Clinical supervision in oncology: a narrative review

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Supplementary Table 1. Details of included studies.

| Study Authors                  | Setting and participants | Aim                                                                 | Clinical Supervision (CS)                                                                 | Method                                      | Outcome                                                                 | Limitations                                                                                   |
|--------------------------------|--------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Joubert, Hocking & Hampson (2013). | 16 social workers in a specialist Australian cancer hospital. | To explore experience and management of vicarious trauma and positive impact of CS. | - Monthly meetings to discuss complex cases, provide peer CS and support.                | Mixed Methods Qualitative: 4 different weekly focus groups with different foci: 1x2hours, 3x1hours. Quantitative: Two validated scales: TSIBS and ProQOL to assess impact. Statistical analysis. | Themes relate to the professional role of social work including overwhelming and continuing personal loss and sad events that they experienced when working with patients and families; the uniqueness of oncology social work practice and the role of CS including professional development. | - First part on vicarious trauma. - No control of confounding variables. - Low sample size especially for quantitative analysis. - Vague for method of qualitative analysis. |
| Mackereth, Parkin, Donald & Antcliffe (2010). | 15 Complement-ary Therapist across 5 cancer sites in Northern UK. | To explore the experiences of complement-ary therapists working in cancer care and specifically the value of CS. | - Planned series of 2 hour group CS sessions every 6 weeks ongoing. - Contracted for. - Facilitators were experienced in CS. | Qualitative: Focus group (choice of 3 times) with 7 trigger questions from literature review. Thematic analysis. | Themes related to the rewards of being in a privileged position; importance of prior experience and supervision as a supportive resource. | - Limited demographics details were collected. - One group were short of the recommended number of participants per focus group. - Little details on CS content. |
| McVey & Jones (2012). | 13 participants (12 nurse specialist and 1 occupational therapist) at a department of | To evaluate feedback from 5 CS groups. | - 5 groups set up in cancer, renal and neurological services. - Groups lasted 60-90mins monthly. | Qualitative: 7 interviews: 3 interviews were one-to-one, two interviews involved 2 staff and two interviews involved 3 staff members. Participants | Themes related to the importance of group make-up; feeling safe; importance of others in the CS group; developing as a professional and subconscious processes. | - Interviews were short and varied from 10-30mins. - Not all cancer related settings. |
| Study                                      | Participants                                                                 | Setting                                                                 | Design                                                                 | Findings                                                                                                                                                                                                 |
|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Edmonds, Yeung, Onderdonk, Mitchell & Thornberry (2015). | All members of a palliative care team interested in engaging in CS from the Palliative Care Consult Service UC San Diego. | To discuss and illustrate the power of CS as an enabler of self-care and as source of awareness for how emotions impact behaviours during clinical encounters. | Qualitative: Case Study report | The Case Study highlighted how the group format allowed for enhanced self-awareness, greater perspective and alternative intervention suggestions for similar patients. Additionally, it provided a space to reflect on one’s own emotions and biases in the clinical setting which in turn enriched daily experiences with patients. |
| Odling, Danielson & Jansson (2001).        | 21 healthcare professionals (nurses, doctors and physio) in a surgical ward for women with breast cancer in Sweden. | Weekly group CS. - Ongoing over a year. - Palliative care team members from every discipline. | Qualitative: Content analysis on 38 CS sessions. | Themes related to discomfort around their own and the patients’ strong feelings; feelings of powerlessness of staff and patients; and reduced self-esteem of staff and patients. CS sessions offered an opportunity to reflect on the difficult care situations. |
| **Pålsson, Hallbert, Norberg & Isovaara (1994).** | 32 nurses (23 district and 9 hospital) working in cancer care in Sweden. | To explore the experience of social support in immediate connection with demanding care situations, as well as the effect of CS. | Participants were divided into 4 groups. Met 2-4 weeks for 1.5-2hrs, for 14 months. | Qualitative: 32 in CS group and 15 in control group. Semi-structured interviews one month after CS finished (30-1hour). | Themes related to the relief and need to unburden emotionally; confirmation that it was important to receive response to a situation from a colleague and personal development as a result of CS. |
| Researcher as supervisor. | -Based on Ekstein and Wallerstein’s model. -CS were not line managers. -Supervisors were also authors. | | | | |

**Impact of supervision on professional care and development**

| **Xavier, Shepherd & Goldstein (2007).** | 20 psycho-oncology staff (psychologists and social workers). In 13 different Australian cancer centres (urban and rural). | To identify whether remote provision of CS and education is both feasible and acceptable. Also whether videoconferencing could assist in supporting them in their work. | Monthly group sessions with 3-5 participants via videoconferencing. -1 hour educational presentation followed by 1 hour case discussion. -Max 4 sessions. -Individual monthly telephone 30 min CS. | Quantitative: Evaluations pre and post self-report measures of confidence in dealing with psychological difficulties. Statistical analysis Satisfaction measure post. | Significant increases in confidence in the 4 areas covered by the educational component; managing range of psychological difficulties. Increase in management of distress but no statistical analysis completed. Clear support for feasibility and participant satisfaction. Unclear of experience of supervisor. |
| | | | | | | - All women. -The two CS also conducted the post intervention interviews. -The content of the CS was different across four groups possibly due to the different CS. -Researchers as supervisors. | -Self report scales. Not validated. -Low numbers to do statistical analysis. -Little details of statistics completed. -Limitations of evaluating on basis of satisfaction. -Need an evaluation method to determine effect of the intervention. -No control group. |
| Study (Year)                          | Participants | Methodology | Outcomes | Notes |
|--------------------------------------|--------------|-------------|----------|-------|
| Mcmillan, Butow, Turner, Yates, White, Lambert, Stephens & Lawsin (2016). | 230 nurses providing cancer care within the past five years from a variety of organisations within Australia e.g. Cancer Nurses Society of Australia (CNSA). | Assess the prevalence of burnout, confidence to provide psychosocial care and levels of training and supervision amongst this cohort. | -72.6% of participants had never received supervision in psychosocial care. -The remaining participants experiences of CS ranged from weekly to once a year with the biggest group receiving supervision on a monthly basis (9.6%). | Whether or not participants received CS and how often this occurred were not significantly associated with burnout. However, confidence in ability to provide psychosocial care increased as frequency and perceived adequacy of supervision increased. |
| Kangas-Niemi, Manninen & Mattsson (2018). | Six experienced CS facilitators in a palliative care clinic in Sweden. | To examine how Clinical Supervisors facilitate affective and emotional learning to do with professional competence in a palliative care setting. | The median for facilitators experience as CS supervisors was 12 years. -Supervisors were providing individual CS to nursing students. | Participants suggested they used “Mirroring” to create rapport, show how challenging situations can be learned from and also as a potential area to develop their own supervisory skills. It was also suggested that the students engaging in these CS sessions engaged in learning about the affective domain. |
| Puffett & Perkins (2017). | Two focus groups- with eight participants in the engaging group and two in the non-engaging group. Participants were either | To explore what factors influence palliative care nurses to engage in or decline CS. | -Managers at the study site had mandated that all staff must completed four sessions of CS annually. -Individual and group CS were both available. -No information about the facilitator except that | The focus groups led to the creation of a figure showing options for Nurses receiving support while working in a palliative care setting. The figure encompasses the route of informal team support which operates in the moment of need but doesn’t result in practice changes versus CS which needs additional resources to occur but may result in |
| Study                                                                 | Participants                                                                 | Aim                                                                 | Method                                                                 | Findings/Relevance                                                                 |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Salander & Sandström (2014).                                          | 63 cases presented by oncology doctors in training in a Swedish University. | To describe the challenging cases presented at CS.                  | Qualitative: Using similarities-differences technique in grounded theory to analysis 63 planned cases discussed in the reflective forum. | Themes related to communication challenges in patient-doctor relationship, communication challenges in an organisational context e.g. related to group dynamics and communication challenges in relation to the patient’s close relatives e.g. conflict between patients hope and needs of the patients’ close relatives. The forum allowed for these complex topics to be discussed. |
| Turner, Mackenzie, Kelly, Clarke, Yates, & Aranda (2018).             | 20 Healthcare professionals; 5 purposively sampled from each of the 4 study sites across Australia with specialist cancer care services and treatment facilities, to maximise representation | To assess healthcare professionals’ views of the PROMPT RCT study that included training, skill development and CS, in a model of care designed to provide brief psychosocial intervention to -Three of the chief investigators operated as facilitators across the four sites. -CS was multidisciplinary and conducted in group format with approximately four to six healthcare professionals per group. | Sub-study element of larger PROMPT RCT. Qualitative; Thematic analysis of interviews. | Healthcare professionals reported increased sense of collegiality following the CS and how the group setting enabled them to discuss the emotional conversations with patients in a safe environment. These conversations with colleagues led to self-reported increased confidence when dealing with patients. |
| **Udo, Melin-Johansson & Danielson (2011).** | Supervision as a vehicle for existential exploration |
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| 8 healthcare staff (1 doctor and 7 nurses) working in surgical cancer care at a county hospital in Sweden. | To explore if healthcare staff in surgical care discussed existential issues when caring for cancer patients. |
| Every 3 weeks for one year. | Qualitative: A secondary analysis of the content of twelve tape-recorded CS sessions (18h). |
| CS was not specifically stated to be focusing on existential issues. | Themes related to the staff were feelings of powerlessness; identifying with patients and getting close or keeping one’s distance. Themes related to staff’s perception of patients feelings of despair and feelings of isolation. |
| CS was a nurse, unknown CS experience. | Secondary analysis means not being part of the whole process can be problematic -not possible to return in memory to the actual moment. However less bias in analysing. |

| **Jones (2001).** | --- |
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| Fives nurses (one man and four women) community Macmillan nurses in Northern UK. | To explore some ‘lived experiences’ of community Macmillan nurses. |
| Contract was developed. | Qualitative: Themed analysis which included the researcher/supervisors own responses to the case narratives. |
| Individual CS. | Themes from their experiences of being a Macmillan nurse as seen in CS included biological determinants; compulsion and addition to care, existential concerns, empathic insufficiencies in the organisation of palliative care e.g. feeling burdened by a need to |
| Researcher as Supervisor. | -Researcher was CS. |
| - ‘Professional experience’ of CS. | - The CS sessions were the only data. No interviews on experience. |
| Udo, DanielsonHen och & Melin-Johansson (2013). | 42 nurses within three surgical wards in a county hospital in Sweden. | To describe perceived work related stress in the care of severely ill and dying patients with cancer after participating in an educational intervention on existential issues. | -Drew on established CS ideas to guide.  
-1 hour, 12 sessions over 18 months. | show demonstrable efforts to colleagues and empathic attainments in the organisation of palliative care e.g. from good colleague relationships seen for the first time in CS. | interviews on experience. |
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| | | -Lectures and supervised discussions.  
-5 sessions held fortnightly for 1.5 hours.  
- Participants reflected upon existential issues after an introductory lecture. | -42 participants randomised to either a non-educational or educational group.  
Mixed methods  
Qualitative: Interviews (30-90mins) with 11 after the educational intervention and 6 months later. Interviews related to existential areas discussed in the educational intervention.  
Content analysis  
Quantitative: Attitudes Toward Caring for Patients Feeling Meaninglessness Scale & Sense of Coherence Questionnaire administered pre, post, 3 months later and again after 6 months.  
Statistical analysis | -Themes directly after the education intervention included being hindered in caring. Themes six months later include feelings of improved decision making in caring.  
-ATCPFMS showed significant differences for four out of 27 items; long-term decrease in feelings of work-related stress, decreased stress associated with work-load and less disappointment at their work. Also increased exhaustion at the end of the day 3 months after educational programme.  
- No significant correlations were found between total SOC and items regarding work related stress on the ATCPFMS. | -Attrition rate in the already small sample size. 10 dropped out of educational group.  
-Non-educational group and educational group can from the same ward with risk of spill over effects.  
- No supervisor details.  
- Little info on ‘supervised discussions’. |