

Abstract

Supervision has primarily been linked with managerial responsibilities and mentorship for new nurses.

Little clarification exists on the conscious implementation of specific supervisory skills, practices and approaches toward leadership development for Advanced Practice Nurses.

Clinical Social Work as a profession has more fully flushed out the concept of supervision.

Many parallels can be drawn upon and applied to a meaningful use of skilled supervision to develop leadership potential, empowerment and professionalism in nursing.

Problem Statement

Lack of leadership development, engagement and supervision opportunities for APRN practice can contribute to feelings of disempowerment and job dissatisfaction (Metzger & Rivers, 2014). ,

By contrast, positive outcomes of **skilled clinical supervision** have been shown to be an antidote to burnout and to feelings of powerlessness as well as fueling motivation and engagement (Severinsson, Hohansson & Lindquist, 2014; Metzger & Rivers, 2014)

Consistent and dynamic supervisory relationships are challenging to maintain due to ever **increasing demands in productivity, outcomes and affordability** (Pack, 2009).

Ineffective communication on supervisory levels is associated with a stressful work environment while **effective communication** is associated with empowerment and self-efficacy (KuehnI, Rehfuess, von Elm, Nowak & Glaser, 2014).

Clinical Question

Do skilled supervisory behaviors from the clinical social work model as applied to nursing leadership development increase empowerment, engagement and job satisfaction for advanced nurse practitioners?

Literature Review

Preceptorship has been defined recently as more of a formal mentoring or instructional relationship designed to support transitions as nurses develop competence and confidence (Jaffer, 2013).

Managers develop followers to formalize and perfect systems, set and attain goals, and champion the values of an organization.

Leaders develop relationships and organize change (Severinsson, Johansson & Lindquist, 2014).

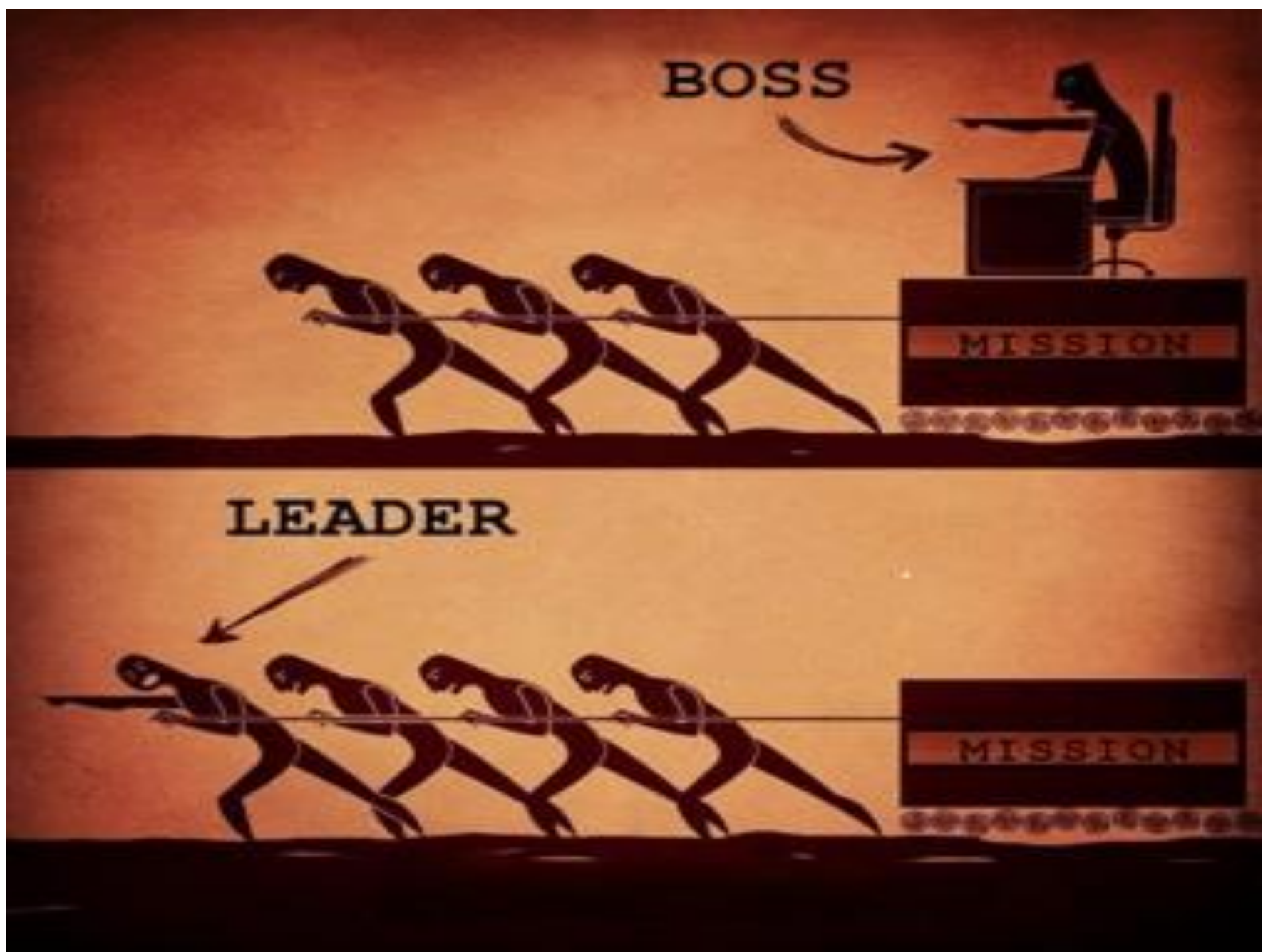
Is it possible and desirable **to integrate supervision and management skills and behaviors**? How might the nursing profession **formalize** supervisory skills and behaviors?

Empowerment has been defined along four concepts; namely, meaning, competence, self-determination and impact (Spreitzer, 1995)

Job satisfaction has been measured using the Job-related Affect Scale (JAWS) considering various affect states such as anger, discouragement, boredom, inspiration, excitement and contentment (Van Katwyk, Fox, Speector & Kelloway, 1999).

Leadership and supervision have both been identified in contemporary research as extension processes that have yet to be integrated into the creation and expansion of knowledge into practice (Queiros, 2014; Bos, Silen & Kaila, 2015)

Manager vs Leader



<http://wholeselftherapy.com/2013/02/maslows-hierarchy-of-needs/>

Supervision

Leadership

Empowerment

Honing Skills

Communicating

Relational

Reflective

Supportive

Management

Followership

Delegations

Streamlining Tasks

Directing

Hierarchical

Active

Stabilizing

Preceptorship

Guidance

Mentoring

Skills Assessment

Discussing

Peers

Responsive

Grounding

Discussion

Preceptorship has been used to describe informal interactions and with adjectives that promote engagement including guiding, teaching and modeling (Jaffer, 2013).

Description of ways to develop continued relationship have not been discussed although qualities such as attentive listening and constructive feedback have been identified (Jaffer, 2013).

Self-determination and impact mediate both job fit and satisfaction even above competence and meaning (Gregory, Albritton & Osmonnbek

Application of specific supervisory skills from the clinical social work model may lead to greater mutual engagement, critical thinking and leadership as well as improved retention and job satisfaction (Spreitzer, 1995).

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