Managing stress or enhancing wellbeing? Positive psychology’s contributions to clinical supervision

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Abstract
One of the key functions of clinical supervision as practised by health professionals such as psychologists includes the restoration of wellbeing, but there are few guidelines in the supervision literature on how to go about this. Research into concepts from the field of positive psychology such as work engagement, sense of coherence, self-efficacy, flow and resilience has begun to provide detailed understanding of workers’ happiness, health and betterment. These findings provide possible directions for supervision interventions that go beyond traditional review of self-care and stress-management strategies and seek to extend the wellbeing of the supervisee. This article explores the application of positive psychology to enhance the wellbeing of practitioners such as psychologists, who often work in inherently difficult work environments such as the mental health field. Specifically, a narrative approach is proposed as one possible method and practical examples are offered to demonstrate how positive psychology may be applied in the practice of clinical supervision.

Keywords: Narrative supervision, positive psychology, supervision, workplace stress.

The phenomena of work-related stress and professional burnout have become increasingly recognised in recent health literature and professional contexts. The experience of stress is highly individualised and is considered a “condition in which there is a marked discrepancy between the demands placed on a worker and that worker’s capacity or perceived capacity to respond” (Burrows & McGrath, 2000). The long-term exposure to high levels of stress may result in the condition known as “burnout”, comprising emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach, 1982). In a review of studies on UK clinical psychologists, Hannigan, Edwards, and Bernard (2004) concluded that the majority find their work demanding and stress provoking. Apparently up to four out of 10 psychologists participating in studies recorded “caseness” levels of distress. Sources of stress included the characteristics of patients, excessive workloads, professional self-doubt and poor management. Rupert and Morgan (2005) surveyed US psychologists and found that they were at greatest risk of the emotional exhaustion component, with 44.1% of respondents in the “high” burnout range. Factors significantly related to levels of burnout included total hours worked, administrative/paperwork hours, managed care patient percentage, negative patient behaviours, over-involvement with patients and low perceptions of work setting control and lower direct pay patient percentage (Rupert & Morgan, 2005).

Other factors purported to influence the stress experienced in the mental health workplace include increasing complexity and size of caseloads for practitioners. Problems in the workplace such as understaffing and job insecurity, poor job design and lack of a supportive line manager have been associated with stress in this occupational group (Burrows & McGrath, 2000). Other sources of stress for psychologists include “patient distress” and “self doubt” (Cushway & Tyler, 1994), lack of clarity between multiple work or work–life roles, role overload, financial insecurity, lack of fit between capabilities and job requirements, negative interpersonal relationships and lack of social support (Gardner & O’Driscoll, 2007).

Further, the organisational climate or negative management practices can have undesirable effects,
for example when the organisation is highly focused on financial control or accountability, or when frequent change occurs without adequate consultation with employees. As State-funded health services have become less oriented to State provision and more toward increasing dependence on private institutions it becomes increasingly difficult for the practitioner to feel adequately supported by their organisation. A psychologist’s patient-centred values may become more at odds with perceived organisational values. The symptoms of burnout, emotional exhaustion, depersonalisation and decreased feelings of personal accomplishment begin to make sense where such work contexts exist.

With the increase in our knowledge base about the potential effects of workplace stress, there has been a concurrent change in employment legislation. For example in New Zealand, the Health and Safety in Employment Amendment Act (2003) requires employers to identify potential sources of stress and assist in managing these effectively (Scott-Howman & Walls, 2003). The objective of the legislation was to prevent harm from occurring. This has occurred within a shifting international context where creating a “healthy workplace” has become central to employment policies. It also reduces the potential for claims against employers.

Managing work-related stress includes assessing the workplace stressors in terms of the type and nature of the work, workload and organisation thereof. This includes taking into account individual vulnerability where stress is occurring at home. Employers must ensure that the employee has (or is supervised by someone who has) sufficient knowledge and experience to avoid suffering harm. Further strategies include monitoring the external signs of stress on employees and encouraging monitoring of self and colleagues; ensuring that health and safety representatives are operating to monitor and report; and provide workplace counselling where necessary (Scott-Howman & Walls, 2003). Stress-management workshops may be offered to staff but these are helpful only if the sources of stress are being actively managed and if the training targets the individual needs of the participants (Gardner & O’Driscoll, 2007). Gardner, Rose, Mason, Tyler, and Cushway (2005) point out that most stress-management training programs include generic coping skills teaching such as relaxation, but exclude the element of modifying cognitive appraisal. They demonstrated the relative effectiveness of a program aimed at modifying dysfunctional cognitions over one focused on behavioural coping skills with health service employees in Britain.

The responsibility for carrying out these workplace strategies may be shared between the employer (or manager) and employee. But when it comes to psychologists’ workplaces, such as the State-funded mental health, justice or child welfare agencies, it may be that the “clinical” supervisor in the workplace is well placed to address stress. This would be especially so if the organisational climate is one where admission of the experience of stress would invite negative judgement from one’s colleagues or superiors. Ideally the supervisory relationship is confidential and excludes an evaluative component thereby increasing the likelihood of candour. Gyllensten and Palmer (2006) found that participants in a workplace coaching study preferred to see a coach than a manager or a counsellor, for reasons of confidentiality.

**Role of supervision in wellbeing**

Definitions of clinical supervision typically include the features of evaluation, enhancement of professional competence, monitoring the quality of professional services offered to the patient(s) and gatekeeping for those who are to enter the particular profession (Bernard & Goodyear, 2004). There are also broader purposes considered, for example, Inskipp and Proctor (1993) define three functions of supervision: the “formative”, the “normative” and the “restorative”. The former refers to the supervisee’s learning and development, the second to the ethical and professional considerations, and the last to the supportive functions of supervision whereby the supervisor attends to the wellbeing of the supervisee and the emotional effects of the work. Supervision may include all or any of these functions, the focus depending upon supervisee need at the time. These have widespread acceptance in the literature because they identify key tasks of all forms of supervision (e.g., Hawkins & Shohet, 2000; Scaife, 2001).

Specific attention to supervisee stress and wellbeing is articulated in varying ways. For example, Hawkins and Shohet (2000) state “a good supervisor can also help us to use our resources better, manage our workload and challenge inappropriately patterned ways of coping” (p. 23). They rate supervision highly as an activity that can mitigate the effects of stress and potential burnout. Spence, Wilson, Kavanagh, Strong, and Worrall (2001) maintain that the “personal support aspect of supervision aims to optimise motivation, morale, commitment, and to minimise work-related stress, burnout, and mental health problems of the employee” (p. 138). They underline its importance, given the relatively high levels of burnout, staff turnover, and mental health problems among mental health staff. Scaife and Walsh (2001) also support the inclusion of this as a legitimate focus of supervision, describing how supervision can provide an opportunity for
dealing with the effects of the organisational climate, professional relationships, patient work and events outside work.

Although there is general acceptance of stress as a legitimate topic in supervision, how and to what extent a supervisor focuses upon it will vary. This may depend upon variables such as the supervisor’s model, the nature of the work, the resilience of the supervisee, his or her personal circumstances, stage of professional development or levels of stress within the team. Stress management strategies when practised within the realm of supervision usually include attending to the external sources of stress and developing personal strategies. This may include: discussion of stressful events or issues, assessing workload, assisting individuals to deal with demands, discharging emotions after difficult events, reinforcing the practice of stress management and self-care and the provision of support. Very little exists in the literature about what are the most appropriate specific strategies within the context of supervision. It is assumed that as competent professionals in human welfare, we will automatically know how to apply useful principles of stress management to our supervisees or ourselves but this may not be the case. Psychologists, for example, have been shown to be better at identifying distress and impaired performance in their colleagues than themselves (O’Connor, 2001).

An exception to this apparent gap in the literature is that provided by Scaife and Walsh (2001). In their chapter devoted to this area, they encourage supervisors to give consideration to both the emotional climate of the work and the development of the self. In this focus they include the impact of work context, events, and attitudes and behaviours of patients and colleagues on supervisees as well as personal qualities, values, beliefs and life events of supervisees. They wisely observe the boundary between therapy and supervision, maintaining that personal growth should not be the primary goal of supervision; rather it is an instrumental one in that it can work in the service of making the supervisee a better practitioner. The focus should thus be upon the effects of these aspects upon the work rather than the events themselves. Hawkins and Shohet (2004) attend to stress, burnout and post-traumatic stress in a chapter in their text from the perspective of the supervisee, guiding them to set up appropriate supports and to utilise supervision effectively so that it may be helpful at a more personal level.

In support of these assertions for supervisors to attend to the restorative function, there is some evidence to suggest that supervision per se decreases work stress and burnout. For example, in a study of New Zealand nurses, Kalliath and Beck (2001) showed that supervisory support has both direct and mediating effects on job burnout experiences and intention to quit. Butterworth et al. (1997) evaluated the impact of clinical supervision on nurses in Britain and found that ratings of emotional exhaustion and depersonalisation were stabilised once nurses began receiving clinical supervision, these measures increasing when there was no supervision. This along with other findings from the study led the authors to conclude that clinical supervision and mentorship had a beneficial impact on staff.

Social support at work is also a potential buffer against job stress (e.g., Bakker, Demerouti, & Euwema, 2005), hence providing protection from the pathological consequences of stressful experiences. In a study of higher education employees, Bakker et al. (2005) showed that the combination of high demands and low job resources in the workplace significantly added to the risk of burnout. Further, work overload, emotional demands, physical demands, and work-home interference did not result in high levels of burnout if employees experienced autonomy, received feedback, had social support, or had a high-quality relationship with their supervisor. The authors postulated that the aspects of the high-quality supervisor relationship provided important instrumental help and emotional support. In keeping with this, Cushway and Tyler (1994) found that better support from colleagues was one of the factors identified by clinical psychologists as factors most likely to alleviate stress. Coster and Schwobel (1997) surveyed licensed psychologists in the United States and found that they ranked postdoctoral supervision as 11th or 12th out of 29 in terms of its importance to well-functioning. Of interest to this paper is that the seven top-ranked items in order were as follows: self-awareness/self-monitoring; preserving a balance between personal and professional lives; relationship with spouse/partner/family; vacations; relationships with friends, and personal therapy.

Although these findings are not all derived from psychologists, given that there has been little specifically studied on this topic with this population they provide pertinent information from which to extrapolate. In addition, the exact nature of the role of “supervisor” might vary in this literature, hence authors such as Spence et al. (2001) conclude that “the position remains unclear as to the type of supervision that enhances job satisfaction and prevents burnout” (p. 146). Clearly we need more information as to specifically how supervision can play an effective role in addressing this issue if it is to become useful to specific professions. The next section outlines how findings from the field of positive psychology provide possible directions for supervision practice.
Contributions from positive psychology/occupational health psychology

Traditionally little attention has been given to the quality of life that psychologists and related health professionals experience at work. In the field of occupational health, however, positive psychologists have explored how the conditions of both the workplace/organisation and the worker can contribute not only to the prevention of stress and ill-health but to the promotion of psychological wellbeing (Schaufeli & Salanova, 2004). Studies over the past two decades have investigated concepts such as sense of coherence, resilience or personal hardiness, job control, work engagement, and flow (May, Gibson, & Harter, 2004). These concepts and related research findings in terms of positive impacts upon wellbeing are presented here.

Sense of coherence

Antonovsky (1987) proposed that a “sense of coherence” (SOC), crucial to the prevention of ill health and maintenance of good health, consists of three components: comprehensiveness, manageability, and meaningfulness. “Comprehensiveness” characterises how people perceive external events (e.g., what happens to them or around them at work), and how they interpret them. It is the extent to which a person’s experience is understandable and predictable to them. “Manageability” is the expectation that an individual has adequate resources available to cope with a variety of demands. “Meaningfulness” is more related to emotions and motivation about work, the value an individual gives to a work goal or purpose, in relation to one’s own ideals and standards. The lack of meaningfulness can lead to alienation or disengagement from work.

Overall, SOC is seen as a relatively stable dispositional personality orientation, which develops early in one’s work experiences (Feldt, 2004). Having a good SOC has been found to be positively related to wellbeing and negatively related to stress and burnout (Hakanen, 2004). Although the research findings are still not conclusive there is evidence that SOC may (a) directly be associated with health and (b) mediate the effects of working conditions on health and (c) moderate the relationship between perceived work characteristics and health (Hakanen, 2004). As such it appears that it might be an important focus in the practice of supervision, where perceptions of experiences at work, evaluation of one’s resources to cope with demands and work goals and values are frequently the focus of attention.

A SOC can also be seen as involving the aspect of cognitive appraisal in evaluating one’s work capacities. As reported above, this has been shown to be an effective element of stress management training programs when compared to behavioural oriented programs alone (Gardner et al., 2005).

Work engagement

Work engagement is a further concept and refers to the extent to which an individual feels positive, involved and fulfilled at work. High work engagement would be reflected in high levels of energy, dedication and absorption in work, otherwise referred to as “vigour” (Schaufeli, 2004). It is negatively related to job burnout; hence again it represents a potentially useful concept in the management of supervisee stress in a context of “inherently difficult work”. Schaufeli reports that it is a state that can be transmitted between workers in teams and therefore, presumably, via the process of supervision between psychologists.

Self-efficacy

Self-efficacy, which is one’s judgement of one’s ability to carry out required tasks, actions, or roles, is also linked to wellbeing at work. Based upon research findings, Salanova (2004) developed a model whereby “positive sources of efficacy beliefs (i.e. past successes, positive emotions) increase efficacy beliefs, which in turn increase psychosocial wellbeing and performance” (p. 51). The opposite has also been found to occur, whereby weak efficacy beliefs result in increased levels of burnout and poor performance. The importance of enhancement of efficacy beliefs in the process of supervision is thus underscored by this research.

Flow

The concept of “flow” has become popularised in recent times and was originally put forward by Csikszentmihalyi (1990). Experiencing flow at work means having a “short-term peak experience that is characterised by absorption, work enjoyment and intrinsic work motivation” (Bakker, 2004, p. 52). We usually think of this concept as relating more to pleasurable activities, but flow can occur in any situation where people are challenged to do their best in a situation and are able to rise to that challenge, that is, the challenge matches their skill level, flow has the potential to occur. To facilitate this experience at work it would be important to select work tasks and goals at the optimal levels of challenge that are matched to adequately high personal skills. Bakker (2004) demonstrated that supervisory coaching could have a positive relationship on the experience of flow. Where workers are
actively engaged in challenges at work appropriately matched to their skills, they are subsequently more likely to experience flow, or optimal experience. Bakker’s argument is that this then mitigates against the experience of stress.

Resilience

Resilience is “capacity to withstand exceptional stresses and demands without developing stress-related problems” (Carr, 2003, cited in Rothmann, 2004). It encompasses many aspects, and is expressed by good mental health, functional capacity, happiness, job satisfaction, job performance and social competence. Interventions aimed at promoting resilience could include developing an individual’s resources and skills. Rothmann (2004) cites examples of developing skills to meet changing environments, developing social support within the organisation, sharing information during periods of change or offering organisational support such as mentoring, coaching or career counselling. The practice of supervision offers a vehicle to build resilience in significant ways.

Application of positive psychology to the practice of supervision

There are many ways that the practice of supervision might contribute to a psychologist’s sense of coherence, self-efficacy, work engagement or flow. For example, reflection on casework to make it more understandable and effective would increase comprehensiveness. Reviewing a psychologist’s workload and adjusting numbers or types of cases or tasks could contribute to manageability. Appropriately matching goals to skills while maintaining some challenge could contribute to the experience of flow. Resolving conflict and developing adaptive responses to colleagues could lead to an enhancement of perceived social support. Ensuring that the supervisee was adequately communicating their needs to superiors could ultimately affect job resources. This is the typical day-to-day practice of clinical supervision.

The concepts and research presented thus far share the common goal of building strengths and personal resources beyond previous functioning, which is one of the stated goals of positive psychology interventions. Useful approaches within the context of supervision would therefore be those that facilitated these aims or are based upon similar underlying assumptions such as the narrative or cognitive behavioural approach. With regard to the latter, Padesky and Mooney (2006) have developed an approach to “uncover strengths and build resilience” integrating knowledge from resilience research, traditional cognitive therapy methods and “constructive” cognitive therapy approaches. Life coaching also uses such approaches toward these aims. Green, Oades, and Grant (2006), for example, were able to show significant increases in goal striving, wellbeing and hope as a result of a 10-week cognitive behavioural, solution-focused life coaching group program. Applying these techniques with a positive psychology orientation and goals will help build and individuals strengths to beyond previous or “normal” levels of functioning is therefore similar to a coaching approach woven into the fabric of the supervision session. The following section demonstrates how a supervisor might use the narrative supervision approach, which can be integrated with other approaches to enhance wellbeing. It is not intended as the only or even preferred modality, rather it is presented as just one example as illustration.

Narrative supervision: Example of a positive psychology-based supervision intervention

The narrative method of supervision is in keeping with the positive emphasis and a collaborative approach, which focuses on strengths and abilities. This is based on the model of narrative therapy that was developed by Michael White and David Epston (1990) among others. The emphasis is on collaborative enquiry, where the therapist assists patients to “re-author” or “re-story” their experience in a way that allows for more distance from the problem, thus enabling them to reclaim their lives from their problems. Therapists engage their patients in conversations, which helps them reassert their core intentions, values, hopes, and commitments.

Narrative supervision has been described and studied elsewhere (e.g., Crocket, 2002; Crocket & McKenzie, 1996; McKenzie, 2005), the aim here is not to provide complete explanation but rather an example of a positive psychology intervention. Supervision based upon this model uses similar methods of collaborative conversation. In describing their approach to counselling supervision, Crocket and McKenzie (1996) state:

…We engage in conversations that position counsellors as active producers of the theories and ideas out of which they engage with clients in their counselling rooms. This style of supervision supports and encourages counsellors as resourceful, resilient and reflective agents in their own lives.

(p. 27)

Language is “used positively to move beyond the insurmountable problem-dominated story to engender change possibility, strengths, exceptions, and
unique outcomes through a restorying process” (McKenzie, 2005, p. 128). The supervisor opens up possibilities for investigating strengths (Crocket, 2002), so important in the area of stress where the dominant discourse has the potential to pathologise the individual. For example, in a study of employees’ understanding of work stress, Harkness et al. (2005) found that: 

...The stress discourse fosters a sense of helplessness and ambiguity by not acknowledging external influences on clerical workers’ experiences, such as their place within the power structure of the organisation, and by limiting their

Table 1. Positive psychology constructs and narrative dialogue

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<tr>
<th>Construct</th>
<th>Supervisor task</th>
<th>Dialogue examples</th>
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<td>SOC: Meaning</td>
<td>Deconstruction and exploration of meaning of the nature of the work, its origins in the life cycle of the supervisee and its future in terms of imagined or aspired-to life and work purpose. (This could be useful where a supervisee was questioning the effectiveness of their contribution or feeling overloaded by demands). Elicit and develop the supervisee’s values through a process of reflection and work to make explicit and strengthen the connection between the work tasks and important personal values.</td>
<td>How do your personal/professional values relate to your work with this patient or project? What is the positive value of a psychological approach for this patient? What beliefs do you hold onto to keep you going when things get tough? What values do you bring to this team? When you next find yourself doubting the importance of your role, what can you think/say/do?</td>
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<td>SOC: Comprehensibility</td>
<td>Identify and clarify sources of uncertainty for the supervisee to increase their ability to understand and predict the events of the workplace, e.g., assisting in understanding some of the team dynamics or wider organisational, cultural or political issues (see case study 2). Provide information or clarity when needed and build frameworks for understanding both complex patient presentations, personal responses as well as the broader systems issues affecting the supervisee.</td>
<td>How could the cultural (or other) values of the agency be contributing to this conflict? How can we plan to work around this next time? Now that we have understood what is happening in the team at present, what is the best strategy? Now that you know more about why this patient affects you in these ways what can you try when you are with them next session?</td>
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<td>SOC: Manageability</td>
<td>Identify skills, interests and areas for growth, thereby determining the best types of patients or tasks to select. Problem-solve with regard to extent and type of work tasks selected for appropriate level of challenge. Assist supervisee to have control over what, when and how they do work tasks. Recognition and articulation of skill growth and the anticipation of further development that can occur in supervision. Role-playing anticipated situations.</td>
<td>Given this goal, what new skills or resources do you need? How can we plan to develop these? Shall we role-play that? Compared to how you were working within the team 6 months ago, what would you now say about your strengths and abilities? What would others have noticed about your growing independence in your work? What new tasks or roles might you be ready for now?</td>
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<td>Work engagement</td>
<td>Strengthen professional identity and involvement in work by developing a sense of history of role development throughout life/career. This strengthens the way in which they make sense of and give meaning to events in their lives. Celebrate success and achievement (Crocket &amp; McKenzie, 1996). Creating an audience to our work and its successes enhances meaning of that work.</td>
<td>What sense of purpose first brought you into this work? How has this grown and developed over time? How has this contributed positively to your life and how you see yourself? When you look back at this year’s work what are you most satisfied with? If we look back on your career, what are the achievements that stand out?</td>
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<td>Self-efficacy</td>
<td>The development of self-efficacy is integral to many of the processes reviewed above. When focused on directly, useful approaches include building the supervisee’s belief in their ability to apply skills, succeed at tasks, and tackle a new responsibility, i.e., construct and perform a preferred identity. Role-play: Self-efficacy has been found to be enhanced more through the use of role-play as opposed to observation of video-demonstration tapes.</td>
<td>How have you managed in these situations before? What strengths have you drawn on in your past life that might be useful here? What in your experience tells you that you will be able to achieve this? How can you remind yourself of your competence when you are faced with a difficult situation?</td>
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SOC = sense of coherence.
The supervisor would therefore aim to build a self-efficacy enabling the supervisee to envision a more positive professional future rather than one dominated by themes of self-blame, burnout or withdrawal from the profession.

Table 1 illustrates the relationship between the positive psychology construct, supervisor task and possible narrative dialogue examples. Table 2 presents case examples of how narrative supervision methods might be utilised with reference to positive psychology constructs. The effectiveness of this approach can be enhanced by a pre-supervision negotiation about the nature and goals of supervision. A sense of supervisee agency can begin at the outset if the supervisee has the opportunity to contribute to the form the supervision will take. As with all aspects of supervision, the relationship between supervisor and supervisee needs to be one in which trust and empathy are built from the

Table 2. Case examples of narrative supervision dialogue and the positive psychology construct

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<th>Supervisee issue</th>
<th>Supervisor(S) intervention</th>
<th>Positive psychology construct</th>
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<td>Issue 1: Mandy, a clinical psychology intern, feels stressed as she struggles with confidence to pass exams</td>
<td>S reviews Mandy's history of successes in the past including those where she has experienced doubts about self-confidence. Subsequently the supervisor draws out perceptions of success and asks Mandy to imagine herself succeeding in her future exam. A practical review of other supports or resources required is also included. Finally, Mandy is invited to look back on this to further elaborate on the positive meaning about herself.</td>
<td>Self-efficacy, manageability, resilience.</td>
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<td>Dialogue examples: Tell me about times where you have felt this way before and managed to overcome them? What have been your strengths in managing challenging situations in your life to date? What in your past suggests that you will succeed in this now? What would others say about your abilities, what potential do they see in you? How can you use this knowledge of yourself now? If you imagine yourself going confidently into this exam what would you be saying to yourself, what would others notice? What else might be needed to help you with this? When you have got through this and look back on this time what do you imagine you will think about it? How will you feel? What will it say about you?</td>
<td>SOC: Comprehensibility, self-efficacy.</td>
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<td>Issue 2: Jane, a recently registered psychologist, feels attacked when she presents a plan for a cultural competence workshop to the team. Mandy is feeling overwhelmed and wondering if she should drop it.</td>
<td>S assists Mandy to understand the team dynamics and possible reasons for their reaction. They further review her reasons for this proposal, her role in the team, the professional identity and guiding values. Finally they strategise about how to progress this matter, having strengthened Mandy's commitment to it and comprehension of the difficulties involved.</td>
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<td>Dialogue examples: What values and beliefs do you base this proposal on? How does this fit with your professional identity? Where have you gained encouragement/support for this in the past? Now? How do you feel when you contemplate succeeding in this project? What issues does this bring up for team members? What professional issues for others might be at stake? How might they react as a result? What else needs to be added to your proposal to make it easier for staff to agree to it? How does this understanding help you plan what to do next? What do you know about yourself that will help you see this through?</td>
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<td>Issue 3: Dan, a 52-year-old psychologist, feels less effective with patients and burdened by seemingly pointless administrative demands, feels tired and less motivated and has begun to question this profession for his future.</td>
<td>S negotiates with Dan some sessions to address the wider issues of stress, job satisfaction and future direction. Across these sessions S assists Dan to review the successes of his past, his strengths in his work, the meaning, satisfaction and positive identity it has given him in the past. They review professional/life stage issues, personal contributions to this feeling state and ideas about his desired future directions. Strategies are developed to promote better work–life balance more in tune with Dan's current values and life stage, along with the development of a project for Dan to begin to seek training in a new area of work to complement and extend his current role.</td>
<td>SOC, sense of meaning, work engagement, self-efficacy, flow.</td>
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<td>Dialogue examples: Tell me about what values and beliefs first brought you to this work? What personal talents made you suited to this? Looking back, what achievements and successes stand out? Given your strengths, what challenges do you now need or seek to give you that same sense of satisfaction and meaning? How does this fit with your personal and professional life at the moment? What values have become more/less important to you in the past few years? How does your work/life need to shift to match this? How could you develop this more? Given this review of where you are at, how do you now understand why you were feeling that way? How do you feel about going forward?</td>
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SOC = sense of coherence.
beginning due to the importance of psychological safety (May et al., 2004).

Finally, it is also important to consider when to apply these methods. There are many opportunities for the supervisor to do so. Opportunities may include case discussion, video- or audio-tape review, reviewing success, learning needs assessment, evaluation processes, professional competence reviews, and teamwork analysis. Dedicated sessions may be seen as important from time to time, especially when reviews of the supervision have been planned. A dedicated session could become an opportunity for a celebration of achievement as referred to earlier. Goals could be reviewed in the light of new or previously unconsidered evidence about supervisee growth and thereby provide a greater sense of self-efficacy and professional esteem.

Limitations

What has been discussed in this article pertains to an aspect of the clinical supervision process only and should not be seen as a sufficient approach to the management of stress alone. Indeed, the scope of supervision is much broader and its function in education or facilitation of safe and ethical practice should not be compromised. Broader aspects such as the organisational climate of the work and the management style used may have an even greater role to play in the experience of stress and should take priority when aiming to enhance employee wellbeing and prevent stress. Other activities such as self-care, team building, group supervision, management supervision, educational events and counselling are also important. With specific reference to managing the effects of stress, critical incident stress debriefing, personal strategies for dealing with emotional effects of the work and general collegial support are also important.

Furthermore, although the constructs from positive psychology described have some demonstrated benefits on wellbeing, the application of the approach proposed here has yet to be evaluated as to its efficacy. Research is needed to demonstrate whether it has utility at the level of enhancing employee wellbeing across time or reducing stress, as measured in terms of general health and job satisfaction indicators. This research will be of interest to employers who are responsible for ensuring that psychologists and related professionals have regular supervision. In addition it will be useful to determine whether the addition of a separate coaching intervention is more effective than the supervision approach proposed here. The results of such research will also be helpful to those involved in developing resources for training supervisors, thereby filling the gap in the literature.

Summary

To conclude, what I have described is a framework for orienting supervisors to a positive approach to their supervisees' wellbeing, utilising some findings from a stream of literature in the occupational health and positive psychology. Although not exhaustive, I have attempted to add to our existing ideas about how to strengthen supervisees' resilience. Positive psychology is a strengths-oriented approach and it is ideally suited to but not limited to narrative methods. It is affirming and holds potential both with regard to the effects on the supervisee but also potentially to the cascade effects on patients.

References


