

# NHIVNA position statement on clinical supervision

## Overview of the situation

It is becoming increasingly more apparent the pressures that healthcare workers experience, with stress burnout and compassion fatigue significantly impacting on the nursing workforce. To explore the needs of the membership NHIVNA commissioned a research project that explored the psychological cost of caring for HIV nurses (COCHIV). The research undertaken highlighted the need to support HIV nurses with the emotional and psychological impact of providing patient care within the context of an ever-evolving HIV care landscape.

The importance of clinical supervision is being acknowledged within the literature and wider nursing forums as being a source of psychological and emotional support for nurses. Within some areas the role of the Professional Nurse Advocate led to the use of retroactive supervision style of supervision being implemented.

NHIVNA advocates that the purpose of clinical supervision extends beyond that of its restorative function and would argue that core elements of supervision enable learning, sharing of practice, self-reflection and the enhancement of professional education and knowledge.

Within nursing there are several different factors as to why clinical supervision may not be embedded within clinical practice. It is, however, widely recognised the importance of reflective practice both in terms of NMC regulatory requirement of revalidation and the role reflection brings to the ensure the safety critical role nurses play for the public.

It is through the lens of reflective practice that NHIVNA positions itself with regards to clinical supervisions. NHIVNA views reflective practice as being synonymous with clinical supervision.

## NHIVNA's position

It is the position of the National HIV Nurses Association that:

- All nurses working within HIV care should have protected time to access reflective practice/ clinical supervision (where available).
- Providing psychological support for the HIV nursing workforce is vital not only for staff wellbeing and staff retention but also patient safety and care.
- Whilst we recognise that not all nurses working within HIV care will have access to reflective practice forums or clinical supervision, our commitment as an association is to signpost our members to the support they need.

## Statement of concern

NHIVNA is aware that we are not a governing body nor a workforce employer. Protected time for reflective practice requires a system change and a commitment to provide the necessary resources to ensure that this is embedded within the nursing workforce. We urge professional and care regulators, employers, commissioners and policy makers to commit to enabling protected time for HIV nurses to engage in reflective practice.

We are facing a crippling workforce crisis and it is our belief that having the ability to access a psychological safe space to reflect with have a positive effect on workforce recruitment and retention.

### **Conclusion**

Protective time for reflective practice will ensure that HIV nurses are able to continue to deliver high quality, trauma informed, person centred care. Providing time and space for HIV nurses to engage in reflective practice signals an ethical commitment to maintain workforce wellbeing.

For more information on this research please see the NHIVNA website<sup>1</sup>

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On behalf of the NHIVNA Executive Committee

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<sup>1</sup> <https://www.nhivna.org/the-psychological-impact-of-caring-during-the-covid-19-pandemic-on-hiv-nurses>, accessed 7 December 2023