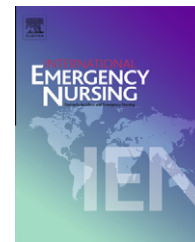




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Group supervision as a means of developing professional competence within pre-hospital care

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Abstract

Background: Ambulance care has its foundations in experience-based knowledge relating to the care provider's flexibility and humility in the encounter with patients. The group supervision model used in this study is retrospective and experience orientated and it is designed to promote and develop the group's overall competence by facilitating the group process, as well as extending and improving levels of professional knowledge.

Aim: The aim was to evaluate the experience of group supervision and to explore its impact on the participants' personal and professional development.

Method: This study uses an inductive qualitative approach where data collection was performed in the form of a focus group interview and analysed by a model of content analysis.

Conclusion: Group supervision appears to have had a positive impact on the participants' personal and professional development. The structure of the model appears to make it easier for the inexperienced co-worker more rapidly to develop expertise within his/her working area, which can be seen as an important tool in today's financially focused and time-pressurised health-care service. It is to be hoped that the results of this study will interest health managers and encourage them to consider group supervision as a tool for professional development not only within the area of the ambulance service.

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Introduction

The importance of research into pre-hospital care, especially ambulance care, is of great interest. But few studies have been performed on the topics of group supervision in this context. The demands relating to competence and skill among

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ambulance personnel are gradually increasing and there is a need to evaluate their work from different angles. One area of interest is to evaluate group supervision among ambulance personnel, to highlight its significance, results and implications for the patient, organisation and work environment.

Background

Ambulance care has its foundations in experience-based knowledge of the care provider's flexibility and humility in the encounter with patients (Suserud et al., 2005). Among ambulance personnel, there is a pronounced sense of collegiality and a genuine team spirit which has both advantages and disadvantages. On the one hand, collegiality leads to greater trust in colleagues, especially in difficult situations, while, on the other hand, the camaraderie could be a threat to good, safe care (Suserud et al., 2005; Svensson and Fridlund, 2008). A study by Svensson and Fridlund (2008) revealed that ambulance staff, especially those with great expertise in relation to disasters, felt heavy pressure to respond to and resolve emergencies of all types.

The Swedish model

The requirements in the Swedish ambulance services have been stepped up in recent years and, nowadays, there must be a registered nurse in each vehicle to ensure the management of medicines (Swedish National Board of Health and Welfare, 2000). The "fast track" model has affected the routines of the whole ambulance service. This means that the patient is assessed and transported to the treating unit without seeing a doctor at the emergency department. Examples of conditions included in this model are heart attack, stroke and hip fracture (Folestad et al., 2006).

Collegial group supervision

The value of collegial group supervision in different health care contexts is stressed. Studies have shown that the effects of group supervision differ in content, scope and results (Scott and Smith, 2008; Jones, 2006; Lindgren et al., 2005; Walsh et al., 2003). Negative ratings described the supervision situation as stressful and able to provoke anxiety (Jones, 2006). Participants also experienced a reluctance to declare personal values to a larger group of people (Berg and Welanders Hansson, 2000). On the other hand, other studies revealed positive effects of supervision, as it could reduce occupational stress (Williamsson and Dodds, 1999). The process is further described as cost effective, supportive and safe (Jones, 2006; Scott and Smith, 2008; Walsh et al., 2003; Lindgren et al., 2005). According to Jones (2006), group supervision also creates conditions for a group of colleagues to enhance their professional learning and improve their efforts. Learning is initiated when more experienced colleagues share their ideas on how best to achieve efficient, professional care. The novice is given a more realistic approach in his/her professional life (Jones, 2006). In the supervising situation, it is important to be able to express one's own vulnerability and fear and to have the courage to talk about it in an honest way (Scott

and Smith, 2008). Other important factors when it comes to successful supervision are maintaining a certain structure and creating and maintaining a positive and developing climate in the group (Lindgren et al., 2005).

Psychosocial risks

Several international studies have revealed that people working within pre-hospital care have high levels of post-traumatic stress disorder (PTSD) and Swedish personnel are no exception (Sterud et al., 2006; Bennett et al., 2004; Jonsen et al., 2003). Furthermore, more than 20 per cent of all personnel in the ambulance service suffer from psychopathological problems such as burnout, depression and anxiety. They are also vulnerable to work-related stress associated with mental health problems (Bennett et al., 2004; Alexander and Klein, 2001; Clohessy and Ehlers, 1999).

Supervision model

The supervision model used in the present study was based on analysing occurred complex working situations experienced by the participants. The model was designed to promote and develop the group's overall skills by facilitating the group process, as well as extending their professional knowledge (Lauvås and Handal, 2001; Pertoft and Larsen, 2003). The actual supervision process followed a template developed by Pertoft and Larsen (2003). Each session began with all the participants being presented with a perceived professional situation regarded as valuable for discussion in the group. The group then chose one issue to be highlighted and discussed during the session. The supervisee was urged comprehensively to describe the situation. The group was not allowed to ask any questions or interrupt until after the presentation, when they were free to ask any question in order fully to understand the situation. During the following discussion, the supervisee was silent, while the participants gave their reflections, resulting in proposals for solving the presented problem. The supervisee summed up the discussion by giving his/her new insights and understanding of the current topic. Finally, the entire group was encouraged to express their thoughts and feelings about the content and experience of this group supervision session. From the sessions the supervisor was responsible for reporting mistakes or patient safety issues to the medical director.

Aim

The aim of the study was to evaluate the experience of group supervision and to explore its impact on the participants' personal and professional development.

Method

Five women and five men from the Ambulance Service (age range 30–49 years, mean = 40.7), were asked to evaluate their experiences of participating in group supervision. Six participants were nurses and four worked as Emergency Medical Technicians (EMT). The participants had a working

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