

# Supervision in Educational, Social and Medical Services Professions



Supervision in Educational, Social  
and Medical Services Professions

By

Patricia-Luciana Runcan

**CAMBRIDGE  
SCHOLARS**

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P U B L I S H I N G

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by Patricia-Luciana Runcan

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## FOREWORD

Supervision is a critical component for enhancing the performance quality and the work role experience for professionals in many fields. For those who work in education, social services, and medical services the need for effective supervision is even more important as it affects the outcomes for both professionals and those who they serve. Whereas the role of supervision may change over time for the professional, its importance does not decrease. In *Supervision in Educational, Social, and Medical Services Professions*, Dr. Patricia-Luciana Runcan takes a scholarly view of supervision in these fields and presents her work in a way that has direct implications for practice. Whereas the study she presents in this book was conducted in Romania, the results contribute to the international scholarship on supervision and have implications for the practice of supervision that go beyond national borders.

A detailed review of the scholarship on supervision and its various applications in education, psychology, social work, and medical services provides the foundation for the study and serves as an important base of knowledge in itself. The particular case of supervision in Romania provides examples of the concepts defined that, whereas unique in many ways to the Romanian situation, help provide a broader understanding of supervision issues. The book provides a theoretical and research framework for the science of supervision, and defines key concepts of stress, burnout, and brain-drain.

The scholarly and detailed discussion defining supervision and its various applications adds to this framework and sets the stage for a comprehensive study of supervision in Romania in the psycho-social fields. Literature on the need for supervision, benefits from supervision, and various types of supervisor roles is presented and discussed in detail.

The research project built on this foundation studied supervision in the social, medical, and educational field looking in-depth at experience with and attitudes about supervision and experience with stress, burnout, and brain-drain in these professions. One hundred subjects from each of four areas (400 total (educators, medical assistants, psychologist, and social workers) participated in a thorough examination of experiences and views of supervision. The study defines what the role of supervisor means to these professionals, captures their views of the benefits of supervision, and

highlights their experiences of stress, burnout, and brain-drain. Hypotheses are tested to gain further insight into how various groups experience supervision and how supervision is related to professional stress and negative outcomes.

The study provides a foundation for change that makes a difference for professionals and those they serve, and it would be most valuable for this study to be repeated to assess change over time. The quality and impact of supervision should also be assessed. Whereas the findings of this research are specific to Romania and the sample of respondents, the concepts and issues that are discussed are important to consider across a variety of countries and contexts and should be utilized well beyond the borders. Dr. Runcan, through this in-depth review and detailed study, has made an outstanding contribution to the scholarship on supervision and created a foundation upon which future work will be built.

*Gregory SANDERS*

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## **CHAPTER ONE**

# **SUPERVISION IN EDUCATIONAL, MEDICAL AND SOCIAL SERVICES: A THEORETICAL APPROACH**



# INTRODUCTION

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary **social services**, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same **social protection**.

*(The Universal Declaration of the Human Rights, Art. 25)*

The term “supervision” (recorded as early as 1640) means, etymologically, “to oversee.” Its modern meaning is deeply rooted in the beginnings of specialised social work (Brashears 1995, 692). Moreover, “social work supervision is as old as social work and ... its history is inseparable from that of social work practice” (O’Donoghue 2010, 12). Its meaning has changed through its travels and adaptation in different countries and professions (Carroll 2007, 34).

English language dictionaries define supervision as:

- “management by overseeing the performance or operation of a person or group” (<http://supervision.askdefine.com/>)
- “the act of overseeing; inspection; superintendence; oversight” (<http://www.brainyquote.com/words/su/supervision226441.html>)
- “the act, process, or function of supervising” (<http://www.thefreedictionary.com/supervision>)
- “the action, process, or occupation of supervising; *especially*: a critical watching and directing (as of activities or a course of action)” (<http://www.merriam-webster.com/dictionary/supervision>)
- “the process of making sure that somebody is doing a task or behaving correctly; the process of making sure that an activity is done correctly; the process of ensuring that work carried out in a place is done properly” (<http://www.collinsdictionary.com/dictionary/english/supervision>)
- “when someone watches a person or activity and makes certain that everything is done correctly, safely, etc.”
- (<http://dictionary.cambridge.org/dictionary/british/supervision>).

There are as many definitions of supervision as there are fields of human interaction: child care, counselling, education, field education, health care, higher education, medicine, management, occupational therapy, social care, social work, etc. The differences between the different definitions typically reflect aspects of the author's discipline and training focus:

- In child care, it is defined as “care provided to an individual child or a group of children” (<http://childcare.sc.gov/main/docs/ccLicenseMan/pdf>).
- In counselling, it is “an intervention that is provided by a senior member of a profession to a 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 junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession” (Bernard & Goodyear 1992).
- In education, it is “an assistance or hand of help given to a professional colleague, the teacher in the process of teaching” (Supervision of Instruction in Education).
- In field education, it is “the guidance of the student by the field educator” (A Guide to Supervision in Social Work Field Education, 2010).
- In health care, it is “(in psychology) a process whereby a therapist is helped to become a more effective clinician through the direction of a supervisor who provides theoretic knowledge and therapeutic techniques and supports the working through of transference and counter transference reactions” (<http://medical-dictionary.thefreedictionary.com/supervision>).
- In higher education, it is “an intense form of teaching, in a much broader sense than just information transfer” (James & Baldwin 1999).
- In management, it is “a relationship applicable to all grades of staff working within the service, concerning the accountability and responsibility for work carried out and includes elements of support, learning and performance review” (Kadushin 1992).
- In medicine, it is “the provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and

weaknesses in particular clinical situations in order to maximize patient safety” (Kilminster & Jolly 2000).

- In occupational therapy, it is “a structured intentional relationship within which a practitioner reflects critically on her/his 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 a professional role e.g., clinical, managerial, or cultural, and be one to one, one to group, or take the form of peer review” (Occupational Therapy Board of New Zealand).
- In social care, it is “an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team” (Providing Effective Supervision).
- In social work, it is “a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users” (Harries 1987, in *Defining Supervision*. Online: <http://www.gwynedd.gov.uk/upload/public/attachments/1005/Supervision1.pdf>).

One definition that seems to be widely supported by social workers as identifying the main components of supervision belongs to “Skills for Care and CWDC” (2007, in Godden 2012, 8):

- Line management, which is about the accountability for practice and quality of service. This includes managing team resources, delegation and workload management, performance appraisal, duty of care, support and other people-management processes.
- Professional supervision (sometimes described as case supervision) with workers or groups of workers to enable and support quality practice. A key aspect of this function is reviewing and reflecting on practice issues. This may include reviewing roles and relationships, evaluating the outcomes of the work and maximising opportunities for wider learning.
- Continuing professional development of workers to ensure they have the relevant skills, knowledge, understanding and attributes to do the job and progress their careers. Constructive feedback and observation of practice should be part of the learning process for workers and supervisors (Skills for Care and CWDC 2007).

“The term supervision is a combination of two Latin words (*super* “over” and *videre* “to view, to look at”) and it was developed to name a surveillance activity aiming at making work more efficient, particularly the work of less trained people such as volunteers” (Cojocaru 2005, 110). Delano & Shah (2009, 49) also cite, in the context of social services delivered to children and their families, Austin (1981) who defined supervision as “a process with designated functions involving relationships to produce the best possible services”; Garfat (1992) who defined it as “a learning process within the overall framework of enhancing the quality of services delivered to children and to their families”; and Ireland (1994) who defined it as “a process in which the goals of individuals are met and meshed to ultimately meet the goals of the agency ... an administrative tool concerned with quality assurance and quality control in the delivery of agency services.” Moreover, Levy Zlotnik (2011) considers supervision “the safety net for front-line child welfare practice.”

It is notable that even professional associations have their own definitions of professional supervision:

Supervision is a process in which the supervisor enables, guides, and facilitates the social worker(s) in meeting certain organizational, professional and personal objectives. These objectives are competency; accountable practice; continuing professional development and education; and personal support.

(New Zealand Association of Social Workers, in O’Donoghue 1999)

We would like to add the definition of supervision given by a Romanian social worker:

Supervision is a guided self-reflection process of one’s own approaches, activities and consequences. Its formative potential results in an increase of the degree of cognitive development of processed information, in emotional maturity and in a hierarchy of the goals and objectives. Due to this potential, supervision is applicable in all the fields involving the human factor, including social work services. It is a formation and learning solution aiming at maintaining effectiveness.

(Călăuz 2012, 9)

Bernard & Goodyear’s definition seems to be the most complex of all since it mentions several components of supervision ([http://soe.syr.edu/academic/counseling\\_and\\_human\\_services/modules/Preparing\\_for\\_Supervision/definition\\_and\\_components\\_of\\_supervision.asp](http://soe.syr.edu/academic/counseling_and_human_services/modules/Preparing_for_Supervision/definition_and_components_of_supervision.asp)):

- it is **an intervention** during which a supervisor with unique competencies and skills helps a supervisee making use of models of supervision and of various modes and interventions to facilitate supervisee development and understanding the underlying processes of supervision.
- it is **provided by a senior member of a profession** who is more advanced, at least in some important ways, than the supervisee, who is expected to understand the roles and expectations of the supervisor.
- it is **a relationship that extends over time** and that will last long enough for some developmental progress of the supervisee.
- the **supervisor evaluates (based on work done with current clients), monitors (ethically and legally), and serves as a gatekeeper (for those who want to enter the counselling profession).**

The School of Social Work at the University of Kansas developed a so-called “strengths perspective” (Cohen 1999, 460), an approach in which intervention is based on strengths (rather than pathology) and supervision is based on achievements (rather than problems).

In many countries of the world, they have acknowledged the role of supervision, and both clients of direct social services and professionals providing direct social services have perceived the benefits of supervision (the latter have a strong feeling of developing both personally and professionally), particularly in conditions of uncertainty (Bourn & Hafford-Letchfield 2011).

Herzberg’s theory of satisfaction and motivation (Herzberg, Mausner & Snyderman 1959, in Sears, Rudisill & Mason-Sears 2006, 63) identified two basic needs—lower-level and higher-level—within which supervision ranks at the same level as benefits, job security, and pay:

- **Lower-level needs** have little effect on job satisfaction and motivation, but produce job dissatisfaction when they are unfulfilled. Factors that satisfy lower-level needs are **hygiene factors** and include benefits, co-worker relationships, job security, pay, physical work conditions, and supervision.
- **Higher-level needs** increase job satisfaction and motivation when they are fulfilled but do not cause dissatisfaction when they are unfulfilled. Factors that satisfy higher-level needs are **motivators** and include achievement, advancement, opportunities for challenge, recognition, and responsibility.

In Romania, supervision as professional intervention is still not well-enough known, perceived and valorised, despite the fact that it has been subject to compulsory norms in the field of child protection (Order No. 288 from July 6, 2006 regarding the Minimal standards of case management in the field of child rights protection). Unfortunately, many professionals in the psycho-social field do not benefit from supervision.

Many professionals working directly with clients are no longer effective in their work because they are professionally exhausted. Work has always been valorised as the main source of living. Nowadays, work has new, different psycho-social connotations for both individuals and society. If, in the past, people worked to live, now they live to work! More and more professionals rank work first among priorities in life, and consider work as a means to attain personal and professional achievement. In addition, unfortunately, many of them become **stressed** and, later, risk **burnout** or **brain drain**.

The core of the job in human service work is professional and constitutes of the relation between the employee and the client (social service recipients, patients, elderly citizens, pupils, inmates, etc.), meaning that the employee is acting on behalf of society in order to bring about a change in the client (to become healthy, more educated, less criminal, etc.).

(Hasenfeld, in Borritz 2006, 11)

Human services belong to a field that requires face-to-face or voice-to-voice contact with the public to produce an emotional state in another person. For Hasenfeld (ibid.): “the professional in human service organizations has the mandate to protect, maintain, or enhance the personal well-being of individuals by defining, shaping, or altering their personal attributes.” He distinguishes between normal and malfunctioning clients (e.g. pupils vs. patients), and categorizes the type of work into three service-categories:

- “people processing” (e.g. visitation office, taxation office)
- “people sustaining” (e.g. social security service)
- “people changing” (e.g. school, hospital, prison).

According to Hasenfeld (ibid.), this results in six categories of client-work, of which working with malfunctioning clients in “people changing” work has the highest workload. Moreover, human service work can be complicated if the client is not voluntarily in contact with the organization, and when the professional not only has to help but also to control the

client. This involves a lot of emotional work, characterized, according to Morris & Feldman (ibid, 11–12), by:

- frequency of emotional display (number of clients per time).
- attentiveness of emotional display—to be divided into duration (short- or long-time contacts) and intensity (surface- or deep-acting where the latter means more involvement).
- variety of emotion to be expressed (the greater variety the greater the emotional labour).
- emotional dissonance (the emotion felt is not allowed to be displayed).

The emotional load of educational, medical and social services work can result, in time, in **stress**, **burnout** (Maslach & Leiter 2005), and, on a background of **job dissatisfaction** (see Rouleau et al. 2012), **brain drain**.



# MAIN CONCEPTS:

## STRESS, BURNOUT AND BRAIN DRAIN

**Stress, burnout, and brain drain** are the main concepts when discussing supervision-related matters.

### Stress

Stress, one of the main global issues of our modern world (Levi 2001), is, together with burnout, a common phenomenon, especially among social workers in family service settings in Hong Kong (Chi Kwong 2009). It has been defined as:

- “the physiological and psychological responses to situations or events that disturb the equilibrium of an organism” (Strickland 2001, 633).
- “the response of the body and mind to strains or burdens that demand adaptation ... any hindrance that disturbs an individual’s mental and physical well-being” (Kahn 2006, 344).
- “a dynamic condition in which an individual is confronted with an opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important; the physiological response of the body to a stressor” (Sears, Rudisill & Mason-Sears 2006, 465).
- “an emotional psycho physiological state that occurs in a situational context when an individual is confronted with cues that elicit fear or anxiety responses” (Hall 2009, 4837).
- “a state resulting from a stress; *especially* one of bodily or mental tension resulting from factors that tend to alter an existent equilibrium” (<http://www.merriam-webster.com/dictionary/stress>).

According to medical dictionaries, it is difficult to define stress because it could be “primarily an external response that can be measured by changes in glandular secretions, skin reactions, and other physical functions, or ... an internal interpretation of, or reaction to, a stressor; or ... both” (<http://medical-dictionary.thefreedictionary.com/stress>).

It can be caused by a wide range of personal, psychosocial and contextual factors. The following “stressors” are considered as sources of stress are (Kahn 2006, 346):

- individual stressors:
  - achievement or success problems
  - aging
  - change in habits
  - feeling unattractive or insecure
  - inability to pay bills and mortgage worries
  - relationship concerns;
- family stressors:
  - death, illness, or injury of a family member
  - divorce and/or remarriage
  - holidays/vacations
  - lack of privacy
  - marital and/or sexual difficulties
  - not enough time
  - problems with children
  - young adult leaving or returning home;
- workplace/community/occupational stressors:
  - automation in the workplace;
  - boredom because of not enough work;
  - difficulties with boss or co-workers;
  - lack of autonomy;
  - overwork and/or underpayment;
  - threatened layoffs.

Rosen et al. (2010, 15) have identified eight categories of work stressors: acute stressors, career outcomes, job conditions, lack of control, role stressors, situational constraints, social characteristics, and workload.

As for personal signals of stress, they are as follows (Kahn 2006, 346):

- accident proneness, fatigue (see Wilson 2001), restlessness
- anxiety, depression, panic
- digestive problems, headaches, stomach aches
- finger-tapping, inability to work, lethargy
- grinding teeth

- high blood pressure
- inability to sleep
- irritability or bad temper
- sexual difficulties.

A stressed person is worried about things on most days, finds it hard to stop worrying, is anxiously going over things again and again in their mind in a way that has not actually helped them sort their problems, becomes too sensitive to possible problems, downplays their own ability to overcome these problems, is tensed and feels on edge because of anxious worries, feels mentally and physically tired as a result of worry, has problems sleeping because of worry, reduces or stops what they are doing because of anxious thoughts, and avoids dealing with problems or people because of worrying thoughts (Williams 2010, 6–7). Stress is more and more associated with cancer, cardiovascular disease, depression, endocrine manifestations and diseases, heart disease, and mental illness (Cooper 2005). Stress affects both males and females (Fielden & Davidson 2001, Nelson & Burke 2002).

Workplace-related stress, “an epidemic in the workplace” (Lee & Shin 2005, 100), is called **job stress**, **occupational stress** (Siegrist 2001), **work stress** (Nelson & Simmons 2005), or **workplace stress** (Kompier 2005). According to Esson (2004, 22–23), there are four variables that are directly related to job stress—burnout, organisational commitment, job satisfaction and job performance. Job stress is positively related to burnout and negatively related to organisational commitment, job satisfaction and job performance.

**Occupational stress** has been defined by the Bureau of Labour Statistics Survey of Occupational Injuries and Illnesses as a “neurotic reaction to stress” (Kahn 2006, 262). It can have huge negative impacts at the social level. Absenteeism (the frequent absence from work), for instance, can be caused by such stressful factors as concerns about elderly parents, concerns about job security and career paths, concerns about children/grandchildren, deadlines, environmental discomforts, financial problems, health problems (self or family members), job unsuitability or unpreparedness, lack of recognition by superiors, marital difficulties, other family pressures, role conflict (particularly with peers), sexual concerns, etc. (Kahn 2006, 2) or by changes in job demands and resources (Schaufeli, Bakker & Van Thenen 2009). According to Stranks (2005, 2), “Fundamentally, workplace stress arises when people try to cope with tasks, responsibilities or other forms of pressure connected with their jobs,

but encounter difficulty, strain, anxiety and worry in endeavouring to cope.”

Stress is most common when there is a mismatch between the worker and the work that they do. It is more likely to occur where there is a poor work culture (poor communication, irregular meetings, absence of training and development) and lack of positive feedback to the employee. Stress thrives in situations of conflict, low pay, constant insecurity, repetitive tasks and continuous change.

(Phillips 2003, 200)

Researchers have focussed on stress in the financial sector (Kahn 2001), graduate students (Skarakis-Doyle & McIntyre 2008), medical practice (Wicks 2006; Peterson 2008), nursing practice (ibid.), and teaching practice (Travers 2001; Otero López et al. 2010).

Fortunately, anxiety, stress and panic can be overcome (Straus 1982; Williams 2010).

## **Burnout**

Burnout as a “psychological syndrome” (Maslach 2011, 44) is seen as the result of a persisting work-related stress (Grebott 2008), different from home-related stress (Peeters et al. 2005).

According to English language dictionaries, the term burnout designates:

- “physical or emotional exhaustion, especially as a result of long-term stress or dissipation” and “one who is worn out physically or emotionally, as from long-term stress” (*The American Heritage Dictionary of the English Language* 2008).
- “exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration” and “a person suffering from burnout” (<http://www.merriam-webster.com/dictionary/burnout>).
- “mental or physical energy depletion after a period of chronic, unrelieved job-related stress characterized sometimes by physical illness” (<http://medical-dictionary.thefreedictionary.com/burnout>).

For Borritz (2006, 11), the burnout concept emerged, historically, in human services. According to Hasenfeld (ibid.), human service work is often characterized by the lack of clarity regarding roles, goals and the contents of work, a powerful source of burnout.