CSEP provided the test bed for the development of the first internationally validated, clinical supervision specific research instrument. The Manchester Clinical Supervision Scale (Winstanley, 2000), available at www.osmanconsulting.com, has been used as an outcome measure of the efficacy of supervision in more than 80 evaluation studies in 12 countries and is available in five languages. Its supervision scores range from 36 (worst) to 180 (best). The median total score to emerge from these international evaluations is 136 and is the threshold above which supervision is thought to become effective.

**METHOD**

**Sample**

This trial took place in 17 adult mental health facilities, in nine locations, in public and private inpatient and community settings across Queensland, Australia. Units were randomised to the intervention or control arm of the study. Those in the intervention arm implemented clinical supervision while controls did not. Ethical approval was obtained. Data was collected from July 2007 until January 2009.

**Supervision training course**

Across the clinical areas in the intervention group, 24 nurses were trained as supervisors. Seventeen were female; median age was 46 and they had been qualified for an average of 21 years. They attended an intensive four day course, led by the research team in July 2007 (White and Winstanley, 2009).

The course comprised practical sessions with direct feedback, each of which followed a programme of theory based seminars. It was well reviewed by trainee supervisors. A year long intervention phase followed the end of the course, during which trainee supervisors set up and delivered group supervision sessions in their respective mental health service locations. Each supervisor received their own supervision from one of three area coordinators, who visited participating mental health facilities, in nine locations, in public and private inpatient and community settings across Queensland, Australia. Units were randomised to the intervention or control arm of the study. Those in the intervention arm implemented clinical supervision while controls did not. Ethical approval was obtained. Data was collected from July 2007 until January 2009.

**Findings from the qualitative data at the final point experience**

This included: the General Health Questionnaire (Goldberg and Williams, 1988); the Manchester Clinical Supervision Scale (Winstanley, 2000); Maslach Burnout Inventory (Maslach and Jackson, 1986); SF-8 Health Survey (Ware et al, 2001); Service Attachment Questionnaire (Goodwin et al, 2003); Psychiatric Care Satisfaction Questionnaire (Barker and Orrell, 1999) and the Perception of Unit Quality (Cronenwett, 1997). Data were analysed using SPSS version 16.

**SELECTED RESULTS**

No statistically significant differences were found in the demographic data (age, sex, grades) between mental health nurses in the intervention and control arms (n = 186). As anticipated, no statistically significant differences were found in the control arm by any of the research instruments over time during the 12 months of data collection for nurses.

Findings from the qualitative data at the study’s outset found trainee supervisors were most daunted by the anticipated lack of support from their immediate managers and peers in their clinical areas. In the event, this belief was often confirmed by their experience. Senior managers reported they were optimistic and enthusiastic about supervision, but were also disappointed and embarrassed when junior managerial colleagues and other clinical nursing staff did not have a similar conviction when attempts were made to implement it.

The personal disposition of individual middle managers emerged as the main factor which substantially influenced – if not determined – the outcome of supervision. This ranged from enthusiastic to unsupportive to hostile and resistant. Control and management of the staffing roster was found to be the mechanism by which supervision was both facilitated and stymied. It also conveyed how it was conceptualised at local level, as either integral to local nursing practice arrangements, or as extra-curricular.

**Supervisors**

In the intervention arm, quantitative findings revealed that trainee supervisor total MCSS scores at the end of the course were significantly higher compared with their perception of supervision at baseline. This difference was maintained after 12 months’ experience (Fig 1). Two subscales revealed particularly significant differences over time with regard to trust and rapport and importance/value. In general terms, trainee supervisors’ scores revealed an association between high MCSS scores and low MBI burnout; that is, the better the supervision, the less burnt out they felt. They also revealed an overall reduction in the level of GHQ “psychiatric caseness”, a quantitative assessment of the likelihood that an individual would be identified as a psychiatric case by a psychiatrist, over time.