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Review article

Historical and foreign legacy for the supervision concept in the Czech nursing

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ABSTRACT

In their work, the authors bring their attention to the essence of supervision, including selected theoretical starting points of the supervision concept. Their aim is to introduce, interconnect and outline the origins and traditions of the supervision concept mainly within the field of nursing as practiced in foreign countries, and in regard to the traditions which anchors the supervision concept in both psychotherapy and psychology, as well as in other contexts of helping professions. In their work, the authors introduce the theoretical foundation of clinical supervision practiced in nursing abroad and to bring forth terms and summary definitions of the thematically relevant outcomes of the supervision issues described in foreign nursing literature. They provide and discuss aspects concerning the essence of “concept” and legitimation of supervision and its relationship to the nursing practice; they observe supervision correlations from another viewpoint and in a different manner than other Czech authors have done under the existing conditions, mainly supervisors who have traditionally defined and presented the concept of clinical supervision in nursing from a professional standpoint.

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Introduction

Defining clinical supervision

Contextually established definitions of supervision for individual disciplines or contexts of helping professions, particularly the supervision concept in nursing, including a brief

detour to its history, are all presented in the text below. As documented by particular definitions, “the term supervision is multidimensional, multi-layered” [1, p. 275]. Many definitions outline individual attributes of professions' culture and those expressed values, prerequisites and beliefs of a particular profession, discipline or approach.

At the beginning of this chapter, which focuses on defining the supervision concept, we reflect on the “concept” itself

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together with the Czech educator and philosopher, Palouš [2]. He suggests that the word “concept” (or term) tends to be given by a definition. Expressions such as “definition” (finis – end, limit) or “term” (terminus – border) mean that the word is somehow “localised” [2, p. 8]. In addition, he emphasises, “However, this does not mean it would remain in one place unable to cross the boundaries drawn, but the *definition* or its description *determines* its *meaningful usage within the given context*. No matter how the definition pinpoints the concept's 'core', its existence is not diminished in this way. The boundaries are permeable and the given concept may be moulded without losing its original intended meaning. These concepts – particularly those related to humanities – are not stagnant. They exist in the *context that co-direct their up-to-date meaning* – called a contextual filter” [2, p. 9; 3, p. 140]. Kot'a [4, p. 55] however, reminds us that the definitions used in human sciences should be timeless and ideally accepted across cultures, thus valid globally, rather than merely for a single type of culture. He also shows how the definitions in human sciences encounter some rather overwhelming difficulties. The problems derive from the notion that “the whole defining process means to outline its boundaries, because only then it is possible to provide a solid definition of a concept” [4, p. 58].

In terms of conceptualisation of supervision, (i.e. conception of content and classification), many authors take various approaches. For example Lynch et al. [5], conducted an extensive literature review between 1925 and 2006, which focused on various definitions, theories and meanings relevant to clinical supervision. The text themes also covered the issue of supervision introduction, various models, supervision effectiveness, education, and ethical or legal considerations including those about the future of clinical supervision for nurses. Moreover, Lynch et al. [5] claimed that only a minimal amount of scholarly articles shared even the fundamentals such as the origins and historical development of supervision, or definitions and recommendations for implementation of supervision in the clinical practice. Their findings were concluded in the following statement by Ryan [5, p. 1]: “It is only natural that the clinical supervision has no unified definition nor a theory.” Clearly, the situation has not become coherent even after a decade as Yegdich [6] describes this ambiguity with the phrase “conceptual confusion”.

No universal definition regarding clinical supervision exists, and even the nursing literature presents no meaningful and consistent definition. Other authors however emphasise that the absence of a universal understanding and a poor comprehension in the clinical, as well as academic discourse directly contribute to the myth about clinical supervision [7,8]. The above authors argue that the definition and understanding of clinical supervision is essential in order to accept it, and support and implement it into the clinical practice.

Todd and Freshwater [9] commented that despite the extensive amount of literature on clinical supervision, there is a lack of a simple and coherent definition. Perhaps, the literature reveals a tendency of the authors to concentrate on what the clinical supervision is not, rather than what it is, in order to hide the shortage of a clear definitions. We talk about negative delimitation. As part of larger literature research on the clinical supervision in nursing, Fowler [10] identified five areas where it was possible to structure the literature about

supervision. Those are themes which focused on the need for supervision within nursing, on application and implementation of the supervision concept into the practice, regarding awareness of good supervision and models of supervision, and on training sessions for supervisors.

Despite the definitional differences, there are some similarities. Most definitions include aspects related to professional development and support, growth and learning as well as personal support. According to the available literature, the concepts of clinical supervision usually include the following features:

- Clinical supervision is a framework for a professional reflection which involves development and learning support of the supervisee, or of the supervised nurse [11] and we can support this by the following supervision outline: “Clinical supervision provides structure for autoregulation and development of a competent thoughtful practice with emphasis on self-reflection and self-evaluation using reflection activities. In addition, it promotes reflection in action” [12, p. 13].
- The rapport between a supervisor and a supervisee is key and always influences the outcome and effectiveness of clinical supervision.
- Clinical supervision must be voluntary and all the parties involved must be proactive, opened and honest.

Clinical supervision has not been firmly established within the Czech health care system and nursing. It has no basis and specification in the current legislation, therefore we focused on supervision definitions from foreign resources. From a wide range of available definitions we prefer to present primarily those relevant to the application of supervision within the context of nursing in the Czech Republic.

Supervision theory starting points in nursing

The concept and definition of supervision within an international context

The traditional conception of supervision has been systematically developed since the beginning of the last century among the helping health professions. It has been reconstructed mainly through the prism of conception's content and definitions used in the area of psychology and social work. It is this “deep-rooted” tradition that complicates the outline of supervision, particularly its content, and the possibility of meaningfully anchoring the concept of supervision in current nursing, through its representatives themselves, the nurses.

Hancox and Lynch [13] have added modern thoughts and notions from the nursing literature on clinical supervision to propose the following definition: “Clinical supervision is a formal process of consultations between two or more professionals. Its purpose is to provide support to students on placements in order to enhance their self-reflection and development in the context of their professional environment” [13, p. 6].

Attention, however, also needs be directed to the adjective “clinical”. The word “clinical” is of Greek origin (“kline”) meaning bed and it also relates to a verb “tilt”. The words “clinic” and “clinical” have four main meanings today, and all are derived from the original word “bed”.

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