Repositioning practice: A discourse analysis of clinical supervision as part of implementing a psychosocial intervention in cancer care

Sophie Elizabeth Dilworth, RN (hons)

Thesis submitted for the Degree of Doctor of Philosophy
July 2014

School of Nursing and Midwifery
University of Newcastle
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Acknowledgements

I wish to acknowledge and thank those who have contributed to this project and supported me through this journey.

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To the participants in this study, I hope that the critical analysis presented here makes visible some of the tensions that you face in practice. I hope that it will be part of the shift in practice toward care that recognises the need for critical dialogue within healthcare to facilitate the kind of care that we all aim to deliver.

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List of publications included as part of the thesis


## Co-author statement for paper one

I attest that Research Higher Degree candidate **Sophie Dilworth** contributed to the paper/publication entitled:

Patient and Health Professional’s perceived barriers to the delivery of psychosocial care to adults with cancer: A systematic review

By:

- Leading the writing of the manuscript
- Developing the research question
- Extracting data regarding study characteristics from all included studies
- Extracting data regarding risk of bias from all included studies
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- Extracting data regarding study characteristics from all included studies
- Leading data analysis and interpretation

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Examining clinical supervision as a mechanism for changes in practice: a research protocol

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- Developing the research question
- Contributing to research design and study methodology

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Implementing a psychosocial intervention in cancer care: An examination of the change process through a discourse analysis of clinical supervision

By:

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• Developing the research question
• Contributing to research design and study methodology
• Overseeing data collection
• Leading the data analysis and interpretation

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List of additional publications and conference presentations


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Abstract

This thesis by publication describes a study that used discourse analysis to explore clinical supervision sessions between supervisors and health professionals trained to deliver a psychosocial intervention for a large multi-site randomised control trial. The research questions asked: Does clinical supervision facilitate changes for Health Professionals trained to deliver a psychosocial Intervention? What influence does clinical supervision have on the discourses of Health Professionals and their practice? What might this reveal about change in practice and barriers/enablers to such changes?

A systematic review of the barriers to psychosocial care revealed that Health Professionals reported organisational, cultural and individual clinician-related barriers. Clinical supervision is recommended to support Health Professionals in overcoming these barriers. Whilst a review of the clinical supervision literature explored confusion about expectation and the quantifiable outcomes of clinical supervision, there is evidence that multidisciplinary, group clinical supervision provides a forum for sharing of knowledge and generation of shared understandings of healthcare.

The participants for the study were thirty Health Professionals (23 nurses, four physio therapists, two radiation therapists and one occupational therapist) and three clinical supervisors who took part in 96 clinical supervision sessions. Discourse analysis was used to critically examine seventeen audio recorded sessions of multidisciplinary, group format clinical supervision. Discourse mapping was used as a vehicle to explore discursive constructions in the data. The method of data collection and analysis represent novel approaches to exploring clinical supervision and its impact on the process of practice change.

Findings showed that clinical supervision facilitated non-linear changes in the clinical practice of Health Professionals trained to deliver a new psychosocial Intervention. Changes included using discourse within the clinical supervision sessions to resist the systemic, organisational, cultural and personal barriers that presented themselves as part of delivering a new psychosocial Intervention. Clinical supervision provided a forum for sharing stories that were used to construct new meanings and reposition the Health Professionals within the experience of delivering psychosocial care in the context of adult cancer care. Health Professionals’ language was used to challenge, or accommodate tensions that were seen to govern the behaviours and language used by Health Professionals. Their discourses illustrated a fragility and potential for change. Discourses within supervision negotiated ways of practicing that may accommodate the tensions allowing change in practice.