

An Evaluation of Clinical Supervision of Allied Health Professionals from Two District Health Boards

A preliminary summary report

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Introduction

This report will present the preliminary results from an evaluation survey of allied health professionals' clinical supervision conducted through November 2015. The evaluation was concerned with: a) what is best about the respondents' supervision; b) what could be improved; c) the respondents' overall satisfaction and evaluation with their clinical supervision. The purpose of the evaluation was to establish a baseline evaluation in regard to the clinical supervision of allied health professionals regionally across the two District Health Boards.

Methodology

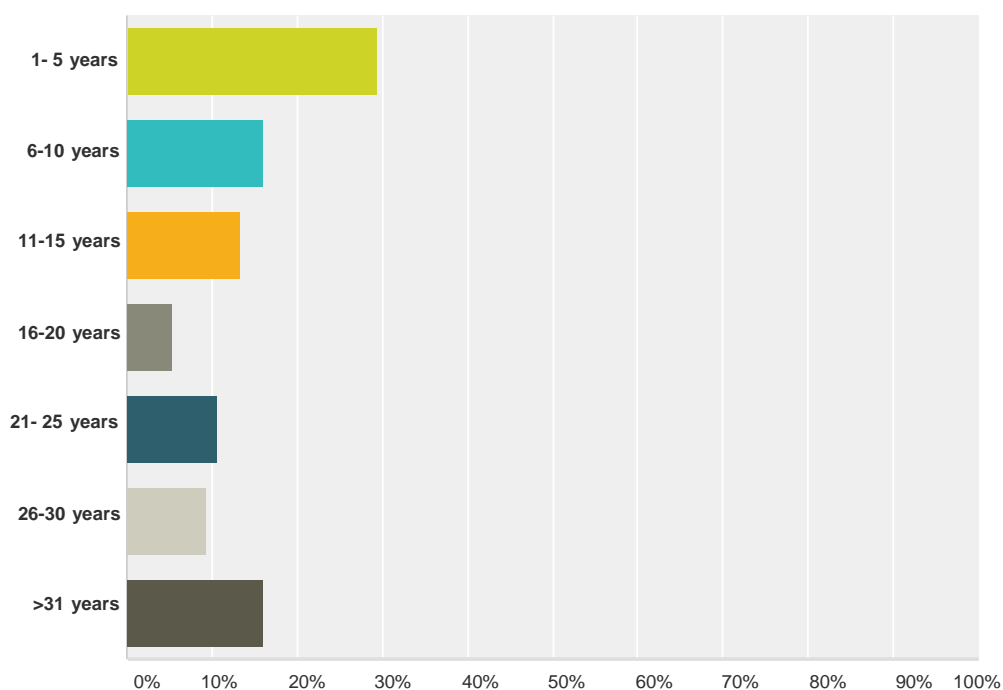
An online survey instrument was developed in-conjunction with the Director of Allied Health and piloted. The instrument consisted of two sections the first sought background information pertaining respondents professional experience, profession, area of work, District Health Board (DHB) and Role. The second section concerned the respondents' supervision and involved rating scales that had been develop from the author's previous research about what is best in supervision and how could supervision be improved (O'Donoghue, Munford and Trlin, 2006; O'Donoghue, 2008, 2010). The internal reliability of the scales used was tested using Cronbach Alpha. The "What's best about your supervision scale" had an alpha co-efficient of .919. The "How your supervision could you supervision be improved scale" had an alpha of .973. The alpha scores for these two scales show that both scales had very high internal reliability. Survey-monkey was the online host for the instrument and the link to the questionnaire was distributed by the Director of Allied Health on 5 November 2015 to health professionals. At the time of distribution there were 195 Allied Health Professionals employed at one DHB and 72 at the other. When the survey was closed on 3 December 2015, 75 respondents submitted questionnaires, with six of these being incomplete and only containing background information. A total of 69 questionnaires contained useable data. The estimated response rate was 25.8%, the confidence interval was calculated as 10.18using a 95% confidence level. The evaluation was recorded in Massey University's Human Ethics low –risk database.

Preliminary results and Commentary

The preliminary results were generated in descriptive form by survey monkey's analytical software. In this section these results will be presented in relation to each item on the survey underneath the graphs and tables will be a brief commentary on the results.

Q1 The range that best describes respondents amount of professional practice experience

Answered: 75 Skipped: 0

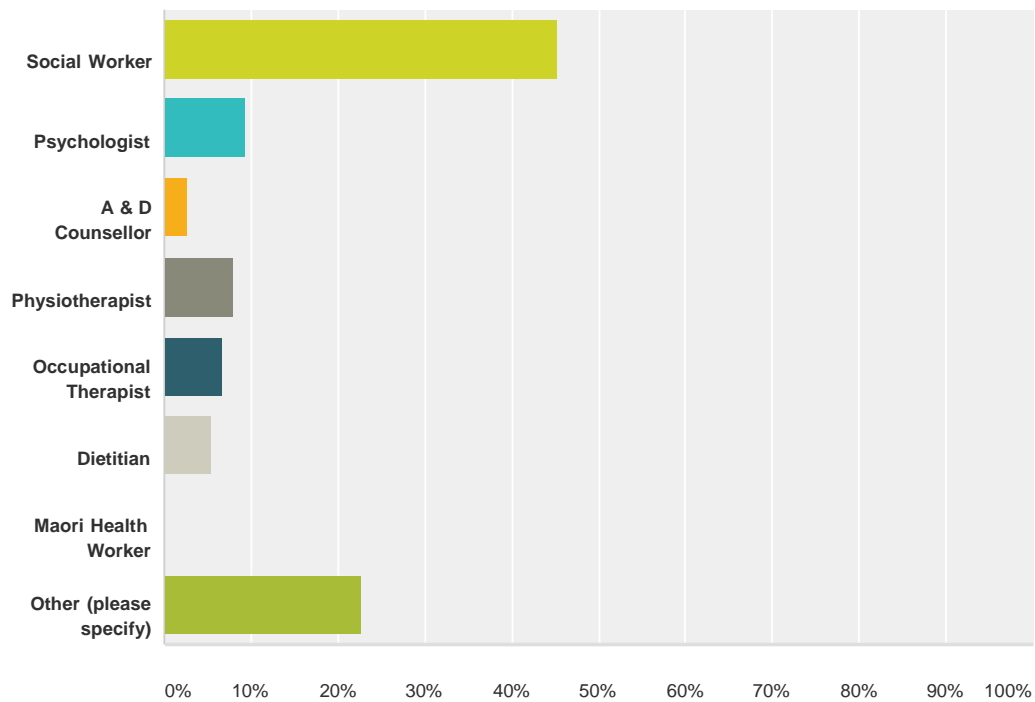


Answer Choices	Responses	N
1- 5 years	29.33%	22
6-10 years	16.00%	12
11-15 years	13.33%	10
16-20 years	5.33%	4
21- 25 years	10.67%	8
26-30 years	9.33%	7
>31 years	16.00%	12
Total		75

The respondents had a broad range of professional practice experience with ranging from between 1-5 years to greater than 31 years. Nearly three-tenths (29.3%) had 5 years or less experience. Another 29.3% had between 6 and 15 years' experience. 16% had between 16 and 25 years' experience and just over a quarter (25.3%) had more than 25 years' experience.

Q2 The description that best describes the respondents' profession

Answered: 75 Skipped: 0

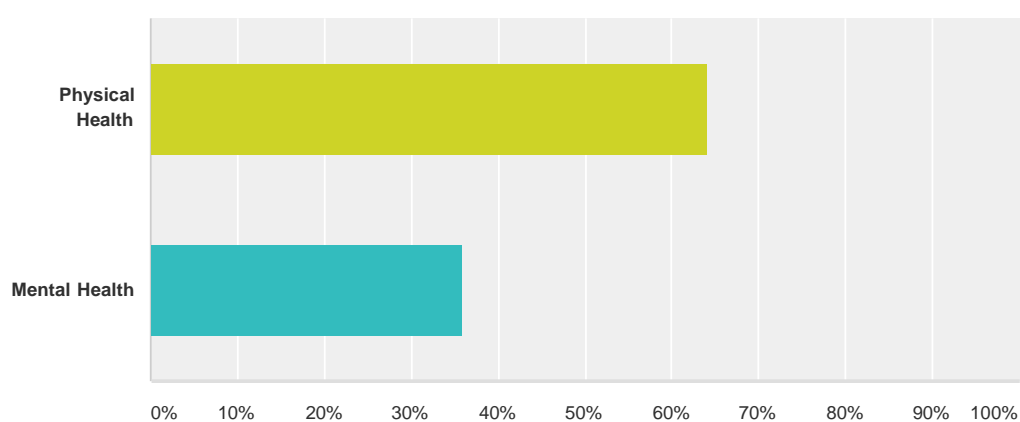


Answer Choices	Responses	N
Social Worker	45.33%	34
Psychologist	9.33%	7
A & D Counsellor	2.67%	2
Physiotherapist	8.00%	6
Occupational Therapist	6.67%	5
Dietitian	5.33%	4
Maori Health Worker	0.00%	0
Other (please specify)	22.67%	17
Speech Language Therapist	8%	6
Co-existing Mental Health and AOD	1.3%	1
Registered Nurse	4%	3
Case Manager	1.3%	1
Public health nurse and health promoter	1.3%	1
Health Promoter	2.7%	2
Service Coordinator	1.3%	1
Registered Cognitive Behaviour Therapist	1.3%	1
Total		75

The respondents were from a range of professions with social workers being the largest group at 45.3% (34), 10.7 % were psychologist and physiotherapists and speech language therapist were both 8.0%, (6) then occupational therapists were 6.7% (5). The remaining professions had less than 5 respondents, of these Dietitians and Registered Nurse were largest with 4 and 3 respondents respectively.

Q3 Respondents description of their area of work

Answered: 75 Skipped: 0

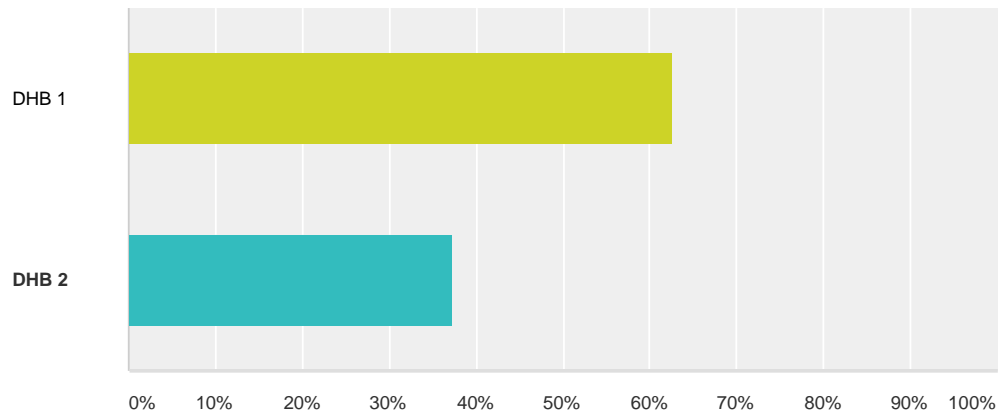


Answer Choices	Responses	N
Physical Health	64.00%	48
Mental Health	36.00%	27
Total		75

Almost two-thirds (64 %) of respondents worked in physical health areas and just over a third (34.7%) worked in the Mental Health.

Q4 DHB the respondents work for

Answered: 75 Skipped: 0

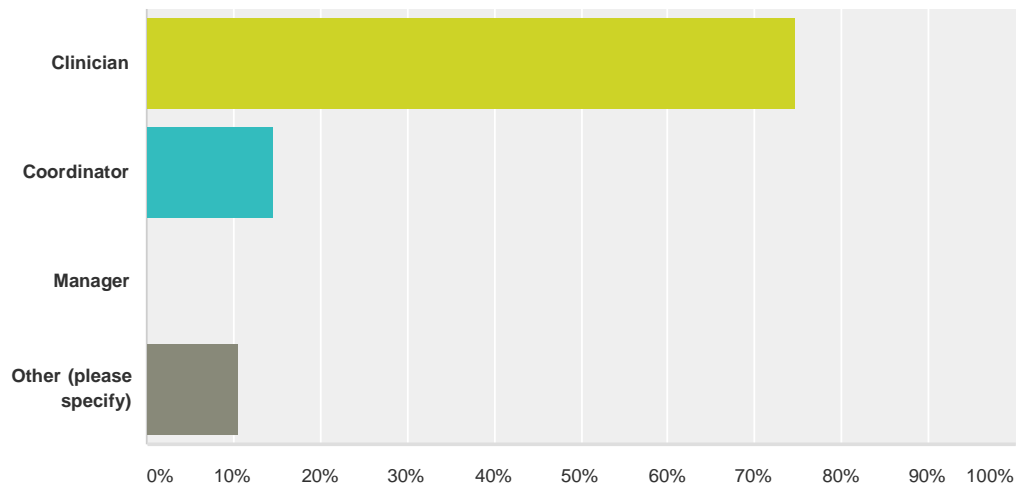


Answer Choices	Responses	N
DHB 1	62.67%	47
DHB 2	37.33%	28
Total		75

The spread of the respondents across the DHBs was reflective of the respective sizes of their allied health workforces described above.

Q5 Respondents' description of their role

Answered: 75 Skipped: 0



Answer Choices	Responses	N
Clinician	74.7%	56
Coordinator	16%	12
<u>Other (please specify)</u>	<u>9.3%</u>	<u>7</u>
Case Manager	2.7	2
Clinician, Coordinator and Manager	1.3	1
Clinical work and supervision	1.3	1
Professional Leader	1.3	1
Health Promoter	1.3	1
Allied health assistant	1.3	1
		75

Nearly three-quarters (74.7%) of the respondents were clinicians. The next largest group was coordinators (16%). Other consisted of staff with specific roles or combined roles.

Overall the respondents as a group were on the face of it representative of the Allied Health professionals with their respective DHBs in terms of their range of experience professional background, work area and roles.

In the next section, the focus turns to the respondents' supervision and what they rated as best about their supervision, how their supervision could be improved as well as their overall satisfaction and evaluation.

Q6 Respondents' rating of statements concerning what is best about their supervision

Answered: 69 Skipped: 6

	1.Strongly Disagree	2.Disagree	3.Mildly Agree	4.Agree	5.Strongly Agree	Total Median
That I am listened to and supported	1.45% 1	0.00% 0	7.25% 5	18.84% 13	72.46% 50	69 5
It helps me find solutions to practice issues	1.45% 1	1.45% 1	7.25% 5	33.33% 23	56.52% 39	69 5
My supervisor's interpersonal qualities and attributes	1.45% 1	2.90% 2	7.25% 5	34.78% 24	53.62% 37	69 5
The trusting relationship with my supervisor	1.47% 1	1.47% 1	13.24% 9	22.06% 15	63.24% 43	68 5
The way my supervisor interacts with me	1.45% 1	1.45% 1	15.94% 11	28.99% 20	52.17% 36	69 5
The time and space it provides to pause and reflect	1.45% 1	0.00% 0	17.39% 12	30.43% 21	50.72% 35	69 5
The accountability supervision provides for me	1.45% 1	2.90% 2	7.25% 5	50.72% 35	39.13% 27	69 4
It helps improve my practice with clients	1.45% 1	0.00% 0	11.59% 8	39.13% 27	49.28% 34	69 4
The safety supervision provides for me	1.47% 1	1.47% 1	13.24% 9	38.24% 26	45.59% 31	68 4
The physical location	7.25% 5	14.49% 10	26.09% 18	34.78% 24	18.84% 13	69 4

The above table presents the respondents' level of agreement with statements concerning what is best about their supervision. The results show for each statement the frequency by way of count and percentage pertaining to each level of agreement. The total column contains total number of respondents for each item and the median. The median is used as the average measure because of the small sample size. Overall, the table shows that amongst the respondents that there were high levels of agreement across all items. Six of the ten items had a median of five, which equated to strongly agree, while the remaining four items had a median of four which equated to agree. When the percentages from both agree and strongly agree categories are combined, the combined totals range from 91.3% for "That I am listened and supported" to 53.62 % for "The Physical location". In general, the statements that had the highest level of agreement were concerned with the supportive, relational, interactional and reflective aspects of the respondents' supervision. The exception to this was the statement that "It helps me find solutions to practice issues" which had 89.85 % agreement and was the second most agreed statement.

Q7 Respondents' rating of statements concerning how their supervision could be improved

Answered: 69 Skipped: 6

	1.Strongly Disagree	2.Disagree	3.Mildly Agree	4.Agree	5.Strongly Agree	Total Median
By a greater emphasis on professional development	7.25% 5	33.33% 23	30.43% 21	21.74% 15	8.70% 6	69 3
By being challenged more often	8.70% 6	31.88% 22	34.78% 24	14.49% 10	10.14% 7	69 3
By having access to cultural supervision.	20.29% 14	23.19% 16	21.74% 15	20.29% 14	14.49% 10	69 3
By better preparation for sessions	10.14% 7	33.33% 23	24.64% 17	21.74% 15	10.14% 7	69 3
By more in-depth discussion about practice with clients	10.14% 7	37.68% 26	28.99% 20	17.39% 12	7.25% 5	69 3
By more choice regarding my supervisor	20.29% 14	30.43% 21	14.49% 10	18.84% 13	15.94% 11	69 2
By having more time for supervision	21.74% 15	31.88% 22	21.74% 15	15.94% 11	8.70% 6	69 2
By a more structured process in sessions	11.59% 8	40.58% 28	26.09% 18	15.94% 11	5.80% 4	69 2
By more focus on the agenda and priorities	13.04% 9	40.58% 28	24.64% 17	11.59% 8	10.14% 7	69 2
By my supervisor keeping the focus on my supervision	33.33% 23	37.68% 26	10.14% 7	11.59% 8	7.25% 5	69 2
By my supervisor being more culturally competent	30.43% 21	37.68% 26	21.74% 15	5.80% 4	4.35% 3	69 2
By keeping to time	17.39% 12	42.03% 29	17.39% 12	15.94% 11	7.25% 5	69 2
By my supervisor being more available	27.54% 19	34.78% 24	17.39% 12	15.94% 11	5.80% 4	69 2
By having supervision more often	17.65% 12	45.59% 31	19.12% 13	8.82% 6	8.82% 6	68 2
By having uninterrupted time	30.43% 21	34.78% 24	14.49% 10	8.70% 6	11.59% 8	69 2
By a more culturally responsive environment	30.88% 21	41.18% 28	14.71% 10	7.35% 5	5.88% 4	68 2
By my supervisor attending more to my needs	39.13% 27	36.23% 25	8.70% 6	11.59% 8	4.35% 3	69 2
By my supervisor being better organised and prepared	27.94% 19	50.00% 34	8.82% 6	8.82% 6	5.88% 4	68 2
By my supervisor maintaining confidentiality	46.38% 32	30.43% 21	7.25% 5	7.25% 5	8.70% 6	69 2

By my supervisor improving their attending and listening skills	31.88% 22	46.38% 32	8.70% 6	7.25% 5	5.80% 4	69 2
By my supervisor undertaking further training	37.68% 26	44.93% 31	7.25% 5	8.70% 6	4.35% 3	69 2
By my supervisor having better professional boundaries	43.48% 30	39.13% 27	4.35% 3	5.80% 4	7.25% 5	69 2

The table above details the respondents' level of agreement in regard 21 statements concerning how the respondents' supervision could be improved. The results show for each statement the frequency by way of count and percentage in relation to each level of agreement. The total column contains total number of respondents for each item and the median. The median for sixteen of the 21 statements was two which equated with the respondents disagreeing on their supervision being improved according to these statements. The median for each of the other five statements was three which equates with the respondents mildly agreeing that their supervision could be improved by: 1) a greater emphasis on professional development; 2) being challenged more often; 3) having access to cultural supervision; 4) better preparation for sessions; and 5) more in-depth discussion about practice with clients. For these five statements the percentage of agreement amongst the respondents from mildly agree to strongly agree ranged from 60.87% for a greater emphasis on professional development to 53.63% for more in-depth discussion about practice with clients. In other words, a majority of the respondents agreed to some extent that their supervision could be improved through a greater emphasis on professional development, by being challenged more often, by having access to cultural supervision, through better preparation for their session and from more in-depth discussion about their practice with clients.

Q8 Respondents rating of their overall satisfaction with their supervision

Answered: 68 Skipped: 7

	1.Not at all	2.Slightly satisfied	3.Satisfied	4.Very satisfied	5.Completely satisfied	Total	Median
Overall Satisfaction	2.94% 2	2.94% 2	10.29% 7	58.82% 40	25.00% 17	68	4

Most of the respondents were satisfied with their supervision and 83.82 % rated their supervision across the very satisfied and completely satisfied level. The median rating of four suggests that on average the respondents were very

satisfied with their supervision.

Q9 Respondents rating of their overall evaluation of their supervision

Answered: 68 Skipped: 7

	1.Poor	2.Barely adequate	3.Good	4.Very good	5.Excellent	Total	Median
Overall Evaluation	2.94% 2	2.94% 2	10.29% 7	55.88% 38	27.94% 19	68	4

Most respondents evaluated their supervision as good or better than good and 83.82% evaluated their supervision as either very good or excellent. The median rating of four suggests that the respondents' average overall evaluation of their supervision was very good.

Conclusion and Recommendations

The aim of this evaluation was to ascertain from allied health professionals in two DHBs:

a) what is best about their supervision; b) how their supervision could be improved; and c) their overall satisfaction and evaluation with their clinical supervision. The low estimated response rate of 25.8% and the confidence interval of 10.18 using a 95 % confidence level mean that the results are not generalizable beyond the participants. That said, the following conclusions can be drawn from the 69 respondents who completed the questionnaires.

In regard to what is best about their supervision that there were high levels of agreement across all of the ten statements. Generally, the statements that had the highest level of agreement were concerned with the supportive, relational, interactional and reflective aspects of the respondents' supervision. The exception to this was the statement that "It helps me find solutions to practice issues" which had 89.85 % agreement and was the second most agreed statement. Overall what the respondents find best about their supervision is that they are listened to and supported, helped to find solutions to practice issues, with a trusting relationship with a supervisor who has well developed interpersonal qualities and attributes, and interacts with them in a constructive manner that enables them to have the time and space to pause and reflect within supervision.

Concerning how could the respondents supervision could be improved, the results showed a majority of the respondents agreed to some extent that their supervision could be improved through a greater emphasis on professional development, by being challenged more often, by having access to cultural supervision, through better preparation for their session and from more in-depth discussion about their practice with clients. The improvements pertaining to the supervision namely, a greater emphasis on professional development, being challenged more often, better preparation and more

in-depth discussion about practice with clients could be addressed by refresher training with current supervisors and some training with allied health professionals on how to get the most out of supervision. The other area of improvement that of having access to cultural supervision raises questions in regard to the availability of cultural supervisors within each organisation and an analysis of the needs in relation to cultural supervision particularly in relation to both the staff and patient populations of each DHB.

The overall ratings satisfaction and evaluation ratings of very satisfied and very good by the respondents is very positive and establishes a baseline for future evaluations of Allied Health Professional Supervision.

My recommendations are as follows:

- 1) That consideration be given to the refresher training for supervisors in the areas of improvement pertaining to the supervision namely, a greater emphasis on professional development, being challenged more often, better preparation and more in-depth discussion about practice with clients.
- 2) That there also be training developed for allied health professionals particularly those new to each organisation in regard to how to make the most of their supervision.
- 3) That there be a needs analysis undertaken in regard to cultural supervision within each DHB and an exploration of the availability of cultural supervisors within each DHB.
- 4) That the evaluation survey is repeated in either November 2016 or 2017 in each DHB.

Acknowledgements

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