



Exploring UK sonographers' views on the use of professional supervision in clinical practice – Stage one findings of a mixed method study

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ABSTRACT

Introduction: Professional Supervision has been described across multiple professional groups, however to date, minimal research has been conducted exploring the use of professional supervision within the United Kingdom (UK) sonographer workforce.

Methods: An online self-administered survey was conducted to explore UK sonographers views on the use of professional supervision in practice. The survey was open to sonographers, consultant or clinical specialist sonographers, ultrasound managers and professional body officers. Multiple choice questions were utilised to obtain quantitative data on the provision of support mechanisms, with free text questions allowing qualitative data to be elicited further to explore thoughts of participants.

Results: A total of 112 participants completed the survey in full and response rates varied across the subgroups. Varying support mechanisms were in place for sonographers. However only 55.4 % of sonographers felt supported in the clinical workplace. Thematic analysis of qualitative data highlighted that workload pressures, staffing and retention of sonographers, were key concerns that professional supervision could improve. It was highlighted that time to undertake professional supervision could be challenging, however if training for professional supervision was in place then this could provide improved quality of care and staff support.

Conclusion: Participants highlighted the challenges faced by UK sonographers and the positive impact that professional supervision could have on retention and staff support. There are limited support mechanisms in place for UK sonographers and this is impacting on how participants felt they were being supported in the workplace. Stage 2 of this research project will explore sonographers' views in more detail.

Implications for practice: The approach to support mechanisms for sonographers should be considered to support improvement of professional wellbeing and retention of the sonographic workforce.

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Introduction

Researchers from across multiple professional groups have described the use of professional supervision to support practice with this fully incorporated into practice within professional groups such as occupational therapists, speech and language therapy and counselling.^{1,2} To date, there has been very little research into the use of professional supervision for sonography

practice. However, in a recent literature review, Coleman and Hyde³ identified that there is minimal research available exploring the use of professional supervision with sonographers.

It is well recognised that sonographers in clinical practice are experiencing increased levels of burnout.⁴ It is also acknowledged that this is having a negative impact on the wellbeing of sonographers.⁴ The sonographer workforce is currently recognised as being a shortage speciality.⁵ In 2019 the vacancy rate for sonographers was 12.6 % within the United Kingdom (UK).⁶ The shortage of sonographers coupled with increased demands as highlighted in 2020⁷ has been impacted further by the ongoing pressures after the COVID-19 pandemic. This has culminated in sonographers feeling a

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lack of support in the workplace⁸ which has the potential to be impacting upon retention rates within an already stretched workforce.

Professional supervision is recognised within other professions as being beneficial to support the professional and personal well-being of the practitioner.⁹ The model first described by Brigid Proctor¹⁰ is widely recognised for its primary functions of normative, restorative and formative support.¹¹ The time for professional supervision should be regular and protected¹¹ to enable the professional the ability to access support and this also allows time for reflection on practice. There are varying models for how and when professional supervision should take place however there is little consensus in the literature regarding a clear professional supervision model.³

The Society of Radiographers (SoR) and Health and Care Professions Council (HCPC) both provide guidance on the use of professional supervision however this is not a compulsory component for registered practice.^{12,13} As such, the current level of professional supervision in sonography clinical practice is unknown.

A mixed methods study was proposed to explore UK sonographers views on professional supervision. This article will discuss the findings of stage one of this study which consisted of a scoping survey to explore current use and understanding of professional supervision in UK sonography practice.

Method

Ethical approval was granted by the University of Derby research ethics committee (ETH2223-0423) for stage 1 of this mixed methods project.

Stage one comprised an online survey via Microsoft Forms, with data from responses being divided into four subgroups of sonography professionals. The four subgroups for the survey were as follows: subgroup one sonographers; subgroup two clinical specialists and consultant sonographers; subgroup three ultrasound managers; subgroup four professional officers from professional bodies such as the British Medical Ultrasound Society (BMUS), Society and College of Radiographers (SCoR) and the Consortium for Accreditation of Sonographic Education (CASE). The four subgroups were devised due to the hypothesis that different levels of working practice may elicit different viewpoints on the availability of support mechanisms and use of professional supervision.

The survey comprised a self-administered consent process at the start, with a pre-question information section which outlined a brief overview of what professional supervision is. This was then followed with a series of multiple choice and open-ended questions. This methodology was employed to ensure that key data on the provision of supervision was scoped during the survey, but also allowing opportunity for participants to outline further thoughts and feelings on the support mechanisms currently in place and the use of professional supervision in practice. Demographic data was collected as part of the survey to enable analysis of results across age group, length of experience, areas of ultrasound specialism and region of work. The final stage of the survey gave participants the option to leave their contact details to participate in stage two of the study if they wished. Participants created their own unique identification number at the start of the survey, as part of the consent process, to allow withdrawal of data up to two weeks after submission if the participant decided.

The online survey was piloted with a group of sonographers and imaging professionals prior to deployment. Once the pilot was completed, no changes were required and therefore the survey was deployed online between 3rd February to 22nd March 2023. The survey was open to responses from any sonographer working within the UK. The survey was distributed via social media

networks by the author once per week during the survey window. The survey was then subsequently redistributed by the author's social media networks using a snowball sampling technique. Alongside social media distribution, the survey was also promoted via the BMUS weekly email newsletter, as a current research project looking for participants.

The target sample size for each group was for 30 participants. However, it was expected that subgroup four was unlikely to reach this target sample size, due to there being minimal potential participants for this subgroup. The survey remained open until the point where responses had stopped. The response rate for subgroup two and three was lower than anticipated despite repeated attempts to promote further participation. The survey was therefore closed once saturation of responses was achieved.

Once the survey was closed, the data were downloaded for analysis using Microsoft Excel. The closed multiple-choice questions were analysed within each subgroup and across the four subgroups to provide comparison. Data were explored in relation to regional differences and clinical area of interest to identify any patterns.

The qualitative open-ended questions were reviewed using a thematic analysis approach.¹⁴ Thematic analysis was conducted by two researchers to identify and refine the themes that were created within the qualitative data, ensuring that a reflexive approach was adopted.¹⁵

Results

The survey was completed in full by a total of 112 participants with the breakdown being 65 responses being from sonographers (subgroup one), 24 responses from clinical specialist or consultant sonographers (subgroup two), 18 responses from ultrasound managers (subgroup three) and 5 responses from professional officers (subgroup four).

Demographic information

Across all subgroups, there were 98 females who participated, 12 males and two participants who preferred not to say. Response rates across the UK were variable but with the largest number from the Midlands region (42 % of all responses) and the next largest population being from the South West (19.6 %). [Table 1](#) shows the breakdown of responses from each region.

The age of the participants varied across the subgroups, with 87.5 % of participants across the four subgroups being between the ages of 30–59 years of age. [Table 2](#) provides further data on participants ages and years qualified.

Subgroup one and two were asked the areas in which the participants practiced clinically and 76.9 % of respondents in the sonographer subgroup undertook clinical activity in the obstetric setting, 81.5 % in gynaecology ultrasound and 73.8 % in abdominal ultrasound. Within subgroup two, there were varying clinical specialities undertaken by clinical specialist and consultant sonographers with 100 % undertaking abdominal and gynaecology scanning and 66.7 % undertaking obstetric scanning. The full breakdown of clinical areas of practice is shown in [Table 3](#).

Professional supervision and support mechanisms in place

The survey commenced for all participants with a brief overview of what professional supervision is and then all four subgroups were asked whether they knew what professional supervision was. 60 % of sonographers knew what professional supervision was with 75 % of clinical specialist or consultant sonographers, 77.8 % of ultrasound managers and 100 % of professional officers answering yes

Table 1
Regional demographics of respondents.

	Sonographer (subgroup 1)	Clinical Specialist/Consultant sonographer (subgroup 2)	Ultrasound Manager (subgroup 3)	Professional Officer (subgroup 4)	Total % from each region
Eastern England	6	2	0	0	7.1 %
London	5	4	1	1	9.8 %
Midlands	28	6	10	3	42 %
North West	1	1	1	0	2.7 %
North East	0	1	0	0	0.9 %
South East	5	3	0	1	8 %
South West	15	2	5	0	19.6 %
Yorkshire/Trent	2	3	1	0	5.4 %
Northern Ireland	1	0	0	0	0.9 %
Scotland	1	2	0	0	2.7 %
Wales	1	0	0	0	0.9 %

Table 2
Demographic data of age and years qualified across the four subgroups.

	Sonographer	Clinical Specialist	US Manager	Professional Officer
<i>Age of participant</i>				
20-29	4	2	0	1
30-39	19	4	3	1
40-49	28	10	7	0
50-59	11	5	8	2
60-69	3	3	0	1
70+	0	0	0	0
<i>Number of years qualified</i>				
1-5	17	2	0	1
6-10	11	6	3	0
11-15	12	3	3	1
16-20	10	3	3	0
21-25	8	2	4	0
26-30	2	4	3	1
31-36	4	4	1	1
36+	1	0	1	1

to this question. When asked whether professional supervision was available in their workplace, only 18.5 % of sonographers answered yes with 44.6 % answering no and 36.9 % not sure. The yes response rate was higher in subgroup two and three, with 33.3 % answering yes in subgroup two, and 38.9 % answering yes in subgroup three. Within the clinical specialist subgroup, 29.2 % of respondents did not know whether professional supervision was available, and 22.2 % in the ultrasound manager subgroup.

Where respondents answered to say yes professional supervision was available, 66.7 % in subgroup one, 87.5 % in subgroup two and 85.7 % in subgroup three responded that this was available on a 1:1 basis. 33.3 % of sonographers self-selected their supervisor whereas only 12.5 % of clinical specialists self-selected their

Table 3
Clinical areas of practice for respondents in subgroup 1 & 2.

	Sonographer subgroup	Clinical specialist/consultant sonographer subgroup
Obstetrics	50	12
Early pregnancy	36	11
Fertility	17	8
Gynaecology	53	18
Abdominal	48	18
Vascular	17	10
Head and Neck	11	7
Musculoskeletal	11	8
Paediatrics	16	7
Interventional	2	7
Research	3	7
Other	9	2

supervisor. This data were interrogated further with a free text question asking detail of how regularly professional supervision takes place. On analysis of the responses, 83 % of the sonographer responses did not meet the guidance of what a formalised professional supervision process would be viewed as. The free text comments suggest that in the majority of respondents in subgroup one, that professional supervision was not available on a regular basis. Within subgroup two, none of the respondents' free text comments suggested that they were undergoing a formal professional supervision process.

Subgroups one, two and three were asked questions regarding the availability of support mechanisms in their clinical departments. Peer support was available for 67.9 % of subgroup one, 81.3 % subgroup two and 90.9 % in subgroup three. Schwartz rounds were available for 26.4 % sonographers, 25 % clinical specialist or consultant sonographers and 45.5 % ultrasound managers. 24.5 % and 31.2 % of subgroups one and two respectively were unsure on the availability of access to Schwartz rounds.

When asked on the opportunity to debrief after a difficult situation, 53.8 % of sonographers said this support was not available. 66.7 % of clinical specialists or consultant sonographers felt that there was the opportunity to debrief. Within the ultrasound manager subgroup, 83.3 % of respondents noted that staff within their department do have the opportunity to debrief. 60 % of ultrasound officers felt that sonographers do not have adequate opportunity to debrief.

All four subgroups were asked whether they felt supported in the workplace (subgroup one & two) or whether they felt sonographers are adequately supported in the workforce (subgroup three & four). Table 4 shows the responses to this question.

Sonographers and clinical specialists or consultant sonographers overwhelmingly felt that professional supervision should be offered to all sonographers with 62.3 % of sonographers answering yes with 37.7 % unsure and 75 % of clinical specialist or consultant sonographers answering yes, 6.25 % answering no and 18.75 % unsure.

Thematic analysis of professional supervision comments

Recurring themes were identified across the subgroups, with some themes common across all four groups. Six themes were identified by the researchers which included: time to undertake professional supervision, staff support, workload pressures, staffing and retention of sonographers, quality of care and lastly training to provide professional supervision.

Time to undertake supervision was highlighted as a key concern across all four subgroups with one participant noting that "it would be nice to have protected time for supervision". It was further noted that "lack of time is a real issue for the NHS". Alongside time to

Table 4
Are sonographers adequately supported in the workplace? Responses across the four subgroups.

	Sonographer (subgroup 1)	Clinical Specialist/Consultant sonographer (subgroup 2)	Ultrasound Manager (subgroup 3)	Professional Officer (subgroup 4)
Yes	55.4 %	70.8 %	61.1 %	20 %
No	32.3 %	12.5 %	38.9 %	40 %
Unsure	12.3 %	16.7 %	0	40 %

undertake professional supervision, workload pressures were also mentioned, with one participant highlighting the pressures of the job and noting that “overloaded lists make debriefing impossible”. Another participant highlighted that there is a distinct lack of time to do supervision due to “demands on the service”.

It was acknowledged by participants across all four subgroups the impact that professional supervision could have on improving support for staff. Some participants felt that they were expected to provide support but had no support for themselves, with one participant noting that professional supervision plays a “vital role in supporting sonographers”. Some sonographers noted the informal support that they received from their peers and managers, and how this could potentially enable “emotional support and wellbeing”.

The impact of professional supervision on staffing and retention of sonographers was noted across the four subgroups. Sonographers noted that professional supervision could help sonographers to feel supported, and thus this would prevent “high staff turnover”. Staffing issues were reported across the four subgroups, with retention of sonographers highlighted as a concern. It was noted that professional supervision could “go towards staff retention” and had “the potential to improve sonographer’s satisfaction”.

Quality of care was highlighted as a potential benefit of professional supervision which would “ensure they are practicing to the same standard”. It was commented that peer review processes can sometimes cause disagreement, and therefore professional supervision could provide an alternative to this.

Lack of training to provide professional supervision was also highlighted as a concern. One participant commented that it could be “improved with more formal training”. Ultimately though, it was noted that if professional supervision was to be introduced then it “also needs enough resources to not just tick the box but to make a difference”.

Discussion

This study aimed to explore the current provision of support mechanisms for sonographers in clinical practice, with a particular focus on the provision of professional supervision. As the first UK wide scoping survey of sonographers’ views about professional supervision, the findings give some insight into the current provision available for sonographers within the UK. It is clear from the findings that there are varying levels of support available, and for the sonographer subgroup, there was disparity in whether they felt supported. It is well evidenced in the literature that sonographers are reporting high levels of burnout.^{4,16} This coupled together with the lasting effects of the COVID-19 pandemic have provided a perfect catalyst for sonographer disengagement and exhaustion.¹⁷ This is a concern which has been identified in other healthcare professions as described by Wallbank and Hatton⁹ and Denning et al.¹⁸

In this study, support for sonographers was a key theme which was elicited from survey data, with 55.4 % of sonographers feeling supported in their workplace. It could be argued that this is not nearly high enough and may be contributing to sonographer feelings of disengagement. This finding was reinforced by the

qualitative data, which highlighted a key theme of lack of support for sonographers and the need for further support to improve retention and job satisfaction. This correlates with findings from a study by Skelton et al.⁸ which explored sonographers’ views of being supported during the pandemic., Skelton et al.⁸ reported that 60.8 % of sonographers said they did not feel supported by the leadership team, with 51 % not feeling supported by other members of the antenatal care team. These findings were specifically related to obstetric practice during the COVID-19 pandemic; however, this study represented a large proportion of sonographer respondents as 76.9 % reported undertaking obstetric ultrasound as part of the role.

When considering the support mechanisms such as debriefing, Schwartz rounds, and peer support that are currently in place for sonographers, it appears they all have a potential to play a part in the restorative domain of professional supervision by providing the opportunity to discuss, debrief and support the emotional wellbeing of the professional.^{9,19} This is a topic discussed by Driscoll and O’Sullivan¹¹ who propose that informal support mechanisms, such as peer support or break time discussion, do provide informal support for professionals. Likewise, research has shown that the opportunity to attend a Schwartz round, which creates the opportunity to discuss the emotional challenges of clinical practice, can be vital in creating a reflective space to process the feelings that may develop from challenging or distressing situations.²⁰ Schwartz rounds take place across the USA and within healthcare settings in the UK, providing an opportunity for professionals to reflect in a multidisciplinary space on situations that may have arisen in the workplace but more importantly on how these have made the professional feel.²⁰

The ongoing challenges being faced by Ultrasound departments due to staffing shortages have been reported by the Society of Radiographers many times, most recently in 2019.⁶ It is therefore no surprise that across the participant subgroups, the thematic analysis identified that there are significant challenges around staffing which could be improved if professional supervision was to be implemented. This is consistent with research conducted by Strong et al.²¹ which identified that where supervision is provided, this can decrease levels of burnout and increase the job satisfaction felt by professionals, thus improving the retention of staff.

Time to undertake professional supervision was found to be a potential barrier identified in this study. This correlates with research by Carr and White²² who found that participants in their study identified lack of time to do any task other than scanning affected their emotional wellbeing. This is echoed across the wider research base around barriers to effective professional supervision^{23–25} and has been highlighted by the HCPC as a key barrier to effective supervision.²⁶

Professional supervision has been noted to support quality of care and working to professional standards by previous studies.^{23,27} In a study by Snowden et al., in 2020²³, it was reported that effective supervision supported the professional development of the professional. This in turn can contribute to supporting high quality care for patients. Within this study, the ability of professional supervision to support quality of care was highlighted by participants as being a significant potential improvement.

Driscoll²⁸ discussed the need for reflection on practice to support learning. As professional supervision can include reflection this could lead to consideration of practice and contribute to improving quality of care. This could also support sonographers to work more closely to the code of practice for sonographers as outlined in the SoR and BMUS guidelines for Professional Ultrasound Practice.²⁹ It is highlighted that sonographers should be “committed to the provision of a quality ultrasound service” and that sonographers should “take all reasonable opportunity to maintain and improve their knowledge and professional competency”.²⁹ This adds weight to the call for professional supervision, which is standardised and can therefore support improved professional practice for all sonographers.

Conclusion

This study highlights that currently there is no consistent approach to sonographer support across the UK. There are significant challenges and barriers to implementation of a professional supervision framework, not least current demand on services, staffing challenges and time to undertake profession supervision.

The findings of this study suggest that there is still some confusion about what professional supervision is and how this could support the professional wellbeing of sonographers, clinical practice, and quality of care. There is further scope for exploring sonographers' views on the use and introduction of professional supervision.

Stage two of this project will use qualitative data from focus groups to explore in more detail sonographers' views on the barriers and enablers to introducing a formal professional supervision framework to support sonographer practice.

Conflict of interest statement

None.

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