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## Supervision in Nursing: Latvian sample study

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### Abstract

Burnout is a work related mental health impairment comprising three dimensions: emotional exhaustion, depersonalisation and reduced personal accomplishment. Preventing and reducing work related burnout is of great importance not only with regard to the quality of life of those affected or endangered, but also for preventing the economic losses which come about as a result of absenteeism and job turnover. Supervision is known to be one of protective factors of burnout and professional effectiveness. Purpose of study was to evaluate the effectiveness of supervision of nurses practicing in mental health hospital in Latvia aimed at preventing burnout. To measure burnout we used Maslach's 22-item Burnout Inventory (MBI). It is the well-studied measurement of burnout in the literature. MBI assesses emotional exhaustion, depersonalization and the lack of personal achievement. Study sample included 60 registered and practicing mental health nurses, sample was divided in 2 groups - one who were provided with group and individual supervision (n=30), and the second - control group (n=30). The experimental group received 8 sessions of supervision. The levels of burnout were assessed 2 times for each nurse - before and after supervision sessions. The data show that there is a statistically significant difference between emotional exhaustion and depersonalization indicators within experimental group participants before and after the supervisions as well as between experimental group and control group indicators after supervisions. Supervisions reduced burnout indicators in experimental group compared to control group. Supervision also was helpful for nurses to understand better themselves, their emotions and behavioral aspects of the various work issues.

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*Keywords:* Clinical supervision; nurse; burnout.

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## 1. Introduction

Nurses at work are facing many distress situations daily, they often work more than one workload, and are constantly under emotional tension, physical and mental fatigue (Circenis, Millere, 2011). The most frequently mentioned stress factors for nurses in study performed in Latvia were "risk of infection", "Inadequate remuneration for work", "Emotionally intensive work with people", "Large (inadequate) amount of work" and "Intensive work" (Circenis, Millere, 2012). Typical psychosocial issues for nurses are the burnout syndrome and compassion fatigue, as well as anxiety and depression.

Burnout, as a form of work-related strain, is the result of a significant accumulation of work-related stress. Maslach (1982) defined burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (Halbesleben, Buckley, 2004). Burnout is often construed as the result of a period of expending too much effort at work while having too little recovery (Embriaco et al., 2007). Clinical symptoms of burnout are nonspecific and include tiredness, headaches, eating problems, insomnia, irritability, emotional instability, and rigidity in relationships with other people (Embriaco et al., 2007). During the last decade, much of the research on the antecedents of burnout has continued to focus on work context/environmental factors as the proximal cause of burnout (Halbesleben, Buckley, 2004).

The burnout syndrome is mentioned as one of the main health issues concerning work among the professionals in health-care (Hochwalder, 2007). Burnout may lead to a state which leaves negative effect on the quality of professional actions and on the physical and emotional life of a nurse himself/herself (Tselebis, Moulou, & Ilias, 2001). Due to compassion fatigue and burnout, nurses' work may become less productive; employees are absent due to illness, as well as the fluctuation of staff increases (Demir, Ulusoy, & Ulusoy, 2003; Najjar, Davis, Beck-Coon, & Doebbeling, 2009). Several authors (Kravits McAllister-Black, Grant, & Kirk, 2010) consider that a high stress level and burnout are considered to be serious reasons why nurses sometimes want to change work in which the stress level is much lower. Burnout syndrome may be considered a marker of the health of the caregiver team (Embriaco et al., 2007). Employees who are emotionally exhausted typically feel as though they lack adaptive resources and cannot give any more to their job. The energy that they once had to devote to their work is now depleted, leaving them without the resources to perform their work (Halbesleben, Buckley, 2004).

Decreasing work – related burnouts will not only positively influence the people working in the same sector, but also decrease the expenses and offer economical benefit to organizations because the work absence and illnesses, as well as the fluctuation of staff decrease (Awa, Plaumann, & Walter, 2010). Despite the pervasive nature of burnout as an organizational problem, there has been relatively little research dedicated to presenting and, particularly, evaluating interventions designed to reduce burnout since such a need was noted (Halbesleben, Buckley, 2004).

Evidence found in the literature (Awa et al., 2010) demonstrates that employees, who are present in prevention programs, have less symptoms of distress than those who do not participate. The clinical supervision, as one of the preventive measures (Platt Koch, 1986), is focused to expand the knowledge of a practicing professional; it helps to improve clinical skills, helps to develop autonomy and self actualization as a professional. Feeling supported by the supervisor and having a positive attitude towards clinical supervision may lead to lower levels of burnout for depersonalization (Brunero, Stein-Parbury, 2007).

Supervision can be a very important part of taking care of oneself, staying open to new learning; and is an indispensable part of the helper's wellbeing, ongoing self-development, self-awareness and commitment to development (Hawkins, Shohet, 2006). Originally developed within the mental health care context and traditional psychotherapies, clinical supervision is now being implemented for nurses in other clinical contexts. Clinical supervision is a process of professional support and learning in which nurses are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues. Clinical supervision enables nurses to discuss patient care in a safe, supportive environment (Brunero, Stein-Parbury, 2007). Over the past decade, there has been a deluge of research on the role that social support plays in the etiology of burnout. Studies have been conducted investigating the effect of support from supervisors, coworkers, friends and family, organizations, unions, and others (Halbesleben, Buckley, 2004).

Considerable evidence for supervision in nursing exists in the literature around the three core domains of Proctors model of clinical supervision and there is sufficient empirical argument for clinical supervision to be implemented in

nursing (Brunero, Stein - Parbury, 2007). Proctor in 1988 describes the main processes in the supervision of counselling, for which she uses the terms formative, restorative and normative (Hawkins, Shohet, 2006). Formative function, an educative activity which was the original basis for clinical supervision, normative function in the sense that clinical supervision enables the development of consistency of approach to patient care (follows standards of practice), restorative function, which promotes validation and support for colleagues through peer feedback. Although presented as separate, the functions overlap and intersect in practice (Brunero, Stein-Parbury, 2007).

Up to now, in Latvia, there has been little research done to explore supervision influence to nurses' burnout. From the previous study (Circenis, Millere, 2012) is known that the nurses' knowledge and experience about clinical supervision in Latvia is very low - 59,8% of surveyed nurses never heard about supervisions, 95,5% did not attend supervisions for nurses in past 5 years. Most of nurses (93,4%) participating in this study considered that the practicing nurses need the supervisions.

## **2. Objective**

Purpose of study was to evaluate the effectiveness of supervision of nurses practicing in mental health hospital in Latvia aimed at preventing burnout.

## **3. Methods**

Research performed using quantitative method. Study sample included 60 registered and practicing mental health nurses, sample was divided in 2 groups - one who were provided with group and individual supervision (n=30), and the second - control group (n=30). The experimental group received 8 sessions of supervision. The levels of burnout were assessed 2 times for each nurse - before and after supervision sessions.

The Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1986) was used to measure burnout in this study. The Inventory consists of 22 items phrased as statements about personal feelings and attitudes that are selfscored on a seven-point frequency scale, ranging from 0 (never) to 6 (every day). The three subscales of the MBI include emotional exhaustion, depersonalisation, and personal accomplishment. High scores on exhaustion and cynicism and low scores on professional efficacy are indicative of burnout. We used the Human Services Survey variant, which was translated in Latvian and adapted by Sanita Aispure in 2002. Each participant also full filled demographic questionnaire and survey about satisfaction after attending supervisions.

Data collection procedures were in accordance with ethical principles (in accordance with the Declaration of Helsinki), guaranteeing anonymity and confidentiality of respondents. This study received permission and acceptance from Ethics committee of the Rīga Stradins University.

The data processing was performed using the Microsoft Excel and SPSS 22.0 statistical software. The Kolmogorov–Smirnov test was used to establish normality of the data. The differences between MBI subscales results were analyzed using a paired Student's t test for normally distributed data or the Wilcoxon ranked-sum test for nonparametric distribution while analyzed data within one group results. The differences between MBI subscales results were analyzed using non-paired Student's t test for normally distributed data or the Mann-Whitney U test for nonparametric distributed data when compared results between groups. Significance was accepted at  $P < 0.05$  and all values are expressed as mean  $\pm$  standard deviation for parametric data or median (25 percentile; 75 percentile) for nonparametric data.

## **4. Results**

Total amount of 60 registered and practicing mental health nurses as respondents took part in the study. Age range of respondents from 28 till 69 years ( $M=43.00$ ;  $SD=10.07$ ), average for practicing in nursing 21.00 year ( $SD=11.77$ ). Sample was divided in 2 groups - one (A) who were provided with group and individual supervision

(n=30), and the second (B) - control group (n=30). Participating nurses applied for supervisions and attended them voluntarily. The characterization of both groups is shown in Table1.

Table 1. Characterization of nurses group who were attending supervisions (A) and control group (B)

Parameter	Group A (n=30)	Group B (n=30)
Age (years, M±SD)	45.03±7.61	47.63±12.03
Work experience (years, M±SD)	19.87±9.13	25.87±13.39
Bachelor degree level education (%)	47	43

The experimental group received 8 sessions of supervision during 3 month period. The MBI was used 2 times for each nurse - before and after supervision sessions. Descriptive statistical parameters for Maslach Burnot Inventory for both groups by subscales are shown in Table 2. Statistically significant differences could be found in all three subscales between groups' means in first measurement (before supervisions), respectively - nurses groups' who choose to attend the supervisions results indicate more profound burnout.

Table 2. Descriptive statistic parameters and comparison of Maslach Burnot Inventory of nurses group who were attending supervisions (A) and control group (B)

Subscale		Group A (n=30) M±SD	Group B (n=30) M±SD	P value
Before supervisions	MBI emotional exhaustion subscale	24.07±11.08	10.27±8.24	<0.001
	MBI depersonalization subscale	5.43±5.16	2.20±3.72	0.006
	MBI reduced sense of personal accomplishment subscale	29.80±8.79	36.97±8.50	0.002
After supervisions	MBI emotional exhaustion subscale	16.60±8.34	15.63±9.38	0.662
	MBI depersonalization subscale	3.03±2.94	3.43±4.26	0.863
	MBI reduced sense of personal accomplishment subscale	37.23±5.02	33.57±10.76	0.111

Descriptive statistical parameters for Maslach Burnot Inventory within both groups by subscales are shown in Table 3. Statistically significant differences could be found in all three subscales within group A means between first (before supervisions) and second (after supervision) measurement.

Table 3. Descriptive statistic parameters and comparison of Maslach Burnot Inventory within groups A and B

Subscale		Before supervisions M±SD	After supervisions M±SD	P value
Group A (n=30)	MBI emotional exhaustion subscale	24.07±11.08	16.60±8.34	<0.001
	MBI depersonalization subscale	5.43±5.16	3.03±2.94	<0.001
	MBI reduced sense of personal accomplishment subscale	29.80±8.79	37.23±5.02	<0.001
Group B (n=30)	MBI emotional exhaustion subscale	10.27±8.24	15.63±9.38	<0.001
	MBI depersonalization subscale	2.20±3.72	3.43±4.26	0.028

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MBI reduced sense of personal accomplishment subscale	36.97±8.50	33.57±10.76	0.038
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## 5. Discussion

The main results of this study shows that there are statistically significant differences in all three MBI subscales - emotional exhaustion, depersonalization, and reduced sense of personal accomplishment, within groups' who attended supervisions means between first (before supervisions) and second (after supervision) measurement. Those results approve that support services like supervision and counseling could be helpful to reduce burnout of nurses in all three dimensions.

One hundred and sixty-six community mental health nurses in Wales, UK, had experienced six or more sessions of clinical supervision and had completed the Maslach Burnout Inventory. Findings from this study suggest that if clinical supervision is effective then community mental health nurses are likely to report lower levels of emotional exhaustion and depersonalization (Edwards et al., 2006).

Emotional support can be obtained through clinical supervision that provides both formal and informal systems for nurses to explore, discover, and examine their practice in a safe and supportive environment. This process of emotional support may increase quality of patient care and job satisfaction, as well as reduce staff turnover by decreasing ethical distress and burnout (Bland, Rossen, 2005).

According to our previous study (Circeņis et al., 2011) that statistically significant correlations exists between burnout and anxiety, depression and compassion fatigue among surgical care nurses, as well as Sabo considers that there is a correlation between burnout and exhaustion due to compassion; nurses who have developed burnout have a higher risk to develop compassion fatigue (Sabo, 2006), we can suggest that supervision could be helpful also for decreasing anxiety, depression and compassion fatigue among nurses, meanwhile for confirming such suggestion the further studies should be performed.

The nursing literature about use of supervision dominates with specialty groups such as mental health nurses and aged care nurses, meanwhile we suggest that supervision could be helpful for different areas of nursing profession.

Study limitations: This study has such limitations as relatively small number of participants and convenience sample, nurses applied for supervisions and attended them voluntarily.

## 6. Conclusions

The data show that there is a statistically significant difference between emotional exhaustion and depersonalization indicators within experimental group participants before and after the supervisions as well as between experimental group and control group indicators after supervisions. Supervisions reduced burnout indicators in experimental group compared to control group. Supervision also was helpful for nurses to understand better themselves, their emotions and behavioural aspects of the various work issues.

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