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Family physician experiences with and needs for clinical supervision: Associations between work experiences, professional issues and social support at work

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ABSTRACT

Objective: To explore how work experiences, professional issues and social support at work are associated with a need for clinical supervision (CS) among family physicians (FP).
Methods: Web-based survey to FPs in Finland 2011 (response rate 68%; $n = 165$).
Results: Among FPs, 36% needed CS, 35% had experience with CS, and 29% did not need CS. Feeling emotionally drained from work was associated with both needing and experience with CS. FPs needing CS felt callous and had committed a medical error in the recent past more often than those with CS experience. FPs expressing a need for CS felt greater uncertainty regarding their professional knowledge and more alone at work than FPs not needing CS. Rewarding work experiences were common.
Conclusions: A large proportion of FPs expressed a need for CS. Need for CS is associated with feeling alone at work, experiences of callousness and uncertainty regarding medical knowledge. Experience of emotional drainage was associated with experience of and need for CS.
Practice implications: Emotional drainage may signal a need for CS among FPs. CS might enhance FPs' emotional well-being at work. It should be more widely available to FPs and could be integrated into continuing professional development.

1. Introduction

Among family physicians (FP), the concept of clinical supervision (CS) is not well established [1,2]. In medicine, CS has been defined within the context of specialist training. According to this definition, CS includes the provision of monitoring, guidance and feedback on matters of personal, professional and educational development within the context of a physician's care of patients aimed at providing safe and appropriate patient care [3]. Thus, CS can be divided into three forms according to its three functions: educational (formative), administrative (normative), and supportive (restorative) [1,3]. The restorative/supportive function is important in Balint groups which are the most commonly used method of supportive CS in family medicine [4]. The work of the Balint group focuses on the enhancement of participants' understanding of patient–physician relationships and the development of the professional personality using shared reflections of participants' own patient cases within a supervised group of peers [5].

Many FPs have an unmet need for CS [6–8]. Research suggests that distress at work, emotional exhaustion and even burnout may indirectly indicate a need for CS [8–10]. However, few studies have explored which factors predict the need for CS. In our earlier study, FP needs for CS were associated with being female, active participation in continuous medical education and perceptions that the number of patients with requests had increased [6]. To our knowledge, no other studies have directly explored which issues associate with FP's needs for CS.

This study aims to explore how work experiences, professional issues and social support at work associate with a need for CS among FPs. We compare three groups of FPs: those experienced with CS, those who expressed a need for CS with no accessibility to it and those who expressed not needing CS.

2. Data and methods

2.1. Participants

We distributed a web-based survey to FPs working in health centers in Southern Finland in 2011. In this study, we aimed to include FPs from both sexes, across all ages and with shorter and

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longer working experiences. We, therefore, collected data using a convenience sample. We contacted physicians from health centers in Southern Finland who shared the email addresses of all physicians working in their institutions. We then contacted these physicians via email, inviting them to participate anonymously in a web-based survey; a second email served as a reminder. In Finland, supportive CS among FPs is not mandatory during the training process nor in clinical practice. The availability of supportive CS varies among FPs.

2.2. Questionnaire

We explored CS by asking FPs to choose one of four options: (1) "*I currently attend CS* (*e.g. Balint or other*), (2) '*I have attended CS* (*e.g. Balint or other*), *but am not attending now*', (3) "*I would like to attend, but CS* (*e.g. Balint or other*) *is not available*" and (4) "*I do not need CS* (*e.g. Balint or other*)". Those choosing the first or second option were grouped into the category "FPs experienced with CS", while those choosing the third option were identified as "FPs with a need for CS (with no accessibility to it)" and those choosing the fourth option were classified as "FPs with no need for CS".

We assessed challenging work experiences using items from the Maslach Burnout Inventory (MBI) [11], a validated and common tool used to measure burnout [12,13]. However, its length limits its utility in surveys among physicians [13]. Two items from MBI "*I feel burned out from my work*" assessing emotional exhaustion and "*I have become more callous towards people since I took this job*" assessing depersonalisation, have showed a strong association with burnout among medical professionals [13]. In addition to these two items, we also used other items from MBI to explore emotional exhaustion from work: "*I feel frustrated by my job*", "*I feel I have to work too hard at my job*" and "*I feel my job is emotionally draining*". We also asked about FPs' sense of personal accomplishment at work using the MBI item "*I feel I can positively influence my patients' lives through my work*" [11,14]. We explored FPs' rewarding work experiences using items from our previous survey for medical students [15], which included "*I can use my professional skills comprehensively at work*", "*I feel my patients trust me*" and "*I feel patient work is rewarding*". Response options for the MBI items and the rewarding work experience items included *never,seldom, sometimes, quite often* or *often*, from which *quite often* and *often* were categorised as "yes". To study professionally challenging issues, we asked FPs about experiences of uncertainty and social support, using items from our previous survey for medical students [15]: "*Do you feel uncertainty about your professional knowledge?*" and "*Do you feel uncertain about your professional skills?*". Response options included *never*, *seldom*, *sometimes*, *quite often* or *often,* from which *quite often* and *often* were categorised as "yes". The question "*How do you tolerate uncertainty when making medical decisions?*" included the response options *well*, *quite well* and *poorly* of which poorly was categorised as "not well". The questions "*Are you afraid of committing a medical error?*" and "*Have you committed a medical error in the past three months?*" both included the responses *yes* or *no.* To explore social support, at work we used the item "*I feel alone at my work*", which included the response options *never*, *sometimes, often* and *always,* from which we categorised *often* or *always* as "yes". The item "*I can consult a colleague at work*" included the options *often enough*, *too seldom*, *not at all* and *I do not need to consult. Too seldom* and *not at all* were categorised as "*no*".

Socio-demographic variables included age, gender, marital status, years of working experience, work position/specialisation. Satisfaction with work and satisfaction with life were rated using a scale from 0 to 10, where 0 represented the lowest level of satisfaction and 10 represented the highest.

We used SPSS (version 20) to perform all statistical analyses. We compared categorical data using the Pearson chi-square test or Fisher's exact test when appropriate. The Kruskal–Wallis test served to analyse non-normally distributed continuous variables. We considered p values <0.05 to be statistically significant.

3. Results

We sent our questionnaire to 244 FPs, of whom 165 (68%) responded. Among responders, 59 FPs (36%) stated a need for CS, 58 (35%) revealed experience with CS and 48 FPs (29%) had no need for CS. The mean age of FPs stood at 39.5 years. Among responders, 124 (75%) were female and 148 (90%) were cohabitating with their partners. In terms of work history, 85 (52%) FPs possessed less than five years working experience, 116 (70%) held the position of junior doctor, trainee in family medicine or unspecialised physician (grouped as "other"), while 49 FPs (30%) identified as family medicine specialists. On a scale from 0 to 10, the mean score for satisfaction with work among FPs stood at 7.6, while the mean score for satisfaction with life stood at 8.3. FPs with a need for CS (36.9 years) were on average younger than FPs experienced with CS (42.8 years) and FPs not needing CS (38.7 years) ($p = 0.026$). FPs with CS experience, FPs needing CS and FPs not needing CS showed no difference in terms of sex, marital status, work history, work position/specialisation or satisfaction with their work or life. However, in pairwise comparisons, a larger proportion of FPs experienced with CS were specialists in family medicine than of FP with a need for CS (41% vs. 24%, $p = 0.042$) or than of FPs not needing CS (41% vs. 23%, $p = 0.044$) (Table 1).

Table 1
Characteristics of family physicians' (FP) experienced with clinical supervision (CS), with a need for CS and FPs with no need for CS.

	FPs experienced with CS[a] ($n = 58$)	FPs with a need for CS[b] ($n = 59$)	FPs with no need for CS[c] ($n = 48$)	p value*
Mean age, years (SD)	42.8 (11.8)	37.0 (9.2)	38.7 (10.2)	0.029
Gender, female, n (%)	46 (79)	47 (79)	31 (65)	0.14
Marital status, married or living with a partner, n (%)	54 (93)	51 (86)	43 (90)	0.32
Work experience less than five years, n (%)	24 (41)	33 (56)	28 (58)	0.15
Work position/specialisation, n, (%)				
Specialist in family medicine	24 (41)	14 (24)	11 (23)	0.053
Other	34 (59)	45 (76)	37 (77)	
Mean satisfaction with life (scale 0–10), mean (SD)	8.2 (1.9)	8.4 (1.7)	8.4 (1.3)	0.92
Mean satisfaction with work (0–10), mean (SD)	7.9 (1.4)	7.4 (1.8)	7.6 (1.4)	0.28

We used the Chi-square test or Fischer's exact test to compare categorical variables and the Kruskal–Wallis test to compare non-normally distributed continuous variables.
[a] FPs responding I currently attend or I have attended but am not attending now.
[b] FPs responding I wish to attend, but CS is not available.
[c] FPs responding I do not need CS.
* p values <0.05 were considered significant.