Webb, C., Bostock, L., and Carpenter, J. (2016) Effective supervision in social work and social care: Findings from a systematic review of research in services to adults (2000-2012). In Bostock, L. (2016) (ed.) Interprofessional staff Supervision in health and social care. Brighton: Pavilion publishing.

What Do We Mean By 'Supervision'?

Although supervision has been described as "*an integral element of social work practice not an add-on"* (DCSF. 2009:29) there is no universal definition of what 'supervision' actually is, and it may mean different things to different professionals. Within the social work profession, the British Association of Social Workers (BASW, 2011) suggests that the 'prime purpose' of supervision is to support workers to provide good quality services and 'maximise their effectiveness'.

There are several key functions of supervision that are consistently identified within the literature: administrative/case management, reflecting on and learning from practice, personal support, mediation (the supervisor acts as a 'bridge' between worker and organisation) and professional development (Carpenter et al, 2012).

Why is supervision important?

"The overall aim of professional supervision should be to provide the best possible support to service users in accordance with the organisation's responsibilities and accountable professional standards" (Carpenter et al, 2012:3). Organisations can hope to achieve this by ensuring that their staff are skilled, knowledgeable, clear about their job roles, and offered practical assistance from a supervisor in the form of job-related advice and emotional support. Organisations also have a duty of care to their staff, and providing good quality supervision will help to ensure workers' wellbeing and job satisfaction, and may mean they are more likely to remain in their jobs.

Supervision in practice – some cautionary remarks:

Although clearly important, the delivery of high-quality supervision in practice may not be an easy task. Organisations are experiencing increasing pressure on resources and accountability, and worker's support and development needs may get replaced by performance measurement and management oversight: The Social Work Task Force (DCSF, 2009) reported that social workers in England were receiving variable access to supervision, which was largely process-driven and focused on case management.

Although policy makers, educators and practitioners generally assume that supervision is a 'good thing', there is in fact a distinct lack of research evidence in relation to social work supervision. Indeed the evidence base has been described as *"surprisingly weak",* and this makes it very difficult for

organisations to apply evidence-based supervisory processes (Carpenter et al, 2013:1843).

Concerns have also been raised in the UK about the supervision of social workers working in integrated and multi-disciplinary teams, as they may not always be supervised by fellow social workers (Cameron et al, 2012). The lack of research evidence on supervision makes it difficult to assess the impact on staff. As Carpenter et al (2012) ask: are the key supervisory ingredients the same, or are social work values and working practices unique to the discipline and therefore integral to the professional practice and development of practitioners?

Aim of this Chapter:

This chapter offers a summary of the research evidence on the value of supervision within adult social care. It provides an overview of the data derived from an international systematic review into effective supervision in social work and social care commissioned by the Social Care Institute for Excellence or SCIE (Carpenter et al, 2012). This review explored outcomes for services to children and families as well as adult social care. While the focus is on social work and social care, some of the research reviewed includes workers from other professions such as nursing and psychology. The chapter will also examine the evidence on different models of supervision and the outcomes for workers, organisations and service users and carers as well as providing a focus on the evidence relating to supervision in integrated, multi-professional teams. It concludes by discussing the potential implications for stakeholders along with suggestions for future research.

What Does the Research Show?

Overview of the Studies:

This chapter draws on findings from 14 of the studies cited within the SCIE research briefing which focused on supervision within an adult context (the remaining studies concerned supervision in social work or social care within a children and families/child welfare setting); see Table 1 for details of all the studies. Nine of the studies originated from the US (Allen et al; Bowers & Jacobson; Brannon et al; Cole et al; DeLoach & Monroe; Egan & Kadushin; Kim & Lee; Lee & del Carmen Montiel; Simons & Jankowski), one stemmed from Australia (Kavanagh et al), two from Canada (both papers by Bogo et al), one from Israel (Ben-Porat & Itzhaky), and just one study from the UK (Fleming & Taylor).

Most of the studies (nine) collected quantitative survey data using a cross-sectional design (or in other words they collected numerical data at a single point in time), three of the studies reported on qualitative data (such as that deriving from interviews or focus groups with staff) while two adopted a mixed-methods approach using both quantitative and qualitative data (see Table 1). This means that most studies only reported on correlational evidence in which supervision featured as one factor among many that were associated with outcomes, such as workers' job satisfaction, stress or intention to leave.

Models of Supervision:

Manthorpe et al (2013) suggest that a 'dialectical approach' to supervisory models exists: i.e. supervision is either largely introspective, e.g. a therapeutic model, or instrumental e.g. a tool for the exercise of power and authority. An instrumental model of 'supervision' primarily consists of administrative/case management functions designed to assess the performance of the employee in line with the organisation's duties and responsibilities. This contrasts with 'introspective' models of supervision which are often group-based and focus on the reflective or clinical functions, although reflective supervision can also occur outside of a group setting. For example an external supervisor may provide this while a workplace supervisor focuses on administrative needs, as occurs in Sweden for example (Bradley & Höjer, 2009).

Within the 14 studies reviewed, few details are offered about the exact nature of the supervision being provided. It appears that the most common supervisory approach uses an 'instrumental' model, where supervision is delivered via a one-to-one meeting with a supervisor which is presumably the worker's line manager, although this isn't often stated. No studies attempted to evaluate the outcomes of a supervisory intervention or model, nor is any specific data provided in relation to models of group supervision.

Supervision in multi-disciplinary settings & inter-professional practice:

Perhaps surprisingly, while ten of the 14 studies were completed in inter-professional contexts, only the two qualitative studies by Bogo et al (2011a & 2011b) explore in any detail how supervision operates within an integrated setting. Conducted in Canada, these studies examine workers views on the supervision arrangements following the amalgamation of two mental health and two addiction services. As a consequence of restructuring, some practitioners no longer received supervision from supervisors of the same professional background.

As reported in Bogo and Paterson's chapter within this volume, workers described mixed reactions to the receipt of inter-professional supervision. Some staff reported that they missed having that connection to their own professional discipline and being able to 'talk in their own language'. They also now felt that supervision ignored clinical issues and focused solely on performance management. Tensions were also evident in relation to upholding the social work values of being non-judgemental and promoting empowerment, while maintaining a focus on client/public safety.

However, other practitioners were more positive and valued supervisors who attempted to understand the frameworks of their supervisee's profession. It was noted that participants perceived 'safety' and 'trust' to be more important than whether the supervisor was from the same profession. The key elements of valued supervisors were their clinical expertise and ability to provide new and relevant practice knowledge, while promoting learning in a respectful and

safe way; almost all participants agreed these were more important than their professional affiliation.

Staff also reported that the new inter-professional teams were a valuable source of support, offering spontaneous and informal feedback in the face of critical and emotionally provocative experiences. Interestingly, these views did not appear to be related to their perceptions of their supervisor. This suggests that a worker's relationships with their colleagues and their relationship with their supervisor are separate constructs. However in cases where participants were the only member of their profession on the team, they did still value the chance to meet with others from their own profession, perhaps as inter-professional supervision may not include profession-specific work.

Supervision and cost effectiveness:

No studies included an economic evaluation of supervision. Economic evaluations identify, measure and compare the costs and outcomes of alternative interventions. In the area of supervision, this might include comparing the costs and outcomes of individual vs. group supervision, or supervision by a supervisor of the same the profession compared with inter-professional supervision for example. This is a significant gap in the evidence base given that staff retention is associated with good quality supervision while high levels of turnover are linked to increased organisational costs, reduced effectiveness, and poorer outcomes for service users (Webb & Carpenter, 2012) . This lack of research evidence means that we cannot say which type of supervision works best for whom, and in which context.

Supervision and Outcomes for Workers:

The fields of social work and social care are widely acknowledged to place particular demands on staff, and it is an employer's responsibility to ensure that good quality supervision is provided as part of their duty of care to their workforce. The importance of supervision to outcomes for workers is a recurring theme in the literature with 13 of the 14 studies reviewed focusing on the links between supervision and worker outcomes. There is one exception Bowers & Jacobson who considered organisational outcomes only. Positive outcomes for workers include:

- increased job satisfaction
- organisational commitment and intention to stay
- social and emotional well-being

Detrimental outcomes include:

- intention to leave
- stress
- burnout
- secondary traumatisation

Beginning with beneficial outcomes, nine studies considered links between supervision and workers' job satisfaction (Allen et al; both papers by Bogo et al; Cole et al; DeLoach & Monroe; Egan & Kadushin; Kavanagh et al; Lee & del Carmen Montiel; Simons & Jankowski), six of which were conducted in in-professional contexts (see Table 1). The concept of job satisfaction is typically comprised of three key themes which these studies explored - structure, focus and frequency of supervision, task assistance and support to access resources for service users

In general, greater frequency of supervision is associated with higher levels of satisfaction, with some studies reporting a minimum of two hours per week as a prerequisite to job satisfaction and retention (Carpenter et al, 2012). Bogo et al.'s (2011a & 2011b) studies of clinical supervision found that regardless of whether respondents shared the same professional background, job satisfaction and professional development were related to the following key components of supervision: that it was regular, that it was provided by those with expert knowledge and clinical intervention skills for the specific client population, that it was able to teach new effective treatment methods, and that there was reciprocity and active involvement from supervisees.

Task assistance involves a supervisor's tangible, work-related advice and instruction to a supervisee, and focuses on training, skills and solutions for practice (Mor Barak et al, 2009). It is related to positive outcomes for workers by supporting them to think through tasks and perform more effectively. In Ben-Porat and Itzhaky's (2011) study of therapists working with survivors of domestic abuse in Israel, task assistance was of particular importance to workers in terms of role clarity - supporting them with perceived role competence and with task knowledge and problem-solving. Cole et al (2004) reported in their US study of social workers that perceived quality of supervision was predictive of job satisfaction in a multiple regression analysis. The mentoring function of supervision in relation to practitioners' job satisfaction, including assigning workers challenging tasks, is also highlighted in a small scale study of mental health workers and supervisors in the US (Lee & del Carmen Montiel, 2011).

The impact of accessing support for service users is explored in a study of home health social workers in the US (Egan & Kadushin, 2004). They found that helpfulness of 'administrators' (i.e. budget-holders) in resolving difficulties between patient access to services and financial priorities contributed significantly to greater job satisfaction. The authors conclude that in this cost-conscious context, 'administrative' supervision whereby supervisors provide support so that staff can access resources to meet patient need and thus resolve their own ethical conflicts or uneasiness about not being able to offer services, is more important than 'emotional' supervision focused on professional development and mentoring. This demonstrates the context-dependant nature of supervision and its association with workers' job satisfaction.

Supervision is also associated with other beneficial worker outcomes such as increased organisational commitment and workers' overall social and emotional wellbeing. Allen et al (2004) looked at social work and human services workers in the US, and found that supervision was significantly linked to workers' organisational commitment. This suggests that the degree to which employees feel supported by their supervisor contributes to their overall appraisal of how the organisation values them and cares about them.

Supporting the social and emotional needs of workers entails relating to the emotional needs of workers when they feel overwhelmed, stressed or confused about their work (Mor Barak et al, 2009), as well as showing listening and empathy skills. In a study of hospice inter-disciplinary team members in the US, DeLoach & Monroe (2004) report qualitative responses from open-ended survey questions on the aspects of supervision that staff found most supportive - social and emotional support figured highly. For social workers, being supportive came in the form of feeling valued as a unique member of a specific discipline, being supported in clinical decision-making, and receiving supportive comments from supervisors that 'back you up'.

The provision of good quality, effective supervision is not just linked to the promotion of beneficial worker outcomes within the literature. The evidence also suggests that it may also help to mitigate against worker's experiencing more negative detrimental outcomes such as stress, burnout or their intention to leave their employment (see Carpenter et al, 2012 for a detailed summary of the literature also relating to the children and families context).

Five of the 14 studies looked at the association between supervision and intention to leave (Brannon et al; Fleming & Taylor; Kavanagh et al; Kim & Lee; Simons & Jankowski); all of which were conducted in inter professional contexts. In a US study of direct care workers, Brannon et al (2007) reported that as respondents' assessment of quality of supervision increased, their intention to leave reduced with the risk of being in the group with the highest intention to leave was reduced by 30% for each 1 point increase on the supervision measure even when other factors were controlled for. Similar findings were reported by Simons & Jankowski (2007) in a US study of social workers based within nursing homes as part of a multidisciplinary care team - workers who had increased supervisor and co-worker support showed decreased levels of quitting intent via increased job satisfaction and organisational commitment. Key study box 1 summarises findings from the only UK-based study included in the review

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KEY STUDY BOX – Fleming & Taylor (2007)

In the only UK based study to be included in the review, Fleming & Taylor adopt a mixed methods approach to explore the retention of home care workers (HCWs) in Northern Ireland from their own perspective. Based within an integrated health and social care service, 45 HCWs completed a written questionnaire, and focus groups with 12 HCWs were then used to look at emerging themes. The study was specifically aimed at social care workers who did not possess a social work qualification.

They reported that on the whole, HCWs were positive about supervision with 80% stating that they felt they received sufficient support from their supervisor. However a significant minority did identify the need for more support, and this included better communication, more responsive out-of-hours contact and emergency systems, and additional support available at times of crisis, e.g. following the death of a client. Emergencies were a particular crunch point, with about a third of staff saying that they sometimes or never felt supported. A lack of management support was one of the main reasons given by HCWs for feeling dissatisfied and considering leaving, along with irregular and antisocial hours and workload pressures.

The authors concluded by highlighting the highly complex nature of the HCW's role, both in terms of clients' health needs and an increasingly regulated context in terms of quality and risk. This complexity adds to the demanding nature of the job and highlights the importance of good quality supervision and support. They added that the demands of the job role do not appear to be recognised in either the training or working conditions of staff, yet the factors identified in the paper give clear scope for service managers to improve the retention of HCWs who are essential in providing a crucial healthcare service.

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The degree to which supervisory support is associated with detrimental worker outcomes is subject to debate (Carpenter et al, 2012). Two of the 14 studies reviewed considered the effects of supervision on the detrimental worker outcomes of stress, burnout, secondary traumatisation and intention to leave (Ben-Porat & Itzhaky; Kim & Lee). Kim and Lee (2009) used statistical modelling to investigate the effects of different types of supervisory communication on burnout and intention to leave among 211 social workers in health or mental health settings in the US. They found that 'positive relationship communication' which they defined as informal and supportive interaction between supervisors and social workers, appeared to reduce worker stress and indirectly reduced burnout and intention to leave.

However, Ben-Porat and Itzhaky (2011) found that workers' satisfaction with supervision did not correlate significantly with either secondary traumatisation or burnout. This latter finding contradicts the theoretical literature, which argues that supervision is a substantial support system for workers in stressful

situations, and highlights the need to further examine how supervision may help workers to combat the stressful job role.

Supervision and Outcomes for Organisations:

Growing interest in the impact of supervision for organisations reflects both current pressures on agencies to ensure that services are cost effective, as well as a desire by researchers to better understand social work organisations and the staff who work there (Yoo, 2002). Three of the fourteen studies explored the impact of supervision on organisational outcomes (Ben-Porat & Itzhaky; Bowers & Jacobson; Kavanagh et al). These studies present findings relating to the impact of supervision on either a workers' job performance or their perceived role competence.

Bowers & Jacobson (2002) conducted a small-scale study in the US exploring the impact of supervision on a worker's job performance. They reported that of all the conditions mentioned by practitioners as necessary for excellent practice, greatest emphasis was placed on having a supervisor who was supportive and facilitating, and that good supervisors were seen as 'collaborators' rather then 'overseers'.

A further study by Kavanagh et al (2003) (see key study box 2) of social workers, psychologists and occupational therapists working in integrated mental health services found that their satisfaction with supervision and positive attitudes to supervisors were strongly associated with perceived impact on the effectiveness of their practice. A minority of these practitioners were supervised by a supervisor from another discipline in the team which enabled the researchers to compare perceptions of same-discipline and cross-discipline supervision.

According to the supervisees, the primary focus of supervision was discipline specific (46%) followed by generic practice (25%). The researchers reported that greater time spent on discipline-specific skills was correlated with greater perceived impact on effectiveness, but time spent on generic skills was not. Frequency of contact was also important for supervisee's perceived impact on practice - the more frequent the contact with a supervisor of the same discipline the greater the perceived impact on clinical effectiveness, but there was no statistically significant relationship if supervisors were from a different discipline. As Kavanagh et al go on to suggest, this may indicate that certain features of supervision, such as direct instruction and skills acquisition, are particularly important as was a perceived need to retain a discipline-specific focus in supervision sessions.

Ben-Porat & Itzhaky (2011) also considered the potential impact of supervision on workers' perceived role competence. They reported that satisfaction with supervision correlated positively and significantly with two components of role competence: general competence and knowledge and problem-solving.

Although the supervision of social workers has increasingly focused on performance management, aiming to ensure that organisational procedures are followed and that staff are practising within agency expectations, there is very little research evidence that supervision actually affects a worker's job performance or role competence. While there may be an association between supervision and workers' perceptions of job performance or role

competence in general, no studies actually evaluated the impact of supervision on either of these aspects.

Nor did these studies provide sufficient details on the supervisory process itself to allow for any conclusions to be drawn on how supervision positively affects job performance or role competence. It may be that the task assistance function of supervision has a direct impact on workers' performance, but equally increased worker perceptions of their job performance or sense of role competence may be an indirect effect of supervision promoting a worker's self-efficacy - this is the difficulty of relying on correlational evidence.

Further these studies only focused on organisational outcomes relating to the administrative or case management function of supervision. Yet there are undoubtedly additional organisational factors where supervision may also have an impact, such as workers' perceived organisational support or actual turnover and retention. This means that in order to understand the wider functions of supervision, we are forced to rely on evidence from studies relating to a children and families setting instead (e.g. Gonzalez et al, 2009; Landsman, 2008; Maertz et al, 2007).

Supervision and Outcomes for Service Users & Carers:

There is a paucity of evidence on the impact of supervision on outcomes for service users and carers. Not one of the 14 studies discussed here investigated this. In part this reflects the difficulties of unravelling the distinct impact of supervision on service user outcomes, but it also reflects a preoccupation with outcomes for workers and organisations. This lack of evidence is not specific to the adult social work context, with only two studies in our wider systematic review making mention of the connection between supervision and outcomes for children and families (Collins-Camargo & Millar, 2010; Yoo, 2002).

This means that it is not possible to assess the impact of supervision on outcomes that matter to service users themselves, which may differ from policy and practice imperatives. It also means that any changes to the supervisory process are not informed by the perspectives of users and carers, and miss this crucial aspect to understanding how supervision affects practice. While not focused specifically on outcomes, Lambley & Marrable in this volume report findings from service users themselves on supervision. They found that peoples' knowledge and understanding of supervision varied but that all considered it part of their overall service experience and hence they should have some influence over its development and delivery.

Conclusions, Limitations & Implications

- Supervision appears to be typically delivered via an 'instrumental', one-to-one model, however all studies provided very few specific details about the supervisory process

- There is a distinct lack of intervention studies or those which consider models of group supervision within the adult social care literature, and all studies overlooked the concept of cost effectiveness

- While ten of the 14 studies were actually completed in inter-professional contexts, only two (Bogo et al, 2011a & 2011b) explore in any detail how supervision operates within an integrated setting. here inter-professional supervision did occur staff had mixed reactions. Some workers missed the connection to their own professional discipline, but most felt that factors such as a safe and trusting supervisory relationship, along with a supervisor's clinical expertise and ability to provide relevant practice knowledge were more important than professional affiliation

- Workers on multi-disciplinary teams also value their colleagues as a source of feedback and support, but not at the expense of meeting with workers from their own profession

- Good supervision is associated with workers' job satisfaction (particularly where it is offered regularly, includes task-orientated advice and supports workers to access resources for clients), organisational commitment and their overall social and emotional wellbeing. However the complexities of workers' job roles and differing employment contexts must also be taken into account

- Supervisory support is also associated with reduced intention to leave, but mixed findings were found in relation to the impact on workers' stress, burnout and secondary traumatisation

- Supportive and facilitative supervisors are seen as necessary for excellent practice, and satisfaction with supervision is significantly associated with some aspects of role competence and workers' perceived impact on practice

- No studies explored the effects of supervision on service user or carer outcomes, and a lack of attention to these outcomes is also apparent within the wider social work literature. This may reflect a pre-occupation with worker and organisational outcomes, as well as difficulties in unravelling the specific impact of supervision on service users

- Similarly to the children and famililes context, the empirical basis for supervision in adult social work and social care in the UK is weak. Most of the evidence is correlational and stems from services in the US

Research clearly offers some valuable insights into the relationship between supervision and positive outcomes for workers and organisations. Yet as Carpenter et al (2013:1852) state *"given the insubstantial theoretical foundations, the lack of clearly defined models and the paucity of good evidence, 'supervision' has a long way to go to prove itself as an evidence-based practice".* This is especially true when considering supervision from a UK perspective: so few studies are UK-based it is difficult to draw out conclusions for a topic that is strongly connected to sector and organisational cultures.

Lack of evidence also makes it difficult to comment on the impact of inter-professional supervision on outcomes. Although some studies did attempt to explore the inter-professional supervisory relationship in more detail, findings were mixed. Gaining a more sophisticated understanding of the specific tensions involved in inter-professional supervision such as upholding core values or imparting profession-specific knowledge will help us to understand if there are key supervisory ingredients which supervisors need to deliver that would maximise the effectiveness of these arrangements.

References

Allen, R.I., Lambert, E.G., Pasupuleti, S., Tolar, T.C., & Ventura, L.A. (2004) The impact of job characteristics on social and human service workers. *Social Work and Society*, **2**(2):173-188.

Ben-Porat, A., & Itzhaky, H. (2011) The contribution of training and supervision to perceived role competence, secondary traumatization, and burnout among domestic violence therapists. *The Clinical Supervisor*, **30**(1): 95−108. doi:10.1080/07325223.2011.566089

Bogo, M., Paterson, J., Tufford, L., & King, R. (2011a) Supporting front-line practitioners' professional development and job satisfaction in mental health and addiction. *Journal of Interprofessional Care*, **25**(3): 209−214. doi:10.3109/13561820.2011.554240

Bogo, M., Paterson, J., Tufford, L., & King, R. (2011b) Interprofessional clinical supervision in mental health and addiction: toward identifying common elements. *The Clinical Supervisor*, **30**(1): 124−140. doi:10.1080/07325223.2011.564961

Bowers, B.J., & Jacobson, N. (2002) Best practice in long-term care case management: how excellent case managers do their jobs. *Journal of Social Work in Long-Term Care*, **1**(3): 55-72. doi:10.1300/J181v01n03_08

Brannon, D., Barry, T., Kemper, P., Schreiner, A., & Vasey, J. (2007) Job perceptions and intent to leave among direct care workers: evidence from the Better Jobs Better Care demonstration. *The Gerontologist*, **47**(6): 820−829. doi:10.1093/geront/47.6.820

Cole, D., Panchanadeswaran, S., & Daining, C. (2004) Predictors of job satisfaction of licensed social workers: perceived efficacy as a mediator of the relationship between workload and job satisfaction. *Journal of Social Service Research*, **31**(1): 1−12. doi:10.1300/J079v31n01_01

DeLoach, R., & Monroe, J. (2004) Job satisfaction among hospice workers: what managers need to know. *Health Care Manager*, **23**(3) 209−219. doi:10.1097/00126450-200407000-00004

Egan, M., & Kadushin, G. (2004) Job satisfaction of home health social workers in the environment of cost containment. *Health and Social Work*, **29**(4): 287−296. doi:10.1093/hsw/29.4.287

Fleming, G., & Taylor, B.J. (2007) Battle on the home care front: perceptions of home care workers of factors influencing staff retention in Northern Ireland. *Health and Social Care in the Community*, **15**(1): 67−76. doi:10.1111/j.1365-2524.2006.00666.x

Kavanagh, D.J., Spence, S.H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003) Supervision practices in allied mental health: relationships of supervision characteristics to perceived impact and job satisfaction. *Mental Health Services Research*, **5**(4):187−195.

Kim, H., & Lee, S.Y. (2009) Supervisory communication, burnout, and turnover intention among social workers in health care settings. *Social Work in Health Care*, **48**(4): 364−385. doi:10.1080/00981380802598499

Lee, C.D., & del Carmen Montiel, E. (2011) The correlation of mentoring and job satisfaction: a pilot study of mental health professionals. *Community Mental Health Journal* **47**(4): 482-487. doi:10.1007/s10597-010-9356-7

Simons, K.V., & Jankowski, T.B. (2007) Factors influencing nursing home social workers' intentions to quit employment. *Administration in Social Work*, **32**(1): 5−21. doi:10.1300/J147v32n01_02

Table 1 Summary of key research studies

	AUTHORS	STUDY DESIGN	PARTICIPANTS	METHOD & DESCRIPTION OF SUPERVISION	KEY REPORTED OUTCOMES	
					WORKER	ORGANISATION
1	Allen, R.I., Lambert, E.G., Pasupuleti, S., Tolar, T.C., & Ventura, L.A. (2004)	Quantitative (cross-sectional)	Social Workers and Human Services Workers in the US (N = 255; actual respondents)	Survey measure used. Supervision not defined but was measured using 10 items from a variety of sources.	- Job satisfaction - Organisational commitment	X
2	Ben-Porat, A., & Itzhaky, H. (2011)	Quantitative (cross-sectional)	Social Workers in Israel (N = 143; 70% response rate)	Survey measure used. Supervision not defined but was measured using the 'Multifactor Leadership Questionnaire'.	- Burnout - Secondary Traumatisation	- Role Competence
3	Bogo, M., Paterson, J., Tufford, L., & King, R. (2011a)	Qualitative	Social Workers, Nurses and Occupational Therapists in Canada (N = 76)	13 focus groups completed and transcribed. Supervision described as monthly clinical supervision within an integrated setting. Supervision provided by either programme manager (from any profession) or designated advanced clinician/nurse.	- Job satisfaction	X

4	Bogo, M., Paterson, J., Tufford, L., & King, R. (2011b)	Qualitative	Social Workers, Nurses and Occupational Therapists in Canada (N = 77)	14 focus groups completed and transcribed. Supervision described as clinical supervision delivered individually or via a group within an integrated setting. 38% reported supervision provided by supervisor from a different profession.	- Job satisfaction	X
5	Bowers, B.J., & Jacobson, N. (2002)	Qualitative	Social Workers in the US (N = 16)	Unstructured interviews with six 'excellent' case managers compared with ten 'very good' and 'good enough' case managers. Supervision not defined. Set in an inter-professional context.	X	- Job Performance
6	Brannon, D., Barry, T., Kemper, P., Schreiner, A., & Vasey, J. (2007)	Quantitative (cross-sectional)	Direct Care Workers in the US (N = 3,039; actual respondents with complete data)	Survey measure used (86-item BJBC Direct Care Worker Survey). Supervision not defined but responses focused on quality of supervision received (support and structure). Set in an inter-professional context.	- Intention to Leave	X

7	Cole, D., Panchanadeswaran, S., & Daining, C. (2004)	Quantitative (cross-sectional)	Social Workers in the US (N = 232; actual respondents)	Survey measure used. Supervision not defined but responses focused on perceived quality of supervision received.	- Job satisfaction	X
8	DeLoach, R., & Monroe, J. (2004)	Mixed Methods (quantitative & qualitative data)	Social Workers, Nurses, Spiritual Care Providers & Home Health Aides in the US (N = 72; actual respondents)	Questionnaire survey consisting of open-ended questions. Supervision not defined. Set in an inter-professional context.	- Job satisfaction	X
9	Egan, M., & Kadushin, G. (2004)	Quantitative (cross-sectional)	Home Health Social Workers in the US (N = 228; useable responses)	Survey measure used. Supervision not defined. Set in an inter-professional context.	- Job satisfaction	X
10	Fleming, G., & Taylor, B.J. (2007)	Mixed Methods (quantitative & qualitative data)	Home Care Workers in the UK (N = 45 actual survey respondents & N = 12 focus group participants)	Survey measure examining training and induction, supervision and support and workers' feeling regarding the work. Focus groups used to explore emerging themes. Supervision not defined. Set in an inter-professional context.	- Intention to Leave	X

11	Kavanagh, D.J., Spence, S.H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003)	Quantitative (cross-sectional)	Social Workers, Psychologists, Occupational Therapists and Speech Therapists in Australia (N = 272)	Telephone survey administered. Survey measure included newly designed Supervision Attitude Scale (SAS). Questions explored the frequency, focus and delivery of supervision. Set in an inter-professional context.	- Job satisfaction - Intention to Leave	- Job Performance
12	Kim, H., & Lee, S.Y. (2009)	Quantitative (cross-sectional)	Social Workers in Health or Mental Health settings in the US (N = 211)	Survey measure examining supervisory communication, role stress, burnout and turnover intention. Supervision not defined but supervisory communication consisted of job-relevant communication, upward communication, and positive relationship communication. Set in an inter-professional context.	- Burnout - Stress - Intention to Leave	X

13	Lee, C.D., & del Carmen Montiel, E. (2011)	Quantitative (cross-sectional)	Practitioners and Supervisors in a mental health setting in the US (N = 56)	Online survey measure exploring job satisfaction and mentoring relationships. Focus on 'mentoring' rather than supervision. Different functions of the mentoring task acknowledged: sponsoring, assigning challenging tasks, and demonstrating trust.	- Job satisfaction	X
14	Simons, K.V., & Jankowski, T.B. (2007)	Quantitative (cross-sectional)	Social Workers in a health care (nursing home) setting in the US (N = 299; actual respondents)	Survey measure sent to directors of social work or social services at Nursing Facilities. Survey comprised of various measures with 4 items relating to supervisor support. Set in an inter-professional context.	- Job satisfaction - Intention to Leave - Organisational commitment	X