FORENSIC MENTAL HEALTH NURSES PERCEPTIONS OF CLINICAL SUPERVISION: A QUALITATIVE DESCRIPTIVE STUDY

Running Head: Forensic nurses' perceptions of clinical supervision

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Abstract

Mental health nursing in the forensic services is perceived as stressful as there is often a tension between therapeutic and custodial processes. Clinical supervision has been discussed as a support strategy for nurses. The aim of this paper is to explore forensic mental health nurses understanding of clinical supervision and their perception of its utility within their practice. A qualitative descriptive method was used and ten mental health nurses were interviewed with the aid of an interview guide. Qualitative data was analysed using a thematic approach culminating in the emergence of three themes. Participants talked about the tension between caring and custodial roles within the forensic services which was stressful and created difficulties in the maintenance of a therapeutic relationship. Clinical supervision was seen as a necessary support to assist nurses working in the forensic services. The findings support the premise that there is a tension between therapeutic and custodial practices. Acknowledgement of the complexities of working within the forensic services and the provision of clinical supervision within a confidential, non-judgemental relationship may assist nurses in the provision of care and the maintenance of therapeutic relationships.

Key words: Forensic**;** forensic nursing; mental health nursing; clinical supervision; qualitative research; therapeutic relationships

Introduction and Background

The National Forensic Mental Health Service in Ireland comprises a range of multi-disciplinary services to individuals with mental health difficulties who require specialist care within a secure environment (Mental Health Commission, 2006). Similar to other countries with small populations, the forensic services are centrally located and provide low, medium and high security care on one site (Kennedy, 2006). Care and treatment is provided to individuals who have committed a serious crime but have been found not guilty by reason of insanity, prisoners with a mental illness and other individuals with mental illness who may be prone to violence and require a secure environment (Mental Health Commission, 2006). Recent developments have seen a more community and recovery orientated service, a court diversion system for offenders with a mental illness, improved prison in-reach services and a comprehensive programme of research (Mental Health Reform, 2015; Kelly, 2016). In addition it is in the process of relocating from its current Victorian premises which have

been described as unfit for purpose (Inspector of Mental Health Services, 2018) to modern purpose built facilities. As part of the multi-disciplinary team within the forensic services, mental health nurses work at the intersection of the mental health services and the criminal justice system (Barr et al., 2019). They have sometimes been referred to as 'forensic nurses' which is an umbrella term for nurses working across a range of clinical settings which interface with the criminal justice system and with both victims and perpetrators of crime (Kettles & Woods, 2006). Nursing in the forensic services in Ireland is a relatively new phenomenon with registered nurses being introduced from 1992 in a general move away from custodial approaches to a more person centred and therapeutic philosophy of care (Timmons, 2010).

Nurses working in the forensic services provide care to individuals with complex needs who present with multiple issues that may hinder the provision of nursing care and the development of a therapeutic relationship (Green et al., 2018). For example, many forensic service users have a history of violence and approximately 31% of forensic inpatients engaged in at least one violent incident while hospitalised in a review completed by Broderick, Azizian, Kornbluh and Warburton (2016). The emphasis on security and risk may form a wedge between nurses and service users and make the delivery of recovery orientated interventions which underscore principles such as choice, autonomy and a community philosophy difficult (Nijdam-Jones et al., 2015; Pouncey & Lukens, 2016). As most service users are referred by the courts or come from prison, key recovery approaches such as hope and optimism may be problematic given that decisions about care, treatment and discharge are often dictated by the courts despite multi-disciplinary input. As many service users are there against their will, conflicts with staff, violence, self-harm and suicide, treatment refusal and the use of restrictive practices such as seclusion and restraint are common (Cramer et al., 2019; Barr et al., 2019; Mason et al., 2008). In addition, secure environments such as those found in forensic services may be vulnerable to a 'prison culture' which may make the creation of a therapeutic environment difficult to establish (Maguire et al., 2012). These factors among others make nursing within the forensic services stressful and make nurses vulnerable to burnout and attrition (Newman, Jackson, Macleod & Eason, 2020; Dickinson & Wright, 2008).

Pollock et al. (2017) state that clinical supervision is the facilitation of support and learning for healthcare practitioners enabling safe, competent practice and the

provision of support to individual professionals who may be working in stressful situations. When exploring the aim and functions of clinical supervision, Proctor's (1987) three stage model speaks to three primary functions, these being a formative function (professional development and education), a restorative function (supportive and listening) and a normative function (ensuring standards of practice are maintained). In Ireland, the need for and the desire to deliver clinical supervision has been strong and in response to this, the Office of the Nursing and Midwifery Director (2015) published a clinical supervision framework for all mental health services across Ireland with the aim of clarifying what clinical supervision actually entails and to aid its implementation. This supervision framework also responded to recommendations made by 'A Vison for Psychiatric/Mental Health Nursing' (Cusack & Killoury, 2012) in Ireland which called for the introduction of clinical supervision to ensure the implementation of recovery principles within clinical practice. The framework was further supported by the introduction of a clinical supervision guide (O'Shea et al., 2019) and a national policy for clinical supervision in mental health nursing (Clinical Supervision National Mental Health Group, 2019).

However, the evidence to support the practice of clinical supervisions is not readily available. For example, a large randomised controlled trial conducted by White and Winstanley (2010) could not demonstrate clear relationships between quality of care, improved patient outcomes and clinical supervision. In addition, Pollock et al. (2017) following their systematic review, suggests that the evidence to support the effectiveness of clinical supervision is not apparent and that there is a lack of understanding about the nature of clinical supervision within the literature. Despite this, some evidence exists which suggests positive outcomes of clinical supervision within mental health settings. A review of clinical supervision evaluation studies completed by Cutliffe et al. (2018) suggests that there is a small but consistent body of evidence that supports the positive impact of clinical supervision. A more recent review conducted by Howard and Eddy-Imishue (2020) spoke of the effectiveness of clinical supervision in terms of better coping, improved job satisfaction and reduced stress for mental health nurses. In another study, Berry and Robertson (2019) reported that the participants in their study found clinical supervision to be generally effective although there were many caveats to be considered in the interpretation of those findings. There is some evidence also to suggest improvements in patient care with

Mistry et al. (2015) suggesting that service users could identify staff who were receiving supervision due to their level of professionalism and patience. Given the aims of clinical supervision and the unique stressors experienced by forensic nurses (Cramer et al., 2019) the provision of clinical supervision within the forensic services in Ireland seems overdue. However, there is a lack of clarity about how nurses working in the forensic services perceive clinical supervision or their perceptions of the need for its introduction. These perceptions are important given the drive for the implementation of clinical supervision within standard clinical and community environments. Acknowledging nursing staff perceptions can help acknowledge the potential utility of clinical supervision and unearth potential challenges to its implementation. Therefore, the aim of this study was to explore the perceptions of clinical supervision among nurses working in the National Forensic Mental Health Services in Ireland.

Aim of Study

The aim of this study was to explore the perceptions of forensic mental health nurses of clinical supervision in terms of their understanding of clinical supervision and their perception of its utility within forensic nursing practice.

Methods

A descriptive qualitative approach was used to collect the data using semi structured interviews. Descriptive qualitative research was seen as the most appropriate approach as it offers researchers insight in the participants experiences without transforming the data beyond recognition from the area under scrutiny (Doyle et al., 2019). Participants were recruited from the National Forensic Mental Health Services using a purposive approach. Participants were Registered Psychiatric Nurses (RPNs) who had worked in the services for at least six months and who were familiar with the concept or who had an interest in the area of clinical supervision.

Recruitment of participants.

Following receipt of ethical approval, permission was sought from the Director of Nursing and the Clinical Director to access potential participants. Gatekeepers were identified, Clinical Nurse Managers, and were requested to display posters about the research in prominent areas throughout the hospital. Potential participants were requested to contact the researchers directly if they were interested in taking part in the research.

Data collection and analysis

Semi structured interviews were used to collect the data and an interview guide was developed based on the aims and objectives of the study but questions were flexible enough to respond to emerging themes although participant responses did not generally deviate from the interview guide [table 1]. Interviews were conducted at a time suitable for the participants and within the hospital grounds and lasted between thirty minutes and one hour. All interviews were audio recorded with permission and transcribed verbatim. Newell and Burnard's (2011) six stage framework for data analysis was used. This involved immersion in the data through reflection, listening to the interviews and reading and rereading the transcripts. A process of open coding followed and the codes were formed into categories. Where there was overlap higher order codes were identified and further reviews of the transcripts occurred until the final themes emerged. While themes were consistent across the ten interviews, doing more interviews might have ensured data saturation but was beyond the scope of this study due to restricted timeframes for completion. Methodological rigor was established by adherence to Lincoln and Guba's (1985) framework including establishing an audit trail, reflexivity, member checking and a review of the data analysis process by all authors. The data analysis was carried out by one of the researchers [XX] and then reviewed by the others for consistency and accuracy. Emergent themes were also reviewed by the participants in an attempt to ensure that they reflected their interview data. Throughout the analysis process, the researchers continually critiqued and challenged the emergent themes in an attempt to address any bias that might be present.

- Tell me about your understanding of clinical supervision?
- Can you tell me about your experiences of receiving clinical supervision within this service or any other service?
- Where do you see the potential for clinical supervision? Can you give me a examples?
- How could clinical supervision be supported within the National Forensic Mental Health Service of Ireland?
- What knowledge and skills are required for the effective implementation of clinical supervision?

Table 1: Interview Guide

Ethical issues

Ethical approval to conduct the study was provided by the School of Nursing and Midwifery, Trinity College, Research Ethics Committee [03102016]. Information was

provided to all participants to allow them to make an informed decision about taking part in the study and voluntary participation and right to withdraw without penalty was emphasised throughout. All participants provided written consent to take part in the study. Confidentiality was assured and data were stored and managed in accordance with best practice and data protection policies.

Results

From approximately 180 nursing staff working in the service, ten (n=10) registered nurses demonstrated an interest in taking part in the study and all met the inclusion criteria and went on to be interviewed. Six of the participants were female (n=6) and four were male (n=4), and the mean age was 35. The mean years of experience the participants had been working as registered nurses was 10. The analytic process culminated in the emergence of three themes which are descried below using extracts from the participants transcripts.

Theme 1: Participant's perceptions of clinical supervision.

The participants understanding of clinical supervision was mostly consistent with the literature, with the participants talking about the purpose of clinical supervision in terms of support, reflection and impartial discussions between the supervisor and supervisee. Eight of the participants had direct experience of clinical supervision in the past and all perceived it as an important component of personal and professional development. The creation of a neutral and safe space was perceived as essential for forensic nurses to discuss issues of concern such as clinical decisions that they had to make, often quickly and within highly charged environments. Decisions around the use of restrictive practices such as physical restraint and seclusion were highlighted as areas where critical reflection was necessary. While neutrality and safety was spoken about, the provision of protected time was also perceived as being of pivotal importance. In the following quotation, the participant talks about how clinical supervision almost forces you to reflect on clinical judgements within a neutral setting.

> *You are agreeing with the group, going with the herd almost, whereas sometimes when you are actually in a more neutral setting, it forces you to actually take a step back and re-think. Clinical supervision, in my opinion offers this neutral setting.* [Participant 9]

Safety was a common theme throughout the interviews and the participants spoke about being safe from value judgements about their concerns as well as safety from repercussions. The role of the supervisor in the creation of this safe space was noted and the participants not only talked about the supervisors need to be clinically competent, there was also a need for them to be impartial.

> *My understanding of clinical supervision is when you are offered some time and support to talk about issues that you have come across over your shift and to discuss them with a competent professional in an environment that you feel safe in without facing repercussions or feeling inadequate. [Participant 4]*

While the majority of participants viewed clinical supervision as a time to receive support regarding their work, there was two participants who held the erroneous view that clinical supervision was not specific to the nursing environment. They perceived it to be something that could be used to aid with personal issues they may be experiencing outside the working environment.

> *Clinical supervision is to also aid with personal issues a nurse may have. It is a one to one where you discuss your feelings and how you are coping, like a counselling session where you get things off your mind. [Participant 8]*

Overall all of the participants talked about the importance of receiving clinical supervision especially in an area such as forensic psychiatry.

Theme 2: Utility of Clinical Supervision within the National Forensic Mental Health Services

As mentioned earlier there was a strong perception among the participants that clinical supervision was important because they worked within the forensic services. The second theme builds on this point and outlines the utility of clinical supervision within the National Forensic Service. There were two main areas that the participants talked about where they believed clinical supervision would be useful; to prevent stress and burnout and to support the therapeutic relationship between nurses and service users. With regard to preventing stress and burnout, the participants believed that they were more vulnerable to stress and burnout given the nature of their working environment and the profile of the service users that they cared for.

> *'We work in the highest security hospital in Ireland with some of the most dangerous service users so yes it would be beneficial. We should have it'* [Participant 6]

When talking about security, the participants returned to the decisions that they had to make and how the notion of security was forefront, often underpinning many of the decisions they had to make. This was seen as unique to the Forensic Services and everyday tasks such as counting cutlery, checking for homemade weapons and observing service users at the highest levels of security were all reminders of the secure environment within they worked which were perceived as stressful.

> *There are definitely issues that can pop up in forensic settings that are going to be more specific than in other services I have worked in such as having to provide intense security at all times. This can include making sure doors are closed at all times, counting cutlery, continuously observing for things that can be used as weapons. It can be very stressful.* [Participant 9]

The participants also talked about the service users and their index offences and how hearing about theses offences was stressful. In addition, increasing levels of aggression on the various wards and departments was also a source of stress that might contribute to burnout.

> *I suppose the issues surrounding the crimes they committed worries me sometimes. I do be sitting in and interview going through their index offence with them and I don't even flinch, I'm almost immune to hearing graphic content. Also seeing service users getting verbally and physically violent on the units has to have a psychological effect on me*. [Participant 10]

Clinical supervision was also perceived as important in the context of developing a therapeutic relationship with service users within the Forensic services. The participants talked about how the nature of the service users' index offences can sometimes evoke feeling in the participants that needed to be addressed in order to successfully forge therapeutic relationships.

> *I think building the therapeutic relationship can be very demanding where we work and sometimes we don't have an outlet for debriefing and discussing different pathways to achieving it*. [Participant 4]

Clinical supervision was seen as a necessary space where these feelings could be explored. In addition to the nature of the offences, the duality of nurses' roles where security intersected with therapy was also something that was perceived to impact on the therapeutic relationship and the participants believed that clinical supervision could help to balance the arc between custodial and therapeutic approaches.

> *Where do you draw the line in terms of providing care? I mean sometimes I think to myself, am I a nurse or prison officer*? [Participant 3]

Theme 3: Factors influencing the implementation of clinical supervision

The third theme that emerged from the data concerned the participants' perceptions of the factors that might influence the implementation of clinical supervision within the National Forensic Services in Ireland. Four issues were discussed as central; supervisor/supervisee dynamics, managerial influence, resources and education. In terms of supervisor and supervisee dynamics, who the supervisor was and their professional relationship with the supervisee was seen as a factor that could either facilitate or impede the introduction of clinical supervision. On the one hand line managers were seen to be in a good position to act as supervisors given their professional knowledge of the supervisee. However, there were fears expressed and the majority of participants explained that they would not like their line manager to be their clinical supervisor as they felt a lack of comfort discussing issues of concern with them. This is clearly explicated in the following quotation:

> *I wouldn't like to have my manager as my clinical supervisor, I wouldn't feel comfortable going to them. In clinical supervision if you bring up something you might think your manager would think less of you as a nurse.* [Participant 8]

There was a general consensus from participants that for clinical supervision to be effectively implemented it needed to have strong support from nursing management at all grades, particularly those in senior nursing administrative positions. While there was support and admiration for nursing administration generally there was concerns expressed about how traditionally managers in nursing were reluctant to introduce innovations that might disrupt the status quo. In addition, some participants suggested that nursing managers may become disconnected from the realities of ward based nursing and not see the need for supports such as clinical supervision.

While managerial support was important, resources were also seen as something that needed to be made available to facilitate the implementation of clinical supervision. The shortage of nurses which put direct pressure on the availability of time and cover to release staff to attend supervision was seen as a major impediment. While workforce shortages were not exclusively related to the National Forensic Services, the

heightened security procedures and service user profile mandated strict staffing levels that might not be as flexible as in other areas.

> I think the difficulty at the moment is the shortage of nurses we have in the country, especially in our service, there are a number of vacancies. I feel trying to facilitate clinical supervision basically means that staffing levels on the ward would effectively drop for periods of time throughout the day. [Participant 1]

The concept of education and training was also identified by a number of participants as a means of facilitating and implementing clinical supervision within the National Forensic Services and the participants suggested that not enough awareness and education was made available to nurses regarding clinical supervision. The participants believed that in order for clinical supervisor to flourish and become mainstreamed, nursing staff needed to be aware of its existence, purpose and scope.

> *How can people ask for something if they do not know what it actually is? [Participant 4]*

Discussion

The aim of this study was to explore the perceptions of forensic mental health nurses of clinical supervision in terms of their understanding of clinical supervision and their perception of its utility within forensic nursing practice. The findings reveal that the participants' perceptions of clinical supervision were mostly in line with Proctors (1987) conceptualisation of the role of clinical supervision in terms of normative, restorative and formative functions. In this study, however there was an emphasis towards the restorative function underscoring the perceived need for clinical supervision because of the particular challenges that working within the forensic services pose. For the participants in this study there was a tension between their role as therapeutic agents and their custodial role which created a conflict and this was perceived as stressful. While maintaining security was one aspect of this tension, other issues such as forming and maintaining therapeutic relationships, exposure to violence and aggression, service users index offences, complex decision making under challenging conditions and the use of restrictive practices within this secure environment heightened this tension and further emphasised their need for and desire for clinical supervision. Jacob (2012) argues that these tensions may create cognitive dissonance which emerges in response to nurses assimilating security and custodial practices within a therapeutic framework. This may result in what Hörberg (2015) describes as

a challenge to the creation of a caring culture and supervision that focuses on existential and ethical issues and which considers the service users world view may go some way to ease these tensions. According to Gross and Naish (2015), cognitive dissonance occurs whenever we hold two conflicting cognitions creating psychological discomfort or tension. Support for nurses to re-centre the therapeutic relationship between service user and nurse may buffer the effects of cognitive dissonance and contribute to a caring culture within forensic settings.

The participants in this study suggested that the secure environment and issues such as the services users index offence can create difficulties in forming and maintaining a therapeutic relationship. Askola et al., (2015) describe a cyclical therapeutic approach which can aid the nurse to identify and help the service user to understand and process the index offence within a therapeutic framework. This shifts the focus away from the conceptualisation of the index offence within the criminal justice system but something that can be the focus of a therapeutic interaction shifting the balance back within a caring action. However for this to occur, nurses need to be prepared and supported to do this and clinical supervision offers a way to work through issues such as the nurses therapeutic approach as described by Askola et al. (2015) to service users within a secure environment. In addition, Morrissey et al., (2018) argue that recovery orientated approaches that centre on a relational dialogue between nurse and service user may go some way to fostering a sense of connection and help the nurse to see the person and their personal story as separate to their behaviour and help create a more inclusive environment. For this to occur, nurses need to be able to listen with empathy and compassion to the experiences of the service users aiding the development of therapeutic relationships (Morrissey et al., 2018).

Previous research has reported that nurse's relationships with service users can be superficial with an emphasis on the creation of boundaries that may be counterproductive to the engagement that is required for meaningful dialogue (Goodman et al., 2020). Salzmann-Erikson et al. (2016) contend that relationships built on trust with service users within forensic settings will enhance the ability to achieve goals and improve outcomes for the service user. In addition, Berry and Robertson (2019) suggest that improvements in the therapeutic atmosphere within forensic settings can reduce vulnerability to staff burnout, underscoring the importance of

service user and staff relationships and the significance of working therapeutically within that relationship. Given the importance of relationships within the forensic context, nurses need to be able to emotionally connect with service users and feel safe to do so. Supervisors need to acknowledge the challenges that exist with the development of therapeutic relationships within the forensic services and respond accordingly. This can support nurses to develop the comfort and confidence to acknowledge the mutual vulnerability that can exist for both nurses and service users (Hammarström et al., 2019).

Lowdell and Adshead (2009) suggests that it is psychologically healthy for nurses to be able to reflect on the difficulties they have with service users and this can occur within a clinical supervision dyad and can counteract the effects of emotional labour within secure environments as described by Walsh (2010) and Nolan and Walsh (2012). With regard to index offences within forensic settings, processing and understanding these can be challenging for nurses and frightening and distressing for service users (Askola et al., 2019). This process is described as a highly significant issue and a major component of the care plan (Askola et al., 2019) underscoring the specialist nature of forensic nursing and its contribution to service user outcomes (Valentine et al., 2020). However, when nurses are not able to see the service user beyond the index offence, or to recognise their vulnerability and potential for recovery then formation of therapeutic relationships is difficult (Jacob & Holmes, 2011). In the absence of formal education programmes, clinical supervision has the potential to assist nurses to acquire skills, knowledge and competence in this area while also processing any distressing emotions that might emerge. In addition, clinical supervision might offer opportunities to explore shared formulations of therapeutic relationship difficulties as suggested by Pettman et al. (2020). This is in line with the aims of clinical supervision as outlined by the National Policy for the Implementation of Clinical Supervision (2019).

The relationship between the supervisor and the supervisee is important and the choice of supervisor has been shown to positively influence perceptions of clinical supervision (Martin & Milne, 2018). In this study, while the participants recognised that their line manager was in the best position to provide supervision, they were many of the participants who were uncomfortable with the idea of their line manager

supervising them within this context. Clinical supervision beyond individual supervision was not considered by the participants in this study. Martin, Copley, & Tyack (2014) suggest that supervisees should have a choice in determining who their supervisor should be and that line managers may not be in the best position to assume this role as supervision time may be taken up with administrative and performance evaluation issues. These issues were not raised by the participants in this study rather they were more concerned about revealing any vulnerabilities that might make their managers think less of them as a nurse. Recognising and acknowledging vulnerability within difficult situations may cause feelings of discomfort and doubt resulting in practices that are defensive (Morrissey et al., 2018). From the participants' accounts, there was a strong desire for them to maintain and save 'face' within the social interactions they had with the peers but most notably with their line mangers (Goffman, 1967). Revelations of stress or other perceived weakness may contribute to them feeling in the 'wrong face' or 'out of face'. Goffman (1967) argues that being in 'wrong face' or 'out of face' promote feelings of shame and inferiority because the participant's image of themselves that they usually present and which they have become emotionally attached to is now under threat. One possible solution to this might be to engage with supervisors who are outside the organisation, however this might not be financially or logistically possible. Allowing supervisees to choose their own supervisor may also offer a solution but may result in supervision that is ineffective, collusive and that drifts away from best practices (Martin & Milne, 2018). These issues underscore not only the importance of supervisors being unbiased and impartial, but the importance of being able to communicate this to their supervisees. In addition, supervisors who are line managers need to be cognisant of their dual roles, be clear about their role and function as a supervisor and adhere to the ethical principles that underpin the supervisory relationship. Furthermore, supervisees need to avoid assumptions about the nature of clinical supervision and to acknowledge the inherent stressors of working within the forensic services. This will contribute to the building and maintenance of an emotion culture which is necessary for the exploration and expression of the supervisees emotions as described by MacLaren et al. (2016).

Limitations

As with most qualitative research the sample size is small and the results are not generalisable. The participants involved had some experience and knowledge of clinical supervision which shaped their perceptions within the national forensic

services. Including other mental health nurses who had no experience of clinical supervisions would have provided a more rounded view of perceptions but was beyond the scope of this study.

Conclusion

Mental health nursing within the forensic services has been described as stressful. Working as a therapeutic agent within a secure environment creates a tension and for the participants in this study perpetuated that feeling of stress. Service users within the forensic service present with a range of complex issues and the provision of nursing care that is recovery orientated poses unique challenges. Clinical supervision has long been advocated as a means of support for mental health nurses across a range of environments. For the participants in this study, the introduction of clinical supervision was perceived as something that was necessary as a source of support to nurses working in a stressful and highly charged environment. Recognition, acknowledgement and openness about the complexities of working within the forensic services will go some way to easing these tensions but the provision of clinical supervision within a confidential, safe and non-judgemental relationship will ultimately improve the therapeutic environment for nurses and service users. Finally, at the time of writing, clinical supervision is being implemented with the National Forensic Services in Ireland and strategies to evaluate the model of supervision and its effectiveness are being conceptualised.

Disclosure of interest

The authors report no conflict of interest

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