



The Contribution of Clinical Supervision to Wellness in the Workplace: Implications for Social Work Field Education

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Abstract

Field education in social work is intricately connected to the state of the social service sector, with implications for the quality of workplace practices to support wellness for practitioners within the organizational context. This context shapes the supervisory process; therefore, institutional wellness policies and practices are an essential consideration when supervising social work practitioners and field practicum students. This article presents a review of the clinical supervision literature, particularly in relation to organizational wellness, followed by a discussion on the implications of the interrelationship between organizational wellness and clinical supervision for social work field education.

Keywords: supervision, wellness, field supervision, organizational wellness, field education

Introduction

Wellness in social work practice is important, particularly within an ever-shifting organizational context of service delivery in this era of neoliberalism. This era is characterized by increasing marketization, commodification of a wide variety of human needs, and new public management, all impacting a vast range of social, political, and economic sectors that include social work and social welfare (Connell, Fawcett, & Meagher, 2009). Within this context, practitioner well-being at personal, professional, and organizational levels is worthy of examination to elucidate a clearer understanding of how these components intersect within social work field education, particularly as it relates to supervision. This article examines the concept of supervision and how it is intricately connected to the organizational milieu, where practitioners and students intersect. Organizational wellness (or the lack thereof) has a direct impact on the context of social work practice and education, and a review of the literature reveals little scholarship on the intersection of supervision, field education, and organizational wellness. This paper serves as a starting point for this conversation.

Clinical Supervision in Social Work Practice and Education

Supervision in social work is described as a “cornerstone of social work practice” (Vito, 2015, p. 151) and is closely connected to the process of ongoing professional development and learning (Bogo & McKnight, 2006). The process of supervision is also identified as a key determining factor involved in the quality of services to consumers, in addition to this component of professional development for practitioners (Tsui, O’Donoghue, Boddy, & Pak, 2017). Effective supervision in the human services field has been connected to improved consumer and organizational outcomes (Mor Barak, Travis, Pyun, & Xie, 2009; Vito, 2015) and overall job satisfaction and improved employee retention (Hair, 2013; Mor Barak et al., 2009; Tsui et al., 2017; Vito, 2015). Clinical supervision serves as a driving force in providing efficient and effective services to consumers through such mechanisms as detailed case reviews, assessments of intervention plans and related outcomes, engagement in planning ongoing professional development goals and learning activities, and ongoing employee performance management activities.

According to Kadushin and Harkness (2002), supervision within the social service sector often mirrors the “organizational purpose” (p. 51) or mandate, which is generally indicative of achieving service provision to consumers in the language of efficiency and effectiveness. Within the process of supervision in the organizational context, managers (supervisors) are often responsible for the work their employees

(supervisees) are hired to do in relation to service outcomes and job performance (Bogo & McKnight, 2006; Schoenwald, Mehta, Frazier, & Shernoff, 2013).

In gaining a more fulsome understanding of supervision in social work practice, it is important to highlight key features that contribute to this process. Bogo and McKnight (2006) suggest that supervision is a mechanism to achieve accountability at an organizational level. There are multiple conceptions of what comprises clinical supervision, but there is acknowledgement of a need for increased research, training, and education for supervisors across a wide spectrum of disciplines (Borders, 2006). There is agreement across studies related to supervision that the relationship is an essential ingredient in any supervisory process (Bogo & McKnight, 2006; Borders, 2006; Counselman & Abernethy, 2011; Kern, Riordan, & Gay, 1995; Lenz & Smith, 2010; Morgan & Sprenkle, 2007; Stinson et al., 2013; Vito, 2015). Another noteworthy feature needed to foster effective supervision is described as awareness (of self and others), for both supervisors and supervisees (Borders, 2006; Brosi & Carolan, 2006; Counselman & Abernethy, 2011; Donnelly & Gosbee, 2009; Haber & Hawley, 2004; Magnuson & Shaw, 2003; Renshall et al., 2013).

There are numerous models of supervision, some of which include: clinical models (including Family of Origin, structural/strategic, symbolic-experiential, problem-focused, solution-focused, and narrative), developmental models, social-role models (teacher, counselor, and consultant), objective-based models, and feminist approaches (Morgan & Sprenkle, 2007). Garner (2006) notes that models of supervision that weave in central principles of adult learning; clearly outline the roles of the supervisor in relation to leadership, mentoring, and empowerment principles; and embody an education role (tasks to support knowledge and skills) and a supportive role (social and emotional factors) will be more effective in supporting the organization and its employees.

Three iterative functions of supervision highlighted in the literature include administrative, educational, and supportive features and functions that can be directly related to the organizational or practice contexts (Kadushin & Harkness, 2014). Within these functions, supervision can include a diverse blend of activities and roles, including: administrative, consumer-focused activities, interpersonal dynamics, professional development, and accountability functions (Schoenwald et al., 2013). The role of the supervisor has been described as one that embodies the role of teacher (Morgan & Sprenkle, 2007), mentor (Schoenwald et al., 2013; Tsui et al., 2017), coach (Donnelly & Gosbee, 2009; Morgan & Sprenkle, 2007; Tsui et al., 2017), and consultant (Tsui et al., 2017). These roles in turn are brought to life in an iterative, reciprocal way

via the complexity of practice in shifting organizational contexts in the human services sector. Bogo and McKnight (2006) suggest that the supervisory relationship is a driver of promoting and maintaining reflective social work practice, which in turn supports ongoing learning, creativity, and innovation for professional social work practitioners.

The challenge with supervision in contemporary organizational settings is this vision of what Vito (2015) refers to as the “new public management context” which has ushered in an era of decreasing fiscal resources for social service agencies that has had a direct, negative impact on the “quality and availability of supervision” amidst increasing demands for “accountability, efficiency, competition for resources, and performance outcomes” (p. 154). While research supports the efficacy of educational and social/emotional support through supervision as beneficial ways to foster worker effectiveness and enhanced commitment to the organization (Mor Barak et al., 2009), many social workers are indicating that they are not receiving supervision that is considered to be “adequate” (Vito, 2015, p. 154). A lack of supervision and supervisory training globally impacts the overall effectiveness of organizations to provide services to consumers and support professional development and ongoing learning for their workforces (Bogo & McKnight, 2006; Borders, 2006; Vito, 2015).

The “new public management context” is related to the neoliberal agenda that has had far reaching influences on the health of the social service sector overall, including supervision. How neoliberalism is connected to the process of supervision in practice and education will now be examined.

The Intricate Connection of Social Work Field Education to the State of the Social Service Sector

Social work field education and the social service sector exist within a social, economic, and political environment that is increasingly influenced by neoliberal discourse, characterized within the social service sector by organizational practices and policies consistent with the concept of new public management. Neoliberalism is a “theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade” (Harvey, 2005, p. 2). While neoliberalism has “multiple and diverse origins” (Brown, 2016, p. 4), it is commonly conceived that the global process of neoliberalization began to gain prominence as a political ideology in the late 1970s in countries around the world, including the United States and Britain (Harvey, 2005). Conservative leaning politicians were elected as national leaders, who instituted

sweeping economic policy changes aimed at promoting capitalism and reducing state regulation of non-market systems (Brown, 2016). Today, almost all nation-states have embraced some version of neoliberalization (Harvey, 2005) and this philosophy shapes policy, public and private systems, and organizations at all levels. In many nations these arrangements have included “dismantling” of social welfare systems and the “economization of social work” (Stark, 2010, p. 14). Under neoliberalism, individuals are increasingly held accountable for their own actions and well-being in all areas of life, including welfare, education, health care, and pensions (Harvey, 2005). Connell et al. (2009) capture this succinctly with the statement that “individuals are treated as firms, expected to follow a profit-making logic; [they] are held accountable to the organization in these terms, through performance management schemes. Both organizations and individuals are required to make themselves accountable in terms of competition” (p. 334).

Situating Social Work within the Neoliberal Context

Social work practitioners and social work educators, as well as the organizations and systems that they work within, are experiencing significant strain in the neoliberal context (Ayala et al., 2018).

Social work practice. Central features of neoliberalism include competition, efficiency, and management (Stark, 2010). Under neoliberalism, markets, profits, outputs, outcomes, and economic rationality take precedence over social consequences (Preston & Aslett, 2014). Stark (2010) notes that “as a consequence, new forms of social difficulty have emerged and with them more tasks for social work but in a context where resources have been either frozen or cut” (p. 14). Social work and neoliberalism are often viewed as lacking compatibility, as social work is not congruent with the logic embedded in the market economy with its focus on profits (Stark, 2010). In fact, literature on neoliberalism and social work connects neoliberalism with a devaluing of social work knowledge and skills (Morley & Dustan, 2013).

For many social workers, the focus of their workday is increasingly on productivity, accountability, and self-preservation (Ayala et al., 2018; Connell et al., 2009). With cost-cutting measures in place and caseloads increasing, social workers’ workloads have been intensified and supervision has become commodified (Stark, 2010). However, this does not mean that social workers no longer value clinical supervision, but rather social service organizations are being enabled to download their responsibility to provide practitioners with clinical supervision onto the practitioners themselves as a cost-cutting measure. In fact, many clinical social workers now pay for their own

clinical supervision outside of their workplace and participate in it on their private time rather than having it provided by the organization that employs them (Morley & Dunstan, 2013).

Social work education. Changes to the social service sector under neoliberalism have occurred along with reforms to university education (Davies & Bansel, 2007; Slaughter & Rhoades, 2000), including social work education (Morley & Dunstan, 2013; Smith & Jeffrey, 2013; Smith, Jeffrey, & Collins, 2018), that, according to Preston and Aslett (2014), have been focused on “cost saving” and “standardized and entrepreneurial” (p. 502) approaches to teaching and learning. Neoliberalism impacts the quality of both field education and social service provision within the context of social service organizations that deliver social services and serve as the training grounds for social work practicum students (Ayala et al., 2018). Social work field education is a highly tangible point of convergence of the impacts of neoliberalism on social services and social work education (Morley & Dunstan, 2013) within the organizational context of practice. The impact of neoliberalism on social work field education has been discussed in the literature as having a multi-level effect, impacting the quality and quantity of field education opportunities and that of service provision within the organizations that deliver social services and serve as the training grounds for social work practicum students (Ayala et al., 2018). As Ayala et al. (2018) comment:

For social work education programs, the success of field education is linked to the state of the health and social services sector, which provides most practicum learning opportunities. Therefore, when neoliberalism and austerity negatively impact health and social service delivery, social work field education feels the pinch (Preston, George, & Silver, 2014). In this era of fiscal restraint, both health and social service programs and social work education programs are required to do more work with fewer resources. (p. 283)

Social work field education facilitates students’ development of practice competence through implicit and explicit instructional approaches that involve social work practitioners supervising and teaching students through observation, skill modeling, role-playing, coaching, written reports, and formal/informal evaluations (Bogo, 2010). This mirrors practices discussed in relation to the clinical supervision context of practice for working professionals within the organizational context. A concerning outcome of the economization of social work and the influence of the new public management on social service organizations for social work practitioners and social work educators alike is the “formalization of advisory and supervisory services as a product” (Stark, 2010, p. 15). An outcome of these measures is that many social

workers who formerly supervised practicum students on a voluntary basis report no longer having the time and flexibility to dedicate to field instruction, nor do they always receive support from management to take on the role of field instructor (Ayala et al., 2018).

At the same time, the demand for practicum opportunities is increasing as the number of accredited social work education programs continues to rise and existing programs increase enrollments (Ayala et al., 2018; Regehr, 2013). This misalignment has resulted in a saturation of practicum students in social service settings and a shortage of practicum placements. Challenges with practicum procurement, especially field instructor recruitment and retention, have led social work field education coordinators in Canada to declare that social work field education in Canada is in a “state of crisis” (Ayala et al., 2018, p. 289).

Seeking Solutions to Students’ Supervision Needs within a Neoliberal System

Gursanky and Le Sueur (2012) contend that radical changes have taken place in both academia and social service agencies; therefore, social work field education needs to adjust to these developments. Likewise, Preston and Aslett (2014) assert that the shifting of the social service sector due to neoliberalism has created implications for social work field education that need to be both recognized and actively resisted. Social workers, academics, and students can work together to use their “personal agency” to “rethink and resist our participation in neoliberal discourses” including “creating alternative ways of engaging in and with field education” as a means to “maintain and protect the quality of field education and social work programs into the future” (Morley & Dunstan, 2013, p. 153). As one example, the student-field instructor dyad model of social work field instruction (Bogo, 2006) is being held up as a site for change and innovation (Ayala et al., 2018) within the context of neoliberal policies that create barriers to the continuation of this traditional practicum format (Bogo, 2006; Gursanky & Le Sueur, 2012; Homonoff, 2008; Morley & Dunstan, 2013; Poulin, Silver, & Kauffman, 2006; Preston & Aslett, 2014; Teigiser, 2009). However, the implications such changes hold for the quality of clinical supervision have not been thoroughly investigated.

The Intersection of the Organizational Context of Practice, Supervision, Field Education, and the Concept of Well-Being

Field education and supervision are deemed to be essential for the professional development of social work students (Garner, 2006). Just as it is in the practice context,

the supervisory *relationship* is important within the field context between the student and field instructor as it relates to both teaching and learning (Bogo, Regehr, Hughes, Power, & Globerman, 2002; Bogo et al., 2004; Drolet, Clark, & Allen, 2012; Garner, 2006). According to Garner (2006), the supervisory process in field education views learning as a “shared responsibility between the faculty member, field instructor, and student” (p. 238). Important ingredients in the field supervision of students are identified as incorporating concepts of “mutuality, trust, and shared power” (Garner, 2006, p. 240) in the supervisory relationship. Factors reported to positively influence student success in the field involve field instructors providing feedback, validation, and support in the development of competence, along with the ability to work independently (Garner, 2006). Valued qualities supervisors weave into this process of effective supervision include being available, knowledgeable in relation to integrating skills with theory, providing support/encouragement for professional growth and development, serve as role models, and engage in effective communication that is reciprocal and interactive (Bogo & McKnight, 2006, p. 59).

It is noteworthy to point out the influence of the organizational context on the process of supervision, for social work practitioners and students engaged in field practica. An important component to supporting effective supervision at multiple levels is leadership support within social service settings (Vito, 2015). In support of a focus on organizational learning, the concept of “knowledge management” has emerged. Knowledge management, within the social service sector, is described as an organization’s ability to educate its workforce in a way that is reciprocal with its employees and consumers (Leung, 2009; 2014; Tsui et al., 2017). Leung (2009) and Tsui et al. (2017) describe supervision as a form of knowledge management, within a framework of a learning organization, where scientific and process knowledge is co-constructed and applied via supervision, to support frontline workers in delivering services and enhancing their own professional development.

Tsui et al., (2017) suggest that there are differing methods and approaches to organizational learning, depending on the context. The authors argue for organizations to create and support a culture that promotes supervision, mentoring, consultation, and coaching, that generates an environment where social work practitioners can engage with a commitment to lifelong learning and ongoing professional development (Tsui et al., 2017, p. 2415). Organizational learning environments that are safe, reflective, and aware of the importance of *well-being* are encouraged (Beddoe & Egan, 2009; Tsui et al., 2017). Hence, the organizational culture is important in relation to the concepts of wellness and supervision. Miller et al. (2016) note that organizations within the social service sector are starting to become aware of the relevance of developing

organizational wellness initiatives. The authors define wellness in terms of “reduced health risks to employees, improved quality of life, improved personal effectiveness, and overall improvement in organizational outcomes” (Miller et al., 2016, p. 2). Lenz and Smith (2010) suggest that there is a need for a model of social work supervision that integrates wellness as a main feature, as wellness helps combat negative impacts of vicarious trauma, compassion fatigue, and burnout among practitioners (Lawson, 2007). Extending this inclusion of wellness in the supervisory relationship with students in social work field education would also help off-set some of the potential negative impacts of working in a helping profession (Lawson, 2007; Lenz & Smith, 2010).

The workplace and environmental context of direct social work practice have been identified as contributing factors in the perceived well-being of social work practitioners (Shier & Graham, 2011a). There is a need to consider the socio-political, physical and cultural contexts of direct social work practice that includes power dynamics within organizations or agencies, as well as the nature of inter-professional relationships within the workplace (Shier & Graham, 2015). Shier and Graham (2015) demonstrate how the socio-political environment in the workplace can constrain social workers undertaking their roles in communities and call for action beyond adapting individual practitioner behavior. These are key considerations for clinical supervision to wellness in the workplace and their implications for social work field education.

Important factors to include when infusing wellness concepts into the organizational context of practice include “emotional, spiritual, physical, special, intellectual, and environmental influences” (Lenz & Smith, 2010, p. 231). Intersecting with these factors are the interfacing between home, work, community, and the broader natural environment (Lenz & Smith, 2010). While implementing organizational wellness initiatives can be a positive boost for social service agencies (Miller et al., 2016), challenges do exist. According to Lenz and Smith (2010), wellness is a “multifaceted and integrated construct [...] change in one area can increase total wellness” (p. 239). An understanding of how health and wellness intersect at the organizational level is important in elucidating a clearer picture of the impact of the organizational context on supervision, and as an extension of that, supervision in field education.

Health and Wellness in Organizations

When considering the organizational context of social work practice and how it intersects with the concepts of supervision and well-being, some critical questions emerge. How does organizational well-being influence the supervision of social work

practicum students? Organizational well-being is a by-product of organizational culture. In workplaces with organizational cultures that prioritize health and well-being, there is likely to be a culture of well-being that influence an optimal supervisory climate and practice (Davys & Beddoe, 2010; Hawkins & Shohet, 2006; Hesketh & Cooper, 2017).

The World Health Organization (2010) describes healthy workplaces as collaborative and intentional relationships amongst and between employees and employers that promote the organizational welfare and employees' safety and well-being by attending to the physical environment, psychosocial work environment, personal health resources, and enterprise community involvement (pp. 6-13). Vandenberg, Park, DeJoy, Wilson, and Griffin-Blake (2002) describe healthy workplaces as organizations "characterized by intentional, systematic, and collaborative efforts to maximize employee well-being and productivity by providing well-designed and meaningful jobs, a supportive social-organizational environment, and accessible and equitable opportunities for career and work-life enhancement" (p. 70). Despite the presence of comprehensive descriptions of healthy workplaces, there exists a tension within the literature that consistently emphasizes the absence of a universally-accepted conceptual definition of organizational health and well-being. Within this debate, there is a consistent recognition that the construct is multi-faceted and includes considerations of well-being related to the individual, group/team, and organization (Biron, Burke, & Cooper, 2014; Oades & Dulagil, 2017).

Well-Being in the Workplace: Individual, Group/Team, and Organizational

Individual-level well-being encompasses a person's sense of realizing their full potential and living a meaningful life (Oades & Dulagil, 2017). Some of the factors influencing individual-level well-being in workplace include job satisfaction, employee engagement, perception of control over workload, autonomy and agency in decision making, self-efficacy, and engagement in meaningful relationships with others in the workplace (Biron et al., 2014; Conference Board of Canada, 2017; Oades & Dulagil, 2017). In a Canadian study on the subjective well-being (SWB) of social workers, individual or personal factors that contributed to the highest level of SWB among social workers included personal behaviors, interpersonal relationships, manifestations of self beyond the workplace, and identity as social workers (Graham & Shier, 2010).

Workplace well-being at the group or team level refers to the presence of strong group morale and positive group affect and efficacy (Peterson, Park, & Sweeney, 2008; Oades & Dulagil, 2017). Group well-being is influenced by the health and productivity of

relationships amongst team members (Biron et al., 2014; Peterson et al., 2008), and congruency of perception amongst team members about expectations and resources for work (Peterson et al., 2008). Workplace well-being at an organizational level accounts for the “overall well-being of organization as an entity” (Oades & Dulagil, 2017, p. 258) which includes individual-level (employee engagement, workplace health and safety), group-level (team morale) and organization-level constructs (productivity, performance) (Biron et al., 2014; Davys & Beddoe, 2010; Oades & Dulagil, 2017; Schein, 2016). A primary influence of workplace well-being across multiple levels is organizational culture (Oades & Dulagil, 2017; Schein, 2016). The degree to which employees perceive the organizational culture to be congruent with their self-identified well-being is indicative of loyalty to the organization, motivation to engage and produce results, and response to occupational stress (Cartwright & Cooper, 2011; Conference Board of Canada, 2017).

Organizational Well-Being, Organizational Culture, and Supervision in Helping Professions

Organizational culture encompasses a shared understanding among employees about values and beliefs that influence workplace attitudes, behavior, relationships, and organizational functioning (decision making, supervision, accountability) (Bellot, 2011; Schein, 2016; Van Den Berg & Wilderom, 2004). Workplaces with organizational cultures that prioritize health and well-being in their values and invest resources in developing and maintaining a culture of organizational health and wellness create positive outcomes for the organization and workforce (Burke, 2013; Conference Board of Canada, 2017; Danna & Griffin, 1999; Hesketh & Cooper, 2017; Schein, 2016; Vito, 2015). Workplaces without a health and well-being priority in the organizational culture are vulnerable to creating a toxic work environment that threatens the well-being of the workforce and organizational productivity (Conference Board of Canada, 2017). In examining the influences of workplace culture on supervision within helping professions, Davys and Beddoe (2010) indicate that workplaces dominated by dysfunctional cultures of blame and shame, efficiency, perpetual crisis, or workaholism compromise the supervision climate. The impacts of neoliberalism also influence this concept of organizational culture. Workplaces that prioritize organizational health and well-being enable an optimal supervision climate for helping professionals that supports learning and development (Davys & Beddoe, 2010; Hawkins & Shohet, 2006). When the focus of supervision shifts from employees to practicum students, Meany-Walen, Davis-Gage, and Lindo (2016) advocate for a wellness-focused supervision approach that can enable students to develop an awareness of well-being and to practice and reflect on self-care strategies throughout the practicum. Creativity and

innovation are essential keys to the future as we envision integrating supervision, field education and organizational milieus.

Recommendations for Field Supervision

Social work field education remains a critical site in the development of ethical, competent, innovative, and effective clinical social workers (Bogo, 2015). Practica provide real-world practice experience in which knowledge, skills, and values that students learn in the classroom are applied within practice settings under the supervision of a qualified professional (Ralph, Walker, & Wimmer, 2007). Field instructors serve as mentors, teachers, and role models for practicum students by demonstrating the necessary knowledge, skills, attitudes, values, and ethics required to be a practicing professional through supervised application of practice in the field (Ayala et al., 2018; Barretti, 2007; Ralph et al., 2007). The supervisory relationship between student and field instructor is an important consideration. Collaborative relationships with field educators that provide strong support and call for students to be actively involved in their own learning is a crucial factor (Bogo, 2015). Students benefit from opportunities to observe and debrief with experienced practitioners as well as gain practice experience directly with clients in the field agency setting (Bogo, 2015). Field instructors provide feedback and coaching and engage in mutual reflective dialogues with students to advance practice experience and insight.

Field supervision occurs both formally and informally in many diverse settings. It can occur on a one-to-one basis between the student and field instructor, as well as in peer, group, or team settings. Supervision is provided in a multitude of formats, including in-person, online, and facilitated using technology. The supervisory relationship contributes to constructive supervision that is characterized by trust, honesty, positive attitude, openness, and listening (Hughes, 2010). Other contributions of this *relationship* can include support for personal well-being and empathy. Research is needed to better understand how supervision is affected by context and culture, and how diverse factors influence supervision formats and contextual needs.

To address the challenges in field education discussed earlier in this article, the authors contend that there is a need for creative and successful innovation. From our perspective in a Canadian context, social work field education programs face challenges with recruiting and retaining field instructors. In response to the crisis in field education, some programs use an external supervision model where there is a field agency willing to take a student but is unable to provide supervision with a registered social worker. In many cases, external supervision is provided through

a faculty member or contracted field instructor to meet the need for professional supervision and support. Students often access internal supervision from practitioners in their day-to-day activities and reflect upon their integration of social work theory in practice during external supervision. One of the challenges of this mixed internal/external supervision model that we see is that task-focused and problem-solving advice and ideas provided in external supervision may not be congruent with the practice in the field setting. It may also be a challenge to meet accreditation standards for social work supervision; for example, in Canada, one hour of supervision for every fifteen hours of practicum experience. Additional research is needed to explore how external supervision can be provided in diverse practice contexts to provide meaningful professional guidance, education in practice skills, and theoretical knowledge grounded in the realities of the field setting.

Recommendations for Integrating Wellness in Field Education

The student practicum experience occurs in workplace environments that can shape the learning experience. Workplace environments affect employees' well-being and morale and the learning experiences of practicum students due to their influence on the practice realities affecting vulnerable populations, including individuals, families, and communities (Ayala et al., 2018). Conversely, the presence of strong, positive learning environments in organizations and teams that welcome students and view teaching and learning as mutually beneficial, positively impacts the student experience (Bogo, 2015). Strong and effective field supervision can foster the development of the students' professional use of self (Bennett, Mohr, Deal, & Hwang, 2013). Wellness is often acknowledged as a central component of social work and human service work, yet there is little support, training, or mentoring available for social workers and other helping professionals (Drolet & McLennan, 2016). Social workers have a moral and professional obligation to uphold social work values and engage in ethical behavior—this includes practicing self-care (Drolet & McLennan, 2016). Wellness and self-care are ethical imperatives given occupational hazards associated with exposure to other peoples' personal trauma (Drolet & Fulton, 2018).

In considering wellness and self-care in social work field education, Drolet and McLennan (2016) propose a framework on relational wellness and self-care to better the roles of the student, field instructor, and faculty liaison. The concept of "relational self-care" (Saari, 2005) draws from relational theory and the literature on wellness and self-care. Social work as a profession recognizes the importance of relationships and the context of the environment—the person/environment or person-in-situation (Saari, 2005). Shier and Graham (2011a) acknowledge that the relationships social work

practitioners develop have a significant impact on our overall subjective well-being. Social work students and practitioners form relationships that can support wellness and well-being in the context of field education, carried out within the organizational milieu. An organizational culture committed to wellness can enhance these concepts of wellness and well-being, though there is little scholarship on what this might look like in practice. This is certainly an area that would merit further study, given the current lack of concrete direction.

As students learn to be social workers, there is a need for academics and educators to reconsider the promotion of health and wellness in the academic and practice environments, specifically in relation to practitioner self-care and the role of supportive relationships. Shier and Graham (2011b) propose that mindfulness should be incorporated in reflective learning in social workers' formal educational training, in practicum placements, and be a consistent aspect of continuing professional development. It is noteworthy to point out that mindfulness is a contemplative tool that has the potential to nurture self-awareness and self-regulation, though more research is needed on how it could be implemented, what it would realistically look like in practice, and what alternatives may be more appropriate when mindfulness is contraindicated. Recent research on social work and human service practitioners involved in supporting individuals and families affected by disasters demonstrated the importance of integrating wellness in the curriculum and workplace (Drolet & Fulton, 2018).

Workplace and organizational support for wellness is important to support active engagement in self-care strategies and activities (Drolet & Fulton, 2018). One of the ways that wellness can be integrated in field education is to support students in developing a wellness plan in their learning agreement. Faculty liaisons can integrate wellness content in field seminars and require students to develop wellness plans that are integrated into their practicums. To support the process of developing wellness plans, faculty liaisons can share resources with students so they can explore their lived experiences with wellness and draft self-care plans to guide their intention on focused areas of well-being throughout the semester. By creating space for dialogue about wellness in the context of integrative field seminars and field education learning agreements, field instructors can share their organizational and workplace practices that support, or hinder, wellness in the context of the workplace environment. This successful practice can be easily integrated by faculty liaisons and field instructors in diverse sites. In addition, the development of professional practice frameworks as a capstone requirement in the final practicum can include wellness in the profession as an essential component. In sharing some practical examples of how to support

integrating wellness concepts into organizational contexts and field practica, faculty liaisons can share resources with students so they can explore their lived experiences with wellness and draft self-care plans to guide their intention on focused areas of well-being throughout the semester. Some of the resources shared with BSW and MSW practicum students include: the *Six Dimensions of Wellness Inventory* (Hettler, 1976), the *Practitioner Professional Resiliency and Self-Care Inventory* (Skovholt & Trotter-Mathison, 2016), the *My Maintenance Self-Care Worksheet* (Reiser, Butler, & Lopez, 2016), and a tutorial on *Developing a Wellness Wheel* (as described in Henriques, Kleinman, & Asselin, 2014). After completing the recommended inventories and creating a self-care plan, students are encouraged to devote at least 10 minutes per day on wellness activities, documenting a reflection of their experiences. In addition to utilizing these resources, faculty liaisons can approach discussions of wellness during field visits in supervisory meetings and include conversations in the mid-term and final evaluations.

Another way faculty liaisons can integrate wellness into practicum seminars is to organize a wellness symposium that invites each student to lead their peers through a 30-minute participatory workshop on wellness practices for social workers. The cumulative impact of preparing, presenting, and participating in peer-led workshops offers students rich experiences in cultivating relational well-being and in developing a repository of diverse strategies to draw from throughout their professional social work careers.

Integrating wellness structures in a formal way within field education is one way forward in embracing the importance of health and wellness in social work education and practice. Educational institutions and accrediting bodies in social work education can assume a leadership role in promoting health and wellness across the curriculum to ensure that these vital concepts are not downloaded onto an already over-burdened practice context, where organizations can support supervision processes, while institutions of higher education focus on the inclusion of wellness in curriculum standards.

Conclusion

As can be seen in this examination of the contribution of supervision to wellness in the workplace, it is increasingly important to better prepare students for successful social work careers by ensuring they have the necessary supervision and supports to deal with the complexities of their professional roles (Drolet & Fulton, 2018). This is critical in the development of effective clinical social workers who will greatly affect the quality of social and health policies, programs, and practices after graduation (Bogo, 2015). Drolet, Samson, Tanchak, Kreitzer, and Hilsen (2017) highlight the need for

health and wellness to be incorporated within both academic and practicum settings to support students, who ultimately transform into practitioners who work in the social service sector. Integrating wellness concepts across the diverse spectrum of classroom, field, and organizational contexts may well serve to promote an optimal work climate that embraces health and wellness as an integrative and iterative concept that is value-added. The areas where clinical supervision, field instruction, and this concept of wellness intersect within the organizational context certainly merits further study.

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