clinical Supervision of Physiotherapists*



*Snowdon, Cooke, et al., 2020, p. 253*

The results of their study generated one central theme and four subthemes, which interact with each other and can be either a barrier to or a facilitator of the perceived effectiveness of clinical supervision (Figure 2). The perceived effectiveness of clinical supervision is influenced by the following four subthemes:

1. the model of clinical supervision,
2. the clinical supervision process,
3. supervisor factors, and
4. supervisee factors.

A recent line of research has focused on the physiotherapist as the clinical supervisor. Schmutz et al. (2021) concluded that the clinical supervisor should possess skills in emotional competence, leadership, conflict management, and dealing with diversity. Sellberg et al. (2020) focused on the clinical supervisors' experiences of giving feedback. They also concluded that clinical supervisors should be capable of handling emotions in social interactions between supervisors and supervisees (Sellberg et al., 2020). Laitinen-Väänänen et al. (2007) studied clinical supervision as an interaction between the supervisor and supervisee. They emphasized the role of the clinical supervisor in constructing and leading a supervisory session to facilitate and enhance the supervisee's critical thinking, reflective practice, and self-directedness in clinical learning. Öhman et al. (2005), on the other hand, studied the perceptions of clinical physiotherapy supervisors in Sweden. They reported that the supervisors found their job to be "stimulating and joyful, filled with exciting challenges" (Öhman et al., 2005, p. 118). However, the supervisors also reported increasing dissatisfaction with the working condition and increasing stress at work (Öhman et al., 2005).

### Models of Clinical Supervision

Models of clinical supervision have arisen from the clinical supervision literature of the counseling and psychology disciplines. Scaife (2019) asserted that supervision models are tentative theories that "offer a hypothetical simplified description of complex processes, the purpose of which is to facilitate understanding and the accomplishment" (p. 110). Corey et al. (2010) stated that a model of supervision is a "theoretical description of what supervision is and how the supervisee's learning and professional development occur" (p. 74). Corey et al. explained that some models of clinical supervision describe the process of learning and development as a whole, while others describe the specifics of what occurs in clinical supervision to bring about learning and development. They posited that a complete model addresses both how learning occurs and what supervisors and supervisees do to bring about that learning and asserted that:

"an adequate model of supervision explains the following elements:

- The process through which learning and development occur in individuals
- The role of individual and multicultural differences in supervision
- The goals of supervision
- The role of the supervisor
- Intervention strategies the supervisor will use to assist the supervisee in accomplishing the goals of the supervision
- The supervisor's style
- The role of evaluation in supervision" (Corey et al., 2010, p. 74-75).

Scaife (2019) pointed out that a model of clinical supervision describes what supervision is and how the supervisee's learning occurs. Scaife has also argued that several models of clinical supervision exist that serve as frameworks or guidelines providing structure and intent to the process of clinical supervision. The literature reviewed shows that many different models of clinical supervision are

developed from the counseling and psychology disciplines. Corey et al. (2010) and Scaife have categorized these models of clinical supervision into four main groups of models (Table 2).

**Table 2.** *Models of Clinical Supervision*

<b>Model Group</b>	<b>Description</b>	<b>Examples</b>
Developmental models	<p>These models are influenced by developmental psychology and view supervision as an evolutionary process.</p> <p>These models suggest that there are several stages a clinician goes through, e.g., from novice to experienced clinician, and supervision is structured accordingly.</p>	<ul style="list-style-type: none"> <li>● Integrated developmental model (Stoltenberg &amp; McNeill, 2011)</li> <li>● Life-span model (Skovholt &amp; Ronnestad, 1992)</li> </ul>
Integrative models	<p>These models rely on more than one theory and technique.</p>	<ul style="list-style-type: none"> <li>● Discrimination model (Bernard, 1979)</li> <li>● Holloway's systems approach to supervision (Holloway, 1995)</li> </ul>
Psychotherapy-based models	<p>These models are most frequently associated with counseling and psychotherapy and are based on theories such as Freud or cognitive behavioral therapy.</p>	<ul style="list-style-type: none"> <li>● Psychodynamic model (Frawley-O'Dea &amp; Sarnat, 2001)</li> <li>● Cognitive-behavioral model (Liese &amp; Beck, 1997)</li> </ul>
Supervision-specific models	<p>These models are developed pertaining specifically to supervision activities.</p> <p>These models address the different aspects of supervision, such as functions, processes, structure, and/or tasks.</p>	<ul style="list-style-type: none"> <li>● Proctor's three-function interactive framework or supervisory alliance model (Proctor, 1987)</li> <li>● General supervision framework (Scaife &amp; Scaife, 1996)</li> </ul>

*Adapted from Corey et al., 2010 and Scaife, 2019*

Several researchers have also acknowledged that several models of clinical supervision exist and have been developed as frameworks to guide the delivery of clinical supervision for physiotherapists, as revealed by the literature reviewed (Sellars, 2004; Snowdon et al., 2015). Sellars stressed that no single model will suit the needs of all professional contexts and that it is important to adapt models to meet both the needs of the locality and individuals of the profession. Snowdon, Cooke, et al. supported the notion that the models of clinical supervision used by physiotherapists can vary. Snowdon, Cooke, et al. argued that a reflective model of clinical supervision is recommended for physiotherapists, whereby physiotherapists “reflect on and analyze their workplace experiences, identify learning and development opportunities, and deconstruct both the cognitive and the emotional aspects of their work role” (p. 250).



The literature reviewed shows that researchers who study clinical supervision of physiotherapists adopted Proctor's model, also referred to as the supervisory alliance model or functional interactive model, or the three-function interactive model, to frame their research. Butler and Thornley (2014) noted that supervision-specific or functional models are theoretical models developed as a result of clinical supervision becoming essential for the caring and helping professions. They classified Proctor's model as an example of a supervision-specific model that addresses the functions of clinical supervision (Butler & Thornley, 2014). Proctor's model is the predominantly adopted model of clinical supervision used by researchers investigating the clinical supervision of physiotherapists. The literature reviewed also shows that Proctor's model appears to be the most widely accepted or adopted model of clinical supervision by researchers studying clinical supervision in nursing (Bowles & Young, 1999; Howard & Eddy-Imishue, 2020) and allied health professions (Dawson et al., 2012; Leggat et al., 2016; Snowdon, Sargent, et al., 2020).

Scaife (2019) argued that Proctor's model addresses the question, 'why are we doing this?', that is, why we do clinical supervision. Proctor (1987), who developed the model in the context of counseling supervision, identified three functions or domains of clinical supervision: normative, formative, and restorative. Proctor has posited that the normative function of clinical supervision refers to the professional's compliance with standards and organizational policies and procedures, the formative function refers to the development of skills that are specific to the professional's role, and the restorative function refers to supporting the professional through the emotional burden of their professional role. Sellars (2004) pointed out that the restorative function of Proctor's model also seeks to create a supervisory relationship in which the supervisee feels "valued and understood" (p. 66). Snowdon, Cooke, et al. (2020) stated that Proctor's model explains the relationship between the supervisor and the supervisee in the three domains.

However, the literature reviewed reveals varying opinions on the relevance of each domain or function to the practical application of Proctor's model of clinical supervision. Milne (2007) has argued that the normative and restorative domains can be removed because they are not supported by the literature. In contrast, Dawson et al. (2013) have stated that the restorative domain is the component of clinical supervision most commonly referred to in the literature on clinical supervision that uses Proctor's model. In an earlier study with allied health professionals, Dawson et al. (2012) reported that Proctor's model does not provide a link to clinical governance processes, such as patient safety, and stress that a failure to address this issue may result in bad practices not being detected and may adversely affect patient care. Fitzpatrick et al. (2012) have proposed a revision of Proctor's model that allows for the accountability requirements of the organization and learning needs of the supervisee as an alternative model of clinical supervision for use by allied health professionals. Snowdon et al. (2015) argued that until the relevant components of Proctor's model can be confirmed or a revision of Proctor's model is validated in a population of health professionals, "Proctor's model is currently the model of clinical supervision" for allied health professionals (p. 191). Redpath et al. (2015) and Sellars (2004) have also suggested that Proctor's model is a relevant model of clinical supervision for physiotherapists.

### **Methods of Inquiry in Clinical Supervision**

Watkins (2020) argued that one of the goals of research in clinical supervision is to test and improve the theory and to guide the practice of clinical supervision. Watkins has also highlighted that clinical supervision research in the counseling and psychology professions has been around for more than sixty years. However, as reported earlier, clinical supervision research is limited in allied health professions, including physiotherapy.

The existing literature consists of seven articles that discussed or examined the clinical supervision of only physiotherapists in the workplace. Six of the articles are empirical research studies,

while the article by Butler and Thornley (2014) is a perspective paper. Of the six empirical research studies, one study used a quantitative approach to determine the effectiveness of clinical supervision of physiotherapists (Snowdon et al., 2015), and three studies used a qualitative design to explore physiotherapists' perceptions and experiences of clinical supervision (Hall & Cox, 2009; Snowdon, Cooke, et al., 2020; Snowdon et al., 2021). The remaining two studies utilized a mixed methods approach. One of the mixed methods studies examined the process of clinical supervision and explored the views and experiences of physiotherapists engaged in clinical supervision (Sellars, 2004). The other mixed methods study is a program evaluation that evaluated changes in the effectiveness of clinical supervision after physiotherapists attend a clinical supervision training program (Snowdon et al., 2021).

### Quantitative Measures of Clinical Supervision

Snowdon et al. (2015) used the Manchester Clinical Supervision Scale<sup>®</sup> 26-items version (MCSS-26<sup>®</sup>) to measure the effectiveness of clinical supervision of physiotherapists working in an Australian public healthcare setting. Snowdon et al. (2021) also used the MCSS-26<sup>®</sup> in their pre-post study to assess the changes in the effectiveness of clinical supervision after the implementation of a clinical supervision training program in Australia.

The MCSS-26<sup>®</sup> is a survey tool initially developed by Winstanley (2000) and has been validated for use by allied health professionals (Winstanley & White, 2011). The MCSS-26<sup>®</sup> survey tool is a self-completion tool and, according to Dawson et al. (2013), is the most commonly used tool to evaluate the effectiveness of clinical supervision. Participants rate the level to which they agree with each item on a 5-point Likert scale (0 = *strongly disagree* to 4 = *strongly agree*). According to Winstanley and White (2011), the MCSS-26<sup>®</sup> survey consists of 26 items and provides sub-scores for six key elements or sub-scales of clinical supervision, including:

1. Importance/value of clinical supervision (5 items),
2. Finding time (4 items),
3. Trust/rapport (5 items),
4. Supervisor advice/support (5 items),
5. Improved care/skills (4 items), and
6. Reflection (3 items).

Winstanley and White (2011) have provided empirical evidence supporting the six subscales of the MCSS-26<sup>®</sup> that provide domain summary scores that indicate the effectiveness of clinical supervision for each domain of Proctor's model of clinical supervision. The sum of all six sub-scales provides a total score ranging from 0 to 104. Winstanley and White have determined that a total score of more than 73 indicates effective supervision.

In other health and helping professions, the literature reviewed shows that the studies that collected quantitative data used the MCSS-26<sup>®</sup> survey tool as their measurement tool of effectiveness of clinical supervision of:

- allied health professionals, for example, studies by Dawson et al. (2012) and Snowdon, Sargent, et al. (2020),
- mental health professionals, for example, studies by Best et al. (2014) and Litherland (2020), and
- nurses, for example, studies by Fothergill and Lipp (2014), Hussein et al. (2019), and Lewis et al. (2020).

### Qualitative Measures of Clinical Supervision

Two of the three qualitative studies (Hall & Cox, 2009; Snowdon, Cooke, et al., 2020) and one of the mixed methods studies (Sellars, 2004) collected their qualitative data by conducting individual semi-

structured interviews with physiotherapists. The remaining qualitative study (Redpath et al., 2015) and the other mixed methods study (Snowdon et al., 2021) collected their qualitative data through focus group discussions with physiotherapists. These studies took a constructivist worldview to frame the qualitative phase of their studies, used a basic qualitative research design as the qualitative method, and analyzed their data using the principles of thematic analysis.

The literature reviewed shows that the studies used a qualitative approach to look at their participants' attitudes, beliefs, values, and preferences to explore, describe, and understand the phenomenon of clinical supervision in:

- the allied health professions, for example, studies by Kennelly et al. (2017), Martin et al. (2019),
- the medical profession, for example, studies by Hauer et al. (2015) and Kennedy et al. (2009),
- the mental health professions, for example, studies by De Stefano et al. (2017) and Wiley (2019), and
- the nursing profession, for example, studies by Dilworth et al. (2014), King et al. (2020), and Townend (2008).

In terms of qualitative research methodology, the literature reviewed shows that a myriad of methodological approaches or designs, other than the basic qualitative research design, has been used to study the phenomenon of clinical supervision.

Kennedy et al. (2009), Townend (2008), and Wiley (2019) used a grounded theory approach to develop understandings of clinical supervision that are grounded in or derived from a systemic analysis of data, while Hauer et al. (2015) used a phenomenological approach to determine how clinical supervisors develop and experience trust in their supervisees. Another qualitative approach is action research, which King et al. (2020) used to study the qualities of a clinical supervision environment by working with clinical supervisors from nursing. The fourth qualitative approach researchers used to study clinical supervision is narrative research. Kennelly et al. (2017) used narrative research in their study to examine how the stories are told by supervisors and supervisees to understand how they perceive and make sense of their supervisory experiences.

### **Gaps in the Literature**

This literature review has demonstrated that clinical supervision has not been widely studied in the health professions. Most research in clinical supervision arises from the mental health professions, especially counseling and clinical psychology. Even with the greater empirical mass of supervision studies in the mental health professions, gaps in clinical supervision literature were identified in this literature review.

Watkins (2020) has posited that clinical supervision is mostly a product of “proof by association,” and that does not necessarily translate into empirical proof that it works (p. 205). Martin et al. (2014), in their guide for effective clinical supervision in medical education, have stated that the effectiveness of clinical supervision is based on anecdotal data and expert opinion. It is important to consider how to better explore clinical supervision to build the evidence base for clinical supervision; as Watkins (2020) has stated, “if supervision is to ever be evidence-based, then there is a sore need for more, better and broader evidence” (p. 205).

In practice, the delivery of clinical supervision presents many challenges. The quality of clinical supervision has been shown to vary significantly within and across supervisors, disciplines, organizations, institutions, and countries (Watkins, 2014). Supervisees have expressed concerns regarding the negative attitudes displayed by their supervisors during supervised clinical activities (De Stefano et al., 2017; Ellis

et al., 2017), whereas supervisors have commented on the reluctance of certain supervisees to seek supervision even in the face of compromised patient safety (Forshaw et al., 2019; Sheu et al., 2017). O'Donoghue (2019) argued that how clinical supervision is experienced is influenced by the diversity and differences of the supervisors and supervisees and recommended: "further research exploring social differences such as gender, culture, sexual orientation, experience, qualifications, and registration status" (p. 76).

In the background of concerns about patient safety involving supervisees who were inappropriately supervised (Tomlinson, 2015), such findings have generated a call for a closer level of supervision, especially for junior supervisees. Such recommendations raise questions regarding the ability to maintain supervisees' progressive independence in clinical activities and their clinical training, one of the defining concepts of clinical training.

Scholars in the area of clinical supervision, such as Bernard and Goodyear (2019), Inman et al. (2014), and O'Donoghue (2019), have argued that cultural and social differences influence the experience of clinical supervision. Researchers acknowledged that the findings from their studies could only be generalized to the health professionals where the studies were conducted. Therefore, further research is needed to explore the experiences of health professionals who participate in clinical supervision in their own practice context.

This literature review has shown that the phenomenon of clinical supervision has not been widely studied in the allied health professions. Snowdon et al. (2015) have recommended future research on clinical supervision to develop a sustainable framework within which to practice clinical supervision, including protected time for clinical supervision. Snowdon, Cooke, et al. (2020) have also suggested that future research considers the effectiveness of clinical supervision to ensure the quality of care and patient outcomes in healthcare practice.

## Conclusions

Clinical supervision has not been widely studied in allied health professions, including physiotherapy. The definitions of clinical supervision used by the medical, nursing, and allied health professions, are derived from the counseling and psychology disciplines. This literature review shows that clinical supervision has been defined predominantly as a relationship between an experienced person and a less experienced person that involves activities that provide monitoring, guidance, and feedback on personal, professional, and educational development in a workplace learning environment. Clinical supervision is primarily focused on learning and development. Clinical supervision also aims to ensure work quality, facilitate professional development, and foster well-being at the workplace. However, there is limited empirical evidence to support the appropriateness and effectiveness of clinical supervision in the health and helping professions in achieving these aims.

Based on the literature reviewed, the practice of clinical supervision in the health professions is not unified. While research in clinical supervision has been around for decades, especially in the mental health professions, clinical supervision has not been widely studied in the allied health professions. There is some research on the implementation of clinical supervision in the allied health professions; however, most studies on clinical supervision were conducted in the Australian and UK contexts. To date, no study has explicitly looked at the phenomenon of clinical supervision in the health professions in Singapore. Therefore, a few issues about clinical supervision remain unclear within healthcare and medical practice in Singapore. This literature review revealed a need to examine the effectiveness of clinical supervision of health professionals in Singapore and explore their perceptions and experiences of clinical supervision from the perspectives of the supervisor and supervisee. Because cultural differences and practice context

influence clinical supervision experience, there is also a need to determine whether the culture and context of practice in Singapore affect how clinical supervision is delivered or conducted.

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