

# EXPLORING THE SUPERVISION OF OCCUPATIONAL THERAPISTS IN NEW ZEALAND

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## **ATTESTATION OF AUTHORSHIP**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Jacqueline Ann Herkt

July 2005

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## GRAMMAR, SPELLING AND STYLE

There is no universally applicable guide to grammar, spelling and style in the English-speaking world. Conventions for grammar and spelling differ across America, Australia, Britain and New Zealand, as well as changing over time. Because of this, the decision about which conventions to follow has been beset with difficulties. Neither has it been easy to determine the most important audience to satisfy – potential examiners and professional colleagues internationally, or my peers and fellow students in New Zealand. Accordingly, because there seems to be no best answer, this thesis has been prepared to be true to its context in New Zealand.

This has meant the; the application of English grammar as outlined in the *Collins Pocket Dictionary of English Usage* (Hardie, 1992); the adoption of New Zealand English spelling as programmed into Microsoft Word 2000, backed up by Soanes, Waite, & Hawker (2001), *Oxford dictionary thesaurus and wordpower guide*; and consistent with Auckland University of Technology guidelines for the presentation of theses, utilisation of the style requirements of the American Psychological Association (2001). Even so, inconsistencies appear in the text, not the least of which is due to retaining the original spelling and grammar in all quoted extracts of other's work.

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## ACKNOWLEDGEMENTS

This study has been completed with the help of a number of people whose support, generosity of time, interest, knowledge and encouragement have brought this study to fruition. I would like firstly to warmly thank the participants who were willing to explore and share their experiences of supervision with me. Without their willingness to open up their experiences for examination, to offer their perspectives on issues and at times their frankness this study would have been more difficult.

To Clare Hocking my supervisor it is hard to find the words to thank you enough. I have enjoyed and benefited from; the debates we have had around the findings, the perspectives you bring to the study as a whole, your skill in maintaining a view of the wider picture and your ability to assist me in weaving it all together. Lastly thank you for your guidance with the writing of the study. I shall miss my trips to Auckland for scholarly debate.

To all those who have offered support, asked how it is going, loaned books or supported me when I have needed it thank you. To Harry the cat “yes” you can have my lap back to curl up on, there will be no need to land on the key board to get my attention.

I wish to thank the ethics committee for approval of this study. Ethics approval was gained from the AUT Ethics committee on 28<sup>th</sup> May 2003 and amended 9<sup>th</sup> December 2003 application number 03/20.

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## ABSTRACT

The purpose of this study was to explore the nature and process of supervision of occupational therapists as it occurs in New Zealand. There has recently been an increased focus on supervision by the profession. This study is therefore timely in seeking to describe the phenomenon of supervision. The study had eleven participants with some of the participants agreeing to be interviewed in both capacities those of supervisee and supervisor; this resulted in interviews with eight supervisees and five supervisors. Grounded theory was chosen as the methodology for the study. This methodology ensures that the voices of the participants are heard and that the study remains focused on their understandings and the meanings that they make of the process of supervision. Grounded theory allows for the generation of a conceptual model of the experience. By using the constant comparative method of data analysis a core concept of **participating in supervision** emerged.

**Participating in supervision** describes a process that is heavily dependent on the quality of the supervisory relationship. It identifies the factors that bring supervisees to supervision and places emphasis on supervisory relationships that allow supervisees to explore the concept of *me as a therapist*. It highlights the benefits in therapists gaining an understanding of the wider picture in which they practice. It emphasises the significance of contextual factors such as supervision contracts and training, and highlights the issues raised by the type of power the supervisor holds. Positional power was seen by participants to be detrimental to the outcome of supervision whereas social power was seen to empower supervisees and allow a deeper relationship to develop. The trust in such relationships enabled issues to be raised without fear of consequence, or threat to competence. Supervisors were tasked to build on supervisees' strengths but to also challenge supervisees' actions and plans.

Supervisees entered supervision believing that they would grow as therapists. For some this was possible and they were able to *make the most* of supervision. Supervision gave them a *safe place* to go and to explore what was happening, it was affirming. It empowered them to integrate knowledge, skills and behaviours such that they came away with insights. Importantly supervisees felt inspired. For others, poor relationships and structures resulted in *guarding*. They felt the need to protect themselves and they began *fighting shy* of supervision. There was obvious avoidance and *frustration* with supervision. This study takes us a step closer to understanding the place and value of supervision in occupational therapy in New Zealand.

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## CHAPTER 1: INTRODUCTION AND OVERVIEW

Supervision has been a part of the practice of New Zealand occupational therapy for more than two decades. It is now expected by the New Zealand Association of Occupational Therapists (NZAOT) and required by regulation. Despite this the practice of supervision has been largely unexamined and there has been little published research focussed specifically on the supervision of occupational therapists either internationally, or in New Zealand. Rather, the occupational therapy profession has simply followed the path of other allied health professionals, most particularly psychologists, counsellors, social workers and, latterly, nurses, in believing that there could be benefits for both therapists and their clients in having therapists regularly involved in supervision (Bond & Holland, 1998; Hawkins & Shoheit, 2000; McMahan, 2002; Mosey, 1986; O'Donoghue, 2003).

This study explores the supervision of occupational therapists in New Zealand. The study is especially important in the light of the increasing expectations of supervision and its identification as a mechanism for the occupational therapy profession in New Zealand which ensures accountable, competent and high quality services (Ministry of Health, 2000; Occupational Therapy Board New Zealand, 2000).

The focus of this study was to explore the nature and process of supervision, as carried out in this country. The intention was to develop a clear understanding of its contribution to the occupational therapy profession, and the role it plays within that profession. The phenomenon of supervision was explored from dual perspectives of people being supervised (supervisees), and people providing supervision (supervisors). The supervisors and supervisees who participated in this study were drawn from different geographical regions and service areas within New Zealand.

The study was completed using grounded theory as its guiding methodology. This method was chosen as an appropriate framework to explore the experience of supervision within the profession of occupational therapy, because grounded theory ensures a study is firmly based in the data gathered from the participants (Glaser & Strauss, 1967; Glaser, 1998; Strauss & Corbin, 1998). Grounded theory allows participants to be heard as they describe the phenomenon of supervision as it occurs in their working lives. It allows their thoughts and reflections to inform the understandings that emerge and elucidate the meaning of the entire process (Chenitz & Swanson, 1986; Glaser, 1998; McCallum, 2003).

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This chapter introduces the study. It outlines the researcher's interest in supervision, the study itself and how the data was gathered. It will briefly overview the concept of supervision, before placing supervision within a New Zealand context. It will look at supervision as an historical phenomenon within the occupational therapy profession in New Zealand by reviewing the New Zealand occupational therapy literature; the New Zealand Journal of Occupational Therapy (NZJOT) and OT Insight, and the magazine of the New Zealand Association of Occupational Therapists (NZAOT). The chapter will then discuss how two key organisations, the Occupational Therapy Board of New Zealand (OTBNZ) formally known as the New Zealand Occupational Therapy Board (NZOTB) and NZAOT, conceive the practice of supervision. The significance and aim of this study will be outlined and lastly the structure of the thesis will be overviewed.

### **The researcher's interest in supervision**

My interest in supervision came from having been involved in supervision from a range of different perspectives. As an occupational therapist in clinical practice I have been a recipient of supervision. As a supervisor I have provided supervision to therapists working in the same organisation as myself and to whom I was also in a line-management position. In addition, I have provided supervision on a contractual basis to therapists in an organisation in which I was not otherwise employed. I have also been a manager of a number of departments where my role was to facilitate, and at times provide, supervision. Currently I am an educator helping final year students prepare for the practice environment. This role involves familiarising students with the systems for therapists that surround clinical practice. In regards to ongoing professional development and the maintenance of competence, this role includes discussing the expectations of employers and encouraging students to seek and develop support systems and services that will meet their own needs. One of the processes we explore is supervision.

At the time of commencing this study I was concerned, as a manager, as to whether supervision was valued by and met the needs of the staff for whom I was responsible. I had to justify the provision of supervision to budget-holders and I had no evidence to show whether the assumed benefits justified the time and financial commitment. I was also concerned that we were using in-house staff to deliver the majority of the supervision but providing them with little training. I was aware that many of the supervisors were using their therapy skills as their base from which to supervise. I wanted to understand whether these concerns and issues were significant.

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In deciding to look at the literature on supervision I found very few studies about the supervision of occupational therapists and most of my questions remained unanswered. This study endeavours to supplement the existing knowledge about supervision in New Zealand, to develop my own understandings, and influence the practice of supervision in New Zealand occupational therapy.

A driving force in my decision to explore supervision was two juxtaposed memories. I remembered Grace, one of my supervisors, and the feeling of anticipation before a supervision session; the stimulation of being in supervision. There was the thrill of feeling that I was reaching new peaks of understanding, developing skills and techniques. I felt my own rate of professional development accelerating, and was convinced that I was providing increasingly 'good' therapy for the children and families in my caseload. Then there was the memory of other times when I felt that supervision held little value for me, when supervision sessions seemed about informing someone above me about what I was doing, with little evidence that the time spent in supervision had any outcome on the service I provided to clients. I found myself avoiding sessions and being very cautious about what I brought to, or discussed in supervision. It is these two opposing experiences that continue to challenge me to explore supervision further.

Given this personal background, I came to this study having been involved in almost all aspects of supervision. I had very mixed views as described above. I would find myself arguing passionately for supervision but be equally willing and able to argue against its provision. A pair of old scales would provide a good analogy as with someone randomly adding weight to one and then the other side: sometimes one side would have more and just as quickly the other side, and sometimes the sides could appear quite equal or well balanced. I think that I wanted to retain a hope that supervision was a useful tool for therapists, but I was also intensely questioning that assumption.

It is important to acknowledge these prior assumptions because in all qualitative research the researcher is the primary analytical tool. Thus I needed to guard against simply interpreting data in accordance with pre-existing perspectives. That my pre-existing ideas were conflicted offered some safety to the analysis.

### **The study**

The participants in this study responded to an advertisement placed in OT Insight. Eleven participants were recruited to the study; they were either supervisees or supervisors, and some were both. The participants came from a variety of large and small cities throughout New Zealand. Their work experience meant that they

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represented a wide range of work-places, from the traditional hospital settings to community, education, and private practice settings, in both mental and physical health. They were representative of the workforce, ranging from new graduates, through to people who had been in the profession for up to 30 years.

The study used semi-structured interviews, where questions focused on participants' actual experience of supervision. The data collected was analysed, and coded using grounded theory as its methodology. As the constant comparison of data continued, conceptual categories were identified and finally the core category of **participating in supervision** emerged.

### **Supervision and supervisory processes**

It is necessary to provide an overview of supervision, as it is the focus of this study. Supervision is a term that is easily used, but it is a complex term and often poorly understood. (Hawkins & Shohet, 2000; Proctor, 2000). Although the literature review in chapter two will focus on further analysis and defining of supervision, at this point it is important to view the key concepts; viewing it from multiple perspectives helps in understanding the complexities.

Allee (1958) in Webster's Dictionary states that to supervise is to oversee. In a similar vein, but building on this concept, Bernard and Goodyear (1998) two counsellors, defined supervision as a relationship that is evaluative, where there is a strong emphasis on the monitoring of the quality of the service. They argued that supervision has a role in "serving as a gatekeeper of those who are to enter the particular profession" (p. 6). Still with the emphasis on monitoring and checking out the work, the Occupational Therapy Board of New Zealand's Code of Ethics (OTBNZ, 2004a) defines professional supervision as:

A structured intentional relationship within which a practitioner reflects critically on his/her work, and receives feedback and guidance from a supervisor, in order to deliver the best possible service to consumers. Professional supervision may incorporate any aspect of professional role e.g. clinical, managerial, or cultural, and be one to one, one to group, or peer review. (p. 7)

The definitions above, Bernard & Goodyear (1998) and OTBNZ (2004a) emphasis the administrative function of supervision, not all definitions have this focus. For many health care professionals, supervision is often seen as being something much more

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than this. To provide a comparison to the Code of Ethics definition (OTBNZ) the American Occupational Therapy Association (AOTA) defines supervision as:

A process in which two or more people participate in a joint effort to promote, establish, maintain, and/or elevate a level of performance and service. Supervision is a mutual undertaking between the supervisor and the supervisee that fosters growth and development; assures appropriate utilization of training and potential; encourages creativity and innovation; and provides guidance, support, encouragement and respect while working toward a goal. (AOTA, 1999a, p. 592)

Here, a supportive relationship that empowers and encourages is stressed in a way that is not evident in any of the other definitions or in the definition by the OTBNZ. As these definitions demonstrate, emphasis on different key aspects can lead to supervision having a very different flavour.

Kadushan describes three functions of supervision: administrative, supportive and educative (Kadushan, 1992). However, supervision is still evolving. Representative of current thinking and consistent with the AOTA definition, McMahon (2002) outlines three concepts, which underpin supervision. Firstly, supervision is a relationship. The quality of the relationship is seen as an important component in the ultimate success of supervision. Secondly, supervision is a developmental process, addressing a wide variety of issues. How they are addressed will evolve over time and will be dependent on the developmental stage of the supervisee. For this reason it is seen as important that the process is monitored. Lastly McMahon sees supervision as a learning opportunity where supervisors are encouraged to create an environment that challenges, and supports the supervisee. Additionally, supervision will be conducted in an environment that provides feedback, encourages innovation and creativity, and that works to ensure integration into practice of the work done in, or facilitated by, supervision. Supervision however is not alone in providing opportunities for professional development.

Supervision is one of a number of processes used to encourage accountability, provide support, and foster the professional development, innovation and creativity of therapists. Other examples of such processes are performance-management, consultation, and mentoring. In informal discussions with therapist colleagues before I refined my topic, there was much apparent confusion over the similarities and differences between these processes and the practice of supervision. It is therefore important to attempt to differentiate them.

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One process that is often confused with supervision is performance management. Whilst there is overlap with supervision, there are three key differences between performance management and supervision. Firstly the initial focus is different; performance management is about the organization, whereas supervision focuses on support for the individual. Secondly issues of power are more overt in performance-management. As Blackburn and Cornelius (2001) state, “at the heart of organisational performance management systems lies the use of power by managers on behalf of the company to control employee behaviour” (p. 179). Thirdly, line managers are expected to take the lead in performance-management whereas, in supervision it is the supervisee that leads (Cornelius & Gooch, 2001).

By comparison, supervision and consultation appear to have much in common. Consultation, as defined by Grauel (2002), is “a case-limited, collegial relationship in which a consultee seeks non-binding advice from a consultant” (p. 4). However, Grauel goes on to suggest that many supervision relationships may simply be consultation in disguise, suggesting that the promise of supervision bringing oversight and accountability may be more acceptable to clients, regulators and employers than therapists. In contrast, Barretta-Herman in a conference keynote address in 2000, proposes that supervision is fundamentally different from consultation. She lists a set of characteristics and believes that it is the degree to which they are present that indicates whether supervision or consultation is occurring. The characteristics are; “power differential, accountability for practice, case/problem specific, ongoing/as needed, practitioner initiated, directive-suggestive, follow up, contextualising the case/problem, verification of planned or implemented action” (Barretta-Herman, 2001, p. 4). Barretta-Herman suggests that contextualising the case/problem, linking between the personal, agency and political factors, may be the factor that best differentiates supervision from consultation in that it is particularly indicative of supervision. She goes on to consider the difference in outcome:

If you accept that supervision is more likely than consultation to be on-going, intense, and contextualising, then it follows logically that supervision, at least theoretically, has the potential to be a transformative process for the practitioner in which the practitioner internalises the new learning, insight, understanding, or skill that emerges from the supervisory process. (Barretta-Herman, 2001, p. 6)

Whilst it is possible that these outcomes can be achieved by using a consultative approach they are more likely to occur in supervision (Barretta-Herman, 2001).

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Mentoring also has overlap with supervision. Mentoring involves a more experienced or accomplished person agreeing to guide another less experienced person with their career development (Smith, 1992), and to help them re-examine their own personal and professional development (Bayley, Chambers, & Donovan, 2004). The relationship can include advice, teaching and guidance, facilitation of networking, as well as scholarly debate, all of which are used to facilitate growth in professional skills, self-esteem and role fulfilment of the mentee (Bayley et al., Smith).

There are clearly differences of opinion and a lack of clarity internationally in relation to defining these different processes for professional development. Berratta-Herman (2001) may provide the way through the plethora of terms, if we apply her belief that it is the degree to which any one characteristic or role occurs and its balance with other characteristics, which will ultimately define what is being offered; supervision, performance management, consultation, or mentoring. Berratta-Herman's work suggests that ongoingness, intensity and contextualising may be the most defining aspects of supervision. In addition, supervision is influenced by its immediate context.

### **The context in which supervision occurs**

Within the health and disability sector in New Zealand today, there is emphasis on ensuring organisations provide quality services that are effective and efficient, and that the practitioners within these settings are competent and accountable for the quality of service they provide (Ministry of Health, 2000). The Health Practitioners' Competence Assurance Act (HPCAA), (2003) has resulted in greater emphasis being placed on supervision as a process to help ensure ongoing competence of therapists to practice, and as one of the means to monitor practitioners' mental and physical fitness to practice (HPCAA, 2003; OTBNZ, 2004b). In the context of, this governmental expectation, the NZAOT supports the mandating of supervision and the OTBNZ mandates the provision of supervision, to help ensure safe, professional, competent occupational therapy practice (NZAOT, 2004a & b; OTBNZ, 2004b).

Through my professional networks I understand that as a response to government direction many of the large health provider organisations in New Zealand have been reviewing or setting up supervision policies (Auckland District Health Board, 2004; Canterbury District Health Board, 2002; Otago District Health Board, 2003). Organisational policies affecting occupational therapists in New Zealand acknowledge that there are a range of supervision options available to therapists including one to one, peer, group and live (watching aspects of a supervisee's work). They recognise that supervision can be provided by people within the organisation (either in the same

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or different service) or externally. For some employees cultural supervision is also available. The most commonly used form of supervision appears to be one to one supervision, provided by someone within the organisation. Organisational policies also indicate that there is an expectation that all therapists will be involved in supervision. Their involvement in supervision is then negotiated and reviewed through the use of a contract. There is a general expectation of an attendance record being kept, and a level of confidentiality being maintained.

As the result of the HPCA Act, there is currently a flurry of activity by therapists negotiating and formalising supervision provision, as the Act begins to impact on what therapists have to do to maintain registration as an occupational therapist (HPCAA, 2003; OTBNZ, 2004b). There is very little occupational therapy literature to call on to assist in the development of supervision policies specific to New Zealand that will help ensure effective supervision, and that meets a desired outcome. We have a sparse written record of the development of supervision for occupational therapists in New Zealand. That which does exist is outlined in the next sections. This information forms the base from which this study can begin to explore the current nature and practice of supervision.

### **The historical development of supervision in New Zealand**

Most occupational therapy departments had introduced supervision as a form of professional development and means of monitoring performance by the mid 1980's. Its early focus was on the support and development of junior staff. Supervision was first offered to new graduates as they commenced in practice. The provision of supervision then slowly crept up through the departmental or service hierarchy with managers being the last to be seen as requiring and potentially benefiting from it.

Supervision was originally linked with staff appraisal systems, which involved yearly appraisals and the setting of individual goals, but by the late 1980's, as new systems evolved, it was often linked with performance management. The Charge or Head Occupational Therapist, or a therapist senior to the supervisee, initially provided supervision, in a one up one down arrangement (S. Milligan, personal communication, February 4, 2005).

The first evidence of training associated in supervision processes and skills that I was able to locate was in the early 1990's when the Central Institute of Technology offered a seven day 'Training in Clinical Supervision' course. This course ran periodically until the early 2000's (O'Donaghue, 1998; S. Milligan, personal communication, February 4,

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2005). This approach, called TAPES, was developed by Petruska Clarkson and was based on transactional analysis. The model identified a number of categories in which the major issues in a supervision session could be classified and these headings then suggest actions for the supervisor. These were:

- T Theory
- A Assessment and intervention planning
- P Parallel process
- E Ethics and professional practice
- S Strategies and intervention techniques.

TAPES also offered a process that allowed supervisors to assess the effectiveness of a session by using a series of questions to prompt reflection (O' Donoghue, 1998). The content of this course was highly influential in forming a foundation on which occupational therapy supervision in New Zealand was based. In its time it was an expensive course. This is significant because for many years this course appears to have been the major form of training in supervision and its cost meant that it was largely managers or senior staff that were able to attend (S. Milligan, personal communication, February 4, 2005). It is likely that this pattern of attendance will have reinforced a hierarchical supervision process.

In a review of historical data, the New Zealand occupational therapy literature shows only one journal article on supervision, published in the Journal of the New Zealand Association of Occupational Therapists in 1983. This article describes the nature and process of supervision available at Christchurch Hospital and reviews then current literature on supervision. The supervision being offered is described as a joint process where the responsibility of supervision is shared. It involved weekly sessions, where projects are monitored and feedback given, ideas brainstormed, objectives and tasks set, and problem solving facilitated when required. It included the observation of therapy sessions, and demonstration of techniques to the supervisee. Each session was reported to have a clear structure (Campbell, 1982-3). To find out further about supervision the researcher was forced to review articles on related subjects for references to supervision. From these we gain sporadic glimpses of key issues and concerns associated with the provision of supervision.

From the New Zealand Occupational Therapy Journal in 1988, in a literature review entitled Burnout Prevention: A Manager's Responsibility, Hocking (1988) points out that the quality of the supervision that is provided can contribute to burnout, and stresses

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the need for managers to improve their supervision skills. Drawing on international literature she argues that good quality supervision should involve providing therapists with support, and feedback on their work, to enhance supervisee's skills, thus facilitating competence and reducing the risk of burnout.

In a similar vein Kendal (1994), when discussing health reforms and their impact on Auckland Hospital, emphasised the need for supervision to provide ongoing professional development. She saw supervision as a means of maintaining the skill level of staff, their performance and achievement of department standards. She also believed that it would help with the recruiting, and retaining of staff and in ensuring a high quality service. Kendal advocated for supervision for managers especially as they start in the role.

Anna Christie, in her 1998 Frances Rutherford Lecture, reiterates the importance of supervision "as an essential element in our professional role development" (Christie, 1998, p. 12). She goes on to claim that supervision can play a crucial role for the profession. Christie states that for her "supervision has been about maintaining the 'culture' of occupational therapy while operating autonomously within a dynamic multidisciplinary team" (p. 12). She defines culture as "the essence of my profession its values and beliefs" (p.12). Christie also observes that people need to do more to understand supervision and supervision models and its potential in promoting safe practice.

In 2000, there was a shift from advocating for the provision of supervision to acknowledging it as complex and potentially problematic for supervisors. OT Insight published a series of short articles focusing on the occupational therapy code of ethics. Two of these articles related to supervision. They acknowledged that ethical dilemmas could arise as a consequence of the supervisory relationship resulting in issues, which need to be addressed in relation to trust, disclosure and confidentiality (Moulder, 2000a & b).

In 2002 two articles on professional competence were published. In one, Hocking and Rigby (2002) reiterated the widely held belief that supervision is acknowledged as a process that supports professional and personal development. In the second Hocking, Levack and Chester (2002) highlighted the responsibility of employers and professional leaders to establish ways of ensuring quality assurance and staff competence (supervision being one of the acknowledged methods), in an environment in which

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there is increased concern about maintaining competence throughout one's working life.

The remaining documentation will now be discussed in relation to the professional bodies from which they originate. It will serve to give clarity to the professional bodies' actions or to provide comment on the activities or policies of the professional body as OTBNZ and NZAOT respond to government direction.

### **Supervision and the relationship with the profession in New Zealand**

Occupational therapy has two professional bodies. The first is the OTBNZ, which is the regulating authority of the profession. Its two main tasks are to register occupational therapists for practice and to ensure therapists' competence is maintained. The Board is empowered by government statute to monitor and assess therapists' competence. The second professional body is the NZAOT, the representative association of the profession. Both of these bodies currently influence the practice and process of supervision in New Zealand, and they in turn influence and are influenced by government.

The three most significant documents published by the Board with regard to supervision are the Code of Ethics (NZOTB, 1998; OTBNZ, 2004a), Competencies for Registration as an Occupational Therapist (OTBNZ, 2000), and the Framework for Recertification (OTBNZ, 2004b). By examining them, a picture of supervision emerges. In the Code of Ethics (NZOTB, 1998) section 4.4 stated, "Occupational therapists shall receive appropriate supervision". It is also clearly indicated who should provide this: "occupational therapists shall provide appropriate supervision for other occupational therapy personnel" and what the relationship will be: "for whom they have a responsibility" (p. 7). The Code also defined supervision as "the provision of a structured relationship within which a person can reflect critically on her/his work with the assistance of a supervisor", and a supervisor as "a person who has sufficient self-awareness, inter-personal competence and knowledge of the area of clinical practice of the supervisee to be able to help that person grow both as a person and as a practitioner" (p. 12). In 2004 the Board refined its understanding of supervision. These changes parallel the ongoing refinement of supervision occurring in the profession. It is now seen that supervision needs to be effective and relevant to context, and it no longer states that supervision must be delivered by an occupational therapist (OTBNZ, 2004a).

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This is supported by the Board's document, Competencies for Registration as an Occupational Therapist (OTBNZ, 2000) where supervision is clearly a significant process. Under the competency "management of self and people" there are three performance criteria related to the requirement for the provision of supervision; "5.2: Participate in regular individual or peer supervision in a manner which supports ongoing development; ...5.11: Assess the effectiveness of supervision, support and guidance and seek changes as required; ...5.12: Use feedback, supervision, support, & guidance to improve own performance" (OTBNZ, 2000, p. 3). This document and these criteria have become even more significant as the competencies have become integral to the process of gaining an annual practising certificate.

The replacement of the Occupational Therapy Act (1949) and its various amendments, in September 2003, with the Health Practitioners Competence Assurance Act has changed the OTBNZ's role from a registering body to a regulatory body. This has resulted in the board needing to provide a framework in which therapists can be recertified on a yearly basis. Recertification involves showing evidence of continued competence. In the Framework for Recertification, supervision is seen as an essential component as it offers the opportunity for the development of skills and abilities and critical reflection. Most importantly it provides the opportunity for feedback and guidance. Supervision is to be monitored by the Board through the use of a supervision log (OTBNZ, 2004b).

Similarly the NZAOT has three significant documents, with associated manuals or register, which indicate the significance role of supervision in clinical practice. Firstly, the NZAOT's Cornerstone Manual: A programme to endorse the professional development activities of occupational therapists (NZAOT, n.d.). It describes supervision as including "structured, ongoing reflection on practice, monitoring and feedback, coaching, preparation of professional development plans, and other contracted learning experiences" (p. 12). The programme acknowledges the contribution of supervision to professional development through awarding points for this activity.

Secondly in 2000, NZAOT council ratified a Position Statement on Professional Supervision (NZAOT 2002a). A revised version was published in OT Insight in 2003 (NZAOT, 2003). This document is once again under review with a draft currently being circulated for comment (NZAOT, 2004b). The position statement acknowledges two main types of supervision: clinical and professional supervision (NZAOT, 2003). As can be seen in the definitions that follow, this division is problematic as there are no clear

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boundaries within the roles and responsibilities, rather there is overlap. The position statement describes clinical supervision as reflection “on clinical practice, and the primary purpose is to enable the therapist to address the occupational therapy needs of the client as effectively as possible” (p. 7). When describing professional supervision it states that it “assists the therapists to increase their understanding of themselves and their relationships with others and/or to develop more satisfying and resourceful ways of delivering occupational therapy and/or bringing about a change in professional behaviour” (p. 7). These blurred boundaries exist throughout the supervision literature in respect to many of the aspects of supervision and other similar activities. On one hand this allows for the delivery of flexible, and context specific supervision. On the other hand it can make it difficult to see what is actually happening.

In the draft position statement currently out for comment NZAOT (2004b) states that it “considers that supervision enhances professional development, clinical competence and safe practice” (p.17), acknowledges the overlap between clinical and professional supervision and introduces peer supervision. It does not define supervision but states, “supervision is a supportive, empowering and constructive process [that] promotes anti-discriminatory, culturally safe and gender appropriate practice” (p. 17). It is interesting that the Board definition (OTBNZ, 2004a) and the literature put out by NZAOT have different tones, with the Board having more emphasis on administrative supervision. This is perhaps a result of the nature of the tasks the government or profession has set each of them.

In April of 2002, after the development of the first position statement on supervision, NZAOT announced their intention of establishing a supervision register (NZAOT, 2002a). The rationale for the register was that therapists had indicated difficulty in finding supervisors and NZAOT wanted to be able to support therapists in finding a supervisor. They acknowledged that in setting up the register that they did not intend to monitor supervisors’ competence. With regards to supervision they stated that NZAOT “expects that clinical practice and technique based supervision be carried out by a registered occupational therapist, [but that] professional development/process type supervision [could be] carried out by a registered member of a like profession” (NZAOT a, p. 1). The announcement also indicates that training to an adequate standard is essential in supervisors.

In June 2002 guidelines for this register were published in OT Insight (NZAOT, 2002b). In this, criteria for admission to the register were outlined. They included the need for anyone on the register to hold professional qualifications, to have been practicing for at

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least two years, to have undertaken a course in clinical supervision, (NZAOT issued a schedule of approved courses), to provide references and be supervised regularly themselves. They also indicated that a person could be entered on the register without having attended a course in supervision but that they would need to submit evidence of successful supervision practice by submitting an audio tape of a supervision session and a copy of a supervision contract. There was no indication of who NZAOT would get to assess these tapes and contracts, or criteria given on how the tape would be assessed. Ongoing reviews of the register continue (NZAOT, 2004a).

As therapists are coming to grips with supervision, expectations are changing and processes are being challenged. There have been a number of Letters to the Editor published in OT Insight, challenging NZAOT's position statement and register (NZAOT, 2003 & 2002b) in light of the increasing knowledge of supervision within the profession. Firstly discussion centred on the validity of the use of peer supervision (Penman & Herkt, 2004; Smith, Lyon & Murphy, 2004) where it was argued that peer supervision was a valid means of supervision, and one overlooked in NZAOT's position statement. The debate then moved to a discussion on who should be able to provide supervision for occupational therapists, and how to ensure 'good' supervision. As a result a call for NZAOT to review its position statement and to review the supervisors register it operates (Simmons-Carlsson, 2004; Crossan-Botting, 2004). The new draft supervision position statement reflects some of these debates (NZAOT, 2004b).

Occupational therapists within New Zealand and their two professional bodies appear to be grappling with the nuts and bolts of supervision. As yet there is no consensus, a fact which has inevitably led to confusion. Clearly therapists are trying to integrate supervision into their practice in a more formal way and government policy is providing an impetus to this. Actions and documents are being challenged and reviewed in light of the realities of implementing supervision and the desire for 'good' supervision. Unfortunately the process has been hindered by a lack of research and discussion prior to implementation of government policy. This, together with insufficient information on the nature of supervision, both internationally and in relation to the specific challenges of the New Zealand context, means that it is timely that this study be conducted.

### **The significance of the study**

Supervision is a significant issue to explore because the profession entrusts this process with very important roles. These include the role of supporting therapists and ensuring their ongoing growth and development as an occupational therapist, ensuring on-going competence, and safe professional practice (NZAOT, 2004b). Despite these

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expectations currently there is little evidence that it does these things. A sensible starting point in our need to understand supervision and whether it lives up to the hopes occupational therapists have of it, is to understand where the profession is at currently, in its understanding of supervision and the supervisory process.

### **The aim of the study**

This study therefore sets out to explore supervision of occupational therapists in New Zealand. It seemed important to explore supervision in a way that did not have preconceived expectations. I wanted to learn about the nature and processes involved in supervision in the New Zealand context. I wanted to know what others experienced in supervision; why they needed or wanted it, what it added to their development, what was perceived to be valuable, and how any outcomes were brought about. I did not want to narrow the focus before I gained an understanding of the phenomenon. Hence grounded theory was chosen as the methodology for this study. It is important to note that in this study the decision was made to use a global term, 'supervision,' and not to limit discussion to any one of the different forms, modes and kinds of supervision such as professional, clinical, peer, one to one, group or external supervision. This decision was taken because the term supervision is commonly used in New Zealand occupational therapy. It was also important that the study remain open to the possibility of the use of different types of supervision.

### **The structure of the thesis**

This first chapter has placed this study in context. It has provided an overview of the concept of supervision, and looked at the historical provision of supervision through the available literature. It has reviewed how supervision is perceived by occupational therapy's two professional bodies and has reported on the debate that surrounds the provision of supervision for occupational therapists in New Zealand.

In Chapter two, the literature review adds to the understanding of supervision by looking in depth at definitions of supervision and exploring its function, processes, and outcomes by exploring the international literature. It also reviews the research to date as it relates to key issues of supervision. Chapter three describes the study's methodology of grounded theory and gives further rationale for its use.

Chapters four, five and six report on the findings of the study. In chapter four the focus is on exploring how the participants defined supervision. Chapter five and six are devoted to developing an understanding of the core variable **participating in**

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supervision, as it emerged from the collected data. Finally chapter seven discusses the findings and reports on the implications, limitations and outcomes of this study, and makes suggestions for further research.

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## CHAPTER TWO: LITERATURE REVIEW

This chapter will review, analyse and critique the literature and research finding on supervision within the allied health professional literature, to enable the nature and process of supervision to be studied in depth. The focus will be on the international occupational therapy literature, and national and international allied health literature on supervision. In line with grounded theory principles (Glaser, 1998) much of the literature review was completed after data gathering started, as the things the participants of the study were saying suggested areas to search or review, or indicated that some areas should be looked at in more depth.

In chapter one the practice of and influences on supervision in occupational therapy within the New Zealand context were outlined. This literature review builds on those understandings of what supervision is: its function and various forms. In doing, so it will review models and frameworks for supervision within the 'helping' professions, and factors that impact on the supervision process. It will also explore some of the debates generated from the literature and research findings about supervision: the need for supervision, power and authority, managerial supervision, and the benefits of supervision.

The review will show that whilst there are a lot of publications about supervision, there is less published research (Loganbill, Hardy & Delworth, 1982; Proctor, 2000; Sloan, 1999; Thomas & Reid, 1995), further highlighting the need for studies such as this. The sections of the literature review where the lack of research is particularly evident is in the sections that refer to the defining of supervision and the use of models of supervision, here much of the literature is written by skilled supervisors, who have gone on to train others and write from the learning they have gained from being thus engaged in supervision. Throughout the chapter reporting research findings is hampered by the numerous variables within supervision that can make it difficult to compare studies and which make it inadvisable to generalise findings.

### **Defining supervision**

Supervision is perceived to be complex and varied, drawing together multiple concepts and skills. Supervision's foci can be different depending on how the agency or organisation, the supervisor and supervisee perceive it to be. In the face of this complexity, it is helpful to go back to broader societal understandings of what is meant by supervision. Simply put, the dictionary states that to supervise is to "observe and direct the performance of (a task or activity) or the work of (a person)" A range of

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synonyms are given, including “superintend, oversee, be in charge of, preside over, direct, manage, run, look after, be responsible for, govern, organise, handle, ...watch, oversee, keep an eye on, observe, monitor, mind” (Soanes et al., 2001, p. 1299). These concepts form part of most health professional’s experience of supervision. Carroll (1996) and Grauel (2002) have proposed that there is a widespread belief within the helping professions that supervision goes beyond oversight. They acknowledge however that there is no consensus, to show what ‘beyond oversight’ means. The result, as shown in chapter one, is that prominent writers on supervision within the allied health professions describe supervision in similar, yet different ways. Emphasis is put on different aspects of supervision; this can change the focus of the supervision, the nature of the relationship and the resultant outcome.

Kadushan (1992) who was an early proponent for supervision in social work defined supervision by stating what a supervisor does:

The social work supervisor is an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance and evaluate the on-the-job performance of the supervisees for whose work he is held accountable. In implementing this responsibility, the supervisor performs administrative, educational, and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures. (Kadushan, p. 22-23)

Kadushan (1992) put strong emphasis on accountability to the client and organisation and evaluation of the supervisee’s performance seeing the supervisor as being responsible for the supervisee’s practice. These functions or roles are supported by Bernard and Goodyear (1998) whose definition of supervision emphasises that the relationship should be one of accountability through evaluation and monitoring where experienced staff members oversee those newer to the profession.

[Supervision is] an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, 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 client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession. (Bernard & Goodyear, p. 6)

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With less emphasis on oversight and greater emphasis on development, Butterworth, Faugier & Burnard (1988) describe supervision as “an exchange between practising professionals to enable the development of professional skills, an opportunity to sustain and develop professional practice” (p. 8). In this definition there is a significant shift in relation to power, which is the emphasising of the empowerment of the supervisee rather than the control and authority of the supervisor. Similarly, in the occupational therapy literature Mosey (1986) described supervision as “an ongoing collaborative process between a supervisor and supervisee directed towards professional development. It is directed toward increased effectiveness in the application of therapeutic principles in the day to day care of clients” (p. 209).

Likewise, Bond and Holland (1998) in defining supervision stated “clinical supervision is regular, protected time for facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development” (p. 12). As with Butterworth et al. (1988), and Mosey (1986), Bond and Holland also focus on empowering supervisees to facilitate growth and development, with emphasis placed on support and development. These last definitions imply that responsibility for one’s clinical practice remains with the practitioner.

These definitions like those by others (Hewson, 1993; Holloway, 1999; Loganbill et al., 1982), show that the literature offers a varied range of definitions of supervision with different emphasises and nuances. Common features are none-the-less apparent. Supervision is most commonly seen as a combination of the following foci; a support system, a safety mechanism, a means of ongoing professional education or development, and a means of accountability. It is a process that is seen as: empowering, collaborative, and evaluative, a bridge between theory and practice, and an intervention into therapists’ practice. Important elements that are recognised widely are that supervision offers; protected time, confidentiality, research based practice, shared expertise, reflection, feedback, critique, and challenge (Bernard & Goodyear, 1998; Bishop, 1988; Bond & Holland, 1998; Butterworth et al.; Hawkins & Shohet, 2000; Hewson; Holloway; Inskip & Proctor, 1993; Kadushan, 1992; Loganbill et al.). Despite these commonalities, definitions of supervision appear to fall into two categories; those that emphasis the importance of support and development in facilitating increased quality of practice and those that emphasise evaluation and monitoring as a means of improving the quality of practice (Bond & Holland; Proctor, 2001).

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Supervision is seen as a very complex and intriguing interaction. As Ung (2002) states, “the complexity of supervision can be understood and appreciated when it is viewed as a dynamic, evolving and relational encounter between professional people with elements of caring and affirmation, safety and trust, dialogue and voice, and identity and competency” (p. 92). This supports the belief that the strength or paucity of the relationship in supervision ultimately impacts on the delivery and outcome of supervision (Hawkins & Shohet, 2000; Inskipp & Proctor, 1993; McMahon, 2002).

The definitions discussed above arise largely from scholarly discussion and the experiences of the writers in engaging in or training others in supervision however there is some support for these beliefs in the research as will be seen in the discussion on the roles and needs of supervisees and supervisors that occurs later in this chapter. Further understanding of supervision can also be gained by exploring its functions or tasks. As the next section will show, these can be affected by the context, that is the organisation or agency the supervision occurs in, government direction and global trends.

### **The functions of supervision**

This discussion draws primarily on the work of two major contributors to supervision theory. The more recent work of Proctor (2001) a counsellor and psychologist is compared and contrasted with the traditional understandings of the functions of supervision as described by Kudushun in his work on social work supervision. This work spanned the mid seventies through to the nineteen nineties (Kadushun, 1992). Kudushun describes three main functions of supervision, which are still referred to today (Fisher, 1996; Hawkins & Shohet, 2000; Kudushun; O’Donoghue, 1998 & 2003). In Kudushun’s work the supervisor has three clear roles they are: administrative, educational and supportive roles. Proctor describes comparable characteristics in outlining similarly three core functions or tasks of supervision: normative, formative and restorative (Inskipp & Proctor, 1993; Proctor). Whilst Proctor’s language indicates that her theory has been developed in a more modern time, where organisational systems are clearly evident, on the surface there is much similarity. For example Kudushun’s administrative supervision describes tasks often associated with management. These tasks range from staff recruitment, through orientation, to workload allocation, monitoring and evaluation (Kudushun). Similarly Proctor’s normative task involves the monitoring of quality, competence, standards, policies, and ensures ethical practice (Inskipp & Proctor; Proctor).

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Furthermore, educational supervision is seen by Kadushun as assisting the worker to gain the skills to learn how to do the job well (Kudushun, 1992). Likewise, Proctors' formative tasks are about the development of the supervisee's knowledge, skills, abilities and understanding. However, she also stresses the sharing of ideas and reflection on practice (Inskipp & Proctor, 1993; Proctor, 2001).

Lastly, Kudushan describes supportive supervision. This is concerned with job related stress, working to develop supervisees' skills in stress management, and helping them develop attitudes and feelings that will enable them to work effectively (Kudushun, 1992). Similarly, but with more apparent depth and emphasis on the supervisee themselves Proctor's restorative task allows the opportunity to explore the effect of intimate, often intensive therapeutic work on the supervisee, providing a chance for them to explore how it has affected them and how they have reacted to what has or is happening. It offers support, a chance to let of steam, and to let out feelings, and a way to manage burnout. Proctor clearly uses language that evokes increased focus on support, and collaboration as well as an increased focus on the supervisee themselves (Inskipp & Proctor, 1993; Proctor, 2001). Whilst the two sets of functions can be seen as being similar, as it was with the definitions, knowing the functions does not fully allow you to understand supervision rather it appears that it is how the functions are undertaken that is important in trying to comprehend the phenomenon of supervision.

Finally, it is interesting to consider the above findings with the earlier work of Loganbill and his colleagues (1982) as they described four primary functions of supervision. Their first function relates to the client. They attest that supervision must ensure the safety and welfare of the client, before attending to the other three functions of supervision that relate to the supervisee. These are enhancing growth in developmental stages, promoting transition through the developmental stages and evaluating the supervisee. Loganbill et al. firmly believe that the client must remain at the forefront of supervision, in much of the rest of the literature as seen with Kudushun (1992) and Proctor (2001) this is implicit not explicit, rather the focus can appear to be either more on the organisation or on the supervisee.

Whilst it is evident that there are common threads within the definitions and functions of supervision there are also shifts in emphasis or priority some of which have occurred over time. Kadushin (1992) noted that at various times different core functions (administrative, educational and supportive) have been prominent depending on the values of the time. In the 1980's and 1990's there was within many of the supervision models a strengthening of the supportive and educative functions of supervision and a

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move towards greater empowerment of supervisees (Bond & Holland 1998; Mosey 1986; Ung 2002). In contrast, Grauel (2002) and O'Donoghue (2003) suggest that the last decade has seen a re-strengthening of the administrative/managerial function or tasks. The reason for this shift away from an emphasis on the supportive and educational functions of supervision O'Donoghue suggests is that it is being challenged by the increased "managerialism and economic rationalism" (p. 46) currently being implemented within health care settings. He believes that this rationalisation has the potential to influence the balance of the core functions of supervision. This is evident in New Zealand when considered in relation to current health policy (Ministry of Health, 2000) and for health professionals the recent Health Practitioners Competence Assurance Act (2003) where there is a strong push for quality assurance, competence and accountability. While tensions between restorative and normative tasks are acknowledged, Proctor stresses that in health care settings the restorative function is essential and that it is through this that the other functions should be addressed (Bond & Holland; Carroll, 1996; Proctor, 2001).

There is significant tension in the healthcare sector as a result of the international and national expectation of increased evidence of competence. As has been seen one of the ways of achieving this is increased administrative/managerial supervision. Changes over time, and changes in relation to contextual factors have affected the nature of the supervision provided, but so to does the theoretical orientation of the supervisee, supervisor and agency, which will be discussed later. Provision of supervision is shaped by many contextual factors. These may impact on supervisions focus, how it is delivered, the process and structure, the model or framework of delivery and the tools the supervisor chooses to use. As a result, although supervision will have similar elements, its practice may be very different. These differences are the focus of the next section.

### **Forms, modes, and kinds of supervision**

In the literature and in practice prefixes are often added to indicate the focus or process that will be used in supervision, for example it can take differing forms; professional, clinical, or peer supervision (Bond & Holland, 1998; Hawkins & Shohet, 2000; McNicoll, 2001; O'Donoghue, 2003). There can be different modes of delivery; individual or group supervision (McMahon & Patton, 2002a; Proctor, 2000) and there are different kinds of supervision. The two most prominent kinds of supervision are internal (agency) or external supervision (Itzhaky, 2001; Morrell, 2001; O'Donoghue; Ung, 2002).

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### ***Forms of supervision***

The most common forms of supervision are professional, clinical and peer supervision. Professional and clinical supervision are largely distinguished by who is able to be a supervisor, and thus the scope of practice that can be addressed in the supervision sessions. In professional supervision it is accepted that a professional with expertise in supervision can supervise across professions. In this kind of supervision the scope, level of responsibility or accountability for actual practice of the supervisor is thought to be limited, if they are not of the same profession as the supervisee (Morrell, 2001; NZAOT, 2003). Clinical supervision, in contrast, necessitates that the supervisor be of the same professional group with the supervisor often being seen as an expert in the supervisee's clinical field (Bond & Holland, 1998; NZAOT). Bond and Holland suggest that in clinical supervision the focus is squarely on clinical practice, with less emphasis on personal and professional development and in exploring the wider contexts in which the therapist practises.

Finally, peer supervision is seen as a process whereby small groups of colleagues or individuals with a common interest and purpose work together to develop each other's professional or personal learning. Its purpose is to enhance participants' ability to learn from their own and others' experiences through reflection, analysis, feedback, and debate brought about by the sharing of experiences, skills and knowledge, with a goal of facilitation of professional competence (Hawken & Worrall, 2002; McNicoll, 2001). Peer supervision can occur as in a one to one relationship, be a reciprocal agreement involving two or three peers, or occur as group peer supervision for groups of four to six participants. Peer supervision models tend to emphasise the mutuality, respect and perceived equality of the members (Hawken & Worrall). Peer supervision is different from other forms of supervision in that there is no identified expert in the process (McNicoll). Care should be taken to understand the difference between peer support and peer supervision, the major difference being that peer supervision brings a structure to an otherwise informal relationship (McMahon & Patton 2002).

Benshoff and Paisley (1996) in a review of research on peer-supervision-consultation models collated the findings of seven studies conducted largely within the 1970's to mid 1980's. These indicated that peer supervision-consultations benefits are: greater working together of colleagues with less dependence on 'experts', increased responsibility for own professional development, increased self assessment, confidence and independence. Participants in the supervision also reported an improvement in supervision skills and highlighted benefits in having a choice of group

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members and a perceived lack of evaluation. These forms of supervision as stated previously can be offered through different modes of delivery.

### ***Modes of supervision***

Most of the literature on supervision describes individual/one-to-one supervision. In this mode of supervision the supervisee is guided by someone who is more experienced (Bond & Holland, 1998). The perceived benefits of the one to one relationship are due to the confidential nature of the supervision (Kudushan, 1992). Whilst not everyone concurs, Loganbill and colleagues (1982) believe that one to one supervision is essential, they see that supervision requires “highly individualised personal attention which is designed to attend to the unique personal and professional attributes of the [supervisee]” (p. 4).

Supervision can however be delivered in a group. Group supervision can occur in a number of forms but always takes place within a professional context (Proctor, 2000). Proctor describes four types of group supervision. Firstly, authoritative supervision in which each person in the group is supervised in turn whilst other group members gain insights from being part of the audience. Secondly, participative group supervision which is where the supervisor supervises each group member but encourages some co-supervision by the group members. Thirdly co-operative group supervision where the supervision is by the group and the lead supervisor is less involved in group leadership (Proctor).

Finally, in peer group supervision, everyone contributes and takes responsibility equally for the supervision. Similarly Bond and Holland (1998) suggest that in group supervision the facilitator has three ways of being in regard to the tasks and processes of group supervision; directive (taking charge of the decisions for the group), coordinating (coordinating decisions with other group members) and space giving (allowing the group to decide for themselves).

To facilitate trust, honesty and openness in group supervision literature advises that no member of the group should be in line management positions above other members (Bond & Holland, 1998; Proctor, 2000). Group supervision involves the group not only in being involved in a process of supervision, but in order to be successful, in being cognisant of group process and group dynamics (Hawkins & Shohet, 2000; McMahon & Patton, 2002; McNicoll, 2001; Proctor). These different forms and modes of supervision are further complicated by there being different kinds of supervision.

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### ***Kinds of supervision***

Two major kinds of supervision are acknowledged in the literature, internal and external supervision. Internal supervision is supervision provided by someone working within the organisation, and is the most common kind of supervision. In this the supervisor, most often but not always, has a direct line management responsibility for the supervisees within the organisation (Itzhaky, 2001; O'Donoghue, 2003). External supervision is when a professional supervisor is contracted in by the organisation to provide supervision (Morrell, 2001; O'Donoghue; Ung, 2002). These two kinds of supervision locate the supervisory relationship in two very different places, with quite different conditions. Ung in comparing internal supervision with external supervision stated:

the evaluative role of supervision can change to a mentoring role; the administrative skills may be replaced by exploratory skills; power will not have the managerial element but will have a more collaborative dimension; and the focus of supervision may have a broader and richer possibility (p. 96).

The advantages of internal supervision are stated as: accessibility to the supervisor, the supervisor having an understanding of the context, and the ability of the supervisor to monitor the delivery of clinical practice to ensure standards are met (Ung, 2002). In contrast the benefits of external supervision are seen as the freedom it gives for supervisees to be honest about their practice, the scope to explore the culture and context in which the supervisees works with a neutral party (Morrell, 2001), greater choice of supervisor, deeper listening (listening without conflicts of interest or political allegiances), and a broad focus (Ung). The major limitation of internal supervision is described as a narrowed focus concentrating on organisational management, case related issues, and conflicts related to roles, power and political issues. This focus is often the result of how the organisation sets up and implements the supervision (Ung). In external supervision limitations are seen as being due to the supervision being separate from the organisation, with no clear processes or lines of communication for addressing issues (Morrell), limited availability of the supervisor and less accountability than internal supervision (Ung).

In 2001, Itzhaky reported on a large study of 209 participants focused on gaining an understanding of the differences between internal and external supervision. The study stated "external supervisors were found to provide more constructive criticism to supervisees than internal ones, to carry out more confrontation when necessary and appropriate, and to possess more expert-based authority (based on knowledge and

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skills) and less formal authority“(p. 81). The study unexpectedly found that “both groups of supervisees perceived their supervisors as possessing a high degree of role ambiguity and a moderate degree of role conflict” (p. 82). This was seen to increase the possibility of conflicting expectations between supervisees, supervisors and agencies. Itzhaky, sees advantage in that an external supervisor in her/his relationship with the supervisee is able to maintain a focus on professionalisation and client need, rather than bureaucracy and organisational requirements. The study highlights a preference for external supervision. External supervisors were seen as more likely to utilise skills that facilitated effective supervision, and they were perceived to have more expert based authority. As a result they were seen as more likely provide a high quality of the supervision.

### **Models of supervision**

It is from allied health professionals such as social workers, psychologists and counsellors and more latterly nursing, that occupational therapy in New Zealand has begun borrowing and using definitions, models and frameworks within its supervision. The occupational therapy profession has no theoretical frameworks or models of supervision of its own, and there has been little debate in the literature as to whether such a model is required.

#### ***Theoretical underpinnings***

Models of supervision have arisen from recognised theoretical orientations or ‘schools’. Firstly the humanistic school, where supervision is seen as “concerned with the development of a supervisee’s self-understanding, self awareness and emotional growth” (Farrington, 1995b, p. 876). Supervision informed by this perspective focuses on feelings, both of the client and supervisee, and is concerned with the reality of what is happening now (Farrington).

Secondly, the psychoanalytical school, is particularly concerned with the relationships between the supervisor, supervisee and client. They stress the importance of exploring issues of transference and counter transference. Transference was first described by Freud as “an unconscious phenomenon that comprises a whole series of psychological experiences [that] are revived not as belonging to the past, but as applying to the person...at the present moment” (as cited in Yegdich, 1998, p. 195). Countertransference refers to the therapist’s feelings and attitudes toward the patient, which derive from the therapist’s inner conflicts. Thus those with views based on the psychoanalytical school are concerned about the unconscious processes of the client, supervisee or supervisor (Farrington, 1995b; Pearson, 2000; Yegdich, 1998).

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Thirdly, the behavioural school sees supervision as being concentrated on the development of the supervisee's professional skills. The focus of supervision is on what the supervisee is doing for her/his clients. Models have been developed which fit comfortably within each of these schools, but more recently integrative models have spanned across the schools (Farrington, 1995; Yegdich, 1998).

### ***The models***

Commonly the literature talks of two broad categorises of supervision, firstly models that are based on the psychotherapies outlined above. These are sometimes called orientation-specific models as they are usually linked with the type of therapy being offered to the client, of the supervisor or supervisee (Leddick, 1994). In these models supervision is seen as a teaching-learning process that looks at the relationship between patient, therapist, and supervisor, and the processes that occur between them. Included in this group is the work of Carl Rogers with his client centred model and more recently it has come to include narrative approaches (Bernard & Goodyear 1998; Hawkin & Shohet, 2000). Within the health professions there is increasing realisation that the psychoanalytical models often used by mental health professionals may not be the best to serve all health care professionals (Butterworth et al., 1998).

In recent years there has been significant growth in the development of models specifically for supervision, these models can be subdivided into developmental models or social role models (Bernard & Goodyear, 1998). Typically in developmental models the primary focus is "on how supervisees change as they gain training and supervised experience. But whereas the focus is on supervisees, these models all have implications for how supervisors might then work with the developing supervisee" (Bernard & Goodyear, p. 22). Developmental supervision is generally based on two assumptions. Firstly that as supervisees grow in knowledge and skill they move through a series of stages that are clearly different from each other. Secondly each of these stages requires different approaches to ensure that the supervisee continues to grow in competence and maintains satisfaction with supervision (Bernard & Goodyear; Hewson, 1993; Stoltenberg & Delworth, 1987).

In an overview of developmental models and developmental levels (Hawkins & Shohet, 2000; Hewson, 1993; Stoltenberg & Delworth, 1987) indicate that at a first level supervisees focus is quite self-centred and is about how they look at themselves in relation to the work. Supervisees are described as being anxious about having their work evaluated and have difficulty assessing the value of their own work. They move on to become more client focused, their demeanour is one of great vacillations,

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supervisees can move quickly from confident to overwhelmed, excitement to depression, independent to dependence. They discover that their work is not simplistic but complex and they learn to acknowledge that things don't always work out as expected. As they continue though the developmental levels supervisees are seen to find it easier to adjust to client need, they are able to see the broader issues and act on the complexities of situations. Finally supervisees' confidence increases such that they can challenge others, increasing self-awareness and security in their professional roles. Correspondingly there is a deepening of and integrating of knowledge. Kasar and Muscari (2000) believe that it is important to have an understanding of the stage the therapists are at, and know the challenge being faced by them, to enable the supervision to be geared appropriately. Bernard & Goodyear (1998) suggest that supervisors are more likely to employ the teaching role with novice supervisees and the consultant role with those who are more advanced.

Developmental models are seen by many as appealing, because they fit with a general belief that we get better with experience and training (Stoltenburg & Delworth, 1987). However support is not universal for developmental models, with concerns that the concept is too simplistic and that there is a paucity of developmentally specific methodology and poor evidence of distinct stages in the trainee's growth (Bernard & Goodyear, 1998) coupled with insufficient research into their validity (Stoltenburg & Delworth). Examples of developmental models are: the Litterell, Lee-Boreden and Lorenz model; the Stoltenburg model; the Loganbill, Hardy, and Delworth model; and the Skovholt and Ronnestad model (Bernard & Goodyear, 1998; Loganbill et al., 1982).

The second type of model developed specifically for supervision are the social role models. The social role models of supervision operate on the premise that being a supervisor involves using other professional roles; the most common roles suggested are counsellor-therapist, teacher and consultant (Bernard & Goodyear, 1998). During supervision the emphasis is on the supervisor moving in and out of these roles as needed within the session (Pearson, 2001). Social role models acknowledge that there are factors that will affect the role the supervisor will take in supervision sessions, and that the choice of roles will depend on the supervisors' past professional experiences, theoretical orientation, training, values, and culture. In turn this will affect the techniques used in supervision and format of supervision (Bernard & Goodyear; Pearson). Two of the most prominent social role models are the discriminative model and the process model (Bernard & Goodyear; Hawkins & Shohet, 2000).

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There is one further grouping of models, which are referred to as eclectic or integrationist models, which call on the knowledge base of the others. The eclectic and integrationist models acknowledge that most supervisors develop their own, unique, style of supervision (Bernard & Goodyear, 1998). This was also acknowledged by Farrington (1995b) when he stated, "As supervisors develop greater competence and confidence they are likely to create a personalised model of clinical supervision as part of their own reflective practice" (p. 877). Morris (1995) who also holds this belief warns, "Wholesale adoption of any model of supervision must be approached with caution to check both underlying assumptions and whether it meets the practitioners' purpose" (p. 886).

Whilst theoretical models of supervision provide a broad framework, Hewson (1993) felt there was a gap between them and intervention, and that it was necessary to define the areas that should be addressed by supervision. Using work by Wagner in 1957, she postulates that supervisors should focus on three parameters: patient centred (case management, technical issues), therapist centred (focusing on the therapists' reactions and problems) or process-centred (focusing on the interaction between patient, therapist and supervisor) with an assumption that supervision should focus on a variety of areas. She expanded these three areas to give 12 sub-areas and brings them together to form a supervision triangle. The advantage of such a framework is seen to be that if it is referred to in supervision it can provide a tool to minimize the over or under use of any one area (Hewson, 1993). Howard (1997) reports that one of the advantages of this framework is that it incorporates factors such as the organisational, social and political context in which the work is taking place.

### **Tools of supervision**

The literature reports in addition to models and frameworks of supervision the use of a wide number of tools within supervision sessions. The participants of this study also indicated the use of tools within supervision and some are discussed in this section. As with the process of supervision the literature is explicit in the need to develop skills in using these tools, and call for training (Hawkins & Shohet, 2000).

Many of the tools described are reflective of the time we are in and current philosophical beliefs. Firstly, however it is important to acknowledge tools long used in supervision but derived from the psychotherapies, which enable the supervisory relationship and the relationships brought to supervision to be examined. For example the exploration of issues related to unconscious processes such as transference and counter-transference and parallel process. An example of a parallel process is when

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the supervisee presents to the supervisor in the same way that their client presented to them. (Pearson, 2001; Yegdich, 1998). These concepts are still utilised in supervision but care needs to be taken to ensure that only those issues that affect a person's work are focused on, as supervision is not personal counselling (Howard, 1997; Yegdich, 1998).

Supervision is seen as an opportunity to provide clinical reflection (Butterworth et al., 1998). Reflecting on practice is seen as a means in which active learning will occur (Landmark, Hansen, Bjones & Bohler, 2003). The supervision literature outlines the work of numerous proponents of reflection and their theories and suggests that their work fits comfortably with supervision (Martin 1996; Todd & Freshwater, 1999; Ward & House, 1998; Wilkinson, 1999). Use is made of the work of Schon (1987) in particular, his concepts of knowing-in action, and reflection-in-action and Mattingly & Fleming (1994) who conducted an ethnography of clinical reasoning and found that reflective practitioners had more effective technical skills and a greater ability to interact with their clients.

Much of the literature advocates the use of reflective learning in supervision (Bond & Holland, 1998; Davys, 2001, Kolb, 1984; Morrison, 2001). In this the theory of adult learning is utilised, in particular Kolb's Learning Cycle is often used (Davys; Kolb; Morrison). This acknowledges that opportunities for learning occur through the experiences we have, with value being placed on this learning. Kolb's learning cycle describes four phases; firstly, it involves describing the experience, secondly reflecting on it. Reflection reveals new levels of observation allowing the reflector to see common elements from other experiences and thus draw on his/her own store of knowledge and skills. Reflection also allows for feelings to be acknowledged. Thirdly these reflections should then be carefully analysed or conceptualised, where new knowledge can be drawn on and sense is made of what has occurred. Finally, future directions, behaviours or plans are decided and active experimentation occurs (Bond & Holland; Davys; Kolb; Morrison). The cycle then continues.

Fowler and Chevanes (1998), in reviewing the literature on the efficacy of reflective practice in clinical supervision state " the compatibility of reflection and clinical supervision appears to be unquestioned within the literature" (p. 380), and that if "clinical supervision is seen as a formal system then reflection appears to be its enabling process" (p. 380). Their review findings lead them to believe that there is significant compatibility between reflective practice and supervision. However they caution that reflective practice may be a part of clinical supervision, but that it might not

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meet the needs of all supervisees, and highlight the need for supervision to be individually structured.

Lastly an important tool of supervision is feedback. Inskipp & Proctor (1993) recognise feedback between the supervisee or supervisor as helping build the relationship and as ensuring that a balance is maintained between support and challenge. Itzhaky (2001) found, that the skill of giving constructive criticism is seen as significant in an effective supervisory relationship. Giving feedback in supervision is no different than in any other setting, just as in other settings it is often fraught with difficulty and anxiety. (Hawkins & Shohet, 2000).

### **The parties to supervision**

In many instances the lack of a structure or framework around supervision and thus no universally accepted method of delivery or no right way to set up supervision, results in supervision being perceived as only as good or bad as an individuals own experience of it (Sweeney, Webley & Treacher, 2001a). The importance of the supervisee and supervisor working together, in an alliance or a partnership is seen as essential to the outcome of supervision (Hawkins & Shohet; 2000; Proctor, 2001). It is therefore essential that each party to supervision understand the role that they play in ensuring productive supervision sessions.

### ***Supervisors and supervisees***

The role of the supervisor in clinical practice is a multifaceted task, given this complexity the quality of the supervision is very much dependent on the skills of the supervisor (Farrington, 1995a; Hawkins & Shohet, 2000). The characteristics of a 'good enough' supervisor are well reported. Fowler (1995) found that it is important that the supervisor has relevant clinical knowledge, clinical skills, an ability to form supportive relationships, and teaching competency. This is supported by Rainville et al. (1996) who found that the three most important qualities of a supervisor are: "experience and knowledge, the ability to listen, and the ability to teach and communicate effectively" (p. 727). Subsequently Bulmer (1997) in studying the effects of clinical supervision found the qualities in supervisors that were most highly rated were:

Trustworthiness, being honest and open; having good listening skills; being supportive; giving constructive criticism; facilitating rather than directing; being honest about their limitations; giving positive feedback; and being non judgemental.  
(p. 54)

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In a landmark study Sweeny et al. (2001a) investigated the processes underlying supervision from the perspective of 30 occupational therapy supervisors who were providing supervision to novice or junior occupational therapists. The supervisors interviewed expressed discomfort with supervision and admitted to finding supervision a difficult activity. Sweeney et al.'s findings suggest that supervisors coped by using an egalitarian approach. The perceived high level of support that was available within the department on a day-to-day basis for supervisees led them to believe that an authoritative approach was not appropriate. Supervisors did not want to put at risk close working relationship. They were conscious of feelings of discomfort due to a perceived paucity of or limited role modelling, training, theoretical knowledge, supervisory and management skill. The presence of these feelings resulted in them using covert strategies to avoid confrontation and the need to be directive. They reported using techniques with supervisees that were similar to those that they used with clients. Sweeney's work had similar findings to an earlier study by McColley and Baker (1982) who found that supervisors experienced difficulty in a number of areas associated with supervision: supervisee resistance, techniques of supervision, the clinical cases discussed in supervision, and techniques and research in the practice area.

Supervision is not an activity that is done to a supervisee by supervisors rather the supervisee needs to be an active participant (Proctor, 1997). The rights and responsibilities of a supervisee in supervision have been well discussed in the literature. The rights of supervisees are identified as: respect, choice in how supervision will be structured, setting the agenda for the session, having confidentiality upheld, protected time and space for sessions, and opportunity to share freely vulnerabilities and weaknesses without criticism (Bond & Holland, 1998; Hawkins & Shohet, 2000). Unfortunately there is anxiety that many supervisees caught in clinical supervision that is a hierarchical relationship may have few if any rights (Bond & Holland).

Supervisees are also seen to have responsibilities within the supervisory relationship. These include: negotiating a supervision contract that will work for them, identifying their supervision needs and asking for help, preparing for supervision sessions, following through plans and being open to learning, and reflecting on outcomes. Their responsibilities also include protecting the time so that supervision can occur, being open to feedback and challenges, giving feedback so that supervision can better meet their needs, and using the time wisely to reflect on results, and to evaluate the effectiveness of supervision. Lastly they have the responsibility to work towards being

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self-monitoring or self-supervising (Bond and Holland, 1998; Grover, 2002; Inskipp & Proctor, 1993; Lizzo & Wilson, 2002).

The research into supervision indicates that supervisees are more often asked about supervisors than about themselves. However in the second part of Sweeney et al.'s (2001b) study she investigated the process of first-line supervision from the perspective of novice or junior occupational therapists by interviewing 30 such therapists. From this study emerge two major findings about supervisees. Firstly, there was a large discrepancy between what novice therapists expected to get from supervision and what they actually got. Secondly, many of the novice therapists entered supervision with "the aim of presenting a professional face and protecting their developing confidence" (p. 382). This resulted in self-protection to avoid the possibility of them being considered incompetent and led to them adopting a range of covert strategies such as "offloading to peers and selective reporting" (p. 382).

Additionally supervisees in the study had expectations of their supervisor, they wanted a "positive and directive supervisor" who was someone who could be trusted and from whom they could expect "consideration and recognition" (Sweeney et al., 2001b, p. 382). Most supervisees reported that these expectations were not met. They reported that supervisors had difficulty providing constructive criticism, had inadequate supervisory skills resulting in unclear supervisory processes, poorly developed managerial and people management skills. Interestingly supervisees reported that supervisors in being experienced clinicians may have "become blasé about supervision and may have forgotten what it feels like to be a junior therapist" (Sweeney, p. 383) it was seen that as a consequence of this they did not provide the structure and direction needed by supervisees. In addition supervisees reported a "lack of shared guidelines and negotiated objective setting" (p. 383), but at the same time they admitted that they had difficulties "in asking for help, in admitting weaknesses and in requesting the type of structure and direction that they needed" (p. 384). Sweeney et al. suggests that there is a miss match between the authoritative approach of supervision expected by supervisees and the egalitarian approach which supervisors thought supervisees wanted. This researcher was unable to find any studies that focused on more senior supervisees; it is possible that the needs and issues of this more experienced group may be different.

### ***The organisation or agency***

The literature that focuses primarily on internal, one to one supervision acknowledges only two parties in the supervision contract (Atherton, 1986; Proctor, 1997). However with increased external supervision, the agency or organisation is increasingly seen as

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an important party in the supervision contract. Having a contract, which involves all three parties to supervision the supervisee, supervisor and the agency is more likely to be overt and transparent (Hewson, 1999) and to clarify role ambiguity and conflict (Itzhaky, 2001).

## **The process of supervision**

### ***Contracting***

Almost without exception the literature clearly identifies the need for supervision to be carefully contracted and negotiated before the commencement of formal sessions and that all supervisory relationships should be based upon a supervision agreement, which is signed and dated (Atherton, 1986; Butterworth et al., 1998; Howard, 1977; Lowry, 1998). The negotiating of the contract is important for a number of reasons. Firstly, it encourages the supervisee from the beginning to take an active role and to take personal responsibility, therefore encouraging professional autonomy. Secondly it acknowledges adult learning principles of active engagement in the process, together with the opportunity to build skills around acknowledged life and professional experiences (Hewson, 1993).

A contract provides a framework for defining what will happen in supervision. The rationale for a contract is that it results in the parties to the supervision having similar understandings of what will be involved and by providing a framework it enhances the participant's ownership of the process and provides them with parameters (Atherton, 1986). The contract makes explicit the ground rules; those that are basic and common to all staff such as: the boundaries, roles, responsibilities, and day-to-day organisation of supervision, and issues of confidentiality. It also addresses those provisions that are specifically tailored to the individuals involved. A contract makes explicit any evaluative component, and sets out how the supervision will be reviewed. The contract should be negotiated and documented at the outset of supervision and be regularly reviewed (Atherton, 1986; Brown & Bourne, 1996; Lowry, 1998; Butterworth et al., 1998; Howard, 1977; Morrison, 2001).

The contract in itself does not make supervision work. It is essential that the contract is negotiated, and that it continues to be a working agreement, which is used actively in supervision thus providing direction and clear boundaries to the supervision (Proctor, 1997). A study by Thomas & Reid (1995) found that poorly structured supervision often resulted in supervisees questioning the role of supervision. Furthermore, Atherton (1986) asserts that clinicians will remain sceptical about supervision until they

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consistently receive supervision that is contracted and as part of negotiating the contract he believed the frequency of supervision also needs to be addressed.

### ***Frequency***

Parker (1991) in a survey about the needs of newly qualified occupational therapists found that 65% of the respondents wanted regular supervision at least fortnightly, 46% nominated ½ -1 hour sessions. These findings are generally accepted in the literature, with some suggestion that there should be increased frequency for beginner practitioners (Howard, 1997; Butterworth et al 1998; Parker 1991). The American Occupational Therapy Association goes further and recommends that entry level therapists should have supervision daily, moving to fortnightly supervision for intermediate level therapists with additional phone or written communication when required. (AOTA, 1999a).

Lowry (1998) and Farrington (1995a) express concern at the time commitment and effort put in by the supervisee and supervisor to supervision. Lowry goes on to suggest that managers might find hard to rationalize the cost against the perceived benefits. Thomas and Reid (1995) question the priority given to supervision by supervisees, supervisors and the organisation when they note that on acute wards where workload can fluctuate considerable, that supervision is often reported as the first activity to be relinquished when workloads increase and the last to be reinstated.

### ***Training***

There is no consensus on who should become a supervisor, or in particular, what training, clinical research or experience gives a person the required expertise Howard (1997) suggests. O'Donoghue (2003) suggests that supervision operates in an environment of 'just do it'. Sweeney et al. (2001c) suggest that occupational therapists have entered supervision without having explored in sufficient depth the time commitment and training required to provide adequate supervision nor have the emotional consequences to the supervisee or supervisor been explored. From the results of the study, previously discussed she describes confusion by both parties about the process of supervision. What is clear from many sources is the belief that being a good therapist does not necessarily make a good supervisor Mosey (1986) states, "one must learn to be a supervisor just as one must learn to be a therapist" (p. 214). There is strong support for the belief that those in supervisory positions should receive training in theoretical models of supervision, supervision strategies and skills, as well as having the opportunity to practice of supervision under skilled guidance (Hewson, 1993; Mosey, 1986; Sweeney et al.).

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Correspondingly, Itzhaky (2001) recommended training. Her study findings indicate that, the priority for training should be those who are internal supervisors with their training focused on the use of confrontation, feedback and professionalism. She also recommended emphasizing supervisors professional abilities (expert-based authority) and supported the development of clearly defined roles within the supervisory relationship.

## **The debates about supervision**

### ***Need for supervision***

As has been seen most of the literature focuses on supervision in relation to those who are new to a profession. When considering who should receive supervision and for how long it is generally agreed that students and beginning therapists need supervision (Bond & Holland, 1998). Parker reports that new graduates when asked to suggest constructive ways to ease their adjustment from student to practising therapist most frequent response was the provision of supervision (Parker, 1991). He also reports that 82% of participants indicated that structured time with one other key person would have helped reduce their initial apprehensions.

When or if supervisees cease to need supervision is an unanswered question. Certainly one of the main goals of supervision is to promote independent function. Much of the literature sees supervision as an ongoing provision, although there may be a reduction in frequency or a change in its nature e.g. a change to group supervision or increased peer review or when specialisation occurs with advanced practitioners increased networking with others both within the country and out with (Mosey, 1986; Bulmer 1997). Interestingly, Morris (1995) believes that supervision is not always appropriate especially where routine tasks are undertaken. He acknowledges the need for reviews and debriefs but not supervision. He sees continued supervision as most warranted where the client is actively involved in their own care.

### ***Supervision and therapy – professional and personal development***

Yegdich (1998 & 1999) expresses concern that some literature on supervision talks about supervision as involving personal and professional growth. She points out that over emphasis on personal growth can result in losing sight of the client and thus care must be taken to ensure that there are clear boundaries or limits set to the supervisory process. Concern is expressed that use of concepts such as transference and countertransference can lead to the provision of therapy for supervisees rather than supervision. Yegdich (1999) expresses the belief that one must be careful to maintain professional boundaries and allow personal privacy; supervisees should not be

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'therapised'. This can be a trap for those with limited training where there is a tendency to utilise professional knowledge. Howard suggests that the focus of supervision should be on the supervisee's professional development, "exploring only those issues that affect the supervisee's work" (Howard 1997 p. 343).

### ***Power and authority***

Ung (2002) states supervisees "willingness to co-operate, enter the space provided and to converse and openly share knowledge about the client, the organisation, themselves and the interaction processes lie at the heart of productive supervision' (p. 95). Hindering this development are the concepts of power and authority within the supervisory relationship. Brown & Bourne (1996) suggest that supervisors are often uncomfortable with their power and authority in supervision and avoid the need to exert it. Ung suggests that how power and authority emerge in the relationship will impact on the form of supervision. This is clearly supported by Sweeney's (2001a) study where supervisors were found to use an egalitarian approach in supervision rather than the authoritative approach preferred by supervisees.

There are many types of power and authority that can occur in a supervisory relationship most often the power and authority is thought to reside with the supervisor however some resides with the supervisee. Largely this relates to the "content and substance of supervision" and supervisee's ability to control what will be discussed in supervision by what they bring to supervision. (Ung, 2002, p. 95).

The type of authority in a relationship is significant in how empowered the supervisee will be. An authoritarian approach is an expert knows best approach, and is seen as a need to control and to gain compliance. On the other hand an authoritative approach is the authority one has due to ones knowledge and skills; this is usually accompanied by a respect for the other person, and their ability to choose (Bond and Holland, 1998). Other types of authority that occur in the supervisory relationship are informal authority that is authority based on knowledge and expertise and formal authority that is power related to a persons status in the organisation or hierarchy and is bestowed by the organisation (Itzhaky, 2001).

Power is seen as inherent in the supervisory relationship (Hewson, 2002: Ung, 2002). Importantly there is social power, this is the power to be able to influence others. This is earned by reputation and interaction. Within this and significant to supervision are; referent power which is based on shared values and respect, legitimate power, the right to influence and expert power, the provision of knowledge from an acknowledged base of experience (Hewson). Social power is seen to be the most powerful type of power. It

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is also possible for supervisees to earn social power in the view of the supervisor as they gain in skills and knowledge when this occurs this has significant impact on the empowerment felt by the supervisee (Hewson; Itzhaky, 2001).

Positional power also occurs within supervision in all supervision relationships the supervisor is assigned to varying degrees the power to oversee, assess and report on. It is seen that for a supervisor alone to have positional power is not enough social power is necessary for a supervisory relationship that is effective (Hewson 2002; Itzhaky, 2001). Clearly, therefore issues of power and authority impact on the supervisory relationship. They are also at the base of the debate on the place of managerial supervision.

### ***The place of managerial supervision***

Managerial supervision is perceived as focusing on performance, and accountability (Morris, 1995). There is debate over whether clinical supervision and managerial supervision should be integrated or separated, citing the diverse skills needed and the potential difficulty ensuring that bureaucracy does not impinge on the clinical focus. Mosey (1986) sees that clinical and administrative decisions and directions may not be able to be kept separate. In comparison Hawkins & Shohet (2000) believe that many supervisors are unsuccessful or retreat from integrating the three roles (administrative, educative and supportive) to providing supervisor in only one of the roles, that role which they feel most comfortable. They state, "some supervisors become quasi-counsellors to their supervisees; others turn supervision into a two-person case-conference, which focuses on client dynamics; others may have a managerial checklist with which they 'check-up' on the client management of the supervisee" (Hawkins & Shohet, p. 4). Mosey recognises that when clinical and administrative supervision is split, for supervision to succeed it is essential that the manager has the ability to delegate without feeling impotent or ineffective due to the inevitable lessening of control and oversight is essential. In order to be comfortable to delegate managers will need to have confidence in their staff. Of relevance to New Zealand with its small workforce of occupational therapists Mosey indicates that the size, complexity and experience of the department may influence whether it is possible to separate the two activities (Mosey).

Morris (1995) sums up the tension between clinical and managerial supervision she states:

The tension between focusing on action and performance is a critical distinction between clinical and managerial supervision. Focusing on performance brings its

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own agenda and criteria and can be limiting both in terms of the supervisory relationship and the degree to which issues can be explored. Supervision focuses on professional action and any blurring of roles should be considered carefully” (p. 2).

Likewise, Sweeney’s (2001a,b,& c) results raise issues concerned with the professions ongoing use of the traditional practice of first-line supervision (one up, one down), without an adequate understanding or training in the theoretical concepts underpinning supervision. She reports that this can result in supervisors and supervisees experiencing feelings of guilt and inadequacy. She identifies that the covering up of weaknesses and non-disclosure by both parties is commonly affecting the outcome of the supervision process, and the possibility of an open and reflective relationship.

### **Benefits of supervision**

The literature clearly identifies the need for evaluation of supervisions effect on the work place. However this comes with warnings, Butterworth et al. (1998) warns about attempting to make judgements on the impact that clinical supervision has on patients and families. And suggests that is may be easier to demonstrate the link between clinical supervision, work practices and the well being of the work force. Marlow (1997) suggests that researchers be cautious when trying to evaluate the impact of clinical supervision (in this case nursing) on the profession or client outcome. He points out that it is not possible to evaluate the impact of supervision when largely it has not yet been properly or fully implemented. When looking for outcomes of supervision Hawkins and Shohet (2000) acknowledge that supervision is not a straightforward process. They see it as more complex than working with clients in that “there is no tangible product and very little evidence whereby we can rigorously assess its effectiveness” (p. 5).

The literature recognises that there are perceived benefits for the client, service, team supervisee and supervisor. The benefits for the client are seen as: improved patient care and a greater opportunity for clients to be involved in their own care. For the therapist the benefits are improved quality of therapy services, stress reduction, increased skill of clinicians, increased confidence of therapists, increased job satisfaction, decreased turnover of therapists. There are perceived benefits for the team in team building, and sharing of information. It is also believed that the supervisor benefits through increased professional development occurring as the result of the supervision. (Sloan, 1999; Morris, 1999; Thomas & Reid, 1995; Rainville et al 1996; Lowry 1998).

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Studies into the outcome or benefits of supervision are rare and or flawed. Sloan (1999) points to the inherent difficulty of controlling the variables in such studies. In 1997 results were published of a multi-site evaluation of the clinical supervision of nurses, using Proctors framework. In reporting Butterworth et al.'s findings Sloan (1999) states that, "clinical supervision provides opportunity for reflection on practice, advancement of skills and ongoing support" (p. 528) Sloan however warns that the studies methodology lacked consistency. Rugg (1992) in a study of junior occupational therapist and the factors that effect continuity of employment and staff turnover alludes to benefits of supervision her findings revealed an absence of high-quality, accessible interpersonal support, and poor continuing professional development opportunities.

The journey to setting up successful supervision is complex. This chapter has shown that whilst formal supervision is often part of therapist's practice it is likely that it is not being consistently practiced or monitored, and that insufficient time has gone into developing and agreeing the contract, resulting in a lack of openness and clarity about the structure and frameworks being used. It is clear from studies that supervisors have anxieties about the supervision process due to poor training in models and frameworks of supervision, inadequate role models and insufficient knowledge of the skills and techniques of supervision. Sweeny (2001a, b, & c) in particular highlights misunderstanding between supervisors and supervisees, in relation to the supervisee's needs and perception of how they would like a supervisor to be. There is clear information on how to proceed to improve the provision of supervision and that is by continuing to build a picture of supervision through research. Chapter three will now outline the research methodology undertaken in this study.

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## CHAPTER THREE: RESEARCH METHODOLOGY

This chapter begins by describing the qualitative research paradigm, its assumptions and research strategies. The chapter then focuses specifically on grounded theory and details why this methodology was chosen to guide the researcher. The chapter goes on to outline the specific grounded theory method used in this study.

### **Qualitative research paradigm**

Qualitative research attempts to explore, describe, understand, and then explain or interpret phenomenon. It seeks to capture the complexity of human experience and give meaning to it. It looks at how people interact, their attitudes, beliefs, values, motivations, preferences and changing behaviours (Denzin & Lincoln, 2000; Depoy & Gitlin, 1998; Polit & Hungler, 1997). As far back as 1981 Schmid, in the occupational therapy literature describes qualitative research as having two basic assumptions. Firstly, that the environment and context; both physical and psychological, influence human behaviour and secondly that human behaviour is more than what we can observe. The key to interpreting human behaviour in any given context is to understand the perspectives and meanings the individual or group places on the behaviour (Schmid, 1981).

Qualitative research is one of two major approaches to research. Qualitative research uses narrative to describe the phenomenon (Polit & Hungler, 1997). Quantitative research, on the other hand, is based on the investigation of phenomena that lend themselves to measurement. That is they can be converted into distinct units, which can in turn be compared to other units, and the relationship of the variables is able to be made clear. This is done through the statistical analysis of the data (Maykut & Morehouse, 1994). Patton (2002) states, that we have now reached a point in research where “the classic qualitative-quantitative debate has been largely resolved with recognition that a variety of methodological approaches are needed and credible” (p. xxiii) He suggests that now that there is less need to defend qualitative research that there is increasing development of qualitative methodologies resulting in increased variety.

Qualitative research emerged in sociology and anthropology in the 1920-30's (Denzin & Lincoln, 2000). Sociology has congruence with occupational therapy's belief's and values. Jones, Blair, Hartery, and Jones (1980) in their book *Sociology in Occupational Therapy* wrote, “We may discern with the writings of some famous sociologists an

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affinity with the philosophy of occupational therapy” (p. 15). Connections are noted through action theory, functionalism, marxism, feminism and postmodernism. This affinity can be seen in the shared belief of the importance of balance in the everyday tasks one does, the need to understand others worlds (e.g. our clients), the importance of roles, understanding the relationship and interaction between individuals and the environment, and the need to adjust our actions based on the needs of others (Jones et al. 1980). To do this we need to gain an understanding of their worldview, which is the basic premise of this study.

Qualitative research is associated with an interpretative, naturalistic approach. This involves studying things in their own setting, and seeking to make sense of them using interpretive practices (Denzin & Lincoln, 2000). Naturalistic inquiry predominantly uses inductive and abductive forms of reasoning (Blaikie, 1993; Depoy & Gitlin, 1998). Inductive reasoning entails moving from specific examples to more general concepts about the phenomenon being studied, from less abstraction to an increasing level of abstraction. An attempt is then made to place the data in a theoretical framework, or to a set of concepts (Depoy & Gitlin). Abduction is a method of theory construction, which is concerned “with deriving expert accounts of social life from the everyday accounts that social actors can provide” (Blaikie, p 46). In abductive reasoning care is taken to remain true to the patterns and concepts that emerge from the data, which may or may not relate to existing theories (Depoy & Gitlin). Researchers can then “organize or reduce data in order to uncover patterns of human activity, action and meaning” (Berg, 2001, p. 239). Thus new theory may be generated. Grounded theory and ethnography are forms of abductive naturalistic inquiry (Depoy & Gitlin).

Qualitative research can involve a variety of interpretative practices. Data can be collected by participant observations; through narrative (structured and semi-structured interviews or focus groups); or through the review of written documentation and/or artefacts (Berg, 2001; Denzin & Lincoln, 2000; Depoy & Gitlin, 1998). Data collection seeks to make the world visible, and this visibility is represented in the field notes, recordings, and memos that the researcher makes (Denzin & Lincoln). It is these practices that “allow researchers to share in the understandings and perceptions of others and to explore how people structure and give meaning to their lives” (Berg, p. 7).

### **Choice of methodology for this study**

Qualitative research does not belong to any one discipline but rather is used successfully by many disciplines (Strauss & Corbin, 1998). The profession of occupational therapy is a relative new comer to research and in particular qualitative

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research. In 1981 the American Journal of Occupational Therapy published one of the earliest commentaries on qualitative research in occupational therapy. In it Schmid (1981) wrote “as occupational therapy researchers move toward the generation of a theoretical base for occupational therapy practice, they should consider modifying their research paradigms to include qualitative research methodology” (p. 106).

A recent search of occupational therapy literature for the use of grounded theory found that whilst it is being used, it is not widely used (Stanley & Cheek, 2003). Where it is used, grounded theory is contributing to major aspects of knowledge, “occupational therapy practice, occupational therapy education and occupational science” (p. 146). Stanley and Cheek found grounded theory to be especially relevant for a profession such as occupational therapy that is “people and socially focused” (p. 149). Their study shows an increasing use of grounded theory research, as indicated by publications in the occupational therapy literature index in AMED and CINAHL. From 1992 – 1997, they found only one study using grounded theory and from 1997-2001, 17 studies. The studies cover a diverse range of subjects and issues. In the domain of practice there are studies on: working with the terminally ill (Bye, 1998), performance of clients with Alzheimers disease (Carswell, Carson, Walop & Zgola, 1992), parental hopes for therapy outcomes of children with sensory modulation disorders (Cohn, Miller, & Tickle-Degnen, 2000), through to therapists’ perceptions of evidence based practice (Dubouloz, Egan, Vallerand, & von Zweck, 1998). In the domain of education, only one study was identified. It looked at clarifying ambiguity in problem fieldwork placements with students (Drake & Irurita, 1997). In the domain of occupational science, studies range from researching mothering as a life time occupation (Francis-Connolly, 2000) to exploration work and play within families (Primeau, 1998). They also identified one grounded theory study on supervision (Sweeny, Webley & Treacher, 2001a, b & c).

In wishing to explore the process of supervision of occupational therapists in New Zealand, the researcher chose to use grounded theory. Grounded theory’s suitability for explorations of processes, together with the links between occupational therapy’s beliefs, values and philosophies, as well as grounded theory’s track record of use within the profession make it a logical choice.

### **Grounded theory**

Barney G. Glaser and Anselm L. Strauss first described grounded theory in 1967, in their book ‘The Discovery of Grounded Theory’. It was described as a methodology that would enable the discovery, generation or verification of theory from data “systematically obtained from social research” (Glaser & Strauss, 1967, p. 2).

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Glaser and Strauss were both sociologists. Glaser had been trained in quantitative research at Columbia University, and brought skills of positivist methodology, rigour and the development of theory. Strauss had been a member of the Chicago School of qualitative research, where he was steeped in field research and symbolic interactionism; both contributions were reflected in the methodology of grounded theory (Denzin & Lincoln, 2000; Glaser, 2000; Strauss & Corbin 1998). Grounded theory emerged at a time when there was pressure on qualitative research to meet higher standards of verification and rigour. Grounded theory's methodology was Glaser and Strauss's response to this pressure. (Glaser & Strauss, 1967; Strauss & Corbin, cited by Denzin & Lincoln 1994). Grounded theory was seen as a methodology that could be used in both quantitative and qualitative research; the constant comparative method was seen as a crude way to convert qualitative data into a quantifiable form (Glaser, 1978; Strauss & Corbin). It is its applicability and application to qualitative research that is relevant to this study.

The philosophical basis of grounded theory is sociology and in particular symbolic interactionism (Glaser & Straus, 1967). Sociology can be described as the systematic study of relationships among people, between the individual and society, and how social interaction affects behaviour. It assumes that behaviour is influenced by social forces found within the every day settings people are part of for example, social, occupational, and political groupings. Sociologists are interested in how these groupings remain constant or change (Jones et al., 1998).

Symbolic interactionism is based on this sociological perspective; it is concerned with interpreting and defining social interaction such that the individual can make meaning. It allows the human being to define and interpret events based on their beliefs and understandings before acting on them, and to interpret again, based to the consequences of that action. This perspective focuses on the creation of a concept of self (seen only in humans). This self concept is defined in part by meanings gained through social interaction. However concepts of self do not just emerge from interaction with others but also interaction with self. Experience is therefore seen to change individuals' concept of self and thus their behaviour. Symbolic interactionism is based on an assumption that humans can be understood by defining and interpreting social interactions and that meanings are not static but flexible and ever changing (Baker, Wuest, & Stern, 1992, cited by Glaser, 1995; Charon, 1998; Chenitz & Swanson 1986).

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Grounded theory involves the collection of data on the actions, interactions and social processes of ordinary people, with a perceived end point of a theory, which is clearly grounded in the data (Creswell, 1998). Therefore grounded theory methodology presents a way of understanding and making meaning of the participant's world. The researcher needs to understand participants' behaviour as they do, understanding how participants interpreted their own behaviour in the interactions that occur, and sharing their definitions. The behaviour must therefore be studied at both symbolic and interactional levels (Chenitz & Swanson, 1986). McCallin (2003), when describing the strengths of grounded theory, states "it explains what is actually happening in practical life at a particular time, rather than describing what should go on" (p. 203).

One of the key concepts in grounded theory is constant comparative analysis, which is described as the constant movement between data gathering, coding and data analysis (Glaser, 2000; Glaser & Strauss 1967; Strauss & Corbin, 1998). This enables the emergence of theory to explain a phenomenon. Grounded theory methodology ensures that the emergent theory remains true to the data; the emergent theory is thus described as being 'well grounded' in the data. Grounded theory is described as being highly structured and systematic and yet being free enough to enable the researcher to make discoveries (Glaser).

Glaser & Strauss (1967) believed that in order to generate theory the data under analysis must come directly from the social research rather than being formulated by logical deduction. Additionally they believed that the theory that is generated must be readily understood. To do this it must have 'fit', where the categories are clearly indicated by the data. It must also 'work' in that the categories are relevant, meaningful and explain the behaviour being studied. The categories should also be able to be upheld in future research.

Glaser and Strauss's shared understanding of the process of deriving a grounded theory was subsequently challenged with the publication of *Basics of Qualitative Research* (Strauss & Corbin, 1990). Glaser was vicious in his attack on this publication. His most pressing concern was that if attempting to do grounded theory using 'Basics of Qualitative Research' as a guide you would produce "a forced, preconceived, full conceptual description, which is fine, but it is not grounded theory" (Glaser, 1992, p. 3). The crux of this debate was the use of axial coding (Kendal, 1999). Thirty years on from the first book on grounded theory there have been numerous attempts to clarify and develop the theory, and thus diversification from the original model and personalization by researchers (Charmaz, 1990). This research will closely follow

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Glaser's approach to doing grounded theory, in particular though the data gathering, coding and constant comparison analysis, although it calls upon many other researchers to clarify and support understandings. To assist in presenting the findings the study will use a framework or matrix identified by Strauss and Corbin (1998) but similar to the concept of coding families outlined by Glaser (1978 & 1992). The matrix is considered to be the broadest form of theory generation with theory generation being the desired outcome of grounded theory (Creswell, 1998).

Grounded theory studies focus on process rather than structure. Researchers begin with a research question, rather than preconceived ideas or hypothesis. Once in the field, the research question may stand or it may be adapted or changed as its relevance is established as a result of the emerging data. The researcher follows leads, hunches, and/or patterns, as substantive and theoretical codes begin to emerge and categories begin to develop (Glaser, 2000). The central category of the study is often presented in the form of a gerund, that is a verb which functions as a noun usually ending in 'ing'. Analysis includes finding; a central category, causal conditions which influence the process, the effect of context and intervening conditions, strategies used by subjects to carry out the process, and finally the consequences of the behaviour for the participants (Bowers 1988; Charmaz, 1990, Creswell, 1998; Glaser, 1978). This fits well with the study of supervision.

## **Methodology for this study**

### **The research**

"Grounded theory accounts for the action in a substantive area" and the researcher in grounded theory tries to gain this understanding from the "view of the actors involved" (Glaser, 2000, p. 115). This study set out to gain an understanding of the substantive area of supervision in relation to occupational therapists in New Zealand. This was done by talking to therapists currently involved in supervision. The intent was to gain an understanding and make meaning of participants' involvement in receiving and delivering supervision from the viewpoint of both supervisee and supervisor. The potential benefit to the profession was seen as enhanced knowledge and understanding of this substantive area.

### **The setting**

Within New Zealand occupational therapists work in a variety of fields, geographical locations, types and sizes of teams and organizations. In order to capture this

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diversity and therefore to give depth to the exploration of supervision, semi-structured interviews conducted either face to face or by telephone was chosen as the means of data collection. This form of data gathering enabled the study to recruit participants from throughout New Zealand.

### **Entry into the field**

Entry to the field was first gained through obtaining ethical consent to the research through the Auckland University of Technology Ethics Committee. This application and subsequent approval set the ethical framework of the research project ensuring principles of informed consent, confidentiality, and participant rights were adhered to throughout the study. The participants for the study were recruited through 'OT Insight' the magazine of the New Zealand Association of Occupational Therapists (for text see Appendix 1), and via word of mouth. The advertisement in 'Insight' invited prospective participants to telephone an 0800 number, or e-mail, to request a participant information form (see Appendix 2). The advertisement also served as a means of alerting the profession to the study. This advertisement was run three times within the magazine, the final advertisement being more specific as the direction of sampling became clearer. The participant information form was sent to all those that requested it. Those who indicated a willingness to be a part of the study were checked for eligibility and a Consent Form (see Appendix 3) and a Participants Details and Characteristics Form (see Appendix 4) was sent to them to read, full out, sign and return to the researcher. Perspective participants were advised that they could withdraw from the study at any stage up until one month after their interview. The Participant Details and Characteristics Form guided the researcher in her selection of participants, using theoretical sampling as outlined by Glaser and Strauss (1967).

### **Participant selection**

Occupational therapists were eligible for participation in the study if they; came to the study voluntarily, were practicing occupational therapists who had received supervision within the last six months, and/or who were supervising other therapists. Potential participants would be excluded from the study if they were either in any form of dependent relationship with the researcher, or if they had at any time been supervised by the researcher. These criteria resulted in two applicants being ineligible for selection.

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## **Ethical considerations**

Issues of coercion, the need for informed consent, anonymity, confidentiality, and safety were identified as potential issues. To eliminate the possibility of coercion participants needed to initiate involvement in the study by volunteering to be a participant; they need to respond to an advertisement in the 'OT Insight' magazine calling for participants. Informed consent was gained through the participants becoming familiar with the proposed research by reading the participant information form (see Appendix 2). They were then asked to read and sign the consent form (see Appendix 3).

Once accepted on the study interviews were either conducted in a space away from a participant's workplace, or by telephone out of work hours to ensure anonymity. To maintain anonymity, during the transcription process participants names and any geographical or place identifiers were changed with pseudonyms being used from then on. Access to transcripts and recordings were limited to the researcher, the supervisor, and a confidential typist. To preserve the anonymity of others participants were asked not to disclose names of their supervisor or supervisees or clients to the researcher.

Confidentiality would be protected by anonymity or by the alteration or exclusion from publication of any data that could identify the participant, their clients or setting. As the researcher is employed by Otago Polytechnic, School of Occupational Therapy, as a programme manager and lecturer, who therefore comes into contact with a wide number of therapists, a discussion was held with the Head of School where an understanding was formed that no information gained on participants, in the course of the research will be available to Otago Polytechnic. Whilst it was considered unlikely, it was possible, that participants might divulge information that should not be held confidentially. Two levels of response were envisaged. Firstly, should an issue arise, participants would be reminded of their professional ethical responsibility to act to ensure access to adequate supervision and to address unsafe or unethical practice. The avenues available to them for this would be identified for them, that is through their employer, professional association, the Occupational Therapy Board and or the Health and Disability Commissioner. A list of contact details would be provided as appropriate (see Appendix 5). Secondly, the researcher would need to report issues of immediate danger to the public, as part of her normal professional responsibilities; this would be done through the normal professional channels listed above. In the event, this sequence of actions did not need to be evoked.

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Finally no identifying details will be used in any publications or presentations associated with this research. Recordings of interviews and written data will be destroyed at the completion of the research with a computer disc of the transcripts, and consent forms being held in a secure place for ten years before being destroyed.

### **About the participants**

Supervisees and supervisors willing to participate in the research were asked to provide a range of demographic details. The research had eleven participants, all female, all occupational therapists involved in supervision. The information collected about the participants is displayed in two ways. Firstly, basic information is provided in Table 3:1. Highlights of this table indicates that nine of the participants agreed to be interviewed about being a supervisee and five about being a supervisor, with three therefore being interviewed about both aspects of supervision. Participants had been receiving supervision from nine months to twenty-two years. They had had a variety of supervisee experiences of supervision with four reports of poor supervision, five of average supervision and a further four of excellent supervision. The supervisors in the study had been offering supervision ranging from three to thirty years.

As occupational therapy in New Zealand is a small, close profession in which many therapists know each other there was a risk that if all the participant's details and characteristics were disclosed that some of the participants would be recognisable. To eliminate the risk a limited range of data is presented in Table 3:1. The remainder of the information collected has not been assigned to individual participants but is now summarised.

Participants in the study identified as having worked in a range of geographical locations, over the span of their careers. Those areas identified were Northland, Auckland, Canterbury and Otago. They work or have worked in a variety of setting where they have been either a supervisee or supervisor, with some participants having worked in a number of the settings. These settings are broadly identified as hospitals, community rehabilitation, mental health day programmes, education (schools), private practiced (ACC focused), private residential care facilities, brain injury rehabilitation and mental health. When asked to identify a model under which their supervision occurs, one supervisee identified the process model; no other supervisees identified a specific model. Supervisors identified that they worked under the following models process, alliance and tapes models. The information collected through the participant information form was useful in assisting the researcher implemented theoretical sampling.

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<b>Participants</b>	<b>Abby</b>	<b>Bethany</b>	<b>Catriona</b>	<b>Debbie</b>	<b>Ella</b>	<b>Frances</b>	<b>Georgia</b>	<b>Hattie</b>	<b>Isla</b>	<b>Jude</b>	<b>Kerry</b>
<b>Age</b>	40-50	20-25	50+	30-40	30-40	20-25	50+	40-50	50+	25-30	40-50
<b>Year graduated</b>	1981	2003	1960	1995	1995	2002	1969	1982	1963	2000	2002
<b>Supervisee Information</b>											
Years received supervision	22 yrs	6mths	-	1 year	8 yrs	9 mths	-	1 year	17 yrs	4 yrs	2 yrs
No. supervisors	7	1	-	1	3	1	-	2	6	4	1
Time without supervision	yes	no	-	yes	yes	yes	-	yes	yes	yes	no
Frequency of current supervision	monthly	fort/mthly	-	monthly	monthly	weekly	-	4-6 wkly	fortnightly	weekly & mthly	monthly
Training received in supervision	yes	unsure	-	yes	yes	no	-	no	yes	no	no
Self rating of supervision received		average	-	excellent	average poor	poor	-	average	Excellent Average poor	Excellent Average poor	Excellent
<b>Supervisor Information</b>											
Years supervising	14	-	10	-	3	-	30	-	14	-	-
No. of people currently supervising	10	-	8	-	3	-	7	-	5	-	-
Specific training in supervision	yes	-	yes	-	yes	-	yes	-	yes	-	-

**Table 3.1**  
**Participants details and characteristics**

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## Theoretical sampling

Grounded theory researchers begin by selecting participants who have experienced the action or process, in this case supervision. The researcher uses theoretical sampling, choosing the participants based on their likely ability to contribute to the evolving theory (Creswell, 1998, Glaser & Strauss, 1967). Grounded theory process asks that the researcher collects codes and analyses the data as the research occurs. During this process the researcher decides what data to collect next and where to find it, this process is called theoretical sampling. Undertaking this process helps to develop the theory as it emerges and results in the emerging theory controlling data collection. At times the researcher may be looking for comparisons, for different points of view, and for opportunities to maximise difference for elaboration of the theory (Glaser & Strauss).

In this instance the general call for participants resulted in a variety of participants with a range of experiences to start exploring supervision. The data quickly began to dictate who should be interviewed next. Following the issues arising from the data assisted comparison of the data already gathered. It also increased the properties of the categories, and assisted the researcher to see how categories related to each other. For example after transcribing the interview of a participant new to occupational therapy I needed to interview someone else in a similar position to clarify the emerging conditions that brought participants to supervision. At a later point the general advertisement for participants was altered to encourage people who had experienced supervision whilst working in a mental health setting, and who were from areas other than Auckland, or who were returning to the work force to volunteer to be participants. I was concerned that most of the participants to that point had or were working in physical health and it was felt that people working in mental health might bring another perspective, or dimensions to the research. One type of supervisee, the person returning to the workforce, had not been interviewed and it was felt this type of person may enhance the categories or properties by greater diversity. These subsequent interviews especially those with people who had worked in mental health did bring different perspectives to the study.

Qualitative researchers work to achieve theoretical saturation meaning “that no additional data are being found whereby the sociologist can develop properties of the category” (Glaser & Strauss, 1967, p. 61). There were limitations of size and time on this study. However it was clear that in some areas saturation was beginning to be reached. This was reinforced with the final interview providing little new information. I also wondered whether a second interview of participants would add to the study and

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so a second interview with one participant was conducted. The data when analysed indicated little additional information. It did however reassure me that the first interview had been comprehensive.

### **Data collection**

This section will review the data collection process using Glaser's grounded theory methodology (1978 & 1998). Some examples will be given throughout the explanation and a code will be taken through the process at the end of the section. Initially data is collected based only on a sociological perspective and a subject or problem area (Glaser & Strauss 1967). It is important that there is no predetermined theoretical framework, and that researchers do not have a preconceived or pet theory. This enables researchers to ensure they maintain theoretical sensitivity, that is, being sensitive to the actual data being collected (Glaser, 1978). In this research into supervision I was careful to limit exploration of the literature until the interviews started and concepts began to emerge. The emerging data dictated the need for exploration of issues of power, both in understanding the concepts of power but also in specific relation to supervision. It also identified the need to clarify the difference between supervision and performance management.

Data was collected by semi-structured interviews. Ten participants were interviewed once with one participant being interviewed twice. The audio taped first interviews lasted from 50 minutes to 80 minutes, with the second interview only being 20 minutes in duration. The interviews commenced by asking participants what supervision is. They were then loosely structured in exploring the process of supervision and the supervisory relationship. As categories and their properties emerged the questions became more focused (Glaser, 2000).

Coding is the essential link between the data collected and theory generation. A theory is generated as the relationship between the codes is explored. Glaser and Strauss originally described two types of codes; substantive and theoretical. Substantive codes are made up of open coding and selective coding (Glaser, 1978) and "are the categories and properties of the theory which images the substantive area researched" (Glaser, 2000, p. 163). Open coding is where the researcher codes the data in as many ways as possible, analysing line by line. Within open coding, verification, correction and saturation of the data occurs (Glaser, 1978).

Glaser (1978) describes rules for open coding. Firstly the researcher must ask questions related to the data "what is the data a study of... what categories does this

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incident indicate....what is actually happening in the data” (p. 57). This constant coding line by line is intended to ensure that the data is not forced and helps ensure verification and saturation of the data. It is important that the researcher does his/her own coding. Memoing occurs hand and hand with coding to ensure that ideas and thoughts are not lost. The resultant analysis gives direction to the theoretical sampling, it is important to remember that throughout the process the researcher should be careful to stay within the boundaries of the substantive area being studied. Furthermore, the relevance of face data such as age, sex, social class etc should not be assumed until it emerges from the data. (Glaser).

As the open coding develops the researcher should find that all the data is an indicator of some category in the analysis. An indicator can be a property, dimension, sub category or characteristic of the category. (Glaser, 2000). Open coding together with constant comparison analysis gives direction to the theoretical sampling that occurs within the research. (Glaser, 1978 & 2000).

Selective coding then begins it is a delimiting process; delimiting the theory to one core variable, which is usually a basic social process or a condition (Glaser, 2000). “to selectively code for a core variable then means that the analyst delimits his coding to only those variables that relate to the core variable in sufficiently significant ways to be used in a parsimonious theory” (Glaser, 1978, p. 61). The core variable then becomes a guide to ongoing data collection and the direction of the theoretical sampling, the researcher then looks for the conditions, consequences etc that relate to the core process. This is the process of theoretical coding (Glaser, 2000).

The process of generating a code in grounded theory is based on a concept indicator model. This is, indicators are constantly compared to each other until a conceptual code and the properties of it begin to emerge. As the data collection continues “the code is sharpened to achieve best fit, further properties are generated until the code is verified and saturated”. (Glaser, 1978, p. 62).

There are two types of categories that can emerge during these processes, in vivo codes and sociological constructs. In vivo codes are the words that come directly from the participants for example in this case the sub category *searching for ideas* arose directly from a quote in Bethany’s transcript. When asked what other types of things she took to supervision she replied “*Searching for ideas* about interventions...” {Bethany 1: 10}. Glaser (1978) states “In vivo codes tend to be the behaviour or processes that explain how the basic problem is resolved or processed” (p. 70). They

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often indicate theoretical codes. On the other hand sociological constructs are codes that come from researchers, as a result of their knowledge of the substantive field. They are seen to add more “sociological meaning to the analysis than *in vivo* code... by going beyond local meaning to broader sociological concerns” (p. 70), for example in this study the category *becoming an occupational therapist*. There are usually significantly more *in vivo* codes than sociological constructs with the constructs being “the core or close to the core variable (p. 71). Research generally contains 10-15 codes in total (Glaser).

Theoretical coding involves the use of coding families to help describe the phenomena. Theoretical codes show relationships between codes and build to theory generation (Glaser, 1978). Glaser listed 18 types of theoretical coding families, naming 18 types of families. The most commonly used being “the Six C’s - Causes, Contexts, Contingencies, Consequences, Covariances and Conditions...Most studies either fit a causal model, a consequence model or a condition model ” (p. 74). Similar concepts are used in the conditional/consequential matrix described by Strauss and Corbin (1998) which they suggest helps develop a conceptual model or theory related to the data and is thus useful to beginner researchers. This study will use this matrix.

The following quote is used as an example of the process of data analysis.

I think as a new grad in the early stages I needed the answers because otherwise I would have no idea where to look. But maybe I need to be thinking about it, coming up with answers. [Bethany 1: 25]

Line by line coding resulted in the initial codes of ‘being new’, ‘gaining solutions’, ‘needing to look’, ‘not knowing’ and ‘taking time’. When these were joined with and compared to the other codes being generated this data became properties of ‘looking for ideas’ and ‘needing to know’. Using concept indicators this was sharpened to *searching for ideas* and *getting to grips* and this became a subcategory of *Being an occupational therapist* as a causal condition which brought supervisees to supervision.

Selective coding saw the emergence of the core variable or central category **participating in supervision**. This went through a number of changes from ‘readiness to participate’ to ‘expectant participation’ before settling to **participating in supervision**. This resulted in reviews of the properties and dimensions and the related category relationships. As the core category emerged a conditional/sequential matrix was used to clarify and develop a conceptual model of the findings. The findings chapters four, five and six reveal the outcome of this process.

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## **Rigour and validity**

It is important to ensure readers of the study will recognise the quality and worth of the study. It is therefore important that the readers are able to trust and believe in the findings. To do this the study must have rigour and show that it can be trusted (Silverman, 2001).

In selecting Glaser's method of doing grounded theory it is important to acknowledge his belief that if grounded theory is well done it justifies itself (Glaser, 2000). He describes workability, relevance, fit and modifiability as the four criteria for "judging and doing grounded theory" (p. 19). Workability is about whether the theory explains the major behaviours and concerns of the participants, and relevance is ensuring that the theory "deals with the main concern of the participants" (p. 18). In grounded theory fit is seen as synonymous with validity. As the data is gathered and analysed fit is continually challenged by constant comparative analysis. When considering fit the researcher has to consider whether the concept adequately expresses the emerging data. Lastly the theory must always be able to be modified as new data is collected and compared. All data must be considered there is no right or wrong (Glaser).

A review of the qualitative literature shows that Glaser's criteria for judging grounded theory are covered in the literature on qualitative research but are described using different terminology (Creswell 1998; Depoy & Gitlin, 1998; Krefting, 1991; Silverman, 2001). It was decided to use the more standard terminology as this was more widely accepted and its use is familiar when describing the factors that need to be considered when designing and implement a research project that is sound, and will stand up to scrutiny.

A review of the qualitative research literature shows that fit as described by Glaser (2000) or validity as most commonly referred to in the literature is a key concern when designing qualitative research (Depoy & Gitlin, 1998; Silvermann, 2000). It is important for the researcher to satisfy the question how will the reader know that the findings of the study and that the conclusions drawn are valid? (Maxwell, 2005).

Maxwell (2005) identifies two major threats to validity, researcher bias and reactivity.. Maxwell acknowledges that researcher bias can not be eliminated but rather possible biases need to be explained and strategies developed for dealing with them. Prior to this study commencing and in order to bring to notice the bias that did exist in my understandings of supervision I wrote down my understandings and position on supervision. This has been summarised in the introduction and overview to this study.

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This highlights my varying experiences and the perspectives from which I have viewed supervision. It ends by acknowledging my mixed views and thoughts on supervision as the reason for exploring this subject. On the surface my views appeared to take a position of fence sitting or swaying and to thus to not have strong views either for or against supervision. However care was taken not to assume or rely on this continuing. Maxwell notes that researchers can get caught on an idea or issue raising it to a position that is not warranted by the data. To address possible bias regular robust discussions were held with my supervisor on the data as it was collected and analysed. Constant comparative analysis and theoretical sampling helped ensuring that the data was viewed from a range of perspectives and that the different properties and dimensions were acknowledged. It was important that the voice of the participants was heard rather than my own. Clear audit trails exist with interviews being recorded, transcribed and analysed making a visual record of the process and enabling concepts to be traced back to their origins. At times my thinking and analysis was written in the form of memos.

I needed to acknowledge that I may have some influence on the participants, often called reactivity or reflexivity (Maxwell, 2005; Patton, 2002; Silverman, 2001) as I am part of the world in which I was investigating. To address this it was important to firstly to ensure that anyone who was or had been in dependent relationship with me were made ineligible to participate in this study. This included people I had supervised in the past and current students. I worked to distance my research being seen as part of my current employment – by using my home phone number and email, providing toll free contact. The interviews were semi- structured giving a general direction for the discussion but allowing the interviewee to take the interview to those things that were important for them. In the interview I worked to avoid leading questions and to clarify what the interviewee was saying, to ensure I understood the points they were making and the importance they perceived them to have (see Appendix 6).

Maxwell (2005) outlines a number of ways to help eliminate validity threats. Those that are relevant to this study will now be explored. However it is important as Maxwell points out to note the fallibility of any method.

Firstly he discusses the importance of collecting rich data. This is about ensuring that the interviews are intensive and that the information collected is detailed and varied. Grounded theory due to its structure and methodology particularly the use of constant comparative analysis helps ensure rich data. Secondly Maxwell states that there should be respondent validation often referred to as member checks (Depoy & Gitlin,

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1998; Krefting, 1991; Patton, 2002). Member checking allows misunderstandings to be corrected and helps the researcher avoid bias. In this study member checking was undertaken in a number of ways. Within the interviews I was careful to clarify my understanding of what participants were saying by asking them to go over concepts that they talked of, and going back later in the interview to check what they had said previously with what they were now saying. One second interview was conducted and this allowed me to discuss previous understandings. The preliminary findings of the study were presented at the biannual Occupational Therapy Conference two of the participants were at the presentation. Discussions with them after the presentation gave the researcher confirmation that they could hear their voices in the data, and that what they heard fitted with their experiences. When asked they could not identify any obvious discrepancies. They were interested to note that others clearly had similar experiences to their own.

Peer checking or peer debriefing was a regular part of the process of data analysis. This involves the use of others to affirm the data analysis (Depoy & Gitlin, 1998). Discussions on the data and analysis were ongoing with my supervisor. When the findings were completed they were sent to an experienced occupational therapist who had not been part of the study but who had extensive experience in giving and receiving supervision. She reported that on the basis of her experience the findings were credible and not unexpected. She expressed surprise that more supervisors hadn't identified supervision of their supervision as a way to gain training and skills in supervision. I reviewed the data and was able to confirm that only one supervisor had identified this.

Thirdly Maxwell (2005) states "identifying and analysing discrepant data and negative cases is a key part of the logic of validity testing in qualitative research" (p. 112). This is well addressed in grounded theory methodology. Coding, constant comparative analysis, identification of properties and dimensions of concepts all benefit from having discrepant evidence and negative cases to test, they enhance and give depth to the findings. Theoretical sampling likewise encourages the use of diversity for clarification and development of categories and subcategories.

Maxwell then highlights the importance of triangulation he states "this strategy reduces the risk of chance associations and of systematic biases" (p. 112) This study through theoretical sampling was able to draw on participants who had had variety of experiences. This included them having: worked in different settings, being of different ages, having had varying amounts of time in the profession, time in supervision and/or

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providing supervision. Theoretical triangulation is integral to grounded theory when the core variable emerges. During this process there is the need to test the fit of codes, and their properties or dimensions to the now refocused data.

Finally Maxwell recommends comparison. As stated earlier this was achieved in this study through the selection of participants. This involved not only looking at their current employment and supervision status but drawing on their experience of supervision across time.

Maxwell (2005) sees generalization as internal generalizability which looks at the generalizability within the group, and external generalizability as the findings that could be applied to other settings. In this study participants had experiences that were similar and that were different. The core category of **participating in supervision** accounted for these variations. For example the juxtaposed positions of *building trust* in supervision and that of *guarding*. This study appears to have some face generalizability where there is “no obvious reason not to believe that the results apply more generally” (p. 115). This is supported by the similarities in some of these findings with previous research; however as Maxwell notes care is still needed.

The chapter has introduced qualitative research and grounded theory as the specific methodology for this study. The basis of grounded theory symbolic interactionism has been discussed. The methodology for the study has been outlined issues such as participant selection, theoretical sampling, data collection, and rigour and validity have been addressed. Chapters four, five and six will be devoted to the findings.

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## CHAPTER FOUR: FINDINGS – DEFINING SUPERVISION

The next three chapters are a presentation of the findings of the study. The discussion has been divided into two parts.

Initially, the way participants in the study defined supervision will be discussed. These findings give a platform to the study from which the exploration of the phenomenon of supervision can truly begin. As explained in the methodology chapter, how the participants would define supervision seemed to be a critical starting point for the study, given the lack of conceptual clarity in the literature. It was felt that the words they would use would reveal their current ways of thinking about supervision.

Chapter five and six will present a conceptual model of the findings using a conditional/consequential matrix (Strauss & Corbin, 1998). It describes the core variable **participating in supervision**. Chapter five commences with the reasons that bring occupational therapists to supervision, the causal condition and moves on to describe the phenomena that emerge. It highlights the significance of contextual factors in supervision. Chapter six then considers the strategies participants use and the influences on those strategies of the intervening conditions. Finally it presents the consequences of participation in supervision.

The participants' voices will be heard in quotes used to support the emergence of categories and sub categories and illustrate their meaning. Each quote will be identified by the pseudonym given to the participant. The source of the quotes will firstly be identified by the pseudonym, then the number of the interview, followed by the number of the section of the interview from which the quote arises, for example [Georgia 1: 27]. At times my own thinking will be shown when quotes from memos are used to demonstrate the development and analysis of the data. This will be indicated in the same way [Researcher: 8].

I began the interviews by asking participants to define supervision in their own words. My reasoning was that this platform would give a starting point to discover how they conceptualised the nature and process of supervision. I did this because I expected that each participant's understanding might be different, and that this could potentially be different from my own understanding of supervision, and in the knowledge that it was a complex process. My thinking was that participants' 'top of mind' definitions would reveal their reality and understanding, and from there we could explore further. It is therefore these 'top of mind' definitions that are explored in this chapter.

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One thing that quickly became evident in the interviews and during coding was that as therapists, the participants in this study commonly used the jargon of the health professions. They talked about supervision itself from their experiences of being supervised or providing supervision in language that was closely aligned with the professional literature. Examples of these words and phrases are “reflecting on practice”, “boundaries”, “transference”, “team dynamics”, although at times the jargon would be clarified with less complex statements or lay terminology e.g. “...reflecting on practice, (pause) what I am doing” [Bethany 1:1]. The codes and categories that came out of the data inevitably reflect this.

In one sense, this left me nervous. As a researcher informed by grounded theory, I understood that categories and codes should arise from the data (Glaser, 1967) and preferably capture participants’ words, yet the language they used was the language of the literature. I had the sense my analysis had not reached sufficient depth, and broached this issue with my supervisor. Over lengthy discussion, and after returning to the data itself, we concluded that although the categories and codes were consistent with the supervision literature, they did accurately reflect participants’ reality. This is particularly so within this chapter as participants voiced their definitions of supervision.

The first section of this chapter presents the conceptual categories that emerged in **defining supervision**. One of the features of this discussion is that the illustrative quotes are frequently brief; participants for the most part, as one could expect when asked to define a concept, presented their ideas without elaboration. Another feature was the level of consistency between participants. To show this two or three illustrative quotes are often given.

### **What is supervision?**

Four conceptual categories emerged in defining supervision; the *activities* of supervision, the *supervisory relationship*, the *purpose* of supervision and the *structural parameters* in which supervision occurs.

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**Table 4.1**  
**Defining supervision**

Categories	Subcategories
Activities	Raising issues Talking through problems: generating solutions
Supervisory relationship	Mentoring Supportive and trusting
Purpose	Keeping safe Reflecting on practice Provision of knowledge: professional development
Structural parameters	Contracted Accountability

This chapter will explore the data related to each of these categories commencing with the *activities* of supervision.

### **The activities of supervision**

In defining supervision the participants recognised supervision as a set of *activities* that occurred, rather than theoretical concepts. There was no acknowledgement of theoretical frameworks informing the practice or process of supervision. Rather participants leapt into detailing the parts of supervision.

In describing *activities* they tell of an environment of expectation, an expectation of things happening or being done. The *activities* that were important in supervision were those of *raising issues*, and *talking through problems: generating solutions*. For all of the *activities* of supervision, participants described using the medium of dialogue (chatting, talking or discussing) as a means of exploring a subject or gaining resolution of a problem.

The first subcategory *raising issues* occurred in relation to oneself as a person and as a therapist, to one's interactions and interventions with clients, and in relation to the organisation in which they worked.

**Table 4.2**  
**Activities**

Categories	Subcategories
Activities	Raising Issues Talking through problems: generating solutions

Raising issues was significant in the process of supervision, in that it defined a starting point from which things could happen.

I see supervision as a chance to get questions answered, to clarify specific things like how to go about doing something that perhaps I don't have the knowledge how to do, or a chance to discuss any issues that might be of concern to me, either related to elements of my practice or perhaps difficult situations I've been in that have caused an unusual emotional response in myself or the patient I am working with – or it might be around issues of conflict with staff members. [Ella 1:1]

*Raising issues* for participants often involved the process of bringing things to supervision to be looked at; whether it was looking at their own skills and limitations, or conflicts within their work, or exploring their role as an occupational therapist within their particular setting.

I see supervision as being professional supervision and clinical supervision. Professional supervision for me is more the professional aspects of my job so that's more around stress management, time management, looking at issues around boundaries, transference issues, sort of mental health maintenance... looking at my caseload and how I manage that, issues that come up as a result of that, issues that come up around team dynamics or relationships, communication. And the other side of supervision that I would see would be more around what I would do as an occupational therapist and my role, so occupational therapy processes, occupational therapy assessments, how I work as an occupational therapist in my particular setting, and how I provide that service to my clients. And I guess brainstorming ideas, talking about issues as they come up, just reviewing cases, getting feedback. [Jude 1: 1]

While the data collected from other participants in the study were in general agreement with this participant's summary, she was the only participant who categorised supervision into two different types. As noted previously, while they may have used the language of the literature the participants did not refer to any of the frameworks,



approaches or models of supervision described in the literature. Once issues were raised or brought to be looked at, a central activity of supervision was *talking through possibilities: generating solutions*.

### ***Talking through possibilities: generating solutions***

Participants talked a lot about supervision providing a means of problem solving. However it was not about providing answers so much as a way of *talking through possibilities*, which was described as enabling the *generation of solutions*. Supervisees wanted the locus of control to be theirs, by allowing them to decide which of the possibilities or potential solutions to use.

It is ...problem solving out loud where to go to next. [Bethany 1: 1]

It's about helping the person do their own problem solving. It is not necessarily giving people answers. It is about helping them to find the best way to work through their own issues. [Georgia 1: 1]

Someone who is there to provide suggestions that I may or may not choose to take up, how I might do something differently or access different information. [Debbie 1: 1]

To almost all participants it was important that supervision enabled the supervisee to decide what actions they might take once *talking through possibilities* and *generation of solutions* had occurred. It was clear that they did not want to be told what to do or have an answer imposed on them for implementation. They wanted to retain the right to their own clinical decision-making. How well the supervisees would utilise the *activities* of supervision: *raising issues*, and *talking through possibilities: generating solutions*, was dependent on the nature of the *supervision relationship*.

### **The supervisory relationship**

Participants were clear that the relationship between supervisor and supervisee is a central feature of supervision. They all described supervision as a one to one relationship, in effect describing the mode of supervision in which they were currently. Interestingly, they did not consider in their definitions the possibility of supervision occurring as peer or group supervision. The nature of the relationship they described was one of *mentoring*, in a relationship that was *supportive and trusting*. The words the participants used in relation to the supervisor were words that reflected a person who was a confidant, who was non-judgemental, caring and supportive, almost friendly.

**Table 4.3**  
**The supervisory relationship**

Categories	Subcategories
Supervisory relationship	Mentoring Supportive and trusting

### ***Mentoring***

The participants saw that a *mentoring* relationship was one that may not evolve quickly, but certainly as one that they would grow into, as it developed over time.

A role of a coach, a mentor eventually. [Georgia 1: 1]

It seemed that a supervisor might start as something akin to a coach, and grow over time to something that was better - a mentor. When participants described the other person within the relationship, the term they used most frequently was mentor. Being a mentor is generally described by a number of roles; those akin to being an advisor, guide, guru, counsellor, coach or teacher.

For the participants, having a mentor appeared synonymous with being in a relationship that was nurturing. The participants stated:

It's basically a relationship between two people, one being a mentor and the other being someone wanting to improve. [Ella 1:1]

It's a mentoring relationship ...quite informal, just someone who is a sounding block a lot of the time for issues that I may have. [Debbie 1:1]

Participants' use of the term mentor is an interesting one, especially given that it does not indicate the relationship being one of line supervision where they have accountability to the person from whom they receive supervision. There is no biting edge to *mentoring*. In their definitions of supervision, participants appear to be describing how they think the relationship should be rather than how it is. As will be seen later, in the findings in chapter five, the issues of power in these relationships had a consequence on the relationship itself. In framing supervision as a *mentoring* relationship, participants are indicating an expectation that the relationship will be *supportive and trusting*.

### ***Supportive and trusting***

Implicit within the idea that supervisory relationships will be *supportive and trusting*, is the notion that this relationship is non-judgemental, encouraging and caring. It assumes that the supervisor involved is someone who is able to give guidance and in some instances is perceived by the supervisee as having more knowledge than them in relation to their practice area. It was clear that they wanted this relationship to be with someone who they respected. The features the participants highlight about their beliefs about the supervisory relationship appear to be those that allow them to feel safe about disclosure when *raising issues* that involve challenges, concerns and conflicts.

It's time out for an employee where they can be with a person who they would trust [who has] a degree of knowledge and skill, whereby [the supervisee] can express themselves, their concerns, their abilities. An open ended process of caring. [Catriona 1:1]

Supervision is when you have issues within your practice that you need to discuss with someone or if you need support. A lot of things we do can be emotionally draining or they can be quite scary especially when you are a new graduate. [Fran 1:1]

Sometimes we would just talk about individual clients or different issues at work and there was more support I think, I would say support. [Hattie 1:1]

Just as *raising issues* was a starting point to the supervisory process, getting the relationship right in terms of it being *supportive and trusting* appears significant in both the participation of supervisees in supervision and its potential outcome. It is interesting that almost all participants, when defining supervision, did not include the evaluative, oversight element commonly described in literature as being associated with supervision.

### **The purpose of supervision**

In defining supervision participants gave reasons for why it is a part of the practice of occupational therapists. Three key sub categories emerged in relation to the *purpose of supervision*. Paramount amongst these was that supervision is a means for *keeping safe* within the workplace. It is a process that supervisees felt gave them protection and enabled them to discuss situations where they saw themselves at risk. Importantly, it was an opportunity for *reflecting on practice* issues. One notable feature of the data was that new graduates and those new to a practice area commented on the role

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supervision played in the *provision of knowledge*. Those more established in their work areas valued supervision as an opportunity for professional development.

**Table 4.4**  
**Purpose of supervision**

Categories	Subcategories
Purpose	Keeping safe Reflection on practice Provision of knowledge

### ***Keeping safe***

The supervisees in the study clearly saw that the positions and roles that they held in the work place could potentially lead them to have their skills and decisions questioned. They believed that they could inadvertently be putting themselves in potentially unsafe situations or situations that resulted in their competence being queried.

It's a protective device for me to keep myself up to speed with other things that may be going on, especially that are just outside the main work that I am doing, or that may influence work. I don't want to get too narrow and not have input from other parties – in the type of work I'm doing. [Supervision] is to keep me safe ethically so it provides me with an outlet to discuss ethical issues that I might have and to get some feedback about. [Ella 1:1]

The participants saw supervision as a process for *keeping safe*. Kerry describes it as “a safety valve, an opportunity to discuss stressful situations” [Kerry 1:1]. For others it provided an opportunity to express concerns and to receive advice, feedback and support that would protect them from this risk. *Keeping safe* necessitated having someone to help supervisees in knowing that what they were doing was acceptable and current practice. *Keeping safe* was strengthened by participants engaging in *reflecting on practice*.

### ***Reflecting on practice***

Participants frequently commented on one of the *purposes* of supervision as being an opportunity for *reflecting on practice*. This occurred in association to clients, peers and the organisation in which they worked, as well as in relation to different contexts of practice. *Reflecting on practice* involved looking at what they did in practice and how

they did it. It also explored the impact of them as a therapist on what they were doing. Supervision provided the time to take out and examine specific parts of their practice.

It is an opportunity for supervisees to look over or reflect on the work that they are doing for an organisation with clients. It is a place to look at oneself as a practitioner and to look at the work that one does and reflect on it, develop from it and gain insights and question. [Abby 1:1]

It's about professional development, reflecting on practice – what I am doing. [Bethany 1:1)

Within the task of *reflecting on practice* participants, and more frequently, more experienced participants appeared to be seeing supervision as an opportunity to raise and develop their self-awareness about their own practice. They valued feedback as one of the steps towards achieving this.

### ***Provision of knowledge***

For some participants a crucial *purpose* of supervision was being given the knowledge that they needed to be able to do the work that they were currently involved in. This was a concept particularly expressed particularly by new graduates as they first settled into a job, as well as by participants who had recently taken on a new role.

Participants in this situation made statements such as:

I see supervision as a chance to get questions answered, to clarify specific things like how to go about doing something that I perhaps don't have the knowledge how to do. [Ella 1:1]

Participants with greater experience, or who felt confident in their role rarely expressed these sentiments. For them supervision was about seeking to improve by gaining additional knowledge to help them to solve their own problems. Furthermore it was a chance to hear a different perspective and consider it in relation to their current knowledge. Supervision offered an opportunity to weigh up these different perspectives and consider whether their practice or actions needed to change.

[Supervision is where] someone wants to improve, professional development and perhaps personal development. [Hattie 1:1]

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Comments such as “its about talking to someone more experienced than you” [Bethany 1: 1] or “a more mature or more senior person... whereby you can discuss a whole range of issues” [Kerry 1:1] also suggest that this process of gaining knowledge, for some, relied on them having a supervisor that they perceived to be more experienced than them in the area in which they worked.

### Parameters of supervision

*Parameters* of supervision were not mentioned by all participants. Those that did mention them did so briefly. Yet when the comments occurred they appeared to be highly significant. They were often a participant’s introductory statements, which gave a sense that, the subcategories of *accountability* and *contracted* are important.

**Table 4.5**  
**Parameters of supervision**

Categories	Subcategories
Parameters of supervision	Accountability Contracted

### *Accountability*

Bethany, when asked about supervision described its function as “for accountability” [Bethany 1:1]. *Accountability* indicates a relationship that has a degree of answerability, or being called to account. With it comes a sense of needing to take responsibility for one’s own actions. *Accountability* introduces the possibility of therapists being held liable for and/or the attribution of blame. Along with accountability came the need for evaluation, the need to measure up against others or against set criteria for practice.

It’s about getting an idea of how the person is practicing...to give them some guidelines as to what is accepted practice. [Georgia 1:1)

However there clearly appeared to be two opposing views on *accountability*, those in the minority who cited or alluded to it and those who choose not to cite it. There was a tendency for those who did not cite it to instead put emphasis on supervision as a *supportive and trusting* process. Importantly for these participants, supervision seems to be a process that is directed at providing opportunities, learning and feedback that could ensure that others would view their practise positively, enabling them to have the skills to give a good account for their actions.

***Contracted***

One participant emphasised the contractual nature of the supervisory relationship. This implies that there is an agreement about what will happen in the supervision, constituting a commitment or promise being made between the supervisor, and supervisee about the nature of the supervision relationship.

[Supervision is] a contractual relationship whereby two people one who is a supervisor and the other the supervisee, get together. [Abby 1:1]

A contract usually brings with it the concepts that the parties to the contract will work together in firstly setting up the contract through negotiation until the parties are happy. Secondly, once it is agreed that they are then bound together to follow the rules, boundaries, intents and directions of that contract. Finally it implies that the *contracted* agreement can be enforced.

In summary, participants defined supervision firstly as a set of *activities* involving *raising issues*, which then allowed for *talking through problems* and *generating solutions*. The supervisory relationship was important to participants because it encouraged the *raising of issues*. They believed that the relationship should be one of *mentoring* and that it should be *supportive and trusting*. For participants, supervision needed a *purpose* and utmost in their thoughts was the role it could play in their *keeping safe* within the many relationships and contexts in which they worked. The opportunities for *keeping safe* were enhanced by *reflecting on practice* and/or the *provision of knowledge*. For new graduates and those who had recently changed the focus of their work, *provision of knowledge* was helpful and at times a crucial component of supervision. For some participants supervision needed a framework to be effective. They also saw supervision as providing a place for *accountability*. Finally, having a *contracted* relationship was seen to strengthen supervision. As they spoke it was clear that all the participants had expectations of supervision. Chapter five and six will now build on this base of understanding of supervision through the core variable **participation in supervision**.

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## CHAPTER FIVE: PARTICIPATING IN SUPERVISION: CAUSE TO CONTEXT

This chapter, as will chapter six continues to present the findings of the study. Chapter four reported on participants' top of mind definitions of supervision, gained in a question asked at the beginning of each participant's interview. Their definitions of supervision provided the platform for the exploration of their experiences of receiving and providing supervision. It is from this much larger body of data, that a core category of **participating in supervision** emerged. It is this core concept that will be described and examined in the next two chapters.

As with chapter four, the findings for these next two chapters emerged primarily from the data collected from participants, with some supplementation by understandings drawn from the researcher's analytic memos. As discussed earlier these chapters are structured using the conditional/consequential matrix (Strauss & Corbin, 1998). The diagrammatic framework allows readers to see the interactions between the various categories and subcategories within the contexts and conditions in which they exist.

### **Participating in supervision**

The central category that came to represent the experiences of the participants was **participating in supervision**. Participating refers to the taking part in or sharing in an activity or task. In this case the core category **participating in supervision** was about being involved and engaged in the process of supervision. The term supervision is used here in a global sense, to indicate the provision of, or being in receipt of supervision. This encompasses all the various ways that supervision happens in New Zealand, and with all the organisational and theoretical complexities revealed in the literature review.

**Participating in supervision** provides an explanation of what occurs within supervision. This chapter explores how participating in supervision comes about and the influences on this process. It begins by describing the causal conditions that lead to **participating in supervision**, the categories of *being an occupational therapist*, and *becoming an occupational therapist*. The phenomenon that emerged from these causal conditions *growth* is then examined. The chapter goes on to examine the contextual issues surrounding the process of supervision; *structuring for supervision* and *the power relationship*, which influenced the strategies participants used as they participated in supervision. Chapter six the final findings chapter will complete the

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process, presenting the intervening conditions that influence the process and the strategies people bring to or develop towards supervision. It concludes by describing the consequences for supervisees and supervisors of participating in supervision. Table 5.1 provides a detailed overview of participating in supervision with Figure 5.1 showing this pictorially.

**Table 5.1**  
**Participating in supervision**

<b>Paradigm</b>	<b>Category</b>	<b>Subcategory</b>
<b>Causal Condition</b>	Being an occupational therapist	Doing ok Searching for ideas Getting to grips
	Becoming an occupational therapist	Gaining a wider perspective Me as a therapist
<b>Phenomenon</b>	Growth	Expectations Doing things differently Being a better therapist
<b>Context</b>	Structuring for supervision	Training Having a contract
	The power relationship	Being seen in a good light Conflicting Interests Power over Power to
<b>Intervening Condition</b>	Pitching it right	Preparing Building on strengths Challenging
	Finding other ways	Using others Accessing resources
<b>Strategies</b>	Building trust	Feeling comfortable Respect
	Guarding	Protecting Not making time
<b>Consequences</b>	Making the most	A safe place Being affirmed Having insights Feeling inspired
	Fighting shy	Avoidance Frustration

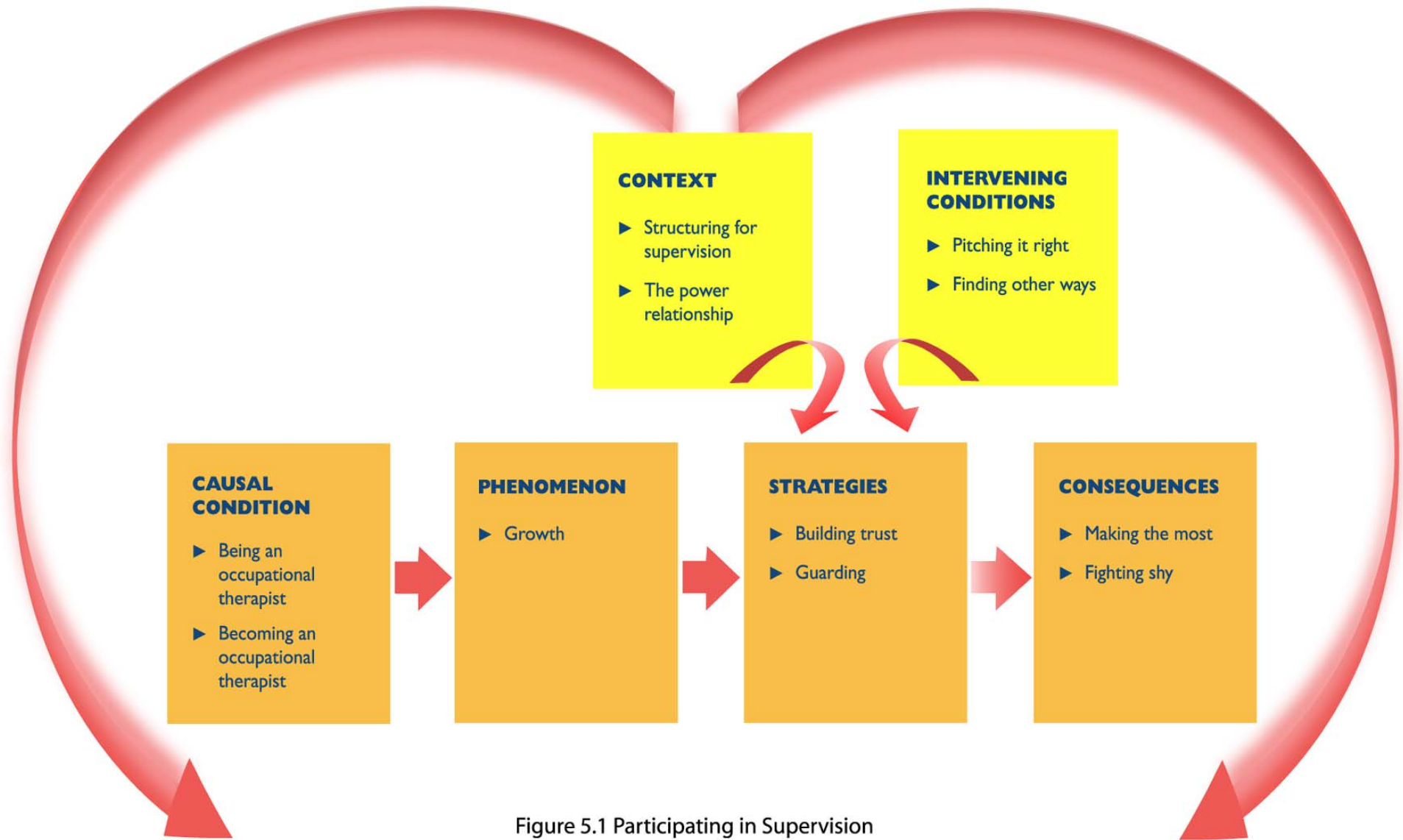


Figure 5.1 Participating in Supervision

Under each section heading throughout the chapter a table will highlight the related categories and subcategories that will be presented in that section. This will be followed by in-depth discussion of the properties and links that arise from them. For ease of reading, and quick identification, the core variable will be identified in bold and the categories and subcategories will appear in italics.

### **Causal conditions**

A causal condition relates to a state that exists before something becomes possible or can occur. From the data two causal conditions for **participating in supervision** emerged, that of *being an occupational therapist*, and *becoming an occupational therapist*.

**Table 5.2**  
**Causal conditions**

<b>Category</b>	<b>Subcategory</b>
<i>Being an occupational therapist</i>	Doing ok Searching for ideas Getting to grips
<i>Becoming an occupational therapist</i>	Gaining a wider perspective Me as a therapist

### ***Being an occupational therapist***

The notion of *being an occupational therapist* implies gaining an understanding of the reality of a therapist, by enacting the role. This involves reaching an understanding of the processes, systems, interactions, roles and boundaries of a therapist's work. It is about gaining an appreciation of the essence or nature of the profession. Implicit within it is the participants' need to seek and confirm their own role. The notion of *being an occupational therapist* was most clearly portrayed by new graduates, a returnee to the workforce, and those who had just changed jobs. It was also portrayed in supervisory relationships where the supervisor was in a more senior line management position to the supervisee for example their manager, team leader or senior therapist. Catriona describes what being an occupational therapist for a new graduate is about:

Therapists who are beginning to apply their theory to practice – novices ...they are new into an organisation, they are new into the area, they are new into the professional role and into the team roles and staff roles. They are new into a worker role and all of those things ...They probably need [from supervision] a lot

more tangible, practical advice giving, as much as using a facilitative process, but there is a degree of advice giving. There is a lot more emphasis on confidence building and probably a lot more clarifying and looking for clarification. We need to marry what they have learnt in the courses to what is actually happening in the organisation. This could be quite different. That's a huge leap for most young therapists. So young therapists that's what they are dealing with, how can I get by everyday, and how do I sustain a 40 hour week. [Catriona 1: 13]

Catriona and other supervisors in the study highlight the issues associated with being new into a job, emphasising the complexity of the work and the variety of tasks and activities new therapists need to undertake. They stressed that there was a lot to take in and act upon before one could have confidence in *being an occupational therapist*. Participants indicated a clear belief in the place of supervision in assisting therapists to have confidence in their role, clarifying issues, integrating theory and practice, advice giving and being there to give support. As Catriona stated there is also a belief that supervision is an important component in supporting therapists through the first weeks of a new job. It is in this setting we see for the emergence of concepts of doing ok, searching for ideas and getting to grips with the role, that underlie being an occupational therapist.

When discussing supervision in relation to issues concerning *being an occupational therapist*, time and time again supervisees referred to a need to know that they were *doing ok*. This was most pressing in the early days, weeks and months of starting work in a setting. However the need was present to some degree in all of the participants in the study, at all stages of their career. The need to know they were *doing ok* related to all aspects of a therapist's work. Interestingly, the need for confirmation in supervision that they were *doing ok* arose firstly in relation to the systems and processes that were within the various work settings. Understanding that they were *doing ok* in these basic processes helped supervisees form the essential framework that therapists needed to structure their work, in turn offering much needed support.

My first needs were just to understand the processes, to have heaps of support at what I was doing. Was I good or not? I needed lots of support to learn about what my role was as well. I needed lots of support, needed to know whether I was stepping out of line or not. I needed to know, needed a lot of support, "you are doing ok, you're doing ok". [Frances 1: 14]

Starting in a first job was clearly a scary time for many participants in the study. Supervision was a venue in which they could reveal that they felt vulnerable and feeling

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at risk or concerned about doing something wrong. This was the first time that they had felt the pressure and responsibility of having a caseload of their own and there was a sense of depending on their supervisor to assist them in carrying this load. Bethany spoke of the difference between working as a new graduate and being a student as “much more ownership, much more responsibility” [Bethany 1: 55]. Interestingly, the dictionary definition of supervision given in chapter two uses the phrase “to be responsible for” (Soanes et al., 2001, p. 1299) to identify one of the meanings of supervision. Consistent with this, the data gives a sense that novices are counting on their supervisors to act in ways that indicated a responsibility for them, while they step up to being responsible for others. Similarly “stepping out of line” [Frances 1: 14] dovetails with the definition of a supervisor as someone who is in charge of, presides over, handles or monitors a supervisee.

For therapists new to a setting or to work as an occupational therapist needed supervisors to give specific feedback on their performance in order to know that they were *doing ok*. Those that received non-specific general feedback felt that their need to know that they were *doing ok* had not been met. Supervisees were not only seeking positive feedback, but were also looking for corrective feedback from their supervisor.

[Supervision is about] making sure that I am doing the right thing, at least being able to have an opportunity to discuss it with [the supervisor], and if she thinks “wow, my goodness, this is so wrong”, then I can get some feedback about it.  
[Bethany 1: 16]

Having a venue in which they were able to check out whether they were *doing ok* reassured supervisees that they were practicing safely and that they would be partially protected from doing something wrong. Sometimes it was clear that participants were actually *doing ok* but they did not have the self-confidence to go too far without some reassurance from a supervisor. The fear of doing something wrong was particularly strong with new graduates and people new to a setting. It would at times either paralyse them or send them into a flurry of activity. Frances, who was concerned that she wasn't getting enough specific feedback from her supervisor, described developing a feedback form for staff to fill out for her so that she could see how she was going, and to gain direction on what she could do to improve. A supervisor described this initial period as a time when:

They [supervisees] identify where they have gaps in their knowledge, like they've struck a new issue or a new client or a problem that their pre-existing knowledge and skills can't handle. Or where they want to do a check as to whether what they

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see as appropriate is what other people see as appropriate. So sometimes it is ethical issues, sometimes people management, complex clients, sometimes managing other team members, or clarification of roles, clarification of systems, processes and structures. [Georgia 1: 5]

Starting a new job was therefore a time in which supervisees needed to integrate previous learning and experience. Supervisees wanted confirmation that they were *doing ok* in relation to the patient or client and in relation to others such as team members and agencies with whom they interacted. They wanted confirmation that they were *doing ok* with their clinical judgements, clinical reasoning and provision of therapy. They needed to know how others perceived their rationale for the work they were doing. "Checking that my perception of what I was doing was the real one" [Hattie 1:31].

In supporting supervisees to keep *doing ok*, there were times when a supervisee wanted a supervisor to step in to help handle a situation that was outside their current knowledge and skills. Additionally in the early stages some supervisees needed boundaries to be set until they could identify these for themselves. Ensuring that they were *doing ok* and/or perceived by others to be *doing ok* helped to support supervisees to keep going and to keep safe.

As it became evident to supervisees from the feedback they were receiving that they were on track the immediacy of the need to check out that they were *doing ok* quickly began to lessen. Seeking confirmation that they are *doing ok* began to occur more often after the decision had been made or when looking retrospectively at an action, rather than before they acted.

I have taken [to supervision] clinical issues that I felt challenged by and sought guidance on those, and I have taken other decisions that I felt challenged by and then sorted through, double checked that it is all ok. [Bethany 1: 5]

With support and reassurance from a supervisor, and a belief that they were working competently, they began to move from needing an external stimulus to assist them in knowing that they were *doing ok* to an internal acceptance. New graduates reported feeling a significant change in confidence within six to eight weeks of commencing work in an area. For those new to a setting but not to occupational therapy, this time frame was even shorter. However, for one participant, a returnee to the workforce who was only working part-time, the increase in confidence that occurs by knowing that you are *doing ok* took longer. She pointed out:

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With only a few hours work a week it took a long time ...I'd say I worked six months before I was feeling a lot more confident, being part time it takes longer. [Hattie 1: 35]

If participating in supervision was driven by a desire for supervisees to know that they were *doing ok*, it was also fuelled by the need they felt to be searching for ideas. Searching for ideas involved supervisees in retrieving or finding necessary information that related to all areas of their practice. It included the client's condition, the best assessment to use, most appropriate therapy, when to terminate therapy, equipment provision, and knowledge of organisational, local and government policy. This was often not a cursory task. It involved investigating deeply, to ensure that what was found had fit with the client's needs and the therapist's knowledge and understanding. The pressure of work experienced by all participants created a need for *searching for ideas* to be done quickly. For some, this immediacy meant that *searching for ideas* brought them to participating in supervision, the supervisor being perceived as a person who could offer suggestions, ideas and recommendations in line with his or her knowledge and expertise.

I think as a new grad in the early stages I needed the answers because otherwise I would have no idea where to look. But maybe I need to be thinking about it, coming up with answers. Perhaps a mixture ...Depending on the issue if it's a brand new issue with no other experiences from those that I have ever had then it may be appropriate to give some answers. But then if the same issue is coming up then I should be able to identify [solutions] from my past experience. [Bethany 1: 25]

For supervisors it was a delicate balance of knowing when to help supervisees know where to search, and giving guidance or providing solutions themselves. Supervisees felt their repertoire of skills, techniques, and potential solutions to issues were often not enough to meet the demands of their clients or the workplace. *Searching for ideas* was a constant process. Supervisees needed evidence, and/or expert assistance to find a solution to an issue. They did not always have the time to try a number of things out to see what would work best, and they did not always have enough experience to be sure of the outcome of following a certain course of action. **Participating in supervision** was a way to gain the knowledge, support, direction and insights.

[Supervision is for] searching for ideas about interventions when I feel like I have an issue that continues to present itself and I feel like I have tried lots of different approaches, and other ideas ...As a new grad I haven't got much [experience] and

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someone who has got ideas and been in similar situations can give me some insight in terms of what they have done or how it has gone. [Bethany 1: 10 & 17]

*Searching for ideas* needed to be attended to in supervision. It prevented supervisees from exhausting their own knowledge base and their repertoire of potential solutions for clients. Searching for ideas enabled them to add to their existing resources. This continuous activity combined with time pressures meant that it was a potentially draining activity for supervisees and therefore a crucial one for supervisors to address.

A new grad tends to present with questions around techniques, around specific critical knowledge, about conditions and those sorts of things, about what their role boundaries are, almost like the technical elements of occupational therapy practice. In a sense junior staff put more energy into being an occupational therapist and the skills they need, than other therapists. [Georgia 1: 12]

Initially supervisees new to supervision described a desire to have help that was always available.

The supervisor I had supervision with on a regular basis who was off site, it was helpful but I just felt like I needed more. Like I needed her to be there, it would've been so much better if I had had somebody on site with me. That's what I needed. [Jude 1: 16]

Supported, reassured and informed by their supervisors, participants became clearer about what *being an occupational therapist* was all about in their setting. At this point they began to recognise the complexity and variety of different roles that they held within their workplaces. Nonetheless *being an occupational therapist* necessitated supervisees seeking feedback on the extent to which they were *getting to grips* with the role.

I was unsure about the treatment I was providing. I was working in mental health and I was confused about "Is this occupational therapy? Is this what I should be doing as an occupational therapist?" It was more about the treatment modalities rather than anything else. ...The other things I went to supervision with were about my role in the team, the team dynamics and the stress and the politics. [Jude 1: 8]

*Getting to grips* with the role of an occupational therapist saw a reduction firstly, in the need for immediate feedback and secondly, in assurance that they were *doing ok* and in the need for assistance with searching for ideas. Getting to grips was also characterised by a reduced need for the oversight and nurturance of a supervisor.

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Supervisees were gaining greater confidence in their own resources and how they could access resources. *Getting to grips* then, is a shift of gears in the supervisory process that is characterised by involvement in a process of clarification and gaining surety about their role. Supervision was seen as a way to work on this clarification. It allowed supervisees to shift from seeking reassurance about immediate actions to a more global understanding of their actions in the context of the profession of occupational therapy. Whilst this resulted in a shift in the content of supervision, it retains the elements seen in *doing ok* and *searching for ideas* of seeking confirmation and advice from a wise counsel.

It's support but it's also about clarifying professional knowledge and making sure that everything is within the boundaries of your profession. [Hattie 1: 3]

The practice setting provides many challenges while *getting to grips* with the occupational therapy role. Supervision assisted supervisees in understanding the occupational therapy profession's values and beliefs, in relation to their own and in relation to clients' values and beliefs.

One particular issue has been ongoing, and it's my boundaries in terms of what my interventions are, what the client wants and my values... Helping understand the boundaries of the roles, who does what and when is important, but also in reference to my own values and boundaries. [Bethany 1: 9 & 25]

A supervisory relationship that enabled confirmation that supervisees were *doing ok*, provided support with *searching for ideas*, and facilitated *getting to grips* with the role, was seen as necessary to assist supervisees in *being an occupational therapist*. The skills to facilitate this type of relationship were not found in all the supervisors described in the study.

*Being an occupational therapist* is an ongoing process. It was particularly evident as a causal condition to **participating in supervision**. Supervisees showed that their needs and understandings changed over time and that *getting to grips* with your role as an occupational therapist was an essential stepping-stone to *becoming an occupational therapist*.

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### ***Becoming an occupational therapist***

**Participating in supervision** happens in the context of *becoming an occupational therapist*. Becoming an occupational therapist acknowledges the move within a therapist to recognize the impact of the wider picture on *being an occupational therapist*, as well as the impact of their own behaviour on situations. The difference between *being an occupational therapist* and *becoming an occupational therapist* is best described by examples, the moving from acting a role to actually being in the role e.g. acting as a mother and being a mother. It is a transition from feeling like a fraud or interloper, in terms of the knowledge or role, to actually having the knowledge or role and feeling comfortable in it. *Becoming an occupational therapist* is therefore about stepping into the role of occupational therapist and being confident that you can enact it. This is achieved through the integration of a therapist's own personal style, and awareness of the impact of self. Individuals who have 'become' a therapist still see that the job they hold is about working with clients and that there is a need to clearly understand their role and to be familiar with the appropriate systems and processes. However, they indicated that there was more to it than this. Therapists at this stage acknowledged that they needed to be able to understand the wider context in which therapy occurs as well as understanding their impact on the relationship(s) that they were engaged in. *Becoming an occupational therapist* thus had two distinct aspects; *gaining a wider perspective* and *me as a therapist*.

Abby who was interviewed as both a supervisor and a supervisee in the study described the process within supervision of working towards *gaining a wider perspective*, from firstly the perspective of being a supervisee:

As you get more and more reflective about your practice you begin to shift what you are looking at from just the client to what impact did the team member have on you, you are slowly broadening the circle. So you are moving out from just the client and you the therapist. It is like the client with the family, and then the client and family within a service. The service is driven by policy and some people make the policy, and suddenly you are at the socio-political level, which I think is a much bigger level of supervision than just looking at what I did with the client on this day.

[Abby 1: 6]

Later Abby described how this looks from her role as supervisor within a supervision session:

You can't just look at the person and the client. You have to look at everything. Sometimes in supervision I am paying attention to the therapist, sometimes I am

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paying attention to the therapist and client, and sometimes I am paying attention to the organisation, or the social and political context and the therapist within each of those contexts. Then sometimes I am paying attention to what's happening with me in relation to the supervisee. [Abby 1: 19]

*Gaining a wider perspective* was most evident in the interviews with therapists who felt confident in their role and who understood and were able to work within the boundaries acknowledged by the profession and the setting. They had developed their own networks or ways of gaining information and could utilise a range of people and resources to guide their practice. When engaged in *gaining a wider perspective* during supervision, supervisees were encouraged to consider contextual factors, such as service orientation, quality standards, emerging evidence, political direction and to see the possibilities and imposed limitations. They were encouraged to apply this knowledge to their clients or within the many roles they had as a therapist.

In *gaining a wider perspective* supervisees came to believe that there were ongoing benefits to their clients and team in this exploration. They perceived that the occupational therapy service they were providing was increasingly successful as a result of this focus. This belief was heightened in those therapists who additionally were addressing *me as a therapist* in supervision.

Where *gaining a wider perspective* involved supervisees being interested in looking outwardly, exploring *me as a therapist* involved therapists being ready to look inwardly at their own personal style, how they relate to others, and how they function in a team. In their desire to provide better therapy, they were willing to look at themselves as therapists. In doing so they acknowledged that it was impossible to separate the professional and personal self. What was clear was that those participants in the study who identified that they were receiving excellent supervision were more likely to be looking at and keen to challenge the concept of *me as a therapist*.

I know what my role is inside out but it [supervision] is more about me and my development as a therapist. It's my communication skills and [how I] build relationships, that's what I'm focusing on at the moment. [Jude 1: 40]

Where I am at the moment in my career I don't need someone necessarily to supervise me on the bread and butter stuff that I do with my clients, like how do I [names a specific task]. I can reflect on that sufficiently and am resourceful enough to either turn to the literature or use other colleagues, or sit and think about it myself to come up with solutions that will work. So what I need in terms of

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supervision is to reflect more on philosophical type things, on ethical type things, on big picture stuff, on system type things, on where am I going in my practice life, and what's happening in my personal life that might be getting in the way of that ...it's a much higher level of reflection, big picture rather than at the level of what I am doing with a client. [Abby 1: 6]

When engaged at this level participants saw supervision as a useful way to examine their behaviour. Two supervisees talked of having a client complain about them. Their willingness to look at *me as a therapist*, together with being in a supervisory relationship that supported this, meant they were able to explore the complaint in relation to their behaviour, and their reactions to it. In contrast, a novice therapist presented with the same situation talked of needing support and affirmation. Exploring *me as a therapist* allowed therapists to step back from and view their behaviour, their influence and how they used it, their reactions and feelings and their own self-awareness. Engaging in this reflection of self was clearly enhanced by the supervisory process. Supervision brought different perspectives, views and challenges to the analysis and understanding. The ability to explore *me as a therapist* in supervision appeared to be dependent on the supervisee's confidence and the nature of the supervisory relationship they were in. From the participants within this study there was a clear pattern of external supervisors who were not an occupational therapist being identified as providing the most effective supervision at this level.

In developing an understanding of the causal conditions for **participating in supervision**, *being an occupational therapist* and *becoming an occupational therapist*, it was clear that supervisees at all levels wished to develop themselves. The focus may have been on different aspects of development but ultimately they all expected to grow in knowledge and skills that would make them better therapists. What was evident in the stories participants shared was that it was not an automatic progression from *being an occupational therapist* to *becoming an occupational therapist*. Neither was there a time frame. *Becoming an occupational therapist* was clearly a stimulating and challenging process for supervisees engaging at this level. They were passionate in their belief that supervision provided them with an opportunity for self-examination that would allow them to understand *me as a therapist* better. They were also clear that gaining a better understanding of themselves and their behaviours as a therapist, together with *gaining a wider perspective*, had the potential to make them better therapists.

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## Growth - the resultant phenomenon

The phenomenon that arises from the casual conditions of *being an occupational therapist* and becoming an occupational therapist is *growth*. The participants in the study firmly held the belief that *growth* was possible due to **participating in supervision**. **Participating in supervision** was seen by the participants as providing them with professional and personal *growth*. Neither aspect was seen to be able to happen in isolation but rather to be inherently linked. Supervisees, however, were clear that the focus of supervision was to address only those issues that arose from within the workplace. *Growth* as the phenomenon of participating in supervision brought with it a high level of *expectation* and a wide range of feelings: excitement, eagerness, anticipation, frustration, bewilderment and anxiety. It included a willingness to consider *doing things differently* and ultimately the belief that they were *being a better therapist*.

**Table 5.3**  
**The resultant phenomenon**

Category	Subcategory
Growth	Expectations Doing things differently Being a better therapist

The phenomenon of *growth* encompassed supervisees' desire to increase or augment, knowledge, skills and abilities that they already had. *Growth* arose from the expectations that all participants had in relation to why they engaged in the process of supervision and in what they saw being engaged in supervision would do for them. They had *expectations* of the role the supervisor would play in facilitating their *growth* and how the supervisor would be, what the supervisor would bring to supervision, and how the supervision would be conducted, as well as *expectations* of how supervision would assist them towards *growth*. It was believed that *growth* would be reflected through supervisees' improved ability to deliver occupational therapy services to clients.

[Supervision] is having someone who can help me grow. [Debbie 1: 46]

I am trying to be there as a facilitator for that person to practice well, to enjoy their job, to do what is expected of them within the organisation, and to have a future for themselves as a professional who is growing and developing. [Catriona 1: 10]

All the participants had *expectations* about what could or should happen to facilitate *growth* when engaged in supervision. There was a universal expectation that therapists would be working in settings where **participating in supervision** was at the very least encouraged if not mandated by the internal policies of the organisation.

It was just expected, it was part of the job. [Ella 1: 3]

Participants who had been in the workforce for a time were in an established pattern, accepting and in many situations actively seeking opportunities to be **participating in supervision** as part of their professional practice. Most commonly participants articulated their *expectation* of supervision as providing professional development, increased knowledge and skill, leading to greater expertise.

Having someone around me who knows the job that I am doing, so that I can talk about the actual job and the application of what I have to do. It is having someone who can help me grow; professional development. [Debbie 1: 38]

I want to build my expertise now that I have this basic ability to carry out all the things that a basic [names area of workplace] would need. But now I want to build on that. [Frances 1: 14]

For others, whilst they clearly expected something of the process of supervision, they weren't clear what this should be. This was best illustrated by novice supervisees. They weren't always sure what engaging in the process of supervision could or should be like, resulting in feelings of anxiety and a fear that they were missing out.

When you come out of occupational therapy school you don't really know what supervision is. If you are going into a place and they don't have a good understanding, you're kind of lost. [Jude 1: 38]

There is something missing, kind of not knowing what [supervision] is for. I kind of want to say to you [the researcher] "what do you do in supervision?" so that I have an idea about what I am meant to be doing in supervision ...I want to use it wisely for what it is meant to be used for ... It was like we have got [supervision] here [at her workplace] and so you should know what it is. [Bethany 1: 28]

I didn't really have a clear understanding or expectation about what supervision was all about [Ella 1: 3]

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Most of the participants in the study had been supervised during their fieldwork placements as students and as new graduates envisaged that a process of supervision would continue. They had largely learnt about supervision by experience in it, rather than being taught about it. However, as Bethany pointed out, having not had good role models during her fieldwork she was left feeling that she still didn't know what to expect. On the other hand Frances felt that her current supervisor didn't measure up to *expectations* in relation to the expectation of growth that was set by a previous fieldwork supervisor.

She was trying to bring me up to a better level of clinical reasoning, whereas my supervisor now is not trying to do that. She just helps me with day to day issues really. [Frances 1: 10].

Novice therapists expected that supervision as a therapist should have aspects that were similar to fieldwork supervision but also that it would have aspects that differed from this experience, because they were now therapists taking responsibility for their own caseloads. They acknowledged the strong fieldwork supervision emphasis on assessment, but had expectations that supervision, as a therapist, would not have this as a main emphasis.

There were also *expectations* about the nature and the quality of the relationship needed to facilitate growth. Supervisees and supervisors all had the expectation that the supervisor would utilize a range of roles to facilitate learning during supervision. They saw that a supervisor could be a mentor, educator, supporter, counsellor, consultant, expert, challenger, facilitator, coach, advocate and occupational therapist. The roles selected varied according to the experience of the supervisee and the skills of the supervisor:

I notice that when I am supervising a novice I spend a lot more time in the training role, educator role and then as I supervise more experienced people I tend to spend more time in the facilitator role. [Abby 1: 7].

A number of supervisees saw that there was benefit in having a supervisor who was an occupational therapist although this expectation was by no means universal. The benefits were seen as professional knowledge and clinical expertise. Those that didn't see this as necessary tended to be more experienced participants who had built up resources and feedback mechanisms to cope with the challenges that were presented in their practice. Therefore the common argument for an occupational therapist was:

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I guess it's easier having occupational therapists as a supervisor when you've got specific clinical issues such as how to approach, or to treat someone with a particular condition from an occupational therapy perspective, because that's the kind of guidance you might need... I know that occupational therapists think differently to other health professionals, just the way we analyse a problem or come up with solutions to the problem and I think you need to have that kind of background [Ella 1: 9 & 23]

The argument against was:

There is a common misperception that in order to be supervised that you have to be supervised by someone of your own profession who has more knowledge than you in the area that you work. I wouldn't say that that is necessarily supervision. I would say that just because that person knows more than you doesn't mean that they can supervise. To me the more important thing is that the person has skills in supervision. [Abby 1: 21]

There was an *expectation* that when a therapist started a job that it was necessary to have someone who could role model good occupational therapy practice and who had the skills to do the job the supervisee was doing. However to get the most from supervision, having skills in supervising appeared, in the eyes of experienced clinicians to be more important than skills in doing occupational therapy. Therefore after an initial period as an occupational therapist the supervisor's professional background seemed less important than the breath of knowledge, skills, and tools they brought to supervision.

Supervisees and supervisors had an *expectation* that a range of skills or tools would be used in sessions. Skills included basic communication techniques of active listening, drawing out, probing, challenging, questioning, endorsing, and giving positive and corrective feedback, facilitating problem solving, and critique and analysis. They also reported the use of reflective techniques to facilitate learning. Tools less frequently identified were use of adult learning theory, Kolb's learning cycle, and other techniques such as SWOT analysis, use of metaphor and visual mapping.

The assumption that supervision would promote therapists' growth brought with it the *expectation* that supervisees involved in receiving supervision would be willing to consider doing things differently.

Saying "what do you think about this? I did this; maybe I could have done this? What do you reckon would it have worked?" Then there is discussion about how it

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could have been done differently if it didn't work this time. Maybe there is another way or a better way. [Bethany 1: 24]

The supervisor was seen as an important person in facilitating and providing feedback and resources to enable supervisees to explore and try out different possibilities. This involved using the supervisory relationship to assist them in being able to reflect on, and examine what they were doing, or could be doing and ultimately to consider different ways of working with the client(s) based on new understandings about the range of ways one could act or react. This was not just about correcting mistakes but more importantly about meeting client needs, in effect *being a better therapist*.

I think for the people who I supervise, they want to be good occupational therapists. They feel bad when they haven't met a patient's needs as well as they would like. I guess they also want to be good for themselves as well and I think that they want to be seen also to be doing well, but at the same time they also want feedback so if they are doing something wrong, they want to be able to correct it. [Ella 1: 58]

Supervisors had a belief that most supervisees were open to *doing things differently* and that this willingness led to *being a better therapist*. For some supervisees however, their willingness to explore *doing things differently* depended on the trust within the relationship. This will be explored later in this chapter.

To summarise the findings in this section, participants saw the drive for *growth* as a phenomenon that existed in them all, and that supervision was a means to achieving this. Participants saw that professional and personal growth were intertwined and not able to be separated in supervision, resulting in the supervisee being challenged at both professional and personal levels. *Growth* arose from the framework of *expectations* supervisees had to support their belief in the value of being engaged in supervision. *Growth* was brought about by a willingness of supervisees to consider *doing things differently*. *Doing things differently* had the potential for the supervisee to deliver an improved occupational therapy service leading supervisees to be convinced that they were *being a better therapist*. As the next section indicates, however, there are many influences both positive and negative on the possibility of supervisees' experiencing the phenomenon of *growth*.

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## Context for participating in supervision

**Participating in supervision** is influenced by contextual factors. The context or circumstances that form the setting for **participating in supervision** are *structuring for supervision* and *the power relationship*. *Structuring for supervision* recognises the place of *training*, and *having a contract* as contexts in which the strategies used as part of **participating in supervision** will arise. Likewise *being seen in a good light*, *conflicting interests*, *power over*, and *power to* underpin *the power relationship* also impact on strategies participants developed when **participating in supervision**. However contextual influences also have a significant impact on on all the other categories of **participating in supervision**.

**Table 5.5**  
**Context for participating in supervision**

Category	Subcategory
Structuring for supervision	Training
	Having a contract
The power relationship	Seen in a good light
	Conflicting interests
	Power over
	Power to

### ***Structuring for supervision***

*Structuring for supervision* is about providing the framework in which supervision can safely take place. *Training* was seen as one of two cornerstones to effective supervision. The other cornerstone was *having a contract*.

Many participants indicated that supervision *training* was a key factor in the provision of effective supervision. There was a general concern about the quality of *training* related to supervision for both supervisees and supervisors. *Training* was seen to provide supervisors with the practical skills, techniques, frameworks and processes to enable them to offer quality supervision with visible outcomes. Whereas, *training* for supervisees was seen as being more about clarifying what is meant by supervision, what it involves and looking at their role as a supervisee. Participants saw a need for organisations and the profession to develop an environment, which promoted *training* both for supervisees, and supervisors. Some of the supervisors talked about a need to learn more about supervision. Learning typifies knowledge or skills acquired through

study or by being taught. However, mostly the participants wanted *training* in supervision, denoting how important participants perceived the development and use of skills in the process of supervision, and their desire to receive instruction from someone who is skilled. The dictionary states that training involves the teaching of “a particular skill or type of behaviour by practice and instruction” (Soanes et al., 2001, p. 1369). Georgia talked about the value of “learning a little bit and practicing it and getting feedback on it ... to go and practice and come back and critique” [Georgia 1: 28].

A major concern for participants of the study was the availability of appropriate supervision *training* for supervisees and supervisors.

There is not a lot of training on supervision. I think that it's a real common need, I've had new colleagues that have come to my work and they have never been supervised before and they don't even know what it is. [Jude 1: 46]

There is nowhere to go to be trained as a supervisor. As occupational therapists you have to seek it out yourself, people are becoming more aware. Our code of ethics says we should be in supervision but we don't know what supervision is. [Abby 1: 40].

As seen previously supervisees' not knowing what supervision is was a common observation from both supervisees and supervisors. To know about something usually indicates that one has sufficient knowledge gained either by observation, inquiry or available information to understand and therefore engage in an activity, in this case supervision. That the participants were saying that they did not is worthy of attention. Participants saw that *training* would improve this situation.

Within this study, four out of the nine supervisees who agreed to be interviewed had received some form of *training*, and all of the supervisors had attended a training course. Of those supervisees who had taken part in training, most had received one to two days of *training*. The supervisors who were participants in the study had received slightly more *training* – ranging from a few days to enrolment at a course conducted over a number of semesters. Supervisees in the study were unsure about whether their supervisors had received *training* and if so how much. Supervisees who had received training largely described learning how to set up supervision by negotiating a contract. The *training* that supervisors had received was predominantly associated with the teaching of an approach to supervision and basic counselling skills. The supervisors in this study had received *training* in either the TAPES approach or the process model.

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The supervisors who attended these courses clearly found that having a framework for supervision provided through the use of a model or approach helped them in structuring for supervision.

At the time I did the course there were things that I wanted to check out. First of all I needed external validation. I needed to have some sort of structure that I felt I was missing, and TAPES was quite a structured model. [Georgia 1: 28]

Despite having received some *training* already, almost all of the participants talked about the need for increased *training*. They placed value on *training* as a means to provide both supervisors and supervisees with the skills they required to make the most of supervision. *Training* was largely seen to mean attendance at a course or, in the case of new graduates, being taught about supervision, whilst studying for their degree. *Training* was seen as a way to improve understanding, outcomes and quality of supervision.

We heard earlier of Bethany's frustration with not knowing enough about supervision as a new graduate. Georgia when discussing her role as supervisor stated "originally it was quite a lot of trial and error, that's probably why I feel quite strongly that people need to be trained early on not down the track" [Georgia 1: 29]. Participants all indicated a desire for not only increased *training* but for careful timing of the *training*. They saw that it needed to start before a supervisory relationship was set up, firstly, to introduce people to the concept of supervision so that the parties to supervision could gain an understanding of the purpose and process of effective supervision. Secondly, so that it would give them a structure for their supervision. Thirdly, they anticipated that *training* would ensure that they had sufficient skills and tools as either supervisors or supervisees to make supervision work.

Participants were clear that supervision was not therapy, and so occupational therapists required *training* in supervision and not just a reliance on their occupational therapy skills. Some of the participants felt that supervision should be treated as a role in its own right. As Abby stated earlier "to me the more important thing is that the person has skills in supervision" [Abby 1: 21]. This was seen as important because supervision was seen to require skills that are not always a part of occupational therapy practice.

I know that when people become supervisors, initially one of the things they seem to struggle with is actually not being the therapist of the person they are supervising. Perhaps that implies that we tend to try and apply the same sort of

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processes. I think there are similarities but I do think there is some differences and I don't want to be a therapist to the people I supervise. [Georgia 1: 24]

The second key concept in *structuring for supervision* was *having a contract*. A contract is generally described as a binding agreement between parties and in this instance the literature shows that its purpose is to provide a framework and boundaries for how supervision will occur.

The contract, I do in supervision, is a very explicit contract about what the supervisee's roles and responsibilities are and what my roles and responsibilities are. The contract includes a confidentiality clause, an autonomy clause, and something about authority over the supervisee's work, where the roles and boundaries of the supervisor start and end, and where the supervisor's roles and responsibilities and authority lie if the supervisor has actually been employed by someone else to provide the supervision. So the contract is very clear and we both sign it. Therefore signing is an acknowledgement that we both agree to what is in the contract. So it is an agreement, a mutual agreement to join in a journey, whatever it is. [Abby 1: 3]

Almost all the supervisees indicated that they had a written contract for supervision, and most of the supervisors reported negotiating a contract with the supervisee. The participants saw that there was value in *having a contract*.

The contract for me is pivotal but there are some very specific things in the contract that need to be spoken about in a transparent way. The contract is like the vehicle to putting it all out there. It says this is how our relationship is going to be, these are the boundaries, these are the guidelines, are you willing to enter into that relationship and by both saying "yes" we then set the common ground for building that trust. It's not going to happen just because you sign a contract. It's up to both the supervisee and the supervisor to pull each other up, to be vigilant in noticing whether they're actually deviating from the contract. Because when you contract to give each other open and honest feedback, then it should be happening. If in supervision one person is sitting there thinking I'm not really getting much out of this, it needs to be voiced. The contract has stated that we have both agreed to do that. I think that is where the trust comes and the relationship starts. [Abby 2: 9]

Clarification of what we're actually there for and trying to align the different perceptions of supervision. Knowing you have a common focus and setting up an agreement about what supervision is going to focus on and how it's going to operate. [Georgia 1: 15]

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That a contract would provide clarification of the purpose and role of supervision and allow for consensus about how supervision would occur was a commonly held view. That supervisees' own contracts had not in many instances provided this appeared to be attributed to the lack of knowledge and skills of both supervisors and supervisees in using the contract to ensure the agree process, rules and boundaries were adhered to.

How contracts impacted on supervision varied dependent on a number of factors. The first was whether the contract was a standard organisational contract. These are contracts that the organisation has largely pre-developed, and so there is little negotiation or discussion evident between supervisee and supervisor. Some of these contracts allow for some individuality or for limited choice from within set boundaries.

We have agreements that have fairly standard elements, but are negotiated on an individual basis. In other words there is a range of objectives [for example] they might be about clinical reflection, about support, about a variety of other things depending on the person's [role] whether they have a staff management role, head of department, or section head role, [whether] it is more administrative. Then there might be some different factors in there [for example] professional standards of practice and looking at how practice aligns against that. Some people want to major on slightly different things but there is a core range of things that we use that people draw from. [Georgia 1: 16]

Perhaps due to the standard nature of organisational contracts there was a seeming lack of ownership, or bindingness that is usually inherent within the principle of *having a contract*. Organisational contracts did not seem to assist supervisees or supervisors in building a supervisory relationship. Rather, not actively negotiating how supervision would be, left uncertainties and unease in the relationship. Where contracts were clearly written and negotiated between the parties there was ownership, and empowerment of the supervisee as an outcome. This involvement in forming and negotiating the contract, resulted in the supervisee feeling in control throughout the process of agreeing the contract and in being able to contribute to the way supervision would be for them. This process needed to involve not only the supervisor and supervisee but also the supervisee's manager.

When you said what is professional supervision and I spieled off all those things that is what's on my contract (see Chapter 4, p. 57). I designed it, with my supervisor, and my manger, then signed it. It's not really specific goals. I had one last year with goals, a really specific contract, but I didn't like that much I felt like a client, isn't that funny, isn't that awful! Well not a client. It felt it was too teachy, like

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you've got to do these goals that you've got set out; these are the goals that we've got to achieve. I just felt contrived; it didn't seem to flow. [Jude 1: 30]

Equally importantly, in influencing the process of supervision and the supervisory relationship was the use made of the contract. Many of the supervisees indicated that once the contract was signed little use was made of it. Having a contract in many instances did not appear to support the supervisory relationship. Most supervisees indicated that their contract had not been used past the initial session, resulting in its current redundancy as a useful adjunct to the supervisory process. When one supervisee was asked what was in the contract she stated:

I signed it five months ago; I have no idea [laughed followed by long pause]... I think it had things like; what we talk about is confidential, and I will only go to your manager once I talk to you about the issue and the area of concern, and one of the things I can remember is that the person doing my performance appraisal may ask my supervisor for information. [Bethany 1: 22]

A number of participants appeared to see potential in *having a contract* but had not found a way to work with it in their sessions.

I took it [the contract] along for the first time but I think we weren't very good with it. I think we just looked at it and then discussed what I wanted out of supervision. [Hattie 1: 25]

*Having a contract* sometimes included the agreement of a supervisory model being used in the sessions. When such a model was present, it provided a framework and process for the supervision to occur within. This increased feelings of safety with the process, whilst allowing supervisees to choose how issues would be looked at in supervision. Increased feelings of safety came from understanding the nature of the relationship and the boundaries in which supervision will occur.

Using a model makes it safer...I think the process is what makes it safe ...that's what stops it becoming into an intimate relationship or stepping over boundaries.... All of my recent supervisors have talked about a particular model that they use and I do agree with [using a model]. Because it guides the process, but it still allows you to bring whatever you like to it. [Isla 1: 14, 21 & 37]

In summary *structuring for supervision* gives the context and circumstances in which supervision occurs. Within this the subcategories of *training* and *having a contract* were seen to provide a framework, skills, tools and boundaries for supervision. These factors

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were perceived as helping the supervisory relationship to be a safe place in which to operate. However, many of the supervisees in the study had not had these opportunities and they believed that this impacted on the value of the supervision they were receiving. Additionally, participants pointed to a second important context which had considerable ability to impact on supervision; that of *the power relationship*.

### ***The power relationship***

It was in the category of *the power relationship* that the strongest feelings emerged. The language used in this category does not appear elsewhere. This is the area of supervision where the participants expressed very definite views and where their opinions were particularly strong. Power is described in a number of ways by participants in the study. These range from, on one hand, the capacity a supervisor with knowledge and skills may have to influence a supervisee, to on the other hand, the right or authority delegated to someone to ensure accountability and competence. Four sub-categories emerged in *the power relationship*: the wish to be *seen in a good light*, the *conflicting interests* of and the *power over* supervisees that supervisors who were also line managers had, and conversely the *power to* access and open up resources that these same supervisors held.

Supervisees wanted foremost to be *seen in a good light*. They wanted to be viewed positively, seen to be coping well and capable of doing their job. Their willingness to explore any weaknesses in this facade depended on how safe they felt to disclose. Supervisees felt the need to protect themselves. Interestingly, the difference between acknowledging weaknesses and wanting to work on increasing knowledge and skills versus being seen as incompetent was constantly raised as a potential issue by supervisees who had line managers as their supervisors. Incompetence usually describes not being sufficiently skilled to do something successfully; unprofessional, or blundering, whereas competence is about having the skills or knowledge to bring something about successfully. Success however starts at a satisfactory or adequate level and does not necessarily mean the completion of tasks to an outstanding level. Supervisees were very wary of the boundary between being judged competent or incompetent and this impacted on what they would bring to supervision, as any disclosure was thought to have a potential impact on them within the workforce.

Disclosure was therefore influenced by the level of power and authority the supervisor was perceived to have, and any identified *conflicting interests*, balanced by the level of safety the supervisee felt. Supervisors who were line managers were seen as having

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*conflicting interests*, which impacted on the supervisory relationship. *Conflicting interests* were seen in the supervisor's ability to work to assist a supervisee meet his/her needs versus serving the needs, procedures and policies of the organisation. Additionally, there was perceived conflict in relation to whether the supervisor could adequately support and advocate for a supervisee where there were issues related to practice or a desire to challenge the organisation.

What is clear is that supervisees were not willing to take risks.

I'd like [the supervisor] to be an occupational therapist who wasn't going to be the person approving or disapproving my next application for a pay rise... I would want someone who wasn't going to be doing my annual performance appraisal. It would mean that I would feel more comfortable about bringing up any issues of incompetency on my part without thinking this is going to reflect badly when my annual appraisal comes up. Because you have to try to sell yourself in one way and it would be nicer to feel that you could just come out and go "I don't feel that I dealt with that well – I think I need to work on this, how do I go about doing that?" Whereas that's kind of like saying "I'm not performing as well as I should be" and so there is a direct conflict. [Ella 1: 26 & 36]

I could not have supervision with a manager. I wouldn't feel comfortable doing that, unless I had a really amazing relationship with them. I wouldn't do that. I think there's issues that you can't talk about, maybe a peer or a colleague, especially if it's team dynamic stuff that you wouldn't want to share. It might even be an issue with them ...there's that hierarchy thing, where you don't feel comfortable with somebody who's on a higher level than you. [Jude 1: 35]

With her [my supervisor] as my manager, I think that if something bad happened she would be the last person I would go to, unless the problem was in the system. If it was something that affected me I would probably go to a colleague before I would go to my supervisor. [Frances 1: 17]

These feelings clearly challenge the effectiveness of having a line manager as a supervisor. Where supervisors were in line management positions, it was clear that supervisees held the belief that supervisors had *power over* a supervisee in the form of the ability to negatively impact on their performance appraisal or salary review and that they had the ability to take disciplinary actions. This belief impacted in a number of ways, firstly on what supervisees were willing to bring to supervision for discussion, and secondly, the depth to which they were willing to explore issues. The feelings

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supervisees expressed about having a line manager as a supervisor ranged from discomfort and unease to feeling threatened.

A supervisor:

Some people are threatened by their line manager being their supervisor and it's often around people who you know aren't feeling too confident about themselves or they tend to be inclined to expect a lot of themselves and never come up to their own expectations, or who find it difficult to say when they are struggling. [Georgia 1: 23]

A supervisee:

I see the manager as having more power and the ability to have punitive consequences whereas I guess supervision I believe should be as non-judgemental, approachable and helpful and I don't know that managers can always play that role. [Ella 1: 66]

As found in chapter four when **defining supervision**, supervisees in the study continued to reinforce the notion that supervision should be a non-judgemental, encouraging and caring relationship. It was believed that this type of relationship was much safer and yet could allow a person to work openly on areas in which they were struggling, wanted to understand better or improve. When describing a supervisor who was not in a line management position Ella stated:

I guess I felt a lot safer, in that I didn't feel she was judging my practice in the same way, she was a safe ear that I could sound ideas off and go to for support. [Ella 1: 11]

Supervisees saw that having a supervisor that was not caught between two roles would result in supervisors being able to focus specifically on supervision.

There are at times some benefits in not being the line manager in the sense that you can concentrate more singularly on the professional issues without getting caught up with those administrative, budget implications. [Georgia 1: 22]

Supervisees had a clear preference between having a supervisor who was more senior, and being supervised by someone in a line management or hierarchical position where the supervisor was seen to have *power over* them. The *power over* them these supervisors had was perceived to be too risky and uncomfortable to enable an open supervisory relationship. They preferred situations where the supervisor had social

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power, that is the power to influence based on skills and respect, rather than *power over* based on position.

I don't have a problem with them being more senior and in some ways it's better that they are more senior because if they are someone who can't answer your questions then there is very little point. [Ella 1: 26]

One supervisee described how uncomfortable and distrustful she and her team felt when they believed that management was using the *power over* them to dictate how supervision would be.

One of our managers tried to bring in line supervision and we all got very stroppy ... we said "we don't believe in it, we don't want it," because I think with the best will in the world, how can it be safe? I know there's a process that they would [use] but they've got that knowledge and they are your boss, and I think that no one feels safe about that and [supervisees] wouldn't bring up the issues... I would find it particularly hard to have someone who was my manager and played the manager role and then once a month played the supervisor role. I would find that very restricting, because there are some things you don't want your manager to know. [Isla 1: 28]

Supervision provided by a line manager was often perceived as performance management and this was seen as different from supervision.

Performance management is too cold. It doesn't have the warmth supervision has... what makes warmth I think the privacy ... and then there is a process about dealing with the human element, setting a goal doesn't involve the personality of the person and that is what you need to develop [as a supervisee]. [Isla 1: 27]

A number of supervisees advocated for external supervisors as "External supervision takes the organisational press away" [Catriona 1: 37]. This reduction in the *power over* supervisees was seen by supervisees to be more open, trusting and supportive, therefore a more effective relationship.

Despite these reservations, supervisors and supervisees also saw that the power that line managers held could have advantages. Line managers were seen as having the *power to* ensure a supervisee's needs were met by providing resources, support, and funding for example advocating or approving attendance at courses, and offering access to opportunities within the work place in a way that was not possible by other supervisors.

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If you are not the line manager and there is an issue that involves resources, if you're not the line manager then you can't make it happen. [Georgia 1: 22]

In summary supervisees felt that it was important to be *seen in a good light*. Time and time again the supervisees perceived *conflicting interests* if their supervisors also held line management positions that gave their supervisor positional power or organisational authority over them. The power imbalance and the nature of the power were seen to affect negatively the supervisory relationship. Of particular note was the *power over a supervisee* evident in these supervisory relationships which resulted in supervisees feeling uncomfortable and potentially unsafe. Ultimately they were reluctant to address issues that put them at risk of being seen as incompetent. Supervisors were keen to have supervisors who, whilst more senior or skilled than themselves, gained their power within the supervisory relationship through respect. Conversely, however, line managers *power to access resources and funding* was seen as useful.

## **Conclusion**

This chapter has presented the first three stages in the process of **participating in supervision**. It has revealed that supervisees come to supervision at different levels in their journey to becoming an occupational therapist and with differing understandings of what supervision should be. Nonetheless, the participants in the study come to supervision with universally high expectations and in the belief that supervision fosters professional development and, more significantly, personal and professional growth. Furthermore, the participants acknowledged the influence of contextual issues such as positional power and structures on the supervisory relationship. Chapter six will present the remainder of the process, the intervening conditions, strategies and finally the consequences of participation in supervision.

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## CHAPTER SIX: PARTICIPATING IN SUPERVISION – CONDITIONS TO CONSEQUENCES

This final chapter of findings continues to present the central category of **participating in supervision** using the conditional/consequential matrix, see Figure 5.1 (Strauss & Corbin, 1998). Chapter Five began the exploration of this process by presenting the causal conditions of *being an occupational therapist* and *becoming an occupational therapist* which brought supervisees to supervision. It identified and described the phenomenon of *growth* that arose from these conditions and went on to explore the contextual issues of *structuring for supervision* and *the power relationship* that would impact on the strategies that supervisees bring to or develop by **participating in supervision**. Chapter six now explores the intervening conditions of *pitching it right* and *finding other ways* that also influence the development of strategies for participating in supervision. The actual strategies employed by participants *building trust* and *guarding*, are then discussed. Finally the chapter will examine the consequences of participating in supervision, which are described as *making the most* and *fighting shy*.

Table 6.1 provides an overview of the remaining categories and subcategories for discussion, as they relate to the core category of **participating in supervision**.

**Table 6.1**  
**Participating in supervision**

Paradigm	Category	Subcategory
<b>Intervening Condition</b>	Pitching it right	Preparing Building on strengths Challenging
	Finding other ways	Using others Accessing resources
<b>Strategies</b>	Building trust	Feeling comfortable Respect
	Guarding	Protecting Not making time
<b>Consequences</b>	Making the most	A safe place Being affirmed Having insights Feeling inspired
	Fighting shy	Avoidance Frustration

## Intervening conditions

**Participating in supervision** was not only influenced by the contextual factors outlined in chapter five, but also intervening conditions. Intervening conditions are things that might prevent or alter the course of an event, in this case **participating in supervision**. Firstly effective supervision is shaped by the ability of the parties to supervision to ensure the content of the supervision is pitched at the right level, so that supervisees are able to experience the phenomena of *growth*. As an intervening condition *pitching it right* with its subcategories of *preparing*, *building on strengths* and *challenging* influenced the choice of strategies participants would use when **participating in supervision**. A second category of *finding other ways* with its subcategories of *using others* and *accessing resources* were factors that altered the balance within the supervisory relationship, therefore also having the potential to influence the course of supervision.

**Table 6.2**  
**Intervening conditions**

Category	Subcategory
Pitching it right	Preparing Building on strengths Challenging
Finding other ways	Using others Accessing resources

### ***Pitching it right***

The ability of both supervisees and supervisors to ensure that they were *pitching it right* was crucial to the supervisory relationship and ultimately to the success of the supervision. *Pitching it right* highlights the importance of *preparing* for supervision, and a delicate balance between *building on strengths* and *challenging*. *Preparing* for supervision was seen to be important by supervisors and supervisees in the study. Participants acknowledged the issues supervisees brought to supervision, the processes used to work through issues, and the tools that the supervisor used, as requiring preparation and forethought.

The people I know who have really valued supervision have tended to be ok about talking about the good stuff and the stuff they are struggling with. There seems to be more structure and more purpose about how they've gone about it. They're prepared for one thing and have given some thought to the issues that they want to talk about and what they want out of it. [Georgia 1: 15]

It's a joint responsibility to actually make it [supervision] happen and to come into the thing with a positive intent. [Georgia 1: 19]

Some supervisees would note the issues down before the session started. For others it was about having organised it in their heads before coming. *Preparing* was seen to increase the quality of the supervision that could be received. When asked what had made a session she was describing successful Kerry stated:

It was a very simple thing - I did some preparation for it. I had some time; I sat quietly and thought about what I need to talk about. I had written a couple of things previously and I re-thought, "I'll talk about that and I'll talk about that". I felt I was able to take some initiative and discuss things a bit more confidently. [Kerry 1: 11]

Just as *preparing* could be used to enhance supervision it could also be used to limit it. Supervisors spoke of the dilemmas raised by the principle inherent in most supervision of the supervisee setting the agenda and direction of the supervision session. This posed difficulties if supervisees were not adequately preparing for supervision, or if it was clear that the supervisees were limiting the issues for discussion. If this was happening supervisors believed that there was a negative effect on the quality of the outcome of supervision and the possibility for professional development.

Some people come prepared. I remember one person had a very clear idea of what [she/he] wanted to get from supervision, and it didn't matter what I said [she/he] was going to get that [case discussions]. [Isla 1:34]

If we have a proper supervision session, she goes "what do you want to talk about today?" And I will sometimes say "nothing", if I haven't prepared... so that is why our supervision sessions usually last for 10 minutes. [Frances 1: 22]

Given that preparation could make a significant difference to the focus of supervision, some supervisors were more active than others at addressing this issue. To work through this, skills and confidence in supervising were essential.

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It's a mutual relationship you are in, supervision, because you want to grow and develop as a professional and so you need to invest in it. And if you are not investing in it then I might say something like "I notice that you keep coming to supervision and you always say that you don't ever have anything to discuss. what's that about let's look at it". [Abby 1: 27]

As Abby noted, supervision should be a mutual relationship with both parties investing in it, and consequently *preparing* was not just for supervisees, supervisors also needed to prepare. *Preparing* by supervisors was seen to include; ensuring that they had a range of appropriate supervision and or clinical skills, a range of tools to use, and an understanding of their own limitations with access to additional resources when required.

The wider your repertoire of skills to draw from, clinically and otherwise, you've got a better chance of actually having what the person needs. [Georgia 1: 15]

As a supervisor it is very much about knowing the limits, your own personal knowledge limits and making sure that you have access to other resources to compliment that. [Georgia 1: 11]

Supervisees also pointed out that if you were new to a setting and/or relatively new to the profession that the supervisor needed to have prepared for supervision by having an understanding of the contextual issues that face the supervisee. Additionally, they needed to take responsibility to ensure that a range of functions and areas within supervision were covered within the supervision sessions.

If they don't have a good understanding of what graduate issues are, you're lost. You have to be able to say "these are my issues" when sometimes you don't know. You go into supervision and they say "well what do you want from supervision today?" When you're a new graduate, you don't know. [Jude 1: 38]

*Pitching it right* was clearly complex. Supervisees wanted supervisors to take an approach that was focused on *building on strengths*. To achieve this the supervisor needed to have a reasonable picture of where the supervisee was at, to know the supervisee's strengths, and to be able to work with the supervisee's values and beliefs. Supervisees felt safest and most energised when their strengths were being deployed in the supervision sessions. For supervisees working with a supervisor in a way that *built on strengths*, supervision was a positive experience.

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She works with me and she works with my strengths which is really important and she also works with my value system and enhances that. So building on what I have already got, and then looking at the things I need to work on and I don't feel threatened or defensive like I used to as a new graduate. [Jude 1: 18]

Talking to her about cases and she'll sit there and she'll listen and get a really good understanding about where I am coming from. She actually helps me to come to my own conclusions instead of telling me "this is what you should or shouldn't do" or "this is what meant to be happening". I find myself, coming to my own conclusions about what happened. So it's my own learning rather than someone else telling me... I feel like she really understands where I'm coming from. [Jude 1: 24 & 25]

Where *building on strengths* was utilised the final concept linked to *pitching it right*, of *challenging* became an easier task. To challenge someone in the context of supervision is to call them to prove something or to set them a demanding task or situation. Bethany talked of "pushing me, pushing my boundaries" [Bethany 1: 30]. It is synonymous with questioning, confrontation, testing, making demands on, stretching, stimulating and, hopefully, inspiring and exciting.

I want supervision to provide me with things that I wouldn't normally think about, so it can be quite challenging when the supervisor makes a general statement that has to be talked about, taking me out of my comfort zone. I appreciate that it's a challenge which I wouldn't get if I were initiating the conversation all the time... she is very good at drawing out inspiration – probing, questioning and challenging. [Georgia 1: 15]

*Challenging* was a double edged sword. How it was done could enhance or detract from the supervisory relationship. Nevertheless done well (in context and at the right level) it was clearly a very important trigger to a supervisee's development. Supervisees in such relationships talked of coming away feeling energised and stimulated by the challenges. However, understanding the level and skills of the supervisee and being able to move at their pace was essential:

One of the people who I supervise is not particularly self-confident and to put her in a kind of confrontational situation would just freak her out entirely so I don't do that. [Ella 1: 41]

*Pitching it right* was a critical concept in **participating in supervision** and as an intervening condition it made good supervision possible. It is also apparent that the

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concept of *finding other ways* also made a considerable contribution to the success of supervision.

### ***Finding other ways***

The second intervening condition was one of *finding other ways*. This was interesting because on the surface it seems by its very nature to negate the need for supervision, and one could argue that to a point it does. Supervisees who were in ineffective supervisory relationships reported *using others* and *accessing resources* as ways to compensate for poor supervision and for needs that weren't being met.

My supervisor is not very good so I have built up a whole lot of other networks ...  
I phone colleagues in other hospitals for more clear support – but that has never been a formal arrangement as such. [Ella 1: 10]

For those supervisees in this position, *finding other ways* though *using others* or *accessing resources* was crucial. All of the supervisees in the study wanted external feedback and support about their work. Those in self described poor supervisory relationships expressed frustration, anger and worry about whether they were doing all that they should and *finding other ways* was used to fill the need. However, by using informal networks there was a risk of not being able to get assistance when you needed it. Supervisees indicated that they were *accessing resources* in a number of ways. They were using the literature, attending inservices, workshops and conferences.

Conversely, what also emerged from the data was the value of *finding other ways* in strengthening the supervisory relationship. *Using others* and *accessing resources* gave the supervisee greater knowledge, a larger range of perspectives and skills to draw on, greater feelings of self sufficiency and, importantly, more power. This allowed supervision to step up a level. No longer was there the same degree of dependency on the supervisor. Supervision could explore issues with more depth, and focus on some areas more than others because supervisees had other ways of working through issues.

Therefore, *using others* for support, advice, and feedback was the norm for both those satisfied with their supervision and those unsatisfied. Most commonly participants reported using their peers. For some it was used for informal feedback where the supervisee felt safe and unexposed, and in a relationship where it was more a case of working it out together but was still nevertheless valuable.

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We do heaps of peer supervision. We drive to facilities, so another new grad, and we are often in the car for an hour three times a week...sometimes we reflect on how things went and how things could go differently next time. I think it is helpful because it is relaxed and not time framed ...being able to go "oh my goodness, that person didn't do that very well, how could I have done it differently?" You know that kind of stuff. So it's kinda casual but it makes you think. [Bethany 1: 64]

Others set up more formal feedback which invited more critical appraisal:

I find different ways of getting the knowledge... I made my own appraisal thing so that they could tell me what I could do to improve my team relationships as well as my therapy. [Frances 1: 25]

I get lots of feedback from colleagues. I get them to read my reports and give me feedback ...I've developed a really good relationship with another team leader who's based in [city given] and she's a very experienced OT in this particular area and I ring her or email her to ask her and she'll give me the answer straight away but she always does it in a really supportive way. [Jude 1: 18]

When *using others*, supervisees in the study most commonly reported utilising occupational therapy colleagues from within their own setting, and at times colleagues from other like services. They also used team members from a variety of allied health or medical professions to help them with issues arising from their practice. It was clear that for many the networks they were building continued to grow and develop as they came into contact with people who had skills or perspectives that were of interest to them. They felt networking helped increase their practice skills, and for some their supervision sessions. *Using others* and *accessing resources* required self motivation and time, therefore for some using their supervisor was easier. This was especially true if supervisees had difficulty *accessing resources* due to location or funding, or if they did not have a network of people they could call on to help and lastly if they were new and still *getting to grips* with all they needed to be doing in their job.

Supervisors in the study also described encouraging supervisees to find and use a range of different networks as important; they reported prompting and encouraging new supervisees to *use others* and to *access resources* available to them. They saw that it reduced dependence and increased autonomy by encouraging supervisees to look outside the immediate relationship, allowing supervisees to gain a variety of perspectives which could be used to enhance supervision. They believed that it empowered supervisees within the sessions. Their perspective was that encouraging supervisees to begin or continue *using resources* other than themselves ensured that

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supervision was more than giving advice. They were also keen to instil in supervisees the concept of being a life long learner, and *finding other ways* was a step to encouraging this. There was however a hint from supervisees that some supervisors may inadvertently be developing dependency rather than self-sufficiency.

In summary, the intervening conditions of *pitching it right* and *finding other ways* were pivotal in determining the nature of the strategies supervisees would go on to use when **participating in supervision**. The resultant empowerment or not, of the supervisees by these contextual factors increased or decreased the possibility of positive consequences of supervision.

### Strategies for participating in supervision

Strategies for **participating in supervision** developed in response to a need to feel safe. From the causal conditions of *being an occupational therapist* and *becoming an occupational therapist*, and influenced by contextual issues of *structuring for supervision* and *the power relationship* and intervening conditions of *pitching it right* and *finding other ways*, two strategies of *building trust* or *guarding* emerge. These are not an either/or choice. Rather they are opposite ends of a continuum, with the supervisee's place on the continuum varying based on the issue, the context, past experiences, and the quality of the supervisory relationship.

**Table 6.3**  
**Strategies for participation in supervision**

Category	Subcategory
Building trust	Feeling comfortable Respect
Guarding	Protecting Not making time

#### ***Building trust***

An important step in providing the optimal environment for engagement in supervision was the strategy of *building trust*. Key to this were *feeling comfortable* and *respect*. Participants indicated that for the supervisory relationship to work trust needed to be built. There appeared to be no real substitute for time when *building trust*. Supervisees needed time to see how their supervisor acted or responded, in relation to a range of

issues and happenings. Some were assisted by the contexts of *structuring for supervision* and *having a contract* discussed earlier.

First of all I had to learn to trust my supervisor. That was huge. I think that it takes quite a long time, to get to feel that she understands where I'm coming from and I've achieved that. [Jude 1: 31]

It's a relationship built on trust and sometimes that takes a long time to develop depending on the supervisee and how comfortable they feel with opening themselves in the supervisory process. [Abby 1: 2]

It's about getting their trust so that they can open up about their deep concerns, rather than just the superficial, superficial is not the best word, but it's allowing them to express their disappointments, their hopes, their frustrations, their ethical dilemmas. [Catriona 1: 15]

Trust allowed the possibility of exploring more freely a variety of aspects of a supervisee's professional skills and development. It enabled a metaphorical sharing of the load, an opportunity for vulnerabilities to be acknowledged and worked through, strengths to be developed, and small and large successes to be celebrated. Working out how to establish and maintain a level of trust was hard and participants found it difficult to identify how they went about this. For Jude, in the first instance, it was largely instinctual:

I just got this sense that this person that I'm seeing now, that she could offer me the most. It was an instinctual thing. It was the way she presented herself and I'd been recommended her by a couple of people, that's how I made my decision. She also made it clear to me that at any stage I can pull out if it's not working, and that we should talk about it. [Jude 1: 29]

For supervisees to develop a level of trust they firstly, set out to gain an appreciation of the supervisor's approach to supervision, by observing their behaviours. Supervisees were looking for a supervisor who was friendly and open, who treated every issue raised in supervision with due regard, who wasn't seen to gossip but who maintained confidentiality and who showed consistency in their approach to supervision. They wanted a supervisor who showed by their actions a willingness to be there for, or if necessary to go out to bat for the supervisee. Secondly, they were looking for effectiveness. They wanted a supervisor who offered knowledge, skills and support that were seen to work, but who knew their own limits. Lastly, in order for trust to develop they needed a supervisor who was knowledgeable about supervision, and who could

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understand where the supervisee was coming from. These factors helped create an environment where supervisees could feel comfortable with supervision and set in motion their willingness to be active participants in the process. *Feeling comfortable* was an expression many of the participants used to describe how they needed to be to participate in supervision. It was associated with being at ease, relaxed, secure, safe, unworried, and happy. In differentiating between experiences of poor supervision and that of excellent supervision Isla attempted to define what *feeling comfortable* was about:

I think being comfortable as being very important, a common word but I can't express it any other way. I just have to feel comfortable with the person who's doing it [supervision]. I have to have that belief that I can trust them. I have to have that belief that if I wanted to cry I could, if I wanted to shout and rant and rave that they wouldn't take it personally. [I need to] know that I would be getting back some good feedback with how to deal with all that. I need to know that they will be willing to come and support me if I get into trouble at work ... someone you trust to be there to be your advocate. [Isla 1: 29]

The level of comfortableness a supervisee was feeling was seen to have a significant affect on supervision. In particular it affected the level of disclosure, and ultimately the depth of reflection and exploration of issues.

From a supervisee:

If you feel more relaxed with someone and you feel well, if you like them, you are more likely to self-disclose more – certainly for me, the more comfortable I am with someone the happier I am to talk to them. [Ella 1: 20]

From a supervisor:

One of the things that you need to establish is that you feel ok and comfortable with each other. Because a lot of what you are going to be talking about will be confidential and you want to have a relationship that allows [the supervisee] to talk about those things that might be more difficult to talk about... [Being comfortable] implies an honest relationship, honest and trustworthy... I think it's about [supervisors] coming across as friendly, open, trustworthy and honest. [Isla 1: 3]

Participants described getting to a state of *feeling comfortable* through good communication and feedback. How comfortable supervisees felt in the early stages was affected initially by whether or not they were given a choice in who their supervisor would be. Having a supervisor chosen for them risked difficulties with getting the

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relationship to a level where trust was such that there was an effective supervisory relationship.

First I had supervision done to me I was a graduate and I had no choice but to have the senior [therapist] supervise. [Abby 1: 6]

Having choice also allowed supervisees to move as their needs changed. Hattie initially described choosing someone who knew the situation and was familiar with her job, but acknowledged that she had got to a point of feeling that she was ready to change to someone who she perceived as more high powered. Choice therefore, gave the possibility for supervisees to start supervision on a positive footing. The act of choosing gave supervisees some control, hastening their ability to feel comfortable with the relationship.

*Building trust* was not just about supervisees *feeling comfortable* with the supervisory relationship, but also about respect. As defined in the Oxford Dictionary and as described by the participants, respect is seen to have two aspects; “a feeling of admiration for someone because of their qualities or achievements” and “due regard for the feelings or rights of others” (Soanes et al., 2001, p. 1101). Certainly, if the supervisor was an occupational therapist, clinical expertise was respected and valued, just as some supervisors were respected for skills in supervision. Additionally, the way in which a supervisor worked with the supervisees also garnered respect. Effective supervision underpinned by open communication was more likely to occur if there was *respect* from the supervisee for the supervisor.

I have a huge amount of respect for her [my supervisor] as a person and as a colleague and so it is really valuable to be able to talk to her in a professional manner and discuss issues that came up. [Ella 1: 11]

If you don't respect the person who is supervising you, you aren't going to take their advice or find what they say valuable, because you are going to disregard it; well I do, if I don't respect someone. I just think 'ok, well that's their opinion'. [Ella 1: 20]

You need someone that inspires you and who you respect as well because if you have someone who inspires you and you respect them whatever you get back from them you really appreciate what they give. [Frances 1: 18]

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*Respect* gave the relationship value and standing. *Respect* was also a two way process. Supervisees wanted to be in a relationship where they had respect for their supervisor but equally they saw gaining their supervisor's respect as important. Supervisees believed that there was the potential for respect to develop from the supervisor for the actions and behaviours of the supervisee. Jude described a supervisor who was skilled in helping to develop such a relationship.

She honed in on me telling me to trust myself and [she] gave me feedback about the amount of skills and experience that I have. [Jude 1: 24]

*Respect* can be seen as a progression from being *seen in a good light* that emerged in the context of *the power relationship*.

Both supervisors and supervisees who wanted to engage in the supervisory process employed the strategy of *building trust*. However many found that there were times when they were not sure whether there was value in the relationship or whether it was safe to disclose weaknesses or mistakes and so they chose to guard. *Guarding* consisted of *protecting* themselves by strategies such as not raising issues, or by *not making time* and thus avoiding supervision.

### ***Guarding***

A number of the supervisees in the study, as a result of the context and intervening conditions associated with **participating in supervision**, chose or found themselves using a strategy of *guarding*.

I would be guarded about what I would discuss with her; I certainly wouldn't discuss personal issues unless they were really affecting my work. I also feel I need to be careful about any issues about other occupational therapists in the department that I might have because she supervises some of those people; it just makes it hard. [Ella 1: 25]

*Guarding* involved supervisees in a range of possible actions. At times they would consciously or unconsciously be *protecting* themselves by employing the use of cognitive avoidance strategies, or physically avoiding by *not making time* for supervision. From the interviews three reasons for *protecting* can be identified. Firstly, supervisees were concerned that aspects of their skills may not match up to the standard the supervisor and/or the organisation expected, feeling that there was something wrong with their practice. As shown earlier the possibility of being seen as

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incompetent was a concern for many of the participants. This was most commonly expressed by those relatively new to the profession but was still evident in the discussions of the more experienced therapists. As a result, they found ways to protect and shield aspects of their practice from scrutiny by what they chose to discuss in supervision. From one of the researcher's analytic memos we see reflection on the data that served to support this aspect of protecting.

As a profession we seem to have difficulty knowing what is good enough. Participants seem to be grappling with the difference between competence and incompetence and this seems to be making them very cautious in supervision. Supervisors also don't have clear expectations for therapists at different stages of their career. Do we see and talk enough about each other's practice? Isolation from other occupational therapists even in quite large settings appears common. Participants appear to carry or feel a high level of individual responsibility and accountability for what they do. Is this different than other health professionals where there may be more sharing of the load? Do some of our settings unwittingly set supervisees up to feel that they are failing, not getting work done on time, not doing everything they should? Supervision in theory should be assisting, but in a number of instances this does seem to be the case, rather supervisees are putting up a wall of protection that may or may not be necessary. [Researcher 1: 4]

Secondly, *protecting* was a strategy used by some supervisees until they were in a space where they had the confidence and readiness to work on developing particular skills. Sometimes it related to their priorities at the time, their immediate needs or interests.

Thirdly, *protecting* was occurring because supervisees were in a supervisory relationship in which they did not feel safe or supported. This depended on a number of factors including the skills and behaviour of the supervisor in supervision, the quality of the supervision, and the structure and processes within the supervision.

Supervisees who were in a pattern of *guarding* found it easy to slip into a pattern of *not making time* for supervision, cancelling and not rescheduling sessions, and indicating to supervisors that they had nothing to bring up.

It started off weekly, then she went away for a month, and then when she came back it was to be fortnightly but because of workloads and trying to coordinate a time between the two of us has been quite difficult, now it's three weekly at a push... it's not like it's a solid slot that I have every fortnight. It's like "we haven't

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had supervision for a while, quick lets”, or it will fall through because of unwellness or stuff. [Bethany 1: 44-46]

These methods gave them a way to avoid the issues, especially if the supervisors lacked the skills to work through with them what was happening. There also appeared to be examples of collusion, such as that above, where the supervisor also seemed to be avoiding supervision.

To summarise this discussion, *building trust* or *guarding* are powerful strategies to employ when participating in supervision. It was clear from the data that participants in supervisory relationships where they felt supported and safe used *guarding* less than those in relationships which they described as poor. Ultimately the strategy supervisees chose to use most influenced the outcome of supervision and therefore the consequences of **participating in supervision**.

### Consequences of strategies for participating in supervision

The consequences of supervision relate to its perceived outcome, its repercussion or ramifications. The consequences of **participation in supervision** as identified through analysis of the data relate to the process of the supervision itself, to the; supervisee, supervisor, organisation and client(s) of the supervisee.

**Table 6.4**  
**Consequences of participating in supervision**

Category	Subcategory
Making the most	Being affirmed Having insights Being energised Feeling safer
Fighting shy	Avoidance Frustrated

As a consequence of the strategies they were using in supervision, supervisees were either *making the most* or *fighting shy* of **participating in supervision**. *Making the most* had a number of consequences. All of the supervisees actively *making the most* of supervision spoke of supervision providing a *safe place* and *being affirmed*. A number also spoke of *having insights*, and *feeling inspired*.

For many of the supervisees in the study a major reason for **participating in supervision** was the opportunity supervision afforded to have “a safe place to go and talk”. [Jude 1: 35]. As occupational therapists, having a *safe place* was an important outcome of the supervision. This haven offered opportunities for supervisees to talk about their work, to discuss issues, to offload, and a place to go for support. In effect it gave many supervisees a safety net. It helped them understand what was happening, and it helped keep them safe, both in themselves and with work they did with clients. Abby describes the value of supervision that provides such a place.

[Supervision provides] a safe place to be able to talk about the stressors of their [supervisees] work. Supervisees should be able to stand back and look at their work and reflect on their work in a safe place. They can then go on, and shift and work differently, or work more safely. So an outcome would be that they are safe, competent, ethically practicing, hopefully happy occupational therapists... I know that we all need to be in supervision. I think supervision is a safety net as well for therapists because there is a lot of secondary trauma that we take on, that doesn't always get dealt with. [Abby 2: 10 & 11]

Additionally supervisees, as a result of **participating in supervision**, had the opportunity to gain affirmation. *Being affirmed* gave supervisees external confirmation that their work with clients, their behaviour and the reasoning that underpins this work is seen at the very least as appropriate.

I get affirmation ... When you go on a journey from point A to point B and you have never been on that journey before you need sign/guide posts to see that you are still on the right pathway. That you have not deviated to some other area that you should not be - supervision is a very important thing to ensure that you are doing the right thing and still on the pathway. [Kerry 1:10]

One of the things in terms of supervision is about confirmation that you are doing things well. I had a supervisee say to me “I just need some feedback. How am I doing as opposed to just my own perception of how I'm operating”, and I think that that is one of the outcomes, that the person actually got an external validation or check ...we never grow out of the need for some external validation and feeling like we're supported. [Georgia 1: 26]

All of the participants in the study spoke of the value and need for external affirmation. As part of the process of being affirmed supervisees felt encouraged, supported, and reassured. Having someone state that the supervisee's practice skills, knowledge and

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professional practice were valid resulted in an increase in confidence and in many cases a willingness to extend themselves or accept challenges. In addition external affirmation helped them gain internal markers for validation of their own work. Therefore affirmation confirms that they are doing ok and that their perception of their own skills is valid.

For some the supervision process and the skills of the supervisor in encouraging reflective practice had given them opportunities to think things through and to *have insights*. Insight included increased awareness, understanding or comprehension of issues or actions. Supervisees spoke of having a greater discernment and appreciation for what was happening.

From a supervisee:

So sometimes I've got things that I need to put into practice and other times I haven't. I may have gained awareness or I've gained an insight that I didn't have before, which is really valuable. [Jude 1: 31]

From a supervisor:

[The outcome of supervision is] that the practitioner gains more insight into who they are as a worker, and how they practice, how they relate to people, and who they are as a team player... The outcome is that they grow professionally, but also personally at the same time you can't really separate the two, because they are a person who is a worker. You can see them growing and you can see them having insights. [Abby 1: 28]

Abby when describing insight as a consequence or supervision makes the link between insight and the phenomenon of *growth* seen in this study as implicit in **participation in supervision**.

Where supervision had given supervisees opportunities to have *insights* into the work they were doing, and their actions, there was a palpable enthusiasm for occupational therapy in their conversations. Indeed, a number of supervisees talked of needing "someone that inspires you" [Frances 1: 18]. Gaining a timely idea, having some knowledge triggered, links made between practice and theory, and being roused to think more deeply by a supervisor could inspire supervisees in their work. This takes skill as inspiration, like motivation, can't be imposed. It comes from within. Some were fortunate to have a supervisor who was able to work in such a way that resulted in the

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supervisee *feeling inspired*. Georgia when speaking of her supervisor stated “she is very good at drawing out inspiration” [Georgia 1: 15]. This was an attribute recognised given most commonly in supervisors who were seen as providing excellent supervision.

I feel like I always come away from supervision feeling like I've come to a conclusion or feeling really good about where I've come to. Feeling like I've got something to go away with and something to put into practice. Sometimes it's like, “this is what I've got to do, this is what I've got to take away”, and other times it's more things to think about. I always come away feeling like I've achieved something and that always feels really good. And to me that's a really good sign. [Jude 1: 31]

As Jude's comment indicates supervisees in such a relationship came away from supervision feeling energised. Supervisees who were inspired wanted to explore, to try out and to investigate different ways of working and being with clients. They were *feeling inspired*, buzzing and proud of the work they were doing. This could be clearly heard in their voices as they spoke.

There were however, a number of supervisees who had not been able to make the most of supervision. *Fighting shy* is a concept that represents those supervisees who, due to either their own issues or the quality of the supervisory relationship, had not been able to access supervision such that they could gain positive outcomes. For many of these supervisees the skills or lack of skills of the supervisor were significant features. Many of the supervisees that were seen to be *fighting shy* of supervision at some point in their supervisory history were able to identify *making the most* in other supervisory relationships. For others however, a lack of confidence in themselves was equally significant.

I was in a different space then. I was a lot less confident and not as assertive as I am now and was really unsure of myself as a therapist. I felt unsupported at that time. It [supervision] played a small role, but I don't think I had enough of it. I needed more. [Jude 1: 16]

For some supervisees *fighting shy* was characterised by *avoidance* activities where they felt the need to keep their distance, due to uncertainties and lack of trust. Some supervisees chose to opt out of exploring their skills, and weaknesses and shied away from examining the therapeutic or team relationships they were in. Bethany describes avoiding supervision by not having time; too many client issues to deal with, reports

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that need to be written. However, even then there were moments of crisis where the need to talk about an issue brought her to supervision.

Unless I have a crisis that I really need to talk about, [otherwise] it's like "oh I've got supervision" because I'm not sure about it. [Bethany 1: 46]

For many of the supervisees in this position *frustration* was evident. Often the frustration related to the lack of skills by both supervisee and supervisor in supervision. It was evident in the feeling discussed earlier by Bethany where she talked about not understanding what supervision was about. Supervisees new to supervision describe *frustration* and bewilderment with supervision that did not provide them with clear understandings and a framework in which to work, resulting in sessions lacking structure and value for the supervisees. They also expressed disappointment at not receiving the feedback they needed.

My supervisor tends to always bring back things to her caseload, so she never looks at mine. She is a real rambler and never gets to the point, and she often does not understand what I am on about. So I find it a waste of my time ...I don't get the feedback I need. [Frances 1: 5]

Abby sums up this feeling of *frustration*:

If a person goes away from supervision and doesn't gain insight, or develop, or doesn't shift their thinking, or work differently, or celebrate the way that they are working, and have the knowledge that it is working, then I don't think much has happened in supervision. [Abby 1: 31]

The supervisees in the study who were *making the most* of supervision experienced having a *safe place*, *being affirmed*, *having insights*, and *feeling inspired*, to differing levels. Nonetheless, these consequences of **participating in supervision** were possible whether they were in the stage of *being* or *becoming an occupational therapist*. Supervision, when it provided a *safe place*, allowed supervisees to gain the support that many of them articulated, throughout the study, as being particularly important in the type of work they were involved in.

Some were only able to see the consequences of participating in supervision in terms of the *affirmation* it provided and the feelings of being a safe practitioner that this brought. Others gained much more. Clearly for those that were able to examine their practice and *gain insights* from this process, the effect on them and their clients was

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greater. Finally, *feeling inspired* increased supervisees' willingness to take up challenges and to think about *doing things differently*. Time, the quality of the supervisory relationship, and the skills and confidence of both supervisee and supervisor also had an affect on the consequences of **participating in supervision**. For those in the position of *fighting shy* of participating in supervision, it was a frustrating activity to be avoided.

## **Conclusion**

The framework has allowed a detailed picture of **participating in supervision** to emerge. What has become clear is that supervision is a complex process which relies heavily on the quality of the supervisory relationship and the structures that support the relationship. It is a process that is influenced by contextual factors. Also evident is that **participating in supervision** is a process that takes time and one in which participants engage at different levels. These findings and their implications for supervisees, supervisors and the professional at large will be discussed in chapter seven.

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## CHAPTER SEVEN: DISCUSSION

This study has explored the supervision of occupational therapists in New Zealand. The study interviewed eleven participants who were willing to speak about supervision from either the view point of being a supervisee, a supervisor or both. It initially looked at participants' 'top of mind' definitions of supervision, as a platform that would allow further exploration of the process of supervision, as it occurs in this context. This defining was necessary as supervision can vary in its structure and function. Once participants had defined supervision the interview continued. When asked more about their experiences of supervision, what was happening behind the statements that defined supervision became more apparent. The interviews revealed complexities and mechanisms that were in many instances more complex than first stated. They identified discomforts and the cause of these discomforts. Participants moved beyond using the words of the literature to explain the experience of supervision to a level where the nature and complexity of supervision is now more apparent. From the data collected in these interviews emerged the central concept of **participating in supervision**. As the data was analysed it became clear as to why therapists engage in supervision. It also identified influences on supervision, and revealed the feelings engendered by taking part in supervision. Lastly it established the consequences of participating in the process of supervision.

This chapter will firstly overview the findings of the study. It will then discuss the fit of these findings with the existing literature, before going on to identify those aspects of the findings that provide new perspectives for the occupational therapy profession about supervision in New Zealand. Some of this information may also have relevance for the wider occupational therapy community. The chapter then goes on to discuss the implications of the findings for supervisees, supervisors, organisations and policy makers. The limitations of the study are then discussed and implications for further research are outlined.

Participants in the study were asked what supervision is. Their answers had numerous commonalities and it was possible to identify key concepts. In **defining supervision** four conceptual categories were identified; the *activities* of supervision, the *supervisory relationship*, the *purpose* of supervision and the *structural parameters* in which supervision occurs.

The *activities* of supervision were *raising issues* and *talking through problems: generating solutions*. *Raising issues* gave a starting point from which supervision could

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begin. The issues raised were seen as emerging from a wide variety of contexts; those that relate to one's professional and personal self, those that highlight one's interactions and interventions with clients, and lastly those that relate to the wider context in which the person worked, for example the team or the organisation. Supervisees were clear that the activity of *talking through problems: generating solutions* was not about being given answers but rather enabling supervisees to work through their own solutions with guidance and support from a supervisor. The quality and nature of the *supervisory relationship* was seen as critical to the effectiveness of these activities.

In **defining supervision** participants described the nature of the *supervisory relationship* as one of *mentoring* which suggests as important the notion of nurturing within the relationship. All of the participants saw that the supervisory relationship must be *supportive and trusting*. These concepts provided a picture of a relationship that should be non-judgemental, respectful, encouraging, and that felt caring. It excluded the elements of oversight, checking and evaluation indicated in much of the literature. Interestingly mentoring was a term that was less frequently used as the interviews progressed and the characteristics of a supervisor became clearer.

For participants the purpose of supervision related to three key concepts; *keeping safe*, the opportunity for *reflecting on practice* and the *provision of knowledge* by the supervisor. Participants were concerned that their role and practice as an occupational therapist put them at risk. They felt at risk firstly by, being in situations where they might find their competence questioned. Secondly, due to the nature of working with people who were under stress or thirdly where they themselves felt physically or psychologically unsafe. Having a means to explore ways of *keeping safe* was therefore essential. Supporting this by looking at what they were doing in practice and how they were doing it, through *reflection on practice* and the feedback they received when involved in reflection were important purposes of supervision. Not all therapists have sufficient experience or resources for the variety of challenges that arise within their work place, particularly those new to occupational therapy or those settling into a new role. For these people the *provision of knowledge* is important. More skilled therapists likewise acknowledged that the knowledge supervisors impart as a part of offering different perspectives or suggesting resources is beneficial.

Finally in **defining supervision** participants recognised two *structural parameters*; that of *accountability* and of being *contracted*. These were not identified by all the participants but provide a potential foil to the earlier findings related to the nature of the

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supervisory relationship. *Accountability* as in answerability and responsibility for actions and outcomes was significant for the participants. However it was clear that most wanted supervision that looked at these issues from the framework of a *supportive and trusting* relationship as opposed to one of oversight. Lastly being *contracted* as a *structural parameter* to supervision binds the parties together, and implies negotiation and enforcement. As a concept in **defining supervision**, being contracted was only identified by one participant, but given prominence as an essential element of supervision. Later in the data gathering its potential in the relationship became clearer, and I was able to see that the lack of identification in this study of the value the literature places on this activity, could be related to poor implementation and use of participants own contracts for supervision.

From the whole data set, **participating in supervision** emerged as the core concept. It was explored using a conditional/consequential matrix suggested by Strauss and Corbin (1998). Employing this matrix facilitates the generation of a conceptual model of the experience. The study identified two causal conditions to supervision, *being an occupational therapist* and *becoming an occupational therapist*. With a more concrete focus of needing the skills to do the job, *being an occupational therapist* resulted in supervisees wanting supervision for affirmation that they are *doing ok*, and to assist them in *searching for ideas* and in *getting to grips* with the role and contexts in which they work. *Becoming an occupational therapist* brings therapists at a different level into supervision. These are therapists confident in their role and the processes and systems of their job. Engaging in supervision enables them to explore the concept of *me as a therapist*, looking at how they impact on and affect the outcome of therapy. Supervision for these therapists also encourages *gaining a wider perspective*, allowing supervisees to gain an understanding of the effect of wider issues such as culture, poverty, organisational and government policy on the provision and outcome of therapy.

Arising from the causal conditions that draw supervisees to participate in supervision is the phenomenon of *growth*. Supervisees want to improve their skills, knowledge and delivery of occupational therapy services. *Growth* is supported by; the *expectations* supervisees bring to supervision, their willingness to consider *doing things differently* and the possibility that by participating in supervision that they can realise the dream of *being a better therapist*.

Subsequently, the phenomenon of *growth* is influenced firstly by contextual factors. These are identified as *structuring for supervision* as seen by *training* and *having a contract* and importantly by the type of *power relationship* between the parties to the

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supervision. *The power relationship* is a powerful contextual factor. Firstly, for supervisees it is important to be *seen in a good light*, supervisees in the study had a uniform desire to be seen positively, as someone doing a good job. Supervisees are however concerned about the *conflicting interests* inherent in many of the relationships where their supervisor is also their line manager. Additionally they are strongly affected by the power differential within the relationship and are concerned, scared and at times threatened by the *power over* them held by some supervisors. They wanted their supervisors to have social rather than positional power. A supervisory relationship based on social power and respect was clearly empowering. Ironically they could also see that supervisors who had power over them also had the *power to* access resources and opportunities for them.

Secondly the possibility for *growth* is impacted by the intervening conditions of *pitching it right* and *finding other ways*. *Pitching it right* is a skilled activity. It necessitates energy being invested in *preparing* for supervision sessions by both supervisee and supervisor. It then required a balance within supervision sessions of *building on strengths* and *challenging*. The skills of the supervisor are identified as a significant factor in the impact these intervening conditions will have on the outcome of supervision. Equally *finding other ways*, such as those of *using others* and *accessing resources* empowers supervisees by facilitating access to a range of perspectives, skills and knowledge. Together with the contexts for supervision, these intervening conditions impact on the strategies supervisees use when **participating in supervision**.

Data analysis identified two overarching strategies supervisees use in supervision; that of *building trust* and *guarding*. These can be seen as opposite ends of a continuum. *Building trust* requires time, but if successful provides an optimal environment for **participating in supervision**. *Building trust* requires supervisees to *feel comfortable*, with the relationship, to have *respect* for their supervisor, and to be in a position where they will also be given *respect*. At the other end of the continuum, some supervisees are caught into a cycle of *guarding*. *Guarding* occurs where supervisees see the need to put up defences. By *protecting* themselves they were not opening themselves to risk. *Not making time* appeared as a passive non confrontational way of *guarding*. The quality of the supervisory relationship alters the strategy supervisees choose. It has the potential to support and encourage active participation in supervision or alternatively results in supervisees and at times supervisors distancing themselves from supervision.

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These strategies are not without consequence. Participants to the study identified two consequences which can largely be predicted by the strategies supervisees employ. The first, based on a relationship where there is trust is the concept of *making the most* with subcategories of *a safe place*, *feeling affirmed*, *having insights*, and *feeling inspired*. The second is the concept of *fighting shy* that emerged largely as a consequence of the strategy of *guarding* with subcategories of *avoidance* and *frustration*.

Many of the findings of this study support the existing literature and research into supervision across the allied health professions.

### **Links with existing literature and research**

As the literature review showed supervision has significantly more literature written about it than research into the topic. Therefore the findings of this study will at times be supporting, or disagreeing with a view of an experienced person and/or academic in supervision and at other times building or questioning the findings of research. There have been very few studies of occupational therapists and their involvement in supervision. It is therefore important to draw attention to the recent study conducted by Sweeney in 2001. Her study has many similarities to this study. She interviewed both supervisees and supervisors on their experiences of supervision, although she reports on them separately. There are a number of findings in this study that support, affirm or build on her findings these will be addressed through out this section.

This study as with the literature on supervision emphasises the need for those engaged in supervision to clearly understand the concept (Bond & Holland, 1998; Grauel, 2002, MacMahon, 2002). It was concerning in the data to note the number of times supervisees stated that they did or had not understood what supervision is. This same feature was supported by comments by supervisors who also stated that supervisees were not clear about what should be expected when engaged in supervision. If at this fundamental level those engaged in supervision are unable to articulate the purpose of the relationship then it is very difficult to see how a trusting relationship can exist and therefore how supervision can be truly effective. Just as in the literature and research (Hewson, 1993; Itzhaky, 2001; Mosey 1986; Sweeney et al., 2001) participants recognised the need for increased *training* of both supervisees and supervisors in supervision strategies, skills and theoretical models of supervision, to increasing this understanding. Interestingly, in this study only the most experienced spoke of the need for a model of supervision to guide them and only one indicated that supervision in

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supervision was helpful. Likewise, Sweeney in her research points to an absence not only of training but of skilled supervision role models (Sweeney et al., 2001).

The literature appears stronger around the need for training in theoretical models than the participants in this study. From participants discussions it appears that many of the supervisees had not been exposed to theoretical models of supervision. Most were not receiving supervision that drew on a specific body of knowledge or had particular theoretical underpinnings. These findings support those of Sweeney et al. (2001a, b & c). Given that the value of using a model as described by Leddick (1994) is that a model attends systematically to the relationship, learning styles, the role of the supervisor, ways of communicating, and analysis, use of supervisory models may enhance a better understanding of what supervision is by providing a framework and boundaries. Leddick also acknowledges that as use of a recognised model progresses it is likely that a personal model will develop based on the recognised model and the unique skills and characteristics of the supervisor. I was left wondering whether the profession of occupational therapy in New Zealand had not yet developed to this level.

The literature points to another reason for uncertainty about what supervision is. That is the different value and emphasis placed on the functions and roles of supervision and the value the different parties to supervision place on the components. This is seen to cause confusion without good communication, clear boundaries and agreement between the parties to supervision (Bond & Holland, 1998; Kadushan, 1992, Proctor, 2001). The majority of participants in this study were unable to articulate a theoretical underpinning or the structure of the supervision they were receiving. This resulted in uncertainty in supervisees and created the confusion indicated in the literature.

The participants in this study were clear in their message about the type of supervision they needed. They wanted supervision that focused on support and development and were apposed to methods that stressed accountability and working through set goals. Many of them however were in relationships that had a managerial basis and they were therefore receiving supervision that had this focus. It is common to see this same tension discussed in the literature (Bond & Holland, 1998; Kadushan, 1992, Proctor, 2001). Carroll (1996) and Grauel (2002) acknowledge that whilst supervision usually means more than oversight the different emphasis people place on supervision changes the nature of the relationship its focus and the outcome of participating in it. There is a danger therefore of a mismatch between the beliefs and values of the different parties to the supervision. This mismatch could be seen in this study.

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The literature emphasises the need for structures in supervision and strongly advocates for the use of contracts (Atherton, 1986; Hewson, 1992; Proctor, 1997). I was however unable to find any research that indicated that supervisees found this valuable. Rather the research emphasised or recommended contracts as a possible solution to issues with supervision. Most of the participants in this study had a contract. However few had truly negotiated the contract or had continued to use it. Significantly however, those supervisees who had negotiated, and were continuing to use the contract were clearly empowered. These were also supervisees who were in excellent supervisory relationships and could articulate clear outcomes for themselves of **participating in supervision**.

Effective supervision clearly benefits the organisation or setting in which the supervisee works (Sloan, 1999; Morris, 1999; Thomas & Reid, 1995; Rainville et al. 1996; Lowry, 1998). How the supervisee works and interacts has an effect on clients, team members and the organisations goals. From this study the consequences or benefits of the supervisory process to the supervisee are that firstly, the supervisee has a *safe place* to go to raise and discuss issues. It then provides opportunities for *affirmation* of a supervisee's practice, their clinical reasoning and planning. It facilitates *insights* and lastly it can provide an environment where supervisees report coming out of supervision *feeling inspired*. The need for a *safe place* and *being affirmed* is well documented in the literature (Bond & Holland, 1998; Crago & Crago, 2002; Parker, 1991). Crago and Crago state "good supervision is a potent mix of affirmation, challenge, education" they then go on to say "supervision provides me with a safe place where I can discuss my clinical work, and any personal or professional issues that affect my work" (p. 79).

It was interesting that the supervisees in this study when first defining supervision noted as one of the purposes of supervision the *provision of knowledge* yet with further discussion and constant comparison of the data collected what emerges is not so much the provision of knowledge but rather the integration of knowledge. Supervisees wanted to be in a place where they encouraged to; look at factors from different perspectives, reason through issues, form understandings, and make meaning of events and issues. It became clear that given the right support and encouragement that supervisees were capable of finding knowledge themselves by *using others* and *accessing resources*. The value of supervision was therefore in contextualising and integrating knowledge and behaviour, leading to them *having insights*.

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Lastly but importantly the study highlights that the consequences of **participating in supervision** can be *feeling inspired*. There is obvious benefit to the organisation in which a supervisee works if they are energised, enthusiastic and up to the challenges the workplace presents. Interestingly, Baretta-Hermens (2001) in defining supervision in relation to other professional development strategies such as consultation stated that what sets supervision apart is contextualising the problem and linking between agency and political factors, this would support the notion that some of the people in this study were truly receiving supervision.

As a hurdle to effective supervision the issue of *conflict of interest* is not new in the literature. Hawkins and Shohet (2000) refer to difficulties in terms of conflict of roles in reference to the “duel roles of management and support” (p. 25) and Itzhaky (2001) in her research when discussing internal supervisors states “While they may maintain awareness regarding the individual needs of their supervisees, they are also concerned with standardization rules and with fulfilling the overall aims of their organization” (p. 82). The participants in this study likewise noted the *conflict of interest* in their supervisor with her having to balance meeting organisational requirements and the needs of the supervisees. This tension was seen to impact significantly on the relationship. The conflicting roles resulted in supervisees reporting feeling threatened and unsafe, resulting in unwillingness to take risks in supervision. The most frequently referred to risk was the risk incurred by disclosing weaknesses or errors. For the participants, to open up about their practice, to be able to discuss the real issues and to feel comfortable about acknowledging and working on their weaknesses *the power relationship* and the type of power held by the supervisor was an important contributing factor.

The influence of power is well debated in the literature and in research (Brown & Bourne, 1996; Hewson, 2002; Itzhaky, 2001; Ung, 1998). The major debate concerns the impact of the effect on a relationship of positional power versus social power or formal authority versus informal authority (Itzhaky, 2001). Itzhaky’s study revealed that positional power was most often an issue in the relationship where supervisors were in a hierarchical position to the supervisee. These supervisors were found to provide less constructive criticism and confrontation than those supervisors who had social power. The findings in this study support Itzhaky’s they reveal that the supervisees’ in relationships which were based on social power had increased likelihood of positive consequences as a result of **participating in supervision**.

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The supervisees in this study were keen to be *seen in a good light* this included being seen as competent and a good practitioner. This impacted on the issues that they selected to bring and discuss in supervision. Sweeney in her study talks of a similar concept 'presenting a professional face'. The motivation for this she describes as "a need to safeguard their own sense of professional competence" (Sweeney et al., 2001a, p. 384). Additionally her findings describe supervisees self protecting by taking up a passive role, inaction when supervision is not working, and selective reporting to supervisors.

Associated with nondisclosure was the concept of *guarding*. Guarding was concerned with supervisees *protecting* themselves from having to explore issues or from needing to disclose, often this was related to how safe supervisees felt in the relationship but also how confident or ready supervisees felt to raise issues with the intent to explore them. The most passive way of guarding was by *not making time*. Ineffective supervisors appeared in many instances to fall into a pattern of colluding with this. It allowed them to avoid confrontation and to hide deficits in supervisory skills. Similarly, Sweeney in her study reports supervisees providing resistance to supervision, by adopting a passive role and supervisors using covert and overt strategies to bring supervisees to supervision (Sweeney et.al., 2002 a & b).

The links to the literature is completed by reviewing the findings of this study with a small New Zealand study of social workers. This helps place the findings of this study in context. As this research was in its final write up the proceedings of Supervision Conference 2004 held in Auckland New Zealand were published. One study completed in New Zealand is worthy of note, firstly due to its setting, New Zealand and secondly, the nature of its research findings in relation to this studies findings as there were a number of similarities with this study. Davys's (2004) study looked at good supervision. She states that "when good supervision was experienced the supervisee understood the process and had developed skills to effectively engage in the activity" these included openness, honesty, preparing, being self reflective, having training, being willing to give feedback and to challenge the supervisor. Good supervisors were "competent practitioners and competent supervisors who had the ability and the flexibility to respond to and manage a range of situations with openness and self-critique" (p. 16). She also highlighted the ability of the supervisee to have choice in the supervisory relationship. By choosing their supervisor and having choice about the length of to the relationship supervisees were empowered, and this choice was seen by the participants of the study to enhance the supervision. Davys points out that this is not unchallenged in the literature and she questions the difference between good

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supervision and effective supervision and whether supervisees will take the easy option; supervision that feels good, rather than is effective.

This study likewise highlights the benefits to supervisees in being given training in supervision and training in skills such as reflection and feedback. It also places value on coming to supervision prepared. This study suggests that to provide good supervision supervisors need to have skills in pitching supervision at the right level for the supervisee, understanding the supervisee's strengths and being able to build on them. It also highlights the need for challenge in the supervisory relationship. Both studies acknowledge the empowerment that comes from supervisees having choice in the supervisory relationship. There are clearly many similarities in supervision of occupational therapists and social workers in New Zealand.

This discussion now goes on to explore the new perspectives that have arisen from this study.

### **New perspectives**

This study by the nature of its design resulted in bringing the perspectives of supervisees, supervisors together to the exploration of supervision of occupational therapists in New Zealand. This provided a well rounded study which was able to bring diverse views to issues, resulting in depth to the properties and dimensions in the categories that emerged. The range of perspectives and different level of knowledge and understanding of the participants helped clarify the process of **participating in supervision**.

As an intervening condition the *finding other ways* had an unexpected significance and impact on supervision. *Finding other ways* was characterised by *using others* and *accessing resources*. The study shows *finding other ways* to be a crucial tool of supervisees. Firstly it is powerful in empowering the supervisee both within their daily work, and within the supervisory relationship. It increases independence and removes feelings of dependency. It increases the knowledge, and skills that supervisees have to call on as they use supervision to increase their understanding of what is happening in their occupational therapy practice with clients, in the workplace and within themselves.

*Finding other ways* is also interesting because it not only empowered supervisees who were in positive supervisory relationships but it empowered and supported supervisees who were in supervisory relationships that weren't being effective. It assisted supervisees who needed support but were not finding it in supervision. It substituted for

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supervision when supervision had not generated sufficient trust and respect in the relationship, where supervisees subsequently were not raising issues or were avoiding supervision. These findings strongly suggest that *finding other ways* is empowering and that supervisors should be encouraging and supporting therapists to develop resources, and networks as early as possible.

An unanticipated link occurred with the emergence of the concept *me as a therapist*. As part of *becoming an occupational therapist* the subcategory *me as a therapist* highlighted the need for supervision to have a strong focus on exploring behaviours. *Me as a therapist* encompassed a willingness and need by supervisees to reflect on and explore how their behaviours, actions and reactions influenced their work with clients, team members and other associates. The properties and dimensions of *me as a therapist* began to sound very familiar. On returning to the literature I found that it was not the supervision literature to which this familiarity related but to the occupational therapy literature. Mosey (1981 & 1986) identified what she considered to be the legitimate tools of occupational therapy practice one of which was 'conscious use of self'. This concept continues in the occupational therapy literature today although at times it is referred to as 'therapeutic use of self' and described as a core process of occupational therapy (Hagedorn, 2000). 'Conscious use of self' involves:

A planned interaction with another person in order to alleviate fear or anxiety, provide reassurance, obtain necessary information, provide information, give advice, and assist the other individual to gain more appreciation of, more expression of, and more functional use of his or her latent inner resources. Such a relationship is concerned with promoting growth and development, improving and maintaining function, and fostering a greater ability to cope with the stresses of life... conscious use of self involves considerable forethought relative to the nature of a particular message and how that message is best conveyed to another individual. (Mosey, 1986, p. 1999)

Being able to explore this planned interaction seems a crucial skill for occupational therapists to reflect on and explore in supervision. Supporting this view Mosey (1986) states "The acquisition of conscious use of self is an ongoing process, more deeply understood and used with more skill but never completely mastered even by the most skilled clinicians" (p. 199). There is literature on supervision that refers to the need to explore behaviour in supervision. However this comes out of other disciplines more particularly those of psychology, counselling and social work whose theoretical underpinnings are derived from the psychoanalytical and behavioural 'schools'. What has emerged in the link between the need to explore *me as a therapist* and 'conscious

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use of self' is a concept which could be worthy of discussion in relation to its place in a model of supervision for occupational therapists.

This study found two areas that were important to the supervisory relationship in New Zealand that did not appear to have the same significance or impact on the outcome of supervision in the literature from other countries. The first was the impact of performance management. As a result of increased managerialism in the New Zealand government sector performance management is now an integral part of human resource policies in most settings. It involves the setting of performance objectives, regular reviews and yearly performance reviews or appraisals (Blackburn & Cornelius, 2001; Cornelius & Gooch, 2001). The data collected in this study show that many of the supervisees appeared to be receiving performance management but it is being called supervision. As stated in the introduction performance management has as its focus the organisations needs and supervision the individuals needs. Many supervisors appeared caught in trying to incorporate performance management into a supervision structure. The result sends mixed or confusing messages to supervisees who are struggling to match their perception of supervision as supportive and trusting with the very high level of accountability and structure in performance management.

The second finding may be an issue of the times raised to prominence due to the recent legislative changes in New Zealand. This has resulted in increased government focus on competence to practice and it raises the issue of competence versus incompetence. Many supervisees in this study appeared to believe that others would be viewing them as either competent or incompetent. Additionally they appeared to be seeing strengths and weakness as an issue of competence or incompetence. Therefore in supervision they were concerned about being found to be incompetent. In relationships that were hierarchical where supervisees felt the supervisor had *power over* them supervisees were not willing to take a risk in disclosing perceived weaknesses or failings. The fear of being seen as incompetent was too great. They felt that any disclosure may put them at risk. This presented a huge hurdle for the supervisory relationship to deal with. It was clear that as a result these therapists had difficulty gaining positive outcomes from supervision.

On a positive note what this study was able to identify is that there is a route to effective supervision which results in positive outcomes for supervisees. The study shows that some occupational therapists in New Zealand are in such relationships. Such a relationship involves supervisees in being willing to look at *me as a therapist* exploring their actions and reactions to issues and events that happen in practice and

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to engage in *gaining a wider view* of the context of their practice. They are in relationships where a *contract* is negotiated and used and where both supervisee and supervisor have received some *training*. The relationship is based on social power rather than positional power and *respect* becomes mutual. The supervisor in these relationships has skills in *pitching it right* knowing where the supervisee is at, their strengths and weakness. He or she is able then to work with the supervisee to *build on their strengths*. The supervisees in these relationships are proactive they come to supervision *prepared* they are active in *using others* and *accessing resources* enabling them to bring different perspectives and increasing knowledge to supervision. In supervision they are encouraged to integrate knowledge and behaviour to improve their clinical skills. *Trust* in these relationships begins to build and supervisees are willing to raise fears, errors or mistakes knowing that they will be supported and assisted. The consequence of such supervisory relationships is a supervisee who has a *safe place* to work through issues and to go for support, who gains *affirmation* when needed but who increasingly can tap into an internal *affirmation* system. These therapists report supervision as allowing them to develop *insights* and *inspiring* them to greater things.

Sadly however, in New Zealand not all supervision has these results. Interestingly, the supervisees in such relationships in this study were receiving supervision from professionals other than occupational therapists. It appears that skills in supervision are still in their infancy in occupational therapy in New Zealand.

### **Implications of the study for occupational therapy**

The major implications of this study relate to the finding that many occupational therapists and supervisors do not have a clear understanding of what supervision is or what it is supposed to achieve. This is compounded by a lack of separation from performance management. This results in supervisees *guarding*. Some guard because they don't have a clear understanding of what supervision, they have few expectations of a supervisor and are not clear what the expectations are of them. This lack of clarity means that they do not form a relationship which encourages the *raising of issues* and the exploration of them. Others rightly guard because they feel unsafe due to the positional power the supervisor holds and the lack of separation from performance management.

The message therefore from this study to supervisees is if you are in a supervisory relationship where you know that you are *guarding* and where you cannot identify positive consequences of supervision you need to act. What every the precipitating

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factor for *guarding* is it does not serve you well. There are a number of things that a supervisee in this position can do. Firstly review and renegotiate the supervision, consider changing your supervisor. If these things are not possible it may be that you would achieve more by investing in *finding other ways*. Increasing networking and *accessing resources* may be better than continuing in a relationship that is not working. Whilst you may not be receiving effective supervision currently be assured that others have cracked it and that it can be very empowering.

It is important therefore that the profession looks to clarifying what supervision is and its intent. This needs to happen at national and local levels. Nationally the Occupational Therapy Board and the Occupational Therapy Association need to clarify what is supervision and speak with one voice when they use the term. Currently there is a mismatch. It is suggested that there should be debate around the major focus's of supervision; accountability, support and education. Recertification of occupational therapists has focused therapists on the need for supervision; however supervision has now become more closely aligned with the tale telling/reporting processes inherent in policies related to the Health Practitioners Competence Assurance Act (2003). The profession needs to decide whether they want supervision to be associated with these policies.

The study highlights that a clear differentiation is not made in many instances about the type of supervision an organisation provides for its employees. Resulting in a mismatch in expectations which leads to frustrations and ineffective supervision. Primarily the role of supervision and performance management needs clarifying. Strong government emphasis on performance management means this process is here to stay. Whether the supervisee is actually receiving supervision or performance management the indicators from this study is that neither were being done well. Additionally, this studies findings suggest that combining the two is not effective. Organisations therefore need to decide whether they can offer both performance management and supervision. If they are only able to offer performance management then the organisation needs to clearly state this. Supervisees will then need to alter their expectations and seek the aspects of professional development usually offered by supervision in different ways. The findings of this study would suggest that many of the skills needed for supervision are similar to the skills needed in performance management, and that training in both is essential.

For the development of effective supervision training for supervisees and supervisors needs to be prioritised. Until therapists understand the theoretical underpinnings of

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supervision, grasp the value of having models of supervision, and develop increasing skills in both receiving and giving supervision, excellence in supervision will be hard to achieve.

For an organisation to have supervisees (employees) that were activity supported in working on increasing their skills, supervisees require a relationship that provides a *safe place*. A *safe place* by the participants in this study was not seen to be a relationship that included a supervisor who was in a hierarchical position to the supervisee. It was clear that being supervised by someone in this position meant that the relationship was marred by the positional power these supervisors had. It appears to be a classic case of whether to use a carrot or a stick to achieve an endpoint. From supervisees perspectives they believed that the most effective supervision was where the supervisor had social power not positional power, the carrot and not the stick. It also appeared that having a supervisor with social power brought a greater likelihood of early identification of issues and greater opportunities to work on them before they became a problem.

In exploring supervision with the new graduates in this study some interesting factors emerged. Firstly, the importance of a well structured induction or orientation to the work area. This should be focused on encouraging the new graduate to form networks and to learn how to access and use resources to assist them in their practice within that specific setting. Supervisors of new graduates also need to be able to understand and focus specifically on new graduate issues. Importantly they need to take care in pitching supervision at the right level. New graduates were clearly changing quickly and reported that their supervisors were not keeping up with their needs. Their lack of skills in supervision however meant that they quickly became frustrated and began to avoid supervision rather than express their needs. Regular reviews with the supervisee are therefore recommended. Additionally it appeared that poor supervision consisting largely of advice giving and an ongoing focus on processes may be pushing new graduates into an apprenticeship model by not providing them with opportunities to integrate their recently gained knowledge with practice.

### **Limitations of the study**

This study was conducted as part of a master's thesis; the study is therefore limited by the parameters of the thesis, time and funding. This had an effect on the number of participants that were interviewed and thus limited the potential to gain more perspectives. It was therefore not possible to saturate the data in all areas as aspired

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to in good qualitative research. Limitations in the methodology will have occurred due to the inexperience of the researcher and her newness to grounded theory.

As the study proceeded it became obvious that the criteria set in the ethics application in relation to participant selection were limiting the study. As an example of this the criteria stated that the participants should be occupational therapists. As the study progressed it became clear that many of the supervisors who were being cited by the participants as excellent supervisors were not occupational therapists. To have their perspectives in the study however would have added to the strength of the data and subsequent findings. The criteria also stated that supervisors needed to be actively involved in supervising, this eliminated the ability of the study to utilise the experiences of people who had been engaged in supervision but who were not currently. This outsider view may have been useful.

The findings of this study were generated in the context of New Zealand. While the study represented a geographical spread of occupational therapists within New Zealand and its participants had worked in a variety of settings such a small number of participants could not be called representative of New Zealand occupational therapy practice. Care must therefore be taken if attempting to generalise these findings.

### **Implications for further research**

This research has generated a number of questions for further research. Firstly research needs to continue in defining and developing supervision that is able to meet occupational therapists needs, and in doing so enhancing the services to clients. There were a number of concepts raised in this study which require further study.

This study raised a number of concepts that are worthy of further study. *Me as a therapist* appears a critical aspect in supervision. Increased understanding of this area would assist in focusing supervision away from an emphasis on systems and processes to a focus on the therapist. Equally it would be valuable to explore the concept of *pitching it right* to gain an understanding the skills and techniques supervisors use to succeed in this.

From this study the success of supervision appears based on the ability for supervisees to be in a supervisory relationship where trust is evident and where active involvement in supervision is fostered and supported. To understand this further a study is needed into supervisory relationships described as excellent. This should

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involve the interviewing of both the supervisee and supervisor to see if light can be shed on how such relationships come about.

It should be acknowledged that in New Zealand performance management is a significant requirement from employers on employees. It would be useful to study a service that receives performance management and not supervision to see where and how these therapists' needs for professional development and support are met. This brokers the question should organisational energy be focused at the individual therapists ability to do the job or at the therapy.

Supervisees indicated a tendency to take only those issues or the edge of learning, or critical incidence to supervision. The bread and butter daily functioning was seldom raised within supervision. Does this support that notion that supervision is only required at certain times in a therapists career and therefore asks is there value in exploring the every day. Research into this may help focus supervision.

Finally, there would be benefit in targeted research aimed at establishing what new graduates need to make the transition from student to therapists as smooth as possible. The new graduates in this study were frustrated about the lack of understanding of new graduate needs and the ability of supervisors to keep pace with these needs and their growing competence. There was a hint in the study that supporting new graduates well may increase retention.

## **Conclusion**

Supervision has been a part of occupational therapy practice for decades and yet in many aspects it remains a mystery. This study set out using grounded theory to generate a conceptual model of occupational therapists experience of supervision. The analysis of data using the constant comparative method uncovered a central category of **participating in supervision** and the study identified key concepts in this process. Importantly, the study highlights the significance of the relationship and the context in which supervision occurs. The study takes the profession some way to understanding supervision within occupational therapy. It suggests the need to clearly define supervision, and to find its relationship with performance management. The study could be seen as raising concerns about the quality of supervision being offered in New Zealand. However it also sheds light on a path to effective supervision.

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## **APPENDIX 1: ADVERTISEMENT**

### **Advertisement Placed In OT Insight**

Research into Supervision of Occupational Therapists

A call for participants

You are invited to participate in a study to explore supervision for occupational therapists from the perspective of both the supervisor and supervisee. I wish to interview occupational therapists at all stages of their career, from new graduates to the most senior clinicians and managers. You will need to have received supervision within the last six months (but not from me), and/or to be currently supervising other therapists.

You will be asked to share your experiences of supervision in a semi-structured interview. I anticipate that interviews will take about an hour, and that they'll be conducted away from your workplace. I am particularly interested in hearing from therapists in Northland, Auckland, Christchurch and Dunedin (Otago, Southland). Confidentiality will be respected. Please register your willingness to receive further information by telephoning Jackie Herkt on 03 454-6877 or 0800 454 6877 or e-mailing me at [jherkt@xtra.co.nz](mailto:jherkt@xtra.co.nz). You will be sent an information sheet and at that point you can decide whether you wish to participate.

Jackie Herkt

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## APPENDIX 2: INFORMATION SHEET

### Exploring Supervision of Occupational Therapists

**Researcher:** Jackie Herkt

Telephone 0800 454 6877

E-mail jherkt@xtra.co.nz

**Supervisor:** Clare Hocking

Telephone 09 917 9999 ext 7120

E-mail clare.hocking@aut.ac.nz

The researcher is a New Zealander who has worked within a range of health care organisations and is currently employed by Otago Polytechnic as a lecturer.

#### **What is the aim of the project?**

This study's aim is to explore supervision of occupational therapists in New Zealand from the perspective of both the supervisor and supervisee. The study forms a thesis that fulfils part of the requirements of a Masters in Health Science from Auckland University of Technology.

#### **What types of participants are being sought?**

This study seeks to interview occupational therapists at all stages of the career pathway i.e. new graduates to the most senior clinicians and managers of occupational therapy services. Therapists need to have received supervision within the last six months, and/or need to be currently supervising other therapists. Therapists who have been supervised by the researcher are not eligible for the study.

#### **What will participation involve?**

Participants will be asked to take part in one or possibly two semi-structured interviews to explore their experiences of supervision. It is anticipated that the first interview will last approximately one hour. This may be followed up by a second interview conducted face to face or by telephone.

#### **Can participants change their mind and withdraw from the study?**

Participants may withdraw from the study up until 1 month after interview, without giving a reason for withdrawal. Part or all of the information given on interview can be withdrawn.

#### **What data or information will be collected and what use will be made of it?**

Participants will be asked to talk about their experiences of supervision as either a supervisee or supervisor. Areas of discussion may include your expectations of

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supervision, the processes, supervision relationships, and the outcomes of supervision. An audiotape will be made of the interview for later transcription and analysis. Results of this project may be published or presented in professional forums, however information presented will not be able to be linked to any specific participant. Participants may request a summary of the study; a copy of the full thesis can be accessed through the AUT library.

The data collected will be securely stored in such a way that only the researcher and supervisor mentioned above will have access to it. At the end of the project all personal information will be destroyed except that, as required by AUT's research policy, signed consent forms and a copy of the transcripts will be retained in secure storage for a period of six years, after which they will be destroyed.

**What if participants have any questions?**

If you have any questions about the study, either now or in the future please feel free to contact either:

Jackie Herkt – researcher OR Clare Hocking – Principal Supervisor (see previous page for contact details)

**For concerns regarding the conduct of the research you should contact:**

The Executive Secretary AUTECH

Madeline Banda

E-mail- [madeline.banda@aut.ac.nz](mailto:madeline.banda@aut.ac.nz)

Telephone- 09 917 9999 ext. 8044

This study has been reviewed and approved by the Auckland University of Technology Ethics committee. AUTECH reference Number 03/20

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## APPENDIX 3: CONSENT FORM

### Exploring Supervision of Occupational Therapists in New Zealand

I, \_\_\_\_\_ have read the information sheet concerning this research project and understand what the study is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I understand that:

- My participation in the study is entirely voluntary
  - I am free to withdraw at any time without giving reasons
  - Any data collected from me and not essential to the study will be destroyed at the conclusion of the project, but that any raw data on which the results of the study depend will be retained in secure storage for six years, after which it will be destroyed.
  - I have agreed to participate in a 1:1 semi-structured interview to share my experiences of supervision (approximate duration one hour). I understand that I may refrain from answering particular questions or stop the interview at any time.
  - The interview will be taped, transcribed into written form, and analysed for use in this study
  - That the researcher's supervisors will have access to the interview tapes and transcripts as part of the supervision process
  - I understand that once the transcript is analysed that the researcher may contact me for another interview to clarify or develop any issues that have arisen as a result of the first interview (this may be face to face or by telephone)
  - That my interview will be confidential, that no one will be informed of my participation in this study and that material used from the interview will be used in such a way that I will not be identified.
  - Information gained from this study may be used in future research, for teaching purposes, for published work, and presentations.
-

I \_\_\_\_\_ have read the information sheet and fully understand what is expected of me as a participant in this study, and hereby consent to take part in the research study.

Signed: \_\_\_\_\_

(participant)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(researcher)

Date: \_\_\_\_\_

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## APPENDIX 4: DETAILS AND CHARACTERISTICS

### Prospective Participant Details and Characteristics

Name \_\_\_\_\_

Contact Address  
\_\_\_\_\_

E-mail \_\_\_\_\_

Contact telephone No \_\_\_\_\_

Which age bracket are you in (please circle) 20-25, 25-30, 30-40, 40-50, 50+

Which year did you graduate \_\_\_\_\_. Where did you graduate from \_\_\_\_\_

Briefly describe your workplace \_\_\_\_\_

and current position \_\_\_\_\_

other workplaces and positions you have held in the last five years  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to participate as

a. A supervisee

b. A supervisor

c. Both as a supervisees and supervisor (do all questions)

### Questions for supervisees

How may years have you received supervision \_\_\_\_\_

How many supervisors have you had \_\_\_\_\_

Have you ever had a time without supervision YES/NO?

How regular is your current supervision – weekly, fortnightly, monthly, other \_\_\_\_\_

Have you received any training in supervision YES/NO?

Has your supervision followed a specific model YES/NO? If yes, which \_\_\_\_\_

How would you describe your supervision experiences (you can chose more than one)

Excellent

Average

Poor

### Questions for supervisors

How long have you been supervising therapists' \_\_\_\_\_

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How many therapists do you supervise currently \_\_\_\_\_

Have you received any specific training YES/NO? comment \_\_\_\_\_

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Do you use any specific models of supervision YES/NO? If yes, which \_\_\_\_\_

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Thank you Jackie

Jackie Herkt

41 Dundonald Street

Dunedin

Ph 0800 454 6877

E-mail: [jherkt@xtra.co.nz](mailto:jherkt@xtra.co.nz).

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## **APPENDIX 5: CONTACT INFORMATION**

### **Contact list for information and support**

#### **The New Zealand Association of Occupational Therapists**

Level 1, Red Cross House  
69 Molesworth Street, Thorndon  
PO Box 12-506  
Wellington 6038  
New Zealand  
Tel: +64 4 473-6510  
Fax: +64 4 473-6513  
E-mail: [nzaot@nzaot.com](mailto:nzaot@nzaot.com)

#### **The Occupational Therapy Board of New Zealand**

PO Box 10-202  
Wellington  
Telephone: (04) 474 0708/9  
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#### **The Health and Disability Commissioner**

Auckland Office  
Level 10 Tower Centre  
45 Queen Street  
P.O. box 1791  
Auckland New Zealand  
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Fax: 09 373 1061  
E-mail: [hdc@hdc.org.nz](mailto:hdc@hdc.org.nz).

Support services are also available through many employers, these services are usually confidential.

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## APPENDIX 6: INTERVIEW TRANSCRIPT

**Ella - Interview transcript – unedited.**

**My first question for you is probably obvious. Could you tell me what supervision is?**

[Ella 1: 1] Ah, well, it's basically about a relationship between two people, one being a like a mentor and... the other being... someone wanting... to improve and... that professional development and perhaps even their personal development it depends on... which one you look at... and I guess to some extent from my point of view it's about professional development and how that, and that will apply. I don't know whether that's a good answer.

**That's fine. Tell me a bit more about the relationship, you start off by saying it's about it's a relationship so can you tell me some more about it?**

[Ella 1: 2] Yes, well I think that's part of it... all models of supervision will have that element in it, that relationship that has to be confidential and trustworthy...and have to be OK for both of them really. So I think one of the things that you need to establish is when you feel OK and comfortable with each other. Because a lot of what you are going to be talking about will be very much confidential and you want to have that relationship so that you can actually come across and talk about some of the things that might be more difficult to talk about in a more open situation or with your colleagues at work.

**You said it was about confidentiality and it was about being trustworthy. Can you tell me a bit more about being trustworthy. How does it get there, what makes it grow stronger, and what perhaps weakens it?**

[ Ella 1: 3] Well I guess that it implies an honest relationship and it would from my point of view, that I would want to know, as the supervisor I hope I could present myself as an honest and trustworthy person and I would be talking about that sort of thing and I'd be certainly reassuring my supervisee that anything that we've talked about would be confidential unless they thought that someone's safety was at risk which could either be their... But also saying, being quite open about saying look this is your opportunity to say things in confidence and to talk about some of those issues that are really difficult and I think it's about personality coming across as friendly, open and that pushing that trustworthy honesty bit.

**Part of [Ella 1: 1] appears in the findings, with grammar corrected it reads as:**

It's basically a relationship between two people, one being a mentor and the other being someone wanting to improve. [Ella 1:1]

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