

Exploration of supervision and self-care from the perspectives of palliative care social workers in South Africa

By

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PLAGIARISM DECLARATION AND REFERENCING STYLE

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ABSTRACT

This study explored supervision and self-care from the perspectives of palliative care social workers in South Africa. The study applied a qualitative research design to gather, analyse and present data. The sample comprised of 25 palliative care social workers from private and non-governmental organisations (NGOs) in South Africa. A non-probability and purposive sampling method was applied as a sampling strategy. A semi-structured interview schedule guide was developed in advance and used as a tool for data collection through in-depth, face-to-face and online interviews with each research participant. The interviews were guided by the overall aim and objectives of the study, which was to explore supervision and self-care from the perspectives of social workers working in palliative care.

The study found that supervision and self-care are crucial to palliative care social workers in South Africa. As such, employing organisations need to lead in providing supervision while creating work cultures that support social workers in undertaking different self-care strategies. The study also found that adequately trained and competent social work supervisors should be appointed to supervisory roles, while time and resources should be set aside for self-care activities. When supervision and self-care are supported by top management, they are well received by supervisees who feel more involved, and thus, they prioritise these activities. The study also identified challenges that hinder effective supervision and self-care in palliative care.

The study's primary recommendation for supervision is that organisations that employ social workers should provide adequate time and resources and appoint adequately trained and qualified supervisors in palliative care. With regards to self-care, the primary recommendation was that organisations must incorporate self-care activities in the day-to-day work of social workers as well as make time and resources available for various self-care strategies.

CLARIFICATION OF TERMS

Palliative care refers to an approach to care that aims to improve the quality of life of patients and their families facing problems associated with life-threatening illness through the prevention and relief of suffering (WHO, 2013). Further, palliative care involves early identification of disease, thorough assessments, treatment of pain and attending to all problems of the patients and their families, be they physical, psycho-social or spiritual (WHO, 2013). In palliative care settings, social workers are responsible for meeting the psycho-social needs of patients and their families, and this includes providing information, mediating in family disputes that may arise during this period of illness, as well as planning and providing supportive counselling (Watts, 2013). In this study, palliative care means a specialised medical and healthcare approach focused on improving the quality of life for patients facing a life-threatening illness.

Supervision in social work refers to the process of providing support, guidance and education to social workers and it is mandatory for all social workers in South Africa (Social Service Professions Act No. 110 of 1978 as amended by the Social Work Amendment Act, No. 102 of 1998). Further, a trained and qualified social worker is required to act as the supervisor with the aim of promoting competency among social workers under their supervision so as to improve efficiency in services rendered and a competent social work workforce (Engelbrecht, 2019). The NASW (2013), defines supervision as a relationship between the Supervisor and supervisee where responsibilities and accountability for the development of competence and ethical practice takes place. In addition, supervision is seen as a collaborative process where the supervisor takes the lead in providing direction to the supervisee who in turn applies social work theories and knowledge and skills and applicable ethical content in practice (NASW, 2013). In this study supervision means a formal and supportive process where an experienced social worker gives guidance and support to another social worker who is providing care to patients and families facing serious illness.

Self-care refers to intentional exercises a social work practitioner undertakes to look after his or her own mental and spiritual wellbeing in stressful work environments, and to support the professional caring of others (Mills, Wand and Fraser, 2018). Simply put, it is balancing caring for others and caring for oneself (Mills, Wand and Fraser, 2018). In this study self-care refers

to taking time out to recharge and care for the self in the midst of emotional and physical demands of supporting patients and families in palliative care.

Social worker refers to a professional who aims to enhance the wellbeing of people and assists them to meet their various basic and complex needs (International Federation of Social Workers, 2014). The practice of social work is underpinned by different theories that address the life challenges encountered by people (IFSW, 2014). Social workers advocate for their different clients, and they are guided in practice by the best interests of their clients. Social workers ensure that their clients, who may need support and assistance, receive counselling (IFSW, 2014). Further, social workers are at the forefront of research to ensure that there are remedies to social problems that affect people (IFSW, 2014). In this study, the term ‘social worker’ refers to an employee in an organisation that provides palliative care services in South Africa. The term also includes those practising privately, and any graduates of a school of social work, providing palliative care services to clients while guided by social work knowledge and skills.

Social work supervisor refers to a trained social worker who has acquired qualification in social work and possesses the required experience, and to whom authority has been granted to supervise social work practitioners (Department of Social Development (DSD) and South African Council for Social Service Professions (SACSSP), 2012). In this study, a supervisor is a social worker with expertise in the field of palliative care who leads social workers within the organisation in an educational, supervisory and administrative role. The social work supervisor could be directly employed or contracted by the organisation to provide supervision duties. The NASW (2013) defines a social work supervisor as a professional who is responsible for providing guidance, and direction to their supervisees in various settings. This role is crucial as it enables social workers to adhere to ethical standards, best practise and legal requirements while providing essential services to clients (NASW, 2013).

Supervisory relationship refers to a professional relationship that represents a channel of communication between social work practitioners and their supervisors (Maglajlić, 2020). The supervisory relationship promotes the gathering of information and is also the medium that facilitates the delivery of help and support for the practitioner. Supervisory relationships are characterised by the principles of trust, openness, genuineness and an ability to work together in navigating power relations as well as respect for social and cultural differences (Maglajlić,

2020). The supervisees need to feel secure and participate fully if the relationship is to be successful (Maglajlić, 2020).

Social work supervisee refers to a graduate from an accredited school of social work who engages in practise with the goal of assisting people so that they can be in a position to overcome challenges that affect them (Munson, 2012). The challenges could be of a financial, social and psychological nature that disrupts the functioning of individuals, groups and communities (AASW, 2014). In this study a supervisee is a social worker who is supervised or whose work is dependent on the skills and expertise of a supervisor to guide him or her to ensure the continual provision of quality services to palliative care clients in SA.

DEDICATION

I dedicate this study to my dear parents, my support, the ones who have always believed in me and believed I was “capable”. My daughter AvaJoy is my greatest inspiration, the one who inspires me to work hard, do good, and do better at all times, and my husband Solomon, for the financial support. I would not have done this without your support. And in memory of a dear departed sister, this is also for you, Claudia Davids (Pittie).

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LIST OF ABBREVIATIONS

WHO	-	World Health Organisation
NASW	-	National Association of Social Workers
IFSW	-	International Federation of Social Workers
DSD	-	Department of Social Development
SACSSP	-	South African Council for Social Service Professions
IDT	-	Interdisciplinary Team
UCT	-	University of Cape Town
ASWB	-	Association of Social Work Boards
AASW	-	Australian Association of Social Workers
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immunodeficiency Syndrome
NPFSPC	-	National Policy Framework and Strategy for Palliative Care
NPOs	-	Non-Profit Organisations
SA	-	South Africa
CPD	-	Continuous Professional Development

CHAPTER 1: STUDY ORIENTATION AND CONTEXTUAL BACKGROUND

1.1 Introduction

Social workers aim to improve the overall well-being of their clients, particularly those who are vulnerable, weak and frail (National Association of Social Workers (NASW), 2017). A sub-section of social workers, those in palliative care, face many stressors which have been increasing daily (Gomez and Perez, 2022). These stressors include increased documentation, witnessing death daily, crisis-driven interventions and being forced to face their own mortality (Gomez and Perez, 2022). In addition, palliative care social workers have limited time to emotionally process their own feelings, grieve for their patients, and deal with emotional exhaustion (Gomez and Perez, 2022). The stressors keep increasing, and as such, there is a need to formulate protective and supportive measures that can assist in mitigating them (Gomez and Perez, 2022). The researcher believes supervision and self-care are some of the strategies that can be employed to mitigate the stressors in palliative care, as the two crucial elements are interconnected and play a vital role in supporting the well-being of social workers.

According to the national policy on social work supervision by the Department of Social Development and the South African Council of Social Service Professions Council (DSD & SACSSP, 2012), supervision of social workers is mandatory and should be prioritised for all practising social workers. It further notes that supervision is crucial if organisations want to retain social workers (DSD & SACSSP, 2012). A lack of supervision leads to a decline in productivity, compromising the quality of services social workers provide (DSD & SACSSP, 2012). Therefore, supervision is crucial for an efficient and productive social work workforce, while self-care complements the work of supervision by giving social workers an opportunity to take pro-active steps to maintain their wellbeing (Gomez and Perez, 2022).

Self-care, which is the process of engaging in self-directed techniques and activities that promote overall professional and personal well-being has been found to have immense benefits for social workers in palliative care (Gomez and Perez, 2022). When undertaken effectively, it fosters supportive relationships, counters work-related stress and helps one maintain a work-life balance (Lee and Miller, 2013).

This thesis consists of six chapters. Chapter 1 provides an introduction and orientation to the study. Chapter 2 presents the theoretical and legislative framework that guided this study and a review of the relevant literature. Chapter 3 focuses on the methodology applied for this study,

while Chapter 4 discusses the study findings. Chapter 5 focuses on the main conclusions and recommendations of the study, and lastly, practice guidelines are presented in Chapter 6. This chapter presents the contextual background, rationale and significance of the study, the research aims and objectives, the clarification of terms, and the ethical considerations.

1.2 Contextual background to the study

Palliative care social workers work in high-stress and loss environments (Quinn-Lee, Olson-McBride and Unterberger, 2014). Their patients die, some in expected deaths, and others in sudden and unpredictable deaths (National Palliative and End of Life Care Partnership., 2015). It is a sad and depressing situation for most social workers when they have to support and encourage their terminally ill patients to continue living despite their impending death (Quinn-Lee, Olson-McBride and Unterberger, 2014). In turn, social workers are forced to encounter grief daily and grieve for their patients (Quinn-Lee, Olson-McBride and Unterberger, 2014).

In addition, in palliative care, social workers witness the emotional, physical pain and the fear of dying in their patients, as well as the sorrows, conflicts and tensions in the families of patients (Quinn-Lee, Olson-McBride and Unterberger, 2014). In all these instances, they still hold on to the philosophy that they want to give their patients a good death (Meier *et al.*, 2016). These encounters impact their psychological health, and they may suffer from anxiety and burnout (Quinn-Lee, Olson-McBride and Unterberger, 2014). Social workers deal with patients going through various emotions and experiences (Phillip *et al.*, 2007). For example, some patients will be questioning God and the purpose of their own existence, others will be trying to hold on to life even when the quality of life has been diminished, and there may yet be others who may be aggressive or angry (Philip *et al.*, 2007). Social workers also have to manage their own emotions and understand that, of importance are the clients' feelings thus, they should recognise their own feelings and set them aside (Quinn-Lee, Olson-McBride and Unterberger, 2014). Therefore, many social workers utilise different strategies to manage their own feelings (Care Quality Commission, 2013).

Supervision has been identified as an effective coping strategy that ensures palliative care social workers continue their work effectively despite the emotional toll they experience (Davys *et al.*, 2017). On the other hand self-care has been credited with assisting social workers balance the care of others and the care of the self (Mills, Wand and Fraser, 2018).

Additionally, supervision has been attributed as a crucial tool that helps social workers cope and maintain a sense of balance (Davys *et al.*, 2017). Supervision further aids the development

of social workers and thus, leads to a skilled and professional workforce (Bourn and Hafford-Letchfield, 2011). When there is formal and supportive supervision in the workplace, self-care is normalised, supported and supervision works as an enabler for good self-care practises for social workers (Mills, Wand and Fraser, 2018). Good supervision and intentional self-care strategies enable social workers to integrate professionalism, self-awareness, ethical practice, and resilience (Mack, 2020). This integration ensures they can effectively support clients while prioritizing their own well-being and professional development (Mack, 2020). Further, social workers can continue to provide effective human services despite the environment in which they work (Mack, 2020). The combination of good supervision and self-care maybe the key to overcoming stress and burn out in palliative care social workers (Mack, 2020).

Silence (2017), has argued that despite all the benefits of supervision, it is not always accessible to social workers. As a result, social workers struggle to cope (Niven, 2014). In addition, the absence of supervision has detrimental effects on the services social workers provide (Silence, 2017). Further, Mills, Wand and Fraser (2018), assert that the absence of supervision and an unsupportive work environment is an impediment to self-care which is a necessity to social workers in palliative care. It is evident that without effective self-care strategies, social workers experience emotional exhaustion leading to burnout, decreased job satisfaction, and demotivation (Ratcliff, 2024; Lizano and Mor Barak, 2015). Additionally, chronic stress can contribute to various health issues, including fatigue, headaches, insomnia, and weakened immune function. Furthermore, mental health challenges such as anxiety, depression, and potentially post-traumatic stress disorder can arise, impairing decision-making and affecting the quality of care provided to patients and families (Schraer, 2015; Lizano and Mor Barak, 2015). Therefore, prioritising self-care initiatives is crucial to support the resilience and long-term well-being of social workers who provide essential palliative care services (Ratcliff, 2024; Schraer, 2015).

1.3 Rationale of the study

The rationale for this study emanated from the gaps in literature regarding supervision and self-care in the field of palliative care social work in South Africa. Supervision has been attributed as a critical field of practice to help with coping in palliative care social work. However, despite the documented evidence of its many benefits, studies have been concentrated only in developed nations (Price, 2014; Moriarty, Baginsky and Manthorpe, 2015; Davys *et al.*, 2017). This study aimed to contribute to the body of knowledge in the supervision and self-care of

social workers in palliative care within the South African context. Further, it is evident that there have been attempts of research by Silence (2017) and Bourn and Hafford-Leitchfield (2011) on supervision, but the focus has been on generic social work supervision, with no studies focussed on social work supervision in palliative care.

Additionally, it can be noted that palliative care has most often been considered from the perspective of allied health professionals or the interdisciplinary (IDT) team with no distinction made between disciplines (Puffett and Perkins, 2017). This underscores the need for more studies to add to the body of knowledge (Puffett and Perkins, 2017). Self-care is considered a crucial exercise in palliative care however, it can be noted that limited studies have been undertaken to examine self-care among social work practitioners in palliative care (Miller *et al.*, 2020). Further, even though self-care remains a buzz word in palliative care, and is a topic of discussion at many platforms yet, it is seemingly under researched (Mills, Wand and Fraser, 2018).

1.4 Motivation for undertaking the study

The motivation to undertake this study emanated from the researcher's experiences as a palliative care social worker where direct experience was gained through supervision as a supervisee. During the researcher's employment, the researcher made use of supervision as a coping strategy because of the demands of the work. However, not much was gained from the supervision and the researcher struggled to cope, and the experience left her traumatised. The researcher resolved to never work in such a setting unless there was adequate support, tools and supportive structures in place so that she could perform at her best level. The researcher also engaged in different individual self-care strategies to cope with the work stressors and pressures but again felt ill-equipped to perform at her optimal best.

There were various challenges that hindered the researcher's supervision, amongst them a work culture that did not fully support supervisees. Secondly, supervision focussed mainly on the administrative function, neglecting the other functions. Thirdly, there was no monitoring and evaluation of supervision offered to supervisees. The researcher's challenges sparked an interest to explore the subject of supervision and self-care in palliative care in South Africa. The intention was to explore the nature of supervision social workers receive, if any, and if they were engaging in any self-care strategies in different palliative care settings in South Africa.

1.5 Significance of the study

The study sought to contribute to better understanding of supervision and self-care in palliative care social work practise in South Africa. The findings and recommendations of the study are expected to guide self-care and social work supervision in different organisations providing palliative care services. In addition, it is also hoped that the guidelines proposed in this thesis will offer organisations and social workers various self-care strategies that they can engage in to help them cope with work stress and pressure in palliative care.

1.6 Overall aim and specific objectives of the study

The study aimed to foster a better understanding of supervision and self-care from the perspectives of social workers working in palliative care in South Africa and to offer guidelines that can be used in practice. Social workers who work in various palliative care settings in South Africa were interviewed to explore their perceptions regarding the following:

- i) The functions of social work supervision.
- ii) The nature of supervision, if any, that they were currently receiving from their supervisors.
- iii) Their expectations, if any, from their supervision and whether these were met by their supervisor.
- iv) The benefits, if any, from their current supervision.
- v) The challenges they encountered, if any, in their current supervision.
- vi) The nature of self-care strategies, if any, that they employed in coping with work pressures and stress; and
- vii) Their recommendations, if any, they would like to propose for effective supervision and self-care strategies for palliative care social workers in SA.

1.7 Key ethical considerations

Research ethics are rules and guidelines that govern the conduct of research (Bailey, 2017). According to Creswell (2014), it is important to adhere to stipulated ethical principles to protect the dignity, welfare, and rights of participants. This means that researchers should consider ethics so that the data collected are not obtained at the expense of human beings (Creswell, 2014). This study conformed to the ethics, rules, and guidelines on human subjects in the social

sciences. In coming up with the research design and methodology, the researcher was guided by the code of ethics that relates to the study of human beings as research subjects as outlined by the South African Council of Social Services Professions (SACSSP), and the University of Cape Town (UCT) Guide to Research Ethics on Human Subjects. Ethical approval for this study was granted by University of Cape Town's Department of Social Work and Social Development (SWK-REC-2022-SR018) (see Appendix D). This study considered the following ethics:

- **Informed consent**

Informed consent refers to one's right to agree to participate in a study on the full understanding of what the research entails and consequences that may arise thereof (Babbie, 2016). The researcher informed all the participants about the study's aims and objectives. The researcher ensured that all the participants were legally and psychologically competent to participate in the study. A consent form was availed to all the participants, which participants signed voluntarily before taking part in the study (See Appendix A). Strydom (2011), states that participants must be able to decide legally and psychologically to take part in the study. This means that they should not be coerced or forced to do so.

- **Confidentiality**

Confidentiality refers to avoiding the sharing of information divulged by participants with other parties (Strydom, 2011). Fouche, Delpont and De Vos (2021), states that it is important not disclose to the public, information gathered from participants. Blaikie and Priest (2019), maintain that confidentiality places a strong responsibility on researchers to keep shared participants' information to themselves. The researcher adhered to confidentiality during the study by ensuring that information collected was not shared or discussed with anyone except the academic supervisor, and only for supervision purposes.

- **Anonymity**

Anonymity refers to the act of ensuring that the identities of participants in a study are secured and no other person should be able to identify them (Fouche, Delpont and De Vos, 2021). The researcher informed the participants that their identities were protected, using pseudonyms. Babbie and Mouton (2012), argue that anonymity ensures that no one, including the researcher, should be able to identify the subjects during or after the study and it is recommended that researchers disguise the personal identities of participants.

- **Privacy**

Privacy is the right individuals must limit the access to aspects of their person by others (Blaikie & Priest, 2019). This can include what they are thinking, information identifying with them and their physical aspects (Blaikie and Priest, 2019). The researcher undertook to safeguard the privacy of participants by ensuring the whole process was participant led in terms of research location and setting. Additionally, interviews were held in a safe and secure space, devoid of any disruptions. Babbie and Mouton (2012), remind researchers of the importance of safeguarding the privacy of participants and being sensitive when handling participants' information.

- **Voluntary participation**

Voluntary participation refers to participants willingly consenting to participate in a study without any pressure or coercion from the researcher (Denscombe, 2012). The researcher informed all the participants that their participation was voluntary, and they could request to withdraw at any time without any consequences. The researcher also ensured every participant was fully informed about their rights of voluntary participation prior to taking part in the study. Fouche, Delpont and De Vos (2021), state that participants should be well informed that they have a choice to participate in a study and can choose to withdraw at any time.

- **Avoidance of harm**

Avoidance of harm refers to the moral obligation of researchers to not willingly harm participants, be it physically or emotionally (Punch, 2016). Even though this study was deemed to be low risk, the researcher provided information to the participants regarding the nature of the study and any potential harm that could arise from the interviews. The researcher was aware that some conversations could trigger a range of emotions and cause harm to participants. As such, the researcher was alert and responsive in identifying any signs of discomfort during the interviews. Fouche, Delpont and De Vos (2021), state that it is the researcher's responsibility to ensure that the participants are not harmed in any way as a result of their participation in the study.

- **Debriefing of participants**

Debriefing of participants refers to a structured process of responding to the emotional and psychological stress of participants during the research interviews (Kumar, 2018). The researcher conducted debriefing immediately after each interview. There was no request for further debriefing from any of the participants even though the researcher had identified a

social worker in practice for further intervention, if necessary. Creswell (2014), states that researchers ought to anticipate that harm may be triggered after sharing intimate information in the interview.

- **Deception of participants**

Deception of participants involves participants taking part in a study based on inaccurate and false information, or misrepresentation of facts (Fouche, Delpont and De Vos, 2021). The researcher provided clear information verbally and in writing about the aims and objectives of the research study. Ogletree and Kawulich (2012), state that it is the duty of the researcher to ensure that no information is withheld from the participants and the onus is on the researcher to ensure participants have the true facts regarding the study.

1.8 Reflexivity

Reflexivity refers to the ongoing process of the researcher inspecting his or her own beliefs, underlying perceptions and knowledge that may have an impact on the study (Haynes, 2012). The researcher has years of experience in the social work research focus area, and she remained objective and neutral throughout the whole process. The researcher kept a journal and continuously reflected on own beliefs and values and ensured they did not get in the way and affect the study. Fouche, Delpont and De Vos (2021), state that a qualitative researcher should examine their beliefs and values and ensure they do not influence the research process.

1.9 Conclusion

The chapter introduced the study and provided the reader with a comprehensive overview of the study. The rationale and significance of the study, as well as its aims and objectives were discussed. The researcher further discussed the key ethical considerations of the study and reflexivity. From the discussion so far, it can be suggested that supervision and self-care may be critical exercises for social workers in the provision of palliative care services. The following chapter will discuss the literature review, and the theoretical and legislative frameworks that guided this study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter is divided into two main parts. The first part presents the theoretical, legislative and policy frameworks that underpinned the study. The ecosystems and strength-based theories were considered the theoretical frameworks relevant to the study, while the Social Service Professions Act No. 110 of 1978, as amended by the Social Work Amendment Act No. 102 of 1998 and the National Department of Social Development (DSD) and the South African Social Service Professions Council (SACSSP)'s Framework for Supervision (2012), provided the legislative and policy frameworks respectively for the study. The second part of the chapter discusses the literature review in relation to the research topic regarding role of supervision and self-care in palliative care social work, and it is presented according to themes that were formulated from the objectives of the study.

2.2 Theoretical frameworks

The policies, theories and legislative frameworks in social work all work together to promote the effective delivery of supervision of social workers. This is to ensure that South Africa has competent professional social workers who aim to improve the quality of services rendered to their various clients. The study was underpinned by the following theories and legislation:

- **The eco-systems theory**

The eco-systems theory is based on the belief that human development is influenced by different environmental factors (Ettetal and Mahoney, 2017). The eco-systems theory believes that individuals do not operate in isolation but are influenced by their physical and social environments within which they live and interact (Ettetal and Mahoney, 2017). The researcher deemed the eco-systems theory suitable for this study because it is crucial to acknowledge that social workers in palliative care form part of a greater eco-system that comprise of their religious groups, family, employers, service providers to palliative care and their experiences extend to all these systems.

Social workers working in palliative care, witnessing deaths on a regular basis, give much energy to their employment system and to their other roles in other systems. For example, their loved ones may be affected because of their constant exhaustion, and emotional and physical pain. This could result in their inability to perform at their optimal best within the family system. Therefore, a drastic change in relationships within their system will be needed to

maintain balance. This change may include other systems which can be their patients, friends, religious groupings, and colleagues. This scenario demonstrates the systems that will have been impacted by the change and how they ought also to change to be able to buffer the challenges faced in the employment system.

There are four interrelated types of environmental systems in Bronfenbrenner's classic rendition of ecological systems namely the (1) micro, (2) meso, (3) exo and (4) macrosystems (Ettedal & Mahoney, 2017). The levels range from smaller, proximal settings in which individuals directly interact to larger, distal settings that indirectly influence development.

The micro-system

The microsystem in the context of the ecosystem theory refers to a person's immediate environment in which that person operates directly (Pask *et al*, 2018). In palliative care the microsystem can be interpreted as the specific interpersonal and immediate contexts that influence the providers of care for example social workers and the patients who are the recipients of the care (Pask *et al*, 2018). Within the patient and the family unit the patients are at the centre, their emotional, physical and spiritual needs are their primary concerns which must be addressed by palliative care (Pask *et al*, 2018). On the other hand social workers are integral to the microsystem as they engage directly with patient and their families, through emotional support, facilitating communication and coordinating care plans.

The meso-system

The meso-system according to Bronfenbrenner's ecological systems theory refers to the interconnectedness between the different microsystems (Pask *et al*, 2018). Its primary focus is on relationships and the different interactions between the settings within which the individual exists (Pask *et al*, 2018). In this case the individual is the patient, and their meso-system can include the healthcare setting, where their care is coordinated and communicated between different healthcare settings. For example, they can be in hospital or in a palliative care unit and will require effective collaboration between hospital-based staff and home care providers and social workers so that there is a continuum of care. The meso-systems may also involve the family and their interactions with the broader health care team (Pask *et al*, 2018). Social workers play a crucial role in ensuring patients views are upheld and respected. In addition meso level interactions also encompass connections with social support networks outside the immediate family for example the church, neighbours and work colleagues, who all contribute to caring for the patient.

Exo-system

According to Bronfenbrenner's ecological systems theory, the exo-system is concerned with settings or contexts that the individual is not directly involved in but which still impacts their life (Pask *et al*, 2018). For a patient in palliative care, it is government regulations, that is policies and regulations that affects them e.g. healthcare funding, regulations around end of life care that shape the delivery and accessibility of services (Pask *et al*, 2018). The exo-system concept to palliative care highlights the broader external factors and systems that influence the caring environment and support networks of patients, families and social workers (Pask *et al*, 2018). Social workers play a crucial role at exo-level as they may have to advocate for policy change to improve the care of their patients. Additionally, social workers have to have understanding and be able to navigate these external influences to ensure comprehensive and effective palliative care delivery.

Macro-systems

The macros-system represents the overarching cultural, societal and ideological context in which other systems are embedded (Pask *et al*, 2018). It includes all the factors that is the broader beliefs, values, customs, laws governing the land, resources that influence and shape the development of individuals within society (Pask *et al*, 2018).

In palliative care the macrosystem includes cultural beliefs, stigmas and values around death and dying, ethical considerations that is norms and ethical frameworks guiding discussions on patient rights and directives in palliative care settings (Pask *et al*, 2018). Economic factors and other socioeconomic factors that influence patient care are also under macro-systems. These can include patients' ability to access healthcare, support at home and respite care. Social workers in palliative care must engage with macrosystem influences to advocate for their patients on issues around policies, practices and cultural shifts to promote compassionate, equitable and dignified care for patients at the end of their life (Pask *et al*, 2018). In conclusion the macrosystem encompasses the broader society, culture, legal and economic factors that influence the care environment and ethical considerations surrounding the end of life (Pask *et al*, 2018).

The chronosystem

The chronosystem refers to changes in a patient's needs, circumstances and environment over time (Pask *et al*, 2018). In palliative care, this often reflects the prevailing uncertainty related

to disease trajectory, care, long-term caregiving burden, late referral in non-cancer or shorter disease trajectory (Pask *et al* 2018).

In conclusion the ecosystem theory brings together a patient who is the individual and their multiple systems around them (Azhar and Bruera, 2018). It can be noted that each system has its own purpose and an understanding of these systems and how they function can enable a person to alter and make the most of their system (Azhar and Bruera, 2018). Further, the person in his or her environment is a whole in which the person, the situation is both cause and effect in a complex set of relationships (Pask *et al*, 2018). This means that a social work assessment includes the person and his environment (Pask *et al*, 2018). This approach in palliative care provides the social worker with assessment skills that reflect a patient's place in a broader environment of relationships, resources and coping history available to him as he struggles to integrate his prognosis and meet the demands of treatment (Pask *et al*, 2018).

- **The strength-based perspective**

The strength-based perspective is a social work practice theory that focuses on individuals' strengths and self-determination but does not ignore challenges or converting struggles into strengths (Gottlieb, 2014). The strength-based perspective ties in with this study because social workers in palliative care should be aware and know the strategies their clients have used, how they have used them, lessons they have learnt from their experiences and the resources they have used to overcome their challenges (Jones-Smith, 2013).

The strength-based perspective believes that human beings have strength and resources and these can be put to use for their good (Gottlieb, 2014). It further notes that in order for individuals to reach their goals they need to first identify and build on their strengths and this will help them retain the independence of their daily lives (Pulla, 2017). The strength-based perspective assumes that people have capacity to grow and change even during difficult and challenging periods (Pulla, 2017). Palliative care social workers need to understand that when they help their clients, the focus should shift from the patient's diagnosis to the strengths individuals possess (Jones-Smith, 2013). Focussing on the diagnosis leads to discouragement and feelings of being victims of disease over which they have little or no control (Gamondi, Larkin and Payne, 2013).

According to Saleebey (2013), there are six foundational principles in strength-based perspectives, which will be explored within the context of palliative care. These principles emphasize a positive orientation and aim to foster empowerment.

1. **Recognizing inherent strength**

The strength-based perspective asserts that every individual possesses strengths and potential. In palliative care, even those nearing the end of life can contribute meaningfully by utilizing their strengths and capabilities to shape their own narratives.

2. **Transforming challenges into opportunities**

Challenges such as trauma, illness, and struggle are viewed not only as injuries but also as opportunities for growth and development. In palliative care, individuals facing terminal illness can maintain enriching relationships and make the most of their remaining time with loved ones.

3. **Believing in growth and potential**

This principle urges practitioners to maintain high expectations for their clients and to take their aspirations seriously. In palliative care, despite the constraints imposed by illness, the strength-based perspective encourages the exploration of promises and possibilities that can enrich patients' lives.

4. **Collaborative partnerships**

Effective service delivery is achieved through collaboration and valuing the perspectives and voices of clients. In palliative care, patients should lead their care journey, supported by practitioners who enable them to express their fears, pain, and hopes without feeling powerless.

5. **Leveraging environmental resources**

Every environment is seen as a source of resources that can be tapped to support clients. For instance, in palliative care, communities and families can provide crucial support through spiritual groups, caregiving assistance, and accompaniment to medical appointments.

6. **Caring relationships and context**

Meaningful change occurs through authentic relationships and genuine care. This is particularly vital in palliative care, where individuals facing life-threatening illnesses benefit greatly from compassionate, respectful engagement that acknowledges their inherent strengths rather than defining them by their diagnosis.

In essence, the strength-based perspective in palliative care shifts the focus from illness and limitations to the strengths and possibilities inherent in each individual, aiming to empower clients to navigate their unique challenges with dignity and agency.

2.3 **Legislative and policy framework**

The legislation and policies relevant to this study include the Social Service Professions Act No. 110 of 1978 as amended by the Social Work Amendment Act No. 102 of 1998 and the Supervision Framework for the Social Work Profession in South Africa (2012). There has not been much change and development regarding legislation that governs and regulates the practise of social work in South Africa. There were notable amendments to the Social Service Professions Act No. 110 of 1978 which include the most recent Social Work Amendment Act, No. 102 of 1998. These amendments paved the way for the establishment of the South African Council for Social Service Professions (SACSSP) board for social service professions, and it abolished the South African Interim Council for Social Work. This, in turn, paved the way, in 2012, for the DSD and the SACSSP to develop a supervision framework for the social work profession in SA.

- **Social Work Amendment Act, No. 102 of 1998**

Social work supervision in South Africa is guided by the Social Service Professions Act No. 110 of 1978 as amended by the Social Work Amendment Act No. 102 of 1998 (the Amendment Act). The Amendment Act paved the way for the establishment of the South African Council for Social Service Professionals (SACSSP), whose code of ethics mandates the supervision of social workers (SACSSP, 2015). This policy is relevant to this study because it explicitly stipulates that social workers should be supervised.

- **Supervision Framework for the Social Work Profession in South Africa (2012)**

A set of norms and standards for the practice of social work supervision was developed by the National Department of Social Development in 2012 in partnership with the SACSSP (DSD

and SACSSP, 2012). The policy was aimed at standardizing social work supervision across the board. The publication of such a policy highlights the importance of supervision in social work practice (DSD and SACSSP, 2012; National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013). Hence having a policy specifically on such an important undertaking like supervision in SA demonstrates that social work supervision is important and must be prioritized. The framework clearly emphasizes that supervision is mandatory and only social workers may act as supervisors (DSD and SACSSP, 2012). This means that through social work supervision, palliative care social workers will receive the support they desperately need and can maintain professional standards that ensure that clients continue to receive good quality services (NASW, 2013). The policy also stipulates the supervision staff ratios that must be followed, which are a ratio of 1:10 provided it is the only key performance area for the supervisor and 1:6 if the supervisor has other duties. In addition, the policy also states that they must be clear policies regarding the supervision of social workers in any setting (DSD and SACSSP, 2012). This links well with part of what this study explored regarding supervision in palliative care.

The next sub-section of this chapter will focus on the literature review in relation to the themes as derived from the objectives in Chapter 1. The themes included definition of supervision, the functions of social work supervision, the nature of supervision, social workers expectations from their supervision and whether these are met by their supervisors, the challenges they encounter in their current supervision, the nature of self-care strategies that they employ in coping with work related pressures and stress, and the recommendations they proposed for effective supervision and self-care strategies for palliative care social workers in SA.

2.4 Definition of supervision

According to Kadushin and Harkness (2014), supervision involves an interaction between a senior social worker, who is adequately qualified and experienced, and a junior social worker. This interaction occurs in a formal setting where the junior worker is given the opportunity to reflect upon and review their work. During supervision, the supervisee can reflect on their practice, while the supervisor provides support and ensures a safe space for this reflection process (Kadushin and Harkness, 2014). Kadushin and Harkness (2014), underscores the importance of structured engagement between experienced and less experienced professionals in social work, aiming to enhance the junior worker's skills and confidence through reflective practice and supportive guidance from the supervisor.

On the other hand Engelbrecht (2019) and Lee *et al* (2019), state that supervision is a distinct professional activity characterised by the training and professional development of supervisees (Lee *et al.*, 2019). In addition supervision is seen as a relationship between the supervisor and supervisee and this relationship must be positive, warm, reciprocal with the intent being to equip and enable supervisees to render excellent services to their clients (Engelbrecht, 2019; Lee *et al.*, 2019).

Furthermore, supervision is often a requirement that is guided by the policies of an organisation (Engelbrecht, 2019). Supervision focuses on the delivery of support, education and administration functions by a qualified and trained supervisor (DSD and SACSSP, 2012; Engelbrecht, 2019). In practice, it is delivered through a structure that involves interaction between the supervisee and supervisor, and it follows an educational format over a cyclical process agreed on by both parties (Engelbrecht, 2019).

Additionally, supervision follows a predetermined plan, i.e. a contract or agreement is drawn and an agenda is set collaboratively by the supervisee and supervisor (Engelbrecht, 2019). This follows an agreed timespan as well and this process is undertaken using appropriate theories and practice models, guided by social work ethics and values (Engelbrecht, 2019). Where possible, it also involves choosing venues away from supervisees' usual workplaces to conduct supervision (Lee *et al.*, 2019). Moreover, it is geared towards development aspects such as obtaining knowledge, developing communication skills, building trust and self-confidence (Lee *et al.*, 2019). In practice effective supervision involves the ability of supervisees choosing the most suitable type of supervision for themselves and this can be one on one, group or peer supervision or they can combine both (Lee *et al.*, 2019).

2.4.1 The main functions of supervision

Supervision has three main functions namely *administrative*, *supportive* and *educational* (Engelbrecht, 2019).

a) The administrative function

The administrative function is tasked with providing direction of services (Engelbrecht, 2019; Bara, 2021). It is the platform where supervisors are able to implement administrative procedures that enable social workers to streamline their services (Engelbrecht, 2019; Bara, 2021). It is geared towards implementing the goals of the organisation (DSD and SACSSP,

2012; Engelbrecht, 2019; Bara, 2021). Simply put, it is the process of getting the organisation's work done (Engelbrecht, 2019).

The administrative function gives the social worker an opportunity to do their job with the assistance of the supervisor managing and providing guidance so that the organisational goals and objectives can be met (Engelbrecht, 2019). Further, the administrative function takes place within the context of a relationship between the supervisor and the supervisee as well as between the supervisor and the organisation (Engelbrecht, 2019). The administrative function is particularly important in palliative care as it is mandated with ensuring social workers perform to the expected professional standard which aligns with organisational and statutory norms (Kettle, 2015).

b) Supportive function

The supportive function aims to decrease stress in the workplace and increase effectiveness in the delivery of social work services (Engelbrecht, 2019). Caring for the dying is a difficult and emotionally taxing job and as such palliative care social workers are emotionally drained and worn out (Newcomb, 2022). As such, ongoing support is needed in the form of supportive supervision to ensure that social workers continue to cope, manage and can continue with their work effectively (Price, 2014; National Association of Social Workers (NASW), 2021; Newcomb, 2022).

Social workers in palliative care face a lot of stress and supportive supervision focuses on giving support and guidance to the social workers to help them cope better with the stress (Price, 2014; Newcomb, 2022). The supportive function in palliative care is crucial in supervision as it enables supervisees to mobilize their emotional energy which is much needed in order to perform effectively (Price, 2014; Newcomb, 2022). The end result is work related stress is decreased, performance is enhanced and the general morale of the social worker that is crucial for the promotion of skills and abilities is increased (Price, 2014).

Also, the supportive function is considered the most important function of supervision in palliative care because of the nature of palliative care services (Newcomb, 2022). Social workers in palliative care, due to their role in end-of-life care, are often forced to face their own mortality and consider the subject of death on a daily basis (Price, 2014). Hence, they need an extra layer of support to be able to cope and manage their work (Price, 2014). When the supportive supervision function is implemented in palliative care, it helps to mitigate work-related stress and burnout (Price, 2014; Newcomb, 2022).

c) Educational function

The education function is concerned with continuous training, teaching the supervisees various theoretical contexts, skills, ongoing learning and reflective practice (Engelbrecht, 2019; Bara, 2021; National Association of Social Workers (NASW), 2021). Additionally, the educational function entails teaching and assisting the social workers to learn what they need to know in order to be able to perform their job effectively (Engelbrecht, 2019). The supervisor takes the role of educator, so that they are able to facilitate continued education for the supervisee and providing direct instruction to supervisees (Engelbrecht, 2019; National Association of Social Workers (NASW), 2021).

In order for the education function to be effective, the supervisor needs to have a wide knowledge in the field and be loaded with work experience which enable them to facilitate learning (Bara, 2021). Further, even though the education function is considered essential for beginner professionals in palliative care who may have recently graduated, it is also crucial for experienced professionals who may want to learn about palliative care and approaches in the field of palliative care they are not familiar with (Bara, 2021). Newly qualified graduates can gain insights during supervision sessions into the principles of palliative care, including essential topics such as pain management, symptom control, and providing psychosocial support to patients and their families (Glajchen, Otis-Green, Berkman, Portenoy, 2024). These sessions also provide an opportunity for new graduates to discuss their experiences and challenges in caring for end-of-life patients with their supervisors (Glajchen *et al*, 2024).

In addition, it is the responsibility of the supervisor to find appropriate content and to create a conducive atmosphere for learning (Engelbrecht, 2019). The supervisor must also ensure that all the relevant information is available for the supervisee (Engelbrecht, 2019). The education function should be specific to each supervisee and it should be tailored to a supervisee's specific needs (Engelbrecht, 2019). A supervisor must identify the educational deficiencies of each supervisee and then direct the education towards those needs (DSD and SACSSP, 2012; Engelbrecht, 2019).

In order to create a conducive environment for empowerment to take place in palliative care, the education function of supervision should be at the centre of any staff development or teaching (National Association of Social Workers (NASW), 2021). The education function enables social workers in palliative care to be lifelong learners, as they will be able to

continuously update their knowledge and skills through the education they receive in supervision (Altilio, Otis-Green and Cagle, 2022).

2.4.2 Methods of supervision

Just like social work interventions methods, supervision makes use of different methods, that is, individual, group or peer supervision (Engelbrecht, 2019). For supervision to be effective, different methods are used to suit the different contexts, goals and relationships that exists in the different work environments (Engelbrecht, 2019). Many supervisors, however, choose a mix of both individual and group supervision as this enables them to focus on the supervisee's personal needs that they get individual supervision as well as benefit from the group dynamics that they get in group supervision (Engelbrecht, 2019).

- **Individual supervision**

Individual supervision refers to where an experienced member of staff conducts one-on-one supervision with a supervisee (Rothwell *et al.*, 2021). It involves action planning, case management, role development, training, direct and indirect supervision (Rothwell *et al.*, 2021). In other words, in individual supervision, the supervisee meets with the supervisor only (Low, 2016; Bara, 2021). In palliative care, social workers find this form of supervision as crucial as they get to discuss and share intimate details about their work with the supervisor in a safe space (National Association of Social Workers (NASW), 2021).

When individual supervision is conducted by a credible and qualified supervisor, it brings credibility and trust to the process which helps foster respect between the supervisor and palliative care social workers (Rothwell *et al.*, 2021). A supervisor who is credible is able to understand work related issues and also is in a better place to support supervisees (DSD and SACSSP, 2012; Low, 2016)

- **Group supervision**

Group supervision is defined as a facilitator-led supervision process that follows a pre-arranged process that would have been agreed by the group and the supervisor in advance (DSD and SACSSP, 2012; Valentino, LeBlanc and Sellers, 2016). In addition, in group supervision there can be between two and eight supervisees in a supervision session (Valentino, LeBlanc and Sellers, 2016; Lawrence, 2019). Group supervision follows a fortnightly cycle and is often combined with individual supervision for increased effectiveness (Lawrence, 2019). Group supervision aims to compliment the work of individual supervision rather than substitute it

(Valentino, LeBlanc and Sellers, 2016). It provides a good opportunity for mentoring, teaching when compared to individual supervision (Valentino, LeBlanc and Sellers, 2016).

Moreover, group supervision is often seen as a cheaper option to individual supervision, as it brings together a diversity of candidates (Lawrence, 2019; Valentino *et al.*, 2016). This diversity gives supervisees an opportunity to expand the scope of training experiences and mentoring opportunities that are not available in individual supervision (Lawrence, 2019; Valentino *et al.*, 2016). Additionally, group supervision exposes supervisees to a diversified environment to reflect, get input, feedback and an opportunity to experience different coaching styles (Lawrence, 2019). In palliative care, social workers get an opportunity to observe others while also providing an opportunity for positive modelling, rehearsing and productive discussions on challenging cases and situations (Valentino *et al.*, 2016).

- **Peer supervision**

Peer supervision is a type of supervision that does not require the presence of a formally trained supervisor (Rothwell *et al.*, 2021). Colleagues, who often refer to each other as “peers”, can come together and meet for mutual benefit (Rothwell *et al.*, 2021). Peer supervision serves as a space for feedback, self-directed learning or just evaluation of their work, thus the purpose of peer supervision is to support social worker development in practice (Rothwell *et al.*, 2021).

In contrast, Engelbrecht (2019), points out that even though peer supervision has many benefits, it does not fit well within the definition of supervision because it has no authoritative power when it comes to organisational contexts. Regardless, peer supervision is an important technique that needs to be incorporated in supervision for supervision to be effective (Engelbrecht, 2019). Also, though peer supervision has no authoritative power, it can be noted that it offers an opportunity for social workers to have dedicated time for informal supervision (Engelbrecht, 2019). It gives social workers a place that is safe from the scrutiny from a supervisor or other person appointed by management (Rothwell *et al.*, 2021). Peer supervision enables peers to receive honest feedback, learn from different perspectives of others and it helps develop a sense of collegiality and trust with one’s peers, which in turn, enhances self-awareness and reflection (Rothwell *et al.*, 2021).

Additionally, peer supervision has the capacity to mitigate the risks related to isolation, burn out and stress which are often associated with working in palliative care (Rothwell *et al.*, 2021). In palliative care and notably in smaller organisations, one might be the only social worker and hence peer supervision would be ideal as the only form of community (Rothwell *et al.*, 2021).

Working in palliative care can be termed a lonely profession because when one is involved in helping others come to terms with death, they can be isolated, hence the need for a community to pick you up (Rothwell *et al.*, 2021).

E-supervision

Traditionally, supervision has relied on face-to-face interactions, but as the world evolves, the field of supervision is increasingly embracing technological advancements to improve efficiency, accessibility, and flexibility (Martin, Kumar and Lizarondo, 2017; Korndoefer, 2023). E-supervision has emerged as a significant trend, utilising electronic communication and technology platforms to conduct supervision sessions remotely (Martin *et al.*, 2017). Today, a substantial amount of supervision occurs online through various platforms such as telephone, video calls, and email (Martin, Kumar and Lizarondo, 2017; Korndoefer, 2023).

While face-to-face interactions have traditionally been preferred for building rapport and nurturing strong supervisory relationships, e-supervision has expanded the scope of supervision, removing geographical barriers (Martin, Kumar and Lizarondo, 2017). This advancement allows supervisors and supervisees to engage in meaningful dialogue and professional development from virtually any location worldwide (Martin, Kumar and Lizarondo, 2017; Korndoefer, 2023). It can be noted that e-supervision has the potential to achieve the same results and benefits as face-to-face supervision (Rousmaniere, Abbass and Frederickson, 2014)

Advantages of e-supervision

E-supervision bridges geographical distances, enabling supervisors and supervisees in rural, isolated and remote areas to connect with skilled supervisors regardless of location (Wearne, Teunissen and Dornan, 2014). This access ensures social workers receive consistent and high-quality supervision, regardless of their geographic remoteness (Wearne, Teunissen and Dornan, 2014).

Traditionally, supervisors had to travel to remote areas, which posed logistical challenges such as accommodation, transportation costs, and navigating poor roads. E-supervision eliminates the need for travel, thereby alleviating these logistical burdens (Wearne, Teunissen and Dornan, 2014).

E-supervision expands access to a diverse pool of supervisors, allowing supervisees to select from a wider range of professionals (Wearne, Teunissen and Dornan, 2014). This exposure offers opportunities for different perspectives, specialized knowledge, and best practices that were previously inaccessible (Wearne, Teunissen and Dornan, 2014).

Moreover, e-supervision leverages electronic platforms to integrate various technological tools, enhancing the effectiveness of supervision. For instance, sessions can be recorded and reviewed for improvement, and supervisors can electronically share documents, training materials, and resources during sessions (Wearne, Teunissen and Dornan, 2014).

Disadvantages of e-supervision

Building a strong supervisory relationship is crucial for effective supervision, but this can be challenging without face-to-face interaction (Wearne, Teunissen and Dornan, 2014). In e-supervision, the absence of non-verbal cues and body language, which are integral to face-to-face engagements, can hinder rapport building and pose challenges to the supervisory relationship (Wearne, Teunissen and Dornan, 2014). This absence may lead to distractions and temptations to multitask, potentially derailing the purpose and effectiveness of supervision sessions (Wearne, Teunissen and Dornan, 2014).

Furthermore, the effectiveness of e-supervision is heavily dependent on reliable internet and power supply, which may not always be available (Chou, Promes and Souza, 2012). This overreliance on technology can be a drawback, especially during internet outages or technology glitches. However, proactive measures such as having backup plans or appointing support personnel can mitigate these challenges (Chou, Promes and Souza, 2012).

Navigating ethical considerations such as confidentiality, privacy, and ethical conduct is another significant challenge in e-supervision (Korndoefer, 2023). Supervisors and supervisees must adhere to strict professional standards to safeguard sensitive information disclosed during supervision sessions (Korndoefer, 2023). The recording of sessions, while beneficial for review and improvement, adds complexity in ensuring these ethical considerations are consistently upheld (Korndoefer, 2023).

In summary, while e-supervision offers numerous benefits, including accessibility and flexibility, it also presents challenges related to building rapport, technological reliability, and

ethical adherence (Korndoefer, 2023). Addressing these challenges through effective communication strategies, technological preparedness, and adherence to ethical guidelines is essential for maximising the effectiveness and integrity of e-supervision practices (Korndoefer, 2023).

2.4.3 Supervision systems

Organisations can make use of different supervision systems which can either be internal or external supervision of social workers (DSD and SACSSP, 2012). There has been an increase in the use of external supervisors, and this has been because of the struggles social work managers find themselves in (Rankine, 2019). Some social worker managers are dominated by organisational agendas and heavy workloads, and this leads them to seek alternative forms of supervision, such as external supervision (Rankine, 2019).

- **Internal supervision**

This form of supervision occurs within the organisation, where in most cases, the supervisor has a managerial position within the organisation and is responsible for the organisational responsibilities of the social workers (Rankine, 2019; Beddoe, 2012). Internal supervision is often seen as a line management activity which is the same for all social workers (Rankine, 2019). It usually follows on strong managerial emphasis, and there is usually no shared power in the relationship (Rankine, 2019).

In addition, internal supervision is often associated with supervisors who are always available where there is a need for consultation (Rankine, 2019). It is often easier for supervisees to reach out to their supervisors who are often on site (Rankine, 2019; Openshaw, 2012). The proximity of both parties makes consultation easier, as supervisors can disseminate information to their supervisees faster (Dan, 2017). Internal supervision makes it easier to continuously monitor and assess supervisee performance and is sometimes preferred as it enables supervisees to be supervised by someone who is familiar with the organisation culture and environment (Rankine, 2019). However, despite its advantages, internal supervision is often consumed by the dual roles that internal supervisors often have (Rankine, 2019; Dan 2017). For example, often they must see to clinical duties and supervise other social workers (Rankine, 2019; Dan 2017). This is thought to leave them exhausted and with very little time to provide meaningful supervision to their supervisees (Rankine, 2019). Some believe that internal supervision and

external supervision must be combined so that external supervision can supplement the existing traditional internal supervision (Rankine, 2019).

- **External supervision**

External supervision involves supervision activities that are carried out by people who the organisation outsources to fulfil the supervision purpose (Rață, 2013; Engelbrecht, 2019). The external arrangement is undertaken through a private arrangement or contracted outside the organisation (Rață, 2013).

External supervision is seen as an opportunity for professional growth and development, and self-reflection as supervisees see it as a space that is free from judgement, unlike when supervision is undertaken by their line manager (Rankine, 2019). Furthermore, external supervisors play an important role when there is no one to supervise the social workers (Australian Association of Social Workers, 2014). It is generally accepted that external supervision ensures that supervisees have supervision in a safe space, that is free from organisational scrutiny (Rankine, 2019). Also, supervisees can openly discuss and disclose issues that affect their practice (Rankine, 2019).

However, despite their value in contributing to the support and education function, external supervisors generally have no power or permissions within the employing organisation, and therefore, social workers miss out on the administrative function of supervision (AASW, 2014). Issues that are pertinent to the organisation and challenges that social workers may be facing cannot be brought to the session as this will be out of the scope of their supervisory role (AASW, 2014). Where social workers may be having stressors regarding human resources issues it is impossible for the external supervisor to get involved (AASW, 2014). Further, the appointment of external supervisors is seen as a direct imposition of managerial agendas on supervision by employers (Beddoe, 2012). This tends to negatively impact the effective delivery of supervision as it tends to be seen more as a compliance and surveillance activity (Beddoe, 2012).

External supervision is often deemed expensive as an external person must be brought into the organisation and be paid unlike with internal supervision (Beddoe, 2012). Additionally, even though external supervision bridges the gap, external supervisor tend to lack the knowledge about the organisation, and may not understand the challenges social workers face that are related to the institution and this can compromise effective supervision (Bara, 2021).

2.4.4 Social work supervisor skills and knowledge

Social work supervisors manage and guide supervisees and as such a supervisor needs to possess certain knowledge and skills in order to perform this important function (Jacques, 2019). Supervisors are responsible for transferring skills and knowledge to their supervisees and as such are often referred to as “teachers”. Among the skills supervisors must possess are *communication skills, people management skills, conflict resolution and mediation skills, motivational skills, specialised and technical skills and emotional intelligence*.

- **Communication skills**

Communication is the bedrock of any organisation. Therefore, social work supervisors must possess good communication skills as these are central to an effective supervisory relationship (Reith-Hall and Montgomery, 2023). Supervisors should be skilful in communicating a range of topics to their supervisees hence the need for good communication skills (Jacques, 2019). Supervision is a continuous communication cycle, where empathy, a non-judgemental attitude, and warmth are continuously being demonstrated through various communication needs (Jacques, 2019). Good communication has been attributed to better relationships and greater productivity in the workplace (Jacques, 2019). The researcher is of the opinion that good communication in a welfare setting is crucial and supervisors must practice and master it skilfully so that supervisees are understood and there is smooth and efficient delivery of services.

Communication encompasses different skills and among them are oral communication skills, that is the ability to effectively express yourself verbally in different situations (Reith-Hall and Montgomery, 2023). Written skills are another form of communication skills, and they focus on the clear expression of one’s thoughts and ideas in written form (Reith-Hall and Montgomery, 2023). Lastly, non-oral presentation skills which entail the effective expression of ideas and tasks to individuals and groups, and these can include gestures or other non-verbal communication skills (Reith-Hall and Montgomery, 2023).

- **People management skills**

Organisations are made up of people who work in various roles, and human resources are one of the most critical assets an organisation possesses (Reyneke, 2019). It is therefore important that when supervisors step into their social work supervisory roles, they view and understand their supervisees as one of the most important resources in their organisation (Reyneke, 2019).

When this resource is managed well, the organisation's goals and outcomes can be attained (Reyneke, 2019). A good supervisor must possess inspirational leadership as this can guarantee satisfaction among the supervisees and lead to goal attainment (Reyneke, 2019). Further, where social work supervisors do not possess good people skills it is important for them to acquire these essential skills, attitudes and behaviours (Reyneke, 2019). When supervisors possess good people skills, they can listen attentively to, and coach their supervisees, and thus attain better outcomes. They are also able to facilitate supervision that is collaborative and leads to better relationships (Maguire, 2017). A supervisor with good people skills understands individual and group dynamics, is aware of the organisational hierarchy and structures, and possesses a good command of communication theories and processes (Maguire, 2017).

- **Conflict resolution and mediation skills**

There are many factors that contribute to conflict in the workplace (Reyneke, 2019; Darjan and Tomita, 2014). Social workers struggle with the demands of their jobs, stress from their work, a lack of good communication and domestic challenges (Reyneke, 2019; Darjan and Tomita, 2014). These challenges can lead to conflict, and it is, therefore, important for a supervisor to be able to have the right skills to assist them to handle the conflict and grievances that may arise (Darjan and Tomita, 2014). Additionally, supervisors need to be able to possess mediation skills (Darjan and Tomita, 2014). Mediations skills enable supervisors to defuse the emotions that may have arisen when there is conflict between two parties (Reyneke, 2019; Darjan and Tomita, 2014). Thus, good mediation skills can help supervisees resolve their problems or disputes (Reyneke, 2019; Darjan and Tomita, 2014).

- **Motivational skills**

Social work supervisors assume the role of team leader in supervision and as such must know how to encourage and motivate their supervisees (Reyneke, 2019). For this to be effective, supervisors must possess good motivational skills (Reyneke, 2019). Motivation is perceived as a psychological feature that has the capacity to give energy and direct goal-oriented behaviours in supervisees (Reyneke, 2019). A good supervisor must be able to create an environment that caters for the individual needs of each supervisee (Reyneke, 2019). This can include the sharing of knowledge, showing support and solidarity, providing motivation and ensuring that there is care and respect for one another (Reyneke, 2019).

- **Emotional Intelligence**

Supervisors must have the ability to understand and manage the feelings of others (Martin, 2019). It is important for supervisors to be able to engage with their own emotions and those of their supervisees (Martin, 2019). This knowledge and understanding helps them determine the course of action to take and is a crucial activity in the supervisory relationship (Martin, 2019). It is important for supervisors to recognise, nurture and support the art of emotional intelligence (Martin, 2019).

- **Technical skills**

A good social work supervisor must possess technical skills which enhance one's ability to do the job that they are trained to do (Humphrey and Stokes, 2000). The possession of technical skills enables one to use the different methods, processes and procedures that are required in their specialised field (Reyneke, 2019). In social work supervision, a supervisor will need technical skills to be able to guide and direct their supervisees for them to render effective services to their clients (Reyneke, 2019). A social work supervisor needs to be a skilled social worker first (Humphrey and Stokes, 2000). Other technical skills a supervisor may need include the ability to use the internet, problem-solving skills and an understanding of document workflow processes (Humphrey and Stokes, 2000).

- **Decision-making skills**

Decision-making is often considered one of the most difficult exercises one can undertake (Botha, 2002). However, it is also a skill that is required from social work supervisors, and it is one of the duties that supervisors must perform daily (Botha, 2002). Decision-making can involve choosing between a variety of issues, selecting personal development programmes for supervisees, and taking disciplinary action when there have been transgressions (Botha, 2002). Therefore, decision-making not only requires one to be skilful, but they should also be able to take responsibility when there has been a fallout or when bad decisions have been made (Botha, 2002). The ability to make good decisions allows the supervisor to give direction to the supervisees and to the organisation (Botha, 2002).

2.4.5 The supervisory relationship

The supervisory relationship is defined as the professional relationship that represents a channel of communication between social work practitioners and their supervisors (Maglajlić, 2020). The supervisory relationship promotes the gathering of information and is also the

medium that facilitates the delivery of help and support for the practitioner (Maglajlić, 2020). Supervisory relationships are characterised by the principles of trust, openness, genuineness and an ability to work together in navigating power relations as well as respect for social and cultural differences (Maglajlić, 2020). A positive supervisory relationship has been identified as a crucial element in the supervision process (Wade and Jones, 2014).

In the absence of this positive supervision relationship, supervision will be rendered ineffective (National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013; Wade and Jones, 2014). Supervisees report a preference for a high degree of positive supervisory relationships from their supervisors and this applies to all situations and settings (Wade and Jones, 2014).

a) Positive relationships

It has been noted that when a supervisor and a supervisee engage in a positive relationship, there is a greater possibility of supervision being effective and organisational outcomes being reached (Jacques, 2019). It is important that supervisors have the responsibility to establish and maintain positive relationships (Beddoe and Davys, 2016).

However, for supervision to have positive relationships it should be guided by certain principles among them are *collaboration, trust, empathy, open communication, feedback, respect and self-reflection* (Rothwell *et al.*, 2021 ; Maglajlić, 2020).

- **Collaboration**

According to Ledford (2013), supervision that is based on a positive relationship enables the supervisor and supervisee to be partners in the process. Each one values the views of the other they can work collaboratively, with consultation on matters that affect their work (Ledford, 2013). It has been noted that when a supervisor and supervisee engage in a positive and collaborative relationship there is a greater possibility of supervision being effective and organisational outcomes being reached (Jacques, 2019).

- **Trust**

Trust is considered a crucial element to any supervisory relationship (Bara, 2022). It is important to ensure a supervisory relationship works at building trust as it has been proven that trust is built over time (Rankine, 2019). Further, both supervisor and supervisee must work at creating a safe and trusting environment as it is key and central to successful supervision (Baron and Stanley, 2019). Trust leads to inner disclosures that assist the supervisee and the supervisor

to work out effective ways of tackling challenges (Rothwell et al., 2019). In the absence of trust and a sense of security, supervisees hold back and do not fully commit to the supervisory relationship (Carpenter *et al.*, 2012).

- **Empathy**

It is important for supervisors to show empathy towards their supervisees as this allows supervisees to work through their challenges and frustrations without fear of judgement (NASW, 2013). Supervisees feel valued when their feelings and emotions are considered, even if they have differing views with the supervisor (Wang *et al.*, 2022). In the absence of empathy, the relationships will collapse, and social workers will lose on the valuable benefits of supervision (Wang *et al.*, 2022).

- **Open communication**

Supervisors and supervisee should be able to share openly during supervision (Rothwell *et al.*, 2021; Parker, 2017). When there is open communication between the two parties it is easier to relay both positive and negative feedback (Baron and Stanley, 2019).

- **Feedback**

Good supervision is a situation where learning and support are incorporated (Bara, 2021). It involves giving critical feedback, which paves the way for learning, self-improvement and a strong sense of job security, while contributing to the organisation objectives (Ledford, 2013). Feedback must be delivered immediately after a session, it should be specific, the objectives and outcomes should be set out clearly and it must not be about the person of the supervisee (Kadushin and Harkness, 2014).

- **Respect**

Respect is a crucial element to a supervisory relationship (Parker, 2017). It is important for supervisors to respect the views and opinions of the supervisees (Parker, 2017). Further, sensitive issues can be brought to the supervision session, and these can be about other team members, the supervisors themselves or those in authority. (Parker, 2017). It is, therefore, important in such instances for the supervisor to be able to navigate through these respectfully (Parker, 2017).

- **Self-reflection**

Supervision gives social workers an opportunity to look at themselves, how they are performing and self-reflect (Ledford, 2013). Learning from practise and undertaking reflection exercises ensures that vulnerable groups that the social workers look after continue to receive good quality services (Ledford, 2013; Rankine, 2019).

To establish and maintain positive relationships, supervisors are encouraged to make use of strengths-based supervision which has its roots in the strengths-based perspective. The strengths-based perspective is the foundation of most interventions in social work practice in South Africa (Engelbrecht, 2019).

Strengths-based supervision

In the strengths-based supervision lies principles that state that supervision should not be a crisis-driven activity as this would mean or suggest that there is a problem (Engelbrecht, 2019). A supervisor acts as a facilitator in supervision and does not assume the position of someone who knows everything. Instead, a supervisor must make use of the strengths-based vocabulary (Engelbrecht, 2019).

The strengths-based perspective of supervision aims to promote the supervisees' participation in the supervision process (Engelbrecht, 2019). It values their autonomy, self-awareness and personal motivation (Ledford, 2013; Engelbrecht, 2019). The supervisor lets go of their power and rather focuses on their facilitation role (Engelbrecht, 2019). The role of the supervisor is that of a collaborator and this in turn ensures that both the supervisor and the supervisee are responsible for their own personal development and supervision (Engelbrecht, 2019).

The strengths-based perspective on supervision is co-owned by both parties and they have an understanding that education is a two-way process and as such ensure both are on a journey to learn from each other (Baron and Stanley, 2019; Engelbrecht, 2019). The researcher believes that the adoption of strengths-based supervision contributes to a positive supervisory relationship. The strengths-based supervision ties in with the social development approach to management and supervision (Patel, 2019). The social development approach to management and supervision encourages empowerment, a focus on strengths and active participation rather than passive receivers of services and benefits (Patel, 2019).

The researcher is of the opinion that supervisors in non-strengths-based supervision come across as practitioners who know everything. They have a curative kind of approach to work-

related issues and challenges. Social workers perceive a supervisor-led type of supervision as not conducive for supervision (Ledford, 2013). In such cases, supervisees experience supervision as being judgemental and they are unable to freely share their views or opinions around different matters whether and it leads to negative supervisory relationships (Baron and Stanley, 2019).

b) Negative relationships

Negative supervisory relationships can be described as events or activities that stem from the inability of the supervisor to act or not act when they are expected to (Davys *et al.*, 2017). Negative relationships hinder effective supervision (Davys *et al.*, 2017). Negative relationships in supervision tend to cause a lot of psychological distress and emotional anguish in supervisees and this makes daily life for social workers extremely difficult (Tu *et al.*, 2023).

A continuous cycle of negative relationships in supervision can increase supervisees risk of developing a multitude of illnesses that includes mood and anxiety disorders (Tu *et al.*, 2023). These illnesses have the potential to impact one's work and they also have significant consequences on the mental and behavioural wellbeing of individuals (Tu *et al.*, 2023). Negative relationships will eventually lead to deteriorating performance, unhappy workers who are likely to be burnt out and this, in turn, will increase staff turnover (Tu *et al.*, 2023).

2.4.6 Supervision styles

Social work supervisors make use of different supervision styles, and these supervision styles are closely tied to management styles. Management leadership styles are classified according to how a person behaves while directing, motivating, guiding, and managing other people (Cherry, 2023). The three most common leadership styles are the autocratic, democratic and laissez-faire management style (Cherry, 2023).

- **Autocratic leadership style**

The autocratic leadership style puts the manager at the top of the pyramid (Cherry, 2023). The manager is assumed to be responsible for all decisions and handles all projects without soliciting support or input from other stakeholders (Cherry, 2023). The researcher is of the opinion that in social work supervision, an autocratic supervisor is likely to make decisions without consulting the supervisee. They are also likely to only give direction while making no attempt whatsoever to inspire or motivate the supervisee. Autocratic supervisors will not solicit

feedback, and when they do get feedback, it is likely to be met with criticism and a punitive approach rather than constructive debate.

- **Democratic leadership style**

The democratic leadership style is thought to be the most effective style of management (Cherry, 2023). Democratic leaders are known to offer guidance, they fully participate together with their teams, and they solicit for input and feedback constructively in all aspects (Cherry, 2023). The democratic leader is part of the team, they encourage the team, and they retain control over making important decisions (Cherry, 2023).

The researcher is of the opinion that in supervision, the attitude of supervisees to democratic leadership is that they will feel encouraged and stay motivated as they feel important and included. This in turn motivates them to be creative and perform well, and it fosters greater commitment to their work which leads to greater outcomes. The democratic leadership style links with the social development approach to management and supervision because managers and supervisors under the social development approach are likely to be open to democratic, participatory and enabling styles of supervision (Patel, 2019).

- **The Laissez-faire leadership style**

The laissez-faire leadership style is a type of leadership where those who lead are detached and maintain a hands-off attitude and allow their team members to make their own decisions (Kotur and Anbazhagan, 2014). It has been noted that this type of leadership style is the least efficient and leads to the lowest productivity among staff (Kotur and Anbazhagan, 2014). The researcher is of the opinion that in social work supervision, supervisors may offer guidance, support and training but leave the supervisees to make their own decisions. There is no collaboration and supervisees are comforted when they make mistakes and may never be held accountable, while the supervisor is accountable for all mistakes (Kotur and Anbazhagan, 2014).

However, despite its laid-back approach, the laissez-faire leadership style has its benefits (Kotur and Anbazhagan, 2014). It is believed to allow for personal growth and development (Kotur and Anbazhagan, 2014). For example, in supervision, supervisees may be allowed to chart their own course, navigating through difficult tasks alone, at their own pace. Supervisees will be encouraged to use their initiative and innovation capacities. When it comes to critical decisions, supervisees can make decisions faster as they have autonomy to make their own decisions.

However, despite its advantages, the laissez-faire leadership style can have negative consequences when staff lack the necessary skills and knowledge about the field (Kotur and Anbazhagan, 2014). In supervision, newly qualified social workers or supervisees who are new to a certain field often lack key skills and experience and can become frustrated and fail to complete tasks, which, in turn, can lead to poor performance and a lack of job satisfaction.

The table below illustrates the three management styles and the researcher’s opinion on how their traits and beliefs may apply to social work supervision.

Table 1: Supervision styles

Supervision styles	Traits, beliefs and application to social work supervision
Autocratic leadership style	<ul style="list-style-type: none"> - supervisees may need constant attention - supervisees are considered undependable and immature - supervisees cannot be trusted - supervisees must be monitored and checked on regularly - supervisor seeks no input from supervisees and suggestions are not integrated
Democratic leadership style	<ul style="list-style-type: none"> - supervisees are given guidance - supervisees are encouraged to participate fully - supervisees give input and feedback on supervision - supervision is a collaborative effort - supervisees are motivated - supervisees feel included, heard and important
Laissez-faire leadership style	<ul style="list-style-type: none"> - greater freedom assigned to supervisees - supervisees make own decisions - no supervisees accountability - supervisor is held accountable for mistakes, this leadership style is best utilised with experienced staff

2.4.7 The role of supervision in palliative care social work

Palliative care social work is unlike any other field that social workers practise (Price, 2014). It involves a triangular type of care for patients (Price, 2014). That is, the patients themselves and their significant others, who may include carers, children, relatives and colleagues (Price, 2014). As such, there are many complex and multidimensional challenges (Price, 2014). The demands on the emotional and attending skills of the social worker are huge, often leaving social workers worn out and emotionally drained (Price, 2014). In addition, they must deal with multiple stakeholders and assert their role in multidisciplinary teams (Price, 2014). As such, social workers in palliative care require a different type of supervision (Price, 2014). They require more than a place to discuss how their work is progressing. They require a safe space through dedicated supervision (Price, 2014; Taels *et al.*, 2021). This will enable them to cope better with the demanding nature of the palliative care environment (Price, 2014; Taels *et al.*, 2021; Rothwell *et al.*, 2021).

It has been noted that the supervisory relationship in palliative care social work provides a space where the supervisor and supervisee work at building responsibility and accountability towards the development of competent and ethical practice (Bara, 2021; Gibson *et al.*, 2018). It is therefore important that supervision is provided in palliative care as it enables the continuity of ethical and acceptable delivery of services (Bara 2021; DSD and SACSSP, 2012; Gibson *et al.*, 2018). This means that social workers in palliative care require a safe space where they can reflect on their practice, their own mortality, spiritual and the emotional impact of their work on their lives (Taels *et al.*, 2021). This will assist social workers to establish new ways of intervening in their clients' needs in palliative care (Taels *et al.*, 2021).

Social workers in palliative care make use of reflective supervision (Price, 2014). Reflective supervision offers supervisees an emotionally supportive space where they have an opportunity to reflect on their practice, without being threatened by their environment and this leads to better outcomes for the patients they serve (Rothwell *et al.*, 2021; Price, 2014). Further, engaging in reflective supervision enables social workers in palliative care to avoid compassion fatigue, reduce burnout and build resilience (Price, 2014). When social workers can self-reflect, they can learn from their mistakes, correct and refine interventions for the good of the patients (Rothwell *et al.*, 2021; Price, 2014; Saltiel, 2017).

When supervision is undertaken well in palliative care, it leads to positive outcomes across the organisation for both patients and the organisation (Lee *et al.*, 2019). Social workers are also

able to evolve personally and professionally (Bara, 2021). Supervision gives social workers an opportunity to develop, and this leads to a feeling of satisfaction with their profession (Bara, 2021; Bostock *et al.*, 2022).

2.4.8 Expectations social workers often have regarding supervision

The aim of supervision is to motivate and assist supervisees to build positive and purposeful relationships (Engelbrecht, 2019). Further, supervision, assists social workers make good professional judgements and in turn get feedback that helps them assess, review and alter how they work in their different settings (Engelbrecht, 2019). However, despite the above functions, social workers in palliative care do have their own specific expectations from supervision, and these are discussed in the section below. Among other expectations, social workers expect that supervision must be a space for: *self-reflection, guidance, case management, an opportunity for learning, a place to receive emotional support, safe space, a genuine and authentic process, a timely and regular process, and a place to receive feedback.*

- **Self-reflection**

In supervision, social workers find an opportunity to look at themselves, how they are performing and in other words “self-reflect” and learn from their practice (Wilkins, 2017). This ensures that social workers will be able to continuously improve on their delivery of good quality services to the vulnerable groups (Wilkins, 2017).

- **Personal and professional growth**

Social workers look to supervision as a place where they can grow personally and professionally (Engelbrecht, 2019). The goal of social work supervision should be to assist in the development of a competent, independent and autonomous practitioner (Engelbrecht, 2019; NASW and ASWB, 2013). When social workers receive good supervision, they can evolve personally and professionally (Bara, 2021). They can monitor the progress they are making professionally, and this leads to a feeling of satisfaction with their profession (Bara, 2021). Thus, social workers look to supervision as a place where they can grow professionally and in their personal capacity (Bara, 2021).

- **Guidance**

Social workers in palliative care expect supervision to be a space where they can receive guidance from an experienced supervisor on how they can manage, navigate through challenges faced in palliative care (Hawkins and McMahon, 2020). Supervision enables social workers to navigate tricky and complicated cases, multiple losses and the often-challenging multidisciplinary team (Joubert, Hocking and Hampson, 2013; Hawkins and McMahon 2020).

- **Case management**

In supervision, social workers look to the admin function of supervision (Bara, 2021). The admin function is tasked with looking at the adequacy of work tasks for each social work (Bara, 2021). This enables social workers to be productive and useful to the organisation and this can be used to assess performance as well (Bara, 2021).

- **Opportunity for learning**

Supervision sets the pace for learning, with regulated steps that must be followed through a set agenda with agreed goals between the supervisor and supervisee (Engelbrecht, 2019). Supervision outcomes are clearly stipulated, based on the needs and personal development plan for the supervisee, and this can guarantee learning and the absorption of knowledge (Engelbrecht, 2019).

- **Emotional support**

Palliative care social work is an emotionally unsettling job (Wong, Wong, Gho and Chiu, 2022). As such social workers expect supervision to be a space where they are provided with much-needed emotional support (Wong, *et al.*, 2022). Supervision has the capacity to provide tools that are tailor-made for each supervisee to flourish (Wong *et al.*, 2023).

- **A safe space**

Social workers look at supervision time as a trusting space where social workers can be vulnerable, express their frustrations and also share their personal struggles (Mahmood, 2020). Trust is considered a crucial element to any supervisory relationship (Bara, 2021). It is impossible for supervision to proceed where there is mistrust, and as such social workers expect a conducive environment, that is safe as key and central to successful supervision (Mahmood, 2020; Bara, 2021). Supervisees need to feel safe and not be afraid of consequences arising from their disclosures (Mahmood, 2020; Wong *et al.*, 2023).

- **A genuine and authentic process**

Social workers in palliative care believe that for supervision to be successful, it needs to be a genuine and authentic process (Mahmood, 2020; Wong *et al.*, 2023). Just as they are expected to have genuine and authentic relationships with their clients, they expect the same from their supervisors (Mahmood, 2020). Supervisors should be genuinely concerned about them and their needs as individuals (Mahmood, 2020). Genuineness in supervision in palliative care is easily transferred to client care and social workers feel valued and important when they receive genuine attention of their supervisors (Wong *et al.*, 2023; Mahmood, 2020).

- **Supervision should be timely and regular**

Social workers expect supervision to be timely and regular (Rothwell *et al.*, 2021; Wong *et al.*, 2023). From their perspective, social workers expect supervision to be planned and to be consistent so that they can derive maximum benefits from it (Rothwell *et al.*, 2021; Wong *et al.*, 2023)

- **Feedback**

Social workers look to supervision as a place where learning and support are incorporated (Bara, 2021). It involves giving critical feedback which paves the way for learning, self-improvement and a strong sense of job security while contributing to the organisation objectives (Bourn and Hafford-Letchfield, 2011).

2.4.9 Potential benefits of supervision

Supervision has many benefits in palliative care social work. Among others, it *motivates staff, helps build resilience, improves client outcomes, enables quality interventions, promotes the wellbeing of staff, is a morale booster and improves the working environment.*

- **Motivation of staff**

Good supervision motivates and assists social workers in building purposeful relationships, making professional judgements and providing a constructive overview of their work (Engelbrecht, 2019; Rothwell *et al.*, 2021) Additionally, regular supervision affords social workers an opportunity to discuss any concerns they may have in their work and this leads to a reduction in stress, burnout and anxiety (Rothwell *et al.*, 2021). This helps build their confidence and they are able to stay motivated in their jobs (Rothwell *et al.*, 2021).

- **Building resilience**

Good supervision helps social workers build resilience (Price, 2014; Toh *et al.*, 2018). Even though resilience is considered a crucial attribute for all social workers, there is a distinct type of resilience required to work in palliative care (Price, 2014). This type of resilience can be built up through the process of supervision (Price, 2014; Mack, 2020). Social workers in palliative care face adverse work-related experiences (Price, 2014). Therefore, when supervision is delivered and received well by the supervisees, it builds resilience and it has the capacity to mitigate burnout rates, and produce a balanced social worker who can withstand any adversities (Toh *et al.*, 2018; Mack, 2020).

- **Builds on strengths**

Supervision also affords social workers in palliative care an opportunity to explore their personal experiences and strengths (Price, 2014). These experiences can be built upon to provide strong foundations, which social workers can tap into for future work (Price, 2014). Supervision in palliative care also provides a supportive space where social workers can explore the emotional and spiritual challenges of their work (Price, 2014). These challenges can then be converted into strengths that social workers can use in future when faced with similar challenges (Price, 2014).

- **Improves patient and client outcomes**

Good supervision can improve client outcomes (Price, 2014; Bara, 2021). Through supervision, one can identify issues early on and these can be discussed, and ways of resolving them can also be agreed on (Bara, 2021). In instances when social workers are unsure, they have an opportunity to ask questions and seek advice from the supervisor (Price, 2014). Supervision in palliative care should be focused on the needs of the supervisee and focus should be on equipping them with the necessary models, theories of practice and support when needed (Engelbrecht, 2019). When this is done effectively, the desired patient outcomes can be achieved (Engelbrecht, 2019).

- **Quality interventions**

Supervision has been known to provide supportive structures within the social work practice that lead to quality interventions (Bara, 2021). The collaborative nature of supervision, where supervisor and supervisee engage in a positive collaborative relationship, has been noted to lead to effective supervision outcomes (Engelbrecht, 2019). This ultimately leads to good quality interventions that assist the attainment of organisational goals (Bara, 2022; Engelbrecht, 2019).

- **Improves working environment**

Good communication, a supportive, caring, and positive space that is inherent in supervision could improve the work environment and work culture (Mahmood, 2020; Bara, 2021). Regular communication, problem solving, and increased teamwork can be enhanced by supervision and can lead to a safe and positive working environment (Mahmood, 2020). When the work environment is safe, effective care which drives service improvements can be guaranteed (Mahmood, 2020).

- **Improves social workers' wellbeing**

Palliative care social workers work in challenging and draining environments and, as such, it is important for social workers to look after their own health and mental wellbeing (Davys *et al.*, 2017; Pelon, 2017; Fantus, Cole and Hawkins, 2022). Through regular supervision, social workers are able to discuss any issues and concerns, be they work or personal, and this helps reduce workplace pressure, anxiety, stress or burnout (Davys *et al.*, 2017). Further, palliative care is a very emotionally unsettling space, but through regular supervision social workers are able to manage the emotional stressors in their work and improve their wellbeing (Curd and Hong, 2022; Fantus, Cole and Hawkins, 2022).

- **Morale booster**

Supervision has the capacity to boost the morale of supervisees (Davys *et al.*, 2017; Martin *et al.*, 2021). When morale is high, it can lead to job satisfaction (Davys *et al.*, 2017; Martin *et al.*, 2021). Purposeful and reflective supervision on achievements, and acknowledging positive practice during supervision sessions has been credited with boosting morale (Davys *et al.*, 2017). Additionally, in supervision, supervisees share intimate and sensitive information within a safe and secure space. This can lead to trust and openness, which are key to boosting supervisee morale (AASW, 2014).

2.4.10 Challenges that can be anticipated in supervision

Social workers can sometimes fail to flourish or thrive even when they are receiving supervision. There are several reasons that may contribute to this, and some of these reasons may be beyond the control of the supervisor (Engelbrecht, 2019). There are several potential challenges which may impact supervision negatively. The most prominent are *structural and organisational issues, cultural dimensions and generational differences*.

a) Structural and organisational issues

According to Engelbrecht (2019), scarce resources, unmanageable workloads and counterproductive working conditions are some of the structural and organisational issues that may hamper the effective delivery of supervision. If supervision is not prioritised in palliative care, organisational and structural issues will always dominate and stand in the way of supervision (Engelbrecht, 2019). Thus, social workers will not be able to flourish because of huge work demands, lack of resources and counterproductive working conditions (Engelbrecht, 2019).

Some of the identified structural and organisational issues are social workers with dual roles such as supervising others while also attending to clinical duties, supervision delivered by non-social workers, lack of competent supervisors, lack of adequate time for supervision, affordability, lack of structure in supervision sessions and supervision by external supervisors.

- **Supervisors with dual roles**

Some supervisors have dual roles in organisations, where they are managers but also attend to clients. This creates a challenge as they are left with very little time to dedicate to supervision (National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013; Rothwell *et al.*, 2021). Such supervisors often do not see supervision as a priority given their multiple roles and responsibilities (Rothwell *et al.*, 2021). However, there are greater expectations placed on supervisors (National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013). They are expected to have more expertise, greater knowledge, competence, possession of communication skills as well as carry their own caseload of clinical duties (National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013; Davys *et al.*, 2017). These multiple roles make it difficult for the supervisor to gain any insights into the day-to-day functioning of their supervisees struggles (Bourn and Hafford-Letchfield, 2011; National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), 2013; Davys *et al.*, 2017). These challenges and a lack of adequate supervision time leads to an overstretched social worker with no support structure (Rothwell *et al.*, 2021).

- **Supervision provided by non-social workers**

Supervision is sometimes delivered by a member of another discipline who is not a social worker, and this leads to challenges and misunderstandings due to different roles and responsibilities and level of training (Rothwell *et al.*, 2021). In such cases, there is an absence of shared theory and professional decision-making as well as ethics (Rothwell *et al.*, 2021). These non-social worker supervisors often do not possess the skills and knowledge required to provide quality supervision to palliative care social workers and this is a huge challenge (DSD and SACSSP, 2012; Engelbrecht, 2019).

- **A lack of competent supervisors**

Another factor that tends to hamper supervision in palliative care is a lack of competent supervisors (Joubert, Hocking and Hampson, 2013). Some supervisors are not properly or adequately trained and this leads to poor supervision or situations where supervision is perceived to be a waste of time (Joubert, Hocking and Hampson, 2013; Rothwell *et al.*, 2021).

It has been noted that supervisors who are not trained adequately are often intolerant, not flexible and they lack the competency required (Rothwell *et al.*, 2021). Further, they often do not know how to respond to the needs of supervisees or give appropriate feedback and have an inability to understand their personal issues (Rothwell *et al.*, 2021). There are not enough experienced and well-trained practitioners to supervise social workers in general (Engelbrecht, 2019). This in turn presents a challenge to social workers including those in palliative care.

- **Lack of time**

The greatest challenge to effective supervision has been the unavailability of time for supervision and professional development (O'Donoghue, 2015). In palliative care, social workers often buckle under, for example, heavy caseloads, fast-paced working environments, and having to drive long distances to go and see clients. This can leave social workers short of time for other tasks, especially supervision (O'Donoghue, 2015; Bodenheimer, 2016). It is important for organisations to provide dedicated time for supervision, instead of supervisors and supervisees having to squeeze in supervision when they can (Rothwell *et al.*, 2021).

- **Affordability**

Supervision is an expensive exercise, and most organisations do not provide it because of lack of resources (Spolander *et al.*, 2014; Webb, Bostock and Carpenter, 2016; Rothwell *et al.*, 2021). In smaller organisations and non-profit organisations, the struggle with rising costs and high expenses makes it difficult for social workers to get supervision (Rothwell *et al.*, 2021).

For social workers in private practice, supervision often only occurs “when I can afford it”. In other words, supervision is only undertaken when one has the funds for it (Rothwell *et al.*, 2021).

Carpenter *et al.*, (2012) and Beddoe (2012), concur and state that affordability has a major effect on supervision in palliative care. Affordability affects the frequency of supervision, because even though there might be a greater need for more sessions, organisations can only deliver the supervision they can afford (Carpenter *et al.*, 2012). Organisations that have large social work teams are more inclined to have fewer sessions to manage costs (Carpenter *et al.*, 2012).

- **Lack of structure in supervision sessions**

According to the Joubert *et al.*, (2020) and AASW (2014) when supervision is not guided and protected by the use of agendas and plans, it becomes a social exercise. It is therefore important to ensure that the supervisor and supervisee draw up a contract at the beginning of the supervision process, defining the different roles that each one will have in the supervision process (Joubert *et al.*, 2020; AASW, 2014).

- **Supervision by external supervisors**

External supervision plays an important role when there is no one to supervise the social workers internally within an organisation (AASW, 2014). Despite the value external supervisors bring in providing the support and education function, they generally have no power regarding administrative matters and social workers, therefore, social workers often miss out on the administrative function of supervision (AASW, 2014). Further, issues that are pertinent to the organisation and challenges that social workers may be facing cannot be brought to the session as this will be out of their depth (AASW, 2014). Where social workers may be having stressors regarding human resource issues, it is impossible for the external supervisor to get involved (AASW, 2014).

b) Cultural Dimensions

Differences between cultures between supervisee and supervisor may result in different perceptions and viewpoints on the world and work-related matters thus creating challenges on the delivery of good supervision (Engelbrecht, 2019). Cultural dimensions can lead to supervisor and supervisee spending time discussing these, and differences can lead to supervision sessions becoming battle zones (Engelbrecht, 2019). In the end, it diminishes the

value of supervision (Engelbrecht, 2019). Cultural challenges include *personality clashes, trust issues, different styles of practice, supervisors who are focused on their own challenges, unprepared supervisors, lack of adequate training and support for supervisors.*

- **Personality clashes**

The biggest challenge encountered in supervision is when there is a personality clash and the supervisor and supervisee do not get along at all (AASW, 2014). This can render supervision ineffective when there are major differences between the supervisor and supervisee (AASW, 2014; Ellis *et al.*, 2015; Davys *et al.*, 2017). Differences such as age, status, gender or ethnicity and even the years of experience in the field between the supervisor and supervisee can render supervision ineffective (AASW, 2014).

- **Trust issues**

Supervision must be built on positive supervisory relationships where trust, support and non-judgmental attitudes are key to the relationship (Lee *et al.*, 2019; Rothwell *et al.*, 2021). In the absence of this enabling environment, there is a poor relationship between the supervisor and supervisee, and this often results in supervision becoming ineffective (Rothwell *et al.*, 2021).

- **Different styles of practice**

Social workers come from different backgrounds, and they use different models and theories to perform their duties (AASW, 2014; Bodenheimer, 2016). These differences can create a barrier to effective supervision as they may not always see things the same way (AASW, 2014, Bodenheimer, 2016). This can result in different outlooks and friction when handling issues regarding interventions and supervision (AASW, 2014; Bodenheimer, 2016).

- **Supervisors who are focused on their own challenges**

Most supervision is seen as a management function, and this sees supervision focusing more time on protocols and procedures (Firth, 2017). This emphasis on alignment to the organisational objectives, outcomes, tends to create problems that hampers effective supervision delivery (Engelbrecht, 2019; Firth, 2017). Supervision should be a collaborative effort with a focus on the needs and challenges of the supervisee and how they can benefit fully from supervision (Firth, 2017; Engelbrecht, 2019). Supervision should be focused on equipping supervisees with the necessary models, theories of practice and support when needed (Engelbrecht, 2019).

- **Unprepared supervisor**

Supervisors need to have the right credentials to become supervisors (Rothwell *et al.*, 2021). They need the right skills on how to better understand supervisees and their needs and when these are in place, they conduct sessions that benefit the supervisees (Rothwell *et al.*, 2021). In the absence of these competencies, supervisors come to sessions ill-equipped, unprepared and have no sense of how the sessions should go, as well as how to meet the needs of the supervisee (Rothwell *et al.*, 2019).

- **Lack of adequate training and support for supervisors**

Many supervisors do not receive sufficient training, while some supervisors are promoted to these positions without any prior training (Bourn and Hafford-Letchfield, 2011). In addition, there may also be some supervisors who, despite providing support to their supervisees, do not have any form of support themselves (Bourn and Hafford-Letchfield, 2011). This, then impedes the effective delivery of supervision (Bourn and Hafford-Letchfield, 2011). It is the responsibility of management to provide adequate training and support for social work supervisors for them to provide effective supervision to supervisees (Engelbrecht, 2019).

c) Generational differences

Generational differences between supervisor and supervisee can also be a challenge to effective supervision (Engelbrecht, 2019). Further, each generation has particular perceptions and experiences that mould their expectations and beliefs as well as work styles (Engelbrecht, 2019). Generational differences not acknowledged and understood can be detrimental to supervision (Engelbrecht, 2019).

In South Africa most supervisors are above the age of 30 and supervisees are usually beginner social workers in the early adulthood life phase (Engelbrecht, 2019). However, despite its importance, this crucial aspect of supervision does not receive much attention in supervision literature.

2.4.11 Supervision that benefits and adds value to social workers

For supervision to be effective, there is need to adopt and implement supervision practices that aid or enable supervision (Engelbrecht, 2019). As Engelbrecht (2019) says, it is important to know where we are going with supervisory practises because in the end, we will end up at the destination we have desired.

Among some of the suggested practises that may enable effective supervision are *standardized supervision, open and honest communication with the supervisor, collaborative relationships, consistent supervision, having an agenda for supervision and advance planning.*

- **Standardized supervision**

It is important for organisations to have standards set out for supervision purposes as outlined by the SACSSP (Engelbrecht, 2019). By following the guidelines as stipulated by the SACSSP, organisations will be safe in knowing that their social workers receive the required supervision as mandated by SACSSP (Engelbrecht, 2019).

- **Honest and open communication with supervisor**

It takes a lot of qualities for one to be a good supervisor (Bara, 2021). Supervisors need to possess qualities such as trust, honesty and a positive attitude, these together with openness and the ability to listen, are central to a successful supervisory relationship (Bara, 2021). An ideal supervision environment enables the social workers to be open and honest with their supervisors (Bara, 2021). They are not afraid of reproach and are secure knowing they have the empathy and understanding of their supervisor (Bara, 2021).

- **Collaborative relationships**

Collaboration, that is the ability to work side by side with supervisor, is important in supervision (Wong *et al.*, 2023). Supervisees have reported that when they work collaboratively and are a good match with their supervisors, they feel closer to the supervisor and they can provide moral and emotional support to each other (Wong *et al.*, 2023).

- **Consistent supervision**

A consistent, intentional plan for supervision is important if supervision is to be effective (Wong *et al.*, 2023). Time should be set aside consistently and always adhered to except where there are unforeseen emergencies (Wong *et al.*, 2023). Supervision must never be cancelled as it is an important activity that must always be prioritized (Wong *et al.*, 2023).

- **Have a structure/agenda for supervision**

Supervisors and supervisees must engage and negotiate a supervision contract or agreement in the beginning phase of supervision (Engelbrecht, 2019). This contract will form the basis for future work and will stipulate the role of both supervisee and supervisor (Engelbrecht, 2019). This results in a collaborative agenda setting for supervision (Engelbrecht, 2019). Both the

supervisee and supervisor will have the responsibility to set the agenda for supervision (Engelbrecht, 2019).

- **Advance planning**

For supervision to be effective time should be set aside to plan for supervision way in advance (Wong *et al.*, 2023). Planning for supervision in advance is crucial as it enables all parties time to prepare for the supervision sessions (Wong *et al.*, 2023). Also, it brings an element of predictability around supervision times (Wong *et al.*, 2023).

2.5 Self-care in social work practice

Social workers encounter a number of occupational stressors daily in practice and as such self-care is geared towards understanding each person's stressors, preparing to counter the stressors and managing them successfully (Cox and Steiner, 2013). Self-care must never be a once off event but must be a state of the mind and should be an integral part of social workers' training (Cox and Steiner, 2013).

2.5.1 Conceptualising self-care

Stilos and Wynnychuk (2021) and Babiarczyk and Sternal (2022), posit that self-care refers to self-initiated activities that people undertake to maintain their health and prevent the onset of illnesses. Self-care tends to encourage opportunities for debriefing, open communication and various methods of promoting emotional wellbeing (Stilos and Wynnychuk, 2021). Self-care is proactive and holistic in nature, and it focuses on the person to try and promote their personal health and wellbeing, which, in turn, can aid their professional care of others (Mills, Wand and Fraser, 2018). In practice it involves various strategies to prevent burnout and stress that the social workers use in both their professional and non-professional settings (Mills, Wand and Fraser, 2018).

Palliative care social workers are encouraged to partake in these strategies, not as a luxury but as an essential factor to their positive therapeutic relationship with their clients (Stilos and Wynnychuk, 2021; Babiarczyk and Sternal, 2022). Further, the use of self-care enables palliative care social workers to build resilience and cope with the multiple deaths and sadness that occur in palliative care (Stilos and Wynnychuk, 2021). Self-care has been credited with giving social workers the ability to self-reflect, identify and prevent burnout and maintain appropriate boundaries (Mills, Wand and Fraser, 2018; Stilos and Wynnychuk, 2021).

2.5.2 The significance of self-care in palliative care social work

Working in palliative care means social workers are involved in emotional work (Mills, Wand and Fraser, 2018). Social workers in palliative care provide healing to patients with life threatening illness which means they are instruments in healing but at the same time suffer emotionally from caring for these patients (Mills, Wand and Fraser, 2018). It is therefore imperative that social workers take measures that ensure there is continuity in the therapeutic relationship with clients through self-care (Mills, Wand and Fraser, 2018).

Social workers in palliative care encounter death and many other challenges including complications that arise from diseases such as cancers, strokes, and dementia daily and these leave the social workers emotionally drained (Mills, Wand and Fraser, 2018). The sad encounters and the cumulative deaths can lead to social workers being overwhelmed (Stilos and Wynnychuk, 2021). As such, it is important that social workers find ways of replenishing themselves.

Additionally, when patients are close to their death, they experience multiple losses, that is loss of independence, finances, mobility, intimacy, and their families start to grieve for them (Stilos and Wynnychuk, 2021). All these events happening in the family are witnessed by the social worker daily, who walks on this journey with the patient and when the patient eventually dies, social workers also grieve for them (Stilos and Wynnychuk, 2021). Through self-care social workers can talk about their emotions and their loss in healthy ways that enable them to go back to work the following day (Stilos and Wynnychuk, 2021).

The relationship between social workers and their patients is an intimate one, where patients touch social workers lives and social workers also aim to touch theirs (Stilos and Wynnychuk, 2021). This connection is a deep “therapeutic connection”, and patients can share intimate details and private matters with the social workers which they might not have shared with anyone else (Stilos and Wynnychuk, 2021). Knowing this is an honour and a gift, but also a burden social workers carry and often it leaves them overwhelmed and unable to cope (Stilos and Wynnychuk, 2021). Self-care allows social workers to develop practices and strategies that enable them to sustain hope amid pain and suffering (Stilos and Wynnychuk, 2021).

Social workers may suffer from a high risk of diminished personal well-being, and this includes burnout, compassion fatigue and moral distress (Stilos and Wynnychuk, 2021). Despite all this there is still hope under these circumstances and joy is a possibility (Stilos and Wynnychuk,

2021). In these sorrows, joy is often present, hence the need to embark on self-care strategies that help combat the effects of the death and dying environment they work in (Stilos and Wynnychuk, 2021).

Social workers need to remember that they are still living and still need to take care of themselves (Stilos and Wynnychuk, 2021). Further, they need to evaluate their emotional status and how it is impacted by caring for others (Stilos and Wynnychuk, 2021). Social workers need to take steps to remedy this, and self-care has been credited as one type of intervention that can assist (Stilos and Wynnychuk, 2021).

2.5.3 Benefits of self-care in palliative care social work

The act of practicing self-care strategies has been found to have many benefits in palliative care (Oliver *et al.*, 2021). It enhances social workers professional inner lives, and it reduces stress and anxiety, burnout, compassion fatigue and moral distress (Stilos and Wynnychuk, 2021). Self-care strategies can ensure that the primary mission of social work is actualized (NASW, 2016). Self-care ensures that we can sustain the profession through healthy and functional practitioners who practice and provide services passionately, while being healthy (NASW, 2016).

It has been noted that self-care has the capacity to increase job satisfaction (Stilos and Wynnychuk, 2021). Social workers who practice self-care are reported to have greater self-awareness, engage with patients with less stress, and they demonstrate empathy leading to greater healing and a job satisfaction (Stilos and Wynnychuk, 2021). Furthermore, self-care has been credited with improved well-being for palliative care social workers (Sansó *et al.*, 2015). It is also believed to be a great buffer as it provides that protective layer social workers need against the many challenges they face in palliative care (Sansó *et al.*, 2015).

Self-care has been credited with being a strong predictor of social workers ability to cope with the frequent exposure to death and dying (Buonaccorso *et al.*, 2022). Self-care and its holistic nature are a key factor in sustaining social workers (Buonaccorso *et al.*, 2022). All aspects of the person, that is the social, physical, spiritual, intellectual and emotional, are covered in self-care (Sanso *et al.*, 2015).

Self-care places emphasis on self-awareness and this is a key factor in being able to deal with challenging situations in palliative care as well as the capacity to handle cumulative deaths

(Sanso *et al.*, 2015). Thus, self-care strategies can help social workers to relax, and this helps them maintain a healthy body and inner self (Sanso *et al.*, 2015).

The practice of self-care is credited with enhancing the inner world of social workers (Sanso *et al.*, 2015). This directly influences the quality of their lives and, in turn, the quality of the services they render, such that their efficacy as healing agents in palliative care is optimized (Sanso *et al.*, 2015). The practice of self-care in palliative care social work is, therefore, relevant to social workers as health care professionals, to ensure the well-being of their patients (Buonaccorso *et al.*, 2022).

2.5.4 Dimensions of self-care

Self-care is a proactive and holistic exercise (Stilos and Wynnychuk, 2021). It encompasses all aspects of the self and for self-care to be effective, there is need to take into the account the different dimensions to self-care. There are various self-care strategies that social workers in palliative care can practice in order for self-care to be effective (Mills, Wand and Fraser, 2018). The following section discusses the dimensions of self-care.

a) Physical dimension

The physical dimension is focused with ensuring the overall health lifestyle of the person (Stoewen, 2017). It may include activities that promotes the healthy wellbeing of an individual for example eating healthy foods, drinking enough water and getting plenty of exercises (Stoewen, 2017). The physical dimension can be seen to focus on the body, it encompasses our ability to live, move and breath well (Stoewen, 2017). Among the exercises that one can embark on under the physical dimension include the following:

- **Regular exercise**

Physical exercises has been attributed to stimulating a happy mood, it leaves you feeling happier and more relaxed (Pessin *et al.*, 2015; Collier, 2019). As such social workers are encouraged to partake in exercises that are physical in nature (Collier, 2019). The general physical wellbeing involves activities that target the overall quality of life and activities may include walking, spinning, running, walking and boxing (Collier, 2019).

- **Rest and sleep**

Rest and sleep are a good way of taking care of one's emotional and physical needs (Mills, Wand and Fraser, 2018). A lot of people report that after a good sleep they are rejuvenated and

have a newfound energy (Mills, Wand and Fraser, 2018). It can be noted that when one does not get enough rest and sleep it can cause major health issues hence the need to find time to rest and sleep (Mills, Wand and Fraser, 2018).

- **Nutrition**

Nutrition is considered a form of self-care (Mills, Wand and Fraser, 2018). It is important to eat a diet rich in nutrients, that has enough fruit and vegetables (Mills, Wand and Fraser, 2018). Social workers are encouraged to eat a good and balanced personal health diet with moderate alcohol intake (Mills, Wand and Fraser, 2018).

- **Walking and spending time with pets**

Walking, playing and just having fun with pets is described as a good way to help cope with stress and pressure (Partab, 2010). Pets are known to give unconditional love to their owners and this brings a boost to our lives (Partab, 2010).

- **Activities in nature**

Getting some time outdoors is considered a good self-care strategy (Omilion-Hodges *et al.*, 2020). A change of scenery and the fresh air that you find outdoors and just taking time to be in unfamiliar territory can be healing (Omilion-Hodges *et al.*, 2020). Examples of activities can be a walk in the forest, hiking up the mountain and walking the dogs in the forest (Omilion-Hodges *et al.*, 2020).

- **Dance**

Dance is considered an important strategy in self-care (Partab, 2010). When you dance you are able to get a self-awareness that helps us manage overwhelming feelings and thoughts (Partab, 2010).

- **Watching television**

Self-care includes different activities that one embarks on for “fun” in their free time so that they can enjoy life and do activities that make them happy (Stilos and Wynnychuk, 2021). It has been noted that watching television helps one relax, which helps take our minds off the pressing demands of our jobs (Stilos and Wynnychuk, 2021).

b) Emotional dimension

The emotional dimension focuses on how one is in touch with their feelings and emotions, it includes both joys and sorrows (Stoewen, 2017). It helps us cope with emotional challenges (Stoewen, 2017). Under the emotional dimension one can take part in various activities and these range from *nourishing exercises, relaxing bath rituals, listening to music and personal grooming*.

- **Nourishing “the self” exercises**

There are various exercises that one can embark on during their free time to nourish the “self”. These activities can involve saying positive affirmations, diffusing essential oils and connecting with a therapist (Sapeta *et al.*, 2022). One is able to understand themselves and this in turn helps you cope with the challenges we find in palliative care (Sapeta *et al.*, 2022).

- **Relaxing bath rituals**

It can be noted that washing away anything from work “metaphorically” is considered important as one tends to sort of wash away the daily struggles (Mills, Wand and Fraser, 2018). Engaging in exercises like taking a bath in relaxing bath salts and diffusing oils has been known to have many benefits, as one is taken in by the smells, the beauty of the smells and this helps them forget about their work struggles (Mills, Wand and Fraser, 2018).

- **Listening to music**

The ability to listen to music has been found to increase the ability to be self-aware (Partab, 2010). It helps us manage overwhelming thoughts and feelings that we may get from our daily work especially in palliative care (Partab, 2010). Listening to music is often associated with a relaxed state of mind (Partab, 2010).

- **Personal grooming**

Proactive coping involves activities where the professional adopts strategies or behaviours that are focused on facing situations in a proactive manner (Sapeta *et al.*, 2022). One characteristic of proactive coping is the search for building confidence and control of situations and a control of emotions in order to be able to face challenges (Sapeta *et al.*, 2022). Activities may involve planning and organizing your day, controlling aspects related to how one looks and dresses (Sapeta *et al.*, 2022).

c) **Spiritual dimension**

The spiritual dimension is concerned with looking at how we can establish peace and harmony in our lives (Stoewen, 2017). It is purposeful ability to discover meaning and purpose in life, one must look at what they consider meaningful in life (Stoewen, 2017). Among activities someone can undertake under this dimension are *religious activities, meditation, prayer, yoga and mindfulness exercises*.

- **Religious activities**

Nourishing your soul with religious activities through reading the bible and other religious texts, attending fellowships, meetings, and just being around like-minded people, helps transform your thoughts and emotions (Partab, 2010).

- **Meditation**

Meditation, which is a silent, internal process where one attempts to focus on one thing at a time in solitude, is considered a good self-care strategy (Partab, 2010). It is considered a very tricky and challenging exercise as not many people can master it, but when done well, it brings peace and calm to an otherwise restless mind (Partab, 2010).

- **Prayer**

It has been noted that when one prays to a greater God, it tends to bring a greater peace to one's mind (Stilos and Wynnychuk, 2021). Prayer meetings and connecting with God individually or with others helps one find greater meaning in personal and professional relationships (Stilos and Wynnychuk, 2021).

- **Yoga, pilates and massages**

Self-care in the form of activities like yoga, pilates and massages have been found to be effective in reducing stress and anxiety in the workplace (Mills, Wand and Fraser, 2018).

- **Mindfulness and relaxation exercises**

Practicing self-care strategies such as mindfulness and relaxation exercises has been found to have tremendous benefits (Stilos and Wynnychuk, 2021).

d) **Social dimension**

This dimension looks at relationships between people in life (Stoewen, 2017). It examines questions such as how people relate to one another, whether there is respect between people

and whether there are long lasting relationships (Stoewen, 2017). One must look at how they maintain their relationships, do they enjoy being with others? Do you let others care for you? and how do you even contribute to the care of others in the greater community (Stoewen, 2017). Under the social dimension one can *socialise with friends and loved ones, playing with children, quiet time and informal work socials*.

- **Socialising with friends and loved ones**

It is important for social workers to find time to spend with their friends and loved ones (Mills, Wand and Fraser, 2018). The exercise requires social workers to be intentional and set aside time to connect and have this leisure time with people that they consider important in their lives (Mills, Wand and Fraser, 2018). Self-care should involve one's family and loved ones, each person needs to prioritize relationships within the family and within the community and professional space (Stilos and Wynnychuk, 2021).

- **Playing with own children**

Self-care can involve exercises that involve activities of playing with your own children (Stilos and Wynnychuk, 2021). One can take their children for a walk, play in the garden or get a hug (Stilos and Wynnychuk, 2021).

- **Quiet time**

In a world that demands a lot of our time, we find ourselves busy such that it is difficult to find downtime (Stoewen, 2017). It is important to schedule time for yourself, great effort must be put to diarise time for self (Stoewen, 2017). During this time, it may be ideal to turn off any noise and maybe just be quiet for a moment (Stoewen, 2017). Any activity that one does that is not associated with work has the capacity to help you recharge and rejuvenate yourself (Stoewen, 2017).

- **Informal work social activities**

Pessin *et al.*, (2015), emphasized that health care professionals should seek support from colleagues, this helps them connect with peers and it creates a sense of belonging and acceptance which is a crucial element in palliative care where social workers may feel they are alone with no one to turn to for support.

e) Intellectual dimension

This dimension places its focus on how one looks at their growth and continuous pursuit of learning (Stoewen, 2017). It looks at how one pursues new things, new ideas and acquiring new skills. Also, it looks on balancing your thoughts by practising various exercises (Stoewen, 2017). Among activities that one can undertake under the intellectual dimension are *journaling, reading books, engaging in a new course, debriefing, maintaining health boundaries, moments of reflection, no technology days, creative health and art.*

- **Journaling**

Taking dedicated breaks and learning to journal are considered important self-care strategies (Mills, Wand and Fraser 2018).

- **Reading books**

In the technological era that we live in, we spend a lot of time on our devices. Our devices have become our entertainment and comfort, however scrolling feeds into our anxiety and stress (Partab, 2010). Instead of being dependant on devices, social workers can consider reading books, they help social workers slow down, improve our moods and encourages one to stay present and focused (Mills, Wand and Fraser, 2018).

- **Engaging in a new course**

Self-care includes the occupational dimension, one which endeavours to learn new things in life as a way of coping with the demands of work and its stresses (MacLeod and van den Block, 2019). One can embark on a quest to acquire new knowledge as a self-care strategy (MacLeod and van den Block, 2019).

- **Debriefing**

Social workers value opportunities where they come together to discuss cases whether in an informal or formal setting consistently (Mills, Wand and Fraser, 2018). These sessions, bring together colleagues with laughter, sadness, camaraderie and humour (Mills, Wand and Fraser, 2018). The atmosphere in these engagements that forms part of the proceedings lightens the load and brings joy to the heart and is considered a good coping strategy (Mills, Wand and Fraser, 2018).

- **Maintaining healthy boundaries**

It is important to maintain healthy boundaries between the home and the workplace (Mills, Wand and Fraser, 2018). This may include not taking work home, communicating what you can and cannot do as well as not accessing work devices at home (Mills, Wand and Fraser, 2018). It is also important to communicate these boundaries to patients and colleagues around expectations on what can reasonably be done or not (Mills, Wand and Fraser, 2018).

- **Moments of reflection**

It has been found that moments of reflection and looking back are good self-care strategy when dealing with work pressures (Omilion-Hodges *et al.*, 2020). One must intentionally take time out during sessions so that they have an opportunity to look at the feelings that may have been impacted during contact with patients during previous sessions (Omilion-Hodges *et al.*, 2020). It is important to look back and assess what was done well, where could I improve and how did this affect me (Omilion-Hodges *et al.*, 2020)

- **No use of technology devices day**

Taking time away from electronic devices is a good self-care strategy (Stoewen, 2017). One can elect to not use their cell phone or iPad or work devices to enjoy moments of rest and replenishment (Stoewen, 2017). No technology day can also include abstinence from television and computers, and this is considered a healthy activity (Stoewen, 2017).

- **Intellectual and creative health**

It is important to find activities that occupy and entertain your mind (Omilion-Hodges *et al.*, 2020). This can be done by following current events or news, reading books, podcasts, knitting, quiz night, doing puzzles, word searches and writing (Omilion-Hodges *et al.*, 2020).

- **Art**

The use of art therapy is considered a good form of self-care, one does not need any prior training to partake in this (Sapeta *et al.*, 2022). Art therapy has the capacity to encourage one a more creative approach to emotional problems and it will allow one to change, grow in a personally safe and facilitative environment (Sapeta *et al.*, 2022).

2.5.5 Self-care strategies that are considered ineffective

The act of practicing self-care strategies has been found to have many benefits in palliative care (Oliver *et al.*, 2021; Stilos and Wynnchuk, 2021; NASW, 2016). However, despite the many benefits of various self-care strategies, some self-care strategies that other people embark on have been noted to be not helpful, in fact they tend to worsen the situation and in the end do not serve the intended purpose (Collier, 2019). Babiarch-Zyk and Sternal (2022) and Collier (2019), assert that when social workers are unable to cope, they may resort to using medications, home remedies, alcohol or drugs in effort to be able to cope with work pressures and stressors. Some self-care strategies that have been known to be not helpful in palliative care include *alcohol and substance abuse*, the use of *distraction* as a coping strategy and *self-medication*.

- **Alcohol and substance abuse**

When people care for the dying, they can be in denial or fail to acknowledge the stressors they encounter in practice and they may resort to substance or alcohol abuse as a response to the stressor (Sapeta *et al.*, 2022).

- **Distraction (excessive socializing/ faking being strong/overeating)**

Self-distraction may involve activities that one embarks on that attempt to minimize the effects of stress one might be experiencing in their work (Collier, 2019). Some social workers may over socialize or get busy, overeat or pretend to be strong while suffering at the same time (Collier, 2019).

Self-Medication It has been noted that when palliative care social workers are unable to cope, they may resort to a variety of own ways of self-medicating and purchase over-the-counter medicines, these they may use as own home remedies to deal with stress and pain (Babiarczyk and Sternal 2022; Posluns and Gall, 2020; Robinson and Smith, 2024).

Self-medicating involves the use of drugs or other substances to manage a symptom of a health issue (Robinson and Smith, 2024). One may be aware that they have a mental health problem but do not know any healthier ways to cope (Robinson and Smith, 2024). Self-medication can be used to help someone sleep, relax or numb the pain that comes with working with grief and loss (Robinson and Smith, 2024). Despite the temporal relief that comes with self-medicating in the short term, over time it has been noted that it only exacerbates the problem and these home remedies can worsen mood disorders, lead to addiction or increase the health problem

(Robinson and Smith, 2024). These types of interventions have been proven to be not useful and dangerous in some instances (Babiarczyk and Sternal 2022). It is rather suggested to seek help and ensure your challenges can be diagnosed and you use healthier ways of coping and get treatment where possible (Robinson and Smith, 2024).

2.5.6 Self-care strategies that are provided by different organisations

It has been noted that organisations can also play a part in the practise of self-care within the workplace (Aldana, 2023). They can avail resources, incentives and other career enhancements opportunities which has been noted to retain staff and avoid skills flight in the workplace (Stilos and Wynnychuk, 2021; Aldana, 2023).

Organisations can provide a range of support services to social workers in palliative care, and these can include the following:

- **Workshop attendance /with time off when needed**

Organisations provide different wellness programs for their employees, and these can include paid leave, time off for studies or when needed, workshop attendance and other career enhancement course and maternity leave (Aldana, 2023). This paid time off has the capacity to retain staff and avoid skills flight in organisations (Aldana, 2023).

- **Wellness days**

An organised wellness day at the workplace has been found to be a good self-care strategy (Aldana, 2023). Examples of activities on a wellness day programs can include blood sugar checks, substance abuse counselling, talks about weight control, nutrition and smoking cessation (Rossi, 2010).

- **Work excursions and outings**

It can be noted that self-care strategies that take place off site, that is outside the social workers usual workplace setting facilitate learning and provide general physical body relaxation (Sapeta *et al*, 2022). Examples can be end of year functions, tea and coffee sessions with the team and team building events.

- **Counselling and supervision paid by the organisation**

Organisations can provide resources and practical tools to help their staff cope (Stilos and Wynnychuk, 2021). Examples of these activities can be supervision and counselling sessions.

This routine provision of various activities and resources enables social workers to cope with the stresses of their jobs and empower them so that when faced with challenges they are able to carry on caring for the dying (Stilos and Wynnychuk, 2021).

- **Yoga days**

Employers can incorporate self-care strategies in the day-to-day activities of social works, and these encourage social workers and enable the practice self-care on the job and during work time (Stilos and Wynnychuk, 2021). Some of the strategies like yoga and stretch exercises enables social workers to take breaks and have lighter moments inside the workplace (Stilos and Wynnychuk, 2021).

- **Psychologists on site**

Supervision should also have a self-care aspect to it, that is to support and maintain the wellbeing of social workers (Rothwell *et al.*, 2021). Supervisees can also make use of supervision from a therapist who is more focused on the emotional aspect of work and supervisee learning and development without worrying about organisational issues (Rothwell *et al.*, 2019). It gives one an opportunity to destress and debrief (Rothwell *et al.*, 2021).

- **Journal club and self-care tips bulletin**

Organisations need to provide resources and practical tools to help staff cope (Stilos and Wynnychuk, 2021). This routine provision of tools and information may benefit and empower those that are faced with challenges while caring for the dying, this can be done through journal clubs (Stilos and Wynnychuk, 2021). In addition, organisations can circulate resources regularly to social workers as resources and practical tools in their everyday practice (Stilos and Wynnychuk, 2021). These resources can include monthly bulletins, information on peer support groups and this benefits social workers as they are empowered and know where to turn to in times of need or challenging circumstances (Stilos and Wynnychuk, 2021).

- **Pampering session for women's month**

Hygiene is considered a good self-care strategy (Omilion-Hodges *et al.*, 2020). Being able to maintain your physical appearance is critical as you will have “feel good” hormones that lead to self-confidence which is important in self-care (Omilion-Hodges *et al.*, 2020). Examples of these activities can be pampering, massage and manicures sessions (Omilion-Hodges *et al.*, 2020).

- **Paid leave and participation at fun events**

Organisations and employers must incorporate self-care strategies in the day-to-day activities of social workers (Stilos and Wynnychuk, 2021). This can include encouraging social workers to take breaks and take leave as and when possible as well as participate in charitable and fun events that have nothing to do with their day-to-day work for example charity days, Christmas tree lights night and cake sales (Stilos and Wynnychuk, 2021).

2.5.7 Reduction of work-related stress among social workers in palliative care

Sapeta *et al.*, (2022) and Omilion-Hodges *et al.*, (2020), state that social workers need to embark on repeated self-care strategies that they progressively develop over time in order to realize any meaningful benefits that lead to nourishment of the self. There are many strategies that social workers can embark on that guarantee the effectiveness of self-care strategies in palliative care, and these include: -

- **Monitoring and adherence in self-care activities**

It has been noted that monitoring adherence to self-care strategies in the workplace is a difficult exercise as self-care is a personal and individual exercise (Søvold *et al.*, 2021). However, organisations can incorporate self-care in the day-to-day activities of their employees and these can be monitored and are in the workplace culture developed by the organisation (Søvold *et al.*, 2021). Examples of these can be official buddy groups that supervisors are aware of, dedicated peer and mental health support groups that are allocated time by management and reflective rounds where peers meet and discuss their cases (Søvold *et al.*, 2021).

- **Teach early self-care**

It is important when one is in the helping professions to recognize the importance of self-care and therefore prioritise its practice by designing a self-care plan and observing it (Stilos and Wynnychuk, 2021). Individuals are the benefactors of self-care and this spills to their families and their patients and it is important to start the practice early on in one's career and perfect the practice with time (Stilos and Wynnychuk, 2021).

- **Offsite strategies**

It can be noted that self-care strategies that take place off site, that is outside the social workers usual workplace setting facilitate learning and physical body relaxation and these must be encouraged and provided by the employers (Sapeta *et al.*, 2022).

- **Self-awareness**

Self-care is an individual and personalized exercise, one has to craft their own strategies that works for them from discoveries they have made about themselves (Mills, Wand and Fraser, 2018). The use of self-care strategies that are based on “self-discovery” has been found to be beneficial in addressing stress and burnout as it leads to a greater awareness about the self (Sapeta *et al.*, 2022). One is self-aware when they have grown professionally and have accepted their personal and professional limits (Sapeta *et al.*, 2022). Self-awareness allows one to self-reflect over time and one has the opportunity to review reformulate values and meanings in life (Sapeta *et al.*, 2022). Self-awareness may include accepting what one is able or unable to do, recognizing importance of setting boundaries and learning how to overcome frustrations and tailoring own activities that works for you (Sapeta *et al.*, 2022).

- **Communicate boundaries to client and colleagues**

It is important to have boundaries at work and more so the ability communicate your boundaries to patients and colleagues around expectations on what can reasonably be done or not (Mills, Wand and Fraser, 2018).

- **Self-care to be backbone of palliative care social work**

Self-care must be prioritized in palliative care (Mills, Wand and Fraser, 2018). It is important for social workers to recognize the importance of selfcare in palliative care because when that is done, we avoid situations where self-care is realized after points of neglect, and someone has experienced an illness or has been unwell (Mills, Wand and Fraser, 2018). When self-care is done well, we have tangible benefits that can include a healthy workforce, improved work attendance and productivity (Mills, Wand and Fraser, 2018).

- **Self-care as a community driven activity**

Self-care should include one’s loved ones and their community together with one’s spirituality if we are to get maximum benefits from self-care (Stilos and Wynnychuk, 2021).

- **Trial and error**

Self-care has always been relegated to the sidelines and a lot of people do not prioritise it (Stoewen, 2017). It is important to start self-care early in one’s career, be consistent, acknowledge that self-care is not easy, but start some strategy and observe their progress, if it does not go well try again (Stoewen, 2017). Self-care must be viewed as a work in progress

until a time you master it, it is not a one-day event but rather something that develops over time (Stoewen, 2017).

- **Consistency**

For social workers in palliative care to cope well with the type of work they do, one has to embark on repeated activities or exercises that they progressively develop (Sapeta *et al.*, 2022). Social workers must be able to know themselves that is acquire self-knowledge then they have to perform self-care strategies and disconnect from work. These activities need to be undertaken regularly and consistently for them to realize any meaningful benefits that lead to nourishment of the “self” (Sapeta *et al.*, 2022).

- **Employer involvement**

When management supports self-care strategies in the workplace it is a considered a vital enabler of self-care (Mills, Wand and Fraser, 2018). Self-care that is supported by top management becomes a culture of the organisation and it flows from top to bottom and all the senior people in the organisation will be on board and self-care is normalized and well supported (Mills, Wand and Fraser, 2018).

- **Taking leave and dedicated breaks**

The palliative care environment is fast-paced, and, in some instances, social workers do not get the opportunity to pause and reflect or grieve for a patient before there is another loss (Omilion-Hodges *et al.*, 2020). It is important to acknowledge the losses social workers go through and adequately address the loss (Omilion-Hodges *et al.*, 2020). It is encouraged that after losses have taken place social workers take breaks, leave to rest and deal with the multiple losses (Omilion-Hodges *et al.*, 2020).

- **Formal programs in organisations**

For self-care to be effective organisations need to have positive work cultures that support and encourage self-care and encourage staff to look after themselves (Babiarczyk and Sternal, 2022). Formal programmes need to be intentionally put in place in organisations so that the practice of self-care is normalized and becomes part of the everyday practice (Babiarczyk and Sternal, 2022).

- **Active activities**

Physical activities in self-care have been noted to improve the wellness of social workers by reducing negative health factors risk (National Association of Social Workers (NASW), 2016). When one engages in physical exercises it can be credited with reducing positive “biochemical, social and physiological changes” and enhancing the mood of social workers (National Association of Social Workers (NASW), 2016).

2.6 Conclusion

It can be noted that supervision is a crucial exercise that must be undertaken in social work practice as it has an impact on service delivery. When social workers receive good supervision, this flows into quality service delivery to their clients. Further, practicing self-care strategies has been found to have many benefits in palliative care. It enhances social workers professional inner lives, and it has been noted that practicing self-care strategies has the capacity to reduce stress and anxiety and eventually reduce burnout, compassion fatigue and moral distress. This chapter addressed supervision and self-care within a palliative care set up and provided a comprehensive review of literature. It also discussed the theory, policy and legislation that underpins the study. The next chapter will discuss the research design and methodology employed in the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The chapter discusses the research methodology that was applied in the study. It will first discuss epistemological framework of the study, thereafter, provide an overview of the research approach, research design, study population and sampling strategy. Thereafter the data collection strategy and the research tools used will be discussed. Data analysis and limitations of the study will also be discussed.

3.2 Epistemological framework

The study was guided by a philosophical framework rooted in constructivist ontology, which emphasize that reality is socially constructed (Ylönen and Aven, 2023). This perspective was applied to the context of palliative care social workers in South Africa, acknowledging that their perceptions and practices are influenced by cultural, organizational, and personal factors. These factors shape how concepts such as supervision and self-care are understood and applied among social workers in palliative care. Reality, from this viewpoint, emerges and evolves through interactions among social workers, patients, healthcare providers, community groups, and support organizations (Ylönen and Aven, 2023).

Epistemologically, the study aligned with a qualitative interpretivist approach, aiming to explore the unique experiences and meanings that social workers attribute to supervision and self-care (Gautam and Gautam, 2023). Knowledge, viewed as socially constructed and contextually bound, emphasizes understanding phenomena through the lived experiences of these social workers (Gautam and Gautam, 2023). The study utilized in-depth interviews and thematic analysis to uncover the complexities and differences in how social workers engage with and attribute meaning to supervision and self-care practices.

This philosophical framework revealed the relational dynamics between supervisors and supervisees in palliative care social work, as well as the interaction between personal well-being and professional practice. By embracing constructivist ontology and interpretivist epistemology, the study aimed to contribute insights into effective frameworks and strategies for supporting the resilience and self-care of social workers in palliative care settings in South Africa.

Ontologically, the study focused on understanding the nature of reality and existence as perceived by palliative care social workers, particularly in terms of their views on supervision

and self-care within their professional contexts. Epistemologically, it addressed how social workers acquire knowledge about effective supervision and self-care practices, and the criteria they use to evaluate their effectiveness. By uncovering subjective perspectives and experiences, the study provided a deeper understanding of the challenges faced by palliative care social workers in South Africa and the strategies they employ to sustain their well-being while caring for the dying and those nearing the end of life.

3.3 Research approach

Fouche, Delpont and De Vos (2021), state that a qualitative approach is used to answer questions about complex phenomena, with the purpose being to describe and understand phenomena from the participants' perspectives. The three common research approaches are qualitative, quantitative and mixed research designs (Gerring 2011). This study applied the qualitative research approach. Qualitative research refers to research that uses non-numerical data to understand meaning that is derived from the perspectives of participants (Bailey, 2017). The qualitative research approach was deemed suitable for this study because the researcher was interested in understanding meaning and looking at how the participants made sense of their world. It was compatible for the generation of the kind of information required for this study. According to Bailey (2017), the choice of a research approach is motivated by a researcher's philosophical beliefs about the inquiry and what one deems appropriate for generating the kind of data that answers the research questions.

3.4 Research design

Research design refers to the steps, plans and strategies that researchers follow in an investigation with the aim of obtaining answers to research questions (Gerring, 2011). The study applied exploratory research design. Exploratory research technique is a design that is used to gain new insights in an unknown area (de Vaus, 2013). This design was chosen because it is exploratory in nature and allows significant insights to be gained on the subject under study. Babbie and Mouton (2012), posit that an exploratory study seeks to examine phenomena that are relatively new, and its core function is to help the researcher yield insights into a topic for better understanding.

3.5 Population

Population is described as the whole set of people a researcher needs to examine and draw conclusions from (Babbie, 2016). The population of the study composed of all social workers

who work in palliative care organisations in three provinces in SA namely Western Cape, Gauteng and KwaZulu Natal. It needs to be noted that the majority of palliative care social workers in SA are found in privately owned organisations (O'Brien *et al.*, 2019). This is mainly due to the fact that the South African government only recently adopted the National Policy Framework and Strategy for Palliative Care (NPFSPC) 2017-2022) in 2017 and hence this explains the absence of social workers in government settings (O'Brien *et al.*, 2019). The private organisations where the targeted population of this study were drawn from included among others Life Health, Mediclinic, JB Oncology, Cancer Care and Hermanus Oncology. Non-governmental organisations (NGOs) included hospices such as, Breedrivier Hospice, Bethseda George, Helderberg Hospice, Umsunduzi Hospice, Umduduzi Hospice, South Coast Hospice, Sun Gardens Hospice, Wits Hospice, among others.

Gauteng, Western Cape and KwaZulu Natal provinces were chosen because these are the provinces with the highest numbers of private organisations and NPOs that provide palliative care services in SA. Also, these provinces were at the forefront in the establishment of palliative care services in SA (Hickman, 2010). St Lukes Hospice in the Western Cape and Wits Hospice in Gauteng were some of the first hospices to be established in SA (Hickman, 2010).

3.6 Sampling strategy

Sampling is the act of selecting participants that will be vigorously subjected to examination (Gerring, 2011). There are two basic types of sampling techniques namely probability and non-probability sampling (Roestenburg *et al.*, 2021). Non-probability sampling refers to sampling that is non-random, where individuals are chosen because they are available and willing to participate in the research (Laher and Botha, 2012). On the other hand, probability sampling refers to sampling techniques in which everyone in the population has an equal opportunity of being included in the sample. In this study, non-probability sampling was applied because the researcher relied on readily available participants who were willing to participate in the research voluntarily. According to Maree (2007), non-probability sampling is not random, participants are chosen because they are available and willing to participate in a study.

There are five main types of non-probability sampling approaches namely convenience, purposive, quota, snowball and self-selection (Laher and Botha, 2012). The researcher employed the purposive sampling technique in this study. Purposive sampling refers to a technique of selecting participants based on the wisdom and judgement of the researcher to select subjects (Blaikie and Priest, 2019). The researcher selected a sample according to criteria

that aligned with the overall aim of the research. According to Laher and Botha (2012), purposive sampling relies on the researcher's experiences and knowledge of the subject under study to choose the sample that will best serve the purpose of the study.

It can be noted that in qualitative studies samples tend to be small because the researchers are looking for in-depth and rich data throughout data collection over a period of time (Laher and Botha, 2012). However, the sample size should not be too small as this will make it difficult to achieve data saturation. *Data saturation* refers to a point in qualitative studies where no new information is being derived from existing samples and continued sampling no longer brings any new insights (Nieuwenhuis and Smit, 2012). The researcher was guided by data saturation to cease the process of data collection (Nieuwenhuis and Smit, 2012). The researcher stopped the process of data collection when participants started repeating information that had been shared in previous interviews.

The study recruited a total of 25 participants. Initially the study intended to recruit 36 participants that is, 12 participants from each of the three provinces mentioned above. However, the researcher encountered challenges in the KZN province. The researcher was informed by one of the Directors at a hospice in KZN that palliative care services in the province are geared towards fighting the HIV and AIDS pandemic rather than other life-threatening illnesses as is the case in other provinces. As such these programmes are partially funded by the Government and because of limited funding they are unable to employ social workers hence the shortage of palliative care social workers in the province.

Sampling criteria

Sampling criteria refers to reviewing the sample based on some predetermined criterion of importance for choosing participants (Laher and Botha, 2012). Elmusharaf (2012), states that when the sample is specifically selected, it enables the researcher to ensure that participants who are selected can provide the information necessary to address the research questions.

The criteria that the researcher used to select the participants included that;

- participants had to be qualified social workers.
- participants had to be employed in an organisation that provide palliative care services or practising privately while providing palliative care services.
- participants had to have a social work supervisor as mandated by the SACSSP.
- participants also had to have experience of one year and above in palliative care.

Based on the inclusion criteria provided, the exclusion criteria for the study was as follows:

- participants who did not have a formal qualification as social workers
- participants who were not employed in an organisation that provides palliative care services or practising privately while providing palliative care services.
- participants who had less than one year of experience in palliative care would be excluded.
- participants who had no social work supervisor

3.7 Data collection approach

Data collection is a method of collecting evidence required for a study (Gerring, 2011). The different methods of data collection include interviews, focus group discussions, observations and surveys (Gerring, 2011). In this study the researcher used in-depth interviews to collect the data. The researcher selected this approach because interviews are conversational in nature and tend to assist the researcher to understand the meaning that participants attach to their different responses to the questions asked in the research interview. All the interviews were conducted in English as all the participants could speak and understand the language. This meant that there was no need for a translator. All the interviews went well. According to Bailey (2017) interviews are described as a form of conversation whose purpose is to gather information from the point of view of the participants.

3.8 Data collection tool

Data collection tools are methods that are used in research to collect data during a study (Maree, 2016). In this study the researcher used the interview guide to collect research data. The purpose of the interview guide was to enable the researcher to stay focussed while also having a scope to probe further to any interesting story that emerged during the interviews (see Appendix C). The semi-structured interview guide afforded the researcher and the participants some flexibility as it made it possible to probe for more information on interesting insights that emerged during the interview. For instance, the researcher could ask for examples of events that had taken place to help with understanding of the fuller picture. The researcher used different interviewing techniques such as clarification, paraphrasing and probing to ensure the interviews were effective. The researcher was attentive and observed participants' verbal and non-verbal communication. Maree (2016), states that an interview guide is an informal grouping of topics and questions that the interviewer can ask in different ways to different

participants in a study. Further, the interview guide helps the researcher to stay focused on the interview topics at hand. However, from the responses, the researcher had the opportunity to probe and explore for deeper meanings (Maree 2016).

The researcher collected data using face to face and online interviews and these will be discussed below

Face to face interviews

Face to face interviews involve direct verbal exchanges between a researcher, acting as the interviewer, and a participant who serves as the respondent (Horsfall, Eikelenboom, Draisma & Smit, 2021). This method is particularly favoured for its effectiveness in addressing complex research inquiries and exploring sensitive topics, making it widely regarded as optimal for gathering pertinent data (Horsfall *et al.*, 2021). The presence of the interviewer enables real-time probing and clarification of responses, while also allowing for the observation of non-verbal cues like facial expressions and body language (De Villiers, Farooq, & Molinari, 2021). These interactions not only enhance the quality of data by minimizing non-responsiveness but also foster rapport between the researcher and participant, a crucial element in qualitative research (Horsfall *et al.*, 2021).

However, despite its advantages, face to face interviews are not without challenges. Participants may sometimes provide socially desirable responses to avoid discomfort or to please the interviewer (Horsfall *et al.*, 2021). Moreover, logistical issues such as travel time and costs can pose significant barriers, particularly when participants are geographically distant (Horsfall *et al.*, 2021). Additionally, the physical setting of face-to-face interviews may introduce distractions such as background noise or interruptions, potentially affecting participant comfort and performance (Horsfall *et al.*, 2021).

In this study, the researcher chose to conduct face-to-face interviews with easily accessible participants. The researcher effectively established rapport both before and during the interviews by engaging in small talk at the outset, demonstrating a sincere interest in the participants' viewpoints. Careful consideration was given to selecting interview locations to minimize potential distractions such as background noise and interruptions. Quiet settings were preferred, and interviews were scheduled during less bustling times to optimize the environment for productive and focused discussions.

Online Interviews

Online interviews, also known as e-interviews, utilize internet-based technology (Akyirem, Ekpor, Aidoo-Frimpong, Salify & Nelson, 2023). They facilitate real-time and in-depth interactions between researchers and participants (Akyirem *et al.*, 2023). These interviews are crucial as they provide access to remote areas and dispersed populations, offering a cost-effective alternative to traditional face-to-face interviews, which are often constrained by financial and time limitations (Akyirem *et al.*, 2023). Moreover, the anonymity afforded by online platforms encourages participants to respond authentically (Akyirem *et al.*, 2023). The COVID-19 pandemic underscored the necessity of transitioning from in-person to online interviews due to social distancing measures and associated restrictions (Akyirem *et al.*, 2023).

Despite their benefits, online interviews present challenges such as technical issues for example call drops, background noise, and transmission delays, which can compromise interview quality (LeClair, Bagley *et al.*, 2020). Researchers sometimes rush interviews due to fear of these glitches (LeClair, Bagley *et al.*, 2020). However, in this study, the researcher encountered no such technical difficulties, and the online interviews proceeded smoothly. Participants were able to select quiet venues, ensuring minimal disruptions (LeClair *et al.*, 2020; Akyirem *et al.*, 2023).

Data recording

Permission was sought from and granted by each participant to audio record the interviews. This was done at the beginning of each interview and the purpose of the recording was explained to the participants. Al-Yateem (2012), explains that where possible, and with permission having been sought, the researcher should record the interview on tape. The researcher recorded all the interviews, and the recording of interviews afforded the researcher an opportunity to focus fully and attend to the participants. Instead of taking notes which would have taken the researcher's attention away from the participants, the researcher was able to observe non-verbal behaviour, concentrate on the conversation and probe further and this helped the researcher identify themes that needed clarity and examples for deeper understanding. Fouche, Delport and De Vos (2021), state that researchers who use interviews as a data collection strategy should also use a recorder as this allows a more complete record of the interview than merely jotting down notes.

Pilot testing

Maree (2012), states that pilot testing is the process of selecting a few interviews and coding the responses. This is done to measure the appropriateness of the questions and processes before the actual interviews are done, as well as to ascertain if there will be problems in the coding process (Maree, 2016). The researcher had an opportunity to test the interview schedule before the actual interviews began. This was done to determine the appropriateness and clarity of words. It also enabled the researcher to check how much time it would take for each interview and, therefore, make any necessary adjustments. The pre-test interview also enabled the researcher to get input from the academic supervisor on areas that needed improvements. Two pre-test interviews were administered with two social workers in private practice. These two participants were not included in the final data analysis for the interviews. Bailey (2017), contends that pilot testing, which is done by conducting an interview with someone who is not part of the study, assists researchers to receive feedback, and to modify and rephrase their research questions.

3.9 Data verification

Guest, Namey and Mitchell (2013), posit that data verification refers to elements and mechanisms that are put in place to enhance the trustworthiness of a qualitative study. Maree (2016), proposed the following mechanisms which he contends will strengthen the validity of information gathered in qualitative research:

- **Dependability**

Dependability refers to process where the researcher aims to answer the question “Can we obtain the same results if we could observe the same thing twice?” (Kumar, 2011). In this study the researcher established dependability by precisely describing how data was collected, recorded and analysed. When the research process is clearly described logically, one can trust that the results will be dependable. According to Bless, Higson-Smith and Sithole (2013), for data to be deemed dependable, researchers need to ensure that the process is logical, traceable and clearly documented.

- **Credibility**

Credibility refers to the ability of the researcher to consider research findings believable or a true reflection of the experiences of the participants in the study (Corbin and Strauss, 2012). As such data needs to be rich and representative of the participants for it to be considered

credible (Corbin and Strauss, 2012). During the process of data collection, the researcher made use of an audio recorder to record the interviews and observed the responses. The researcher also took down notes based on the responses of the participants. After the completion of data collection, the researcher proceeded to transcribe the recorded information from the participants and comparisons were made between the transcripts and the notes, which had been noted down to determine and verify the credibility of the data. The researcher also made use of peer debriefing and observed participants during the interview process. According to Corbin and Strauss (2012), techniques that address credibility include persistent participant observation, peer debriefing and engagement.

- **Confirmability**

Confirmability refers to the process where research findings are considered free and fair, and are divorced from any perceptions of the researcher, their background and circumstances (Maree, 2016). To ensure conformability researcher ensured interviews we recorded, and audio recordings were immediately transcribed after each interview to eliminate bias. Notes were taken and the researcher kept a reflective journal throughout the research process. Maree (2016), states that a reflective journal is an important tool to record and document the research process and it assists the researcher to reflect on their own values, interests and insights about themselves as the human interest in the study.

During the study I used my entries in my journal to understand initial impressions and biases. For example, after the interviews and on reflections the researcher realised that she had viewed self-care as a solely individual activity but after hearing stories from the participants learnt of systematic challenges and a lack of resources in organisations that made her realise the broader organisational and societal factors impacting palliative care social workers well-being.

Another entry of note in the researcher's journal was around the evolving perspectives on supervision needs amongst my participants. the researcher realised that there is diversity in thoughts regarding how palliative care social workers perceive supervision. Some palliative care social workers view supervision as a place to get the crucial emotional support, others view supervision as a bureaucratic process that serves the organisational needs. On further reflection, the researcher understood that the diversity in thought underscores the need for supervisors to tailor supervision needs and take care of each palliative social worker's needs and preferences.

Another journal entry was the choice of interviewing, the researcher had opted for semi-structured interviews as these allowed for flexibility in exploring the palliative care social works experiences regarding supervision and self-care. On reflection the researcher realised that the chosen approach facilitated in-depth discussions on how my participants coped and how the organisation supported them, and this provided rich insights on factors that influence their well-being in the workplace.

The researcher also noted that during some of the interviews, she was overwhelmed by the emotional burden the participants carried daily. However, she was able to recognise her own emotional responses, and this helped the researcher communicate empathy with their challenges while also maintaining a good distance in interpreting the meanings they were conveying.

Further, while reflecting on self-care strategies, the researcher identified a pattern among the participants who practiced various mindfulness techniques as part of their self-care regimen. It was evident that cultural beliefs and personal values shape each practise and the researcher attempted to incorporate these insights into her recommendations for effective self-care interventions.

3.10 Data analysis

Qualitative data analysis is the process of transforming data in ways that lead to substantive meaning (Bailey, 2018). This means that data analysis is the process of bringing order and meaning to the mass of data collected (Denscombe, 2012). The study was guided by eight steps of data analysis according to Tesch's 1990 model as discussed below.

The data analysis process began by listening to all the interviews several times before the process of transcribing the interviews began. This step enabled the researcher to have an overall sense of each interview. The researcher was able to pick the main themes from each participant. The researcher noted these themes and wrote down in a counter book. The researcher then started the process of transcription and read through the transcripts while thinking of the underlying meanings. When more themes emerged, these were noted down. This was followed by a repeat of the same exercise with more transcripts, and themes continued to emerge, and these were listed down and then grouped according to commonalities. The themes were grouped as either major themes or unique themes. After this, the researcher took the list and revisited the data. The themes were given abbreviation codes, and the codes were written alongside the appropriate portion of text. The researcher proceeded to review the coding

scheme and observe if new themes emerged. The researcher found the most descriptive words for the themes and placed them in categories, and this was done to reduce the categories, and this enabled the grouping of similar themes. The data of each category was then written up and the researcher was able to make a preliminary data analysis which is presented in Chapter 4 and 5.

The researcher presented some of the research data such as the profile of the participants in a pie-chart so that the reader can be able to acquire a composite picture. The qualitative research data was synthesised and interpreted according to the themes and sub-themes that emerged from the data analysis process, most of which was in tandem with the research objectives. The researcher included direct quotes from participants in the presentation of the qualitative research data with the aim of capturing the meaning that the participants ascribed to the various variables that were under investigation. The findings of the study were further linked to existing studies and literature, to show whether literature supports these findings.

The presentation of data, which included a table and a pie chart detailing participant profile, can be interpreted through an ecosystems perspective. This approach considers how various demographic factors such as gender, years of experience in palliative care, tenure under current supervisors, and highest qualification affect and interact with participants' experiences and perspectives within their respective environments. Moreover, incorporating direct quotations from participants allowed the researcher to respect and reflect their voices and viewpoints within specific contexts. This approach illustrated how participants navigate and are influenced by their environments, acknowledging the diversity of experiences and perspectives across different environmental contexts. This aligns with ecosystems theory, which underscores that individuals are shaped by dynamic interactions with their environments (Ettedal and Mahoney, 2017).

Additionally, utilizing direct quotes during data analysis adheres to a strength-based perspective. It enabled the researcher to capture participants' perspectives and meanings, revealing their strengths, coping mechanisms, and utilized resources in managing challenges or enhancing their work in palliative care. Furthermore, connecting these findings to existing literature demonstrated that the identified strengths in the study either align with or expand upon strengths identified in previous research. For instance, many participants in this study highlighted mindfulness as a significant self-care strategy in palliative care, which resonates with findings from prior studies (Stilos & Wynnychuk, 2021; Partab, 2010; Stoewen, 2017).

This alignment reinforces the validity and reliability of the researcher's conclusions, contributing to a deeper understanding of how strengths manifest and can be nurtured within diverse contexts.

3.11 Challenges and limitations of the study

Roostenburg *et al.*, (2021), assert that limitations in a study are important elements which the researcher needs to be aware of, recognise, acknowledge, and present clearly. However, it is critically important for researchers to strive to minimize the range or scope of limitations throughout the research process as this threatens validity and generalizability of the findings (Leung, 2015). In this study the anticipated limitation was with the qualitative research design that was used.

Qualitative research design

It can be noted that qualitative research studies have limitations because they rely greatly on subjectivity, and one cannot easily generalise their findings (Gxubane, 2012). The researcher relied heavily on participants' responses, and this meant that the researcher was not able to easily generalise the findings. Despite these limitations qualitative research offers richer and in-depth understanding of complex human problems (Austin and Sutton, 2014). This study highlighted the importance of supervision and taking part in self-care strategies and the many benefits for social workers in palliative care.

Sample size

The researcher interviewed twenty-five participants in three (3) provinces in South Africa. The sample size of 25 participants was relatively small compared to the study's population size in South Africa. However, the sample size did not affect the outcomes of the study and the quality of data as participants were able to provide in-depth information and knowledge on the study focus area.

Data gathering from supervisors

The study was carried out with palliative care social workers in SA who receive supervision from a supervisor. The inclusion of supervisors in the study would have enabled the researcher to get a variety of data sources on the study focus area (Carter *et al.*, 2014). However, the absence of data collected from supervisors did not affect the outcome of the study because the

interest and focus of the study was on supervisees' experiences as they are the ones who face the trauma of looking after people who are at the end of their life in palliative care.

3.12 Conclusion

Various aspects of the research design, the methodology and how it was applied in this study were discussed in this chapter. The chapter also focussed on the research methods and sampling procedures that were applied. It also discussed the data collection methods, data analysis, and the limitations of the study. The next chapter discusses the data obtained in the study.

CHAPTER 4: PRESENTATION AND DISCUSSION OF THE RESEARCH DATA

4.1 Introduction

This chapter focuses on the presentation, analysis, and discussion of the research data of the study. The discussion will firstly focus on the profile of the study participants and, thereafter, present the detailed discussion on the analysis of the data. The data will be discussed according to the themes, sub-themes and categories that emerged from the data analysis as derived from the specific objectives of the study outlined in Chapter 1. The participants were assigned numbers to ensure their anonymity.

4.2 Profile of participants

The profiles of the research participants are presented in Table 2 below and include their gender, years of experience in palliative care, years of experience under their current supervisors, highest qualifications, and age groups presented in a pie chart (Figure 1).

Table 2: Participants' gender, years of experience in palliative care, years of experience under current supervisor and highest qualification

Participant No	(P)	Gender	Years of experience in Palliative Care	Years of experience under current Supervisor	Highest Qualification
1		Female	15	12	BSW
2		Female	3	1	BSW
3		Female	8	1	BSW
4		Female	5	1	PhD
5		Female	8	8	BSW
6		Female	5	5	BSW
7		Female	8	7	BSW
8		Female	2	2	BSW
9		Male	4	3	BSW
10		Female	4	4	BSW

Participant No	(P)	Gender	Years of experience in Palliative Care	Years of experience under current Supervisor	Highest Qualification
11		Female	9	9	BSW
12		Female	11	2.5	MSW
13		Female	7	6	BSW
14		Female	6	6	MSW
15		Female	11	11	BSW
16		Female	2	2	BSW
17		Female	14	14	MSW
18		Female	9	9	BSW
19		Female	15	15	MSW
20		Female	3	3	MSW
21		Female	12	12	MSW
22		Female	40	18	PHD
23		Female	10	2	MSW
24		Female	8	2	BSW
25		Female	20	None (*)	MSW

Gender of the participants

This aspect about the participants was significant, because the researcher intended to explore whether there were any differences in gender(s) in relation to how participants perceived and responded to supervision and self-care in general.

- There were twenty-five (25) participants in total in the study.
- Almost all participants, 24 out of 25 (96%) were female, and only one, 1 out of 25 (4%) was male.

The gender profile shows that most of the participants in the study were female, which is similar to the social work profession, which is largely a female-dominated profession. The gender profile is similar to Hicks (2015), who posits that social work is more correctly described as a female majority profession, where there are more females than men in the profession.

Participants' years of experience as palliative care social workers

This aspect about the participants was significant to the study because the researcher intended to explore whether the participants' years of experience in the field of palliative care had any influence on how they perceived supervision and manage self-care whilst working in palliative care. In other words, the researcher was interested to determine whether the years of experience influences how one responds to supervision and manage self-care while working in palliative care.

- The highest number of years of experience a participant had as a palliative social worker at the time of the study was 40 years (P22), whilst the lowest number of years of experience participants had in palliative care was 1 year (P2, P3, and P4).

The profile shows that the overall average number of years of experience the participants had as palliative care social workers during the period of this study was 10 years. Almost all participants had lengthy work experience in palliative care, and this may suggest that they would have gathered enough experience to be able to offer valuable insights to the research topic. The lengthy period of experience many participants had in their current jobs was in line with the type of participants that the researcher targeted. The researcher believed that participants who had more experience would bring rich insights into the research topic.

Participants' years of experience under current supervisor

In exploring this variable, the researcher wanted to determine the duration of the working relationship the participants had with their current supervisors because the researcher believes the longer the relationship, the greater the chances the participants would provide insightful responses to the research topic as compared to those with very short working relationship.

- The highest number of years a participant had a working relationship under their current supervisor was 18 years (P18), whilst the lowest number of years a participant had under current supervisor was 1 year (P2).
- The overall average number of years of experience the participants had under their current supervisors was 6 years.

- Participant (P25) had no social work supervisor at time of study. However, she had been practising in palliative care for over 20 years and had experiences with social work supervisors and supervision in those years of practice.

The period of experience participants had under their current supervisor was in line with the type of participants the researcher targeted because, as mentioned earlier, the researcher believed the more years participants had worked under the same supervisor the more, they would have learnt about supervision and self-care. The researcher hoped that the participants' many years of experience as palliative care social workers would bring valuable insights to the study.

Participants' highest qualifications

The National Association of Social Workers (2004), states that for social workers to be effective in palliative care, there is a need for appropriate postgraduate training in addition to the Bachelor of Social Work (BSW) degree. Further, it is argued that professional postgraduate education will help improve the competencies of social workers in palliative care (Marciniak *et al.*, 2023). The highest qualification of the participants was explored since the researcher was interested to know whether additional postgraduate qualification(s) had any significance to participants' perceptions of supervision and self-care.

- 15 out of 25 (60%) were holders of the BSW degree.
- The second highest group of participants, 8 out of 25 (32%), had a master's in social work degree, and
- Only 2 (8%), participants held a Doctorate in Social Work.

The profile shows that most palliative care social workers are practising in palliative care social work only with the minimum required qualification of a BSW degree. After the research data had been analysed, the assumption the researcher made was that those with postgraduate qualifications did not hold any significantly different views on supervision and self-care strategies as compared to those with only the BSW degree.

Participants' ages

The ages of the participants were categorised according to age groups. The age groups of participants have been explored to determine whether there would be any significant

differences in how specific age groups perceived supervision and deal with issues of self-care as compared to other age groups.

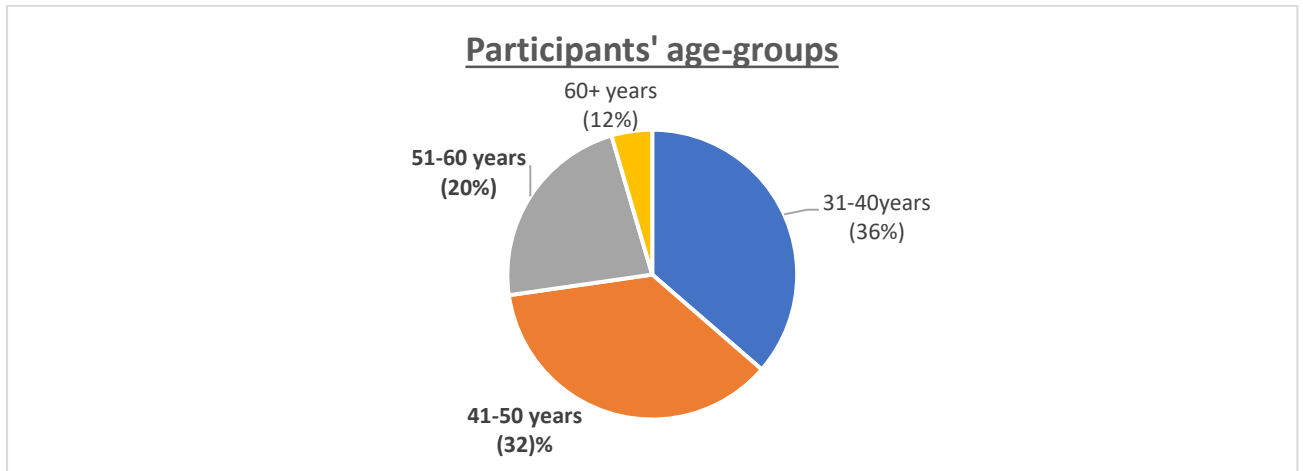


Figure 1: Age groups of the participants (Source: Interview data)

The age groups of the participants show that:

- The highest number of participants, 9 out of 25 (36%), fell in the age-group of 31-40 years.
- The second highest number of participants 8 out of 25 (32%), fell in the age group 41-50 years.
- The third highest number of participants 5 out of 25 (20%), fell in the age-group 51-60 years age-group.
- Lastly, the lowest number of participants 3 out of 25 (12%), fell in the age-group 60+ years.

It would seem most of the participants were between the age groups 31-50. This indicates that most of the participants were older. The assumption made by the researcher is that the older the participants the more matured and likelihood they would provide rich and reflective insights into the research topic.

4.3 Presentation and discussion of research data

This section discusses the research data in detail. The discussion will be presented according to the themes of the study, sub-themes and categories that emerged from the analysis of the research data. The study aimed to foster better understanding of supervision and self-care from the perspectives of social workers working in palliative care in South Africa. Social workers

who work in various palliative care settings in South Africa were interviewed and the interviews were directed by the overall aim and objectives of the study. These included the exploration of participants' perceptions regarding (i) the functions of social work supervision, (ii) the nature of supervision that they are currently receiving, if any, from their supervisors, (iii) their expectations, if any, from their supervision and whether these are met by their supervisor, (iv) the benefits, if any, from their current supervision, (v) the challenges they encounter, if any, in their current supervision, (vi) the nature of self-care strategies, if any, that they employ in coping with work pressures and stress; and (vii) their recommendations, if any, they would like to propose for effective supervision and self-care strategies for palliative care social workers in SA. The researcher will draw on the participants' direct quotes to support the researcher's interpretation of the research data and findings.

4.3.1 Participants understanding regarding the functions of supervision in palliative care

The first objective of the study that was explored was the participants' understanding of the functions of supervision with the purpose of comparing it to the perceived benefits of their current supervision which were also explored in the study and discussed later in this chapter. The functions of supervision have been described in the literature as including, among others, overseeing supervisees' practice, directing activities, providing feedback and offering assistance to supervisees at different stages of their journey in order to enhance their work performance (Wilkins, 2017; Engelbrecht, 2019; Lee *et al.*, 2019). Further, supervision is a distinct professional activity characterised by training and professional development of supervisees (Lee *et al.*, 2019). The participants cited a mixture of responses regarding their understanding in relation to the main functions of supervision and these included supervision as a mechanism; *to promote accountability among professionals, to provide guidance and to help practitioners to grow, to provide emotional support, to provide a space for debriefing, a place to get guidance regarding current cases, case management, to promote quality assurance and self-reflection* as discussed below.

- **To promote accountability among professionals**

Many of the participants in the study noted that supervision has the capacity to build professional accountability which they considered as one of the main functions of supervision:

“I think there is someone who can...hold you accountable...who is more experienced than yourself that you can ask for their guidance so that they can help you to make better decisions.” [P15].

“And then Accountability. Yes, and having somebody you know that can relate to you, into your questions and your emotional things that you are going through.” [P8].

“The accountability, the follow up where we spoke about a case ...did you manage to deal with what we spoke about?” [P11].

“It helps you ... to evaluate your performance ... so you need to know whether you are performing and at the end of the day the function of supervision needs to provide feedback.” [P22].

The research data indicates that most participants believe that one of the main functions of supervision in palliative care is to promote accountability among social workers in the profession. This suggests that supervision in palliative care is essential for promoting good practice in social work and maintain ethical and responsible services to clients which promotes accountability. This finding concurs with Bara (2021) and the DSD and SACSSP (2012), who pointed out that the supervision relationship provides a space where the supervisor and supervisee work towards building responsibility and accountability and the development of competent ethical practice. Therefore, supervision in palliative care is essential to maintaining standards and acceptable delivery of services (Bara 2021; DSD and SACSSP, 2012; Gibson, Samuels and Pryce, 2018).

- **To provide guidance which would help supervisee to grow**

Another understanding regarding the main purposes of supervision which was identified by many participants was that supervision should help practitioners with guidance that should ultimately help them to grow:

“You need guidance and with the supervision you grow. We don’t know everything, and we don’t have all the answers so you need a structure or someone who can help you...” [P9].

“Supervision... guides you, and ... help you ... with growth as a new social worker in the field. Now that I’ve been in the field for a few more years, for me supervision is still providing that guidance.” [P16].

The research data shows that many participants perceived supervision to be a place where guidance regarding social work practice is received. This seems to suggest supervision has an important role to play in guiding social workers hence social workers should look up to supervision as a place that can contribute to their growth professionally. In line with this finding, Bara (2021) and the National Association of Social Workers (NASW) and Association of Social Work Boards (ASWB), (2013), have found that supervision allows supervisors to provide different perspectives and insights to social workers, this, combined with social work theory, leads to the much-needed guidance that leads to professional growth.

- **To provide emotional support**

Another important function of supervision which was pointed out by some participants was that supervision is a space which should provide emotional support:

“ ...The support of course, em, the emotional support” [P11].

“Supervision is something that is really a supportive system that you can get as a social worker ... that support from the management structure and whether a supervision outside the organisation or even internally, so it is that emotional support system” [P2].

The research data shows that one of the main functions of supervision which seems to be essential in palliative care should be about providing emotional support to the supervisees. The research data seems to suggest that for social workers to be able to function effectively supervision in palliative care should ensure their emotional needs are attended to since social work in palliative care is emotionally draining. In support of this research finding, Curd and Hong (2022) and Fantus, Cole and Hawkins (2022), state that palliative care is a very emotionally unsettling space, and in order for social workers to be effective in palliative care it is recommended that they receive supervision in order to manage the emotional stressors in their work.

- **To provide a space for debriefing**

Some participants even though they were few they perceived the function of supervision as a space for debriefing especially when supervisees are confronted with challenging and difficult cases:

“We need a place to debrief, and I think most of the supervision ... I see supervision (as) a place to debrief. A place where I can discuss the client without worrying (about) breaching confidentiality” [P16].

“Just to know there is that space (supervision) to talk and debrief” [P11].

The research data shows that debriefing is considered by some participants as an important role of supervision. The research data seem to suggest one of the primary purposes of supervision is to debrief social work practitioners especially when they are emotionally challenged which is common in palliative care settings. Firth (2017) also argued that social workers in palliative care are involved in highly intensive emotional work with patients and their families and it is crucial that they have planned time to review cases.

- **A place to get guidance regarding current complex cases**

Bostock et al., (2022) and Bara (2021), have identified the discussion of cases in supervision as a critical aspect of supervision in palliative care as it provides opportunities for advice, oversight and it helps practitioners get a fresh perspective on their cases and brings new ideas which ensure that your practise is safe. It would seem many of the participants in the study concur with Bara (2021) and Bostock *et al.*, (2022), as they believed that the discussion of current cases is one of the main functions of supervision in palliative care:

“...my understanding of supervision is that it provides you with a space to discuss complex cases, get advice and input” [P13].

“Supervision is so important because that is where you are able to share your experiences that you encounter when you are interacting with the patient. And also, the supervisor will give you the guidance on how to handle the case” [P30].

“...Supervision gives some guidance about cases that I am not sure about” [P11].

“Supervision for me involves ...case discussion where ...talk about difficult cases that I am handling and what are the challenges that I am facing and what are the possible solutions” [P15].

The research data shows that guidance regarding current complex cases in social workers' caseload is perceived by some participants as one of the main functions of supervision This suggests that supervision is essential for equipping supervisees with relevant knowledge and advice regarding difficult cases they are working on. This should enable social workers to evaluate their work and make the necessary adjustments where necessary. It has also been identified by Bara (2021) and Firth (2017), that supervision is a perfect opportunity for social workers to reflect and review complex cases.

- **Case management**

Similar to some participants even though few, participants perceived case management as one of the main functions of supervision:

“It (supervision) is mainly to resolve the issues and to manage your workflow or your cases.” [P22].

“Supervision it is just to make sure that my case(s) are not too heavy” [P7].

“Supervision ...is mainly looking at...caseload. Is it manageable? Any influx that might hamper performance as well” [P1].

The research data indicates that one of the functions of supervision is case management. This finding seems to suggest that some participants believe that supervision enables them to find strategies that help them provide holistic and coordinated support for their clients leading to positive outcomes. This finding is supported by the NASW (2013), Saltiel (2017) and Engelbrecht (2019), maintain that supervision provides supervisees an opportunity to collaborate, in a client centred approach, discussing interventions plans and monitoring services rendered to clients to ensure client needs are met.

- **To promote quality assurance**

Some participants even though a few also perceived supervision in palliative care as a mechanism of ensuring quality assurance in social work services:

“I think supervision is supposed to be a space where people can discuss their experiences in practice and get support from somebody who is more experienced or from a peer to kind of make sure that there’s quality assurance for patients and families that you work with” [P6].

“Because if I do not have supervision, I can’t provide quality services and if I don’t provide quality service, I might damage the clients” [P16].

The research data indicate that some participants seem to perceive that one of the main purposes of supervision is to promote quality services in social work practice. The finding infers that in order to ensure that clients receive the best services, practitioners need to receive supervision. This finding is in support of Bostock et al., (2022), Bara (2021) and NASW (2013), who also found that supervision provides supportive structures within the social work practice that lead to quality interventions, and this positively impacts client outcomes.

- **Enables self-reflection**

Some participants perceived one of the functions of supervision as an opportunity for social workers to reflect on their practise. In other words, a time to look back at their work and assess what was done well and what could still be improved:

“... (supervision) in a way compels me to look at how are you doing, how are you coping and what are you personally finding difficult or is there something that may be triggering to you...” [P25].

“.. there is a part of being able to share, to reflect and thinking about how I could do things differently...” [P9].

The research data shows that some participants believe supervision should afford supervisees an opportunity to reflect on how they have been performing. This seems to suggest in palliative care, social workers should be provided with a space to look at themselves and how they are performing, to ensure that clients continue to receive good services. Similarly, Saltiel (2017) and Rothwell *et al.*, (2021), concur that supervision is an emotionally supportive space where supervisees can reflect on their practice without being threatened by their environment and this leads to better outcomes for the patients they serve.

Summary

Supervision in social work and in palliative care by extension is tasked with fulfilling the three purposes, namely the administration, education and support function (Engelbrecht 2019; Lee *et al.*, 2019). Ideally the three purposes are integrated best as a meaningful whole and the distinctions made are all but theoretical to distinguish them as the three functions are interdependent (Engelbrecht, 2019; Godden, 2012). Therefore, even though the participants did not specifically link their responses according to these three main functions, however their perceptions could be linked to one or more main purposes of supervision. For example, to promote accountability among professionals, promote quality assurance and case management could be categorized as the administration function, whereas to provide emotional support, to provide a space for debriefing and enables self-reflection could be categorized as the support function and lastly a place to get guidance regarding current cases and to provide guidance which would help supervisees to grow could be categorized as the education function.

4.3.2 Functions of supervision that are most important in palliative care

Having noticed that the participants did not explicitly link their responses to the three main functions of supervision as discussed above the participants were informed about these three functions and probed first regarding which purpose (s) of supervision they believed is important and should not be compromised in palliative care social work. Most participants cited the *supportive function* as the most important function of supervision in palliative care, and it was followed by the *education function* and lastly the *administration function*.

Support function

Many participants emphasized that support is the most important purpose of supervision especially, for social workers working in the field of palliative care.:

“...for me, the supportive function is very important because we live in a very complex world. The cases are sometimes very complex in themselves. So, I can think of it in terms of if you are going through your own trauma...social workers are human beings, so they might have their own personal traumas that they are going through, and those can be mirrored into their day-to-day function to perform to their very best.” [P1].

“...in palliation there is a death around you all the time and death is not something that is normal... ...so for me it’s just a matter of support. it is the most important” [P16].

“It is the support, hundred percent and yes, I think that is the most important especially in palliative care in such an emotional space to be in and it’s not something that you can do on your own.” [P11].

“Support is very important because with the support it means we are supporting each other [P30].

“Definitely I think ... the supportive function is most important; you know just being able to have somebody to offload to with no judgements and again as I’ve said to you to make it happen with slightly different mindset and a different point of view” [P26].

The research data shows that many of the participants believed that the supportive function is the most important among the three main functions of supervision palliative care social work. This shows that the participants consider the supportive function as crucial purpose of supervision as it enables them to manage the stress that comes from the raw emotional realities of social work practice in palliative care. Newcomb (2022), Price (2014) and NASW (2013),

also maintain that it is difficult to care for the dying, as such ongoing emotional support is needed to ensure that social workers can cope, manage and continue their work.

Educational function

The educational function of supervision was identified by many participants to be the second most important purpose of supervision in palliative care particularly to novice social work practitioners in the field of palliative care:

“The emphasis was in the beginning was in the education (function) because I didn’t know anything when I started.” [P1].

“I would have to say education is important and the reason for that is because there are changes happening in the field of palliative social work almost on a monthly basis with regard to things like pain management, with regard to medical aid changes which is available to clients. So, education is important to really keep up to date with the new happenings.” [P18].

“I think education would be important ...I do value the education in terms of the critical feedback much more because at the end of the day you do want to improve on your skills. So even if it is critical feedback at the end of the day you want to grow you want to become better in what you are doing.” [P17].

“...and the Education too because remember that the supervisor will be more advanced what is happening in terms of their policies and in terms of diagnosis and in terms of why you can’t keep up with the policies of social work I must say. So, this (education)function is very important.” [P30]

“So, when I first started my private practice the administrative and support was more important. So, I was used to working in palliative care already, so I was used to make those emotional tolls it takes. So that for me (education) was the most important thing...” [P13].

As shown in the research data, participants perceived the education function as another most important purpose of supervision in palliative care. This shows that the education function, which entails learning about new developments in the field, pain management, improving one’s skills, education in terms of policies and diagnosis and induction into the field of palliative were considered crucial by the participants. The education function is considered crucial in palliative care social work, as it contributes to the growth and development of social workers through continuous learning and professional development. The finding is in support of

Engelbrecht (2019) and NASW (2013), who has pointed that in order empower supervisees with knowledge and skills the education function must be at the centre of any staff development or teaching as this will result in effective delivery of services. This corresponds with NASW (2014) and Marciniak *et al.*, (2023), who maintain that the field of palliative care is a specialised field and as such supervisors who are tasked with supervision in this field need to have advanced knowledge of the field. This will in-turn empower their supervisees to grow into this social work specialisation field. Further, it is argued that a professional postgraduate education will help improve the competencies in palliative care (Marciniak *et al.*, 2023).

Administrative function

A few participants perceived the administration function as the third most important purpose of supervision as reflected in the following story lines.

“...we do have an administrative function; it is important for me...” [P1].

“...the admin also it’s quite an important matter because you need to balance as much as you need to be supported but also you need to balance with your paperwork...” [P2].

“...If there is trouble with clients or something that happened, your notes are your proof of the work you have done and they are your assurance of what you did, when you did it and how did you do it and it is extremely valuable and important.” [P17].

The research data indicates that some participants even though few perceived the administrative function as one of the important purposes of supervision. The researcher observed that the administration function is the platform where participants can implement administrative methods that enable social workers to streamline services. This finding concurs with Engelbrecht (2019) and Kettle (2015), who have found that the administrative function is mandated with ensuring social workers perform to a certain expected professional standard which aligns with organisational and statutory norms.

4.3.3 Functions of supervision met by their current supervision

After having identified the main function of supervision that should not be compromised in palliative care, participants were probed to find out which function is being met by their current supervision. Some participants reported that they *receive all three functions*, while others cited receiving *only two of the three functions*.

Two of the three functions of supervision are met

A few participants reported that they only received two of the three functions of supervision and the composition of these two functions varied among the participants. For some these included *administration* and *support* function and for some these entailed *education* and *support* function.

Support and administration

A participant highlighted that they are only receiving the support and administration function:

“I would say it is meeting the two of them. The one is the support, and the admin are being met.” [P10].

Education and support

Another participant highlighted that she only receives the education and support function:

“Not the administrative (function) she...talks about education and support but not the admin, that is not involved at all...I know that as a social worker I hate admin, but I know it is important” [P20].

The research data shows that the supervision of some participants helps to meet at least some of the three purposes of supervision. The research data seems to suggest participants are receiving the education and support function only and the administration function is not being met by their current supervision. Others on the other hand are receiving only the support and administration function. The research data seems to concur with Engelbrecht (2019), who found that some supervisors place an emphasis on a specific function because of the prominent agenda that has been set by the organisation for supervision. For example, some supervisors may place an emphasis on administration because of their underlying managerial ideology and that influences the supervision purpose. Further, others may focus more on the education function, and this may be attributed to a typical of a learning organisation approach and lastly supervision which is predominantly supportive could be an indication of the promotion of a person-centred perspective.

Supervision meets all three functions

Most participants perceived their current supervision as helping them to meet all three functions of supervision currently as reflected in their quotes:

“Most definitely...all the three functions” [P7].

“I think she meets all of them (functions) because as much as her strength is on the empathy side and also on the developmental side, I think she meets everything (all three functions of supervision)” [P16].

“.... I can say that all three (functions) are there...when she had time, it was covered very well” [P3].

The research data shows that the supervision of most participants attempts to meet all three purposes of supervision. This seemingly shows that the supervision that participants receive is adequately meeting the participants needs namely, the administrative, support and education. An inference that can be made is that the functions of supervision are linked and interconnected to each and as such if supervision is approached with this in mind it meets all the three functions. This finding is supported by NASW (2013) and Engelbrecht (2019), who concur that the three supervision functions are all interrelated, interdependent and they all play a complimentary role and cannot optimally function without each other. The inference that can be made from the research data is that when social workers receive supervision that meets the all the three functions, we can safely say the supervision has been effective and this leads to greater development of competent, ethically sound and professional social workers.

4.3.4 Functions of supervision which are not met by current supervision

After exploring the most important function of supervision, participants were further probed regarding which function(s) of supervision that are not being met by their current supervision. Some participants cited the *education* function as not being met by their current supervision:

“Not the education (function)...talks about support but not the education, that is not involved at all...” [P20].

“The education has been harder to do because we presented ourselves as a small group and because we presented ourselves as a small group, we’re always pressed with time to be able to prepare the educational aspect” [P10].

The research data shows that some participants were critical that their current supervision did not meet their educational needs. The inference that can be made from the research data is that when the education function of the participants’ supervision is not met this could result to the supervisees feeling that they are not developing professionally. The research finding is

supported by Tsimba and Ncube (2023) and Kadushin (1992), who found that when supervision lacks the education function, it leaves supervisees with inadequate skills necessary for rendering quality, effective, efficient services and as such it affects their growth in the profession.

4.3.5 Participants' suggestions to ensure that supervision meets all the three functions of supervision

Having explored the most important function of supervision and the functions of supervision that are met and not met by their current supervision, the participants were further probed regarding suggestions they would propose to ensure that supervision meets all the three functions of supervision in palliative care. The participants cited several suggestions. However, to better understand the research data, the suggestions that were proposed by the participants were grouped under two categories namely *suggestions for the organisations* and *suggestions for the supervisor*.

Suggestions for organisations

Under this category participants cited that organisations must put in place structures to monitor and evaluate supervision. Organisations must provide support for supervisors and conscientize staff and management about the importance of social work supervision.

Organisations must put in place structures to monitor and evaluate supervision

Many of the participants noted that supervision is mandatory, and it is undertaken as prescribed by the regulatory body but there are no measures in place to monitor or evaluate the actual supervision. Therefore, it is important to have structures in place for monitoring and evaluation as this may help supervision in palliative care to meet all the three functions:

“I certainly think that there should be more emphasis on monitoring and evaluating supervision” [P24].

“I think, em, especially when you are in private practice, right! There is nobody and supervision is recommended that you have supervision but there is nobody who is there to check that you have supervision which is why most people can get away with not having supervision which can be detrimental to the clients that you serve. So, if there could be some form of a structure that is put in place actually to monitor (supervision)” [P16].

“I think evaluation and for me that is one thing you know for every task you do even when supervisors are supervising the supervisee, who evaluates the supervisor and that for me that in my career it has been always been lacking....what is the quality of my supervision? ” and you know who evaluates and who measure what provides or brings quality for the work that I do” [P21].

The research data indicates that participants are of the view that monitoring and evaluation strategies should be put in place to monitor the supervision rendered if all three functions of supervision are to be met. The inference that can be made from the research that is participants are not sure if the supervision they receive is sufficient as mandated by the regulating body and as such would welcome some form of monitoring and evaluation of the supervision provided to social workers. This finding is in line with Bara (2021), who has found that it is important for organisations that employ social workers to ensure that supervision plans are in place, and these must include rules of good governance that enable the monitoring and evaluation of the supervision that social workers receive.

Organisations must provide support for supervisors

Some participants highlighted that for supervision to meet all the three functions in palliative care supervisors must also be provided with the same supervisory support more so for those with dual roles, of supervising other social workers and undertaking clinical work:

“I think there needs to be supervisors support systems. I think there was not enough support for them because they are also just human beings so there needs to be support systems for the supervisors.” [P11].

“As I said, they have their own workload to deal with...they also need support (supervision)” [P3].

A participant who is a social work supervisor who doubles as a social worker and carries her caseload commented:

“I think that’s what the supervisor will need too some form of supervision as well. And where do you go when you are supervising this amount of social workers and you know are you always on the right track with them or when are you not advising them correctly maybe you have habits that contribute to bad supervision that you are not even aware of” [P21].

It is evident from the research data that participants perceive supervision for their supervisors as crucial if supervision is to meet all the three functions. This suggests that supervision is important across all levels. Supervisors also need to be supported in the form of supervision if they are to be effective in meeting the three functions of supervision with their supervisees especially in palliative care. Bourn and Hafford-Letchfield (2011) and Manthorpe *et al.*, (2015), concur that if supervisors are to be effective in supervision there is need for supervisory support or consultation for them as well.

There is need to conscientize staff and management about the importance of supervision

A few participants noted that for supervision to meet all three functions there is need for more education regarding the importance of supervision to both management and the social workers (staff):

“Emphasis and also the practical understanding of what and how supervision is done not only focusing on the functions but also focusing on how to do the supervision.” [P24].

“Conscientize like everyone up at the top on the importance of supervision. What it means to sit next to a dying patient and then knowing the emotions and the burden that the social workers carry. Because you know what then it won't just the targets and the deadlines yes, the numbers that needs to be shown to the public like to say we have reached 6 million people this year with this education or whatever. That they should understand that you have to look after your staff in order to reach those goals.” [P9].

The research data show that participants believe that there is a deficit in knowledge regarding the role and importance of supervision from both management and staff and there is need to educate them so that the three functions of supervision can be met. This seemingly shows that among the participants there is consensus that management does not fully understand what supervision entails and on the other hand the staff (supervisees) also seem to lack the basic understanding of the function of supervision, and this results in frustration and unmet needs. This finding is supported by Rothwell *et al.*, (2021) and Openshaw (2021), who argue that there is need to have dialogue and training with social workers and management so that the principles, values and importance of supervision can be communicated.

Suggestions for supervisors

Under this category participants suggested that supervisors need to support and understand supervisees, supervisors need to work at improving supervisee morale, organisations must put

in place structures to monitor or evaluate supervision, there is need for collaborative relationships with supervisees and supervisors must look at supervisees case files.

Supervisors need to support and understand supervisees

Mahmood (2020) and Engelbrecht (2019), describes a good supervisor as one who has the necessary skills in their toolkit that enables them to support and understand their supervisees. Some participants though few, noted that it is important for the supervisor to support and understand supervisees if they are to ensure that supervision meets all the three purposes:

“I think that supervisors need to be more empathetic with their social workers. I think they need to put aside the needs of the organisations and the goals of the organisation in order to fully support the social worker. If the social workers have their supervision, then the supervisor should have their back and supporting them instead of kind of like throwing them under the bus in favour of the organisations” [P23].

“But I think far more importantly, it is important for any employee to feel supported, understood, and heard if they are going through difficult times. Once they feel heard and supported, and maybe the remedial approach has been put in place. If you know that you are being supported and that you are being heard, you’ve been understood and heard even if you didn’t meet this deadline on one item.” [P1].

The research data shows that participants are of the view that it is important to have a supervisor who is able to fully support and understand their supervisees if supervision is to meet all three purposes. The inference that can be made from this research data is that most supervisors often meet the admin function however without the support function supervision in palliative care would be failing to meet the essential function. In line with this finding Mahmood (2020) and Engelbrecht, (2019), agrees that supervision must be an opportunity for supervisees to believe in themselves, enhance their adaptation skills, through supervision that conveys understanding and support at all times.

Supervisors need to work at improving supervisee’s morale

One participant was of the view that there is a need to improve supervisee morale. When this is done it leads to greater trust and openness which is important in order to meet the three functions of supervision:

“.... If the employees’ morale is satisfactory, they will be more motivated to attend to their caseload if they feel understood and supported once you’ve got that covered, you are able to be motivated enough to do your administrative tasks because you understand that the output is just as important” [P1].

The research data in shows that good supervisees’ morale could be an enabler to the supervisory process, and this has the potential to assist supervision to meet all the three functions. The inference that can be made from this research data is that good supervision can be a morale booster that is a catalyst to ensuring that supervisees receive all the three functions of supervision. This finding is supported by AASW (2014), Martin *et al.*, (2021), Iosim *et al.*, (2022), who reason, when supervisees share intimate and sensitive information it is important for supervisor to provide a secure space that leads to trust and openness which are key to boosting supervisee morale.

There is need for collaborative relationships with supervisees

Some participants noted that in order for supervision to meet all the three functions there is need for a collaborative relationship, between supervisor and supervisee:

“It should be really a very collaborative relationship more than top-down relationship.” [P23].

“I think it’s very important because the supervisor and supervisee both work hand in hand. They complement each other, if you look at it.” [P1].

The research data in this study seem to be reflective of the participants’ views that when there is collaboration between the supervisor and supervisee supervision can meet all the three functions. The inference that can be made in this finding is that when there is mutual collaboration in supervision it leads to a positive relationship which is a crucial element in the success of supervisory relationships. This finding is supported by Firth (2017) and Wong *et al.*, (2023), who agree that for supervision to be effective it should be a joint effort between the two parties with a focus on the needs of the supervisee and how they can benefit fully from supervision, this leads to effective supervision.

Supervisors must look at supervisees case files

Some participants highlighted that for supervision to meet all the three functions there is need for supervisors to look at case files so that they have a correct picture of the supervisee’s cases:

“Okay. I would suggest that our supervisor must come to our office and prepare herself by going through our files” [P4].

“Yes, your supervisor must show you how and all the papers work and what stats to fill in and your cases to discuss every case with you and guide you. That is important” [P7].

Participants believed that if their supervisors could take a closer look at their case files then their supervision is likely to meet all the three functions of supervision in palliative care. This finding seems to suggest that supervisors often do not have an in-depth and good overview of the supervisees' caseload and hence they fail to meet the three functions of supervision. However, if supervisors had a good understanding of the supervisees' caseload, it would help them to ensure that their supervision meets all three functions of supervision. This finding is supported by the British Association of Social Workers (2012), who found that routine audit of case files, is crucial to the supervisory process as it enables supervisors to have an overview of the performance and struggles of their supervisees. This in turn informs the supervision that supervisees receive (BASW, 2021). The inference that can be made from the above is when supervisors are aware of the supervisory needs of their supervisees, they are more likely to provide supervision that meets all the three functions.

Summary

According to the NASW (2014), all three functions of supervision are important as they are all interconnected, overlap and complement each other in practice. Efforts should be made to ensure that in practice social workers receive all the three functions in all their supervision sessions. As such participants were of the view that for supervision to be effective and meet all the three functions the organisations have to put in place measures that enable this. Among the suggestions that were put forward for the organisation were that the organisation must provide support for the supervisors, they also need to ensure there are monitoring and evaluation procedures in place. Participants also proposed suggestions for supervisors and among them were that supervisors need to work at improving the morale of supervisees, there is need for collaboration with supervisees, as well taking time to look at supervisees case files. When these suggestions are incorporated into supervision sessions, it is hoped that all the three functions of supervision will be met.

The summary clearly shows that ecosystems theory was appropriate for this study because it provides a framework that helps understand how suggestions for supervision fit with broader environmental influences and interactions. For instance, to enhance supervision effectiveness,

key factors such as organizational support, collaboration, and systemic influences must be taken into account. These factors contribute to the growth of social workers within their professional environment.

4.3.6 Participants' perceptions regarding the nature of their supervision in palliative care

Rothwell *et al.*, (2021), argue that social workers expect supervision to be planned, timely and regular. This will enable growth as they learn from their mistakes and take remedial action where possible. The second objective that was explored in the study was the participants' perceptions regarding the nature of supervision that they were currently receiving in palliative care. The sub-themes that emerged from the analysis of the research data and discussed below included the *frequency of supervision, assessment of current supervision, suggestions regarding frequency of supervision sessions and structure of supervision participants receive.*

Frequency of supervision

After having explored the suggestions, participants had for supervision to meet all its three functions, the participants were further probed regarding the nature of the supervision they were receiving. The first point that was explored with the participants was the frequency of the supervision that they were currently receiving. The frequency of supervision varied quite widely among the participants. As to what their perceptions were regarding the nature of their supervision. Some participants cited receiving supervision *once every three months*, while other received supervision *once every month*, some participants cited *once every week*, and lastly some participants indicated that they receive *supervision as and when needed*:

Once every three months

"... I would see her once in 3 months ...definitely not enough because we come across heavy, heavy cases because you are dealing with death and dying, and which is that one of the specialties of palliative care social work and so to have a supervision once in 3 months I would say maybe it is supposed to be once in a month..." [P2].

"It is 45 minutes per session, and I try to go every 2 to 3 months...the formal supervision is like that" [P15].

"When I have it, ...in my experience, it is once a quarter" [P6].

Once every month

“Supervision is intermittent, and I go between two different supervisors because I feel they serve different purposes...the one I see once a month and the other one I see when needed” [P13].

“...it is once each month and oh, that is a bit a lot of work for me. It is too much like to go each month...” [P22].

Once every week

“...we have about five sessions a month...for me the once a week has been working for me” [P16].

“So, it (online supervision) is once a week...definitely once a week it is good” [P25].

Supervision as and when needed

“It depends on the number of cases that you have and also how complicated the cases are. So sometimes it can take like 30 minutes and sometimes it can be more than that and sometimes it can be an hour or so...” [P30].

“...there comes a time when it’s not supervision anymore, it’s now a consultation and it’s on a different level than supervision. So, I think I am more on a consultation basis, and I was fine with that. I know that I could go to the supervisor, but it was no need for that regular appointment anymore. I feel, I felt confident on working on and what must be done and what do I need to do” [P5].

“...yes, it is one (supervisor), I see when needed” [P13].

“...we have supervision when someone wants for an hour.” [P20].

The research data shows that participants’ supervision frequency vary from participant to participant and there was little agreement on the nature of supervision each participant receive. This seemingly shows that supervision is provided differently with each participant. In other words, supervision is being provided according to their varied needs according to professional advancement. This finding correlates with the ideal frequency in supervision for social workers at different stages of their careers that was developed by the AASW (2014). According to the AASW (2014), newly qualified social workers must have supervision weekly for the first six

weeks, thereafter it can be fortnightly for the first six months. For those social workers with 2 or more years of experience it is recommended that they have supervision monthly.

4.3.7 Assessment of current supervision

After the participants had stated the frequency of their supervision, they were probed further, to assess their satisfaction in relation to the frequency of their supervision. Many participants noted that they were generally *satisfied* with the supervision they currently received while a few participants cited *dissatisfaction* with their current supervision:

Satisfied

Many participants reported that they are satisfied with the supervision that they were currently receiving because of various reasons, among them were that their supervision *is regular, they are matched to a good supervisor, and they have a collaborative relationship with their supervisor*. Participants had this to say in the storylines below:

“We feel very good about our supervision...It is regular, and we can in between have contacts with the supervisor and the structure of meetings, like group supervision or individual supervision and it is in a way that I can relate to and have space of asking my questions or being vulnerable and or ask what I want to ask” [P8].

“What I can really say is that I got matched with a good supervisor. I had bad experience in the past but at this stage yes, all three of (the supervision functions) are met. She is very knowledgeable and with a lot of experience...I am satisfied” [P11].

“I am satisfied...she allows both of us to have an input...” [P16].

The research data shows participants are satisfied with the type of supervision they are receiving at the moment. This seemingly shows that when a conducive environment has been created for supervisees where there is a collaboration, supervision is regular and the two are a good match participants derive satisfaction from their supervision and get tangible benefits from their supervision. The research data concurs Wong et al., (2023), Lee *et al.*, (2019) and Fukui, Wu and Salyers (2019), who agree that when supervisees find a good match of a supervisor, have a good collaborative relationship together with consistent supervision this leaves supervisees satisfied. The inference that can be drawn from this is that when an environment is created that is conducive and collaborative supervision is effective, however in

an era where there are critical shortages of skills in social work it may be impossible to get a good match of a supervisor and social workers are forced to settle for whatever is available.

Not satisfied

Some of the participants indicated that they are not satisfied with the supervision they currently receive. They cited reasons that ranged from *a struggle with the idea of one-on-one supervision, a lack of open-door policy and dissatisfaction with supervision that lacks certain supervision functions.*

“...I struggle with the idea of one-on-one supervision; sometimes I don’t know how effective it is being within an organisational context and not almost a person (supervisor) is chosen by an individual for that supervision. In other words, it’s more like she (supervisor) is placed on you” [P10].

“.... But now I feel there’s a need for that kind of support so that I can have the open-door policy where you can speak about what’s happening on your life and how to fix...that’s what I am missing now, I am not satisfied with supervision at all ...” [P22].

“I am not satisfied at all because I would like from my supervisor to play a bigger role when it comes to education as well as the administrative tasks. I would like somebody to check what I write, and I’ve been here in this role now for almost five years, and nobody’s ever checked my work.” [P4].

The research data indicates that some participants are not satisfied with the supervision they receive. The inference that can be drawn from this research data is that participants who are dissatisfied with their supervision are left with unfulfilled supervision needs and it can further be inferred that they may be frustrated and resort to their own strategies to meet those needs. An example may be the overreliance on peer support, peer support is meant to compliment individual supervision but in the absence of this participants may use peer support to meet their supervisory needs. In line with the finding Carpenter *et al.*, (2012) and Low (2016), concur that supervision should be driven by the needs of the supervisees and not over-emphasis on performance management and other management geared initiatives as this undermines supervisees self-confidence and their ability to engage with the supervision process.

Suggestions regarding frequency of supervision sessions

Having explored the participants' assessment of their current supervision, participants were further probed on suggestions they would propose regarding the number of supervision sessions that they believe would be adequate for them. Some participants suggested that supervision should be *once a month*, this was for either group or individual sessions:

“So, I would say the ideal would be group session once a month and once a month face-to-face individual session” [P13].

“I think once a month for individual supervision is enough and a group supervision meeting once month” [P18].

“individual (supervision) once each month ...” [P22].

The research data indicates that participants believe that supervision once a month for both group and individual supervision should be sufficient. The inference that can be drawn from the research data is that participants are aware of the need for both group and individual supervision and believe that supervision should be undertaken once a month for both group and individual supervision especially in palliative care where participants often feel isolated because of the death and loss they encounter daily. This is in line with the Department of Social Development and South African Council for Social Service Professions and SACSSP (2012), Low (2016) and AASW (2014), who recommend that social workers should receive supervision once a month for one and half hours for both individual and group supervision.

Structure of supervision participants receive

Participants cited that both group and individual supervision should be held at least once a month and after this finding, participants were probed to describe the structure of their current supervision. The structure varied but most participants indicated that they receive *one on one individual sessions and group supervision*.

One-on-one sessions

Some participants reported that their supervision was structured on a one-on-one (*individual*) basis, this is undertaken either as face to face or is done online depending on one's preference because it allows flexibility between in-person and virtual supervision, and it enables those who geographically isolated to connect with their supervisors despite the distance.

“My current supervision structure in such a way that mainly it’s one-on-one and then it is an option...to do virtual whether via Teams or Zoom...For now it’s predominantly one-on-one, which I find very beneficial” [P1].

“My supervision is individual sessions, and this is held quarterly...So for these individual supervisions I prepare, I make my own list that I want to discuss. If there is anything urgent, I email immediately and ask for a Zoom session” [P8].

“I have once a month formal individual supervision for an hour where she (supervisor) literally takes all of our files to sit with it and even the bereavement files for the patients who already passed” [P11].

“...I have face-to-face individual sessions always and I don’t want to be in the online stuff, but I think that is how people prefer to work these days...which is more like time wise and if one goes somewhere, you know but...” [P23].

The research data indicates that many of the participants have one on one (individual) supervision as their preferred method of supervision. The inference that can be made from the research data is that participants find individual supervision as crucial as they get to discuss and share with their supervisor the details of their work and personal lives in a safe and protected space. This finding is in line with NASW (2013) and Bara (2021), who found that individual supervision allows supervisees and opportunity to discuss and share with their supervisors, their struggles and concerns they may have in their day-to-day work in an environment that is free from rebuke and judgement.

Group supervision sessions

Most participants reported that they receive supervision through a group process as reflected below:

“...in group supervision we’ve got the monthly sessions...” [P8].

“we do have receive group sessions, this is planned advance for the whole year. I am here now for 4 years and in the beginning, we were working through a book and therapy methods so every social worker we had a chapter, and we would present it and then afterwards would have discussions... [P8].

“I have group supervision; it is held once a month and it is normally for about 2 to 2 and ½ hours...a topic is chosen for example suicidal ideation in palliative care or bereavement and

mental health problems or pain management...which one of the group members prepares. And then there is also support offered with cases linked to the particular topic...” [P10].

“...we have group supervision where we all sit together and then just talk and bounce ideas around. So yes, that is lot of time for the three of us to discuss the case and yes you get more than one perspective of a case and that also helps” [P11].

“...we have group supervision; we are seven social workers so there are a lot of people where everyone wants to talk at the same time because you are all hungry for someone to listen to us for our experience and what we know. It used to be 3 to 4 hours once every two months” [P20].

The research data indicates that participants receive group supervision as their preferred supervision structure. The inference that can be drawn from this is that group supervision provides participants in palliative care an opportunity to draw support, learn through helpful experiences and empathic understanding. Group supervision also decreases the isolation that is common when one works with death and dying patients, and therefore, this profits the work environment. This finding is in line with Department of Social Development and South African Council for Social Service Professions, (2012), Engelbrecht (2019) and Rothwell *et al.*, (2021), who state that group supervision is a mentoring, teaching and supporting opportunity, where colleagues come together led by a facilitator with the aim being to complement the work of individual supervision rather than substitute it.

Summary

Rothwell *et al.*, (2019), states that many supervisees report that regular supervision is a prerequisite to an effective supervision plan. It can be noted that participants indicated that they value supervision that is regular and consistent. However, while looking at the supervision that participants are currently receiving it can be noted that some of the supervision participants receive does not meet all the needs of the participants hence, they suggested the frequency they would deem ideal and the structure it should follow thereof. A combination of a mix of one-on-one individual supervision together with group supervision is considered ideal and supervisees derive maximum benefited from supervision when these two are combined. Participants highlighted that supervision must be both group and individual supervision and it should be at least once a month.

4.3.8 Participants' perceptions regarding benefits from their current supervision

The third objective the study sought to achieve was the exploration of participants' perceptions regarding the benefits they derive from their current supervision. Kettle (2015), argues that supervision brings a host of benefits to practitioners, it attends to the practical and psychological elements of a practitioner's role. After discussing the ideal supervision structure in palliative care, a follow up question was posed to participants regarding any benefits they derive from their current supervision. For most of the participants, taking part in supervision in palliative care is crucial and it has many personal benefits that help participants in their day-to-day practice. Participants noted the many benefits of supervision, and these included that *they receive support and guidance, they get an increased network and CPD points, it enables them to relieve emotional baggage, they benefit from supervisor's wide experience and knowledge, supervisor are able to respond to identified needs and situations and they are able to learn and build self-confidence and trusts the supervisor.*

Receives support and guidance

Most participants felt that support and guidance are some of the benefits they get from their current supervision:

"So, for me that was one of the highlights in my life that having a supervisor who able to support you, where you're at...I can never forget that highlight" [P2].

"It is nice to always know that you are supported, and guidance will be given, appropriate feedback would be given and quite in touch with the emotions..." [P3].

"So, it's really been crucial to have the support.... she's' been there – my honest cheerleader – and I have (a) really successful practice because I had someone who kept on saying to me: 'Don't give up don't give up don't be caught up in the politics just keep your head high, the guidance has been there from day one" [P7].

"I think when somebody can listen to you and critically give their feedback, when you actually voice how you are feeling, and the person realizes how you are feeling and what the problem is then give you the support you need it ...it is a very good place to receive guidance...." [P17].

"and I get a lot of support just to normalize the experiences that I am experiencing in the context of being a social worker being in health care in almost because I am in the health care field and in the helping field, I value her (Supervisor) guidance" [P20].

The research data suggests that participants are of the view that one of the benefits of their current supervision is an opportunity to receive support and guidance that enables them to navigate their way in their different palliative care settings. The inference that can be drawn from the research data is that social workers in palliative care require a different kind of support and guidance because of the high loss environment they work in. This research finding is supported by Lee *et al.*, (2019) and Rothwell *et al.*, (2019), who have found that social workers in palliative care require a greater amount of support and guidance to help them cope with the stressors in this type of work, failure to provide this will result in dissatisfaction and eventually lead to burnout.

Benefits from supervisor's wide experience and knowledge

Some participants pointed out that they benefit from their supervisor's wide experience and knowledge:

"My supervisor has a lot of experience in different fields. She has worked in the social (criminal) justice system. She has worked with children. She does have a variety of knowledge in terms of giving me hints on cases, and I especially enjoy talking to her about challenging cases. She's able to give me those very enriching guidelines" [P1].

"my supervisor is s a palliative care guru. She was ... the queen of palliative care so she was very personal about it...and she would give her knowledge...experience, she would give books, we would discuss, and all the stuff that she did, we would talk about it" [P3].

"...especially when a person who is your supervisor is more experienced. You'll get to learn more, and you get even to learn more of yourself and also improve your skills meaning that at some point all of us will need that improvement to grow, the growth." [P2].

"she has the experience that she will give me good guidance and I trusted her... And gave me that confidence to go out, try and...because I didn't have any experience..." [P5].

Participants are of the view that one of the personal benefits they get from their current supervision in palliative care is the wide knowledge and experience of the supervisor. The research data seems to suggest that in order to gain professional growth it is necessary for social workers who work in palliative care to be supervised by supervisors with many years of experience and varied knowledge in palliative care. This finding links well with the education function which was articulated earlier which affords social workers an opportunity to grow their knowledge in their practice through interactions with their supervisor who has a wide

knowledge and experience in the field. This research finding is supported by NASW (2013) and Avortri, Nabukalu and Nabyonga-Orem (2019), who see supervision as some form of “retraining” or adding on the training that social workers get where there is an exchange of knowledge and information from the experienced and knowledgeable supervisor.

Supervisor responds to identified needs and situations

Some participants reported that their supervisor can respond to their identified needs and situations and this is one of the personal benefits of their current supervision:

“Sometimes you yourself think the thing is now so big and when you speak to someone it’s not so big or you get advice...then it’s not so bad as you think. So, I think there is still maybe your own mind is running away toward you and now this person (supervisor) identifies what it is you need to do.” [P22].

As shown from the research data the participants are of the view that when their needs are identified and addressed, they feel they have personally benefitted from their current supervision. This seemingly shows that participants consider their supervision beneficial when their supervisor identifies their needs and can provide information to meet those needs when required by the supervisees. This finding is supported by Wong *et al.*, (2023), who reiterate that when supervisors identify the needs of their supervisees and provide supervision that aligns with those needs, supervision is considered effective, and it benefits social workers in palliative care.

Learns and has built self-confidence

A few participants reported that they are able to learn and build self confidence in their profession and this is one of the benefits of their current supervision:

“I really think that I have grown in my ability to be part of the process and to also give input to get more self-confident.” [P8].

“it was that i have learned something that I didn’t know...that I was equipped with information about palliative care that I could practice.” [P5].

The research data indicates that participants perceive the ability to build their confidence and an opportunity to learn as one of the personal benefits of their current supervision in palliative care. The inference that can be made is that when supervisees receive good supervision they learn, and this helps them to build self-confidence. In line with this finding Firth (2017) and

Wong et al., (2023), concur that good supervision has been attributed as a key ingredient in enabling social workers to learn, building their self-confidence and competency.

Trusts supervisor

Some participants reported that one of the personal benefits of their current supervision has been that they are able to feel safe and trust their supervisor:

“I think the fact that we can trust each other with confidential things. Sometimes there are cases that ... not for the rest of the team to know and what works well I can be completely trust my supervisor.” [P11].

“I really trusted her, and it was a safe relationship, and I would feel I would just disclose anything and telling her that I am struggling and having difficulty even at my personal level...a trusting relationship is very important...” [P15].

“...she has the experience that she will give me good guidance and I trusted her... And gave me that confidence to go out, try and...because I didn't have any experience...” [P5].

The research data indicates that participants perceived trust, built with their supervisor as one of the benefits of their current supervision. This finding suggests that in order for supervision to be effective supervisees need to trust their supervisors, and without trust it will be impossible to achieve effective supervision. Therefore, trust is one of the essential elements of good supervision that should be considered for the guidelines for supervisors in palliative care. This finding is supported by Ledford (2013), Rothwell *et al.*, (2021) and Jacques (2019), who states that a relationship that is built on trust is fertile ground for inner disclosures and as such is an important benefit of supervision to social workers in palliative care.

Gets an increased network and CPD points

One participant highlighted that supervision increases his network, and he earns CPD points which is a personal benefit from his current supervision:

“An increased network for referrals... so often knowing that community resources are available from other social workers who are living in different areas are often the resources that our patient can benefit from... and also I get CPD points” [P10].

One of the benefits of supervision as shown in the research data is an opportunity to widen network and earning CPD points. This seemingly shows that when supervisees attend supervision, they receive different benefits from the engagement including learning from peers

and getting CPD points. This research finding is supported by Valentino, LeBlanc and Sellers (2016) and Wong *et al.*, (2022), who agree that because of the diverse composition of groups, peers benefits from guidance, support from others and the group members are a “resource and network to each other”. The inference that can be made from this is that social workers may be attending supervision sessions to get CPD points, in as much as they get to learn and find support from other peers their motivation may be to get CPD points.

Enables social workers to relieve emotional baggage

A participant highlighted that supervision affords them an opportunity to relieve emotional baggage and this is one of the personal benefits they get from their current supervision in palliative care:

“...just to relieve the excess baggage, that is a huge help because then i am not carrying the baggage from week to another week without dealing with it” [P16].

The research data indicates that participants perceive being able to relieve emotional baggage they might be carrying as one of the personal benefits of their current supervision. The inference that can be drawn from the research data is that through supervision peers are able to talk through their challenges and difficult issues, they are able offload, in a trusting and safe space and in turn relieve themselves of any excess baggage. This links with an earlier finding where participants indicated that their understanding of the function of supervision is that supervision is there to provide emotional support. This research finding is supported by Kettle (2015) and Rothwell *et al.*, (2021), who agree that supervision helps social workers to shed off any emotional stress their work brings and ensures their safety in the workplace and ultimately it reduces burnout.

4.3.9 Participants perceptions regarding the value that supervision adds to practice

After participants had outlined the personal benefits they derive from their current supervision, the researcher followed up with a question to participants asking them if they would confirm that with all the benefits, they received they could agree or not that supervision in palliative care adds any value to their practice. Many of the participants highlighted that supervision in palliative care does adds value to their practice and they cited this value in different ways: *I was equipped with information about palliative care, I feel less isolated, the availability of the supervisor and the support and that reassurance there is someone who has my back.* Participants highlighted this in their storylines below:

“Yes, it does add value. I was equipped with information about palliative care that I could practice and...I have got also got the support and ...I had opportunity to discuss what was on my mind with my supervisor, that I know it will be confidential.” [P5].

“I am in private practice. I feel less isolated when it comes to supervision as you know that private practice can be very lonely. I feel like I am not alone.” [P23].

“I don’t think I would have managed on my own without being supervised...To be honest there is no way to go without it and it is really giving you a different perspective. “It is that availability and the support. so would say yes it does add value.” [P12].

“One of the things that I can say is that I just have that reassurance there is someone who has my back. I know deep in my heart that when things get tough, she is there. And even in terms of checking in or that sense of reassurance, am I still on the right track? Am I doing the right thing? It’s beautiful because, I get value from my supervision?” [P1].

The research data clearly indicate that indeed supervision adds value to the practice of social work in palliative care. The inference that can be drawn from the research data is that participants are getting value from their supervision and getting the desired results. This is line with Engelbrecht (2019) and Davys and Beddoe (2020), who state that supervision gives social workers an opportunity to reflect on their practice and deal with any challenges that may be emerging in practice and make the necessary changes. As such it is a valuable practise (Engelbrecht 2019).

Summary

When social workers receive good supervision, they are able to evolve professionally and personally, and supervision is considered the catalyst in the whole process with personal and professional benefits (Bara, 2021). This is in line with the eco-systems theory which provides a framework that recognises the multidimensional influences on social workers in palliative care, that emphasizes the interconnectedness of their professional and personal environments. Supervision acts as a pivotal element within this framework, supporting social workers in navigating and responding to the complexities they encounter across their various systems of influence. Supervision provides social workers with guidance, reflective space and support to process their experiences and this tallies with the ecosystem theory that acknowledges that in order to grow social workers must be aware of their support structures and influences from different environmental systems (Ettekal and Mahoney, 2017).

It can be noted that there are multiple benefits when supervision is effective and these include receiving support and guidance, an opportunity to relieve emotional baggage, benefitting from supervisor's wide experience and knowledge and building self-confidence and having a trusting relationship with the supervisor. A trusting relationship is seen as an essential element of good supervision. It is impossible for supervision to proceed where there is mistrust, both supervisor and supervisee must work at creating a safe and trusting environment key and central to successful supervision. This is in line with the values embedded in the strength-based approach, which focuses on social workers strength and resources (Gottlieb, 2014). Social workers will feel comfortable and safe and will share freely their challenges and will seek feedback knowing that their values and perspectives are acknowledged. Supervisors in supervision are aware and focus on the strengths of supervisees and this fosters a supportive relationship. In addition, supervisees are able to thrive personally and are able to contribute to the organisation's mission and objectives. Thus, undertaking supervision is an exercise that must be prioritised as it brings tangible results to the social workers and the organisation also benefits as outcomes are achieved (Kettel, 2015).

4.3.10 Theme four: Participants' descriptions of the challenges they encounter with their current supervision in palliative care

The fourth objective the study sought to achieve was the exploration of the challenges that participants experienced in their current supervision in palliative care. O'Donoghue and Engelbrecht (2021) and Engelbrecht (2019), posit that there are several potential challenges which may impact supervision negatively, among them are structural, organisational, cultural dimensions and generational differences. Most participants described the challenges they encounter in their current supervision and amongst them were *organisational challenges*, *logistical challenges*, challenges with the *structure of supervision*, challenges to do with the *competencies of the supervisor*, *the admin burden from the SACSSP* and there were participants who cited *no challenges in their current supervision*. To further understand the challenges the participants faced with their supervision in palliative care, the above challenges were broken down into sub-categories as discussed below:

Organisational challenges

Under this this category participants noted challenges that are linked directly to the organisations namely supervisors with multiple responsibilities, supervision by external supervisors and supervision by non-social workers.

Supervisors with multiple responsibilities

Some participants noted that it is challenging when a supervisor has many other responsibilities other than of supervising social workers:

“The person, who gave me supervision...was also in charge of the whole facility that comes with whole lots of responsibilities...she was not always there. She wasn’t always available” [P3].

“So, what happens is that she(supervisor), will come to us for help and that is also fine, but the problem is when all three of us are in bad space or having a bad day then it is not really helpful. So, I will suggest that there needs to be some one objective because my supervisor also has a caseload just like the rest of us, she is overburdened” [P11].

“...it was just that I did not bother her a lot that I could tell. Put it like that because I knew that she was a very busy lady, she had multiple roles...I felt confident to carry on. I am an independent person so I can work independently” [P5].

The research data shows that participants find a supervisor who has multiple responsibilities a challenge and as such is unable to meet their supervision needs. This seemingly shows that supervisors who have many roles are unable to meet their supervisees needs because they are overburdened, unavailable and it affects the delivery of supervision. This finding is line with Bourn and Hafford-Letchfield (2011), Davys *et al.*, (2017a) and NASW and ASWB (2013), who have found that supervisors who have multiple roles are unable to gain any insights into the day-to-day functioning of their supervisees struggles. They are unavailable and as such are unable to provide the support and supervision that supervisees require especially in palliative care where emotional support is of utmost importance because of the multi-layered losses social workers experience daily (Bourn and Hafford-Letchfield, 2011; Davys *et al.*, 2017a; NASW and ASWB, 2013).

Supervision by external supervisors

A few participants cited the appointment of external supervisors who are contracted from outside the organisation as a challenge to supervision in palliative care:

“I am supervised by an external supervisor. Maybe, if I was supervised by someone who works with me...it might have been different. But because it is an independent supervisor, their

priorities might be slightly different...there is a sense that she cannot interfere much in internal processes because she's independently contracted" [P1].

The research data shows that participants perceive supervision that is delivered by external supervisors as a challenge to the supervision process in palliative care. This seemingly shows that social workers are of the view that supervision must be done by an inhouse person who is employed by the organisation. When you are internal person supervising social workers, it can be inferred that you understand the organisation and the social workers better and hence supervision is effective in such instances. This finding is in line with Beddoe and Davys (2016), Department of Social Development and South African Council for Social Service Professions (2012) and Runcan (2013), who concur that some organisations outsource supervision services for social workers who fall under direct management of non-social workers (line managers).

Supervision by non-social workers in palliative care

A few participants noted that it is a challenge when supervision in palliative care is provided by non-social workers:

"I have been there for quite a few years and the manager also changed because my first manager was a social worker. And then after that it wasn't social workers, and it was more of the staff that were responsible for sustainability. So, then I did not have any social worker supervisor and it was just how is the stuff going and are we on target. It was just more like an informal session, and you can't call that a supervision" [P11].

"...by the SACSSP, it is mandatory and a requirement that social workers get supervision at least once a month by a supervisory social worker who does have supervision training. However, in my current work, my line manager is not a social worker by profession. So, I can see that the organisation has really tried to accommodate my needs, but there is still a limitation, and I am not sure how we can overcome that" [P1].

The research data indicates that participants perceive supervision by non-social workers as a challenge and are of the view that supervision must be undertaken by a social worker in palliative care. The inference that can be drawn from the research data is that some social workers are receiving supervision from non-social which they consider not ideal and goes against what is stipulated by the Social Service Professions Council of South Africa (SACSSP). As such they feel, the supervisors are incapable as they do not possess the skills and knowledge required to provide quality supervision to social workers. This finding is in line with DSD and

SACSSP (2012), who state that the supervision of social workers is mandatory and must only be undertaken by a social worker.

Logistical challenges

Under this category participants highlighted challenges that they perceive to be of a logistical nature, namely *difficulties in finding a supervisor who meets all the needs, time constraints and affordability*.

Difficulties with finding a supervisor who meets all needs

Hawkins and McMahon (2020) and Engelbrecht (2019), argues it is not always possible to find a supervisor who meets a supervisees' needs, this is because of technical and supervisory incompetencies, there are not enough competent and trained supervisors out there. A few participants highlighted that it is a challenge to find a supervisor who meets all of a social worker's needs:

"I think one of the challenges is to find a supervisor that meets all your needs. Which is the reason that I chose two" [P13].

"But I got that in place because I know the need, the need is there. And even for myself I struggled to find a supervisor" [P16].

"and one-on-one would be the alternate but that is difficult to reach because I have to get a social worker, a senior social worker in oncology that you need to have sessions with you there is hardly any one like that" [P6].

The research data reflects that some participants struggled to find a supervisor who matches their needs, and this is a challenge to supervision in palliative care. The inference that can be drawn is that it is difficult to get a good fit when it comes to supervisors and as such supervisees settle for whatever is available and this hinders the delivery of effective supervision. This finding is in line with Hawkins and McMahon (2020) and Engelbrecht (2019), who argues that it is not always possible to get a good match of a supervisor because of technical and supervisory incompetencies. There are not enough experienced and trained practitioners out there to supervise social workers (Engelbrecht, 2019).

Time constraints

A few participants mentioned that time constraints are a big challenge to effective supervision in palliative care:

“The challenges are also time-related because of their schedules and because all of us are the independent practitioners. So, we have to keep in mind that the last Friday otherwise the appointment pops up in palliative care or there might be an emergency with the family that needs to be attended to which pulls a person out.” [P10].

“It is time, to make time available and to acknowledge that I need supervision and also.” [P24].

The research data indicates that participants perceive the unavailability of enough time to undertake supervision as a big challenge to their supervision in palliative care. This seemingly shows that there is an ever-increasing demand for participants’ time and supervision is not prioritised but left to the bottom of the list of tasks as such this has an effect on their supervision. This finding is in line with O’Donoghue (2015) and Bodenheimer (2016), who have found that social workers buckle under heavy caseloads, high paced environments and driving long distances to see clients’ which leaves social workers short of time for other tasks. O’Donoghue (2015), states that the greatest challenge to effective supervision has been the unavailability of time for supervision and professional development.

Affordability

Spolander *et al.*, (2014), Carpenter *et al.*, (2015) and Rothwell *et al.*, (2021), maintain that maintain that the frequency of supervision is dependent on availability of resources even though there might be a greater need for more sessions, thus, affordability plays a role in the frequency of supervision. Some participants mentioned that affordability is a big challenge to supervision in palliative care:

“But I got that in place because I know the need, the need is there. And even for myself I struggled to find a supervisor. In private practice for example it is not free you have to pay for it.” [P16].

“Social workers in private practice have to ensure they receive supervision but at the same time, they have to pay for this which relates to affordability, as this social worker stated: “In the private sector also it is their (supervisors) affordability. I think that is the main challenge in the private sector that I have experienced.” [P13].

The research data suggests that participants perceive affordability as a challenge to the delivery of effective supervision in palliative care. The inference that can be drawn from the research data is that supervision is an expensive exercise and as such low resource organisations and individuals elect not to have supervision as it is unaffordable, and this impacts the delivery of

effective supervision and resultantly affects patient outcomes. This finding is supported by Carpenter *et al.*, (2015) and Beddoe (2012) who have found that affordability has a major effect on supervision in palliative care, it affects frequency of supervision even though there might be a greater need for more sessions and large teams are more inclined to have lesser sessions to manage costs.

Structure of supervision

Under this category participants cited a challenge that had to do with the *lack of structure in supervision*.

Lack of structure in supervision sessions

Some participants noted that a lack of structure in supervision sessions in palliative care is another challenge that hinders the supervision process:

“I think if we can have a bit of a guideline as to what should be discussed during a supervision session. If we can have goals. Social workers like to talk a lot. and then you get sidetracked and maybe we do not get the maximum out of the session. And our organisation pays for it.”
[P4].

Oh, gosh! You want to take me back to my old supervisor, who would schedule a supervision, and out of 60 minutes, 45 minutes ended up being her time to vent... there is need for structure in supervision yes. [P1].

Participants are of the view that a supervision session in palliative care that lacks structure is a challenge as they may easily end up being social forums. This seemingly shows that supervision must be guided by the agenda, which means supervisors must stick to it and avoid taking conversations off in the direction that is not useful. This finding is supported by Hawkins and McMahon (2020) and Engelbrecht (2019), who concur that the supervisor and supervisee need to draw up a contract at the beginning of the supervision process, defining the different roles that each one will have together with the agenda that will guide the sessions and this needs to be followed consistently in order to realise the full benefits of supervision in palliative care.

Supervisor’s competencies

Another category that participants cited dealt with challenges in supervision in palliative care that had to do with competencies of the supervisor. Some of the challenges under this category were: *supervisors who are focussed on own challenges and a clash in personalities*.

Supervisor who are focused on their own challenges

One participant stated that her challenge is that her supervisor is focused on her own challenges and not the needs of the supervisee:

“My concern is that sometimes it is more of a social conversation, and sometimes it is more about her sharing the challenges that she has than us receiving guidance?” [P4].

The research data indicates that participants perceive a supervisor who is focused on their own needs and not supervisees as a challenge to their supervision in palliative care. The inference that can be made from the research data is that supervisors should be guided in supervision by the needs of the supervisee, and when this is done it is the only way the supervisee can benefit fully from supervision. This finding is supported by Firth (2017) and Engelbrecht (2019), who have found that supervisors should be supervisee-oriented and focus on the needs of supervisees. In an absence of this supervision will end up with emphasis on management and personal problems and this defeats the whole purpose of supervision (Engelbrecht, 2019).

Clash of personalities

Ellis *et al.*, (2015), Davys *et al.*, (2017b) and AASW (2014), state that supervision can be rendered ineffective when there are major differences between the supervisor and supervisee, and this can impact the supervision relationship. One participant mentioned that there seem to be a “*clash in personalities*” with her supervisor and this is a big challenge to her supervision:

“I think it is a personality clash to be honest and it is just the different style of practice. And I think that makes it difficult to get on the same page when it comes to moving forward” [P6].

The research data suggest that when there is a clash of personalities it is a challenge to supervision in palliative care. This seemingly shows that different outlooks on issues cause tension between supervisee and supervisor. It can be noted that when we consider that a positive relationship is key to a successful supervisory relationship tension can cause major challenges to the supervisory process and this in turn affect the development of social workers and affect patient outcomes. This finding is in line with Ellis *et al.*, (2015), Davys *et al.*, (2017) and AASW (2014), who concur that when there is a personality clashes and the supervisor and supervisee do not get along at all, this can render supervision in palliative care ineffective.

Another category that was identified by the participants was *the admin burden from the SACSSP*

Admin burden with SACSSP

A participant noted that the recording, keeping track of administration issues for CPD points was a challenge and it impacts their supervision in palliative care:

“The challenges are with the SACSSP, and I wish they could have more streamlined process to be able to apply the CPD points for supervision groups. I think it would encourage more groups of social workers to get together for peer supervision because the admin burden is quite big for that application” [P10].

From the research data participant is of the view that the documenting process of supervision for CPD points is cumbersome and is a challenge to supervision in palliative care. The inference that can be drawn from this research data is that social workers are burdened by the admin duties that come with documenting evidence of supervision for the SACSSP and as such it impacts their supervision. This finding is supported by Lombard, Grobbelaar and Mhlanga (2010) and DSD and SACSSP (2012), who concur that social workers are responsible for keeping track of issues to do with their CPD and documenting the evidence thereof and submitting it to council.

The last category that emerged from the analysis of the research data was participants who faced *no challenges in current supervision*.

No challenges in current supervision

Participants in this category cited that they do not encounter any challenges at all in their supervision. They gave various reasons why their supervision does not encounter any challenges and among them were: *a great relationship with supervisor, their supervision is well planned, they have a collaborative relationship with supervisor and the supervisor helps them to overcome their challenges*.

Encounters no challenges with current supervision

Many of the participants reported they do not encounter any challenges in their current supervision as reflected in their quotes below

“...everything is fine’ [P8].

“Usually when I have challenges, she (supervisor) helps me to overcome them. I have not had challenges during or with the supervision also” [P15].

“I have a great relationship with my supervisor... I can be honest with them, and I can be open with them, and I am not afraid of being judged. I am not afraid of being castigated by the head of the organisation or whatever. I do not encounter any challenges” [P23].

“I do not have like and NO, honestly I never had challenges with my supervision, never” [P7]

“I will not say I come to any challenges because firstly it is well planned” [P22].

The research data indicates that despite many participants indicating that they encounter multiple challenges in supervision in palliative care there were many who reported that they do not encounter any challenge as their supervision meets all their expectations. This seemingly shows that it is possible to have supervision that has no challenges. When supervision is effective it can be expected that it will create a supportive, caring and positive environment that is key to achieving positive patient outcomes and a happy workforce. This finding is in line with Bodenheimer (2016) and Carpenter *et al.*, (2015), who have found that when supervision encounters no challenges and supervisees receives effective supervision, it can have significant benefits for both wide service users, who are the staff and the organisations and service users, who are the patients.

4.3.11 Participants’ descriptions of what contributes to ineffective supervision in palliative care

Participants were further probed as to what contributes to ineffective supervision in palliative care. The participants cited a mix of factors which included that if a supervisor is *overworked, lacks a passion for supervision, if there are different styles of practice supervision and lacks communication skills*, supervision in palliative care will be ineffective:

Overworked supervisors

Some participants noted that, some supervisors are overworked and therefore are unable to deliver efficient supervisory services to their supervisees which renders supervision ineffective for supervisees:

“The person, who gave me the supervision...was also in charge of the whole facility that comes with whole lots of responsibilities...she was not always there. She was not always available because of the demands of her job” [P3].

“...it was just that I did not bother her a lot that I could tell. Put it like that because I knew that she was a very busy lady...” [P5].

“As I said, they have their own workload to deal with. Sometimes that is on the last, on the agenda to do supervision” [P3].

And where do you go when you are supervising this amount of social workers and you know are you always on the right track with them or when are you not advising them correctly maybe you have habits that contribute to bad supervision that you are not even aware of” [P21].

It seems when supervisors have heavy and demanding caseloads, together with multiple other responsibilities they will be unable to deliver efficient supervision in palliative care to their supervisee. The inference that can be made from the research data is that supervisors suffer strain from their heavy caseloads and multiple responsibilities and when this happens it impacts the supervision that they deliver to the supervisees. It can be inferred that they also need supervision to deal with their own challenges if they are to be useful as a support to the supervisees. This finding is supported by Bourn and Hafford-Letchfield (2011) and Engelbrecht (2019), who state that some supervisors also buckle under heavy caseloads and organisational managerial responsibilities just like their social workers and when this happens, they are unable to provide quality supervision which this results in unmet needs for support and a lack of continuous professional development for their social workers.

Supervisors who lack a passion for supervision

Some participants pointed out that a supervisor needs to have a passion for supervision and genuinely show a love for the topic, a lack of this renders supervision ineffective in palliative care:

“I just think sometimes in supervision the supervisor gets put there without having the experience and they do not have that passion to be a supervisor and quite frankly its’ just a job and salary at least” [P7].

“And be passionate about what you do so you to be a supervisor you need to be passionate because we as the supervisees we can see right through you, and we know that you are not a robot to know that the supervisor is not in an ok space to be okay and it is very important” [P11].

The research data shows that participants perceive a lack of passion for supervision as a contributor to ineffective supervision in palliative care. This seemingly shows that it is important for supervisors to show their supervisees that they value supervision and believe in the benefits of it. It can be inferred that when supervisors are not passionate about supervision

social workers are not interested in supervision, and this can create a damaging work environment that does not serve the clients and the overall goal of the organisation. This finding is in line with Bara (2021), who concur that when supervisors are not passionate about supervision it is easily noticeable through their lack of preparation or structure, their inability to meet the needs of the supervisee and the degree to which they are truly present. This ultimately leads to conflict amongst teams, lack of clear direction for staff and reduced job satisfaction (Bara, 2021).

Different styles of practice

Some participants were of the view that social workers are trained in different theories and these result in different styles of practice in the field. These differences result in ineffective supervision for the of social workers in palliative care:

“I think sometimes maybe because I am a social worker in my own right, you sometimes have some glitches here and there, so you do not only agree (with supervisor) on the best way to proceed forward with the client, em, I have ideas on how the best way to intervene and she (supervisor) might have some different suggestions” [P16].

“And also, with these challenges (with supervisor) you might have had some kind of own interventions when they take place next although she (supervisor) would never tell me what to do. She would make a suggestion and if I do not agree with that, sometimes it is kind of like putting weird spot because I always feel like I have my own voice” [P11].

The research data indicates that participants perceive a clash in different styles of practice as a barrier that can render supervision in palliative care ineffective when there are disagreements. The inference that can be made from the research data is that supervisors must be aware and have an understanding of the different styles of practice so that they can diffuse situation when there are differences. This finding is in line with Bodenheimer (2016) and AASW (2014), who state that social workers come from different backgrounds, different models, and theories and this can result in different outlooks when handling issues regarding interventions and may cause friction in supervision.

Summary

It has been noted that there are several potential challenges that may hamper supervision, and these range from structural, organisational, cultural dimensions and generational differences (Engelbrecht 2019). It was evident from the study that social workers face these challenges.

Of note were structural challenges and these were challenges that are linked directly to the organisations namely supervisors with multiple responsibilities, supervision by external supervisors and supervision by non-social workers. Logistical challenges were highlighted as challenges that were perceived to be of a logistical nature and these included difficulties in finding a supervisor who meets all the needs, time constraints and affordability. There were also challenges that had to do with the structure of supervision and challenges to do with the competencies of the supervisor, that included supervisors who are focussed on own challenges and a clash in personalities. Lastly, was the challenge associated with the admin burden from the SACSSP. In conclusion the participants cited a mix of factors that they perceive contributes to ineffective supervision. These included supervisors, who were overworked, a lack a passion for supervision, supervisors with different styles of practice and lack of communication skills.

The summary demonstrates how structural, organisational, generations and cultural differences are directly connected to one another, which is directly linked to the ecosystem theory when looking at supervision in social work practice. It is evident that individuals are influenced by their multiple environments and how these systems interact. For example, where there is bureaucracy in an organisation, it can consequently affect communication flow and how decisions are made which ultimately affects how supervision is delivered.

4.3.12 Participants' perceptions of the self-care strategies they employ to cope with work pressure and stress in palliative care

The fifth objective the study sought to achieve was the exploration of the participants' self-care strategies they employ to cope with work pressure and stress in palliative care. Two sub-themes emerged from the analysis of the research data, namely: (i) self-care strategies employed to cope and manage work-related pressure and stress; and (ii) self-care activities or strategies as provided by their employers. The participants in relation to the first sub-theme, participants' responses were varied amongst them were that they *practice relaxing activities, maintains boundaries between work and personal time, the use of participants relationships, spiritual strategies and professional strategies*. The effectiveness of these strategies was probed among the participants and the research data relating to their responses is discussed later in the chapter.

Practise of relaxing exercises

Under this category the participants cited a variety of activities which included among others taking walks and activities in nature, sleeping, exercise and going to the gym, watching television, boxing, retail therapy, doing puzzles, gardening, and crocheting.

Taking walks and activities in nature

“Taking a walk, going into nature, attending to my personal needs, and looking really after myself [P1].

“...to walk your walks and to go camping and to do something that will make you laugh. I love my cup of coffee every lunch time” [P5].

“So, my weekends are fairly quiet, and I do hike and sometimes and it helps me so much because I forget about everything” [P20].

Sleeping

“Having enough sleep...” [P1].

I love sleep...I really love it (Participant laughed). Before my family used to be worried about me and they will be like: ‘You are sleeping a lot maybe you are depressed’ and it is not even that. For me rest is given, and I need that 10 hours of sleep every day without fail. My family feels that it’s expensive because why do I want to have 10 hours of sleep, but I sleep.” [P16].

Exercise and going to the gym

“I exercised and I joined the gym because I felt like because you are coming from a case, your body reacts...” [P4].

Watching television

“I like to watch TV. I wake up early Saturday mornings and then that is my time...Wake up early and I would eat my breakfast alone and watch TV. So that’s the type of stuff that I like to do” [P3].

Boxing

“I have a boxing bag which really helps. I am not an emotional person, but I do carry a lot of emotions. Boxing is really a good thing to get frustrations out of the sense of injustice or unfairness which we often sit with in palliative care since the life is not fair” [P17].

Retail therapy

“... when I have money, I do retail therapy and I love to buy shoes...sometimes even though I am not buying anything, will just go to the mall and do window shopping” [P19].

Doing puzzles

“What I normally do when I get home in order to forget about work, I play the puzzle just to keep my mind off and yes those kinds of activities that help me to de-stress” [P30].

Gardening

“I have very small vegetable garden and I do all the hard work by myself. To me that is very good and whenever I got there, I always think of my dad telling me how to use a spade and how do you turn around the soil and how do you or how much water do you use. It is actually my me-time when I am in the garden” [P24].

Crocheting

I do not have lots of me time because I am quite busy in my practice, but I do some crocheting as well” [P24].

The research data shows that participants employ a variety of relaxing strategies to cope with work-related pressure and stress in palliative care. The inference that can be drawn from the research data is that various self-care strategies offer participants relief, comfort and refreshment from the daily demands of their work. This finding concurs with Collier (2019), Stilos and Wynnichuk (2021) and Mills, Wand and Fraser (2018), who have found that self-care includes activities that one embarks on for fun, help one relax, take our minds off the pressing demands of our jobs, help us deal with stress and promotes psychosocial functioning.

Maintenance of boundaries

Under the maintenance of boundaries category, participants cited *maintaining boundaries between work and personal time and working hours boundaries* as some of the coping strategies they employ in this category in order to cope with work related pressure and stress in palliative care.

Boundaries between work and personal time

Another self-care strategy many of the participants reported that they employ to cope with the work-related pressure and stress in palliative care was maintaining boundaries between work and off time.

“...one of the things that I have done that seemed to work very well, is I put the work devices, because we use the work phone, I put it away. So, it might not be something so huge, but it is a way of me discarding the work, leaving the work where it is.” [P1].

“...on a Sunday or Saturday depending which day I have a no technology day. So, my partner who is very supportive takes my phone and you would be like if it is urgent, I will tell you, but you just don’t have a phone for the day. And then that helps a lot...” [P7].

“I maintain boundaries of working hours, that’s also part of self-care, I maintain boundaries” [P13].

“I always say I have the box brain you know, a work box and a home box. I try very hard not to mix the two. But sometimes you can’t help it but most of the time when I finish work when I close my office door then I am finished with work but yes that is not always easy especially in palliative care that is not always easy” [P15].

Maintaining strong boundaries between work and personal lives has been identified by participants as one of the strategies that they employ to cope with work-related pressure and stress. The inference that can be made is that in order for social workers in palliative care to avoid burnout it is important for them to find a good balance between personal and professional roles as self-care strategy. This finding is in line with Stoewen (2017) and Mills, Wand and Fraser (2018), who have found that if social workers need to flourish in their work, they need harmony between personal and professional roles thus, it is important to have boundaries and communicate them to patients and colleagues.

The use of participants’ relationships

Another category that was used to further understand the research data was as a category that involved the use of participants’ relationships as a way of coping with work pressures and stress in palliative care. Participants listed *support and spending time with family and friends and peer-support* under this category.

Support and spending time with family and friends

A number of the participants responded that one of their self-care strategies they employ to cope with work related stress and pressure in palliative care was support from family and friends or spending time with family and friends:

“My husband is very supportive and my children. All my children are permanently abroad. So, we are just in very close contact via WhatsApp with each other” [P4].

“I do things in my social life spending time with my family... ’ll go to watch a movie with my daughter just as a treat I feel like it does make a big difference...So it is those little things that happen and that I feel that I am trying to balance as my self-care” [P2].

“...what is important is the support system at home that helps me a lot to have people outside work that I feel I can trust, so I also have kids, so I have self-care with kids just all together...Time with my family is very important to me” [P11].

“...we spend time with friends if I have time...I like to go for a long time, but I like to go for massages...pedicures...I have different sets of friends, so I have university friends and childhood friends and church...And work friends...I like to go out if I have time...it makes you forget about here” [P3].

The research data indicates that participants utilize the support of their loved ones, family, friends and colleagues to cope with work-related pressure and stress in palliative care. The inference that can be drawn from the research data is that self-care should involve one’s family and loved ones, each person needs to prioritize and maintain relationships within the family and also within the community and professional space. This finding is in line with Sapeta *et al.*, (2022), Mills, Wand and Fraser (2018) and Stilos and Wynnychuk (2021), who state that it is important for social workers to find time to spend with loved ones, the exercise requires social workers to be intentional and set aside time to connect and have this leisure time. This finding ties in with the with the eco-systems theory that was applied to this study. The reliance on family for support shows that social workers are part of a greater system that includes their families, and they struggle in their work the struggles also extend to their loved ones.

Peer support

Most participants mentioned that they participate in peer support activities, and this helps them to cope with work-related pressure and stress in palliative care:

“...first of all, I speak. Luckily, that is something I can do easily to share...Our hospice doctor...sh’s a great help...sh’s just one of those people with a very empathetic heart.” [P4].

“...we have the three of us would go for self-care in the afternoon once in every two months or so. Where we would just buy coffee and sit down by the sea, or we need something just to get out of the office.” [P1].

“I reflect on a case and the various aspects linked to that case with the other social workers. We look at how I worked on that case, how I could have at all or how I could have handled it differently or better with colleagues” [P6].

“If something worries me ...I would talk to other team members so even though I am a private practice we do call each other colleagues. I may also speak to other health professionals who are working in that case to get an understanding of their experience but also understanding of their experience of my work...” [P13].

“One thing that I found that also helps and I was part of it is like a peer support group where we were a bunch of a palliative care social workers that came together once a month. We will talk about what we were doing and how we were doing it, why we’re doing it. We would almost get something like a CPD training session. And that’s also always help because you would get a lot of emotional support from one another” [P15].

The research data suggests that participants view peer support, that is the engagements participants undertake with colleagues in the workplace and outside work as valuable in enabling them to cope with work related stress and pressures in palliative care. The inference that can be made from the research data is that participants value coming together, to laugh, find humour and camaraderie, in informal or formal spaces and this lightens the load and brings joy to the heart. This finding is supported by Mills, Wand and Fraser (2018) and Walshe and Roberts (2018), who state that peer support is one’s own created social network which provides different kinds of support that is professional and personal support amongst colleagues. Again, as alluded above, this finding ties in with the theory applied to this study, palliative care social workers use part of “their system” their peers to manage the work pressure and stressors.

Spiritual strategies

Another category that emerged was spiritual strategies that participants undertake in order to cope with work pressures and stress in palliative care. Under this category participants cited *the use of personal faith, mindfulness and yoga and positive thinking.*

The use of personal faith

Some participants explained that they rely on their personal faith in order to cope with the work pressure and stress:

“I draw my strength from my relationship with God. And I certainly believe that everything works together for our good, those who love God. So that is my main strength.” [P4].

“I am a Christian and I believe that we all get born and we die at some point, and it is just a natural progression of life. I view death as just an experience of going to heaven, so I do not think that it’s something necessary to be upset about and if I need to, I use iCARES (a programme provided by the employer where participants can have access to a therapists and counselling) which is available.” [P6].

“...what helps me a lot, I pray a lot and I attend church on Sunday, and it helps me as spiritual upliftment, even though I don’t get that support in terms of my work, but to pray with other Christians, to be alone.” [P19].

The research data shows that many of the participants use their personal faith to help them cope with work-related pressure and stresses of working in palliative care. This seemingly suggests that when social workers take part in religious and spiritual activities it tends to bring a greater peace to them that helps them cope better with their work. This finding is supported by Collier (2019) and Stilos and Wynnuchuk (2021), who have found that engaging in religious activities for example attending church regularly and prayer meetings, has the ability to help social workers find greater meaning in personal and professional relationships in palliative care.

Practises mindfulness and yoga

A few participants reported that they engage in mindfulness exercises and yoga, and it does help them cope with work-related pressures and stress in palliative care:

“I always make it a point that at least once a week I sit with my cup of coffee and be mindful about life. The mindfulness is always very important for me to be aware of what is going on and how am I feeling about it. Just to connect things ”m not sure if ”m making sense to you.” [P15].

“...there is nothing better than a yoga class for a stressful day. It is very relaxing, and it just helps you to centre your mind and refocus again and order your thoughts. I would recommend it...mindfulness, checking in on yourself.” [P21].

“It is the yoga; some of the colleagues are participating in the yoga as well especially as their social workers because it is a volunteer that came to offer her services, so she comes to the hospice once a week and we are doing yoga classes in a beautiful chapel....so the environment is very conducive.” [P21].

The research data suggests that mindfulness and yoga exercises are some of the strategies that participants employ to help them cope with work-related pressure and stress in palliative care. The inference that can be made from this research data is that when one is overwhelmed and stressed because of the work they do, it is important find time to slow down and employ various strategies that include yoga and mindfulness as these help maintain a sense of balance between their work and the pressure that come with it. This finding is supported by Mills, Wand and Fraser (2018) and Stilos and Wynnychuk (2021), who concur that self-care in the form of activities like yoga, pilates and mindfulness have been found to be effective in reducing stress and anxiety in the workplace.

Positive thinking

One participant mentioned that one needs to have a positive mind and only entertain positive thoughts, and this is a self-care strategy they employ in order to cope with work-related pressures and stress in palliative care.

“I try to take control of my thoughts (stay positive) and that is important?” [P18].

Being in control of your thoughts and ensuring that you only keep positive thoughts on your mind is important as a self-care strategy that helps assist cope with work related stress and pressures. The inference that can be drawn from the research data is that keeping your mind occupied on positive thoughts helps you wad off negative thoughts that may not be helpful and this helps social workers who are involved in palliative care to keep negative thoughts at bay as these tend to be destructive and unhelpful. This finding is line with Collier (2019) and Lewis *et al.*, (2022) who note that social workers are encouraged to keep happy positive thoughts as these have the capacity to control and calm their thoughts and avoid letting their minds wander into the negative thoughts.

Professional activities

This category focused on those activities that are deemed as professional self-care strategies that participants engage in order to cope with work pressure and stress in palliative care namely: *supervision and debriefing.*

Supervision

It can be noted that there is a strong link between self-care and supervision, self-care has emerged as a means to build resilience and a way to combat stress and burnout, supervisors are encouraged to incorporate and implement a self-care component in their supervision (NASW, 2013). The NASW (2013), agrees and has found that the resilience focused model of supervision is one model that has been found that incorporates both self-care and supervision as a way to combat stress and burnout. Thus, because of the strong link between the two it is important to undertake the two strategies in order to cope with the work pressure and stress that is common in palliative care. A participant specifically stated that they go for *supervision* as part of their self-care strategy that assists them cope with work-related pressures or stress.

“I do supervision I think that’s also part of a self-care” [P13].

The research data indicates that participants perceive supervision as a self-care strategy they can employ if they are to cope with work pressures and stressors of their work in palliative care. The inference that can be made from this research data is that supervision as a self-care strategy offers a reflective space to social worker to self-reflect in a safe space allowing them to focus on a particular aspect of their lives which is particularly important to social workers who work in palliative care where there are stresses and pressures that drain them. Further supervision ensures the restoration of functioning of social workers when the emotional stressors of their work leave them feeling depleted. This finding is in line with Iosim *et al.*, (2022) and Mills, Wand and Fraser (2018), who asserts that the well-being of social workers should be prioritised and strategies such as supervision should be provided as self-care strategies so that supervisees function at their optimal best.

Debriefing

Debriefing was one part of the self-care strategies that emerged from the analysis of the research data in relation to participants’ coping mechanisms to work-related pressures or stress in palliative care.

“...there is a couple of colleagues that we have got good trusting relationships so we would often debrief informally with one another having a cup of coffee, it’s a safe space where you can vent and free ourselves and that is very helpful” [P21].

The research data shows that participants perceive the gathering of peers and taking time to discuss cases and difficult circumstances they would have encountered as a great way to cope

with the work pressures and stress in palliative care. This seemingly shows that social workers should prioritise informal and formal groupings to discuss their worries, caseloads, traumatic moments as these are considered great coping strategies. This finding is in line with the findings of Mills, Wand and Fraser (2018), Sapeta *et al.*, (2022) and Omilion-Hodges *et al.*, (2020), who found that debriefing allows the peers to cry, laugh in the midst of loss and it is not all in vain as, for example, laughter has been credited with many benefits from inducing happy hormones and other physiological health benefits. The practise of debriefing as a self-care strategy is in line with findings articulated earlier regarding the functions of supervision. It was found that some participants even though they were few, perceived the function of supervision as a space for debriefing especially when supervisees are confronted with challenging and difficult cases. This seemingly shows that the practise of debriefing either as a self-care strategy or undertaken in supervision is important in palliative care social work where social workers are emotionally challenged which is common in palliative care settings.

Effectiveness of self-care strategies employed by the participants

As pointed out above the participants were probed on the effectiveness of these self-care strategies that they employed in palliative care. Many participants agreed that the self-care strategies that they employ are effective in reducing work related stress in palliative care.

“Yes, I have been successful so far and I am making a genuine contribution and I have not been burnt out and I am not stressed, am not depressed” [P10].

“Much better yes of course definitely” [P7].

“Yes, definitely and it depends on the stress that I put on myself. You know when you are in a private practice you are your worst enemy because you must do things and the money must come in. I feel better after engaging in self-care strategies.” [P24].

“Definitely, yes” [P13]

“For the most part and another big one for me is my religion so I am a Christian and I don't know how someone do this work without that because it helps you to add meaning to almost anything that happens. I mean if you can add meaning even to the worst struggles in your life it becomes more bearable, but I think it is working and I am doing okay” [P15].

“Yes absolutely ...it works for me.” [P6].

The research data indicates that many of the participants are of the view that when they engage and take part in different self-care strategies, they are able to cope with the work pressures and stresses in palliative care, thus the strategies are effective. This seemingly shows that when social workers engage in various self-care strategies, they find balance and harmony and are able to perform in their different roles. This finding is supported by Oliver *et al.*, (2021), Stilos and Wynnychuk (2021) and NASW (2019), who state that practicing self-care has many benefits in palliative care among them enhancing social workers professional inner lives, reducing stress, anxiety and ultimately reducing burnout and compassion fatigue.

Participants' perceptions regarding ineffective self-care strategies employed

In responding to the effectiveness of the self-care strategies the participants also hinted on the strategies that they believed do not work in relieving work-related pressure and stress. The destructive strategies they identified among others included *drinking alcohol, substances abuse and over socialising*.

Consumption of alcohol

"...I have observed, you know, those who work in, in, other places? I think they tend to take alcohol as means of coping." [P19].

drinking or you know there is so many destructive ways that one can try to cope" [P15].

"...alcohol and I don't know what else. Also, it's not a good thing to try...They try to, but I don't think they cope very well." [P5].

"...drinking alcohol too much. I won't talk about normal but drinking too much, definitely that won't work." [P2].

"...it is drinking." [P7].

"...there're many destructive ways that people may think they are beneficial. There are things that go with self-control because they are times where a person takes a glass of wine or anything like that but because they are so vulnerable, they can be easily reach a dysfunctional crutch which becomes a danger zone." [P13].

Substance abuse

And the thing is our job is sometimes traumatic for us so a person in that space becomes numb and just be in a neutral space and people take different ways to get there. But each to be on their own but I don't think substance (smoking) is necessary or a better idea" [P13].

"It is like any unhealthy coping mechanism such as smoking," [P15].

And it could be some people are smoking too much thinking that it is self-care, and he will go like I am just going to have a smoke because he's going under stress. So those are the things that I think definitely won't work" [P2].

Over socializing

I think to me socializing the whole time, I think socializing just avoiding or buying time out or just doing something like you're constantly booking dinner or you constantly busy, I don't think that's healthy' [P7].

The research data indicates that the participants are of the view that any strategy that is done excessively or of abnormal proportions tend to not yield the result that would have been sought and participants agree that these strategies do not work in reducing work pressure and stressors in palliative care. The inference that can be drawn from this research data is that when one is struggling with work related pressures and stress, they must engage in healthy strategies and must avoid destructive strategies which are unhealthy and a danger to their health. This finding is in line with Babiarczyk and Sternal (2022) and Collier (2019), who asserts that when social workers are unable to cope, they may resort to using medications, home remedies, alcohol, or drugs in effort to be able to cope with work pressures and stressors.

Summary

Taking time to rest, relax and take a breather is encouraged in order for one not to feel overburdened or overwhelmed in palliative care (Mills, Wand and Fraser, 2018). Sadness is a part of the daily occurrence because of the death and loss environment social workers in palliative care have to endure (Mills, Wand and Fraser, 2018). Many of the participants highlighted the different strategies they embark on in and outside work in order to cope with the demand of working in palliative care. Many were of the opinion that these strategies work and are effective for them as they have been able to continue working without being burnt out and have continued to provide excellent services with no challenges. Participants further noted

that they are also some strategies that they think are not helpful and these included any strategies that were undertaken to numb the stress and pain associated with work in palliative care for example excessive drinking and smoking and over socialising.

4.3.13 Participants' perceptions regarding self-care activities and strategies provided by their employers

Having worked in the palliative care field the researcher is aware of the various self-care strategies that are often provided to social workers in palliative care by their employers. The research wanted to identify offerings from their employers, which the participants were aware of and whether they made use of these strategies. The self-care strategies or activities the participants cited as available to them in palliative care included *access to a therapist or counsellor, employer provides incentives, facilitates team building, staff functions (wellness day and employee awards), team building exercises in palliative care and employer provides no self-care strategies.*

Access to therapist or counsellor

Many participants stated that their employer provides access to a therapist or counsellor who they can contact for counselling and debriefing. In some cases, it is through a wellness programme or an in-house employer assistance programme:

"There is the employee wellness programme in place well you can call to speak to a counsellor..." [P16].

"We have got a wellness psychologist, and she is on maternity leave and any person who wants to see her they are most welcome. But it will be confidential" [P18].

"...my employer, at the institution they have got some...employee assistance programme...there is a social worker that attends to staff...I spoke to the social worker, and I do like her...(she said) 'You're going to (see me) once a month and then later we can just move it to once in every 3 months to have like a debriefing session'..." [P25].

"We have got xxx...the counselling services that is available here that the company pays for. We can access that and then they will refer you to a private provider. So, I think it is quite well run and I've used it before..." [P6].

"...xxx was here once or twice...And apparently they say we can also reach them if we want to access a therapist." [P3].

The research data indicates that participants have access to some form of therapy or counselling that is provided by their employers as self-care strategies in palliative care. This shows that it is important for organisations to provide therapy for their social workers as a self-care strategy. This shows they value and support the work social workers do and they do not only rely on self-initiated self-care strategies that social workers undertake but are also onboard. This finding is supported by Mills, Wand and Fraser (2018) and Rothwell et al., (2021), who highlight that organisations provide a range of support services, and these can include psychologists, general practitioners or medical specialists to help social workers with any medical or psychological assistance they may require.

Employer provides incentives

Babiarczyk and Sternal (2022), argues that formal programmes need to be intentionally put in place in organisations so that the practice of self-care is normalized and becomes part of the everyday practice. Some employers were cited by the participants as providing certain incentives to the palliative care social workers. These incentives can be seen as self-care strategies or activities and they include extra leave, Friday afternoons off and free training opportunities:

“...everybody’s coping mechanism is different, but what works for the one does not work for the other...the organisation does give us a few days more leave. And that’s also a thing that is important to me to take off. To take leave when it’s needed” [P4].

“...We stop working on a Friday at one o’clock and that helps a lot... You have got your Friday afternoon free, and your weekend is a little bit longer. So that is very nice.” [P5].

“...And there’s quite a number of other ways where they are sending the employees to different training depending for free on what they think you need to enhance your professional development” [P1].

The research data indicates that some employers are providing different incentives as self-care strategies to their employees in palliative care. The inference that can be drawn from this research data is that some organisation value having self-care strategies in place for their social workers. Self-care strategies are incorporate these into their day-to-day activities and this encourages social workers to partake in self-care strategies because it is part of their work routine, and they are able to cope with the work pressures and stress. This finding is in line with Aldana (2023), Stilos and Wynnychuk (2021) and Babiarczyk and Sternal (2022), who

notes that availing various self-care incentives and other career enhancement strategies has the capacity to retain staff and avoid skills flight in organisations.

Staff functions

Some participants identified staff functions hosted at work such wellness days and employee award days as part of employees' self-care strategies:

"...we also have wellness days once in every 3 months where they have different companies come. For example, there will be people from a spa who will come and give us head and neck massages, and other people from different gym outlets. You would have people come to check our blood pressure, cholesterol and to check our overall health..." [P16].

"so, during the month of August, there was a wellness day where all the women were pampered, different things were offered as a way of self-care" [P1].

So, when you are nominated by your peers, we have got the employee of the year award, we have got the employee of the month award" [P1].

From the research data it can be noted that organisations are availing different staff functions to their staff as self-care strategies in palliative care. This seemingly shows there is value in providing employees with activities that are aimed at promoting employee's well-being that have nothing to do with their work. These activities give social workers an opportunity to relax and refresh which is important in assisting social workers cope with work related pressure and stress. Sapeta *et al.*, (2022) and Aldana (2020) also found that self-care strategies that place outside the social workers usual workplace setting are considered refreshing and allow social workers physical body relaxation because of the different surroundings and setting.

Team building exercises in palliative care

Another form of self-care strategy or activity that some participants pointed out as provided by the employer were team building exercises:

"There is a team building where people really need to focus more on getting to know each other beyond their work...Recently we had a team-building exercise. When, because we also, our organisations have majority women employees" [P16].

Team building exercises for social workers as important if self-care strategies are to be effective in palliative care in the research data. This seemingly shows that opportunities for staff to work together, have fun and learn to trust each other in activities are critical as they

help build team cohesion and foster collaboration and are key in palliative care social work. Sapeta et al., (2022) and Stilos and Wynnychuk (2021), also maintain that self-care strategies that take place off site, that is outside the social workers usual workplace setting facilitate learning and provide general physical body relaxation.

Employer provides no self-care activities and strategies

Some participants noted that their employer does not provide any self-care programs or strategies to their social workers:

“No, they don’t...Nothing, no.” [P17].

“...now we don’t have that (any self-care strategies or activities provided by the employer), and I think that is a huge gap in our organisation.” [P11].

“...But then so far, no we haven’t got anything.” [P30].

“Our organisation does not really provide any self-care activities, no wellness nothing.” [P5].

The research data also shown that some participants did not have self-care strategies provided by their employers. This seemingly shows that some social workers are struggling without any organised self-care strategies from their employer even though there are many benefits to engaging in self-care activities. This is likely to impact severely the ability of some social workers to cope with the different work pressures and stressors. This finding is supported by Lewis *et al.*, (2022) and Søvold *et al.*, (2021), who state that some organisation struggle with prioritising self-care activities and this has a huge impact on the wellbeing of social workers, who struggle daily with the emotional toll of their jobs and it resultantly affects patient outcomes. It can be inferred that when social workers do not have any formal self-care strategies within the organisation, they may have to rely on supervision as their main source of self-care and well-being. As such it is important to ensure that supervision is provided and plays this important role to promote the wellbeing of social workers.

4.3.14 Participants’ recommendations on how to ensure self-care strategies are effective in reducing work related stress for social workers in palliative care

The final objective the study sought to explore was the participants’ recommendations on how to ensure self-care strategies are effective in reducing work related pressure and stress for social workers in palliative care. Sapeta et al., (2021) and Omilion-Hodges et al., (2020) and Imes et al., (2020), state that social workers need to embark on repeated self-care strategies that they

progressively develop over time in order to realize any meaningful benefits that lead to nourishment of the 'self'. Having explored the self-care strategies employed by the participants and those provided by the employer the participants were further probed regarding recommendations for effective self-care strategies that could reduce work related stress in palliative care in SA. The participants proposed a mix of recommendations which included among others that *social workers need to be self-aware, supportive work environments, self-care depends on the individual and their circumstances, self-care must be undertaken as a community/team, prioritising of self-care, palliative care social work requires specialized skills, regular check-ins are important, set and communicate your boundaries, self-care needs to be consistent and establish frameworks for self-care.*

Social workers need to be self-aware

Many participants recommended that social workers need to be self-aware in order to ensure effective self-care strategies in palliative care:

"...it's very important to have self-awareness, to know your triggers and to be able to know what is going to work for you specifically. You have to have a world view based on life experience. But above that, you also, as a social worker, need to know your triggers. So, self-awareness becomes very important" [P1].

"As I mentioned earlier, we are not superwomen, we need to be aware before you can actually burn out. Just to be aware that it is just the support that you need and be aware that you can't just go on and go on" [P12].

"...you must be aware that you do need that and that you make time for your self-care, that is an important thing... So, you must be aware that you need to make time for yourself." [P5].

"...in order for the self-care to be effective you need awareness...and not just a buzzword, it's got to be a daily practice. Me grooming myself to be ready for work is a daily practice. Me listening to Spotify is a daily practice. Me eating properly is a daily practice. My walking, exercising is a practice that I do on a daily basis. Not meditation but breathing is something that I know that can help to get to sleep and yes, it's got to be part of my everyday life" [P10].

"I think people need to invest in getting to know themselves...because I have seen people that are burning out and they do not realize that they are burning out and then a person will just say: 'No, no I'm just tired'. But no, you are not tired you are burnt out. But if you self-aware you can easily identify and say ok now, I am tired and I need time out" [P16].

The research data indicates that participants perceive knowing yourself and what works for you crucial if self-care strategies are to be effective in palliative care. The inference that can be drawn from the research data is that one needs to have a thorough knowledge of the self and their limits of endurance, this helps social workers understand what works for each one of them and their limits. It would therefore imply that a lack of this self-awareness could result in social workers adopting strategies that are not a good fit and ultimately end up burnt out and unable to cope with work pressures and stressors in palliative care. Goswami (2013), Decker *et al.*, (2019) and Mills, Wand and Fraser (2021), concur that in order to be able to practice good self-care one must possess tools that help them to understand the 'self' as this will guide how one approaches the subject of self-care. When self-care strategies are tailored to individual needs based on self-awareness, they are effective and aid in the reduction of stress and pressure in palliative care (Decker *et al.*, 2019; Mills, Wand and Fraser, 2018).

Supportive work environments

Many of the participants underscored the importance of having supportive positive working environment that support engaging in self-care strategies and echoed that when this is done it will help the effectiveness of self-care strategies in palliative care:

“And I think the organisation should allow us to rest and to have our time to rest and take leave. If they need to force, you to take leave just take a leave so be it” [P22].

“So, I think organisations could just insist on it (self-care) being regular as supervision and provide that. And then the organisation has open communication in that if someone is struggling, they must feel comfortable enough to mention that and get the support that they need for that.” [P13].

“There should be a policy for the organisation. Like the, any other organisation that, um, deals with palliative care that, that will state that maybe once per month it's compulsory for social workers to attend (self-care sessions). To have that self-care strategies. And for me, I can say, if they can say I must design, a strategy.” [P19].

“I think as I said earlier a lot of the teams are medically led and so there isn't always the full acknowledgement of the toll that psychosocial support can take on the psychosocial team. So it would be trying to pick the leadership to recognize that there is a need and try to look how do they create a space for self-care whether it is either insisting that people find somebody to talk to once a month or providing it by themselves in finding external even if it's for

motivational speaker or something like that just to give to the staff something back(self-care) in terms of their own energy and stuff like that.” [P26].

The research data show that participants are of the view that management must create conducive environments for their employees to engage in self-care strategies, when this is done then self-care would have been effective in palliative care. The inference that can be done from this research data is that social workers need the support of management in the implementation of self-care in the workplace. It seems when this is done it is considered a vital enabler of self-care. Mills, Wand and Fraser (2018) and Babiarczyk and Sternal (2022), concur that in order for self-care to be effective organisations need to have positive work cultures that support and encourage self-care and encourage to partake in self-care activities and encourage staff to look after themselves.

Self-care depends on the individual and their circumstances

Many of the participants reported that in order for self-care strategies to be effective in palliative care there is need to tailor self-care strategies to the individual social worker and their circumstances especially in palliative care:

“...it depends on your personality and your maturity as a person... if you are more comfortable in your own skin and in your own abilities and willing also to learn from others because some of us are more receptive to seeking help when we need it...it’s also again very much individualisation...” [P1].

“...what could work for you does not necessarily mean that it could work for me. So, I think each to their own.” [P12].

“I think every person has their different way to refill their tank after a day and where they can get to kind of unload the day stress. So, they need to kind of explore what works for them and work by the plan that works for them because there is no one-size-fits-all.” [P6].

“It is difficult to motivate, and I think that you must do that on an individual basis. And they must do their wellness along with their interest. And if they are not doing anything just look deeper for them to get something...” [P8].

Participants perceive self-care as an individual activity and there is no one size fits all to self-care, self-care is an individual exercise, and it must be individualised if self-care is to be effective in palliative care. This finding suggest that self-care depends on individual

preferences, one has to craft their own strategies that work for them in order for self-care to be effective. This finding is supported by Sapeta *et al.*, (2022) and Mills, Wand and Fraser (2018), who argue that the use of self-care strategies that are based on “individualisation” is beneficial in addressing stress and burnout, as one uses these exercises when they have grown professionally and are accepting of their personal and professional capacities.

Self-care must be undertaken as a community or team

Some participants suggested that self-care must be a communal activity and involve other colleagues so that it is effective in palliative care:

“...it is not just ‘self-care’ but ‘we care’. It was about the fact that as the community or the family will take care of each other... And what is more effective...that always stuck with me that bringing in that part of the community self-care is a community thing but not as an individual thing. When it becomes individual, I don’t think it works as well whereas if it a communal thing whether it is the community whether it is in your family structure or your friend group structure, we are taking care of each other...it will be more successful” [P25].

“I think more people should be involved, more staff should be involved in a kind of check in with each other, motivate each other not just the three social workers that are sitting here isolated. So, the more people that are in good space...means that we can help each other better” [P11].

The research data indicates that participants are of the view that if self-care is undertaken as a communal activity, it is likely to be effective in palliative care. This seems to confirm that social workers need each other when they undertake self-care strategies, to encourage and support one another in practicing self-care. This finding is supported by Søvold *et al.*, (2021) and Stilos and Wynnichuk (2021), who agree that there is growing emphasis on using peer support, sharing of information in groups as a way of coping. In addition, self-care should include one’s loved ones and the community if we are to get maximum benefits from self-care (Søvold *et al.*, (2021) ; Stilos and Wynnichuk, (2021).

Prioritizing self-care

Some participants felt that social workers should be compelled to prioritise taking care of themselves through the implementing self-care strategies if self-care is to be effective in palliative care:

“It is your ethical responsibility to take care of yourself because you cannot take care of your patients if you don’t take care of yourself. I think that is the crux of the matter.” [P20].

“They (social workers) have to take care of their self to say this is my priority. Even if you think that you did not have time make time for it” [P2].

“...my other recommendation would be to find and prioritize things (self-care activities) that refill your tank and that is different for everyone...” [P13].

“You also have to discuss your self-care. But I don’t see how you can do more to force people to do that because in the end it remains your own responsibility to prioritise your self-care” [P15].

The research data indicates that participants are of the view that in order for self-care strategies to be effective each person must take care of themselves through implementing different self-care strategies and they should place an important on self-care if self-care is to be effective in palliative care. The inference that can be drawn from the research data is that the desire to look after yourself must come from within you, you have to take the first steps to initiate self-care strategies only then can self-care strategies be effective. This finding is in line with Omilion-Hodges *et al.*, (2020) and Sapeta *et al.*, (2022), who concur that social workers have to be able to know themselves, that is acquire self-knowledge and have an opportunity disconnect from work and perform self-care strategies.

Palliative care social work requires specialized skills

Some participants alluded to the fact that palliative care social work has its own unique challenges and requirements. Therefore, palliative care social work requires specialized skills or training if self-care strategies are to be effective in palliative care:

“..... So, for it to be effective, you need to look at the prominent themes in palliative care and be able to develop a strategy that is going to respond to those identified themes...It’s almost by trial and error right now. And I don’t think that is effective you need specialised skills to function” [P1].

“We still need to look at the trends in palliative care and how we can structure it in such way that social workers who work in this field get sufficient skills that is required” [P1].

“...specifically in palliative care, if it seems like you are struggling a little better with the bereavement side, then she (supervisor) can make her recommendations as to what grief and

bereavement training you can attend. Or if you are struggling with administrative side like...advanced care planning...if those are the difficult for you then they should make recommendations with training specific to the department that you are struggling with” [P15].

Participants are of the view that one has to possess specialized skills in order to practise and this is important if self-care strategies are to be effective in palliative care. This seemingly shows that social workers acknowledge that in order for self-care strategies to be effective in palliative care, one needs to have the right skills and competencies in practice. This research data concurs with the finding discussed earlier under the profile of the participants about the importance of specialised knowledge and skills required in palliative care social work, Taels *et al.*, (2021), emphasise that in palliative care, practitioners deal with multiple stakeholders and challenges, as such they require certain competencies and specialised skills in order to provide meaningful interventions and services to clients.

Regular check-ins are important

Some participants also recommended that social workers should take responsibility for themselves and ensure that they regularly check in with their supervisor, this is important if self-care strategies are to be effective.

“...the door has to be opened so that if you ever don’t feel ok you can have the courage just to pick up the phone and tell her(supervisor) that I’m not coping or I’m not doing okay especially for those who are off-site. so yes, regular check-ins are really important” [P12].

“...there is a day when you would have had a very hectic case and maybe what you need is actually a space to vent out, a let out. Something that could not even qualify as a supervision session but an outlet, a quick check-in, its important.” [P1].

From the research data participants are of the view that it is important to have opportunities for regular check-ins with your supervisor, this will enable self-care strategies to be effective. The inference that can be drawn is that supervisors must have an open-door policy with their supervisees to have informal and unplanned checks. These are crucial to evaluate and assess work with the supervisor on might have transpired, especially when dealing with different and traumatic cases. This finding is in line with Omilion-Hodges *et al.*, (2020) and Mills, Wand and Fraser (2018), who have found that informal and ad hoc check-ins with supervisors are opportunities are a source of support and provides learning and professional development opportunities in palliative care palliative care were death and is an everyday occurrence.

Set and communicate your boundaries

One participant highlighted that in order for self-care strategy be effective in palliative care one needs to set boundaries and communicate them:

“My recommendation for self-care in palliative care is boundaries. I think one of the most important aspects of self-care is boundaries. Because if you don't have boundaries your work ends up flowing over in other aspects of your life which I don't think it is healthy...So setting your boundaries, bridging these boundaries, identifying your boundaries and communicating those boundaries.” [P13].

Setting of boundaries and communicating to colleagues and others, is crucial if self-care is to be effective in palliative care in accordance with the research data. The inference that can be drawn is that boundaries are important in order for social workers to be able to cope with the pressure and stress in palliative care. Communicating what you can and cannot do in order to manage expectations is important so that clients and colleagues are aware of your capacities, this helps social workers cope better with work pressures and stressors. This finding is in line with Sapeta *et al.*, (2022) and Mills, Wand and Fraser (2018), who found that practitioners must set their boundaries, communicate them where there is need that is to colleagues and patients and be able to maintain them.

Self-care needs to be consistent

Some participants stressed the need to practise self-care consistently:

“And so, I think in order for the self-care to be effective as you say and not just a buzzword, it got to be a daily practice. Me grooming myself to be ready for work is a daily practice. Me listening to Spotify is a daily practice. Me eating properly is a daily practice. My walking, exercising is a practice that I do on a daily basis. Not meditation but breathing is something that I know that can help to get to sleep and yes, it's got to be part of my everyday life” [P10].

“I see self-care as emotional hygiene and it's like this is the symbol for that. When we were young, we were taught to brush our teeth every day, to bath and put on clean clothes but we are slowly teaching our children about putting emotional hygiene and how to care for ourselves emotionally and spiritually” [P21].

The research data indicates that participants are of the view that in order for self-care strategies to be effective, the practise of self-care must be undertaken consistently emphasising its

importance. The inference that can be made from the research data is that self-care should be undertaken consistently. It needs to be a daily practise and when this is done self-care will be effective in palliative care. This is supported by Stilos and Wynnichuk (2021) and Mills, Wand and Fraser (2018), who assert that it is important when one is in the helping professions to recognize the importance of self-care and therefore prioritize its practice by designing a self-care plan and observing consistently. Because when self-care is undertaken consistently, we have tangible benefits that can include a healthy workforce, improved work attendance and productivity (Mills, Wand and Fraser, 2018).

Establish frameworks for self-care in palliative care

One participant suggested the establishment of frameworks for self-care strategies if self-care is to be effective in palliative care:

“But I really think he perhaps there should be a really a framework that you have to function within. I know very often that in the first world countries they have proposed that they have one year off for every 5 years that you worked in palliative care to take time” [P17].

The research data indicate that participants perceive a framework on self-care for palliative care social workers as important if we are to ensure that self-care is effective in palliative care. This seemingly shows that social workers are of the view that there should be a guide on how to undertake self-care in the workplace, as this might assist and ensure everyone takes part in self-care activities. This research finding is in line with Babiarczyk and Sternal (2022), who have found that formal programmes that are designed and put in place in organisations so that the practice of self-care is normalized and becomes part of the everyday practice have been shown to be effective in the relieving of work pressure and stress in palliative care.

4.4 Conclusion

This chapter presented the demographic profiles of the participants, who are palliative care social workers in South Africa, discussing their gender, age group, years of experience in palliative care and number of years with current supervisor and highest qualification. The research data was discussed according to the to specific objectives and the overall aim of the study. The research data was analysed comprehensively in relation to other studies. The study revealed that supervision and self-care are crucial in palliative care social work if social workers are to provide effective services to their clients. The following chapter will present key findings, conclusions and recommendations of the study.

CHAPTER 5: SUMMARY OF KEY FINDINGS, MAIN CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1 Introduction

This chapter will present the key findings, main conclusions, and recommendations of the study. These are discussed according to the themes of the study, sub-themes, categories, and sub-categories that emerged from the analysis of the research data in accordance with the objectives of the study. The overall aim of the study was to explore participants' perceptions regarding their understanding of supervision and self-care in palliative care social work in South Africa. The study explored participants' perceptions regarding their understanding of the functions of social work supervision, the nature of the supervision they are currently receiving from their supervisors, their expectations, from their supervision and whether these are met by their supervisor, the benefits, from their current supervision, the challenges they encounter, in their current supervision, the nature of self-care strategies, that they employ in coping with work pressures and stress; and their recommendations, they would like to propose for effective self-care strategies for palliative care social workers in SA. First, the chapter presents the key findings of the study followed by the main conclusions and recommendations that are proposed in relation to each objective. Finally, the overall conclusion of the study is presented followed by recommendations for further research. More details regarding the implementation of specific recommendations are discussed under practice guidelines in Chapter 6.

5.2 Participants' understanding regarding the functions of social work supervision

The study found that there was a varied understanding regarding the functions of supervision. The different understandings regarding the main functions of supervision and these included supervision being a mechanism; to promote accountability among professionals, to provide guidance and to help practitioners to grow, to provide emotional support, to provide a space for debriefing, a place to get guidance regarding current cases, case management, to promote quality assurance and self-reflection. Therefore, the study found that the social workers' understanding could be linked to one or more main purposes of supervision even though the social workers did not specifically link their responses according to these three main functions of supervision which are support, administration and education (Engelbrecht, 2019). For example, promoting accountability among professionals, promoting quality assurance and case management could be categorized as the administration function. On the other hand, providing

emotional support and a space for debriefing and enabling self-reflection can be categorized as the support function. Lastly, providing guidance regarding current cases and helping supervisees to grow could be categorized as an education function. It would seem from the views expressed in the study that social workers have a good understanding of the functions of supervision and what they would like to achieve from their supervision.

5.2.1 Most important function of supervision in palliative care

The key findings of the study show that the supportive function of supervision was considered the most important function of supervision in palliative care, when compared to the other functions of administration and education. It would seem that the supportive function is seen as the crucial purpose of supervision in palliative care as it enables social workers to manage the stress that comes from the raw emotional realities of social work practice in palliative care. It is therefore recommended that: -

- *Social work supervisors in palliative care must ensure that supervision in palliative care is supportive. The other functions must be incorporated; however, the support function must be the anchor of supervision sessions in palliative care.*

5.2.2 Functions of supervision that are met by current supervision

The study found that participants received varied combinations of distinct functions from their supervision. Some participants received all the three functions of supervision, whereas some participants did not receive all the three functions but received a combination of two of the functions. For example, support and administration or support and education. It would seem that supervision is rendered differently within each setting and by different supervisors. It is, therefore, recommended that:

- *Social work supervisors must provide balanced supervision that includes an administration function, support function and education function.*

5.2.3 Participants' suggestions for ensuring that supervision meets all the three functions of supervision

The findings of the study included suggestions that were put forward in order for supervision to meet all the three functions. It was believed that when these suggestions are incorporated into supervision then it would be able to meet three functions of supervision. The key findings

under this sub-theme were divided into sub-categories of suggestions that were directed at (i) the organisation, and (ii) the supervisors.

Organisations

The findings highlighted that organisations must put in place structures to monitor and evaluate supervision, provide support for supervisors and that there is a need to conscientize staff and management about the importance of social work supervision. It would seem the findings indicate that some form of monitoring and evaluation of the supervision could help to ensure that supervision covers all three functions of supervision. The importance of the need for their supervisors to receive supervision was also emphasised. Lastly, there seems to be consensus that management and staff (supervisees) do not fully understand what supervision entails, there is lack of the basic understanding of the function of supervision and there is general lack of appreciation regarding the role that supervision plays in social work practice. Based on the above findings, it is recommended that:

- *Employers and supervisees must receive education on supervision. This can be done through dedicated workshops.*
- *The employers should put monitoring and evaluation mechanisms in place to evaluate the supervision provided to social workers.*
- *Employers must prioritise supervision for the supervisors. The importance that is placed on the supervision of supervisees must also be extended to supervision for supervisors in order to ensure that supervisors also receive supervision.*

Supervisors

The findings in relation to suggestions for supervisors included that they need to support and understand supervisees, supervisors need to work at improving supervisee' morale, there is need for collaborative relationships with supervisees and supervisors must look at supervisees' case files. The findings of the study seem to indicate that an ongoing support, empathy and collaborative relationships are key to meeting the three functions of supervision in palliative care. Further, the study found that taking a closer look at case files assists supervisors to have a better understanding of supervisees challenges and this has been found to assist in meeting the three functions. It is therefore recommended that:

- *Supervisors need to demonstrate empathy and understanding for supervisees. This can be done through working with supervisees in a non-judgemental manner,*

genuinely willing to provide support and aid the positive mental wellbeing of supervisees.

- *Supervisors should show a willingness to work together with supervisees and communicate that the supervisory process is two-way, where both learn and there is no superiority in the communication process.*
- *Supervisors should go through supervisees' case files during supervision as a routine audit of case files so as to enable supervisors to have an overview of the performance and struggles of their supervisees.*

5.3 Participants' perceptions regarding the structure of their supervision

5.3.1 Frequency of supervision

The study found that there were varied perceptions regarding the structure of supervision. Additionally, regarding the frequency of supervision the findings show that some participants received supervision once every three months, while other received supervision once every month, whilst others once every week, and others only received supervision as and when needed. The findings suggest that supervision is provided differently according to the varied needs of the supervisees in line with their professional advancement. As such it is recommended that:

- *The frequency in which supervision must be rendered must be guided by the framework for supervision as stipulated by the DSD and SACSSP (2012). In the aforementioned policy document, newly qualified social workers must have supervision weekly for the first six weeks, thereafter it can be fortnightly for the first six months. For those social workers with 2 or more years of experience it is recommended that they have supervision once a month.*

5.3.2 Assessment of their current supervision

The study found that there was general satisfaction regarding the supervision received. It can be concluded that when the supervision environment is created that is conducive and enabling, supervision is effective, which leaves the social workers satisfied with the supervision that is rendered to them. On the other hand, the study also found that there was also some dissatisfaction with the supervision received and this was because of struggles with the idea of one-on-one supervision, a lack of open-door policy and supervision that lacks certain

supervision functions. These finding suggests that supervisees who are dissatisfied with their supervision are most likely to be left with unfulfilled supervision needs. It can further be inferred that they may be frustrated and resort to their own strategies in order to meet those needs. It is therefore recommended that:

- *Supervisors must offer a variety of supervision methods which are individual, group and peer supervision, so that supervisees can choose one which is most suited for them.*
- *Supervisors must adopt an open-door policy, so that supervisees have an opportunity for quick consultation when facing difficulties. In addition, supervisors must put measures in place to review the supervision rendered and continuously check if it still meets the needs of supervisees.*

5.3.3 Suggestions regarding the frequency of supervision

The study found that the participants preferred to receive both individual and group supervision once a month. It can be concluded from the findings that there is an awareness of the need for frequent supervision for both group and individual supervision. This is particularly important in palliative care where social workers could feel isolated because of the death and loss that is encountered daily in practice. It is therefore recommended that:

- *Supervisors and the employers must offer both individual and group supervision to social workers at least once a month.*

5.3.4 Methods of supervision participants received

The study found that the supervision structure varied but it was believed that receiving both individual and group sessions was crucial in palliative care. It can be concluded that a combination of both individual one-on-one supervisions together with group supervision were considered ideal and supervisees could derive maximum benefits from supervision when these two are combined. It is therefore recommended that:

- *Supervisors must offer both individual as well as group supervision interchangeably.*

5.4 Participants' perceptions regarding benefits from their current supervision

The key findings of the study indicate that that supervision brought a host of benefits which included: support and guidance, an increased network and CPD points, relieving emotional baggage, benefits derived from supervisor's wide experience and knowledge, supervisors

ability to respond to identified needs and situations, learning, building of self-confidence and trust with the supervisor. The findings of the study seem to suggest that when supervision is properly provided to the supervisees it could bring tangible results to the social workers and the organisation also benefits as well. It is, therefore, recommended that:

- *Supervisors can incorporate a checklist after supervision sessions as a means of assessing whether their supervisees are benefitting from their supervision.*

5.5 Participants' perceptions regarding challenges in current supervision.

The study found that there were a number of actual and potential challenges encountered in supervision which could impact supervision negatively. These included amongst others organisational challenges, logistical challenges, structure of supervision and competencies of the supervisor.

Under organisational challenges, it was found that challenges are linked directly to the organisation. Among organisational challenges were supervision provided by non-social workers, supervisors with multiple responsibilities and supervision by external supervisors. Supervision by non-social workers goes against the basic provisions as outlined in the supervision framework for the social work profession in SA (DSD and SACSSP, 2012, p. 31). The aforementioned policy state that only social workers may act as social work supervisors (DSD and SACSSP, 2012). Further, supervision by supervisors with multiple responsibilities was found to be compromising the integrity and quality of supervision. It was found that overburdened supervisors were unable to meet their supervisees' supervision needs because they were often unavailable for supervision, and this affected the delivery of regular and quality supervision necessary in palliative care social work. Lastly, external supervisors were found to be lacking good understanding of the organisation culture when compared to internal supervisors. It is therefore recommended that:

- *Instead of making use of external supervisors, employers must appoint internal social work supervisors who work and are employed in the organisation. This is recommended as they are more likely to understand the context and culture in which the supervisees work in and are best placed to understand the challenges supervisees face.*
- *Employers must ensure that social work supervisors are trained in social work supervision. This is in line with the framework for supervision, that states that "a supervisor must attend a supervision course presented by an accredited service*

provider recognised by the SACSSP” (DSD and SACSSP, 2012:32). Employers must ensure that those supervisors who have been promoted to supervisory positions internally receive training in supervision. This can be done by ensuring that training is made mandatory before commencement of supervision duties.

- *Employers must also ensure that supervisors tasked with supervising social workers have manageable loads and can render effective supervision to supervisees.*

Further, the study found that logistical challenges were encountered in supervision such as difficulties in finding a supervisor who meets all their supervision needs, time constraints and affordability. The finding seems to suggest that there is an ever-increasing demand for palliative care social workers’ time and supervision seems not to be prioritised but left to the bottom of the list of tasks. Further, supervision seems to be expensive and costly. Therefore, organisations which have limited human resources and struggle financially choose not to have supervision, or provided limited supervision that is rushed, and this is not beneficial to palliative care social workers. It is therefore recommended that:

- *Employers of palliative care social workers must prioritise supervision time and devise realistic plans to ensure that supervision calendars stipulate when supervision will be held and the duration.*
- *Employers must avail social work budgets that makes provision for funds set aside for supervision. This can include funds for training and workshops.*
- *Employers must avail opportunities for supervision training so that there is a pool for promotion into supervisory roles for experienced social workers in all palliative care organisations.*

Additionally, the key findings of the study show that there was also a challenge regarding the lack of a formalised agenda for supervision. It can be concluded that supervision must follow prescribed steps, which direct the supervisors in supervision sessions. This will assist to avoid taking conversations in the direction that is not useful. It is therefore recommended that:

- *Supervisors must set an agenda in consultation with their supervisees which will guide them regarding what needs to be achieved in each supervision session.*

The study also found that there were other challenges regarding supervisor competencies’ which included, amongst others, supervisors who are focussed on their own challenges as well as clashes in personalities. The findings point to the need for supervisors to be guided in supervision by the needs of the supervisee rather than their own personal challenges and needs.

When this is done it is the only way supervisees can benefit fully from supervision. Further, it would seem that when the supervisor and supervisees have different opinions and supervision styles and other issues, it can cause tension resulting in a clash in personalities. It is therefore recommended that: -

- *Social work supervisors need to be sensitised to the importance of good interpersonal and communication skills as these facilitate good supervision sessions and enable building positive relationships with supervisees.*
- *Palliative care organisations must provide training, resources and avail opportunities for refresher courses for supervisors so that they are constantly upgrading their skills on how to work and manage supervisees.*

5.5.1 Participants' perceptions regarding factors that contribute to ineffective supervision in palliative care

The study found that there was a varied mix of factors which contribute to ineffective supervision and among these were overburdened supervisors, supervisors who lack a passion for supervision, different perspectives on supervision between supervisor and supervisee together with supervisors who lack communication skills. The findings seem to suggest that when supervisors suffer strain from their multiple responsibilities this often results in a lack of passion for supervision. Further, a general lack of certain competencies necessary for supervision will often render supervision ineffective. It is therefore recommended that: -

- *Employers must put measures in place to monitor the workload of social work supervisors which can be done through time sheets that track their workload daily.*
- *Supervisors must go through thorough checks to ensure they have a desire to support and supervise others.*
- *Employers must offer ongoing social support and training to social work supervisors on inter-personal skills and relationship building skills so that they continuously acquire skills that help them manage their supervisees.*

5.6 Participants' perceptions regarding self-care strategies employed in coping with work pressures and stress

The study found that social workers employ different self-care strategies to cope with the work pressures and stresses in different palliative care settings. The strategies included among others

relaxing activities, maintenance of boundaries between work and personal time, the use of personal social relationships, spiritual strategies, and professional strategies.

5.6.1 Effective and ineffective self-care strategies

The study found that the self-care strategies that were employed were effective in reducing work related stress in palliative care social workers. This finding suggests that when social workers engage in various self-care strategies, they are likely to find balance and harmony and ability to perform in their different roles in palliative care. It is therefore recommended that:

- *Social workers in palliative care must be encouraged to engage in self-care activities continuously and regularly in order to cope with the work pressures and demands in palliative care.*

5.6.2 Participants' perceptions regarding self-care activities and strategies provided by their employers

The key findings of the study show that there is awareness and knowledge regarding self-care activities and strategies that are provided by the employers, and these are utilised as and when necessary. The self-care strategies or activities which were found to be effective, and which are provided by the employers in palliative care included among others access to a therapist or counsellor, employer incentives such as paid leave, allowing half-days on Fridays and attendance of paid training for professional development, team building excursions and staff functions (wellness day and employee awards). The findings indicate that most employers seem to be aware of the importance of providing formal self-care strategies to employees in the workplace and some social workers are making use of these strategies. It is therefore recommended that: -

- *Employers must work at strengthening the self-care strategies that are in place and working well and consider how they can better these in future.*
- *Employers must have a self-care budget to expand the range of self-care activities and strategies to include most sophisticated ones such as massages and spa treatments so that self-care has the support of top management, who have the influence and power to make important decisions.*

5.7 Participants' recommendations regarding effective self-care strategies

The key findings of the study show that in order to ensure the effectiveness of self-care strategies in palliative care social workers, there is a need for social workers to be self-aware. Self-awareness is having knowledge about what works for you and what you can tolerate. It is, therefore, recommended that:

- *Social workers who are employed in palliative care organisations must make individual self-care plans that are tailored to their needs and follow these consistently. The self-care care plans can be shared with a 'work buddy'. In order for this to be effective social work supervisors should allocate each social worker to an informal buddy among their colleagues. The "buddy" will check and ensure they are looking after themselves and they can also be a support to each other.*

Further, self-care was noted to depend on the individual and their circumstances. This means that in order for self-care to be effective the desire to look after yourself is dependent on your own initiative and willingness to look after your health. It is also important to set and communicate your boundaries and be consistent in your practise of self-care. Further, self-care must be undertaken as a community or a team and be prioritised in palliative care. Therefore, it is recommended that:

- *Social workers must consistently undertake self-care activities individually or lean on support from colleagues. This can be done through the formation of social work forums and palliative care support groups*
- *Social workers should undertake self-care strategies consistently, this can be done by having a daily logbook that one uses to note down self-care activities taken per day. It can also work as a reminder when one has neglected to look after themselves.*
- *Social workers must take steps to set their own boundaries and communicate these to colleagues and patients. This can be done by reminding both colleagues and patients on what they can do and cannot do so that they manage the expectations others may have of them.*

The findings further suggest that self-care needs the support and buy in of the employing organisation. In other words, social workers will participate in self-care when there support and involvement of the employing organisation. When the employing organisation is involved and a considered a partner in self-care, self-care is considered effective. On that account, a lack of

employing organisation's involvement, their inability to avail resources and enabling environments and approaching self-care as a one size fits all approach is a hinderance to self-care. It is, therefore, recommended that:

- *Employers must avail time and resources for self-care strategies and activities. Time must be set aside in a day or a week for social workers to undertake a self-care activity. Money must be set aside for self-care activities and in low resource organisations employers are encouraged to form partnerships with individuals (therapists, wellness coaches and medical personnel) who can then render services for free to the social workers. Partnerships can be forged with yoga instructors and meditating specialists who can provide or assist with delivery of self-care strategies for free. Employers can also partner with organisations such as medical aid companies, different health providers for example private hospitals, pharmaceutical companies, wellness companies and gyms. These organisations can donate their services or sponsor self-care activities, so that organisations are relieved from the burden of paying for services. The use of sponsors or volunteers for self-care exercises can be the solution to low resource organisation who are unable to provide these services because of lack of funds.*
- *Employers must also ensure they avail spaces within the organisation that support the practise of self-care. This can be done through dedicated quiet areas and relaxing areas that can be used during breaks or after a traumatic encounter with a client.*

Lastly, the findings seem to suggest that there is need to formulate guidelines or steps that guide the practise of self-care in palliative care. It is therefore recommended that

- *Organisations that employ palliative care social workers must have a policy document on self-care, which stipulate the times, different strategies in place to be utilised by social workers and any other support that the social workers are entitled to. Where this is absent, meetings can be held with social workers so that they can contribute towards the policy documents, by choosing the strategies they prefer and how they can effectively undertake self-care.*

5.8 Overall conclusion

This study explored supervision and self-care from the perspectives of palliative care social workers in South Africa. The study found that supervision and self-care are crucial to palliative care social workers in South Africa. The employing organisations need to take a leading role in the provision of supervision as well as creating a work culture that enables social workers to undertake different self-care strategies. When resources are available to get adequately trained supervisors and time is set aside to engage in relaxing activities it creates a fertile ground for effective supervision and self-care. The study also found that when supervision and self-care are supported by top-management, it is well received by supervisees as they feel it is part of the work they do and thus they prioritize it.

This conclusion ties in well with the strength-based approach because effective supervision is built on collaboration and positive relationships between social workers and their supervisors (NASW, 2013). This is in line with the principles of the strength-based approach which encourages working together towards shared goals as well as leveraging one's strengths and expertise (Gottlieb, 2014). In addition, the emphasis on organisational support for both supervision and self-care reflects a strength-based perspective at the systematic level (Pattoni, 2012). The researcher is of the opinion that when organisations provide the means and resources and create a conducive environment it enables social works to thrive and contribute effectively to patient outcomes.

The study found that supervision can be effective when social workers are well prepared, plan for their sessions, work collaboratively, are understood by their supervisors and they have a positive professional relationship. Further, supervisors who have high levels of emotional intelligence, are experienced and knowledgeable in their field, are well received by the supervisees. Additionally, supervisors who are congruent, well trained and passionate about the subject of supervision as well as command good communication skills, are admired and well received by the supervisee and this aids the supervision process. On the other hand, self-care is effective when supervisees are self-aware, consistent, know their limits and can communicate these to their stakeholders. For both supervision and self-care, it is important for the employing organisation to take the lead in the provision of these services as the organisation will ultimately benefit when patient outcomes are reached.

These findings and conclusion tie in well with the eco-systems theory because according to the ecosystem theory in order for supervision and self-care to be effective they are influenced by the interconnected relationships between the different environments that is social workers, supervisors and the employing organisation (Ettetal & Mahoney,2017). Thus, when these crucial interconnected relationships are supportive and conducive to the total wellbeing of the social workers the social workers will thrive in their roles and will be able to fulfil the organisational outcomes.

5.9 Recommendations for further research

The findings of this study could make substantial contributions to the body of knowledge if they are supplemented by further research. The study was carried out with palliative care social workers in SA who receive supervision from a supervisor. Given the concerns that were raised regarding the core competencies of supervisors that supervise palliative care social workers in SA, it is recommended that a qualitative study be conducted on the perceptions of social work supervisors that supervise palliative care social workers in SA. The researcher believes that these experiences will guide organisation who employ supervisors when looking for supervisors for their social workers.

CHAPTER 6: PROPOSED PRACTICE GUIDELINES FOR SUPERVISION AND SELF CARE FOR SOCIAL WORKERS IN PALLIATIVE CARE

6.1 Introduction

This section chapter proposes the practice guidelines, based on the findings, conclusions, and recommendations of the study. The framework for supervision by the National Department for Social Development and the SACSSP (2012), offers a useful practice framework in developing guidelines for supervision in palliative care social work. As such the framework will be used to present the guidelines. The framework is informed by policies and legislative frameworks as well as supervision theories that promote the effective delivery of supervision to social workers in South Africa (SA). The policy was aimed at standardizing social work supervision across the board and highlights the importance of social work supervision in practice (DSD and SACSSP, 2012). The framework is suited for different types of settings as it caters for social workers in government, those in private organisations, non-profit making organisations and those practising privately. It is therefore a useful guide to social work supervision in palliative care in South Africa.

The framework clearly emphasizes that supervision is mandatory and only social workers may act as supervisors (DSD and SACSSP, 2012). It also stipulates the supervision staff ratios that must be followed and states that they must be clear policy regarding the supervision of social workers in any setting. This links well with the objective this study explored regarding supervision in palliative care.

It is anticipated that in order for the guidelines to be effective, they will require the involvement of all stakeholders, namely, the employers in palliative care, social work supervisors, social workers themselves, other organisations and volunteers in the various palliative care settings. Guidelines for social work supervision will be discussed first and thereafter guidelines for self-care.

6.2 Guidelines for social work supervision in palliative care

The first section of the chapter focuses on guidelines that are proposed in relation to the structure of social work supervision in palliative care. Thereafter, the focus will move to guidelines that are proposed for the employing organisation that render palliative care social work services. These will be followed by the guidelines that are proposed for social workers in palliative care and lastly guidelines for social work supervisors in palliative care.

6.2.1 Structure of social work supervision in palliative care

The following guidelines are proposed for the structure that should be followed for supervision in palliative care. The structure in this instance includes the method of supervision, frequency of supervision sessions and duration of supervision sessions.

- **Methods of supervision**

The study found that the supervision method that was preferred varied, but it was believed that receiving both individual and group sessions was crucial in palliative care. It can be concluded that a combination of both one-on-one and group supervisions were considered ideal, and supervisees could derive maximum benefits from supervision when these two are combined. In light of the findings and conclusions, the following practice guidelines are recommended:

- Supervisors must provide individual supervision sessions that is one on one method of supervision. This is to ensure that the personal growth of supervisee is prioritised as individual supervision is intense and is the best place to achieve individual personal growth. It is recommended that supervisors incorporate the use of technology into one on one supervision for example making use of virtual platforms tools (e,g Zoom, Microsoft Teams). This will allow social workers to receive support and guidance regardless of their location, or time and it will ensure supervision is consistent even under difficult circumstances. The use of technology will also enable supervisors to record and review sessions and this can enhance the learning process by allowing both parties to revisit discussions and insights. In addition to individual supervision supervisors must provide group supervision. However, group supervision must be provided to compliment the work of individual supervision and not replace it.
- When it comes to group supervision, supervisors must continuously monitor the composition of the group so that it is not too broad in terms of level of qualification and practice experience. It is important to have a group that has more commonalities and similarities than differences for balance.

- **Frequency of supervision sessions**

The study found that there were varied perceptions regarding the frequency in which supervision should be held. The findings may suggest that supervision is provided differently because of the varied needs of the supervisees in line with their professional

advancement. In view of the above findings the following practise guidelines are recommended:

- Individual supervision should be held once fortnightly for those social workers who are new to the field of palliative care for the first six months. This will enable them to receive guidance and support as they are new to the field and still learning about the field of palliative care.
- Individual supervision should be held once a month for those social workers who have more than two year's work experience in palliative care.

- **Duration of supervision sessions**

The study found that the duration of supervision sessions varied among the participants and there was little agreement on the duration of supervision which was considered adequate. It can be concluded that, the duration of supervision sessions was provided differently in accordance with each individual varied need and professional advancement of each supervisee. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Social work supervisors in palliative care must provide individual supervision for a minimum of one 1 to 2 hours for social workers with under two years' work experience and those who are new to the field of palliative care. This is because new social workers to the field of palliative care need more time in supervision as they slowly orient themselves to the field of palliative care. Newly appointed social workers may have many questions or face many challenges and as such may need more time in supervision.
- Social work supervisors in palliative care must provide individual supervision for a minimum of one (1) hour for social workers with two years' work experience and more.

- **Important supervision function in palliative care**

The study found that supervision in palliative care should be tasked with fulfilling the three purposes, namely the administration, education and support function. However, the study also found that the support function is the most important among the three main functions of supervision in palliative care social work. The findings seemingly suggest that the supportive function has a crucial role in palliative care as it enables social workers to manage the stress that comes from the raw emotional realities of dealing with trauma daily

as part of social work practice in palliative care. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Supervision for social workers in palliative care must dedicate half the time (50%) of supervision to the supportive function. The other functions which are administration and education can each be allocated a quarter of the time (25%) allocated for supervision. This is because caring for the dying is considered difficult. As such ongoing emotional support in the form of the support function is needed to ensure that social workers are able to cope, manage and continue their work.
- Supervision sessions in palliative care must provide supervision that encompasses the three functions of supervision. In order to achieve this, the agenda of any supervision session must be divided into three sections, that is support, administration and education. Matters to be discussed will then be plotted into the three main functions. This will ensure that each function is covered adequately in any supervision session.

6.2.2 Organisational responsibilities towards supervision in palliative care

For social work supervision to be effective in palliative care it is important that it is fully supported by the employers and therefore this sub-section focuses on the guidelines that are proposed for the employing organisations.

- **Training and education on social work supervision**

The study found that in order for supervision to meet all three functions there is need for more education and training regarding the importance of supervision to both management, supervisors and the social workers (staff). In view of the above findings and conclusions, the following practice guidelines are recommended:

- The employing organisation must put measures in place to ensure that social work managers, social work supervisors and social workers in palliative care receive education on supervision. Educational workshops must be held with social work managers, supervisors and social workers to learn about supervision together at the beginning and halfway through the year. In the event that new social workers join the organisation mid-year or later, provisions must be made to ensure they also have educational workshops on supervision. The workshops can be used as a creative way to ensure supervision stays on the priority agenda for the organisation. An evaluation can be done at the end of the workshop to ensure that all the attendees of the workshop

understand the concept of supervision and what it entails. Further, workshops could be an ideal platform for social workers to raise issues about supervision which need the attention of the management in a collegial way. While linked to clients' rapid appraisals of social work services which promote the value of the organisation to the community it seeks to serve.

- **Monitoring and evaluation of social work supervision in palliative care**

The study found that organisations did not have any measures intended to assess the nature of supervision that is offered to social workers. It was recommended in the previous chapter that organisations must put in place structures to monitor and evaluate supervision that is rendered to social workers. It is hoped that some form of monitoring and evaluation of the supervision could help to ensure that supervision covers all three functions of supervision. In view of this finding and conclusion it is recommended that:

- Monitoring and evaluation mechanisms could be conducted through dedicated workshops where all role-players could be granted an opportunity to gather information on supervision overall and its impact to social workers. Feedback from these sessions or workshops could then be used post-workshop to improve and strengthen the supervision that social workers receive. In addition, areas of concern can be looked at and receive attention. Facilitators who may be contracted to run these workshops can be from outside the organisation as this could enhance the quality of a monitoring and evaluation exercise if it is done by an external professional person who is an expert on the subject.
- Facilitators of these workshops could use a checklist as a means of data collection for evaluation purposes. This can be adapted to suit the needs of each individual organisation. The checklist can include a scoring section, where the supervisees can rate their supervision out of 10, with 10 being excellent and 0 being not satisfactory. Other sections could be on assessment of supervisory relationship, feedback, and level of support. The checklist could also have a section on cultural consideration, where supervisee could comment if the supervision delivered is culturally sensitive. Further, another section that can be included is the supervisor's facilitation skills. Additionally, a section on the usefulness of themes that are covered in supervision could be added. With each section, there should be an allowance for supervisees to comment and explain their choices, preferences or scoring.

- **Monitoring of supervisors' workloads**

The study found that supervisors have multiple responsibilities, that range from clinical, managerial and supervision duties and many of them struggle to balance these. However, in an effort to ensure that the multiple responsibilities do not hinder the effective delivery of supervision the employers can continuously monitor supervisors' responsibilities. This could be done by the directors as a way of monitoring the quality of supervision rendered to supervisees. In view of the above findings and conclusions, the following practice guidelines are recommended:

- Employers must be aware of how many clinical cases the supervisors are handling at any given time. Employers must be aware of the pressure that may be affecting supervisors. When the pressure has been identified and they must bring in extra human resources to stabilise the pressure early on in order to stop any decline in the quality of supervision delivered. In order to achieve this employer must provide time sheets for social work supervisors where they can plot activities undertaken each day and the time that was allocated to each activity. This in turn will inform the employers on the supervisors' workload and if any action needs to be taken.

- **Social work supervision and or consultation for supervisors in palliative care**

The study found that social work supervisors suffer from the same strain that social workers in palliative care experience. This is because some supervisors have clinical duties of seeing to clients in addition to their supervisory duties. It was recommended in Chapter 5 that supervisors in palliative care must also receive supervision. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Employers must prioritise support for social work supervisors in palliative care, the same way supervision is provided to supervisees. Support and/or consultation for supervisors must also be made mandatory and the terms of reference in written form must be made available to supervisors. Time and money must be allocated for supervision and/or support specifically for supervisors. Employers must ensure this is implemented because it will serve as good modelling for the supervision they will provide to supervisees. When social work supervisors in palliative care are supported, it is perceived that they will provide quality social work supervision to their supervisees.

- Social work supervisors could also come together and form a social work supervisors forum. This will act an extra layer of collegial support which the supervisors may need.

- **Appointment of social work supervisors**

It was recommended in Chapter 5 that instead of making use of external supervisors, employers must, wherever possible, appoint internal social work supervisors who work and are employed in the organisation. It has been noted that internal supervisors are more likely to understand the context and culture in which the supervisees work in and are best placed to understand the challenges supervisees face. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Employers in palliative care must appoint internal social work supervisors who are based at the organisation as this has many benefits for the supervisees in the organisation. This can be achieved through promoting and appointing social workers who are within the organisation who have acquired years of experience in the field. These can be trained, equipped and provide the much-needed internal supervision within the organisation.

- **Financial support for supervision activities**

The study found that supervision is a costly and time-consuming exercise as such it is important for organisations to budget and set aside time and finances for supervision and programs geared towards supervision. In light of these findings and conclusions the following practice guidelines are recommended:

- Employers must avail time and supervision budgets detailing how much is allocated to supervision in palliative care. If there are shortfalls, plans must be put in place to ensure these are covered and each social worker is assured of receiving adequate supervision. In the budget it must be stipulated how much time and funding has been allocated to training and workshops.
- Fundraising efforts such as raffles with monthly draws can be utilised to raise funds for supervision purposes, and donations from corporate organisations can be utilised to ensure there are enough resources for supervision. In low resource organisations the employers can also forge partnerships with retired social workers who have years of experience in palliative care who can then provide support or consultation for social work supervisors in palliative care.

- **Social work supervision ratios**

The study found that among the factors that contribute to ineffective supervision were overburdened supervisors. It would seemingly show that supervisors carry heavy loads and as such this affects the supervision rendered. In light of the above findings and conclusions it is recommended that:

- Employers must also ensure that supervisors maintain the correct ratios for supervision in palliative care. According to DSD and SACSSP (2012), a supervisor must supervise not more than 10 supervisees if that is their only responsibility in the organisation and a ratio of 1:6 should be allocated if the supervisor has other responsibilities. This supervision ratio should be communicated and stipulated in the supervision policy for the organisation so that it acts as a guide for supervision. These supervision ratios should be reviewed half yearly to ensure the supervisors are still able to perform their clinical duties optimally and still render supervision that is sufficient and adequate.

6.2.3 Guidelines for social work supervisors

Following recommendations made in Chapter 5, regarding the supervisory relationship and the competencies of the social work supervisors, the following guidelines are proposed for the social work supervisors in palliative care:

- **Supervisory relationship**

The study found that in order for supervision in palliative care to be effective there has to be a positive and trusting relationship. The findings of the study seem to indicate that a positive and trusting relationship is crucial to effective supervision. In view of the above findings and conclusions, the following practice guidelines are recommended:

- Supervisors must possess good interpersonal skills and demonstrate empathy and understanding to supervisees. Supervisors must be non-judgemental and genuinely believe in supervision, its principles and benefits. These qualities are key to a positive, caring and trusting relationship which leads to effective supervision. In order to ensure this is achieved supervisees can do reviews of their supervision sessions and indicate areas that are being done well and areas that need improvement. Supervisees can make use of the workshops alluded to earlier to provide this type of feedback.

- Social work supervisors in palliative care must provide supervision that is collaborative. This means that supervisors must see supervision as a mutual learning process where both parties can learn from each other. The supervisor and supervisee must work collaboratively in advance to decide the (i) agenda for each supervision session (ii) the venue for the supervision (iii) the time allocated for supervision and (iv) any other logistics for supervision.

- **Skills necessary for social work supervisors in palliative care**

The study recommended in Chapter 5 that social work supervisors need to be sensitised to the importance of good interpersonal and communication skills as these facilitate good supervision sessions and enable building positive relationships with supervisees. It would seem a general lack of certain competencies necessary for supervision will often render supervision ineffective. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Social work supervisors in palliative care must have good interpersonal interaction and communication skills. They need to possess good people skills as these assist in managing the process from a management perspective. Employers can aid the process and avail training opportunities in people management skills and refresher course once every year for supervisors. These courses can be made compulsory for one to continue to be a supervisor. There are a variety of courses that one can undertake online. An example is Get smarter which offers people management courses, the South African College of Applied Psychology which offers a Management and Leadership course, Course-era offers a Best People Management Course certificate online and the University of Pretoria which offers a People Management course for Public Sector Managers. Employers can request proof of attendance of such courses if one is to continue practising as social work supervisor. The employers can avail funds for undertaking these courses.

- **Social work supervision methods in palliative care**

The study found that the supervision methods varied with each individual, but it was perceived that receiving both individual and group sessions was crucial in palliative care. It was also found that daily check-ins are important when working in palliative care, as cases are unique and different and social workers may need a quick consultation with their

supervisors. In view of these findings and conclusions, the following practice guidelines are recommended:

- Social work supervisors in palliative care must provide a variety of supervisory methods to meet the needs of each supervisee. Different methods may be utilised such as individual and group supervision. Supervisors must ensure these methods adhere to the code of ethics set out by the SACSSP.
- Supervisors in palliative care must allocate a time every day when supervisees are allowed to check in and consult when having challenges in their work. Supervisors can take the opportunity to review the supervision being rendered. That is to check its sufficiency and appropriateness against the needs of the supervisee.

- **Social work supervision plans in palliative care**

The key findings of the study show that there was also a challenge regarding the lack of a formalised pre-set plans and agendas for supervision. In light of the above findings and conclusions, the following practice guidelines are recommended:

- Social work supervisors in consultation with each supervisee in palliative care must devise supervision plans that match the development plan of the supervisee, and everything needs to be done transparently and in partnership. The supervision plan must note the experience and competency of the supervisees, these will then guide the direction of each supervisee's supervision based on their needs. This process must be collaborative, because when supervisees are involved in the planning and decision making of the sessions, they take ownership and responsibility for their supervision.
- Supervisors must set an agenda for every supervision session; this will be a clear and specific outline on what will be covered in each session. This must be done in a collaborative and transparency manner. The agenda can have a section to discuss any other business that is not related to supervision at the end of the session, this will ensure that adequate time is allocated to the three functions of supervision and only when these three supervision functions are exhausted can the session move to any other business.
- Supervisors must prepare supervision reports after each session, and these must be signed by both the supervisor and the supervisee. These reports are for record keeping and can be used as a monitoring and evaluation tool. Supervision reports could allow the supervisee and supervisor to be on the same page regarding the outcomes of a

particular supervision sessions. This in turn is likely to help when they plan for the next supervision session.

- Supervisors in palliative care must aim to establish a regular supervision pattern and routine such that supervisees can predict when they will get supervision. When a routine has been set, it builds on the expectation, anticipation and excitement for supervisees towards supervision. The supervisors in palliative care should set supervision at the same time where possible and only change the routine in the event of emergencies.

6.3 Guidelines for self-care in palliative care

In order for self-care to be effective in palliative care social workers, the following guidelines have been formulated. The guidelines will focus on the organisations that employ the social workers, the social workers and their social work supervisors in palliative care.

6.3.1 Guidelines for palliative care organisations

The following guidelines for palliative care organisations are based on the findings and recommendations of the study as presented in Chapter 4 and 5 respectively.

- **Establishment and support for self-care programs**

It was recommended in Chapter 5 that employers must avail time and resources for self-care strategies and activities. On that account, a lack of employing organisation involvement, and their inability to avail resources is considered a hinderance to self-care. In view of the above finding and conclusion the following practice guidelines are recommended:

- Organisation must have self-care budgets that are available to all social workers in palliative care. Where funds are limited, they should engage private organisations and form partnerships so that these organisations can provide self-care activities as part of their corporate social responsibility programs. Employers can approach and make use of volunteers who can provide self-care activities. These can be yoga instructors, massage therapists, fitness trainers, sport coaches and wellness specialist. Wellness training schools can be approached to do their practical training with the social workers, for example those who teach massaging, pedicures and relaxation exercises.

- Employers of social workers in palliative care must communicate the time that is set for self-care activities in the organisation in the course of the day, in consultation with the social workers. These strategies must suit all social workers and be culturally sensitive. For example, it can be stipulated that yoga exercises, meditation or prayer sessions can be conducted during lunch breaks. When times are set and regular, social workers will utilise the self-care opportunities.
- Employers of social workers in palliative care must put measures in place to allow social workers periods of rest and encourage social workers to undertake self-care activities. Employers can set aside venues that can be dedicated for self-care activities during breaks. A lounge can be closed off at lunch time for meditation or quiet time. A clocking system can be installed on mobile devices that blocks social workers from working during dedicated breaks or after hours and this can only be bypassed in case of emergencies. This can be done through the use of different alert sounds to signal an emergency. Supervisors can also encourage social workers to take their annual leave each year and avoid it accruing over the years.
- Employers must set aside time for social workers in palliative care to attend and participate in supportive self-care programs, times can however be changed when emergencies occur. These can include participation in social work forums, workshops and conferences so that they can learn and support one another in less formal environments.

6.4.2 Guidelines for the social work supervisors in palliative care regarding self-care

- **Self-care review and monitoring in palliative care**

The study found that in order for self-care to be effective in palliative there is need for support from the employers and supervisors this can be in the form of resources or enabling environments which are geared towards assisting the social workers to utilise self-care as a tool to cope with the stress and work pressures in palliative care. In light of these findings and conclusions, the following practice guidelines are recommended:

- Social work supervisors in palliative care must provide self-care review sessions where they can discuss with supervisees if the self-care being rendered by the organisation is still appropriate and adequate for the supervisees' needs. Review sessions must be

informal and be conversational so that supervisees can freely share and give feedback. Anonymous review forms can be used to collect information.

- Social work supervisors in palliative care must request all social workers to forward their self-care plans for each month. They can randomly appoint each social worker a buddy and these self-care plans are shared with the buddy who can keep track of the social workers self-care strategies and encourage them to be consistent and regular. Incentives can be allocated to the social worker who undertook many activities per week. For an example, an incentive of early break up time on Fridays or a day off from work for the highest points.

6.4.3 Guidelines for palliative care social workers

The following guidelines for social workers are based on the findings and recommendations of the study as stated in Chapter 4 and 5 respectively.

- **Self-care support groups in palliative care**

The study found that in order for self-care to be effective social workers need the support of one another. In view of the above finding and conclusion, the following practice guideline is recommended:

- Social workers in palliative care must organise and form support groups. This can be done with coordination at the Hospice Palliative Care Association of South Africa since they have a database of all the hospices in SA and some of the organisations that provide palliative care services in SA. Social workers in palliative care can also make use of organisations that bring together palliative care professionals for example the Association of Palliative Care Practitioners of South Africa (PALPRAC) and draw members from such organisations to form support groups.

- **Self-awareness in palliative care**

The study found that self-care is an individual exercise that is dependent on the supervisees knowing their strengths, weakness, and capabilities. When one is self-aware, and they are able to tailor their own strategies that best works for them, and when there is support and involvement of the greater community for example colleagues, self-care is effective. In view of the above findings and conclusions, the following practice guidelines are recommended:

- Social workers in palliative care must be self-aware. They must develop a self-awareness that assists them to know what one can or cannot take, the limits they can tolerate as an individual. It is important to know when one is emotionally exhausted and needs a break and when to ask for help. Social workers in palliative care must develop consistent self-care plans that they follow regularly and can undertake in or outside the workplace. It is important to have a written self-care plan that they can go to and review as and when required. This can be shared with colleagues or “buddies” so that they can support each other.

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APPENDICES

APPENDIX A

RE: Request for permission to conduct study at your organisation

My name is Tendayi Nyamndaya. I am a full time Doctoral student in the Department of Social Work and Social Development at the University of Cape Town. In fulfilment of requirements for a Doctoral degree, I have to undertake a research project and have consequently decided to conduct research to investigate the following research topic: **exploration of supervision and self-care from the perspectives of palliative care social workers in South Africa.**

The ultimate goal of this study is to develop an in-depth understanding on the perspectives of palliative care social workers regarding supervision and self-care. I therefore request for permission to be allowed to conduct virtual interviews or face to face interviews with social workers employed by your organisation.

Information that will help to understand the study (i.e. what are the aims of the study, why there is need for this particular study) as well as what social workers involvement will entail (i.e. what will be asked/or what will be requested during the study, the risks and benefits involved by participating in this study and the rights of the participants) will be provided. The study is still under consideration by the Ethics Committee and the Ethical Clearance will be availed once the study has been approved by the Ethics Committee.

I would be most grateful if I can be granted permission to conduct interviews at your organisation.

Tendayi Nyamndaya

RESEARCHER

APPENDIX B

Informed Voluntary Consent to Participate in the research study

Thank you for taking time to read the information sheet which provides information on the study that I am inviting you to participate in. The purpose of the information sheet is to provide more information on the study so that you are well informed and are able to make a choice to participate or not.

The overall aim of the study

This study seeks to explore supervision and self-care from the perspectives of social workers working in palliative care so as to contribute towards workable self-care strategies and effective supervision which could improve efficiency and enhance social work practice in palliative care. I will combine face to face interviews together with zoom or telephonic interviews and where applicable I will adhere to all COVID protocols. The interviews will be recorded with your permission. You should only participate if you want to. All questions will be open ended, and this study is for academic purpose. If you have any questions or concerns about the research, feel free to contact my supervisor A/Professor Thulane Gxubane on his email address thulane.gxubane@uct.ac.za.

Recording: We may record audio as part of the study. If you object to this, please indicate.

Risks: This study is deemed low risk, but the harmful risks related to your participation in this study maybe from relieving traumatic events that you have encountered in your line of work. In the case of this happening, I am a qualified social worker with experience and training in grief and loss supportive counselling. I will debrief after every interview. Should you require further support, information will be provided on places that offer such services.

Feedback: The findings from this study will be communicated via email.

Disclaimer/Withdrawal: Your participation in this study is voluntary. Consenting to be a part of this study does not mean you are obliged to stay as a participant. You can withdraw at any time without explaining yourself. You are also free to decline to answer any question that makes you uncomfortable. Note that the researcher may also withdraw you from the study at any time in case your participation in the study exposes yourself or other participants to harm.

Confidentiality: Should you decide to participate in the study all information collected will be kept private. Your identifying particulars will not be revealed to anyone.

What signing this form means: By consenting to this form, you agree to participate in this study. The aim, procedures to be used, as well as the potential risks and harms and benefits of your participation have been explained using this form. Withdrawal or refusal from the study at any given time will not disadvantage you in any way. You are free to contact me if you have any questions or requests at any given time during the study.

Monetary compensation: There is no monetary gain for taking part in the study, be it incentive or payment.

If you have any questions or concerns about the research, please feel free to contact:

Tendayi Nyamndaya

Cell: 0738051044

E-mail: tendy.81@gmail.com

I agree to participate in this study Yes No _____
(Initials)

I agree to be audio recorded Yes No _____
(Initials)

I consent to Debriefing Yes No _____
(Initials)

I agree to the use of materials (properly anonymized if requested above) in the following way:
use of materials for analysis and elaboration of research results: generation of research outputs
(academic articles and non-academic material).

(Initials) Yes No

APPENDIX C

SEMI-STRUCTURED INTERVIEW GUIDE

Exploration of supervision and self-care from the perspectives of palliative care social workers in South Africa.

A. PROFILE OF PARTICIPANTS

1. Age Group (indicate with a cross where applicable)

21-30

31-40

41-50

50-60

60 and above

2. Gender (indicate with a cross where applicable)

Male

Female

Other (Please
specify):

3. Qualification(s):

4. Current occupation (s):

5. How long have you been employed as palliative care social worker?

6. How many years have you been supervised by your current supervisor?

B. Participants' understanding and perceptions regarding the functions of supervision

1. What is your understanding regarding the function of supervision?

2. Which of the three purposes of supervision do you think is most important to you?
Why?

3. Which of the three functions/purposes do you think is being met by your current supervision?
4. Which of the three purposes/functions of Supervision do you think is less important for you? Why?
5. Why do you think your supervisor is not able to meet all three functions of supervision?
6. What would you suggest needs to be done to ensure that your supervision meets all three functions/purposes of supervision?

C. Participants' understanding and perceptions regarding the nature of supervision, if any, that they are currently receiving from their supervisors

1. How often do you receive supervision? Do you think this is adequate in meeting all your supervision needs? If yes, why? If no, why?
2. How many supervision sessions would you prefer? Why?
3. How is your supervision predominantly structured group /one on one? Why?
4. What would you suggest would be the ideal supervision structure in palliative care social work? Why?

D. Participants' perceptions regarding benefits, if any, from current supervision

1. What personal benefits, if any, do you get from your current supervision? Probe further.
2. What works very well with your current supervision? Why?
3. Does your current supervision add any value to you? If yes, why? If not, why?
4. What would you suggest needs to be done to ensure that supervision adds value and benefits social workers in palliative care?

E. What are the participants' challenges, if any, that they encounter regarding their current supervision

1. What are some of the major challenges you encounter, if any, regarding your current supervision? Why?
2. What do you think challenges or contributes significantly to ineffective supervision, if any, to your current supervision?

3. What does not work well with your supervision? Why?
4. How do you recommend that challenges, if any, regarding your supervision could be overcome? Why?

F. What are the self-care strategies, if any, that the participants employ in coping with work pressures and stress

1. What self-care strategies do you employ, if any, in coping with work pressures and stress in general? Why?
2. Do you think your self-care strategies work in assisting you to cope and manage work related stress? Why?
3. What self-care strategies do other social workers use that you are aware of which (1) work well; and (2) do not work well?
4. Does your organisation provide any self-care activities/strategies? If yes, please describe them. If no, why?
4. What do you think could be done to ensure self-care strategies are effective in reducing work related stress for social workers in palliative care?

G. What are the participants recommendations, if any, they would like to propose for effective supervision and self-care strategies for palliative care social workers in SA

1. What other recommendations would you propose for effective supervision in palliative care social work?
2. What other recommendations would you propose for self-care strategies to be effective? Why?

H. What else would you like to add in the research topic area which we have not discussed thus far in the interview?

“Thank you very much for your participation in the study which will hopefully advance the field of palliative care social work in SA”

APPENDIX D

Ethics Clearance Letter

UNIVERSITY OF CAPE TOWN



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04 November 2022

Student: **Tendayi Nyamndaya (NYMTEN005)**

Outcome: **ACCEPTED**

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Exploration of supervision and self-care from the perspectives of palliative care social workers in South Africa*. The reference number is SWK-REC-2022-SR018.

I wish you all the best for your study.

Yours sincerely
Dr Shanaaz Hoosain
Senior Lecturer
Chair: Ethics Review Committee

The University of Cape Town is committed to policies of equal opportunity and affirmative action which are essential to its mission of promoting critical inquiry and scholarship.