Clinical (reflective) supervision for nurses and midwives
position statement

1. Purpose

This position statement sets out the principles and practices the Australian Nursing and Midwifery Federation (ANMF) considers necessary to embedding best practice clinical (reflective) supervision for nurses and midwives across the health system.

2. Definitions

In this document, **clinical (reflective) supervision** is defined as a formally structured professional arrangement between a supervisor and one or more supervisees through a purposeful regular meeting that facilitates critical reflection on the work issues brought by the supervisee(s). It aims to develop reflective practice and professional skills through increased awareness and understanding of the complex human and ethical issues that arise in the workplace.[1]

3. Context

Reflective practice is a core component of contemporary, professional nursing and midwifery practice as identified by the Nursing and Midwifery Board of Australia's (NMBA's) standards for practice for registered nurses, midwives and enrolled nurses.[2]

Clinical (reflective) supervision is one form of reflective practice. It aims to support nurses and midwives to develop knowledge, skills and competence across clinical, professional, interpersonal, and relational domains to enhance their delivery of safe and effective care.

Research shows clinical supervision can also contribute to a positive practice environment and improve staff recruitment and retention.[3]

Improved support from government and health services is needed to embed best practice clinical (reflective) supervision across the health system.

4. Position

Best practice

It is the position of the ANMF that:

1. Clinical (reflective) supervision is an important component of nursing and midwifery practice and should be available to all nurses and midwives during protected work time – including those employed part time, or on a casual/relief basis.
2. Best practice clinical (reflective) supervision should incorporate the following elements:
   - a supervisory relationship underpinned by trust and confidentiality – this means clinical (reflective) supervision should not be provided by direct line managers or anyone responsible for managing or overseeing the supervisee
   - a conducive venue that is private and removed from the supervisee's work/clinical area

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[1] Health Education and Training Institute. 2013. *The superguide: A supervision continuum for nurses and midwives*, HETI, Sydney, Australia.

[2] Standards for practice for registered nurses, midwives and enrolled nurses are available at https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx.

[3] See Brunero S and Stein-Parbury J. 2008. The effectiveness of clinical supervision in nursing: an evidence-based literature review. *Australian Journal of Advanced Nursing*, 25(3): 86-94 and Sloan, G. 2005. Clinical Supervision: beginning the supervisory relationship. *British Journal of Nursing* 14(17): 918-23.

- a supervisor who has completed specific supervisor education in clinical (reflective) supervision and who participates in their own clinical (reflective) supervision
- an agreement between the supervisor and supervisee/s detailing their responsibilities, roles and expectations; the length and frequency of meetings; boundaries; processes; and goals: and how progress against the goals will be regularly evaluated.
- an agenda set by the supervisee.[4]

Professional organisations and healthcare services

It is the position of the ANMF that:

2. Professional nursing and midwifery organisations and healthcare services should collaborate to:
    - examine and better understand the role of clinical (reflective) supervision in nursing and midwifery, and the impacts for participants, organisations, and consumers
    - influence government policies and priorities by advocating for nurses and midwives to access clinical (reflective) supervision.
3. All health services should show their commitment to quality care, continuous improvement and the professional development of nurses and midwives by providing and supporting clinical (reflective) supervision at every level of the nursing and midwifery workforce including:
    - nurses and midwives providing direct clinical care
    - nurses and midwives working in direct non-clinical roles with clients in management, administration, education, research, advisory, regulatory, and policy development roles.
4. All health services should develop and implement polices and protocols for best practice clinical (reflective) supervision that:
    - value learning, continuous quality improvement, and the health and wellbeing of employees
    - include support structures and guidelines to implement best practice clinical (reflective) supervision such as allowances for protected time; the education and upskilling of supervisors and participants; and the allocation of staff and resources.

Governments

It is the position of the ANMF that:

5. Governments should set health service performance indicators that recognise that the professional development of nurses and midwives – including through clinical (reflective) supervision – leads to improved outcomes for consumers; improved health services; and improved retention and development of the nursing and midwifery workforce.

5. Position statement management

Document type: Position statement	Review process: Federal Executive every three years
Title: Clinical (reflective) supervision for nurses and midwives	Last reviewed: November 2023
Endorsed: March 2020	Next review: November 2024

4 White E, Winstanley J. 2010. A randomised controlled trial of clinical supervision: selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient outcomes as an informed contribution to mental health nursing practice development. *Journal of Research in Nursing* 15(2): 151-167.

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