Dalrymple J, Frankis J, Fernando I, Kelso L, Panesar S, Lorimer K

Background: the experience of the sexual health nurse

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Aim of project

Outcomes

1. Key factors determining effective CS for sexual health nurses

2. An understanding of CS as experienced by sexual health nurses and doctors

Survey participants n=109 sexual health nurses (53%)

Characteristics	
Age	25-66 (median 48)
AfC band	
Band 5	14 (13%)
Band 6	70 (64%)
Band 7	22 (20%)
Band 8	3 (3%)
Experience in sexual health	0-35 years (median 11)
Receiving clinical supervision	**Yes** 61 (56%) **No** 47 (43%)
Line managed by supervisor	**Yes** 14 (13%) **No** 47 (43%)

Manchester Clinical Supervision Scale domains and subscales (Proctor 1986)

7 demographic and organisational factors:

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Manchester Clinical Supervision Scale: n=39/61 (64%) receiving CS

7 demographic and organisational factors:

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Manchester Clinical Supervision Scale: n=39/61 (64%) receiving CS

7 demographic and organisational factors:

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Interview participants

	Doctors n=6	Nurses n=11

# Results

Overview of current CS

Circumstances of work

Context of sexual health

you have to very quickly develop a rapport with someone that's never met you until… to give you their deepest, darkest secrets that they've not even really admitted to themself - never mind anyone else. And then you examine them and then treat them and then get them out the door.

nurse#7

CU

NHS

Current clinical supervision

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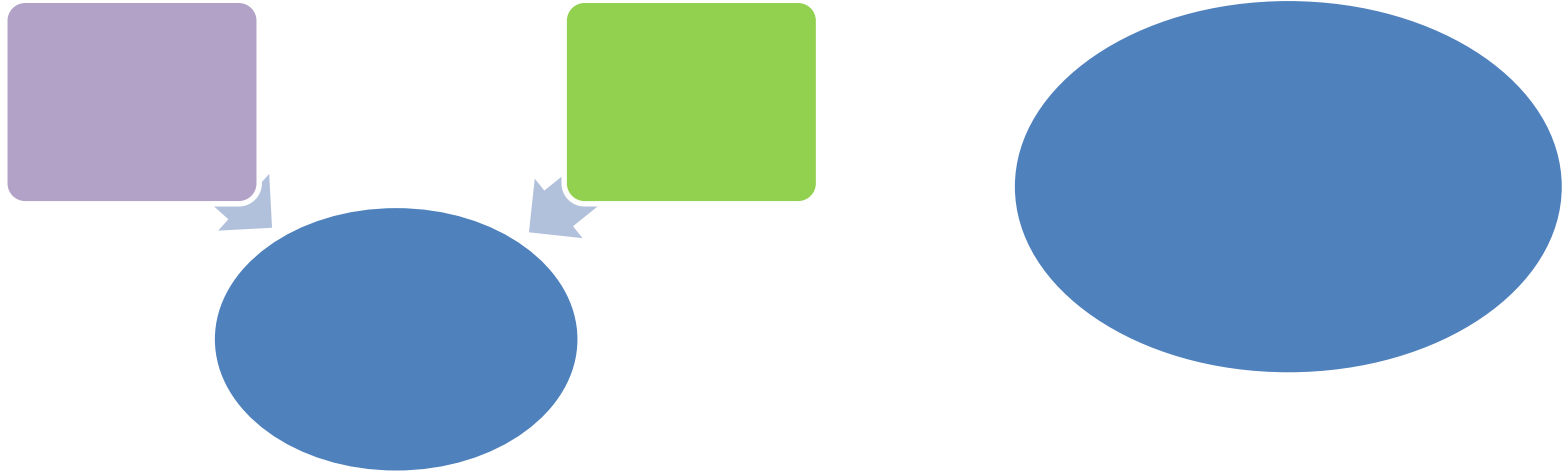
Control: access

So unfortunately because it's clinical supervision it's not tailored to an individual, it's tailored to a time, I'm not getting very much supervision at the moment because if it's on a day that I'm not here or I don't work, I miss it.

nurse#2

CU

NHS

Adaptation

if something comes up at work and you have a question about it or a wee bit of anxiety about it, then that's not going to just, you don't just shelf that until three months' time when your next supervision comes up, that's just something that you naturally deal with at a coffee break, or, do you know?

nurse#11

CU

NHS

Adaptation

if I raised an issue, what I'm expecting others to say to me and what I'm expecting them to say to me, to help me with. I think it definitely has helped with that side of things. So even though obviously I've got the contract, it's a kind of… that's the norm.

nurse#8

CU

Ideal clinical supervision

- Emotional support
- Development
- Relationship with supervisor

Ideal design

- Clarity of purpose
- Consistency of delivery
- Considerable but not exclusive support for groups
- Central role of trust and safety within groups
- Half of nurses wanted one to one option

Ideal clinical supervision-consistency of delivery

But sometimes you don't want to be knocking on someone's door, you just want to say "Well, this is a time when we can discuss this."

nurse #2

CU

NHS

Barriers to ideal clinical supervision

Organisational

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Relationships

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Barriers to ideal supervision: relationships

because actually that's not just a task, there's an art to that, there's a skill around watching conversations, checking people are safe… That actually isn't just about task, task, task, task, it's about someone having the right qualities to kind of have an eye to that. And want to do it

nurse#6

CU

NHS
Greater Glasgow

What this study adds

- First study to address clinical supervision within context of sexual health nursing
- Potentially applicable to other clinical areas ie trauma nursing

Key findings emphasise

- The importance of control over design of CS
- Centrality of the relationship with the supervisor
- Balancing urgent need with regularity
- Inclusion of one to one option

Area of concern: only 56% respondents had CS even with wide definition

Strengths

- Interviewing doctors illuminated experiences of nurses
- Mixed methods- interviews gave depth to quantitative findings

Weaknesses

Going forward

- How to provide effective clinical supervision for sexual health nurses in a resource poor environment

- Evaluation of intervention-measures of effectiveness

- Other groups eg health care support workers

GCU
Gl   l

Acknowledgements

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Mean scores for Manchester Clinical Supervision Scale n=39

	Mean	S/D	Median	Mean as % of total score	Total possible score

Supervision	N =39	MCSS Mean scores (standard deviation)							
		norm	p=	restor	p=	form	p=	total	p=
Length of sessions									
1 hour			0.049						
> 1hour									
Time between sessions									
1 month									
2-3 months					0.044				0.044

Control: access

So obviously I've got an educational supervisor, who is great, and who I can meet with fairly easily, or can speak to on the phone. So I could discuss clinical, you know, non-clinical but still related to work things with them

doctor#2