



# WORKFORCE ISSUES AND INNOVATION

**CHAIR: ADAM SEARBY, PRESIDENT, DANA & EXECUTIVE DEAN, SCHOOL OF NURSING AND MIDWIFERY, DEAKIN UNIVERSITY**

1. Increasing access to clinical/practice supervision in the Australian alcohol and other drugs sector
2. Alcohol and Other Drugs (AOD) training for nurses & midwives: A collaboration
3. Efficacy of training delivered to health professions to tackle stigma and discrimination of consumers of Opioid treatments

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# Increasing access to clinical/practice supervision in the Australian alcohol and other drugs sector

Courtney O'Donnell, QNADA

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VAADA acknowledges the traditional owners of the land on which the conference is gathered, the Wurundjeri People of the Kulin Nation and pay their respects to Aboriginal culture and Elders past and present.



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Where hope finds help.

# Increasing access to clinical/practice supervision in the Australian alcohol and other drugs sector

Courtney O'Donnell

# Acknowledgments

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Co-authors:

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# Today's presentation

Study 1: Perceived barriers and facilitators to accessing effective clinical supervision among AOD workers

Study 2: Evaluating the feasibility and effectiveness of implementing a clinical supervision exchange program in the AOD sector

Study 3: Perceived opportunities among policymakers and commissioners of services for improving access to effective clinical supervision among AOD workers

# Background

## The Australian AOD workforce

- Recruitment and retention difficulties, high rates of stress and burnout, complex client cases
- Limited professional development opportunities and a need for increased skill development

## Clinical supervision among AOD workers

- Reduces burnout, increases organisational commitment and protects against turnover
- Less than a quarter of Australian AOD workers receive external individual clinical supervision

## A clinical supervision exchange program

- Proposed as a strategy to increase access to external AOD clinical supervision

# Study One: Aims and Methods

## Aims

- Identify perceived barriers and facilitators to accessing effective clinical supervision among AOD workers; and
- Identify perceived barriers and facilitators to effective implementation of a clinical supervision exchange program in the AOD sector.

## Methods

- 21 frontline and management staff from AOD treatment services in Brisbane participated in semi-structured qualitative interviews

# Study One: Results

## Theme 1: A need for AOD-specific clinical supervision

### Worker burnout

- Trauma exposure
- Heavy workloads
- Lived experience
- Isolation

### AOD treatment is a specialist field

- Unique and varied treatment objectives
- Societal expectations
- Stigma and discrimination
- Multiple and complex client needs



# Study One: Results

## Theme 2: Preferences for the delivery of clinical supervision

### Conceptual factors

- Safe space
- Educative and supportive

### Operational factors

- All AOD workers receive clinical supervision
- Regular and frequent
- Supervisors and supervisees are trained
- Structured sessions
- Consistent

# Study One: Results

## Theme 3: Benefits of clinical supervision

### For the worker

- Reduces burnout
- Increases confidence
- Identifies worker issues
- Improves the therapeutic alliance
- Supports skill development
- Navigating complex client issues
- Facilitates critical reflection
- Validation

### For the sector

- Improves quality of care
- Reduces turnover

# Study One: Results

## Theme 4: Barriers and facilitators to access

### Logistics

- Financial cost
- Limited time
- Limited availability of skilled AOD-specific supervisors

### Matching

- Experience
- Professional background
- Trust and rapport
- Philosophical paradigm
- Expertise/interest
- Cultural background

### Delivery format

- Individual/group
- Internal/external

# Study One: Results

## Theme 5: Perceptions of a clinical supervision exchange

- Increase access to external clinical supervision
- Expose workers to a greater diversity of perspectives
- Low monetary cost
- Increases sector collaboration
- Increases perceived value of clinical supervision

# Study One: Results

## Theme 6: Potential barriers and facilitators to effective implementation

- Matching
- Competitive tendering process
- Confidentiality
- Flexible delivery mode
- Additional time cost
- Training
- Governance
- Value of clinical supervision
- Sustainability

# Study Two: Aims and Methods

## Aims

Determine whether a clinical supervision exchange program:

- increases access to external individual clinical supervision; and
- increases self-efficacy, increases job satisfaction and reduces burnout and turnover intention.

## Methods

Six AOD treatment services provided 20 supervisees (workers) and 5 supervisors to participate

- Supervisees randomly allocated to treatment or control group
- Treatment group participants:
  - matched with a supervisor based on experience, background, area of expertise etc.
  - offered 10 months of clinical supervision

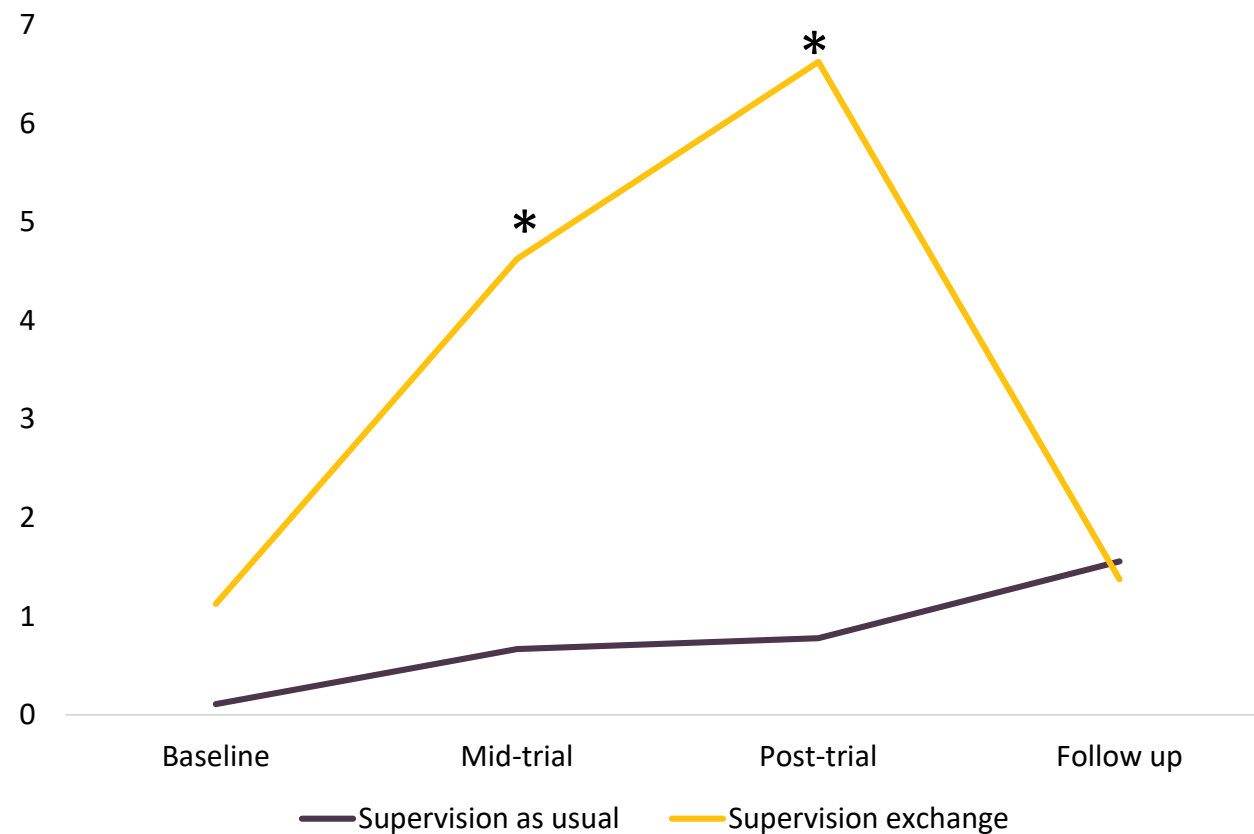
# Study Two: Results

## Methods (cont.)

- All participants surveyed at baseline, mid-trial, post-trial and follow-up to measure:
  - number of external individual clinical/practice supervision sessions received;
  - burnout (MBI-HSS)
  - turnover intention (TIS-6)
  - self-efficacy (COSE)
  - job satisfaction (JSS-14)
- No significant group differences on measures of burnout, turnover intention, self-efficacy or job satisfaction

# Study Two: Results

Number of external individual clinical supervision sessions received across groups over time.



\*  $p = <0.05$



# Study Three: Aims and Methods

## Aims

- Examine how key AOD sector policy documents, internal commissioning guidance and treatment service contracts support the provision of clinical supervision among AOD workers in QLD;
- Identify perceived opportunities for policymakers and commissioners of services to support the provision of clinical supervision among AOD workers in QLD.

## Methods

- Content analysis of 25 key AOD sector policy documents, 6 internal commissioning guidance documents and 11 treatment service contracts (or contract excerpts)
- Qualitative interviews with 21 contract-management and executive-level staff from commissioning entities at federal, state and regional levels

# Study Three: Results

## Content Analysis

### 25 publicly-available key AOD sector policy documents

- 96% (n= 24) referred to workforce development
- 36% (n=9) supported the provision of clinical supervision
- Two provided definitions, and one specified various types of supervision

### 6 internal commissioning guidance documents

- 67% (n=4) referred to workforce development, 16% (n=1) referred to clinical supervision

### 11 treatment service contracts (or excerpts)

- 45% (n=5) made reference to clinical supervision
- 36% (n=4) supported the provision of clinical supervision
- No definitions of clinical supervision provided

# Study Three: Results

## Interviews

### Theme 1: How service commissioners gather information

- Service providers, regional planning documents, peak bodies, strategic policy documents

### Theme 2: Perceived workforce development priorities

- Addressing workforce shortage, increased opportunities for skill development, supporting specific worker populations

### Theme 3: Perceived role of service commissioners

- Oversee performance of services, support strategic policy development and planning for the AOD sector; and support workforce development.

# Study Three: Results

## Interviews

### Theme 4: Current provisions by service commissioners

- Expectation that services provide adequate clinical supervision as part of service delivery model, reference to clinical supervision in service contracts, funding standalone workforce development projects, fund peak bodies and influence policy

### Theme 5: Sector capacity

- Address workforce shortage (e.g. through increased remuneration, developing tertiary and career pathways), increase investment in AOD (e.g. reduce stigma), support development of clinical supervisors

### Theme 6: Strategic policy

- Need for a clinical supervision guidance document, governance structure to support sector-wide coordination, establish shared understanding of clinical supervision across sector, resource sharing (e.g. register with clinical supervisors, supervision exchange).

# Summary

## Limitations

- Small sample size, no focus on specific workforce populations

## Practical implications

- AOD workers face a range of barriers to accessing effective clinical supervision
- Treatment services receive little guidance or funding to support the provision of clinical supervision
- Implementation of a clinical supervision exchange program was found to be a feasible and effective strategy for increasing access to clinical supervision
- There are likely further opportunities for policymakers and service commissioners to support clinical supervision

# Thank you

For further information about this project, please contact me at [courtney.odonnell@qnada.org.au](mailto:courtney.odonnell@qnada.org.au).