AN APPLICATION OF CHANGE INTELLIGENCE, MINDFULNESS AND 7-EYE MODEL IN CLINICAL SUPERVISION

Yaowalak Kumkwan, R.N., M.N.S.¹
Thaworn Lorga, R.N., Ph.D.
Prissana Nuanboonruang, RN, DNS.
Sureeya Satjachuaychai, RN.

Boromarajonani College of Nursing Nakhon Lampang, Thailand

Abstract

Clinical supervision is a management tool to improve the quality of health services. It is imperative that clinical supervisors have well-founded knowledge, understanding, and competencies to deliver effective clinical supervision processes and better outcomes. This article proposes that mindfulness and change intelligence can be used to enhance the effectiveness of clinical supervision, and illustrates how these three concepts can be integrated into existing clinical supervision model. Mindfulness equips clinical supervisors with the ability to focus on the presence and thus having the awareness on what is going on during the supervision process. Change intelligence helps supervisors to have better understanding about themselves and the supervisees about their readiness for change which is the ultimate goal of clinical supervision. The paper also presents the training program developed by the authors on clinical nursing supervision which integrates change intelligence and mindfulness with seven-eyed model of clinical supervision. This training program was successfully implemented with a group of 50 nurse managers.

Keyword: Change intelligence, Mindfulness, Clinical supervision, 7-Eye Model

¹ Correspondence concerning this article should be addressed to Yaowalak Kumkwan at 268 Boromarajonani College of Nursing Nakhon Lampang Amphur Muang Lampang, Thailand 52000 or email: yaowalak_ann@hotmail.com
Introduction

Nowadays, the world of communication takes a significant role in human daily life. People can communicate easily as there is no boundary and also flexibly and conveniently. Also, there are many kinds of technologies which have been developed to accommodate and support communication such as wireless network, and various applications. As well as the development of equipment and applications that responds to the needs of communication effectively (Naipinit, Kroeksakul & Na Sakolnakorn, 2015). In providing health care services, health care professional always need to communicate to a multidisciplinary team and clients effectively. Otherwise, the facilities could not ensure safety and may not be able to meet the needs of the clients.

Supervision is a process of communication channels, such as collected surveillance, control, evaluation, and guidance that help to ensure the safety and the quality of practices. The supervision process could be used as a shield to protect health care providers and their organizations. At the same time, the supervision process would make health care providers and clients to be happy as the social expectations as health care services to meet the standards of care and the excellence (Wolf, Bradles & Greenhouse, 2006).

The main principles of supervision in the clinic are as follows: assisting the supervisees to apply gained knowledge to their practices, and the supervisees developed themselves to become providers according to their responsibility in a multidisciplinary team. The ultimate goals are the clients’ satisfaction, safety, no complication, and meeting the professional standards. Therefore, a development of competencies for nurses to have effective and good supervision is important. The competencies will assist recipients of supervisory guidance to deploy properly and can be treated with credibility and satisfactory without prejudice. Moreover, Choompinit and Moonsat (2015) studied about the development of clinical supervision for head nurses and found that the head nurse’s satisfaction was increased after conducting a clinical supervision. A first, supervisors may have a basic knowledge about principles, objectives, role of communication in the clinical supervision, change intelligence, mindfulness, and 7-eye model, and application of theses knowledge and beliefs into the effective clinical supervision.

In this paper, the author has compiled mindfulness, the principles of change intelligence, and 7-eye model into the supervisory framework to enhance the communication between supervisors and supervisees and a trial was performed with a group of 50 nurse managers, expected outcomes may modify with health care professionals to improve the quality of health care services that will be benefit for clients.

Purposes of the clinical supervision

The primary objective of the clinical supervision is to develop the competencies of the supervisors resulting in the development of work, performance, and quality of services. Four goals in clinical supervision for health care providers are as follows:

1. To develop health care providers in three areas: academic performance, positive attitude towards their work, and practice skills.
2. To develop educate health care providers about management skills: skill for personnel and equipment management; financial facilities and coordination; and professional skills for providing the services.

3. To assist and support health care providers to have an appropriate problem solving skill.

4. To enhance health care providers’ morale in their working.

**Principles of clinical supervision**

Principles of clinical supervision have included a preparation, a process, and an evaluation and summary of the supervision. The authors have compiled and summarized the steps as below:

**The preparation for readiness (step 1-6)**

**Step 1:** Agreement, for to those who are in supervisory roles, supervisors, and supervisees, they determine together what it would be the area or issue for clinical supervision. Then, clarify and set objectives, procedures, and expected outcomes for the clinical supervision process (Borders & et al., 2011).

**Step 2:** Boundaries of the scope of the clinical supervision, the supervisors and supervisees have to define a scope of the clinical supervision. By this way, the supervisors and supervisees have an agreement to prevent one from going beyond the safety zone of the other. The study of Chanyang (2010) found that an appropriate and accurate clinical supervision by the head nurse may follow the written nursing supervision plan which could increase better quality of supervision and supervisees’ satisfaction.

**Step 3:** This step includes 3Cs, Commitment, Confidentiality and Constructive feedback. For those in supervisory roles, supervisors, and supervisees they need to review the contract and have an agreement that the clinical supervision process will be conducted based on the particular agreement area/issue. Both supervisor and supervisee have to keep the process of clinical supervision confidentially between the two parties, and not to disclose the information that may cause damage to each party. After performing the clinical supervision process, the supervisors may evaluate and provide an informative, constructive feedback to the supervisees to improve the work that will be benefit the clients. Precaution, the feedback should be neutral and not hurt the other's feeling or made any other party feel unsafe.

**Step 4:** The duration, the supervisors and supervisees may arrange the period for the clinical supervision appropriately. This arrangement may not intervene with the routine work. If there is any period of time where the routine is disrupted, the supervisors may reimburse the supervisees for the extra period of time. So that in return the supervisees can also benefit from this clinical supervision and gain balance between working time and personal time.

**Step 5:** Environments, the supervisors may assume an environment which is suitable for the clinical supervision (private and comfortable space) and at the real situation, that place may be prepared before the process of supervision takes place. This preparation will make the
supervisees recognize that the supervisor is ready and to prevent the claim that there is no convenient place.

**Step 6:** Frequencies, the supervisors and supervisees may determine the frequency of the clinical supervision (too often that made the supervisees feel burden or seldom that made the supervisees feel neglected).

**The practices (step 7-8)**

**Step 7:** Clinical supervision practice, the supervisors, and the supervisees perform the clinical supervision as they have agreed upon.

**Step 8:** 2Rs Recording and Review, the recording and review occurs when the clinical supervision needs to be recorded because it can lead to data analysis, which has more advantages than relaying it orally and it can be retrieved for review. The information will not be distorted or manipulated which may lead to the wrong interpretation.

**The evaluation (step 9)**

**Step 9:** Evaluation, this is the last step of the process of clinical supervision. The assessment should be a two-way communication between both supervisors and supervisees for the evaluation review to be consistent, accurate, and meet the two parties’ needs.

**Role of communication in clinical supervision**

Clinical supervision is a communication tool to control the quality of service and allows the supervisees to achieve the objectives. The supervisor needs to know the three groups of people to help them communicate with the supervisees; the groups are as follows:

1. **Normative knowledge**: This group of people acquired knowledge and information, believe and behave based on what the people in the society, as the designating some actions or outcomes, see as good, desirable or permissible according to the norms of the society.
2. **Subjective knowledge**: This group of people acquired the knowledge and information, believe and behave based on their direct experiences and interpreted by their own experiences.
3. **Objective knowledge**: This group of people acquired the knowledge and information, believe and behave based on the primary observation and analysis, or evidence based.
4. The supervisors have to know their own-selves and may be aware of the different kind of people’s knowledge that would help them communicate with the supervisees and achieve the objectives of the clinical supervision effectively.

**Patterns of the clinical supervision**

In this paper the authors would like to present the three patterns of the clinical supervision, the patterns are as follows:

1. **Restorative clinical supervision**: The supervisors use the principles of understanding, and interpersonal relationship to enhance positive feeling and attitude towards supervision and practice, to reduce stress in working, and to facilitate and support problem solving. And also the supervisors provide the consultation, mental support, and participate in the practice as well. By doing these, they can enhance self-awareness and self-development. This way of supervision is
appropriate for the supervisees who need to have self-confidence and support without being
controlled, but instead, there is an increase of self-empowerment (Bond & Holland, 2010).

2. *Formative clinical supervision*: This pattern of supervision focused on the development of
knowledge and skills in nursing practice by using teaching methods, advice, and preceptors. This
reflected the supervisors’ experiences, and induced the supervisors’ development to become
experts who specialized in knowledge and skills (Bond & Holland, 2010) the same as a study
conducted by Supunpayob, Sukadisai and Amphon (2013) about the pattern of clinical nursing
supervision in King Prajadhipok Hospital and found that the formative clinical supervision could
increase the knowledge of the supervisors more than the existing supervision.

3. *Normative clinical supervision*: This pattern of the supervision aimed at encouraging health
care personnel to be responsible in following the government policies and perform the care
which meets the standards and quality of care. Then, to establish the standards of practice,
monitor and evaluate the implementation (Bond & Holland, 2010).

**Mindfulness and Change intelligence**

Mindfulness is where the supervisors are competent in focusing on the implementation
and on defining the meaning of performance as professional. The focus of supervision is for the
supervisees to recognize that their work could respond to the daily events in their lives and for
them to reflect on every step of their practices. The supervision would create the awareness and
build up mindfulness for the effectiveness of work. Ultimately, it would benefit the clients as can
be seen in the study conducted by Bordes & Villse (2015), The Role of Supervisors' and
Supervisees' Mindfulness in Clinical Supervision, which found that the mean scores of
mindfulness of the supervisors, could predict the quality of the supervision.

Change intelligence is the sensitivity of the supervisors to notice that there are some
changes happening with the supervisees and in response, the supervisors adjust themselves to
deal with such changes in the supervisees part and in various situations (Barbara, 2016) to build
up competency. They may develop themselves as follows:

1. *The competency for clinical supervision*: Effective clinical supervision needs a regular
learning and practice. Also, increasing the skills by using proper methods, reflection and
guidance could enhance or support the supervisees to obtain the appropriate outcomes.
Practicing regularly may lead the health care providers to be more involved in the clinical
supervision and to absorb the clinical supervision as a part of the working culture.

2. *The intervention*: An intervention is a way to support and pay respect for the professional
challenge to develop a secure relationship. Supervisors may observe the supervisees’ behaviors
during the discussion about the service experiences in order to understand their feeling towards the
situations and to assess for the fixation of the defects or confirm that the curtained actions constitute
a good deed. It also adds up the ability to respond to those situations and experiencing a wide variety
of situations that would allow the supervisors to choose wisely what is the most proper practice for
each situation. It also encourages people to feel free for disclosures (Tantisuk, 2014)
3. *The knowledge and information*: The research and review of information from the experiences or the pilot of practices conduction would be more effective than the theory based information because the knowledge about the clinical supervision is complex and based on the understanding of human which depend upon the context of supervisions. Furthermore, this kind of knowledge is the tacit knowledge from working situations.

**The 7-eye model**

Hawkins & Shohet (2000) had illustrated the 7-eye model as follows:

**Eye 1** is focused on the clients. The supervisees have to explain to the supervisors the clients’ characteristics such as the tone of the client’s voice, breathing, movement, eye contact, and the language. The first focus is not to understand the clients, but it is the clients’ information provided by the supervisees to the supervisors.

**Eye 2** is focused on the intervention. The supervisors and supervisees determine and choose the specific intervention along with the reasons of usage and the expected outcomes of this intervention.

**Eye 3** is focused on the relationship between the supervisors and the supervisees especially, their point of views towards the system of care and in what areas they can work together for the development.

**Eye 4** is focused on the supervisees. Supervisors need to be sensitive in noticing the supervisees’ changes such as the mood towards the clients, how the other relationships between the supervisors and supervisees are, how the supervisors and supervisees take their roles, and what kind of things that the supervisees want the clients to modify.

**Eye 5** is focused on the relationship between the supervisors and supervisees. For instance, what kind of things that the supervisors see in the supervisees, this observation is the same as how the supervisees observe the clients and if the feelings expressed to the clients are the same for both supervisors and supervisees.

**Eye 6** is focused on the supervisors. Those are the feelings towards the clients. The supervisors need to empathize with the supervisees, that if they were in their shoes, how they would feel during the supervision process. The supervisors may not express their power or knowledge which is greater than the supervisees. The supervisors may teach, or advise the supervisees rather than controlling them. By doing these, the supervisors would hear the voice of the supervisees. In addition, the other focus is the ideal relationship between the supervisors and supervisees, and the clients. This may occur depending on the experiences of the supervisors.

**Eye 7** is focused on the context of the whole picture. The contexts are as follows:

- clients, family background, and the reasons for help seeking;
- professional, and organizations that are context of the supervisees;
- the context of the relationship between the supervisors and supervisees;
- The context of the relationship of the supervision. Past experiences, the differences of the professionals, the image of differences, and the power of differences;
- the context of supervisors, awareness of the prejudices, characteristics that effect on the relationship of the clinical supervision;

**An application of change intelligence, mindfulness, and 7-eye model to develop clinical supervision.**

An application of change intelligence, mindfulness, and the seven eyes primary model, the authors had piloted this model with a group of 50 nurse managers from Cancer Hospital in Lampang Province, Thailand.

The pilot study was conducted by asking each of them to analyze their personality traits, and then each pair of the nurses exchanged their information based on change intelligence and mindfulness. After that, each nurse was asked to take the role of the supervisors and supervisees and then swap the roles by using the principles as stated above:

1. Agreement, Boundaries, and 3C: Commitment, Confidentiality & Constructive feedback;
2. Duration, Frequency, Environment, Clinical Supervision Practice, 2R (recording & review), and evaluation; and
3. Step 7 in the 7-eye model (clinical supervision practice), for the supervisors and the supervisees, could practice for the system analysis.

The results showed that both supervisors and supervisees indicated their satisfaction at high levels, and the model could be used in real situations. The steps are as follows.

1. Let each person read the personality traits and choose the most appropriate personality traits.
2. The group is divided into five groups within the group to have different personality traits.
3. Let each person share one’s personality traits (mindfulness).
4. Match and assume that they are both supervisors and supervisors.
5. Give each trainee a pair of clinical supervision questions, and then make a supervisory agreement based on the supervision principles 1-6.
6. Let each person tell their own needs, how they should be supervised by their supervisors. Then change to a supervisor if the supervisor has that personality. Let each pair switch roles in exchange for each other (change intelligence).
7. Let each pair begin supervision based on the 7-Eye model.
8. Each pair recorded clinical supervision information and a summary of the results.

**Conclusion**

In the development in clinical supervision for health personnel, there are a variety of ways in which the authors have applied the principles of mindfulness, change intelligence, and the 7-eye model which helped the supervisors to develop better competencies for the clinical supervision. The supervisors need to have mindfulness and always stay with areas requiring
supervision. Do not convey information emphasizing what the supervisors have or can do which are greater than the others. Lastly, the supervisors need to communicate with the supervisees for understanding, to be awareness of themselves and others. The test of an application found that nurse manager their satisfaction at high levels (89.74%). It also helps nurse manager has an explicit supervision. The ability to see the nature of the person and access to that person by habit. Make yourself and others aware. This will make the supervision more effective and affect the development of the work and customers’ satisfaction.

References


