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Authors(s)	McGuinness, Shona
Publication date	2025
Publication information	McGuinness, Shona. “Understanding Interprofessional Supervision among Allied Health Professionals in the Context of the Irish Disability Sector.” University College Dublin. School of Psychology, 2025.
Publisher	University College Dublin. School of Psychology
Item record/more information	http://hdl.handle.net/10197/31673

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Understanding interprofessional supervision among allied health professionals in the context of the Irish disability sector

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This thesis is submitted to University College Dublin in fulfilment of the requirements for the degree of Doctor of Philosophy.

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September, 2024

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Acknowledgements

I would like to thank the Irish Research Council for funding this research via a Government of Ireland postgraduate scholarship. I would also like to thank St Michael's House for providing the research scholarship that sparked my interest in supervision while completing my master's degree.

There are a number of people I also want to thank for supporting me throughout this project, without whom the successful completion of this research would not have been possible.

I would first of all like to thank my PhD supervisor, Professor Suzanne Guerin. I have been incredibly lucky to have had the support of a supervisor with such a wealth of knowledge and expertise. Thank you, Suzanne, for teaching me so much, and for guiding me through this process with empathy, kindness, and humour. You have made this project a thoroughly enjoyable experience and I am so grateful to have had the opportunity to develop such a positive working relationship with you.

I would also like to express my gratitude to the members of my Research Studies Panel, Dr Brendan Rooney, Associate Professor Sarah Donnelly, and Dr Helen O'Connell for their support, encouragement, and guidance throughout this project.

This research has benefited greatly from the input of a number of allied health professionals who generously offered their time to provide advice and feedback. Thank you, Nicola Barry, Karen Dolan, Teesh Walsh, Niamh Giltenan, and Sasha McManus. Your input was instrumental in ensuring that this research was of value. Thank you Eilín de Paor, Elaine Brennan, and Mya Clarke for your support as both allied health professionals and as 'Sibling Postgrads'.

Thank you to all my PhD colleagues for making my PhD experience so enjoyable. It has been a pleasure to be part of the UCD Psychology postgraduate community. Special thank you to Sam and Clara for always being there to celebrate the wins and help me through the lows. I am so grateful that we have taken this journey together.

Thank you to Niall for convincing me that I was capable of studying psychology, and for starting me down this path many years ago.

I will be forever grateful to all the friends and family who have supported me and bore with me throughout this time. Special thank you to my mam for always being at the other end of the phone, and to Jacob for brightening up even the most stressful days.

Finally, to Ruairí who has been there every step of the way since I began my undergraduate journey. Thank you for your patience, encouragement, and unwavering support. It has been a long road, and I cannot count the times when your belief in me is what has kept me going.

Thesis Abstract

Clinical supervision is typically conceptualised as a discipline-specific activity. However, recent years have seen increased use of interprofessional supervision (IPS), which occurs when clinical supervision is conducted between members of different professions. Thus far, there has been limited research exploring this form of supervision in isolation from other supervision types. However, there has been increased discourse around the use of IPS within the Irish disability context due to recent shifts in resources, demand, and service structures. Prior to this thesis, there had been no empirical exploration of the use of IPS in Irish disability settings to this author's knowledge, and limited exploration of its use in disability contexts more broadly. Recognising this gap, this thesis aimed to develop an empirically based understanding of IPS among allied health professionals within the Irish disability context. A mixed methods approach consisting of three individual studies was used. As no previous attempts had been made to synthesise the existing literature, this research began with a scoping review of existing IPS research. A rigorous search of four electronic databases identified 27 studies as suitable for inclusion. Findings developed through thematic synthesis illuminated common themes across the literature. The remaining studies in this thesis aimed to gather context specific insights by collecting data from allied health professionals in the Irish disability context. Perspectives on IPS among those who had and had not taken part in IPS (n = 38) were collected through a mixed methods survey. Experiences and views of IPS among those impacted and not impacted by recent systems change (n = 8) were explored through semi-structured interviews and compared using multiperspectival interpretative phenomenological analysis. The findings of the three studies were compared and contrasted, and four key integrated findings were developed: (i) IPS as a mechanism for supporting interprofessional working in disability settings; (ii) balancing interprofessional and discipline-specific identities; (iii) the gap between ideal IPS and the reality of IPS in the Irish disability context; and (iv) shifting supervision needs and competencies throughout the career span. Overall, the findings indicate that when used effectively IPS may be a valuable support for interprofessional collaboration and may provide opportunities for professionals to gain interprofessional knowledge and skills. However, the efficacy of IPS may be influenced by several factors, including the accessibility of discipline-specific supervision, the experience levels of those involved, and clarity regarding the purpose and scope of IPS. The findings of this thesis offer unique and valuable insights into the use of IPS in the Irish disability context and beyond, which have the potential to inform future research, training, and policy.

Statement of Original Authorship

I hereby certify that the submitted work is my own work except where due acknowledgement is made, was completed while registered as a candidate for the degree stated on the Title Page, and I have not obtained a degree elsewhere on the basis of the research presented in this submitted work.

Date: 01/09/2024

Signature:

Chapter 1: Conceptual, Theoretical, Policy, and Practice Context

1.1 Introduction

Clinical supervision is a relationship-based form of professional support, wherein health and social care professionals can access support, direction, and guidance from one another (Milne, 2007). Participating in clinical supervision is often viewed as essential for allied health professionals (Martin et al., 2021). Effective clinical supervision has been linked to many benefits for professionals and organisations and is often considered to be a key contributing factor to the overall quality of service-provision (e.g., Dawson et al., 2013; Martin et al., 2021; Snowdon et al., 2017). Historically, clinical supervision has been conceptualised as a discipline-specific activity, involving a supportive relationship between two or more members of the same profession (Davys & Beddoe, 2015). This uniprofessional approach aligns with historical systems of health and social care, in which a clear separation between professions has often been maintained (Khalili et al., 2014). However, recent years have seen a shift in practice ideology, and today interprofessional approaches are often considered best practice (Banks, 2010; Khalili et al., 2014). Alongside this ideological shift, many health and social care systems have seen practical moves towards decentralised systems of professional support and management, which have contributed to an increased usage of interprofessional approaches at a practice level (Davys & Beddoe, 2015; Kolehmainen-Aitken, 2004). Reflecting these shifts, researchers have noted a growing interest in the use of interprofessional supervision (IPS), which occurs when clinical supervision is conducted between members of different professions (Davys & Beddoe, 2015; Kelly & Green, 2020). Thus far, relatively little is known about the implications of this approach, as limited research has examined IPS in isolation from other supervision types (Davys & Beddoe, 2015). As its use increases at a practice level (Beddoe & Howard, 2012), empirical investigation of this relatively novel approach to clinical supervision is needed to shed light upon potential implications for professionals and service provision.

The overall aim of the current research was to develop an empirically based understanding of IPS among allied health professionals within the Irish disability sector, with the ability to extrapolate the findings beyond the Irish context. Introducing this research, this chapter focuses on the conceptual, theoretical, policy, and practice contexts within which it has taken place. To provide sufficient context, this chapter first provides an overview of the concept of clinical supervision, followed by an exploration of the development of IPS at an international level, before focusing more specifically on the Irish context. Next, this chapter discusses the theoretical underpinnings of IPS, concluding by outlining the theoretical context of the current research. A

key element of this research was the completion of a systematic scoping review, which aimed to collate and synthesise the existing evidence relating to IPS. The findings of this scoping review, which explored the existing empirical research in-depth, are presented in Chapter 3. As such, the current chapter does not address the core empirical research around IPS, focusing instead on the research context.

1.2 Conceptual context

1.2.1 Defining clinical supervision

Clinical supervision is widely considered to be a core feature of professional practice across the health and social care professions (Davys & Beddoe, 2020; Rothwell et al., 2021). Existing reviews of the relevant research indicate that clinical supervision may provide essential support for professionals in areas such as skills development, stress management and protection against burnout, while also positively impacting service provision by supporting staff retention, improving work environments, and fostering a high quality of care (Bradley & Becker, 2021; Dawson et al., 2013; Martin et al., 2021; Snowdon et al., 2017). Across many international contexts, the value placed on this activity is upheld by professional bodies, who often promote regular participation (Foo et al., 2022). However, while clinical supervision is thus often viewed as important in health and social care settings, it has historically been a difficult concept to define, and to date no universally accepted definition has been identified (Pollock et al., 2017).

Much of the difficulty in identifying a universal definition has been attributed to the historical context within which the practice developed. It has been suggested that individuals providing health and social care have accessed opportunities for professional support, development, and accountability through various iterations of what is today considered clinical supervision for more than a century (Davys & Beddoe, 2020; Milne, 2009; White & Winstanley, 2014). While its exact origins have been a topic of debate, it is often accepted that the initial development of clinical supervision in its modern form was introduced by early members of the social work profession providing charitable services in England in the mid to late nineteenth century (Davys & Beddoe, 2020; Tsui, 1997; White & Winstanley, 2014). Other early forms of clinical supervision have been reported in nursing and psychoanalysis, with variations later widely adopted across multiple contexts and professional groups throughout the twentieth century (White & Winstanley, 2014). In an interpretation of the history of clinical supervision, White and Winstanley (2014) indicated that this widespread adoption likely came about as a response to the developing needs of professionals providing services within a rapidly shifting landscape of health and social care.

As the use of clinical supervision has developed simultaneously across different professional groups, contexts, and cultures, various conceptualisations and definitions have been proposed (Davys & Beddoe, 2020; Falender & Shafranske, 2014; Martin et al., 2014). This has resulted in a lack of consensus as to what constitutes this activity (Gardner et al., 2021; Martin et al., 2014). In the absence of such a consensus, a definition devised by Milne (2007) based on a best evidence synthesis of empirical research was chosen for the current research. Within this definition, clinical supervision is "the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops, and evaluates the work of colleague/s" (Milne, 2007, p. 439). As highlighted by Snowdon et al. (2020a), some aspects of this definition may align less with the clinical supervision practices of certain professional groups. For example, some professions (e.g., social work, psychology) often use more reflective approaches, which may not always incorporate an educative component (Snowdon et al., 2020a). While an awareness of this limitation has been maintained throughout the current research process, the chosen definition was selected above others due to its empirical basis, as well as its demonstrated applicability to research involving multiple professions and contexts (e.g., Bradley & Becker, 2021; Martin et al., 2021; Snowdon et al., 2017).

1.2.2 Distinctions between supervision types

Definitions and models of supervision typically incorporate three core functions: (i) a managerial or normative function which incorporates organisational and professional accountability; (ii) an educative or developmental function which supports learning; (iii) a supportive or restorative function which supports reflection and wellbeing (e.g., Hawkins & Shohet, 2006; Kadushin & Harkness, 2014; Proctor, 1986). Throughout the existing literature, the most suitable way to address these functions has been a topic of debate. While often clinical supervision is viewed as a single approach within which each function can be addressed, these functions are at times conceptualised as each requiring their own distinct form of supervision (e.g., Martin et al., 2014; O'Donoghue & Tsui, 2012; Sewell et al., 2021; Winstanley, 2000). However, clearly defining distinctions between these forms of supervision has proven difficult within the literature, with significant variation apparent between publications (Martin et al., 2014). For example, in an attempt to draw distinctions between the development and support functions, some have used the term clinical supervision to describe supervision that focuses on appraisal and review, the development of clinical skills and knowledge, and adherence to ethical practice, while the term professional supervision has been used to describe supervision that focuses on support, reflection and professional development (Butler & Thornley, 2014; Calvert, 2014; Sewell et al., 2021).

However, these terms are frequently used interchangeably throughout the literature, and it has been suggested that the two often co-occur in practice (e.g., Dawson et al., 2013; Ducat & Kumar, 2015; Martin et al., 2014; O'Donoghue & Tsui, 2012).

The relationship between the managerial and other functions of supervision has been a larger topic of debate, and differing views exist regarding whether management should be distinct from clinical supervision (Callicott & Leadbetter, 2013; Kleiser & Cox, 2008). Supervision that focuses specifically on managerial issues has been referred to by several names, including managerial supervision (e.g., Martin et al., 2014), administrative supervision (e.g., Sewell et al., 2021), operational supervision (e.g., McMaster et al., 2021), and line management supervision (e.g., McMahon & Errity, 2014). This is typically provided by direct managers and focuses on the management of caseloads, record keeping, adherence to organisational policies, and performance evaluation (Martin et al., 2014; O'Donoghue & Tsui, 2012; Sewell et al., 2021). Some have suggested that in instances where management and supervision are not distinct from one another, i.e., when supervision is provided by managers and/or incorporates managerial issues, there is a risk that it may become overly focused on administrative functions at the expense of clinical or developmental functions (Kleiser & Cox, 2008; Martin et al., 2014). Conversely, it has been argued that supervisors who are also managers are best placed to pragmatically address issues around work-related stress, training needs, and professional development (Gale & Alilovic, 2008). While perspectives on the ideal approach differ, Polychronis and Brown (2016) highlight that in practice, supervision is frequently provided by managers alongside other supervisory functions. In acknowledgement of the complexities associated with terminology in this area, 'supervision' will hereafter be used as an overarching term encompassing the above functions, except when referring to a specific form of supervision.

1.2.3 Supervision formats

Adding an additional layer of complexity, the existing literature has highlighted the use of several distinct supervision formats, each of which hold somewhat different goals. Supervision often takes place in a one-to-one format, wherein a single supervisee meets with a single supervisor to enact one or more of the functions discussed above (Martin et al., 2021; Rothwell et al., 2021) Other common formats include peer and group supervision (Dawson et al., 2013; Gardner et al., 2018). According to Gardner et al. (2021), group supervision involves an identified supervisor, who leads a group of supervisees with goals including monitoring and evaluation. This is often complementary to one-to-one supervision and has been indicated as providing opportunities for peer learning (Akhurst & Kelly 2006; Gardner et al., 2021). Distinct from this, peer supervision is

a non-hierarchical arrangement in which professionals provide support for one another without any professional taking on a supervisor role (Golia & McGovern, 2015; Murphy-Hagan & Milton, 2019). This can take place in either one-to-one or group formats (Murphy-Hagan & Milton, 2019). It has been suggested that peer supervision may provide opportunities to keep up to date with developments within one's field and to combat professional isolation (Akhurst & Kelly, 2006; Murphy-Hagan & Milton, 2019). In a review of the relevant literature, Martin et al., (2014) indicated that preferred formats can differ between professions, highlighting a preference for one-to-one formats among psychologists and occupational therapists, and a preference for group formats among speech and language therapists.

1.2.4 Conceptualising supervision within the allied health professions

Dawson et al. (2013) highlighted a longstanding tendency across supervision literature to focus on certain professions such as nursing, with lesser attention paid to the supervision of allied health professionals. However, recent years have seen an increased focus on supervision among the allied health professions, evident in several relatively recent systematic reviews (e.g., Ducat & Kumar, 2015; Gardner et al., 2021; Pollock et al., 2017; Snowdon et al., 2017). While there is no universally accepted definition of allied health, the term typically refers to disciplines in health and social care other than medicine and nursing (Matus et al., 2018; Meulenbroeks et al., 2022). The five disciplines of interest within the current research, namely psychology, speech and language therapy, occupational therapy, physiotherapy, and social work, are often highlighted as key allied health disciplines within the relevant literature (Borkowski et al., 2016; Featherston et al., 2020; Matus et al., 2018; Meulenbroeks et al., 2022).

Existing research has identified several common supervision goals among the allied health professions, including ensuring quality of care, contributing to clinical governance frameworks, and supporting professional development (Dawson et al., 2012; Snowdon et al., 2020b). General agreement exists among the allied health professions regarding the core functions of supervision, with functional models used typically incorporating the managerial, developmental, and supportive functions (e.g., Hawkins & Shohet, 2006; Kadushin & Harkness, 2014; Proctor, 1986). However, the professional orientations of allied health professionals may impact the extent to which each of these supervision functions is valued. Notably, a study by Snowdon et al., (2020a) found that disciplines with more 'hands on' clinical roles, such as occupational therapists, speech and language therapists and physiotherapists, viewed supervision as a less reflective and more directive or educative process when compared with psychologists and social workers. According to Snowdon et al., (2020a) this difference may be

related to elements of practice, with professionals who typically utilise more reflective processes preferring a more reflective supervision style. Such conceptual differences regarding supervision have been a key challenge in research which aims to compare supervision across allied health professions (Ducat & Kumar, 2015; Snowdon et al., 2020a).

1.2.5 Interprofessional supervision: Terminology

While existing research indicates that supervision may be understood and enacted somewhat differently between professions, in recent years it has become increasingly common for supervision to be conducted across professions (Davys & Beddoe, 2015; Kelly & Green, 2020). A number of terms have been used to describe this form of supervision, including 'cross-disciplinary' (e.g., Crocket et al., 2009; Hutchings et al., 2014), 'multidisciplinary' (e.g., Dilworth et al., 2013; Miller et al., 2003), 'multiprofessional' (e.g., Cleary & Freeman, 2006; Mullarkey et al., 2001), 'interdisciplinary' (e.g., Messersmith & Brouwer, 2012; Spence et al., 2001), 'transdisciplinary' (e.g., Kovič & McMahon, 2023; McMahon et al., 2022), and 'interprofessional' (e.g., Chipchase et al., 2012; Davys et al., 2021). No clear distinctions have been made between these terms, indicating that they may be used interchangeably. To identify the most appropriate terminology for the current research, it has thus been necessary to consider the underlying meanings behind these terms, as well as their use in research thus far.

Prefixes such as 'inter', 'multi' and 'trans' are often ambiguously defined and interchangeably used (Choi & Pak, 2006; Flores-Sandoval, 2021). However, some differences can be identified in the application of these terms within the relevant literature. According to Thylefors et al. (2005), the difference between 'multi', 'inter', and 'trans' when applied to work contexts lies in the level of integration between professions. From this perspective, 'multiprofessional' (or 'multidisciplinary') is used when professions work independently alongside one another, 'interprofessional' (or 'interdisciplinary') is used when there is a high level of interaction, communication, and shared goals, and 'transprofessional' (or 'transdisciplinary') is used when professions are integrated to the extent that boundaries between professional orientations blur. As this research focuses on supervision wherein professionals come together with shared goals, requiring a high level of communication, while maintaining clear distinctions between professional roles, it was thus decided to use the prefix 'inter'. The terms 'discipline' and 'profession' are also often used interchangeably throughout the literature; however, it has been argued that these terms do not hold the same meaning (Dileo & Bradt, 2009; Flexner, 2001; Flores-Sandoval et al., 2021; Pressler & Kenner, 2012). In identifying where the difference between the two terms lies, Dileo and Bradt (2009) suggest that while a discipline can be solely

academic or theoretical, a profession involves a practical working component, with 'professionals' being practitioners of a discipline. As the current research focuses on supervision among professionals who are actively engaged in clinical work, the decision was made to use the term 'professional', rather than 'disciplinary'. Thus, the term 'interprofessional supervision' was chosen as most suitable for the current research.

1.2.6 Conceptual context: Conclusion

To understand the complexity associated with the emerging concept of IPS, it is thus crucial to recognise the multifaceted concept of supervision, which may mean different things to different people, in different contexts, and at different times. IPS is an activity which brings together individuals of different professional orientations, whose understanding of and approaches to supervision may differ based on any number of the identified factors. To develop an understanding of why IPS may be utilised and valued despite this complexity, it is necessary to reflect on the policy and practice context within which it has developed.

1.3 Policy and practice context

1.3.1 The growth of IPS in the context of international developments

IPS has become increasingly common over the last two decades, which according to Davys and Beddoe (2015), has likely been driven by a combination of developments in health and social care. This includes increased demand for supervision, which has been driven in part by a growing emphasis on its importance from academic, public, and policy perspectives (Beddoe & Howard, 2012). From an academic perspective, reviews of the history of supervision (e.g., Bernard, 2006; White & Winstanley, 2014) note increasing interest in supervision in the 1980s and 1990s, evident in an exponential increase in the number of academic articles, books, and journals related to supervision within this period. It has been suggested that as academic interest in supervision grew at this time, so too did understandings of the importance of supervision, contributing to increased demand (Bernard, 2006; White & Winstanley, 2014). Within a similar timeframe, public concerns around the safe practice and training of health and social care professionals arose in relation to an increase in relevant public legal inquiries, for example the Allitt Inquiry and Clothier Report in the United Kingdom (Fowler & Cutcliffe, 2010; Freshwater, 2005; White & Winstanley, 2014). The public concern around these issues has been linked to a shift towards greater regulation in practice environments which has occurred in the time since. This includes increasing emphasis on clinical governance, and recognition of the need for continuing professional development and self-regulation activities (Rice et al., 2007; Spence et al., 2001; Walker & Clark,

1999). Within the context of this shift, the issue of supervision has grown from one that is primarily a concern of professionals to one embedded in policy (Fowler & Cutcliffe, 2010; White & Winstanley, 2014). Supervision has thus increasingly been promoted as essential to professional compliance and development (Beddoe & Howard, 2012). The combination of these factors and resulting high demand for supervision among health and social care professionals has led to shortages in existing pools of supervisors in many contexts and settings, which in turn has led some professionals to seek supervision beyond their own discipline (Beddoe & Howard, 2012).

The growth in IPS has also been linked to cost-driven reforms. This includes the introduction of business principles across health systems, which in many cases has driven major restructurings of management and supervision (Davys & Beddoe, 2015; McCallin, 2001). Such reforms were discussed as early as the 1990s (e.g., Capuano, 1995; Kerfoot, 1996), and have been adopted across various and diverse contexts in the time since, including in Australia, Canada, Columbia, the Philippines, South Africa, Uganda, the United Kingdom, the United States, and Zambia (Berger & Mizrahi, 2001; Bogo et al., 2011; McCallin, 2001; Wang et al., 2002). Many reforms have incorporated a shift away from hierarchical disciplines-specific structures and a corresponding reduction in levels of management (Berger & Mizrahi, 2001; Law & Boyce, 2003). In many cases, this has resulted in structures wherein disciplines are combined within single teams led by non-discipline-specific managers (Berger & Mizrahi, 2001; Kolehmainen-Aitken, 2004). As a result of these changes, managers across health and social care settings often do not share a discipline with many of their team members but are often responsible for providing supervision for every member of their team (Davys & Beddoe, 2015; Kolehmainen-Aitken, 2004).

The increased usage of IPS has also been linked to changing views of best practice in health and social care. Recent years have seen an international shift away from the promotion of multidisciplinary working (wherein professionals work alongside one another) as best practice, towards the promotion of interprofessional working (Banks, 2010; Khalili et al., 2014). At a practice level, interprofessional teams are those wherein professionals work closely together with common goals and shared management and information systems (Banks, 2010; Khalili et al., 2014). Research and policy publications have suggested that this shift may have many potential benefits for service-provision (e.g., World Health Organisation, 2010; Khalili et al., 2014). Many believe that interprofessional working may enhance service provision by fostering a positive and respectful team culture, reducing hierarchical prejudices and power imbalances between professional groups, and emphasising shared responsibility for service provision (Carpenter & Dickinson, 2016; Peduzzi & Agreli, 2018; Stull & Blue 2016). IPS has been described as a mechanism that may support the integrated nature of interprofessional working by enhancing

learning between different professions and prioritising holistic, integrated practice (Arthur & Russell-Mayhew, 2010; Kelly & Green, 2020; Mullarkey et al., 2001). It has been suggested that through engaging with other professions within IPS, professionals may be more prepared to work effectively on interprofessional teams, and to develop positive communication and working relationships (Arthur & Russell-Mayhew, 2010; Copenhaver & Crandell-Williams, 2020).

1.3.2 Context of the current research: The Irish disability sector

This research has been conducted in the context of the Irish disability sector, which in recent years has experienced significant shifts in structure, resources, and demand (Disability Federation of Ireland, 2023; 2024; Think-tank for Action on Social Change [TASC], 2023). The combination of these factors has led to many challenges for organisations, professionals, and service-users, with some suggesting that the sector is today in 'crisis' (Disability Federation of Ireland, 2023). Historically within the Republic of Ireland (hereafter 'Ireland'), the concept of disability was considered from a medical model perspective, and the provision of specialised support depended upon voluntary organisations (National Disability Authority, 2020). In the 1980s and 1990s a greater understanding of the needs and rights of individuals with disabilities emerged, which led to the development of the National Disability Authority Act (Government of Ireland, 1999) and an accompanying policy of mainstreaming services for those with disabilities (National Disability Authority, 2020). However, while today over 90% of individuals with disabilities are supported to some degree through mainstream community health and social services (Disability Federation of Ireland, 2024), many require more specialised support. This is provided by specialist disability services, which support approximately 80,000 individuals (7% of those with disabilities) (Disability Federation of Ireland, 2024). The task of providing these services has continued to fall predominantly to voluntary organisations, which provide approximately 70% of specialist disability services (Disability Federation of Ireland, 2024), with the support of funding from the Health Service Executive (HSE) (TASC, 2023).

In accordance with the 2004 Health Act (Department of Health and Children, 2004), these voluntary organisations are today classified into two distinct groups: Section 38 organisations, which provide services directly on behalf of the HSE, and Section 39 organisations, which are contracted by the HSE to provide services (TASC, 2023). In practice, there is little meaningful distinction between the work conducted by these organisations (TASC, 2023). However, this distinction has significant implications for employees, and has been highlighted as a key contributor to the current crisis faced within this sector (Disability Federation of Ireland, 2023). Professionals working within Section 38 organisations are classified as public servants, equivalent

to those directly employed by the HSE, and receive greater benefits in terms of pay scale, sick leave, maternity leave, and pension entitlements when compared with those employed in Section 39 organisations, who are not considered public servants (Disability Federation of Ireland, 2023; TASC, 2023). This inequity has led to difficulties recruiting and retaining staff and resulting staff shortages within Section 39 organisations (Disability Federation of Ireland, 2023, TASC, 2023), which make up the majority of specialist disability services (European Association of Service providers for Persons with Disabilities, 2020).

While staff shortages within Section 39 organisations have significantly impacted the provision of disability services, broader challenges with funding and resources have also played a key role. In response to the 2008 recession, the Irish disability sector was subject to significant budget cuts to the amount of €159.4 million between 2008 and 2015 (Disability Federation of Ireland, 2017). During this time, the funds allocated to services and the salaries of professionals were reduced, and to date have not been returned to their former levels (Disability Federation of Ireland, 2023). As a result, many disability services are today under-resourced, and challenges with recruitment occur on a wide scale (Disability Federation of Ireland, 2017). In parallel with these reductions in funding and resources, increasingly stringent requirements for quality of care, governance, and supervision have been introduced (HSE, 2015; TASC, 2023). Complying with these expectations requires the use of staff time, training, and consultation, and has proven difficult for many organisations in the absence of additional resources (TASC, 2023).

As organisations and professionals have attempted to navigate these challenges over the last number of years, they have also been faced with increasing demand for services (TASC, 2023). The number of individuals diagnosed with disabilities in Ireland has seen substantial growth, with the Disability Federation of Ireland (2024) highlighting an increase from 643,131 individuals recorded in the 2016 census to 1,109,557 in 2022. It is thus anticipated that the number of individuals requiring specialist disability services will continue to grow, particularly in certain demographics. For example, the Department of Health (2021) predicts that the need for specialist support will increase by one third between 2018 and 2032 among the young adult population. The combination of increased demand and reduced resources has placed significant pressure on organisations and has been linked to high levels of stress and burnout among professionals (TASC, 2023). Access to these services for individuals has also become increasingly difficult, with some reporting waiting times of more than four years (Disability Federation of Ireland, 2024). For many this has been compounded by inequitable access in certain regions, with support for particular diagnoses less accessible within certain parts of the country (Inclusion Ireland, 2022).

In recent years, interprofessional approaches to disability service provision have been viewed as a potential solution to some of these challenges. The development of regional community-based interprofessional teams has been promoted as a means of providing a less fragmented approach to service provision, while also reducing the pressure placed on individual professionals (National Disability Authority, 2015). With this approach at its core, a major reconfiguration of children's disability services in Ireland has occurred in recent years, implemented in line with the 'Progressing Disability Services for Children and Young People Programme' (PDS) (Inclusion Ireland, 2022). PDS aims to provide a clear pathway to services for children and young people through access to local interprofessional Children's Disability Network Teams (CDNTs) (HSE, 2015; 2021; Inclusion Ireland, 2022). CDNTs consist of psychologists, social workers, speech and language therapists, occupational therapists, and physiotherapists, among others, who are managed and supported by a single interprofessional manager (HSE, 2021; 2023). While attempting to address some of the previously outlined challenges, the establishment of the PDS programme has been significantly impacted by the ongoing difficulties within this context and has been subject to much scrutiny.

In line with wider difficulties faced within this context, issues with staff recruitment and retention have significantly impacted the development and capacity of CDNTs, and as a result service-users continue to face a backlog in waiting lists (Department of Children, Equality, Disability, Integration and Youth, 2023). While existing employees of Section 38, Section 39, and HSE organisations were amalgamated into CDNTs, staff retention has proven challenging (TASC, 2023). This may be linked to the expectation that employees from different sections, who receive different pay scales and benefits, would work alongside one another providing the same services (TASC, 2023). The interprofessional nature of CDNTs has also been a cause for unease among professionals, with professional bodies voicing concerns regarding a potential lack of discipline-specific supervision in this context (Irish Association of Speech and Language Therapists [IASLT], 2022; Irish Association of Social Workers [IASW], 2023). As the delegation of supervisory responsibilities to managers is common within the Irish health and social care settings (Burns, 2012; McMahon & Errity, 2013), there is a possibility that IPS may occur in this context.

The introduction of PDS in Ireland signals a broader shift towards interprofessional disability services, with several publications (e.g., Department of Children, Equality, Disability, Integration and Youth, 2023; National Federation of Voluntary Service Providers, 2019) emphasising the importance of increased access to interprofessional teams for adult service-users. There is thus a possibility that IPS may become more common in the Irish disability context, both within PDS settings and beyond. However, due to the lack of existing empirical evidence,

the current usage of IPS within the PDS context and the broader Irish disability context currently remains unexplored.

1.3.3 Supervision guidelines for the allied health professions within the Irish context

Within Ireland, supervision has been positioned by the HSE as a key workforce strategy which supports improvements in service provision (HSE, 2015). However, the HSE (2015) acknowledges differences in approaches to supervision across professions and work settings. The professional bodies representing allied health professionals within Ireland each provide unique and specific supervision guidance and requirements for their memberships. Differences are evident across several areas, including the recommended frequency of supervision meetings, the terminology used, and recommendations around IPS (Association of Occupational Therapists Ireland [AOTI], 2010; IASLT, 2020; IASW, 2020; Irish Society of Chartered Physiotherapists [ISCP], 2019; Psychological Society of Ireland [PSI], 2017). For example, Table 1 highlights significant differences in the recommended frequency of supervision. Furthermore, the table illustrates that recommendations are clearly delineated by experience level for occupational therapists, speech and language therapists and physiotherapists, while there is less delineation for experienced social workers, and no delineation for psychologists (AOTI, 2010; IASLT, 2020; IASW, 2020; ISCP, 2019; PSI, 2017).

Table 1

Minimum recommended supervision frequency based on experience level

Professional body	Senior grade	Basic/ staff grade	New graduates
PSI	Monthly	Monthly	Monthly
IASW	Every 4 - 6 weeks	Every 4 - 6 weeks	Fortnightly
AOTI	Monthly	Fortnightly	Weekly
IASLT	Every 6 - 8 weeks	Every 4 - 6 weeks	Weekly
ISCP	Monthly	Fortnightly	Fortnightly

Note. PSI = Psychological Society or Ireland; IASW = Irish Association of Social Workers; AOTI = Association of Occupational Therapists Ireland; IASLT = Irish Association of Speech and Language Therapits; ISCP = Irish Society of Chartered Physiotherapists

Different terminology has also been used by professional bodies when discussing supervision. While the PSI (2017) use the overarching term 'clinical supervision', the IASLT, ISCP, IASW and AOTI use the term 'professional supervision' in much the same way (AOTI, 2010; IASLT, 2020; IASW, 2020; ISCP, 2019). The AOTI (2010) stated that this term was consciously chosen over clinical supervision as it was considered more inclusive of professionals working in non-medical model settings. Differences are also evident between the professional bodies regarding the perceived appropriateness of IPS. While the IASLT and IASW recommend that members only participate in discipline-specific supervision (IASLT, 2022; IASW, 2020), both the PSI and ISCP suggest that IPS may be suitable under certain situations, for example if the supervisor's qualifications are relevant to the supervisee's practice (PSI, 2017) or if the supervisor has appropriate clinical expertise (ISCP, 2019). Limited guidelines exist around the use of IPS for AOTI members.

It is thus evident that approaches to supervision vary between allied health professions within Ireland, which may have significant implications for the potential use of IPS in this context. However, as Irish disability services progress towards interprofessional approaches in line with international developments, it is imperative that the potential use of IPS in this context is explored. The following section will focus on identifying a suitable theoretical framework through which to examine this issue, taking the multifaceted and complex nature of the policy and practice context into consideration.

1.4 Theoretical context

1.4.1 Distinguishing between theories and models

To date, there has been limited exploration of the theoretical underpinnings of IPS in the literature. However, it has been suggested that the boundaries of IPS are drawn from more generic theories related to clinical supervision (Davys et al., 2021). To shed light on the theoretical underpinnings of IPS, it is thus necessary to explore theories which have been applied to supervision more generally. However, there is a need to first define clearly what is meant by a theory of supervision, a task which has been complicated by the inconsistent use of terminology within the supervision literature. While distinctions exist between the terms 'theory', 'model' and 'framework' within wider research (e.g., Nilsen, 2020; Slade et al., 2018), they are often used interchangeably within supervision research (Gardner et al., 2021). However, differences exist between these terms, central to which are levels of practical application and abstraction. The term 'theory' has been defined as a system of ideas or principles used to structure one's understanding and explanations of the world (Nilsen, 2020). In the context of supervision, theories provide a set of principles on

which to base the practice of an activity, but essentially do not have the same level of practical application as models or frameworks (Slade et al., 2018). Models and frameworks, which are often treated as synonymous with one another in the supervision literature, are typically more narrowly defined and simplified representations of concepts or phenomena which are applied in practice to guide supervision (Lynch et al., 2018; Nilsen, 2020; Slade et al., 2018). These are more aligned with practice than empirical inquiry, however the practice-based nature of the current research warrants brief consideration of the models used by allied health professionals, particularly as differing use of models between individuals and groups may impact approaches to IPS.

Many supervision models have been developed (Farrington, 1995; Sewell et al., 2023; Simpson-Southward et al., 2017), and most often these are orientation-specific, i.e., aligning with disciplinary approaches used to engage with service-users; developmental, i.e., focused on supervisee development; or functional, i.e., focused on the core functions of supervision (Harris & Slattery, 2021). Functional models of supervision, which typically incorporate some form of the previously highlighted managerial, developmental, and supportive functions (e.g., Kadushin & Harkness, 2014; Morrison, 2003; Proctor, 1986) are the most commonly used models among the allied health professions (Harris & Slattery, 2021, Dawson et al., 2013). In particular, Proctor's (1986) model of supervision is frequently referred to (e.g., Dawson et al., 2013, Pollock et al., 2017). This model defines the three core functions of supervision as 'normative' (focused on administrative and managerial tasks), 'formative' (focused on education and professional development), and 'restorative' (focused on emotional support). Other commonly used models have referred to these functions by other names, for example in a model developed by Kadushin and Harkness (2014), they are defined as 'administrative', 'educational', and 'supportive'', while a model developed by Morrison (2003) refers to them as 'managerial', 'educative', and supportive'. It is possible that the use of similar models may function as a facilitator to effective IPS between allied health professionals. However, while professionals may draw on similar models, it has been noted that approaches to supervision in practice are often eclectic (Harris & Slattery, 2021).

1.4.2 Identifying a suitable theoretical lens for the current research

Poorly defined conceptualisations of the theoretical underpinnings of supervision have been a longstanding challenge at both research and practice levels (Ellis et al., 1996; Karpetis, 2021; Milne et al., 2008; Tsui & Ho, 1998). Within the existing body of empirical research, there is a tendency towards the use of 'atheoretical' approaches and frameworks, which are not explicitly

aligned with a named theoretical orientation (Barker & Hunsley, 2013; Milne et al., 2008). According to Evans (2019), the process of conducting research involves making analytical choices, which necessarily involves the implicit use of theory regardless of whether this is explicitly defined. This issue has been explored within the wider supervision research. For instance, a review by Karpetis (2021) identified the implicit application of theory across a large proportion of supervision studies which had no clearly defined theoretical orientation.

Despite the limited use of explicitly theory-driven approaches in supervision research, several broad theoretical lines of thought have been applied, including theories of learning, theories of organisation, and systems theories (Hyrkäs & Paunonen, 1999; Sewell, 2017). A number of distinct theories of learning have been used, including experiential learning theory (e.g., Lombardo et al., 2009; Sewell, 2017; Walden & Gordon-Pershey, 2013), which positions supervision as a space for learning and reflection on professional experiences; social learning theory (e.g., Diack et al., 2014; Sewell, 2017), which views supervision as a means of developing supervisee self-efficacy; and developmental learning theory (e.g., Nye, 2007; Watkins, 2016), which views supervision as a process of addressing gaps in knowledge through supervisor scaffolding. Differences exist between these learning theories as they relate to supervision, particularly around the importance placed on supervisee independence. However, they share a core focus on the ways in which people learn (Wang, 2012), and this is reflected in how and why they have been used in existing research relevant to IPS.

Learning theories have guided several studies that involve an IPS component. For example, an experiential learning approach was used by Hunt et al., (2022) in research on experiences of a multidisciplinary student-led clinic, in which participants received IPS. Similarly, Jones et al., (2015) were influenced by social learning theory in a study which looked at an allied health service-learning program for students, which also involved IPS. In both studies, IPS was examined through learning theory perspectives as one element of broader explorations of novel learning experiences for students. This mirrors the common use of learning theories within the broader supervision literature (e.g., Diack et al., 2014; Kamphinda & Chilemba, 2019). It is thus evident that learning theories are particularly useful in instances where research aims to specifically explore learning experiences. While it is acknowledged that supervision often incorporates a developmental or educative component, and there is a potential that the same may be true in instances of IPS, the process of learning itself is not the core focus of the current research. Furthermore, the use of these theories may limit the exploration of wider organisational and systemic factors. Thus, applying learning theories to this research may not be the most suitable approach.

In contrast to the individualised focus of learning theories, organisational theories are concerned with broader organisational factors. This includes how organisations operate, how they are managed, and the impact of organisational cultures and climates (e.g., Fligstein, 2021; Haron & Ariffin, 2018; Julien-Chinn & Lietz, 2019). Examples of organisational theories used in the supervision literature include jobs demands-resources theory, within which supervision is viewed as a resource which can foster motivation (Sewell et al., 2023), and organisational support theory, which, in the context of supervision, focuses on the support and care provided by supervisors to supervisees (Ahmed & Muchiri, 2014). Within this literature, organisational theories have been used to explore the role of supervision in the context of larger organisational factors, for example the role of supervision in developing learning cultures (Julien-Chinn & Lietz, 2019), and in influencing staff outcomes and turnover intentions (Ahmed & Muchiri, 2014).

Organisational theories have not been applied directly to research involving IPS. However, they have been used to explore issues relevant to the systems change component of the current research, including the issues of governance (e.g., Haron & Ariffin, 2018; Prenestini et al., 2021), and management (e.g., McNabb & Webster, 2010; Regan & Rodriguez, 2011) They have also been identified as useful for examining the processes involved in interprofessional working from an organisational perspective, particularly for research concerned with team functioning and/or efficiency (D'Amour et al., 2005). The organisation-level focus of these theories somewhat limits their applicability to the current research, which seeks to gain insight into both distal and proximal impacts on IPS, and centres around the experiences of professionals.

Interprofessional matters such as IPS are often viewed as being influenced by multiple contextual factors and environments (O'Leary & Boland, 2020). It has been suggested that systems theories may be particularly well-suited to exploring such matters, as they share a focus on the interactions between individuals and the multiple environments or systems within which they exist (Sewell, 2017). Much like organisational theories, systems theories have been applied to research on both interprofessional matters and clinical supervision to explore the influences of a range of factors. However, while both systems theories and organisational theories can support the exploration of individual and organisational influences, systems theories also support the exploration of wider systems of influence, including communities, other stakeholders, and governing bodies (O'Leary & Boland, 2020; Sewell, 2017; Suter et al., 2013). Through the use of a systems approach, consideration can be given to both proximal components (e.g., the supervisor-supervisee relationship, team dynamics, organisational factors) and the more distal impacts (e.g., communities, professional bodies, the national context). From a systems theory

perspective, cause and effect between elements of wider systems is viewed as a dynamic and non-linear process (Suter et al., 2013).

Several systems theories have also been applied in the relevant literature. This includes activity theory, which considers supervision as an activity that individuals engage in to achieve particular systemic outcomes (e.g., O'Keefe et al., 2014), and ecological systems theory, which, in the context of supervision research, explores the impact of multiple spheres of influence on supervision (e.g., Wong, 2021; Sewell et al., 2023). Thus far, systems theories have not been applied to research exploring IPS. However, Suter et al. (2013) suggest that the use of systems theory-informed approaches may strengthen the growing empirical evidence base around interprofessional practice. This leads to the conclusion that a systems theory-informed approach is most suitable for the current research.

However, while systems theories are valued for their holistic and integrative perspectives (Hong et al., 2022), many have been criticised for their abstract natures, and are often seen as overly complex for meaningful practice application (Lambley, 2018). For example, complexity theory and general systems theory are often used to explore topics at a high level of abstraction and have been criticised for producing findings which are vague and challenging to operationalise (e.g., Gordon & Cleland, 2021; Mahamoud et al., 2013). In contrast, ecological systems theory is often valued for supporting a more structured approach, which can lead to more concrete and actionable insights (e.g., Sheftel et al., 2024; Walker et al., 2024). Lambley (2018) suggests that this approach also lends itself to a more practical understanding of supervision. With this in mind, ecological systems theory has been chosen as a suitable theoretical framework for the current research.

1.4.3 Ecological systems theory

Ecological systems theory was developed by Bronfenbrenner (1977; 1979) as a theory of human development from infancy through adulthood. It considers the impacts of multiple ecological environments on a developing individual, as well as the interconnections between environments. Originally, Bronfenbrenner proposed four nestled ecological systems surrounding the individual: the microsystem, the mesosystem, the exosystem, and the macrosystem (Bronfenbrenner, 1977; 1979). A fifth system, the chronosystem, was later proposed by Bronfenbrenner (1986) as an additional element. The microsystem includes an individual's immediate environments, including people and settings that the individual directly interacts with. The mesosystem includes interactions between people, objects, or settings from an individual's microsystem. The exosystem comprises links between two or more settings, at least one of which the person does

not directly act in but is influenced by. The macrosystem includes broader cultural influences or ideologies which impact the individual. Finally, the chronosystem includes the influence of time on an individual, both in terms of ageing and maturation and also the time in which the individual is living (Bronfenbrenner, 1977; 1979; 1986; 1994).

A key benefit of applying ecological systems theory to the current research is that, while supporting the exploration of the aforementioned spheres of influence, it maintains a core focus on the exploration of individual perspectives (Clouder et al., 2022; Neal & Neal, 2013). For this reason, ecological systems theory has been described as beneficial within research involving professional issues, as it provides a framework that locates an individual within a whole ecosystem, recognising that components of practice are impacted by both individual and ecological factors (Clouder et al., 2022; Dobson & Douglas, 2020; Nastasi, 2000). From an ecological systems theory perspective, while immediate environments and relationships (i.e., family, friends, workplace) are considered influential on an individual, so too are wider environments which directly or indirectly impact the individual (Bronfenbrenner, 1979). Due to this broad focus on multiple spheres of influence, ecological systems theory has been successfully applied to research which looks at the impacts of changing systems on individuals, including health and education systems (e.g., Clouder et al., 2022; Dobson & Douglas, 2020; Henry & Namhla, 2020). Ecological systems theory has also been applied in research which considers a range of individual and interpersonal factors in supervision, including the impacts of power, privilege, and intersectionality (Ieva et al., 2022). The application of ecological systems theory to these areas of research highlights its use in addressing matters of identity and power in supervision. This may be of particular relevance in the context of the current research, within which professionals have experienced significant shifts from hierarchical, unidisciplinary approaches towards interprofessional approaches. The integrated findings from this thesis are presented using an ecological systems theory framework in Chapter 6.

1.5 Conclusion

This chapter has provided an in-depth exploration of the conceptual, policy and practice, and theoretical contexts within which the current research is situated. By exploring these contexts, this chapter has illustrated IPS as a complex phenomenon, influenced by broad concepts and theories of supervision, as well as the shifting practice environments and ideologies of allied health professionals. Akesson and Canavera (2020) highlight the particularly critical influence of practice contexts in supervision, rejecting the notion that supervision can be separated from the particular practice context within which it occurs. Recognising the important influence of practice contexts,

this chapter has also provided an overview of the Irish disability context as a means of situating the findings presented in chapters 4, 5 and 6. Before presenting the original research studies, it is necessary to consider how this thesis sits within the contexts explored in this chapter. Thus, the next chapter will focus specifically on the present thesis.

Chapter 2: The Present Thesis

2.1 Introduction

The aim of this chapter is to provide an overview of the present thesis, beginning with a summary of the specific aims and objectives of the current research. Publications centred around the responsible reporting of research (e.g., Drisko, 1997; Wager & Kleinert, 2010) have identified a need for clear and unambiguous descriptions of the methodological and paradigmatic approaches adopted, both of which have been emphasised in supporting greater research integrity. Recognising the importance of this issue, this chapter explores the methodological approach and research paradigm adopted, as well as the researcher's positionality. Rationale is also provided for the methodological and paradigmatic approaches used. The current research was conducted as three distinct studies, including a systematic scoping review, a mixed methods study, and a qualitative study. This chapter presents the high-level methodological context, while detailed reporting of the specific methods used in each study are presented in later chapters. The final section of this chapter provides an overview of the structure of the present thesis.

2.2 Aim of the research

The overall aim of this thesis was to develop an empirically based understanding of IPS among allied health professionals within the Irish disability sector. This research was specifically focused on the perspectives and experiences of members of the allied health professions explicitly mentioned in key policy documents related to the PDS programme (e.g., HSE, 2020a), namely the following: psychologists, social workers, occupational therapists, physiotherapists, and speech and language therapists. To address this aim, this research had five key objectives:

1. To investigate the existing empirical evidence relating to IPS by conducting a systematic scoping review of relevant literature.
2. To obtain a broad understanding of perspectives of allied health professionals in the Irish disability context regarding the benefits and challenges of IPS.
3. To examine whether experience of IPS impacts perspectives of IPS among allied health professionals.
4. To qualitatively explore experiences and views of IPS among allied health professionals in the Irish disability context.
5. To examine whether the context of major systems change impacts experiences and views of IPS.

2.3 Methodological approach

2.3.1 Rationale for using a mixed methods approach

The methodology chosen for the current research was a mixed methods approach incorporating qualitative and quantitative elements. For many years, qualitative and quantitative approaches were viewed as dichotomous due to significant differences between the methodological assumptions and philosophical foundations of the two (Gelo et al., 2008). However, in recent years it has become increasingly common for researchers to view these approaches as complementary, as the use of mixed methods research which incorporates elements of both has gained popularity (Gelo et al., 2008; Plano Clark, 2017). While this approach introduces certain challenges for researchers, for example the need to possess expertise in both qualitative and quantitative methods, and the need for a greater commitment in terms of time and labour (Creswell et al., 2004), it has been indicated as potentially more beneficial than a single methodological approach in certain circumstances. Mixed methods designs provide opportunities to combine the strengths of qualitative approaches, i.e., the ability to gather rich, detailed information, and those of quantitative approaches, i.e., the ability to address issues of causality and generalisability, in order to provide a more robust understanding of the research topic (Creswell et al., 2004; Fetters et al., 2013; Venkatesh et al., 2016; Wisdom et al., 2012). As such, the use of mixed methods is particularly beneficial for providing a holistic understanding of a topic when existing research in the area is fragmented (Venkatesh et al., 2016).

It has been suggested that in order to assess the suitability of using mixed methods, it is necessary to consider the nature of the research (Fetters et al., 2013). Existing health services research has recognised the challenges faced in exploring the complex, multidimensional systems and processes central to health services through a single methodological approach (Fetters et al., 2013; Lee et al., 2022; Wisdom et al., 2012). Mixed methods has been described as an "innovative approach for addressing contemporary issues in health services", which can address this issue (Fetters et al., 2013, p. 2135). Many organisational phenomena in health services have been explored using mixed methods approaches, including management, performance, and appraisal (e.g., Lee et al., 2022; Maurer et al., 2024), and interprofessional working (e.g., Bentley et al., 2018; Redley et al., 2020). It has been suggested that mixed methods may be particularly beneficial for exploring interprofessional issues, by providing a well-rounded and accessible understanding of the phenomena of interest (Wisdom et al., 2012). In the wider supervision research, mixed methods designs have provided researchers with opportunities to develop holistic views on supervision within specific contexts, shedding light on both wider trends

associated with supervision, and the individual perspectives of those involved (e.g., Gosselin et al., 2015; Kumar et al., 2015; McCarron et al., 2018).

2.3.2 Applying mixed methods to the current research

Within mixed methods research, there are many specific research designs which can be used. When choosing which mixed methods design to employ, researchers are required to make several key decisions regarding the aims and objectives of the research at hand (Leech & Onwuegbuzie, 2009). One of the most crucial decisions facing mixed methods researchers is the timing of the qualitative and quantitative components. Mixed methods research can be concurrent, within which all types of data are collected simultaneously, or sequential, within which one type of data is collected at a time (Almeida, 2018; Gelo et al., 2008). Before selecting the approach to be used, researchers must consider how the qualitative and quantitative components of the research will be mixed (Almeida, 2018). To determine a suitable approach to the mixing of components, Venkatesh et al. (2016) recommended that researchers first consider the reason for using mixed methods, summarising the potential purposes for the use of mixed methods research under a number of distinct categories. The current research falls into several of these categories. This includes complementarity, i.e., it seeks to gain complementary views regarding IPS; developmental, i.e., it seeks to develop research questions for later research phases based on inferences of previous phases; expansion, i.e., it seeks to expand upon the understandings obtained in previous phases as the research progresses; and compensation, i.e., it seeks to limit the impact of potential design weaknesses of each approach through the use of the other.

When reviewing the purposes of using a mixed methods approach within the current research, it was felt that the most suitable design was one wherein data was gathered in multiple phases and could be built upon as the research progressed. For this reason, a sequential design was adopted. The first phase of the current research involved the completion of a systematic scoping review of research related to IPS among allied health professionals, which gathered predominantly qualitative findings and integrated quantitative data within the analysis phase. Reflecting the approach described by Creswell et al. (2004), the quantitative data were transformed and analysed qualitatively. The findings gathered from this review phase informed the remaining two phases of the research. It was initially planned that the remaining two phases of the research would also be conducted sequentially, however due to time constraints, data were gathered concurrently. The first of these studies was a mixed methods survey of perspectives and experiences of IPS among allied health professionals working in Irish disability settings. The final study consisted of semi-structured interviews exploring the use of IPS among allied health

professionals working in the Irish disability context. The integration of study findings took place at the stage of data interpretation, as is common in mixed methods research (Parylo, 2012). The final chapter of this thesis includes a critical consideration of the mixed methods approach used.

2.4 Ontological perspective

2.4.1 Research paradigm

Research paradigms reflect the philosophical position or worldview of the researcher, concerning the nature of reality and how to approach and understand it within the given research (Dawadi et al., 2021; Maxwell, 2012). The explicit acknowledgement of one's research paradigm adds to the quality and transparency of research (Creswell & Poth, 2016; Kivunja & Kuyini, 2017). Research paradigms are typically viewed as being inherently linked to certain methodological approaches, and different paradigms are typically associated with quantitative and qualitative approaches (e.g., Hall, 2013; Liu, 2022). For example, quantitative approaches are often underpinned by positivism, which supports a belief in objective knowledge and aims to identify objective and measurable truths (Kaushik & Walsh, 2019; Liu, 2022). In contrast, qualitative approaches are often underpinned by constructivism, which sees knowledge as subjective and promotes enquiry that is subjectivity-driven (Kaushik & Walsh, 2019; Liu, 2022). These paradigmatic differences have historically contributed to the notion that qualitative and quantitative approaches are dichotomous (Benz & Newman, 2008). However, while acknowledging the need to consider the underlying assumptions of these approaches, many researchers have rejected this belief in recent years, reconceptualising this perceived dichotomy as a continuum, within which mixed methods research falls in the middle (Benz & Newman, 2008; Maarouf, 2019). This belief aligns with pragmatism, which is the research paradigm underpinning the current research.

Pragmatism has been described as the "philosophical partner for mixed methods research" (Johnson & Onwuegbuzie, 2004, p. 16). Pragmatism is not committed to any specific philosophical stance, focusing instead on using the philosophical and methodological approaches that can best address the specific research problem (Dawadi et al., 2021; Kaushik & Walsh, 2019). Unlike traditional dichotomous stances regarding the nature of knowledge and inquiry, pragmatism rejects the belief that reality can be accessed solely through a single method of inquiry, embracing a flexible approach to research (Kaushik & Walsh, 2019). Critics of pragmatism as a research paradigm often hold the view that this stance focuses too narrowly on what works in terms of research methods, with little emphasis on the underlying philosophical perspectives informing research approaches (Hall, 2013; Kaushik & Walsh, 2019; Maarouf, 2019). However, proponents of pragmatism have argued that rather than overlooking these philosophical stances,

pragmatism acknowledges the existence of differing views of truth and reality, but does not involve itself in such debates, instead accepting the existence of multiple realities while focusing on how best to address the research purpose (Kaushik & Walsh, 2019; Liu, 2022; Maarouf, 2019).

Pragmatism is a suitable approach for the current research for several reasons. Firstly, as there is limited existing research to inform the use of IPS, identifying findings which are of practical relevance to professionals and organisations is a key goal of this research. This goal is supported through this approach, as pragmatism is an action-oriented research paradigm and focuses on real-world issues (Hothersall, 2019; Maarouf, 2019; Saab et al., 2021). By emphasising the pursuit of actionable knowledge, a pragmatic approach supports researchers in developing research that is of practical relevance to stakeholders (Kelly & Cordeiro, 2020). Furthermore, pragmatism is often considered to be a suitable paradigm for research involving allied health professionals, the target population of this research (e.g., Glogowska, 2011; Kaushik & Walsh, 2019; Shaw et al., 2010). This is predominantly because it aligns with the values of many allied health professionals, who often hold pragmatic attitudes towards the integration of research into practice (Glogowska, 2011; Kaushik & Walsh, 2019). From this perspective, the value of a given piece of research is not determined by its epistemological or methodological approaches, but rather by how it can be applied to real-world issues (Glogowska, 2011). It has been suggested that conducting research in alignment with this pragmatic stance can increase the ease of knowledge translation between researchers and allied health professionals (Shaw et al., 2010). This enhances the potential for the research findings to contribute to the use of IPS at a practice level. Pragmatism also values the combination of micro and macro level perspectives and is an ideal paradigm through which to situate individual experiences within larger contexts (Kelly & Cordeiro, 2020). This supports the use of ecological systems theory, and aligns with the current research, which seeks to develop an understanding of IPS within the Irish disability context by exploring individual perspectives. Thus, pragmatism has been chosen as a suitable paradigm to support the current research.

Kaushik and Walsh (2019) state that from a pragmatic stance, the goal of identifying actionable findings must co-occur with researcher reflection. Thus, it was felt that when presenting the ontological perspective informing this research it was crucial to include a statement of researcher reflexivity. This is presented in the following section.

2.4.2 Researcher reflexivity

Researcher reflexivity is a process through which researchers consciously consider the influence of their own context and subjectivity on the research (Gentles et al., 2014; Holmes, 2020; Olmos-Vega et al., 2023). Through this process, researchers acknowledge their role as active agents

who influence all stages of the research process (Bukamal, 2022). According to Holmes (2020), this requires that researchers develop a sense of their own positionality in relation to the research, including their positions in relation to participants and the research context. Explicit reporting of one's own positionality is often viewed as contributing to the quality of research, as it provides context for the audience to appraise and evaluate the research (Gentles et al., 2014). With this in mind, the following section locates the researcher's positionality in the current research, using first person language where appropriate.

Researchers often attempt to locate their positionality within research by identifying themselves as either insiders or outsiders with regard to their research topic and participants (Bukamal, 2022; Holmes, 2020; Kerstetter, 2012; Mercer, 2007). According to a long-standing definition developed by Merton (1972), a researcher may be considered an insider when they belong to certain groups to which the participants also belong, and an outsider when they do not. In recent years, many have questioned the benefits of positioning researchers in this dichotomous manner (e.g., Holmes, 2020; Kerstetter, 2012; Mercer, 2007). It is increasingly viewed as more beneficial to consider the idea of 'insiderness' in a pluralistic way, acknowledging that individuals simultaneously hold multiple positions and are not easily classified according to a single ascribed status (Holmes, 2020; Mercer, 2007). This is of relevance to my own positionality within the current research, within which I have identified as both an 'insider' and an 'outsider' in various ways.

I developed an interest in supervision while researching the supervision experiences of professionals within an Irish disability service during my masters degree in psychological science. Prior to this experience, I had limited knowledge of clinical supervision. From this perspective, I was and continue to be an outsider to the realm of supervision. I initially worried that my lack of personal experience may impact my ability to engage with the topic. However, as my understanding of the research context has grown, I have recognised certain advantages of this outsider status. My experience of engaging with participants has highlighted to me an intense level of frustration among many allied health professionals regarding the current landscape of supervision within the Irish disability sector. Aligning with previously identified benefits of outsider research (e.g., Corbin-Dwyer & Buckle, 2009; Kerstetter, 2012), I believe that my distance from this context has enabled me to maintain a more neutral position. Furthermore, it has become evident that professionals often hold strong and at times opposing beliefs regarding supervision. I believe that because I did not come to this research with strongly held views on this topic, I have been able to value each perspective without bias towards any specific position.

While I am thus an outsider to the area of supervision, I do not consider myself an outsider to the Irish disability sector, having worked in various roles supporting young people with disabilities in the Irish context for several years. I did not experience clinical supervision in these roles; however I did develop strong beliefs regarding the importance of professional support and the benefits of effective interprofessional collaboration. Prior to data collection, I may have overestimated the extent to which my own existing views in this regard would be reflected in the views of participants. However, I believe that I successfully let go of this expectation early in the research process, and that this afforded me the opportunity to engage with the topic in a more open-minded way. It is possible that my disciplinary background in psychology has afforded me greater insider-status when engaging with psychologists than with other professions. However, I also believe that my outsider-status as a non-clinician has limited the impact of perceived disciplinary differences in my interactions with participants.

From my perspective, my positioning of the research participants has been of the most importance throughout this research process. Throughout all stages of the research process, while recognising my own role as an active agent within the research, I have consciously and consistently maintained a view of the participants as the experts on the research topic. This positioning has enabled me to maintain an open and curious mindset, which I believe has securely grounded the findings of this research within the voices of participants.

2.5 Structure of thesis

As stated previously, the aim of this thesis is to develop an empirically based understanding of IPS among allied health professionals within the Irish disability sector. In the absence of an existing systematic or scoping review of IPS, it was also deemed necessary to conduct a rigorous investigation of the broader existing research. The material presented in this thesis includes three research studies which have been written as publishable academic articles, adapted and expanded upon for inclusion in this thesis. However, the thesis itself is a product of the PhD process and has been structured to contextualise these studies and consider the cumulative implications of the work.

Chapter 1 provided an in-depth exploration of the conceptual, practice, and theoretical contexts within which the current research is situated, while Chapter 2 has provided an overview of the present thesis. Chapters 3, 4 and 5 are presented as longform versions of the academic articles developed for peer-reviewed publication based on the three original research studies of this thesis. Chapter 3 presents a systematic scoping review which aimed to identify and summarise the existing evidence related to IPS among allied health professionals in disability,

health, and aligned settings. Chapter 4 presents findings from a mixed methods survey which examined perspectives of IPS among allied health professionals in the Irish disability context, including those with and without experience participating in IPS. Chapter 5 presents a qualitative exploration of IPS experiences among allied health professionals from within the Irish disability sector, utilising multiperspectival interpretative phenomenological analysis to compare the experiences of those impacted by the PDS programme and those not. Finally, Chapter 6 consists of an integration and discussion of the overall findings within the context of the existing literature. Potential implications for professional practice, training and directions for future research are considered, with a view of highlighting how IPS may best be used to support allied health professionals within the Irish disability context and beyond.

Chapter 3: Interprofessional Supervision among Allied Health Professionals: A Systematic Scoping Review

3.1 Preface

Chapter 3 presents the first original study of this thesis. This study involved the completion of a scoping review of research related to IPS among allied health professionals. As limited research has examined IPS in isolation from other supervision types (Bostock, 2015; Davys & Beddoe, 2015), and no prior systematic or scoping reviews specifically into IPS have been conducted, it was felt that the completion of a scoping review of the relevant research was essential to inform the survey and interview components of this thesis. The review has been published as an academic article in *The Journal of Interprofessional Care*. Chapter 3 is an adaptation of this article. For the sake of consistency in the language used throughout this thesis, there have been some minor changes and the references have been included in the final references section of the thesis. The citation for the published article is as follows:

> McGuinness, S., & Guerin, S. (2024). Interprofessional supervision among allied health professionals: A systematic scoping review. *Journal of Interprofessional Care, 38*(4) 739-758. https://doi.org/10.1080/13561820.2024.2343837

3.2 Abstract

Clinical supervision typically occurs between professionals who are trained in the same discipline, and this assumption is present across much of the relevant literature. However, the use of interprofessional supervision (IPS), wherein professionals do not share the same discipline, has increased in recent years. As IPS increases in usage, it is key that the implications of this approach are explored. In order to map the existing evidence, a scoping review was conducted to explore what is known about the use of IPS across five allied health professions (psychology, speech and language therapy, occupational therapy, physiotherapy and social work). A systematic literature search of four electronic databases was conducted, with 27 articles meeting the inclusion criteria. The data were analysed using thematic synthesis. Six key themes were identified relating to factors impacting the appropriateness of IPS, necessary steps in the IPS process, and impacts of IPS for professionals. Limited application of standardised tools and theoretical frameworks within the existing research was highlighted. The findings identified within this review present a broad overview of the existing research relating to IPS, which can be used to inform future research in this area.

3.3 Introduction

Clinical supervision is widely recognized as a major component in supporting safe practice and professional development across the health and social care workforce (Martin et al., 2014; Pollock et al., 2017). Participation in clinical supervision is recommended for all allied health professionals (Dawson et al., 2013; Snowdon et al., 2020a). However, numerous definitions of clinical supervision can be found across the relevant literature. For the purpose of this study, an empirical definition developed by Milne (2007) will be used, with clinical supervision defined as "the formal provision by a senior/qualified health practitioner of an intensive relationship-based education and training, that is case focused, and which supports, directs and guides the work of colleagues" (2007, p. 440). It has been suggested that the provision of effective clinical supervision for allied health professionals is of critical importance, as the benefits experienced may extend beyond professionals to both service-users and organisations as a whole (e.g., Gosselin et al., 2015; Martin et al., 2017). Potential benefits for organisations may include improvements in staff morale and teamwork, greater staff retention, and enhanced commitment to organisations among professionals (Koivu et al., 2012; Martin et al., 2021). Effective clinical supervision has also been indicated as potentially enhancing the quality of care provided to service-users (Dawson et al., 2013), as well as the process of care, particularly when focused on improving clinical technique or improving practice in a specific area (Snowdon et al., 2017).

Despite the widespread acceptance of clinical supervision as an important source of support for professionals, concerns have long been highlighted around the overall quality of research in the area of clinical supervision, with common methodological weaknesses identified including the limited use of both theoretically informed approaches and standardised tools/measures (e.g., Alfonsson et al., 2018; Ellis et al., 1996; Milne et al., 2008; Olds & Hawkins, 2014). A 1996 review of clinical supervision research (Butterworth, 1996) highlighted the importance of developing validated tools for measuring aspects of clinical supervision, particularly in supporting the value of clinical supervision and justifying the resources used. However, while some standardised measures have been developed in the time since, recent years have seen an increased usage of unvalidated clinical supervision measurements with uncertain psychometric properties (White, 2018). Another review of research in this area published in the same year (Ellis et al., 1996) identified a lack of theoretically informed approaches across the existing literature, concluding that the application of theory should be an important criteria for future supervision research. However, more recent reviews have identified a similar lack of theoretically informed approaches (e.g., Alfonsson et al., 2018; Milne et al., 2008; Olds & Hawkins, 2014). According to Barker and Hunsley (2013), the lack of a theoretical basis in existing clinical supervision research

has led to great difficulty in developing a cumulative, meaningful evidence base. As a result, it is difficult to surmise to what extent findings from much of the supervision research can be useful in informing the practice of supervision.

Traditionally, clinical supervision has been conducted between professionals who are trained in the same discipline, holding common codes of ethics, values, and professional aims, and this is often assumed to be the case within the supervision literature (Davys & Beddoe, 2015). However, in recent years it has become increasingly common for supervision to be conducted across disciplines (Davys & Beddoe, 2015; Kelly & Green, 2020). Within such supervision arrangements, two or more professionals from different disciplines meet with the goals of ensuring optimal outcomes for service-users, supporting the development of the supervisee's professional practice, and offering different perspectives to practise (Launer, 2018; Lindblad, 2021). A number of terms have been used to describe this form of supervision, including 'cross-disciplinary' (e.g., O'Donoghue, 2004; Thomasgard & Collins, 2003), and 'interdisciplinary' (e.g., Spence et al., 2001). For the purpose of this study, the term 'interprofessional' was chosen, as this has been frequently used in the relevant literature (Davys & Beddoe, 2015).

It is widely accepted that understanding the complex processes involved in clinical supervision is important in ensuring best practice and safety for all parties involved (Beddoe, 2012; Rothwell et al., 2021). However, while the use of interprofessional supervision (IPS) may be increasing in practice, to date there has been limited research examining this form of supervision in isolation from other supervision types (Bostock, 2015; Davys & Beddoe, 2015). It also appears that no prior attempts have been made to map the existing evidence relating to IPS. This may contribute to a lack of understanding of the functions and processes of such arrangements, as well as challenges in surmising effective approaches for future research, including the applicability of existing standardised tools and theoretical approaches. With this in mind, this scoping review aims to provide an overview of the existing evidence, with the goal of identifying key factors underpinning IPS, exploring the use of standardised tools and theory within the existing research, and identifying gaps for future research.

3.3.1 Background

The growth in IPS has been related to several key factors. For example, recent years have seen a move toward more regulated practice environments, which has led to a greater demand for clinical supervision (Beddoe, 2010). This shift has been associated with the introduction of clinical governance, an increasing emphasis on risk management, and recognition of the need for continuing professional development and self-regulation activities throughout one's career

(Butterworth, 2001; Rice et al., 2007; Walker & Clark, 1999). The combination of these elements and resulting increased demand for clinical supervision has led to shortages in existing pools of supervisors in many settings, which in turn has led some professionals to seek supervision beyond their own discipline in order to meet supervision requirements (Davys & Beddoe, 2015).

Another contributing factor, as highlighted by Davys and Beddoe (2015), may be the impact of cost-driven reforms across health and social care services, which in some cases have led to major restructurings of management systems. Changes in systems of management in such cases may directly impact the structures within which allied workforces practice (Porter & Wilton, 2019). A central element in many such reforms has been a move away from centralised professional hierarchical structures (Law & Boyce, 2003). This shift has led to the increased use of decentralised structures wherein disciplines are combined under a single structure led by a single manager (Kolehmainen-Aitken, 2004). As a result of these changes, managers across health and social care services often no longer share the disciplinary training or experience of many of their team members but are often responsible for providing supervision for every member of their team (Davys & Beddoe, 2015; Kolehmainen-Aitken, 2004). The current review was developed in the context of one such case of reform in the disability sector within the Republic of Ireland. Developing an understanding of IPS within disability settings is thus of particular interest to the researchers, particularly as clinical supervision has been highlighted as playing a key role in issues of concern within disability settings, including staff retention and the prevention of staff burnout (e.g., Lincoln et al., 2014; Vassos & Nankervis, 2012).

The aforementioned reforms have also been associated with a shift in the idea of what constitutes best practice in health and social care. This shift has seen multiprofessional working, wherein professionals from different disciplines work alongside each other, replaced with interprofessional working, within which professionals work closely together with common goals and shared management and information systems (Banks, 2010). Interprofessional teams are indicated as sharing case management and optimising the skills of team members, thus providing enhanced services to service-users and communities (World Health Organization, 2010). IPS has been described as a mechanism which supports the integrated nature of interprofessional working by enhancing learning between different professionals and prioritising holistic, integrated practice (Arthur & Russell-Mayhew, 2010; Kelly & Green, 2020; Mullarkey et al., 2001).

The combination of these factors has contributed to the increased usage of IPS. However, as highlighted, to date there has been limited research exploring this form of supervision in isolation from other supervision types, and questions remain around a number of factors which may impact its effectiveness. For example, concerns have been raised within the existing

literature around the impact of differing models of supervision between disciplines, potential implications of a lack of discipline-specific supervision for professional identities, and the suitability of IPS models for early-career professionals (Arthur & Russell-Mayhew, 2010; Davys & Beddoe, 2015; Launer, 2018). While a number of potential benefits have also been highlighted, for example skills acquisition, increased awareness of professional assumptions, and an enhancement in attitudes towards team-working (Davys & Beddoe, 2015; Launer, 2018), the relative lack of research in this area leaves many questions still to be answered.

3.4 The current review

This review has been developed within the context of the rollout of a national programme in the Republic of Ireland entitled “Progressing Disability Services for Children and Young People" (PDS), which has led to a significant reconfiguration of children’s disability services into multiprofessional teams (Buckley et al., 2021; HSE, 2020b). Within the context of PDS, there is an evident possibility of IPS becoming more widespread among allied health professionals within the Irish disability sector. In an effort to address uncertainties regarding the use of IPS among allied health professionals, and to develop an understanding of how research in this area has been conducted thus far, this review aims to provide an overview of what is currently known about the subject by asking the following research questions:

1. What is known about the use of interprofessional supervision with allied health professionals?
2. What is known about the use of interprofessional supervision within disability-aligned/healthcare settings?
3. How prevalent is the use of theoretical frameworks in research which looks at interprofessional supervision and how are such frameworks used?
4. How prevalent is the use of standardised tools in research which looks at interprofessional supervision and how are such tools applied?

3.5 Methods

3.5.1 Design

A scoping review design was chosen due to its applicability in addressing broad research questions and providing an overview of the existing evidence on a given topic (Armstrong et al., 2011; Munn et al., 2018). The process for this scoping review was guided by the methodological framework developed by Arksey and O’Malley (2005), as well as further recommendations proposed by Levac et al. (2010). Guided by this framework, this review included the following

stages: identifying the research question; identifying relevant studies; study selection; charting the data; collating, summarising and reporting the results. This review was conducted in line with PRISMA standards (Moher et al., 2009; Tricco et al., 2018) (See Appendix A). A review protocol was registered with The Open Science Framework on 5 January 2022, prior to formal literature searching (available at osf.io/qc8sf).

3.5.2 Search strategy

An electronic search was carried out on February 9, 2022, using the following databases: PsycINFO, MEDLINE, CINAHL and EMBASE. These databases, which cover a broad range of disciplines, were chosen because of their demonstrated effectiveness in identifying studies relevant to the topic of clinical supervision in prior reviews (e.g., Bradley & Becker, 2021; Snowdon et al., 2017). The SPIDER (Sample, Phenomenon of interest, Design, Evaluation, Research Type) framework for qualitative evidence synthesis was used in developing the search strategy (Cooke et al., 2012). The sample selected was professionals working in disability, health, and aligned settings from the following disciplines: psychology, speech and language therapy, occupational therapy, physiotherapy and social work. These disciplines were selected as they have been named in documentation relating to PDS (e.g., HSE, 2020b; Wharton, 2017 Psychological Society of Ireland, 2019).

The phenomenon of interest was participation in IPS. Based on preliminary searches, it was expected that a limited number of studies would be suitable for inclusion, thus, in order to develop an overview of the existing research relating to the topic, no limitations were placed on study design, evaluation or research type. Similarly, as it was aimed that a comprehensive overview of relevant studies would be developed, no restrictions on publication date were applied. The search included three main concepts, along with variations of these concepts: (i) supervision, (ii) interprofessional, and (iii) allied health. The keywords and Boolean operators used are presented in Table 2.

Table 2

Keywords and Boolean operators

Construct	Search Terms
Supervision	Supervision OR supervisor* OR supervise* OR supervising
Interprofessional	Interprofessional OR inter-professional OR interdisciplinary OR inter-disciplinary OR “cross disciplinary” OR cross-disciplinary
Allied Health	“Allied health” OR psychologist* OR “speech and language therapist*” OR “speech pathologist*” OR “occupational therapist*” OR physiotherapist* OR “physical therapist” OR “social worker*”

3.5.3 Eligibility criteria

Studies that met the following criteria were eligible for inclusion:

1. Studies which explore participation in and/or experiences of formal interprofessional supervision
2. Studies applied in disability or healthcare settings or settings which could be considered aligned with disability or healthcare
3. English language studies
4. Studies published in peer-reviewed publications
5. Qualitative, quantitative, or mixed methods studies

In most cases, non-empirical studies (e.g., grey literature, editorials, commentaries, reviews without identifiable methodologies etc.) were not considered eligible for inclusion, however relevant systematic, scoping or rapid reviews with identifiable methodologies were included where the other eligibility criteria were met.

The process of conducting this review led to two changes to the eligibility criteria set out in the review protocol. Firstly, while no limits were set regarding language at the point of database searching, it was decided, due to limited resources for translation, that non-English language articles would be excluded from the review. Secondly, it was originally planned that studies including students or trainees would be excluded. However, following an initial literature search and discussion amongst the research team, the decision was made to include these studies due to the relatively large volume of potentially informative studies which may have been excluded.

3.5.4 Study selection

In the first stage of the review, the titles and abstracts of each identified citation were independently screened by two reviewers using Covidence online software. Citations remaining following title and abstract screening were subject to full text review, which was also completed independently by the same two reviewers based on the inclusion criteria. As recommended in Levac et al. (2010), reviewers met regularly throughout this screening process to resolve any disagreements and to discuss any uncertainties or concerns. Following full text review, the reference lists of included studies were searched to identify potentially eligible studies. This iterative process was completed until no new studies were identified.

3.5.5 Quality appraisal

Articles deemed eligible for inclusion in the review following the screening process were subject to quality appraisal. As studies which utilise various methodologies were identified, the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) was chosen as an appropriate tool to guide this process. As several of the included studies utilised a predominantly quantitative design with a small qualitative element, it was decided that studies would only be appraised as 'mixed methods' when explicitly stated, or when there was a clear qualitative and quantitative component with explicit information on the nature of each. Quality appraisal was completed independently by two researchers and any disagreements were resolved through discussion. The aim of this quality appraisal was to provide a means of understanding the overall quality of the identified studies.

3.5.6 Data extraction

Data were independently extracted from the included studies by two researchers using a data extraction tool developed for use in this review. The extraction tool was developed through an iterative process which consisted of discussion amongst the research team and the completion of pilot extractions. Any disagreements which occurred between the researchers throughout the extraction process were resolved through discussion. The data extraction tool included the following headings: general study information (title, authors, year, country, research aims), research participant information (sampling strategy, inclusion criteria, sample size, disciplines, age, gender, ethnicity), research methods (study design, data collection method, data analysis method, use of standardised tools, use of theoretical frameworks), and findings and conclusions (findings suitable for thematic synthesis, other relevant findings, gaps for further research, limitations). As IPS was not the sole focus within many of the included studies, care was taken to

ensure that data were only extracted where the research team could be confident that they related specifically to IPS.

3.5.7 Data synthesis

Objective data extracted from included studies (e.g., demographic information, methodologies, etc.) were collated and summarised quantitatively using tabulation and frequency analyses. Quantitative data presented in the findings or results sections of studies were converted into qualitative form through a process of 'qualitizing' (e.g., Heyvaert et al., 2016; Sandelowski, 2000). This process consisted of transforming quantitative findings into textual data by creating a narrative of the data, which could then be synthesised along with qualitative findings (Heyvaert et al., 2016). Relevant data from the findings or results sections of included studies were then synthesised using thematic synthesis (Thomas & Harden, 2008). This method was chosen due to its usefulness in synthesising qualitative data in a rigorous and transparent way (Thomas & Harden, 2008).

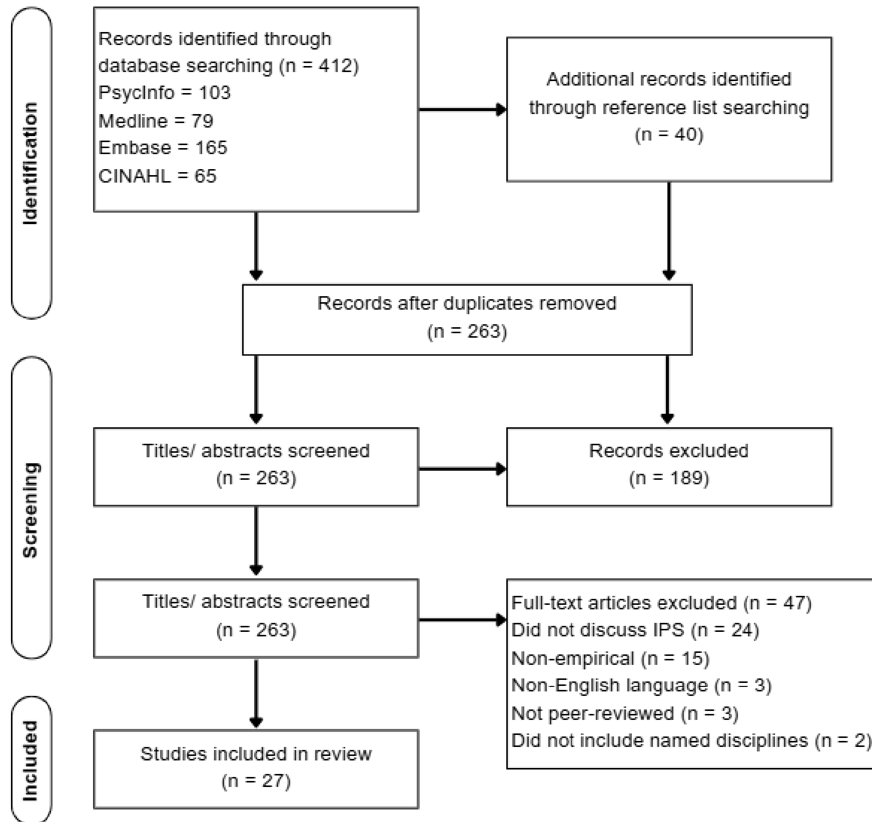
In accordance with Thomas and Harden (2008), the process of thematic synthesis consisted of three stages. The first stage consisted of line-by-line coding of all relevant data presented under the heading of 'results' or 'findings' in the identified studies according to their meaning or content. In the second phase, codes with similar content or meanings were grouped together into descriptive themes, which closely reflected the original findings of the included studies. The implications of descriptive themes were considered within the context of the research question and further developed into analytical themes (Thomas & Harden, 2008). Each stage of this process was completed by two researchers. The researchers regularly met to discuss and compare themes throughout this process in order to ensure the validity of the synthesis.

3.6 Results

A total of 263 titles and abstracts were screened, following removal of 168 duplicates. In total, 74 studies were selected for full-text screening. 27 studies were identified as meeting the inclusion criteria, 18 from electronic databases and nine identified through reference list searches (see Figure 1).

Figure 1

Prisma diagram outlining the search process



3.6.1 Quality appraisal

In line with instructions for utilising the MMAT for quality appraisal (Hong et al., 2018), the authors rated a number of criteria for each study in the areas of study design, data collection, analysis and reporting using ratings of ‘yes’, ‘no’, or ‘can’t tell’. As efforts to calculate a single score for each study are discouraged with the use of the MMAT (Hong et al., 2018), the authors defined good quality studies as those which were rated as ‘yes’ on all relevant criteria, moderate quality studies as those with a combination of ‘yes’, ‘can’t tell’ or ‘no’ ratings, and poor quality studies as those with a majority of ‘no’ ratings. The ratings given to each study can be found in Table 3. The majority of studies were of a good quality (n = 13). A similar number of studies were deemed to be of a moderate quality (n = 12), however in most of these cases (n = 9) the studies were rated ‘yes’ on all but one item. Two studies were found to be of relatively poor quality due largely to limited information reported regarding the methods used, however both of these studies (**13**, **15**) were significantly older than the other studies included, being published in 1974 and 1972 respectively. The contrast in the quality of reporting between older studies and more recent

studies is likely related to significant changes to reporting standards that have occurred in the time since the 1980s (Wharton, 2017). One commonly occurring issue which was identified across more than one quarter of the included studies (n = 8) was uncertainty around whether the sample could be considered representative of the target population. In most cases, this occurred when studies were focused on a general sample of members of a specific discipline and relied on convenience sampling through professional bodies as a sole channel for participant recruitment. This limited the samples to those engaged with specific professional bodies, which in some cases may have excluded the perspectives of certain relevant groups, i.e., students, qualified professionals not currently registered, etc.

Table 3

Summary of study information

#	Citation	Country	Method	MMAT summary count	Sample size	Disciplines included	Setting(s)	Gender of participants	Ethnicity of participants	Core focus on IPS	Themes evident
1	Beddoe & Howard, 2012	New Zealand	Quantitative descriptive	Yes: 4 Can't tell: 1	243	Psychology, social work	Various settings	Predominantly female (80.7%)	European (68.7%), Maori (19.3%), Pacific peoples (4.1%), Asian (2.9%), other (13.2%)	Yes	1, 2, 3, 4, 5, 6
2	Bedford et al., 2020	Canada	Qualitative	Yes: 1 Can't tell: 4	3	Psychology (students)	University	All participants were female	Not reported	Yes	2, 5, 6
3	Berger & Mizrahi, 2001	United States	Quantitative descriptive	Yes:3 Can't tell: 2	651	Social work	Hospitals	Not reported	Not reported	No	1
4	Bogo et al., 2011	Canada	Qualitative	Yes: 5	77	Nursing, Social work, Occupational therapy, Recreation therapy, Case worker/ child and youth worker, Stress management therapy	Centre for addictions and mental health	Predominantly female (82%)	Not reported	Yes	1, 2, 3, 4, 6

5	Boshoff et al., 2020	Australia	Scoping review (qualitative analysis)	Yes: 5	N/A	Occupational therapy, physiotherapy, pharmacy, social work, speech pathology	N/A (scoping review)	Not reported	Not reported	No	2
6	Bronstein et al., 2007	United States	Mixed Methods	Yes: 5	179	Social work	Various settings	Predominantly female (84%)	Predominantly white (84%) (Further information not reported)	No	1
7	Callicott & Leadbetter, 2013	United Kingdom (implied)	Qualitative	Yes: 5	10	Educational psychology, specialist early years teachers	Schools	Not reported	Not reported	Yes	1, 3, 4, 5
8	Chipchase et al., 2012	Australia	Qualitative	Yes: 5	12	Medicine (students), physiotherapy (students), occupational therapy (students), speech pathology (students) (Supervisor disciplines not stated)	Orphanage, schools (international clinical placement)	All participants were female	Not reported	Yes	1, 2, 3, 6
9	Crocket et al., 2009	New Zealand	Qualitative	Yes: 5	6	Social work, clinical psychology, counselling	Various settings	Not reported	Not reported	Yes	1, 2, 3, 5, 6

10	Dickie et al., 2019	Australia	Qualitative	Yes: 4 Can't tell: 1	4	Nursing, pharmacy, social work	Hospital	Not reported	Not reported	Yes	3, 5
11	Eliassen et al., 2018	Norway	Qualitative	Yes: 5	14	Physiotherapy, home trainers	Reablement teams	Not reported	Not reported	Yes	4, 6
12	Feller & Berendonk, 2020	Switzerland	Qualitative	Yes: 4 Can't tell: 1	21	Medicine (residents and supervising physicians), nursing, nutritionists, psychology	Hospital	Not reported	Not reported	No	2, 5, 6
13	Graham & Miller, 1974	United States	Qualitative	Can't tell: 4 No: 1	2	All participants were social workers	Hospital	Not reported	Not reported	No	2, 4, 5
14	Hair, 2013	Canada	Mixed methods	Yes: 5	636	All participants were social workers	Various settings	Predominantly female (86%)	Predominantly white (%/ n's not stated)	No	6
15	Hare & Frankena, 1972	United States	Qualitative	Can't tell: 4 No: 1	8	Psychology, social work	Child guidance clinic	Not reported	Not reported	Yes	1, 2, 4, 5,
16	Hjelle et a., 2018	Norway	Qualitative	Yes: 5	27	Physiotherapy, occupational therapy, nursing, social educators, and care assistants	Reablement teams	All participants were female	Not reported	No	4, 6

17	Hutchings et al., 2014	New Zealand	Quantitative descriptive	Yes: 3 Can't tell: 1 No: 1	54	All participants were social workers	Various settings	Predominantly female (77.8%)	New Zealand European or Pakeha (68.5%), other European (11.1%), Maori (5.6%), New Zealand European and Maori (7.4%), Other (3.7%), New Zealand European and Pacific Peoples (1.9%), Asian (1.9%)	Yes	1, 2, 3, 5, 6
18	Longman et al., 2020	Australia	Quantitative descriptive	Yes: 4 Can't tell: 1	163	Physiotherapy (students), occupational therapy (students), speech pathology (students)	School and residential aged care facility	Not reported	Not reported	No	2
19	Mangiameli et al., 2021	Australia	Qualitative	Yes: 5	10	Interprofessional clinical educators, registered nurses, speech pathologists, mental health workers, occupational	Rural disability services	Predominantly female (90%)	Not reported	No	2

						therapists, Aboriginal health workers, health students					
20	Nielsen et al., 2012	Denmark	Quantitative descriptive	Yes: 3 Can't tell: 2	273	All participants were psychologists	Various settings	Not reported	Not reported	No	2
21	Osborne & Burton, 2014	United Kingdom (implied)	Mixed methods	Yes: 1 Can't tell: 4	270	All participants were Emotional Literacy Support Assistants (supervised by psychologists)	Schools	Not reported	Not reported	Yes	2, 4, 6
22	Robiner et al., 2020	United States	Quantitative descriptive	Yes: 1 Can't tell: 4	138	All participants were psychologists	Academic health centres	Predominantly female (70.4%)	Predominantly White (80.6%), and Non-Hispanic (92.9%) (Further information not reported)	No	2
23	Skinner et al., 2021	Australia	Qualitative	Yes: 5	6	Occupational therapy, physiotherapy, podiatry, speech pathology	Orphanage (international clinical placement)	Not reported	Not reported	No	6
24	Sweifach, 2019	United States	Quantitative descriptive	Yes: 2 Can't tell:	426	All participants were social workers	Various settings	Predominantly female	Predominantly white (91.4%)	No	1, 2

				1				(87%)	(Further information not reported)		
25	Townend, 2005	United Kingdom	Qualitative	Yes: 5	170	Psychiatry, nursing, social work, psychology, general practice, teaching/ lecturing, occupational therapy, counselling, other	Various settings	Not reported	Not reported	Yes	1, 2, 3, 4, 5, 6
26	Voytenko et al., 2021	United States	Qualitative	Yes: 2 Can't tell: 3	5	Clinical psychology, academic psychology, psychiatry	Hospital	All participants were male	All participants were white	No	1, 3, 6
27	Wedlock & Turner, 2017	United Kingdom	Qualitative	Yes: 5	15	Educational psychology, family support key workers	Pre-schools	Predominantly female (89.7%)	Not reported	Yes	1, 3, 4, 6

3.6.2 General study information

As highlighted in Table 3, which summarises key information on the included studies, the majority of studies identified were published between 2011 and 2020, and most studies (62.96%) utilised qualitative designs. Within 13 studies there was a specific focus on IPS. The remaining studies (n = 14; 51.85%) discussed IPS more briefly. For the purpose of clarity, the numbers allocated to studies with a specific focus on IPS are presented in bold. IPS was most often referred to as "interprofessional supervision" or "inter-professional supervision" (n = 7; 25.93%). However, terminology differed significantly between studies, and 11 studies described models of supervision wherein supervisors and supervisees had different disciplinary backgrounds/training, but did not name this model of supervision (5, 6, **11**, 12, **13**, 14, **15**, 16, 22, 23, 26). More than half of the included studies (51.85%) did not report upon the gender of participants. Of the 14 studies that did include information regarding participants' gender, nine (69.23%) included mostly female participants, while three (23.07%) included all female participants, and one included all male participants. Just over one quarter of the included studies included information about the ethnicity of participants (n = 7; 25.89%). In all of these studies, the majority of participants were described as white, Caucasian or European. As highlighted in Table 3, various settings were represented, and 10 studies included participants from more than one setting. Only three of the studies focused specifically on disability settings (**8**, 19, 23), all of which included other significant contextual factors, with one (19) focused on a rural and remote disability workforce, and two (**8**, 23) centred around students working in international placements that were disability focused. The interplay of other contextual factors limited the extent to which factors specific to disability settings could be identified. Social workers were included in the highest number of studies (n = 14), followed by psychologists (n = 12), occupational therapists (n = 8), physiotherapists (n = 7) and speech and language therapists (n = 5). Further information relating to participant demographics and disciplines included is presented in Table 3.

Table 4 details which disciplines engaged in IPS with one another. All of the included disciplines also engaged in IPS with professional groups other than those of interest in this review. Other groups engaged with tended to differ by discipline, possibly reflecting the knowledge, skills and practice areas specific to each discipline. Notably, psychologists weren't recorded as receiving supervision from any of the other disciplines of interest, but provided supervision to a wide range of disciplines, including occupational therapists and social workers. Similarly, of the disciplines of interest, social workers only received supervision from psychologists but provided supervision to occupational therapists, physiotherapists and speech and language therapists. Of

the disciplines of interest, psychology and physiotherapy are the only groups that were not engaged in supervision with one another.

Table 4

Summary of disciplines engaged in interprofessional supervision with one another

Discipline	Receiving supervision from	Providing supervision to
Psychologists	Other	Occupational therapy; Social work; Other
Social workers	Psychology; Other	Occupational therapy; Physiotherapy; Speech and language therapy; Other
Occupational therapists	Psychology; Physiotherapy; Speech and language therapy; Other	Physiotherapy; Speech and language therapy; Other
Speech and language therapists	Occupational therapy; Social work; Physiotherapy; Other	Physiotherapy; Occupational therapy; Other
Physiotherapists	Social work; Speech and language therapy; Occupational therapy; Other	Speech and language therapy; Occupational therapy; Other

3.6.3 The use of standardised tools within the included studies

Only two studies highlighted the use of standardised tools for data collection (18, 20), neither of which specifically focused on supervision. One of these collected data via a survey which was based on a validated measurement of placement quality in allied health, dentistry, medicine and pharmacy (McAllister et al., 2018) (18). The other utilised an adapted version of the Development of Psychotherapists Common Core Questionnaire, developed by the Society for Psychotherapy Research's Collaborative Research Network (20).

3.6.4 The use of theoretical frameworks within the included studies

The use of theoretical frameworks was identified within four studies, while the remaining studies did not explicitly discuss the use of theory in the design or conduct of the research. All of the studies that did discuss the theoretical frameworks that guided their research (**11**, 12, 23, 26) utilised different theories, which tended to relate closely to the studies' specific research questions. For example, in one study which focused predominantly on the development of an interprofessional education programme (23), a complexity theory framework (Barr, 2013) was used due to its applicability in developing new insights through understanding collective learning. Another study, which focused on knowledge transfer in reablement teams (**11**), used socio-cultural learning theory due to its usefulness in exploring learning as being constructed through interactions within a certain context. Social identity theory was used in another study to explore perceptions of interprofessional feedback, having been chosen as a useful method in looking at intergroup behaviours (12) A final study (26) briefly described using an 'identity-experience-relationships' framework to explore the perspectives of psychologists supporting the training of physicians, however somewhat limited information is provided around the framework and why it was chosen.

3.6.5 Descriptive findings relating to supervision practices

While individual supervision models were most common, the use of group supervision was highlighted in 10 studies (**2**, 3, **4**, 5, **7**, **11**, **15**, **17**, 18, **21**). Six studies included information relating to levels of supervision training amongst supervisors (**1**, **9**, **10**, **17**, 20, **27**). Where information was provided, it was evident that formal supervision qualifications were somewhat uncommon amongst supervisors, with prevalence rates between 23% and 50% reported (**1**, **9**, **17**, 20). Several studies noted that the majority of supervision training consisted of short courses or workshops (**1**, **17**, **27**). The frequency of IPS sessions varied significantly between studies. Three studies described IPS as occurring weekly (**15**, 24, 26), two studies referred to IPS as occurring monthly (**1**, **17**), while frequencies of twice per term (**21**), every six weeks (**27**), and daily (16) were all reported once.

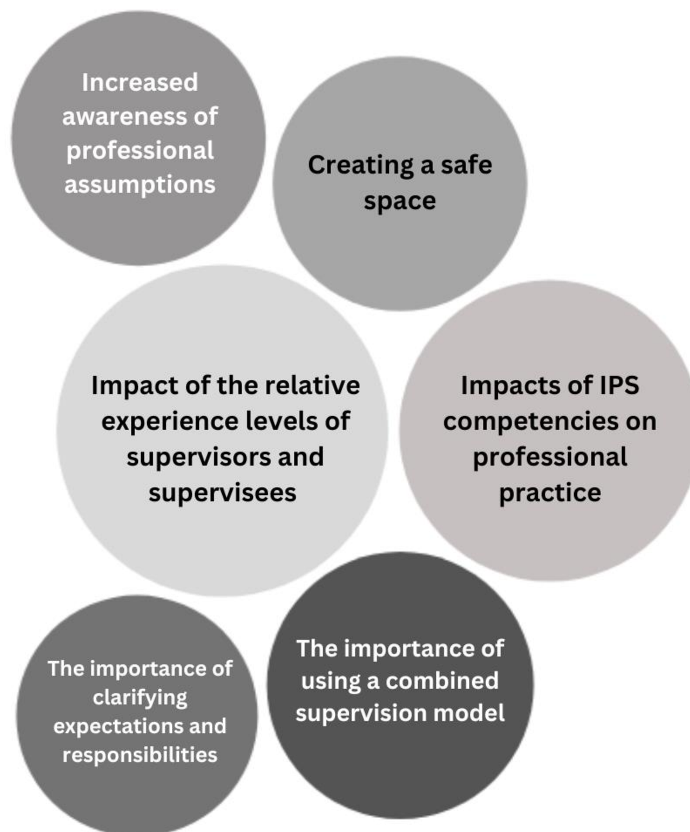
3.6.6 What is known about IPS: Thematic synthesis

Thematic synthesis identified six themes: The importance of using a combined supervision model; impact of the relative experience levels of supervisors and supervisees; the importance of clarifying expectations and responsibilities; creating a safe space; challenging professional assumptions and biases; and impacts of IPS competencies on professional practice. A visual

representation of the frequency of these themes is presented in figure 2. The size of each theme is representative of the number of papers that included elements of the theme.

Figure 2

Visual representation of themes



Theme 1: The importance of using a combined supervision model. This theme captures the distinct roles of IPS and discipline-specific supervision, and the benefits of using a combined model of supervision. Six of the included studies included supervision arrangements which incorporated both IPS and discipline-specific supervision (**1**, 3, **8**, **15**, **17**, 26). These studies, along with several others (**4**, **9**, **7**, **25**), provided a clear sense that while there are commonalities between the two forms of supervision, significant differences in purpose and scope exist between the two. Central to this distinction was the extent to which different elements of professional practice and development were supported through each supervision type. Discipline-specific supervision was highlighted as supporting certain aspects of professional practice and

development more effectively than IPS, including support for discipline-specific issues (**1**, **4**), the interpretation of ethical codes (**1**, **9**), the development of certain technical skills (**9**), administrative decision making (**15**), and the sharing of information regarding developments and issues within one's own professional field (**4**). As it was thus indicated that discipline-specific supervision plays an important role in supporting practice and development within one's own discipline, it was suggested that IPS should not be used in place of discipline-specific supervision (**1**). Where there was an expectation that these aspects could be addressed solely through IPS, it was noted that a significant burden may be placed on supervisors to have sufficient knowledge and awareness of the work of supervisees (**1**).

However, the suggestion that IPS may not be a suitable replacement for discipline-specific supervision was not viewed as undermining the potential value of IPS, rather it was indicated that due to its interprofessional nature, IPS may complement discipline-specific supervision by serving different functions (**1**, **4**, **17**, 26). For example, IPS offered opportunities to address certain gaps in the knowledge or skill sets of professionals, most often in relation to particular aspects of their roles or contexts which may be more in line with the training of other disciplines (**1**, **9**, 26). IPS supervisors were also described as offering different perspectives to professional practice (**1**, **7**, **25**), as well as being less impacted by taken-for-granted approaches and having greater neutrality when offering advice and feedback, benefitting supervisees by challenging their existing knowledge and approaches (**7**, **9**). Thus IPS was highlighted as having a number of potential benefits for professionals, and it was suggested that experiences of IPS were further enhanced when discipline-specific needs were met through engagement with discipline-specific supervision (**17**). It is thus evident that a combined model of supervision utilising both discipline-specific supervision and IPS may be beneficial. Nonetheless, several studies reported relatively large or increasing proportions of professionals receiving IPS as their only form of supervision (**1**, 3, 6).

Theme 2: Impact of the relative experience levels of supervisors and supervisees. This theme explores the impact of the experience levels of supervisees and supervisors respectively, and the ways in which the relative experience levels of the two may impact the effectiveness of IPS. Eleven studies discussed the use of IPS among students, trainees, or those in junior positions (**1**, **2**, **4**, 5, **8**, **9**, **13**, **15**, 18, 19, 23), and it was often suggested that IPS may be challenging when supervisees are in the early career stages, particularly for students (**1**, **4**, **9**, **15**, 24). Providing IPS to students was highlighted as being somewhat more complex than providing IPS to experienced professionals for a number of reasons. A key issue was the developmental and training components involved in student supervision, with concerns highlighted among

supervisors around their abilities to provide the necessary discipline-specific knowledge or technical guidance, often with limited knowledge of the supervisees' discipline (**8**, **9**, 19). Potentially related to such concerns among supervisors, supervisees at times experienced less feedback on their work when compared with discipline-specific supervision, as well as a greater need to explain and justify their decision making, which was particularly challenging for students and those in the early career stages (**2**, **8**). While developing skills in advocating for one's own discipline was indicated as a potential benefit of IPS, students were highlighted as being less empowered to do so than qualified professionals, placing them in challenging situations (**2**).

Experience in one's own area of practice was thus presented as a core consideration when assessing the suitability of IPS, however this was not limited to the experience levels of supervisees, as the efficacy of IPS was also highlighted as being impacted by the experience levels and perceived expertise of supervisors (**1**, **4**, **17**, 20, **21**). In much the same way as supervisees, it was suggested that in order for IPS to be most effective, supervisors should first be sure of their own practices (**1**). Supervisee receptiveness to and valuing of supervision was indicated as being somewhat dependent on perceptions of the competence and clinical expertise of supervisors (**1**, **4**, 12, **13**, **17**). At times, this related specifically to the relative experience levels of supervisors and supervisees in shared areas of practice or those which were of particular focus in IPS (**1**, 12, **25**). In cases where supervisors were viewed as less highly skilled in the specific area of practice than supervisees, it was indicated that IPS may not provide sufficient support (**25**), and that supervisee receptiveness may be negatively impacted (12).

Theme 3: The importance of clarifying expectations and responsibilities. This theme captures the importance of clarifying expectations for IPS and the responsibilities of each party early on in the supervision process. Five studies highlighted the importance of shared understandings and expectations between supervisors and supervisees around the functions of IPS (**1**, **8**, **9**, **10**, **27**). Clear explanations of the purposes and potential benefits of IPS at an organisational level were noted as maximising learning potentials for supervisees (**10**), and it was described as important that supervisors demonstrated informed and realistic understandings of what IPS could achieve (**8**). However, varied understandings around the functions of IPS were presented both within and between studies (**4**, **17**, 26), with the authors of one study suggesting that no unified understanding of what constitutes IPS could be identified (**17**). A lack of clarity around IPS was associated with misunderstandings between supervisors and supervisees, who may enter into IPS with differing expectations (**7**, **9**). Such misunderstandings were associated with tension within the supervisory relationship (**7**) and were described as potentially hindering

professional practice (**17**). In contrast, IPS was described as working best when both parties were clear about its purposes and limitations (**1**), and where mutual understandings were jointly negotiated (**27**).

Several studies indicated that explicit efforts should be made early on in the IPS process to clarify the purposes of and expectations for IPS (**7**, **9**, **27**). The process of contracting was suggested as a means through which to address this, offering an opportunity to clarify functions, roles, accountabilities and boundaries (**7**, **9**). However, it was evident where reported that there were variations in the level of formal contracting between studies, and it was not uncommon for professionals to report having no formal contract in place (**7**, **17**). Nonetheless, contracting was indicated as being an important element of IPS, and it was suggested that more thoroughness was needed in the contracting phase within IPS in comparison to discipline-specific supervision due to the interprofessional nature of the relationship (**9**). Contracting was also positioned as a necessary step in clarifying accountabilities in IPS (**9**). This may be an important element in ensuring the safe and ethical practice, as it was indicated that in some cases professionals were acting as IPS supervisors without clear agreements in place as to the extent to which they could be held accountable for the professional practice or ethical adherence of supervisees (**7**). In such cases, supervisors expressed uncertainty around their own responsibilities and accountabilities (**7**).

Theme 4: Creating a safe space. This theme explores the importance of providing a safe space for professionals within IPS. Safety in this context encapsulates positive and supportive supervisory relationships, as well as trust, confidentiality, and respect within the supervision process. It was suggested that supervisory relationships were of major importance within IPS (**1**, 13, **21**). The development of positive supervisory relationships was described as having the potential to reshape negative views about IPS (13), and to enhance feelings of safety within the supervision process (**7**, **27**). Several factors were highlighted as potentially impacting the development of positive supervisory relationships, including the availability of support between IPS sessions (**11,** 16, **21**), the reliability of supervisors (**27**), and the willingness of supervisors to take on board supervisee feedback (**4**, **21**). It was suggested that supervision was enhanced when supervisory relationships were experienced as reciprocal and where there was mutual respect between parties (**1**, **4**, **15**). Where IPS was viewed as a safe space, it was noted that greater ease was experienced in seeking emotional support (**21**) and in discussing sensitive matters (**4**). However, it was indicated that in order for supervisees to feel comfortable discussing difficult or sensitive matters, it was crucial that trust was developed (**1**, **4**, 7, **27**).

The development of trust within the supervisory relationship was described as more important in IPS than in discipline-specific supervision (**4**), however it was also suggested that within IPS, trust may initially be quite fragile and may take time to establish (**27**). This may be associated with unease in sharing professional challenges with a professional from another discipline, which was commented upon in several studies (**25**, **27**). Where trust could not be fostered within the supervisory relationship, it was suggested that supervisees may withhold information from their supervisors (**1**, **7**) which was indicated as potentially impacting the safety of their professional practice (**1**). For this reason, one study suggested that IPS should not proceed if there was any doubt that a relationship of trust could be developed (**1**). It was suggested that issues around transparency in IPS may be related to concerns related to confidentiality, with particular concerns noted regarding confidentiality from line managers (**7**). Where supervisees experienced safety and trust within IPS, it was suggested that greater transparency may be experienced than in discipline-specific supervision, particularly in cases where supervision was typically accessed through discipline-specific management structures (**1**, **7**, **27**). As such, it was indicated that the extent to which professionals experienced a sense of safety within IPS had significant implications for supervisee transparency.

Theme 5: Increased awareness of professional assumptions. This theme considers the ways in which participating in IPS may increase professionals' awareness around pre-existing professional assumptions and biases. This encapsulates the development of understanding and appreciation of other professional roles, as well as challenges to pre-existing beliefs around professional hierarchies. Participating in IPS was indicated as enhancing understanding of the roles and approaches of other disciplines among professionals across nine studies (**1**, **2**, **7**, **9**, **10**, 12, 13, **17**, **25**). This was positioned as a key benefit of IPS, as it was suggested that prior to participating in IPS professionals may have relatively limited awareness of the roles of other disciplines, which the prospect of transitioning towards the use of IPS may bring to light (**10**, 13). Restricted views of other disciplines were associated with professional biases and assumptions (**2**, **10**, 13), which were indicated as impacting willingness to embrace IPS (13), and challenges in acknowledging the potential benefits of IPS (**10**). Biases towards and assumptions about other disciplines were also associated with pre-existing beliefs around professional hierarchies (**2**, 12). It was suggested that professionals who had risen through hierarchical systems may be more comfortable within these systems (**15**). Concerns were noted around the willingness of supervisees who worked within hierarchical systems to embrace IPS, particularly in cases where the supervisee came from a discipline which would typically be seen as being in a higher position

than that of their prospective supervisors (12). However, while this may be experienced as unusual, it was indicated that it did not necessarily impede openness to feedback once the supervision process was established (12).

Several studies highlighted ways that these types of assumptions and biases could be managed within IPS. This includes open and direct discussion around professional hierarchies and assumptions (**2**, 13), explicit opportunities for supervisees to provide information about their professional role and to learn about the professional roles of others (**2**), and opportunities to see supervisors or supervisees functioning in clinical settings (12, 13). Along with these specific strategies, the process of engaging with a supervisor or supervisee from another discipline while participating in IPS itself was indicated as having the potential to challenge professional assumptions (**17**), as well as enhancing appreciation for the work of other professionals (**2**), and increasing understandings the contribution of other disciplines in supporting service-users (**1**). The understandings developed through this process were suggested as having the potential to prompt professionals to question institutional approaches and power structures (**1**, **9**) and to support professionals in understanding clinical practice through different perspectives (**17**, **25**), both of which were indicated as beneficial to those involved.

Theme 6: Impacts of IPS competencies on professional practice. This theme explores the ways in which competencies developed in IPS may impact professional practice. This encapsulates effects on professionals' individual practice, including enhanced skills, confidence and creativity, as well as effects on interprofessional working, including enhanced teamwork and communication skills. A key benefit of IPS across a number of studies was exposure to different perspectives and approaches (**1**, **4**, **8**, **9**, **21**, **25**, **27**). While one study noted concerns around the potential implications of IPS for professional practice due to its interprofessional nature (14), IPS was indicated as positively impacting professional practice in a number of ways. For example, it was suggested that IPS may positively impact professional practice by exposing professionals to a greater breadth of approaches (**1**), providing opportunities for professionals to broaden their knowledge and skill sets (**21**), exploring different theories and their application to practise (26), and supporting professionals in understanding clinical issues more clearly and broadly (**25**). IPS was also indicated as encouraging professionals to think more creatively about their work (**1**, **17**, **25**), and was described as presenting new challenges to professionals, which was associated with enhanced competence and confidence within their professional roles (16, **27**).

Increased interprofessional understandings and competencies were also noted as a benefit of IPS across seven studies (**1**, **2**, **9**, 12, **17**, 23, **25**). Enhanced understandings of other

professional roles and approaches were associated with greater confidence in engaging in interprofessional practice within the workplace (23), and enhanced teamwork within multidisciplinary teams (**1**, **2**, **9**, 12, **17**, **25**). Positive effects on teamwork were also associated with enhanced communication skills developed through IPS, which most often related to skills developed in managing differences in professional language between supervisors and supervisees (**1**, **2**, 23**)**. It was suggested that within IPS, there is a need to learn ways in which to convey clinically relevant information using language that a supervisor or supervisee without specific disciplinary knowledge or training can understand (**1**, **2**, 23). A key element in this learning was developing an awareness of the use of unnecessary professional 'jargon' and communicating in clear, easily understandable language (**2**, 23). It was thus noted that IPS may provide opportunities to develop greater communication skills, which may have positive implications for both interprofessional communication (**2**, 23) and communication with service-users (**2**).

3.7 Discussion

This scoping review aimed to provide an overview of what is currently known about the use of IPS among allied health professionals, with a specific focus on knowledge that may be applicable to those working in disability, healthcare, or aligned settings. In addition to this broad aim, the researchers were interested in examining the prevalence and utilisation of theoretical frameworks and standardised tools within IPS research. This review identified 27 papers that explored IPS. Given the identified lack of research that looks at this topic (Bostock, 2015; Davys & Beddoe, 2015), this appears to be a relatively high number of studies. However, it is noteworthy that IPS was identified as a core focus within 13 of these papers, while 14 papers discussed IPS more briefly in the context of broader research. The majority were published between 2011 and 2022, indicating that interest in IPS as a topic of research appears to have increased during recent years. Only three of the identified studies focused specifically on disability settings (**8**, 19, 23), and other significant contextual factors were at play within all of these studies. Within two studies (**8**, 23), participants were students taking part in international/ intercultural work placements. The other study (19) focused on the experiences of professionals working in a remote/ rural setting. It is likely that the experiences and perspectives of IPS among participants in these studies were significantly impacted by these other contextual factors, and it is thus difficult to draw any conclusions around common factors specific to IPS within disability settings based on the studies identified.

The use of standardised tools was uncommon amongst the included studies. While several studies used researcher-developed surveys and other non-standardised measurement

tools, the use of newly devised or untested tools has previously been highlighted as a limitation within existing clinical supervision research, due to concerns around the validity and reliability of such approaches (Dawson et al., 2013). In both studies which applied standardised tools, those used did not focus specifically on supervision. While a number of standardised tools have been used within the wider clinical supervision literature (e.g., Palomo et al., 2010; Winstanley, 2000), this finding indicates that thus far there is little evidence which explores how such tools apply to IPS. Theoretical frameworks were used within four of the included studies, while the remaining studies did not explicitly incorporate theoretical frameworks. This findings aligns with previous reviews that have looked at clinical supervision more generally, which have often identified limited use of theory as a common methodological issue (e.g., Barker & Hunsley, 2013; Ellis et al., 1996). As highlighted, in most cases the theoretical frameworks used in the current review appear to have been chosen due to the specific research questions or context of each research study. The small number of frameworks used suggest that IPS could potentially be examined through different lenses, for example through social or learning frameworks (**11**, 12, 23, 26). However, the limited use of theoretical frameworks in this area may lead to difficulty in ensuring that research designs are coherent, and that a meaningful evidence base is developed (Barker & Hunsley, 2013; Green, 2014). In the absence of a meaningful evidence base, it may be difficult for researchers, professionals, and other stakeholders to gain a realistic understanding of how IPS works in practice, which may have negative implications for the efficacy of IPS.

The findings identified through the process of thematic synthesis indicate that IPS may enhance professional practice in a number of ways, for example by addressing gaps in knowledge, enhancing skill sets, and offering different perspectives to practise. In particular, the findings highlight the ways in which IPS may enhance interprofessional working through increasing awareness of professional assumptions and enhancing interprofessional collaboration, teamwork and communication skills. Such enhancements to practice and interprofessional working have been posited as some of the key benefits of IPS (e.g., Davys & Beddoe, 2015; Launer, 2018). These findings align with descriptions of IPS as a mechanism which supports the integrated nature of interprofessional working (Arthur & Russell-Mayhew, 2010; Kelly & Green, 2020; Mullarkey et al., 2001), indicating that the use of IPS may lead to greater openness and ease for professionals working in interprofessional contexts. The use of IPS may thus be beneficial within organisations should the prevalence of interprofessional working continue to increase, as it has in recent years (Banks, 2011).

However, it is also evident that a number of factors may impact the effectiveness and suitability of IPS. Firstly, the findings highlight the need to consider who is providing and receiving

IPS. A key benefit of IPS highlighted was the prospect of skills development, however for this to occur it is posited that supervisors must have a relatively high level of clinical expertise. In line with findings from existing clinical supervision research (e.g., Snowdon et al., 2020a), supervisees were more open to guidance from supervisors who exhibit clinical expertise. Thus IPS may be more effective when provided by supervisors with a high level of experience, or, as the findings also highlighted, when supervisors are more experienced than supervisees in the specific areas of practice of interest in the supervision process. Regarding the experience levels of supervisees, there was a clear sense that IPS was viewed as being most suitable for experienced professionals. In line with these findings, Beddoe and Howard (2015) suggested that IPS may not be suitable for new graduates. However, while there was an evident awareness of the challenges associated with the use of IPS with this group across the studies reviewed, a large proportion of studies included students who were receiving IPS. The prevalence of IPS among new graduates was less clear.

Secondly, the findings identify a need to consider the availability of discipline-specific support for professionals receiving IPS. While the potential benefits of IPS were evident, there was a strong indication that IPS should not be considered a replacement for discipline-specific supervision. Despite the identified need for discipline-specific supervision, there were many instances wherein professionals were reported as receiving IPS as their only source of supervision. When considering current views towards IPS, Davys and Beddoe (2015) suggest that the need for discipline-specific supervision in parallel with IPS may be a topic for debate, however, similar to the findings of this review, a need to consider how and where professionals access discipline-specific support was highlighted. Based on the data reviewed, it is difficult to ascertain to what extent those professionals who received IPS as their only source of supervision received adequate support for their disciplinary practice through other forms of professional support.

It was indicated that where IPS is used in isolation, challenges related to effective and safe practice may arise, including issues related to transparency. In line with previous clinical supervision research (e.g., Ellis, 2017), fostering safety and trust within the supervisory relationship was highlighted as a means of encouraging transparency and openness in IPS. The findings from this review indicated that the interprofessional nature of IPS may lead to greater challenges in developing safety and trust, and it was suggested that this may lead to the withholding of information among supervisees. The use of discipline-specific supervision alongside IPS may thus be beneficial in supporting safe practice, through providing a space wherein professionals can discuss issues that they are unable or unwilling to share with IPS

supervisors. However, as identified, there may be instances wherein discipline-specific supervision is not available to supervisees. It has previously been suggested that all supervisory dyads bring individual differences to supervision based on their own experiences, worldviews, and backgrounds (Beinart, 2014). In addressing the need to foster positive supervisory relationships within IPS in cases where discipline-specific supervision is unavailable, it may be beneficial to consider the different disciplinary backgrounds of those involved as one such individual difference. Methods for supporting the development of positive supervisory relationships highlighted in the more general supervision literature may thus be utilised, such as developing mutual respect, two-way feedback, and supervisor consistency (Martin et al., 2013). The regular use of measures and other resources to monitor the supervisory relationship (e.g., Palomo et al., 2010; Pearce et al., 2013), may also be useful in identifying any issues that arise.

The findings of this review also highlight the lack of a unified understanding of IPS, and associated challenges. Within several studies, differing understandings and expectations between professionals were indicated as leading to challenges within the supervision process. In line with existing clinical supervision research (e.g., Falender & Shafranske, 2014), contracting was indicated as ensuring that shared understandings and expectations were developed between supervisory pairs. The findings of the current review suggest that in the context of IPS, this process may also serve to address disciplinary differences and clarify clinical accountabilities. Inconsistencies were evident on a larger scale across studies regarding the language used around IPS and, crucially, the functions and processes associated with IPS. The combination of these factors indicates a general lack of shared understandings of IPS across the existing literature. As previously noted, clinical supervision research has highlighted the importance of understanding the complex processes involved in clinical supervision as a means of ensuring best practice and the safety of all stakeholders, including service-users (Beddoe, 2012). As such, there is a potential that variations in understandings of IPS may have implications for service delivery. However, there was relatively limited evidence identified in this review as to what extent participating in IPS may directly impact upon work with service-users.

This review has provided an overview of some key considerations in assessing the suitability of IPS, factors impacting IPS processes, and potential implications for interprofessional working. However, further research is needed to inform supervision processes at a practice level. Future research which looks at the structure and content of IPS sessions may be beneficial in providing clear and practical guidance for professionals and organisations. Standardised tools may be beneficial in evaluating IPS processes for this purpose, however in order to ensure the validity and reliability of standardised tools in this area, research to validate the use of novel or

existing clinical supervision tools may be necessary. The use of theory-driven approaches may also be beneficial in supporting greater coherence and transparency in future research. Further research is also necessary in order to provide comprehensive understandings of IPS and to clarify the functions and purpose of IPS. Crucially, there is a need for research which measures IPS outcomes, particularly impacts for service-user care. As clinical supervision has been noted as directly impacting the effectiveness of care (Snowdon et al., 2017), it is critical that, as the usage of IPS gains popularity, the potential impacts for service-users are investigated.

3.8 Strengths and limitations

Several limitations of the current review must be noted. Care was taken to ensure that prevalent terms for IPS were included in the search strategy, however both database searching and reference list searching identified a number of studies which did not refer to IPS under any specific terminology. Due to these variations, it is possible that some relevant articles were not identified. The exclusion of non-English language may also have limited the findings. As IPS was not always explicitly referred to, and many studies included IPS as a relatively small element, the reviewers experienced difficulties at times in identifying where results directly related to IPS. In an effort to ensure that extracted data related directly to IPS, extraction was completed by two reviewers independently, and differences were discussed at length before a consensus was reached. However, in instances where the reviewers remained uncertain as to whether findings were directly relevant to IPS, the findings were excluded. It is possible that some relevant data was excluded due to this issue. An additional limitation relates to the generalisability of the findings presented in the included studies across demographics. Of the 27 studies, 21 did not report demographics related to either gender or ethnicity, or both. Furthermore, of the 13 studies that reported gender demographics, 12 were composed of predominantly female participants. It is thus unclear to what extent the findings are relevant to professionals of different genders or ethnic identities. Despite these limitations, the authors are confident that a rigorous and credible approach was applied in conducting this research. This review was guided by a rigorous framework (Arksey & O'Malley, 2005; Levac et al., 2010), and conducted in line with PRISMA standards in order to optimise the quality of reporting. Validity checks were completed throughout the process of the review, and the researchers' commitment to transparency is evident in the preparation of a review protocol.

3.9 Implications for practice

The findings of this review highlight a number of potential benefits of IPS for both individual professionals and multidisciplinary teams, including the development of new knowledge and skills and enhanced teamwork and appreciation for the work of others. However, the findings also suggest IPS may be most beneficial when certain considerations are taken into account, and when specific steps are taken to support the safety and efficacy of the IPS process. It is recommended that individuals and organisations considering utilising IPS first consider the suitability of this approach on a case-by-case basis. Specifically, there is a need to consider the experience levels of those involved, as based on these findings, IPS may be challenging for those with limited experience and may be unsuitable in addressing developmental or training needs, particularly when used in isolation. There is also a general need to consider the level of discipline-specific support needed by supervisees, and the availability of discipline-specific supervision and/or supports, as these findings indicate that IPS may not be suitable in supporting certain discipline-specific needs. In order to ensure that IPS is safe and effective, it is recommended that contracting occurs early on in the supervision process to ensure that all individuals involved share an understanding of the goals and limitations of IPS, as well as their own responsibilities in the IPS process. Fostering positive supervisory relationships is also of particular concern within IPS, as these findings suggest that difficulty may be experienced in the development of safety and trust within supervision between members of different disciplines. Those involved in IPS may need to ensure the development of supervisory relationships is handled with care and, if necessary, monitored through the use of existing measures.

3.10 Conclusion

This review has highlighted the complex nature of IPS. The key themes identified a number of elements which may be relevant for the practice of IPS, including considerations which need to be taken into account when considering the suitability of IPS, steps which must be taken to ensure that IPS is safe and effective, and potential impacts on interprofessional competencies and approaches. The findings of this review have also highlighted a number of limitations in the current body of research relating to IPS, including variations in terminology, limited use of standardised tools and theoretical frameworks, and a lack of research which focuses specifically on IPS. This review has presented a broad overview of what is currently known about the use of IPS among allied health professionals. The findings from this review may be beneficial in informing future research, which is necessary in order to fully understand the ways in which IPS may impact upon professionals, organisations and service-users.

Chapter 4: Perspectives on Interprofessional Supervision among Allied Health Professionals in the Irish Disability Context: A Mixed Methods Survey

4.1 Preface

Chapter 4 presents the first empirical study of this thesis. This study involved a mixed methods exploration of perspectives of IPS among allied health professionals in the Irish disability context. Data were collected through a mixed methods online survey which was informed by the findings of the systematic scoping review, previous data collection tools used in IPS research, and feedback from allied health professionals. The perspectives of those with and without direct experience of IPS were included and explored. This study is in the final preparation stages for submission to a peer-reviewed journal and the chapter has thus been structured as an academic journal style article. As with the other studies in this thesis, the PhD supervisor Professor Suzanne Guerin acted as the second author of this article.

4.2 Abstract

Rationale

Interprofessional supervision (IPS) occurs when supervision is conducted between members of different professions. Recently, there has been increased discourse around potential increases in the use of IPS among allied health professionals within Irish disability settings. The implications of this shift are somewhat unclear as, thus far, there has been limited research exploring the use of IPS in disability services.

Aims and objectives

This study aimed to examine perspectives of IPS among allied health professionals in the Irish disability context. The suitability of IPS and its associated benefits and challenges were explored. A secondary research question explored whether experience of participating in IPS influenced perspectives.

Method

Data were collected through an online mixed methods survey of psychologists, social workers, speech and language therapists, occupational therapists, and physiotherapists. Quantitative data were analysed using descriptive, frequency, and Mann- Whitney U test analyses. Qualitative data were analysed using content analysis.

Results

The survey had 38 respondents and 12 had experienced IPS. Overall, participants believed that IPS was somewhat suitable for addressing various needs. Five themes were identified and each had associated benefits and challenges: a dedicated space for the sharing of interprofessional competencies; understanding the work of other professions; gaining interprofessional perspectives on professional issues; impacts on interprofessional collaboration.

Conclusion

Overall, participants viewed IPS as potentially beneficial for individual professionals, teams, and service-users. However, potential challenges relating to professional differences and boundaries were acknowledged. Implications for practice and future research are discussed.

4.3 Introduction

Clinical supervision is widely regarded as a key support for safe practice and professional development for allied health professionals (Dawson et al., 2013; Snowdon et al., 2020a). Effective supervision has been linked to increased job satisfaction and improvements in professional practice, well-being, and stress management (Dawson et al., 2013; Snowdon et al., 2020a). At an organisational level, supervision may benefit staff retention, morale, teamwork, and overall quality of care (Dawson et al., 2013; Koivu et al., 2012; Martin et al., 2021; Snowdon et al., 2017). While supervision is valued across the allied health professions, it holds various meanings between professions, contexts, and cultures, and at present no unified definition exists (Davys & Beddoe, 2020; Falender & Shafranske, 2014; Martin et al., 2014). In the current study, a definition proposed by Milne (2007) based on a synthesis of empirical research was used. Here, it is defined as "the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused, and which manages, supports, develops, and evaluates the work of colleague/s" (Milne, 2007, p. 439). However, as approaches to supervision vary, some aspects of this definition may be less aligned with the practices of certain groups (Snowdon et al., 2020a).

Supervision is typically conceptualised as a discipline-specific activity, however in recent years the use of interprofessional supervision (IPS), which involves two or more members of different professions, has increased (Davys & Beddoe, 2015; Kelly & Green, 2020). To date few studies have explored IPS in isolation from other supervision types (McGuinness & Guerin, 2024), and there is a longstanding sense of uncertainty around its use within the wider supervision literature. For instance, in 2001, Berger and Mizrahi noted concern among social workers regarding widespread decreases in management personnel within healthcare settings and resulting implications for access to discipline-specific supervision (Berger & Mizrahi, 2001). Anxiety around IPS has since been identified across several allied health professions (Chipchase et al., 2012; Beddoe & Howard, 2012; Kovič & McMahon, 2023). Often, anxiety about IPS has been linked to its interprofessional nature, with several studies highlighting concerns about potential implications for professional identities and development (e.g., Beddoe & Howard, 2012; Berger & Mizrahi, 2001; Hair, 2013).

Existing research indicates that the interprofessional element of IPS may pose certain challenges. For instance, those involved may struggle to navigate differences in professional approaches, philosophies and terminology (e.g., Bogo et al., 2011; Hutchings et al., 2014), and may find it difficult to fully understand or empathise with the experiences of other professions (e.g., Callicott & Leadbetter, 2013; Townend, 2005). Professional differences may also impact the

extent to which IPS can support discipline-specific needs, and it has frequently been suggested that IPS should complement, rather than replace, discipline-specific supervision, particularly for newly qualified professionals (McGuinness & Guerin, 2024). However, the interprofessional nature of IPS may also provide unique opportunities. For instance, opportunities to develop knowledge and skills more aligned with another discipline (e.g., Beddoe & Howard, 2012; Townend, 2005), and broader perspectives towards professional issues (e.g., Callicott & Leadbetter, 2013; Hutchings et al., 2014). IPS may also foster more positive attitudes towards interprofessional communication and teamwork by fostering greater familiarity between professions (e.g., Beddoe & Howard, 2012; Crocket et al., 2009).

The increase in IPS reflects broader shifts towards interprofessional working in health and social care contexts (Davys & Beddoe, 2015). Existing research highlights many potential benefits to interprofessional working, for instance enhanced teamwork, reduced power imbalances between professions, and the sharing of responsibility for service provision (Carpenter & Dickinson, 2016; Peduzzi & Agreli, 2018; Stull & Blue 2016). IPS has been positioned as an activity which supports interprofessional working (Arthur & Russell-Mayhew, 2010). However, because of this inherent link, it is possible that openness towards IPS among professionals may be impacted by negative attitudes towards interprofessional working. O'Carroll et al. (2016) highlight many reasons why professionals may have negative attitudes towards interprofessional working, including the impacts of professional cultures, perceived professional hierarchies, and prior experiences with other professional groups. Furthermore, while the increase in interprofessional approaches has contributed to the growth of IPS, Davys and Beddoe (2015) indicate that in some instances, IPS may occur out of necessity. This includes instances where restructurings in systems of management within health and social care contexts reduce discipline-specific management and supervisory positions, and where there are shortages in pools of discipline-specific supervisors (Davys and Beddoe, 2015). Where IPS occurs out of necessity, there are risks that the supervision process may be negatively impacted by power differentials and that the development of the supervisory relationship may suffer (Beddoe & Howard, 2012).

It is thus evident that experiences and perceptions of IPS may be significantly impacted by multiple factors, some of which relate to the context in which it occurs. However, certain contexts have thus far been underexplored within the IPS literature. Existing research has often focused on certain practice settings, such as hospitals (e.g., Berger & Mizrahi, 2001; Dickie et al., 2019) and mental health services (e.g., Bogo et al., 2011; Crocket et al., 2009), while there has been limited inquiry into the use of IPS in disability settings (McGuinness & Guerin, 2024).

4.4 The current study

Recent years have seen significant shifts in organisational structures, resources, and ideology within the Irish disability context (Disability Federation of Ireland, 2023; 2024; HSE, 2020a; TASC, 2023). In this sector, specialised support is predominantly provided by public, community-based disability services, 70% of which are voluntary agencies who receive funding from the Health Service Executive (HSE) (Disability Federation of Ireland, 2024). These agencies are classed as two distinct groups: Section 38 agencies, wherein staff are classified as public servants, and Section 39 agencies, wherein staff are not considered public servants (Disability Federation of Ireland, 2023). It has been stated that this sector is currently in 'crisis' due to a significant increase in demand for services, which has occurred alongside substantial cuts in funding (Disability Federation of Ireland, 2023), and increasingly stringent requirements for governance and supervision (HSE, 2015; TASC, 2023). This sector also currently faces widespread staff shortages due to difficulties with recruitment, which have been linked to inequitable conditions between professionals classed as public servants and those not (TASC, 2023). The combination of increased demand and reduced resources has placed significant pressure on organisations and has been linked to high levels of stress and burnout among professionals (TASC, 2023).

Alongside these challenges, the Irish disability sector has experienced a significant shift towards the use of interprofessional approaches (HSE, 2020a). For instance, a national reconfiguration of children's disability services entitled 'Progressing Disability Services for Children and Young People' (PDS) has led to the establishment of regional interprofessional teams which practise under interprofessional management (HSE, 2021; 2023). There is also an increasing emphasis on interprofessional services for adults (Department of Children, Equality, Disability, Integration, and Youth, 2023). This shift towards interprofessional working, coupled with staff shortages, has led several professional bodies to voice concern about access to discipline-specific support and supervision (Irish Association of Speech and Language Therapists [IASLT], 2022; Irish Association of Social Workers [IASW], 2023). There is thus an evident possibility that the use of IPS may increase within Irish disability settings. However to the authors knowledge no existing research has explored perspectives on or usage of IPS in this context.

The current study aims to address this issue by asking the following questions:

1. What benefits do allied health professionals within the Irish disability context associate with IPS?
2. What challenges do allied health professionals within the Irish disability context associate with IPS?
3. Does experience participating in IPS influence perspectives of IPS?

4.5 Methods

4.5.1 Research Design

This study used a cross-sectional, survey design. Data were collected through an online self-report survey which explored perspectives of IPS among allied health professionals across Irish disability services. In recognition of IPS as an emerging area of research, the decision was made to include both open-ended and closed-ended questions. This enabled the collection of measurable findings, while also supporting a reflexive research process which provided opportunities to identify issues of importance among participants (Patton, 2023; Vitale et al., 2008). The content of the survey instrument was informed by findings from McGuinness and Guerin (2024). Research ethics approval was granted by the Human Research Ethics Committee of University College Dublin.

4.5.2 Participant sampling

The target sample for this study was allied health professionals working in disability settings within the Republic of Ireland. Participants were recruited from psychology, social work, occupational therapy, speech and language therapy, and physiotherapy. Participation was open to those with and without direct experience of IPS. A combination of convenience and snowball sampling methods were used. Snowball sampling is a process of accumulating research participants in which participants share information with other people to potentially take part in the research (Naderifar et el., 2017). Professional bodies representing the relevant professions were asked to circulate information about the study and contact details for the researchers in their routine communications and publications. This information was also shared by relevant professional bodies and by the researchers via social media, and interested individuals were asked to circulate the study information. Participants self-selected to participate, and consent was sought at an individual level.

4.5.3 Survey development

The development of the survey instrument occurred through two stages. In the first stage, relevant research was explored, and the initial survey instrument was developed. The content of the survey instrument was predominantly informed by the findings of a recent scoping review of IPS among allied health professions (McGuinness & Guerin, 2024), however wider sources were also examined. Questions posed to participants in existing IPS studies (Beddoe & Howard, 2012; Crocket et al., 2009; Townend, 2005; Osborne & Burton, 2014; Callicott & Leadbetter, 2013) were reviewed and collated by topic. This was instrumental in informing the development of specific

survey items and wording. Validated measures of the supervisory relationship were also reviewed to inform the development of questions for those with experience of IPS, and a subset of questions was adapted from the Supervisory Working Alliance Inventory (Efstation et al., 1990). This measure was chosen for its extensive use in supervision research (Bernard & Goodyear, 2014).

In the second stage, the survey instrument was piloted by five professionals representing the target disciplines, each of whom provided detailed feedback on the survey content, wording, and design. Several changes were made following this process, and the final version of the survey instrument was developed. Feedback was also sought regarding the online survey format, and no technical issues were reported.

4.5.4 Procedure

Anonymous survey data were collected via an online survey platform. The survey instrument is presented in Appendix E. Before commencing the survey, participants were presented with a digital information sheet based on templates previously used by one of the authors, outlining the aims, researcher information, data protection procedures, and their right to withdraw. Participants were required to complete a digital statement of informed consent before accessing the survey. The first section, which consisted of 22 items, was completed by all participants. This included three subsections: demographic information; general experiences of supervision and professional support; and attitudes towards IPS. Views on the suitability of IPS for supporting a variety of areas were captured through a 12-item scale developed by the research team based on existing IPS research. Following completion of this section, participants were asked whether they had experience of participating in IPS. For those who answered no, the survey ended at this point.

Those who answered yes indicated whether they identified as supervisors, supervisees, or both. Separate survey sections were presented to supervisors and supervisees. Those who identified with both roles had the option of completing either or both sections. A 16-item section was presented to supervisors, while a 15-item section was presented to supervisees. The content of these sections mirrored one another, capturing information around how involvement in IPS came about, which professions were engaged with, structure of sessions, ethical issues, overall confidence and satisfaction, and the supervisory relationship. Questions pertaining to the supervisory relationship were adapted from the Supervisory Working Alliance Inventory (Efstation et al., 1990). In each section, participants completed a combination of multiple choice, Likert-style, and open-ended questions.

4.5.5 Data analysis

Quantitative data collected through the online survey were analysed using IBM SPSS statistics version 27. The majority of quantitative questions were categorical and were analysed using descriptive analyses and frequency counts. Internal consistency was measured for responses to the researcher developed suitability scale via reliability analysis, and a Cronbach's alpha of .87 was produced, indicating high internal consistency within the scale. Ratings were summed and a mean score was identified for each participant. Following this, group mean scores were calculated for the entire sample, those who had experienced IPS, and those who had not. Potential differences between the mean rank of the two groups were explored using a Mann-Whitney U test. Internal consistency was also examined for responses to the adapted Supervisory Working Alliance Inventory scales, and Cronbach's alpha of .91 was produced for the supervisor scale and .97 for the supervisee scale, indicating a high level of internal consistency within both scales. Mean scores were calculated for each group.

Responses to open-ended questions were analysed using content analysis (Elo & Kyngäs, 2008; Erlingson & Brysiewicz, 2017). This process involved several steps. The researchers first familiarised themselves with the data, followed by initial coding which aimed to capture all aspects of the data. Coded data were then grouped into units of meaning through an iterative process. Finally, units of similar meaning were grouped together thematically into categories which were named using content-characteristic words. Codes were developed independently by two researchers and were grouped and refined collaboratively.

4.6 Results

4.6.1 Demographic information

The survey had 38 respondents, of whom ten were psychologists, nine were social workers, eight were speech and language therapists, seven were physiotherapists, and four were occupational therapists. The majority of respondents were female (n = 32), and most fell into two age groups: 26 - 35 years old (n = 14) and 46 - 55 years old (n = 11). Years qualified ranged from less than five to more than 21. The majority of respondents (n = 22) were senior professionals/team leaders, while nine respondents were basic or staff-grade professionals and three held more senior roles at a manager/principal level. Similar numbers of respondents worked in voluntary Section 38 organisations (n = 13), voluntary Section 39 organisations (n = 12) and were directly employed by the HSE (n = 10). Two participants worked in private not for profit organisations, and one did not provide information about their work setting.

4.6.2 Supervision contexts

The majority of respondents (n = 26) reported being either very happy or somewhat happy with their current supervision arrangements. However, when asked whether discipline-specific supervision had been easy to access within their work setting, more than one third of respondents disagreed (n = 13). Similar levels of disagreement were identified across work settings. Most respondents were currently receiving supervision from a member of their own discipline (n = 33). The five who were not receiving discipline-specific supervision were all at a senior or manager level. Two of those not receiving discipline-specific supervision were receiving IPS, and three were not receiving supervision at all. Two of those not receiving supervision described difficulty accessing supervision within their work settings. One commented: “My service is trying to obtain discipline specific supervision externally. In the last six months, I have not had discipline specific supervision”. Twenty-one respondents had received some level of supervision training, ranging from training courses lasting less than one day (n = 4) to formal qualifications in supervision (n = 1).

4.6.3 Engagement with IPS

Twelve respondents had experience participating in IPS, including at least one member of each profession. Similar levels of participation in IPS were reported across work settings. Three respondents had experience in the role of IPS supervisor, six had experience as supervisees, and one had experience as both. All IPS supervisors (n = 4) were at a senior/ team leader or manager/ principal level and had participated in training courses in supervision lasting longer than one day. Professional grades and training levels among supervisees were mixed. Those who did not identify as supervisors or supervisees (n = 2) reported participating in peer-based approaches. Eight respondents had engaged with IPS in more than one format. Seven had taken part in one-to-one IPS with an identified supervisor, while four had taken part in one-to-one peer-based IPS. Six respondents had participated in IPS within a group, with equal numbers taking part in group IPS with an identified supervisor (n = 3) and in peer-based formats (n = 3). Only one participant was receiving IPS as their only form of supervision.

IPS most often occurred monthly (n = 6), and sessions were most often between 31 minutes and one hour (n = 4) or 61 minutes and two hours (n = 4). The majority did not have a supervision contract in place for IPS (n = 8). Two supervisors reported using models/ frameworks to guide the IPS process, namely “CBT supervision models” and “Template and guidance materials” received during discipline-specific supervision training. The majority of supervisees (n = 5) did not recall their supervisors using supervision models to support the IPS process. The

adapted Supervisory Working Alliance Inventory scales measured ratings of aspects of the supervisory relationship on a Likert-style scale ranging from one to five. Ratings of the supervisory working alliance were slightly higher among supervisors (M = 4.46) than supervisees (M = 3.94).

Eight participants provided information about how their involvement in IPS came about. Comments highlighted two key influences on the introduction of IPS: the delegation of supervisory responsibilities to line managers (n = 4), and staffing challenges (n = 3). In some cases, these issues were linked, for instance: “Discipline specific supervision is not available and employer agency line manager had to take over role to fill gap”. Other reasons included working within an interprofessional/ multidisciplinary team and stepping in when interpersonal issues arose in discipline-specific supervisory relationships.

All supervisors reported being confident in their ability to provide IPS, and most supervisees (n = 5) reported being satisfied with the IPS they received. Supervisees were asked if anything might increase their satisfaction with IPS. Three participants responded, and all suggested they would be more satisfied if they had more access to discipline-specific support. For instance: “If it was alternated with SLT supervision on a more regular basis”. Similarly, supervisors were asked if anything might increase their confidence in providing IPS. One supervisor responded with the following: “Supervision for myself! I have not had any discipline-specific or interprofessional supervision since I moved into an OT manager post 20 years ago”. Thus, access to discipline-specific supervision was viewed as a potential facilitator for IPS.

4.6.4 Views on the suitability of IPS

Respondents were asked whether they believed that allied health professionals could benefit from IPS. Responses to this question were mixed, with 17 respondents selecting ‘yes’, 15 selecting ‘unsure’ and six selecting ‘no’. No significant relationship was identified between ratings and profession, work setting, or professional grade. A higher proportion of those with experience engaging in IPS selected ‘yes’, however responses varied within both groups (see Table 5).

Table 5

Views on whether allied health professionals can benefit from interprofessional supervision (IPS)

	Yes	Unsure	No
Respondents with experience of IPS	7 (58.33%)	3 (25%)	2 (16.66%)
Respondents without experience of IPS	10 (38.46%)	12 (46.15%)	4 (15.38%)

Respondents rated how suitable they perceived IPS to be in supporting various needs on a five-point Likert scale, with one being very unsuitable and five being very suitable. Mean scores were calculated for each professional, representing their overall rating for the suitability of IPS as an approach to supervision. Overall, scores indicated that participants viewed IPS as a somewhat suitable approach to supervision (M = 3.72, SD = .67). Experience participating in IPS did not appear to impact views on its suitability, as no significant difference was identified between the mean rankings of those who had taken part and those who had not (U = 152.00, p = .914). While Cronbach's alpha identified a high level of internal consistency within the scale, two items were rated as unsuitable by a notably higher proportion of participants than others. These were 'Maintaining professional standards' and 'Adherence to professional ethical codes', which were both rated as 'somewhat unsuitable' or 'very unsuitable' by 60.53% of participants. Respondents' ratings for each scale item are presented in Appendix F.

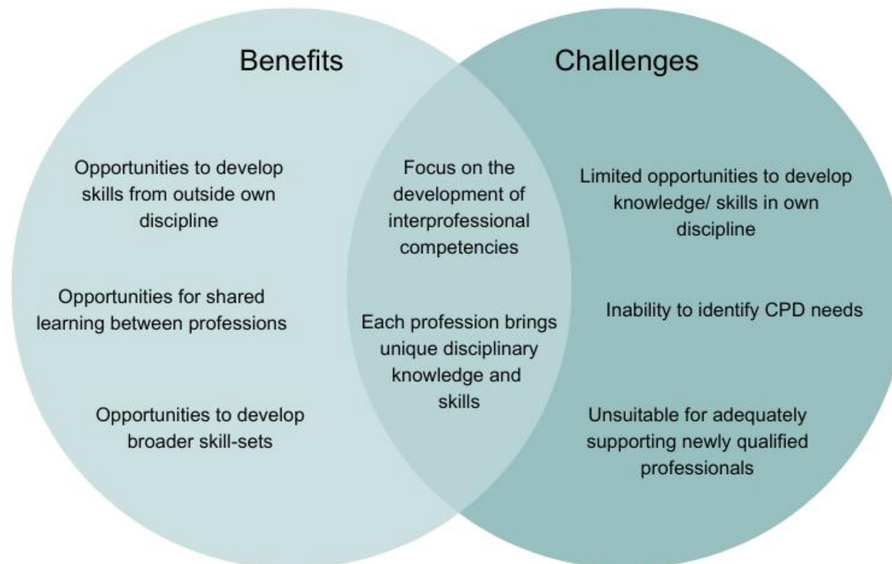
4.6.5 Views on the benefits and challenges of IPS

Four key themes were identified across participants' qualitative comments. It was evident that certain elements of each theme were viewed distinctly as either benefits or challenges. However there were also nuanced elements of each theme which could be considered both positive and negative.

A dedicated space for the sharing of interprofessional competencies. Almost half of the participants (n = 18) described IPS as an activity which focused on the development of interprofessional competencies. This was linked to the belief that each profession brings unique disciplinary knowledge and skills to the IPS process, and that a core feature of IPS was the leveraging of professional differences. As highlighted in Figure 3, these aspects of IPS were viewed as potentially positive or negative. A key determining factor was the purpose of IPS.

Figure 3

A dedicated space for sharing interprofessional competencies: benefits and challenges



IPS was viewed as beneficial when professionals specifically sought to gain skills or competencies more aligned with the work of another profession. In such instances, it was considered a valuable space for sharing skills and competencies across professions. IPS was viewed as a potential space for "shared learning" where each professional could contribute knowledge and skills unique to their discipline. For example: "Considering we work with quite a disadvantaged population, social work provide valuable insight re: signposting to supports within the community and advice re: key working role vs. social working role". It was suggested that this could lead to "more rounded therapists", with broader skill-sets.

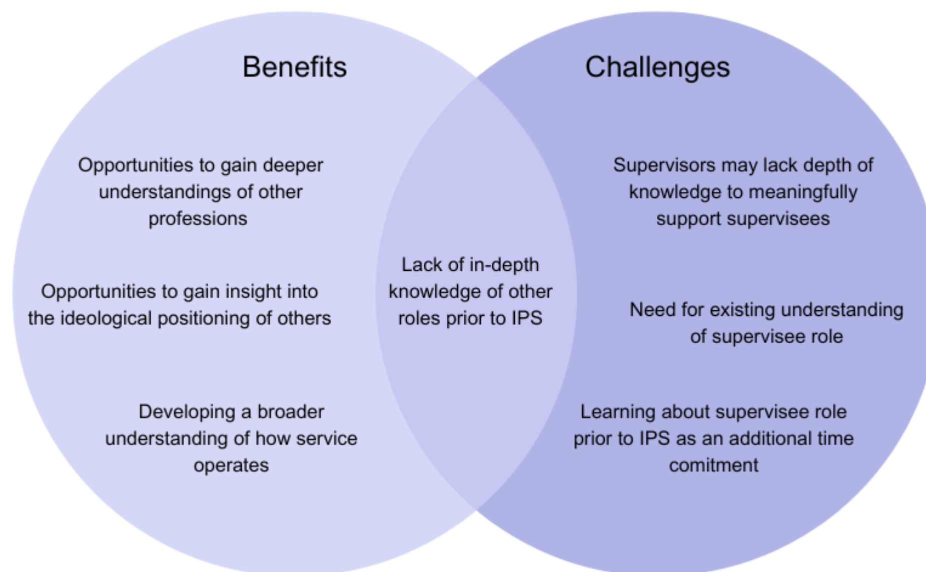
However, these aspects of IPS were seen as challenging in instances where professionals sought to gain support for their own disciplinary practice or development. A significant number of participants (n = 15) believed that IPS was not beneficial for developing knowledge and skills in one's own field. It was suggested that IPS supervisors may struggle to identify where discipline-specific skills were lacking, thus limiting their ability to identify suitable continuing professional development (CPD) needs: "How can a physiotherapist prioritise the CPD needs of an SLT?". Concerns were also noted regarding the potential loss of discipline-specific skills "If not managed well can lose unique knowledge, skills and experience of professional role". Supervision from one's own profession was thus viewed as "essential" for maintaining discipline-specific skills, and it was suggested the development of discipline-specific competencies should be prioritised for newly qualified professionals. One participant with experience of IPS as a newly qualified

professional commented: “There is so much to learn about your own profession before expanding and learning about other disciplines”.

Understanding the work of other professions. It was indicated that prior to participating in IPS, professionals may lack in-depth knowledge of other professional roles. This issue led to both opportunities and challenges in the IPS process. Notably, as illustrated in Figure 4, this was only viewed as a challenge when an individual with limited knowledge was acting as the supervisor, and, aligning with the previous theme, when supervisees did not have access to co-occurring discipline-specific supervision. For example, when asked about potential challenges in IPS, one participant commented: “Lack of understanding of my role, not an issue if I also have professional supervision from own disciple”.

Figure 4

Understanding the work of other professions: benefits and challenges



Twelve participants expressed concerns that supervisors may lack the depth of knowledge needed to provide meaningful support for the discipline-specific work of supervisees: “Lack of understanding of the complexity of the social work role”. In order to provide meaningful support, it was suggested that supervisors should have an existing understanding of issues that may arise for the supervisee: “Expectations on the supervisor having a good understanding of case study based problems”. However, this was viewed as a significant time commitment for IPS supervisors.

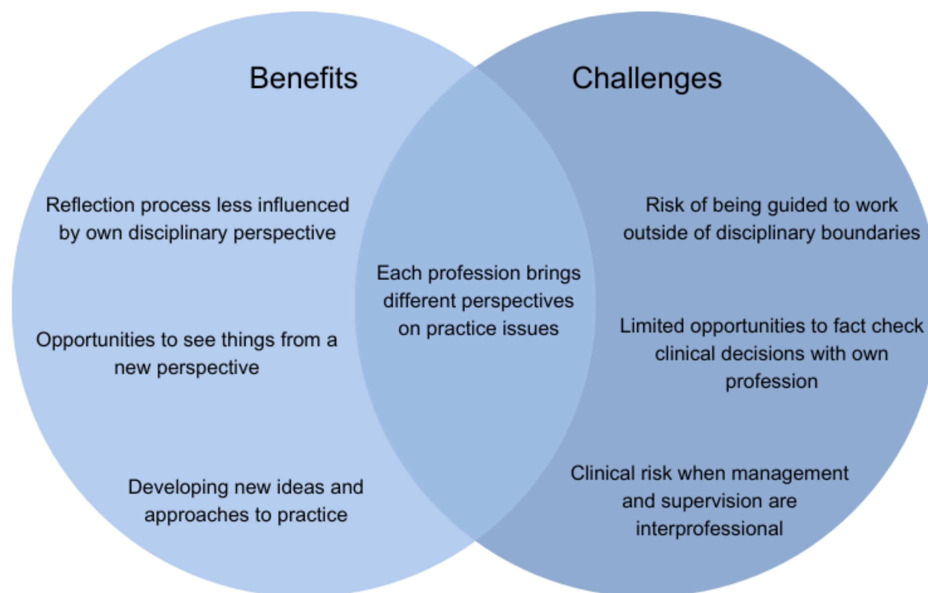
When accessed in addition to discipline-specific supervision, IPS was viewed as a valuable opportunity to gain a deeper understanding of the roles of other professions (n = 13):

“Through interprofessional supervision one would have a more in-depth understanding of the specific tasks and roles each discipline carry out in their role”. It was felt that IPS may present an opportunity to gain insight into the ideological positioning and core values of other professions: “It can highlight if they are solution focused/outcomes focused … This can also highlight where "importance" may be placed i.e. medical model or social/identity model”. This was viewed as beneficial for “Developing a more rounded knowledge of services and how an organisation operates as a whole”.

Gaining interprofessional perspectives on professional issues. There was a belief throughout participant’s comments that members of different professions bring different perspectives on practice issues to the IPS process. In many ways this was viewed as a benefit. As highlighted in Figure 5, this was considered a useful opportunity to reflect on professional practice through a process of interprofessional reflection which was less influenced by one’s own disciplinary perspective than discipline-specific supervision. For instance, one participant commented: “Reflective questions are posed from a different point of view”.

Figure 5

Gaining interprofessional perspectives on professional issues: benefits and challenges



Twelve participants viewed IPS as an opportunity to gain different perspectives on their work with service-users. Seeing things from a “fresh perspective” was believed to encourage the development of new ideas and approaches: “Interesting to see from another discipline's

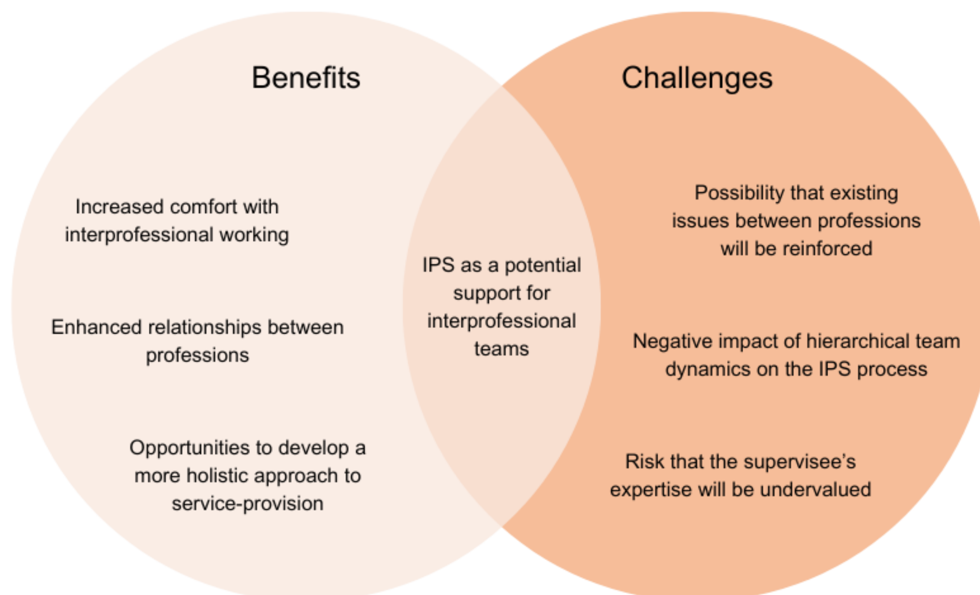
perspective - may bring new ideas or ways of looking at things". Group-based IPS was indicated as particularly beneficial for gaining multiple perspectives on practice issues.

However, while this was viewed as beneficial as a reflective activity, eight participants felt that applying advice from other professions could lead to clinical risk. This was highlighted as a key ethical challenge experienced by those who had engaged in IPS. Participants believed that those involved in IPS may be guided to work "outside of a discipline's remit", which may lead to risks for service-user care: "It is possible to be misguided and to do harm". This was particularly concerning for those without access to discipline-specific supervision or management, as in such instances there may be: "No one to fact check clinical decisions with". Several participants believed that the most significant risk was posed when professionals were relying on a professional from another discipline for both management and supervision, as this was viewed as potentially leading to "clinical governance issues".

Impacts on interprofessional collaboration. Fifteen participants viewed IPS as a support for interprofessional collaboration. This was often viewed as beneficial to interprofessional teams, however, as illustrated in Figure 6, it was believed that this may depend on existing team dynamics.

Figure 6

Impacts on interprofessional collaboration: benefits and challenges



It was suggested that through IPS, professionals may become more comfortable with various areas of interprofessional working, including "problem-solving" and "collaborative working".

Participants believed that this may enhance relationships between professions, and "promote a culture of openness and learning". By encouraging professionals to work in more collaborative, interprofessional ways, IPS was viewed as potentially contributing to a more coordinated approach to service provision within interprofessional teams: ''It would support with understanding roles of other professionals and a coordinated approach to supporting families". It was suggested that through IPS, a holistic approach to practice could be developed: "I think interprofessional s/v would aid dialogue and practice in meeting holistic need provision".

However, five participants suggested that in teams where there are existing issues between professions, IPS could potentially reinforce these issues. There was concern that perceived professional "hierarchies" could negatively impact the IPS process: "Some professions might get more of a say or their opinion be given more weight on the simple basis of their profession/qualification". Similarly, there was concern that supervisors may view the supervisee's role as less important than the roles of other team members. In such instances, it was feared that the supervisee's expertise may be underutilised, particularly when the IPS supervisor is also the supervisee's manager: "Undermining my work as lesser than e.g. physio and then delegating me for more mdt based work like family service plans". It was thus indicated that IPS may be less suitable in teams where there are existing difficulties with interprofessional working and collaboration.

4.7 Discussion

This study aimed to explore the perspectives of allied health professionals within the Irish disability context regarding the benefits and challenges of IPS. The researchers were also interested in exploring whether experience of participating in IPS influenced perspectives. Quantitative findings were supported by detailed responses to open-ended questions, which highlighted four key facets of IPS, each presenting both benefits and challenges. The findings highlighted the interconnectedness of these benefits and challenges despite these being distinct questions in this research. Together, the qualitative and quantitative findings of this study provide a rich exploration of participants' perspectives of the benefits and challenges of IPS, IPS experiences, and the influence of the Irish disability context.

Notably, perspectives did not differ significantly between professional groups or work settings, leading to a relatively homogenous view of IPS and its associated benefits and challenges. Those with experience of IPS were more certain about its ability to benefit allied health professionals than those without experience, indicating that experience of IPS may enhance attitudes towards its use. However, views around its benefits and challenges were similar across

both groups, suggesting that those without experience had a strong sense of what one might expect from IPS. This may be a result of the recent increased discourse around IPS in the Irish disability context. Furthermore, given the increasingly interprofessional nature of Irish disability settings, it is likely that participants had some familiarity with interprofessional collaboration, which may have informed their perspectives. Interprofessional collaboration has been linked to many of the same benefits and challenges as IPS, including challenges navigating professional differences and hierarchies (Schot et al., 2022; Wei et al., 2022), and benefits for knowledge sharing and understanding other roles (Lindh Falk et al., 2018; Vestergaard, E., & Nørgaard, 2018).

Many of the benefits associated with IPS in this study aligned with existing IPS research. Similar to the current findings, several studies have indicated that IPS can be a valuable space for the development of new knowledge and skills from outside of one's own discipline (e.g., Beddoe & Howard, 2012; Hutchings et al., 2014). Furthermore, the opportunity to gain new perspectives and more creative approaches regarding professional practice has also been highlighted as a key benefit of IPS in existing research (e.g., Crocket et al., 2009; Townend, 2005). IPS has also often been viewed as an opportunity to develop an understanding of other professional roles (Beddoe & Howard, 2012; Callicott & Leadbetter, 2013). However, in the current study, participants' qualitative comments focused more on deepening their understanding of other professional roles and gaining in-depth insights into other approaches to professional practice, including professional ideology and core values. It is possible that due to the common use of interprofessional working in the Irish disability context, professionals may possess a basic understanding of other roles prior to engaging in IPS.

The current context of the Irish disability sector influenced the study's findings in several ways. For instance, engagement in IPS was closely linked to two key factors: the delegation of supervisory responsibilities to managers, and staffing challenges, which in some instances resulted in IPS being used in place of discipline-specific supervision. The influence of these two issues were prevalent across the perceived benefits and challenges of IPS. The four themes developed from qualitative comments explored elements of IPS which had associated benefits and challenges, and in all instances the challenges identified were linked to a lack of access to discipline-specific supervision and/or the delegation of supervisory responsibilities to interprofessional managers. This reflects concerns expressed by professional bodies in Ireland about access to discipline-specific supervision amidst understaffing and unclear supervisory responsibilities among interprofessional managers (IASLT, 2022; IASW, 2023).

The delegation of supervisory responsibilities to managers has long been common practice within Irish health and social care settings (Burns, 2012; McMahon & Errity, 2013). However, the delegation of these responsibilities to interprofessional managers appears to be a relatively new phenomenon in the Irish disability context. For instance, within the context of the PDS programme in children's services, the HSE have described interprofessional managers as responsible for "supervision related to team working and development, PDS interdisciplinary and family-centred model of practice, and performance issues" (HSE, 2021, p. 9). While this programme also supports the use of discipline-specific supervision, it is significantly understaffed (IASW, 2023), and thus it is possible that professionals may be solely dependent on supervision from interprofessional managers. Existing research indicates that when IPS supervisors hold a management responsibility for supervisees a blurring of roles may occur, potentially leading to an overemphasis on administrative issues and difficulties navigating the boundaries between professions (Beddoe & Howard, 2012; Sweifach, 2019). Supporting this view, the qualitative findings of the current research suggest that in such instances professionals may be guided to work outside the boundaries of their own discipline, posing potential risks to service-users.

Access to discipline-specific supervision was a central theme throughout the findings. More than one third of participants reported difficulty accessing supervision, and two participants were relying solely on IPS. The qualitative findings indicate this reliance could lead to several challenges. Aligning with existing research, IPS was deemed unsuitable for supporting discipline-specific practice or development (e.g., Beddoe & Howard, 2012; Hutchings et al., 2014). The interprofessional nature of IPS was viewed as both a potential benefit and a potential challenge, and access to sufficient discipline-specific supervision was positioned as a determining factor. For instance, while IPS supported the development of skills from outside of one's own discipline, participants questioned how discipline-specific skills would be maintained without discipline-specific supervision. Similar to existing research, it was thus suggested that IPS should complement, not replace, discipline-specific supervision (e.g., Bogo et al., 2011; Beddoe & Howard, 2012). The reliance on IPS among two participants may thus be a cause for concern. However it is potentially more concerning that three participants were not receiving supervision at all. While all were experienced professionals, the HSE (2015) have highlighted supervision as an essential activity for professionals of all experience levels.

Although a significant proportion of participants, including all IPS supervisors, had received supervision training, the findings indicate that competence in supervision alone may not ensure effective IPS. This aligns with existing research (e.g., Dickie et al., 2019; Mangiameli et al., 2021), which highlights that the interprofessional nature of IPS can present challenges for

supervisors even when they are experienced in discipline-specific supervision. While IPS was valued as an opportunity to learn about other professions, it was viewed as working best when supervisors had a solid existing understanding of supervisees' roles. Notably, this was viewed as less important when discipline-specific supervision was also provided. Existing research indicates that a lack of such understanding may hinder effective IPS, as supervisors may struggle to fully engage in discussions around the work of supervisees when they do not understand the language, theories, or ethical standards of the supervisee's profession (Beddoe & Howard, 2012; Bogo et al., 2011). However, similar to findings from Beddoe and Howard (2012), the expectation that supervisors would have a strong understanding of the supervisee's role was viewed as imposing additional time demands on supervisors. Given the difficulties faced with understaffing, limited resources, and high demand for services in this context, meeting these demands may not always be feasible.

A key benefit of IPS highlighted in this study was its impacts on interprofessional collaboration. Although participants described potential challenges resulting from negative team dynamics, particularly when IPS was provided by interprofessional managers, overall the findings suggest that IPS may be a support for interprofessional communication and teamwork. Similar findings have been identified in previous studies (e.g., Callicott & Leadbetter, 2013; Hutchings et al., 2014). Notably, participants in the current study believed that this could foster a more holistic approach to service provision, potentially enhancing the quality of care provided to service-users. Similarly, Mangiameli et al. (2021) found that IPS supported capacity building in disability settings with limited staff, facilitating greater access and outcomes for service-users through enhanced collaboration. While the research of Mangiameli et al. (2021) focused on a remote disability setting, the current findings suggest that IPS may offer similar benefits for holistic service provision in disability contexts more broadly. Further research is needed to explore this potential.

4.8 Strengths and Limitations

To the authors' knowledge, this is the first study to explore IPS within the Irish disability context. Furthermore, previous studies examining the use of IPS within other disability contexts have often been influenced by additional contextual factors, for example taking place in remote settings (e.g., Mangiameli et al., 2021) or in the context of international placements (e.g., Chipchase et al., 2012). By focusing specifically on a general disability context, this study offers a unique contribution to IPS research beyond the Irish context. The mixed methods survey design supported a comprehensive understanding of participants' experiences by combining measurable findings with qualitative insights (Patton, 2023; Vitale et al., 2008). Gathering feedback on the

survey's content and design from stakeholders added to the studies authenticity, and the online survey format provided greater accessibility for potential participants.

However, the sample was significantly smaller than anticipated, which impacts the generalisability of the findings both in Ireland and beyond. Furthermore, recruiting an equal number of participants from each professional group proved challenging, as difficulty was encountered recruiting participants from several disciplines. As noted by Townend (2005), the lack of previous research makes it difficult to predict the level of usage of IPS within professional groups in specific contexts. It is possible that the study's small sample size and differing levels of participation between professions may reflect low levels of interest in or use of IPS among different professional groups. Despite these limitations, the findings provide valuable insights into this previously unexplored area and may be useful in informing future research on IPS.

4.9 Conclusion

This study provides an initial overview of allied health professionals perspectives on the benefits and challenges of IPS within the Irish disability context. By examining the perspectives of those with and without experience of IPS, this study identified common themes in how IPS is perceived and experienced, with implications that may extend to broader disability contexts. The findings identified two core factors which contribute to the perceived efficacy of IPS: (i) access to discipline-specific supervision for those involved; and (ii) clear delineation between the roles of interprofessional managers and interprofessional supervisors. By addressing these issues, organisations may contribute to positive experiences of IPS. The findings also highlighted several other steps which can be taken by organisations to ensure effective IPS, including providing IPS supervisors with adequate time and resources to familiarise themselves with the roles of supervisees, and assessing whether existing team dynamics are conducive to positive IPS experiences.

Overall, participants viewed IPS as an activity which has the potential to benefit individual professionals, teams, and service-users, while also recognising potential challenges relating to professional differences and boundaries. Participants' perspectives and experiences were deeply rooted within the multiple contexts within which they were situated, including teams, organisations, the disability sector, and the broader Irish context. This highlights the complex relationship between IPS and the contexts within which it occurs. Future research may provide further insight into the influence of context in IPS.

Chapter 5: Interprofessional Supervision among Allied Health Professionals in the Irish Disability Context: A Qualitative Exploration

5.1 Preface

Chapter 5 presents the final research study of this thesis. This study involved a qualitative exploration of the use of IPS among allied health professionals in the Irish disability context. Data were collected through semi-structured interviews, which were informed by the findings of the systematic scoping review. Major systems change in children's disability services in Ireland has been a point of interest in this research from its inception. It was felt that this could best be explored by applying a multiperspectival interpretative phenomenological approach to this study, which explored participants' experiences as two distinct groups: those impacted by the PDS programme and those not impacted. This study was submitted for publication to the academic journal *The Clinical Supervisor,* where it was reviewed, and the authors were invited to revise and resubmit the article. The version presented has been revised in line with reviewers' comments.

> McGuinness, S., & Guerin, S. (2024). *Interprofessional supervision among allied health professionals in the Irish disability context: A qualitative exploration.* [Manuscript submitted for publication]. School of Psychology, University College Dublin.

5.2 Abstract

This study qualitatively explored experiences and perceptions of interprofessional supervision among allied health professionals within the Irish disability context. Multiperspectival interpretative phenomenological analysis was used to examine the perspectives of two groups: those impacted by recent systems change (n = 4), and those not (n = 4). Both the Irish context and the disability context played key roles in participants' perspectives. Several common factors influenced the suitability and efficacy of interprofessional supervision, including access to discipline-specific supervision, levels of supervision training, and power dynamics. When these issues were addressed, interprofessional supervision supported the development of interprofessional competencies. Implications for practice and future research are discussed.

5.3 Introduction

Clinical supervision is widely recognised as an essential source of support for allied health professionals (Dawson et al., 2013; Martin et al., 2021). Effective clinical supervision provides potential benefits in areas such as skills development, wellbeing, stress-management, and job satisfaction (Martin et al., 2021; Snowdon et al., 2020a), along with organisational benefits including increased staff retention and team relationships (Martin et al., 2021; Rothwell et al., 2021). While clinical supervision is a core feature of practice across many professions and contexts, it is an area which encompasses various approaches and models, and to date no universal definition has been developed (Gardner et al., 2021; Vec et al., 2014). In the current research, Milne's (2007) definition based on a synthesis of empirical research was used. This defines clinical supervision as "the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops, and evaluates the work of colleague/s" (Milne, 2007, p. 439). However, given the interprofessional nature of the current research, it is important to note that approaches to clinical supervision can vary between professions (Gardner et al., 2021; Snowdon et al., 2020a). For example, reflective approaches which do not always incorporate an educative component are often used in social work and psychology (Snowdon et al., 2020a). Despite these differences in approaches, recent years have seen an increase in the use of interprofessional supervision (IPS), which occurs when clinical supervision is conducted between members of different professions (Davys & Beddoe, 2015; Kelly & Green, 2020).

Existing research indicates that IPS can take various forms. While it often occurs as a one-to-one relationship with an identified supervisor and supervisee, instances of group-based approaches have also been reported (McGuinness & Guerin, 2024). In some instances, the format of IPS may be challenging to negotiate between professions as some (e.g., psychologists) tend to utilise one-to-one approaches, while others (e.g., speech and language therapists) tend to utilise group-based approaches (Martin et al., 2014). Existing research also indicates that IPS can incorporate various functions. Frameworks for clinical supervision typically incorporate core supervisory functions related to management, support, and development (e.g., Kadushin & Harkness, 2014; Proctor, 1986). Across the relevant research, the use of IPS most often aligns with the development and support functions (Beddoe & Howard, 2012; McGuinness & Guerin, 2024). However, it has been recommended that the development and support provided through IPS should complement, rather than replace, the functions met through discipline-specific supervision (McGuinness & Guerin, 2024). It has also been suggested that IPS works best when it does not incorporate a management function (Beddoe & Howard, 2012). However, it is possible

that management may be a common feature of IPS in practice, as IPS often increases in contexts where interprofessional management is introduced (Davys & Beddoe, 2015).

A recent review of IPS research (McGuinness & Guerin, 2024) highlighted benefits for those taking part in IPS, including an increased awareness of professional assumptions, the development of broader knowledge and skill-sets, and greater communication within interprofessional teams. However, the findings of this review also aligned with several common concerns about IPS, including the need for access to discipline-specific support and guidance, negative implications for the development of students and early-career professionals, and challenges navigating different expectations between professions (e.g., Arthur & Russell-Mayhew, 2010, Davys & Beddoe, 2015). McGuinness and Guerin (2024) found that IPS may be more beneficial when discipline-specific supervision is also provided, and when those involved are experienced professionals with a shared understanding of its purpose. While this review shed light on common themes within IPS research, it is noteworthy that to date there has been limited research examining IPS in isolation from other supervision types (Davys & Beddoe, 2015). Furthermore, the existing research in this area has thus far focused predominantly on certain contexts, such as hospitals (e.g., Berger & Mizrahi, 2001; Dickie et al., 2019) and mental health services (e.g., Bogo et al., 2011; Crocket et al., 2009). There has been limited inquiry into the use of IPS in other contexts, including in disability settings (McGuinness & Guerin, 2024).

5.4 The current study

This research was developed in the Irish disability context, which in recent years has experienced significant shifts in structure, resources, and demand (Disability Federation of Ireland, 2023; 2024; Think-tank for Action on Social Change [TASC], 2023). Within the Republic of Ireland, specialised support for individuals with disabilities is primarily accessed through public specialist disability services (Disability Federation of Ireland, 2024). In recent years, there has been an increase in the number of individuals diagnosed with disabilities in Ireland, and as a result, demand for these services has grown (Disability Federation of Ireland, 2024; TASC, 2023). However, due to significant budget cuts to the sector following the 2008 recession and widespread staff shortages, which have been linked to inequitable conditions for professionals between agencies, many disability services have struggled to meet this demand (Disability Federation of Ireland, 2017; 2023). As a result, many individuals with disabilities have faced difficulty accessing services, particularly in certain regions where support for certain diagnoses is less accessible (Disability Federation of Ireland, 2024; Inclusion Ireland, 2022), and high levels of stress and burnout among professionals have been reported (TASC, 2023).

In an effort to address some of these challenges, a service improvement programme entitled the 'Progressing Disability Services for Children and Young People Programme' (PDS) was developed, leading to a major reconfiguration of children's disability services (Inclusion Ireland, 2022). PDS aims to provide clear pathways to services for children and young people through access to regional multi-agency interprofessional teams referred to as Children's Disability Network Teams (CDNTs). Delays were experienced in the implementation of PDS, with the first of 91 CDNTs established in 2011 and the last established in 2021 (Inclusion Ireland, 2022). Difficulties have also been faced with staff recruitment and retention (Department of Children, Equality, Disability, Integration and Youth, 2023). This has been linked to the multi-agency nature of PDS, including the expectation that professionals with inequitable working conditions will work alongside one another to provide the same services (TASC, 2023). As a result of these challenges, service-users currently face considerable waiting times of up to four years to access support from CDNTs (Department of Children, Equality, Disability, Integration and Youth, 2023).

Within the structure of PDS, a single manager, referred to as a 'Children's Disability Network Manager' (CDNM) is responsible for managing all interprofessional CDNT members (Health Service Executive [HSE], 2022). The guidelines for supervision within this context are somewhat ambiguous. According to the HSE, supervision may be provided by CDNMs, heads of discipline/ discipline managers, or experienced supervisors (HSE, 2022). However, the HSE also states that the CDNM role inherently includes "supervision related to team working and development, PDS interdisciplinary and family-centred model of practice, and performance issues" (HSE, 2022, p. 9). These guidelines imply that professionals within CDNTs may receive IPS from CDNMs, along with discipline-specific supervision from a discipline manager or other experienced supervisor. However, many CDNTs lack discipline managers (Irish Association of Social Workers [IASW], 2023), and the understaffing of CDNTs raises concerns about the availability of experienced discipline-specific supervisors. Several professional bodies have expressed concerns about the lack of clarity around pathways for discipline-specific governance and supervision in the PDS context (IASLT, 2022; IASW, 2023).

The introduction of PDS signals a wider shift towards interprofessional approaches to disability service provision in Ireland, with several publications (e.g., Department of Children, Equality, Disability, Integration and Youth, 2023; National Federation of Voluntary Service Providers, 2019) highlighting a need for increased access to interprofessional services for adults in the coming years. Despite the lack of clarity around supervision structures in the PDS context, there is thus a possibility that the use of IPS may increase in the Irish disability sector, both within

PDS settings and beyond. However at present little is known about views or experiences of IPS among professionals in this context. With this in mind, the primary aim of the current research was to qualitatively explore experiences and views of IPS among a sample of allied health professionals within the Irish disability sector, with a secondary aim of exploring whether there are differences between the experiences of those impacted by PDS and those not impacted.
Thus, this study aims to address the following questions:

(1) How is IPS experienced and viewed by allied health professionals within the Irish disability context?
(2) Does the context of major systems change impact views and experiences of IPS?

5.5 Materials and methods

5.5.1 Research design

This study utilised a cross-sectional, qualitative design consisting of semi-structured interviews. A multiperspectival interpretative phenomenological approach was used (Larkin et al., 2019). A qualitative design was selected to support the development of a rich, detailed understanding of the topic (Creswell & Poth, 2016), which was an important aim of the research due to the limited existing research in this area (Davys & Beddoe, 2015). While this study sought to identify common themes across participants' experiences and views, it also recognised clinical supervision as a subjective phenomenon best understood by first exploring individual perspectives in-depth (Matson et al., 2023). For this reason, interpretative phenomenological analysis (IPA) was selected as a suitable design. IPA aims to understand phenomena at an idiographic level, through examining how individuals make sense of and assign meaning to lived experiences (Eatough & Smith, 2017; Smith, 2011). This involves a detailed exploration of individual accounts prior to the identification of patterns across cases, recognising the subjective experiences of individuals while identifying commonalities across experiences (Smith, 2011).

As this research aimed to explore perspectives of IPS specifically within the Irish disability sector, it was crucial to recognise and attend to the influence of recent systems change within this context. To achieve this, the study incorporated a second wave of analysis which examined participants' perspectives as two distinct groups, namely those who had been directly impacted by this change and those who had not. Thus, the design of the research was broadened from that of traditional IPA, which typically explores experiences of a phenomenon across a single group (Larkin et al., 2019), to a multiperspectival IPA design. Multiperspectival IPA is based on the building blocks of traditional IPA designs and retains a commitment to idiography, while also

supporting the exploration of relational and intersubjective dimensions of phenomena by combining multiple perspectives (Larkin et al., 2019).

5.5.2 Participants and sampling

The target sample for this study was allied health professionals who had engaged with or had oversight regarding IPS in the Irish disability context. Participants were recruited from psychology, social work, occupational therapy, speech and language therapy, and physiotherapy. A combination of convenience and snowball sampling methods were used. Snowball sampling is a process of accumulating research participants in which participants share information with other people to potentially take part in the research (Naderifar et el., 2017). Professional bodies representing the target professions were asked to circulate information about the research. This information was also shared by the researchers and professional bodies via social media, and interested individuals were asked to share the study information. In total, eight participants were recruited. This sample size was assessed in line with recommended sample sizes for IPA, which tend to range from three to ten (e.g., Larkin et al., 2022; Smith et al., 1999). The small sample sizes distinctive to IPA allow for a rich, detailed analysis of individual cases, maintaining IPA's idiographic commitment (Eatough & Smith, 2017).

The sample included three psychologists, two social workers, one physiotherapist, one occupational therapist, and one speech and language therapist. Most participants (n = 7) were female. The majority of participants (n = 6) worked within a disability setting at the time of data collection. The remaining two participants provided IPS to others working in this context. Four participants were professionals working within the PDS context, while the other four represented various work settings, including adults' disability services and private disability services. Seven participants had directly participated in IPS. The one participant that had not was a senior stakeholder in the PDS context who had experienced significant shifts in their role as discipline manager/supervisor due to the establishment of PDS. This participant provided rich insights into the use of IPS and its relationship to interprofessional management within the PDS context, which complemented the perspectives shared by other participants. Based on their work context, participants were allocated into one of two groups. The first group, hereafter referred to as the 'PDS Group', consisted of professionals who had been directly impacted by the implementation of the PDS programme (n = 4). The second group, hereafter referred to as the 'Non-PDS Group', consisted of professionals who had not been directly impacted by this change (n = 4). For the purpose of this paper, participants were allocated numbers between one and eight, with one to four being members of the PDS Group, and five to eight being members of the Non-PDS Group.

5.5.3 Data collection

Potential participants contacted the researchers directly via email. Upon receiving expressions of interest, the researchers shared detailed information sheets and provided opportunities to raise queries and concerns. Once written informed consent had been obtained, participants chose to participate either in-person or remotely via Zoom, a web-based video conferencing platform. All participants elected to participate remotely. In designing this research, the researchers considered the challenges of drawing distinctions between supervision and management given the complexity of this issue in the PDS context. Care was taken to ensure that participants understood what was meant by IPS in the context of the current research, and the potential for overlap between IPS and interprofessional management was explicitly acknowledged. Based on this information, participants whose experiences occurred in the context of interprofessional management were asked to consider whether they felt these experiences aligned with the concept of IPS, and self-selected whether they wished to participate. Data were collected by the first author via semi-structured interviews.

The aim of the semi-structured interviews was to provide an opportunity for participants to share their experiences and views of IPS. The interview schedule was informed by topics identified in a recent scoping review (McGuinness & Guerin, 2024), focusing upon contexts of involvement in IPS, implications for professional practice and development, perceived benefits and challenges, and recommendations for effective IPS (see Table 6). In acknowledgement of the busy schedules of professionals within the Irish disability context, the duration of each interview was led by participants. Interviews lasted between 30 and 67 minutes (Mean = 49). Excluding the 30 minute interview, which was significantly shorter than the others, interviews lasted between 46 and 67 minutes (Mean = 56). Each interview was audio recorded with participants' consent. Following data collection, audio recordings were transcribed verbatim by the first author.

Table 6

Overview of interview schedule

Topic	Example question
Context	Can you tell me about your involvement with interprofessional supervision?
Implications	Do you think that interprofessional supervision has implications for the professional practice of those involved?
Benefits	What do you see as the potential benefits of taking part in interprofessional supervision?
Challenges	What do you see as the potential challenges of taking part in interprofessional supervision?
Recommendations	If you were to make recommendations for how interprofessional supervision can be effective for those involved, what would they be?

5.5.4 Data analysis

Data analysis occurred in two waves. Interview transcripts were first analysed in accordance with analytic procedures used in traditional IPA analysis (Smith & Osborn, 2003; Smith et al., 2009). This began with an in-depth analysis of each transcript, which involved multiple readings and the noting of initial observations and reflections. This was followed by line-by-line coding of the entire transcript. At this point, initial observations and reflections were transformed into initial themes, which focused on capturing what was represented within the data. The aim was to formulate concise phrases at a higher level of abstraction than the initial notes, while remaining grounded in the data. Finally, connections between initial themes were identified, with related themes grouped together into clusters and assigned a descriptive label. This was achieved by looking for convergence, divergence, commonality, and nuance within individual accounts. Throughout this process, the transcript was continuously referred to, ensuring that a balance was struck between the researcher's own interpretation and the participant’s account.

Larkin et al. (2019, p. 190) recommend that analysis begins at the level of individual cases and moves “outwards” across “units of analysis”. Within the current research, the next unit of analysis was at a group level. A traditional cross-case analysis was used to identify themes within each of the two participant groups, which involved looking for patterns of convergence and divergence between cases (Larkin et al., 2019, Smith & Osborn, 2003). Following this, a between-group analysis was conducted, guided by analytic procedures for multiperspectival IPA (Larkin et

al., 2019). This focused on identifying patterns, connections, conflicts, and differences between and across groups to identify overarching themes. Several strategies set out by Larkin et al. (2019) supported this process (see Table 7). In line with Smith and Osborn (2003), the final overarching themes were not developed purely based on prevalence within the data, with other factors, including the richness and depth of particular passages, also taken into account.

Table 7

Analytic strategies for multiperspectival interpretative phenomenological analysis (adapted from Larkin et al., 2019)

Analytic strategy	Brief description
Identifying consensus overlap	Identifying instances where participants from different groups express the same concerns and/ or discuss similar experiences.
Identifying conflict of perspectives	Identifying instances where there is clear disagreement between groups.
Identifying reciprocity of concepts	Identifying instances where concerns and/ or experiences between groups complement each other well.
Identifying paths of meaning	Identifying instances where participants from different groups attribute divergent meaning to similar experiences and/or attribute similar meanings to different experiences.
Identifying lines of argument	Storying important dimensions drawn from the above strategies to produce an analytic narrative.

5.5.5 Trustworthiness

Rodham et al. (2015) describe IPA as a flexible and fluid method of analysis, and, as such, recommend that researchers using this approach demonstrate trustworthiness. While conducting this research, the researchers endeavoured to establish trustworthiness in several ways. One important aspect was developing an awareness of the role of double hermeneutics in IPA. This refers to a two-stage interpretation process inherent to IPA involving the sense-making of both the participants and the researcher (Smith & Osborn., 2003). Because of the influence of double

hermeneutics, IPA researchers must consider their active role in the research (Eatough & Smith, 2017), central to which is an awareness of one's preconceptions and biases (Alase, 2017). To address this need, the first author adopted a reflexive stance, aiming to set aside preconceptions and biases in relation to the research. This included maintaining a reflexive journal within which preconceptions and assumptions were recorded prior to the data collection phase and before each interview. Reflections were also recorded following each interview.

Smith and McGannon (2018) suggest that as the goal of reaching consensus between researchers is not always suitable in qualitative research, researchers should instead strive to achieve rigour within the research process. Acknowledging the active influence of the researcher in IPA analyses, it was decided to limit the second author's engagement with the data. To this end, the first author analysed individual transcripts independently. However, to support the rigour of the analysis, the second author independently conducted multiple readings of two transcripts, later reviewing and providing feedback for each analytical step. From this point in the analysis, the second author acted as a 'critical friend' (Smith & McGannon, 2018), providing feedback and encouraging reflexivity through frequent discussion of the developing themes. This strategy ensured that the second researcher provided a more impartial view of the developing themes, which supported the credibility of the findings.

5.6 Results

5.6.1 Situating the sample

The eight participants brought diverse perspectives to the research topic. As highlighted in Table 8, the seven participants who had directly participated in IPS had experienced various formats, with one-to-one arrangements with identified supervisors being the most common. However, several participants had experienced more than one format. More PDS Group members were supervisees, while more Non-PDS Group members were supervisors. One participant in each group had experience as both. The PDS Group described less choice of IPS partner(s), and while the context of IPS varied within the Non-PDS group, all IPS experiences within the PDS Group occurred within the work setting. Only one participant, from the PDS group, had received IPS without access to discipline-specific supervision.

Table 8

Characteristics of interprofessional supervision (IPS)

	Progressing Disability Services Group (n)	Non- Progressing Disability Services Group (n)
Format		
One-to-one with identified	3	3
supervisor		1
One-to-one peer	2	1
Group		
Role		
Supervisor	1	3
Supervisee	3	1
Context of IPS		
Within organisation	4	2
External		2
Choice of IPS partner(s)		
Yes		3
No	3	1
Use of IPS as a sole source of supervision		
Yes	1	
No	3	4

5.6.2 Themes

The eight participants provided rich, in-depth explorations of their views and subjective experiences of IPS. Five key themes were developed: (i) valuing supervision as its own distinct area of expertise; (ii) enhancing interprofessional collaboration through IPS; (iii) ensuring discipline-specific competencies; (iv) navigating the wider supervision context; and (v) navigating power dynamics and accountability. In the following section, each of these themes is described and illustrated through participant quotes and examples from the data. Where evident, differences between groups are highlighted.

Theme 1: Valuing supervision as its own distinct area of expertise. Participants believed that IPS had the potential to be a positive or negative experience, and it was felt that this depended in part on the quality of the supervision provided. Expertise in supervision was viewed as a key facilitator in effective IPS, with five participants suggesting that expert supervisors may be more adept at navigating different approaches to supervision. One participant believed that competence in supervision was a more influential factor than the supervisor's profession, describing being equally as open to IPS as discipline-specific supervision, stating: "As long as my supervisor has the competency to supervise" (P4). Three participants believed that competence and skills gained from providing discipline-specific supervision could be applied to IPS, with one commenting: "I think it's transferable … because the supervision skills I suppose are kind of universal" (P5).

However, four participants believed that the level of expertise needed to effectively supervise other professions could only be developed through supervision training. Two participants, who had formal, non-discipline-specific qualifications in supervision, felt that this training provided them with transferable skills useful in both IPS and discipline-specific supervision. One participant stated: "My masters was on theories and different approaches in supervision, and the formatting and the disadvantages, and again the use of self, the use of time, and the ethics. Which is kind of overarching without getting into other specialisms" (P6). While the need for expertise among supervisors was emphasised, three participants suggested that training may also be beneficial for IPS supervisees. This was linked to a belief that with training, supervisees may be in a stronger position to maximise their engagement with IPS. One participant posed the following question: "Should we not be training supervisees so that they know, how do we come to supervision? What to prepare, what's expected of me?" (P8). However, despite the valuing of supervision training among participants, three participants suggested that the number of professionals trained in supervision within the Irish disability context was potentially low.

Competence in supervision was explored in both groups, however while participants in the Non-PDS group discussed this issue broadly without referring to specific professions, three participants in the PDS Group viewed some professions as more competent in supervision than others. This belief appeared to stem from comparing their own expertise in supervision to the perceived expertise of interprofessional team members. For instance, one social work participant noted: "Myself and the psychologists would be used to clinical supervision because we come from that background. OT, SLT, physio, I don't think so" (P2). Echoing this, one speech and language therapy participant felt she had received less training in supervision during her professional training compared with other professions. Two participants suggested that providing generic

supervision training for all professionals in the PDS context could bridge the perceived gap in expertise by ensuring that all professionals were competent in supervision.

Theme 2: Enhancing interprofessional competencies through IPS. There was a broad consensus across both groups that participating in IPS supported and enhanced the development of interprofessional knowledge and skills. A key benefit of IPS was the opportunity to receive support and advice from professionals in other disciplines. Five participants valued this as an opportunity to gain new perspectives regarding their approaches to working with service-users. Participants viewed each allied health discipline as its own unique specialism, with its own distinct expertise and skill sets. Six participants saw IPS as an opportunity to gain insight into the skills of another discipline, and potentially incorporate the knowledge gained into one's own practice. One participant noted: “If you talk to a social worker who works with families all the time, you can learn quite a lot from how they approach cases to your work as a physio” (P5). It was felt that this could broaden professionals’ perspectives and encourage more creative approaches to work with service-users. Reflecting on their own experience, one participant commented: “I suppose it’s given me the confidence, you know, to think outside the box” (P7).

Four participants believed that the interprofessional insights gained through IPS could foster a deeper respect for the work of other disciplines. This was viewed as particularly valuable for those working within interprofessional teams, potentially leading to “More celebration of each other's roles” (P5). Peer-group IPS was considered particularly beneficial in this regard, as it was viewed as providing a deeper understanding of and respect for the various roles held within interprofessional teams. For this reason, three participants in the PDS Group valued peer-group IPS as a tool for enhancing interprofessional teamwork. One participant suggested: “It’s helpful because you are part of a team and you have to work as part of a team. So it’s important that you all understand each other's roles and learn from each other and respect each other” (P2).

Five participants felt that IPS was particularly well-suited to disability services. Often, this was linked to a view of disability settings as inherently interprofessional due to the extensive interprofessional communication needed to support service-users with complex needs. Because of this, two participants believed that professionals in disability settings tended to be less territorial and more open to interprofessional collaboration than those working in other settings. One participant suggested: “If we’re working on the same team for instance, or working with the same family, there’s none of this territory you know?” (P2). Within this context, IPS was valued for potentially creating a dedicated space for interprofessional communication. One participant explained: “In disability we really do work as an MDT (multidisciplinary team), like interdisciplinary

working. So you can work together, that's fine, but I think if you have the access to interprofessional supervision it just opens up more space to discuss cases" (P5).

Theme 3: Ensuring discipline-specific competencies. While all participants valued the interprofessional collaboration fostered by IPS, seven emphasised the importance of maintaining discipline-specific competencies and identities. There was a consensus among these participants that IPS should not be a replacement for discipline-specific supervision, particularly when addressing discipline-specific issues. Six participants highlighted the necessity of discipline-specific supervision for newly qualified professionals, who they believed need guidance from experienced members of their own professions to develop core knowledge and skills. One participant suggested: "The first five years I suppose are crucial, that you're getting good guidance and people are really looking at your cases in detail to make sure you're doing the right steps" (P3). Another participant felt that it would be more challenging to provide IPS to newly qualified professionals, commenting: "If I had a brand new OT coming in who had maybe no experience or it was their first job, I think that would be more challenging because the things they would probably come with is, you know, the kind of more basic clinical things" (P5).

Three participants felt there was a risk that newly qualified professionals relying solely on IPS could be guided to work outside the boundaries of their profession, with one stating: "They don't know what they're walking themselves in for. And it's unsafe for them, they might take on too much, they might make unwise decisions or they might get into practice that really isn't social work" (P1). It was suggested that professional experience mitigates this risk: "If you get to that point where you've kind of mastered the basic competencies and skills and knowledge of your own profession, I think it's a really rich place then to start linking with others" (P7).

While participants felt that IPS posed less risk for experienced professionals, access to discipline-specific supervision was considered important for those of all experience levels. Four professionals, including three from the PDS Group, felt that being without discipline-specific supervision may lead to difficulties maintaining professional identities. This was often linked to wider concerns about the loss of individual specialisms in the context of interprofessional teams. For example, one participant commented: "There's too much of this common denominator kind of a thing, that everyone can do a little bit of everything. Which you can to a certain extent, but we're losing the professionalism and the specialism, I suppose, of the different disciplines within that" (P3). However, one participant clarified that, while they believed maintaining professional identities through discipline-specific supervision was important, they valued an approach which also incorporated IPS, stating: "It's not trying to make a unidisciplinary approach or create silos of different professions and never the twain shall meet … We're trying to have a bit of both" (P1).

Theme 4: Navigating the wider supervision context. Participants' views of IPS were influenced by their broader experiences of supervision in Irish disability settings. Three participants felt that the structures for supervision within the Irish context fostered negative attitudes towards IPS. One participant reported feeling judged by other professionals for participating in IPS, commenting: “There is definitely a lot of eyebrow raising about it” (P5). Two participants, who had worked in other contexts, highlighted challenges that they believed were unique to the Irish context. One felt that IPS was undervalued in Ireland due to a general undervaluing of supervision, expressing frustration regarding the lack of resources and encouragement for those seeking to access supervision: “There is no directory, there is no networking, there is no support” (P6). This participant believed that this limited professionals’ ability to make choices about the types of supervision they wished to engage with.

This perceived undervaluing of supervision was evident in participants' comments about the establishment of PDS, with three suggesting that insufficient consideration had been given to supervision in the development of the programme. Participants in the PDS Group described an absence of clear guidance for supervision within this context. One participant felt that this posed risks to the programme, stating: “We need to grapple with this, or we’ll be sorry” (P1). Participants across both groups struggled to comprehend how IPS could work effectively within the PDS context, with one commenting: “It’s very hard to decide on how interprofessional supervision would work when the model is unworkable at the moment” (P7).

One participant believed IPS was particularly challenging within the Irish context because of a perceived overlap between supervision and management in public health and social care settings, commenting: “The job descriptions, roles, and responsibilities have been aligned with clinical management” (P4). This participant felt this impacted professionals’ openness to IPS: “I’ve often said this but then I get, you know, shot down in a meeting, I don’t need to be necessarily clinically supervised by an SLT manager, but that’s the way that Ireland has structured it” (P4). Views on the relationship between supervision and management varied among participants, however work setting appeared to influence perspectives. Four participants, three of whom were from the Non-PDS Group and worked in private settings, drew clear boundaries between management and supervision, with one suggesting: “Line management is to support you in your role, in your employment I suppose. Whereas clinical supervision is more about your personal development as a professional” (P3). In contrast, four participants working in public settings, three from the PDS Group, saw managerial support as an integral part of supervision. One described the model of supervision used within their organisation prior to the establishment of PDS,

explaining: "It would very much have a number of functions and one of those functions would have been a management piece" (P1).

Theme 5: Navigating power dynamics and accountability. Participants viewed the issues of power and accountability in IPS as closely linked. Four participants believed that the format of IPS impacted the power dynamics between those involved, with some expressing concerns about formal one-to-one IPS arrangements involving an identified supervisor and supervisee. Notably, no IPS supervisors shared this perspective. Those with this view were often uncomfortable with a member of one profession holding an authoritative role over another, fearing that this could result in a prescriptive process wherein supervisors may provide guidance beyond their expertise. One participant summarised these concerns as follows: "I would be cautious of one profession having more of an authoritative role in supervising a different profession, because they don't know the codes of best practice, ethical guidelines associated with each profession, and they don't have the experience for discipline-specific needs" (P7).

Participants who shared these concerns often considered peer-based approaches to be more suitable. Three participants who had taken part in peer-based formats of IPS believed that this arrangement provided a less formal setting conducive to mutual learning. Reflecting on their experience of one-to-one peer-based IPS, one participant commented: "She's learned a lot from me, I've learned a lot from her" (P7). Two participants suggested that peer-group IPS arrangements also supported mutual learning, while having additional benefits for interprofessional teams. One suggested: "It creates a better team morale and it creates better trust, and it kind of I suppose, balances out the power dynamics on a team. And it helps everybody to kind of look at one case together and problem solve" (P3).

Despite the aforementioned concerns, three participants, all of whom were supervisors, felt that the role of an IPS supervisor was generally less authoritative than that of a discipline-specific supervisor. One suggested that IPS was most effective when it was approached as a "collaborative partnership" (P8). Two participants viewed an openness to learning from all involved as essential, with one stating: "If I'm a supervisor, it doesn't mean that I know it all. I'm open to learning from my supervisees, and moreover if I have supervisees from different professions, I'm more open to learn from them" (P6). Four participants believed that in order for one-to-one IPS with an identified supervisor to be effective, it was crucial that supervisees were empowered to express their needs, and three participants placed importance on contracting. This was described as an opportunity to identify the expectations of supervisees in several areas, e.g., "How frequent they want their supervision, what they want to focus on, what is the knowledge and skills and the attitudes they would be looking for" (P6). Effective contracting was also considered

essential for defining the boundaries of IPS and ensuring a shared understanding of its limitations. One participant commented: “For me the contracting process is so important. At the outset, of being really clear about what I can provide” (P8).

5.7 Discussion

This study examined views and experiences of IPS among allied health professionals within the changing landscape of the Irish disability sector, with a secondary aim of exploring whether experiences and views were impacted by the context of major systems changed. Adopting a multiperspectival IPA approach supported the exploration of convergence and divergence between groups and individuals, resulting in the development of five themes that illuminated the intersubjective dimensions of participant experiences.

Consistent with existing IPS literature (e.g., McGuinness & Guerin, 2024), many benefits highlighted in the current research pertained to the development of interprofessional competencies. These benefits included acquiring new knowledge and skills from other disciplines (e.g., Beddoe & Howard, 2012; Hutchings et al., 2014), developing broader and more creative approaches to practise (e.g., Crocket et al., 2009; Townend, 2005), and developing a deeper understanding of and respect for other professions (Beddoe & Howard, 2012; Callicott & Leadbetter, 2013). A unique finding of this study was the alignment between the interprofessional competencies developed through IPS and the interprofessional nature of disability settings. Participants believed that disability settings inherently foster interprofessional collaboration, consistent with existing research which promotes interprofessional practice as essential for addressing the complex needs of disability service-users (e.g., Mangiameli et al., 2021; Shimmura & Tadaka, 2018). Similar to findings from Kelly and Green (2020), IPS was viewed as a mechanism which supports interprofessional collaboration, by providing a dedicated space for interprofessional communication to occur. The findings of the current research thus suggest that IPS may be a valuable activity within disability settings, particularly for those working within interprofessional teams.

However, some participants feared that individual specialisms may be diminished as disability settings become increasingly interprofessional in the Irish context. Most felt it was crucial that discipline-specific identities and competencies were maintained through continued access to discipline-specific supervision. Aligning with existing research (e.g., Beddoe & Howard, 2012; Bogo et al., 2011; Hutchings et al., 2014), IPS supervisors were often seen as less equipped to support discipline-specific issues, particularly for early-career professionals, and discipline-specific supervision was considered essential. Several participants viewed the structure of IPS

as different from discipline-specific supervision. Consistent with prior studies, it was suggested that IPS works best when it operates in a more collaborative manner, wherein one profession does not directly guide the work of another (Beddoe & Howard, 2012; Crocket et al., 2009). Consequently, several participants felt peer-based approaches to IPS were most suitable. Notably, this view was not specific to any particular professional group. Martin et al. (2014) describe peer-based supervision as potentially equally as effective as approaches involving an identified supervisor. The findings of this study suggest that adopting an explicitly peer-based approach to IPS may have the added benefits of making the boundaries and limitations of IPS clearer to those involved and minimising the perceived threat of overstepping boundaries. However, while existing research indicates that peer-based IPS can be beneficial (e.g., Bogo et al., 2011; O'Donoghue & Engelbrecht, 2021), further research is needed to explore this issue.

Existing research indicates that national cultures and norms may influence the effectiveness of implementing interprofessional approaches, with much of the existing research in this area focusing on interprofessional education (e.g., Bonello et al., 2018; O'Leary et al., 2020). The findings of the current study suggest that national contexts may also influence IPS, as the Irish context was central to participants' views and experiences. Corresponding with Ellis et al. (2015), who identified inadequate supervision as a prevalent issue in Ireland, participants in the current study indicated that high-quality supervision was undervalued and difficult to access. This was evident within the wider context and within the narrower scope of the PDS programme. This lack of emphasis on quality supervision was indicated as negatively impacting professionals' autonomy over their supervision arrangements, potentially leading to less exploration of novel approaches such as IPS.

Participants also suggested that levels of supervision training among professionals in Ireland may be low, which is significant for the potential effectiveness of IPS. In line with findings from Beddoe and Howard (2012) training was viewed as essential for developing the competence and transferable skills necessary to supervise other professions. Similar to findings from Davys et al. (2021), it was suggested that professionals trained in supervision are more likely to operate from a supervision-informed rather than discipline-informed perspective, benefitting the IPS process. Furthermore, participants felt that certain disciplines were more competent in supervision than others. This may be attributed to different emphases on supervision during professional training between professions as suggested by participants, and/or different understandings of and expectations for supervision (e.g., Gardner et al., 2021; Martin et al., 2014). Bridging this gap through generic supervision training was seen as crucial for ensuring a shared understanding of supervision, which was viewed as particularly important in the PDS context.

Participants highlighted an entrenched blurring of lines between supervision and management in the Irish context, which complicated understandings of IPS. Although research in Ireland is limited, Sweifach (2019) described country-specific trends in the level of administrative/managerial focus in supervision, highlighting an emphasis on managerial issues within the United Kingdom. As supervisory practices within Ireland have long been influenced by those used in the United Kingdom (Creaner & Timulak, 2016), it is unsurprising that Ireland may exhibit similar trends. Participants in the current study held different views on whether IPS could effectively incorporate a management function, and whether interprofessional management was distinct from IPS. These views appeared to differ between those in public and private settings, however discipline-specific understandings of supervision may add additional complexity to this issue. Wonnacott (2011) noted that the level of management accountability held by supervisors varies between disciplines, and Davys et al. (2021) highlight this as one of the more complex issues in IPS. Due to the small sample size, the current study could not ascertain the impact of disciplinary background. Larger scale research is needed to explore this issue further.

Participants' experiences and views of IPS were thus influenced by the multiple contexts in which they were situated. The influence of the disability and wider Irish context were evident across both groups. The perspectives of the two groups often aligned, however a key difference was the acuteness of concerns around IPS. For instance, participants in both groups found it challenging to access clear supervision pathways and guidelines, which impacted their perceptions of IPS. However, within the PDS context, this difficulty was viewed as potentially undermining the broader PDS programme. The complex relationship between interprofessional management and IPS was another common issue but was more acute for those in the PDS group, who were attempting to make sense of this issue while navigating the shift towards interprofessional management. Similar to previous research (Berger & Mizrahi, 2001; Davys & Beddoe, 2015), the amalgamation of supervisory and management positions in the PDS context appeared to lead to greater concern about access to supervisory support among this group. Thus, while there were many similarities between the groups, the context of major systems change appeared to lead to more acute concerns about the use of IPS among those impacted.

5.8 Strengths and Limitations

Limited existing research has explored the use of IPS in the Irish disability context, or in disability contexts more broadly (McGuinness & Guerin et al., 2024). This study, by providing rich, qualitative insights which focus specifically on the Irish disability context, offers a unique contribution to IPS research. This is a small, qualitative study which, rather than seeking to identify

generalisable findings, offers a rich, contextual exploration of the experiences and views of participants. However, the use of multiperspectival IPA increased the contextual range of the analysis, enabling the triangulation of viewpoints (Larkin et al., 2019). The sample of participants included in this study is diverse in terms of professions, roles, and levels and types of engagement with IPS. The authors believe that this is a reflection of the diversity among professionals who work, collaborate, and engage in supervision with one another within the Irish disability context. While this adds additional layers of complexity to the study, the authors believe that it also adds to the richness of the findings.

Nonetheless, the authors acknowledge several limitations. While every effort was made to recruit an equal number of professionals from each professional group, difficulty was encountered recruiting participants from several disciplines. As noted by Townend (2005), the absence of previous research makes it difficult to predict the extent to which IPS is used within professional groups in specific contexts. It is possible that the differing levels of participation in this research may reflect differing levels of interest in or usage of IPS. Larger scale quantitative research could assess the scale of IPS usage within professional groups in this context. It is also possible that self-selection bias occurred, wherein those with a stronger interest in IPS were more inclined to participate. Nevertheless, this study is positioned to contribute to the body of research on the topic of IPS.

5.9 Conclusion

This study sheds light on many facets of IPS within the Irish disability sector, the relevance of which may extend to broader disability contexts. Overall, participants recognised many potential benefits of IPS, however its perceived suitability was impacted by factors such as supervision expertise, access to discipline-specific supervision, and clarity regarding its purpose and limitations. These findings highlight certain steps which can be taken by organisations to support effective IPS. This includes: (i) providing clear guidelines around the use of IPS in relation to other forms of professional support, including management: (ii) ensuring transparent pathways for accessing discipline-specific supervision, and: (iii) offering access to supervision training. The findings indicate that these protective measures may be particularly important when IPS occurs within the shifting context of systems change. Effective IPS was positioned as a mechanism that supports the development of interprofessionalism, which may be particularly beneficial in disability settings. Further research exploring the use of IPS in disability contexts may provide broader insights into its effectiveness as a support for interprofessionalism among individuals and teams supporting disability service-users.

Chapter 6: Integrated Findings and Discussion

6.1 Introduction

This chapter concludes the current thesis by integrating the key findings from the three individual studies presented in chapters 3, 4, and 5. The focus of this chapter is on the broader integrated findings of the thesis, rather than those of the three individual studies, and convergence and divergence between the individual study findings are explored. Integrated findings are presented and discussed from an ecological systems theory-informed perspective and contextualised in relation to existing research. Methodological considerations are also examined, including the overall strengths and limitations of the thesis. The chapter concludes by exploring potential implications for the practice of IPS, and avenues for future research.

6.2 Aims of the thesis

This thesis has presented a rigorous programme of research exploring perspectives and experiences of IPS among allied health professionals. The overarching aim was to develop an empirically based understanding of IPS among allied health professionals within the Irish disability sector, though with the intention of contributing to understanding beyond this specific context. This thesis has focused on the experiences and perspectives of psychologists, social workers, occupational therapists, physiotherapists, and speech and language therapists. The overarching aim of this research was operationalised as a number of individual objectives, which were addressed through three phases, presented in chapters 3, 4, and 5. Table 9 summarises where each of these questions has been addressed.

Table 9

Research objectives addressed

Objective	Chapter where this was addressed
To investigate the existing empirical evidence relating to interprofessional supervision by conducting a systematic scoping review of relevant literature	Chapter 3 (Study 1)
To obtain a broad understanding of perspectives of allied health professionals in the Irish disability context regarding the benefits and challenges of interprofessional supervision	Chapter 4 (Study 2)
To examine whether experience of interprofessional supervision impacts perspectives of interprofessional supervision among allied health professionals	Chapter 4 (Study 2)
To qualitatively explore experiences and perceptions of interprofessional supervision among allied health professionals in the Irish disability context	Chapter 5 (Study 3)
To examine whether the context of major systems change impacts interprofessional supervision experiences	Chapter 5 (Study 3)

6.3 Integrated findings

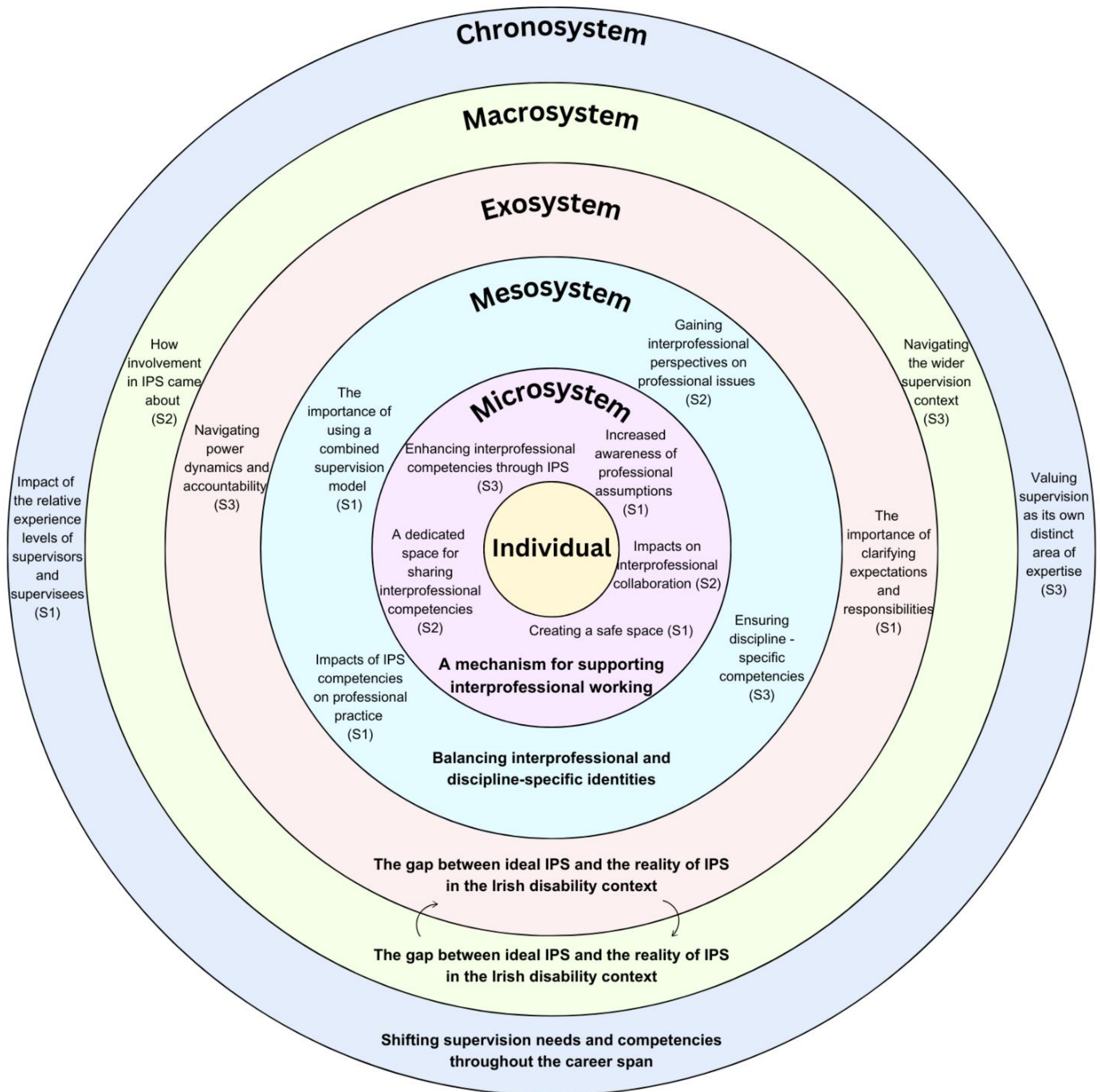
Integrated findings were identified through a process of comparing and contrasting individual findings from each study, looking for convergence and divergence. In a process similar to the 'following a thread' approach proposed by Moran-Ellis et al. (2024; 2026), similar findings were grouped thematically and considered in relation to the overarching research question.

In total, four overarching integrated findings were identified, each of which mapped onto single or multiple spheres of influence as outlined by Bronfenbrenner (1977; 1979; 1994). These integrated findings were not developed with the explicit goal of mapping on to the ecological systems theory framework, rather this alignment was recognised as connections between themes were identified. Possibly, this reflects the use of ecological systems theory as the underpinning theoretical framework throughout the research process, however it presents a meaningful way to

consider the higher-level findings from this thesis. Within this framework, each sphere of influence centred around the allied health professional, who had a disciplinary identity and various other work-based identities (i.e., as a disability-focused clinician; as an interprofessional team-member; as a supervisor or supervisee; as an experienced or newly qualified professional). Integrated findings are described below. A visual representation of how the themes from each study map onto the ecological systems theory framework is presented in Figure 7.

Figure 7

Ecological systems theory framework incorporating themes from studies 1, 2, and 3



6.3.1 The microsystem: IPS as a mechanism for supporting interprofessional working. The microsystem can be defined as the activities, social roles, and interpersonal relationships experienced by the individual (Bronfenbrenner, 1994). As illustrated in Figure 7, the interprofessional workplace was the microsystem within which many IPS experiences occurred and perspectives of IPS were formed. The findings highlight how the process of IPS is often deeply linked to the process of interprofessional working, and can impact communication, collaboration, and interpersonal relationships within interprofessional teams. Stadick (2020) identified three key prerequisites for effective interprofessional working: (i) effective communication between team members; (ii) understanding each other's professional roles; and (iii) mutual respect and appreciation for each other's work across professional groups. The findings suggest that IPS can impact each of these factors in various ways.

There was a consensus across the studies that IPS supports interprofessional communication. However, this support manifested somewhat differently in Study 1, which explored various contexts, in comparison to studies 2 and 3, which were specifically focused on the disability context. Study 1 identified discipline-specific language and terminologies as unnecessary barriers to effective communication in interprofessional collaboration. IPS addressed this issue by providing opportunities for professionals to learn the language of other professions, and to recognise when they were using unnecessarily complex terminology. This was linked to greater ease in communicating with interprofessional colleagues, and with service-users. In contrast, studies 2 and 3 did not find language barriers between professions to be a significant concern. As participants in Study 3 described interprofessional collaboration as an inherent aspect of working in a disability context, this possibly reflects a greater familiarity with interprofessional communication among professionals in disability settings. In this context, the value of IPS was seen in providing a dedicated space, separate from the demands of day-to-day work, for interprofessional team members to communicate.

Opportunities to develop a greater understanding of other professional roles emerged as a key benefit of IPS. Study 1 identified a relative lack of knowledge about other professional roles among allied health professionals in the broader literature. Aligning with the view of disability professionals as more experienced in interprofessional working, those within Irish disability settings tended to have some familiarity with other professions. However, the findings of studies 2 and 3 suggest that IPS can be useful for developing a deeper understanding. For instance, prior to participating in IPS, professionals may have a limited understanding of the ideological positioning or core values which guide the work of others (Study 2). IPS addresses this gap through a process of shared learning, where each professional involved has opportunities to learn

about the role of their supervision partner(s) (studies 2 and 3). When professionals have a greater understanding of other roles, they may feel more comfortable and confident working collaboratively (studies 1 and 2). This increased comfort and confidence can lead to a more holistic approach to service-user care and provide a clearer understanding of how interprofessional teams function as a whole (Study 2).

Respect and appreciation between professions was a complex topic in both the wider literature (Study 1) and within the empirical studies (studies 2 and 3). The process of learning about other roles and developing a more meaningful understanding of their approaches was linked to a deeper level of respect and appreciation for others (studies 1 and 3). Thus IPS was a useful space to foster mutual respect and appreciation. However, the existing dynamics between professions in work settings also impacted the IPS process. It was acknowledged that some practice contexts have a strong hierarchical culture, including some which are based around interprofessional teamwork (studies 1 and 2). In such instances, professionals may be vulnerable to being unheard or undervalued within IPS (Study 1), and this may impact how willing they are to be transparent in the IPS process (Study 1). The usefulness of IPS in settings where there are existing challenges between professional groups is thus questionable. Therefore, while this thesis has found IPS to be a valuable mechanism for enhancing interprofessional working, there may be a need to consider whether interprofessional dynamics within individual teams or organisations are conducive to a safe and respectful IPS process.

6.3.2 The mesosystem: Balancing interprofessional and discipline-specific identities

The mesosystem involves interrelations between two or more microsystems (Bronfenbrenner, 1994). Within this research, the relationship between professionals existing discipline-specific identities and developing interprofessional identities was a key influence on how they perceived and experienced IPS, as highlighted in Figure 7. Professionals recognised each profession as a distinct speciality with specific areas of expertise (studies 1, 2, and 3). IPS was viewed as a valuable opportunity for professionals to come together and share their unique knowledge and skills. In many ways, the benefits of IPS were linked to the leveraging of professional differences. Through engaging with others, professionals gained new competencies to enhance their own skills (studies 1, 2, and 3). In this way, IPS signals a broader shift towards the notion of ‘being interprofessional’, which at its core involves “being open to learning with the other people you work with, about that work, to improve the way you work” (Hammick et al., 2009, p. 11). It was indicated that in increasingly interprofessional work environments, there may be a need for

professionals to develop skills and competencies that traditionally align with the work of other professions. IPS was found to provide a useful space for this learning to occur.

Professionals often recognised the limitations of their own discipline-specific perspectives. Study 1 indicated that members of the same profession often share similar perspectives towards professional practice, and the learnings gained through discipline-specific supervision may thus be impacted by taken-for-granted approaches. In contrast, engaging in IPS with members of other professions was seen as a valuable opportunity to challenge these discipline-specific viewpoints and consider one's work from different perspectives (studies 1, 2, and 3). While the findings of Study 1 suggested that IPS may provide a neutral space, studies 2 and 3 did not explicitly support this, indicating instead that individuals' perspectives are influenced by their professional background. Despite this, the findings of this thesis suggest that professionals readily embraced the opportunity to broaden their perspectives (studies 1 and 2). They valued this opportunity to think more creatively about their work and develop new approaches (studies 1, 2, and 3).

However, the findings reveal a conflict between this willingness to embrace 'being interprofessional' and the need to preserve one's own disciplinary identity and professionalism. There was a strong desire among professionals to continue receiving guidance and support in their own field through discipline-specific supervision (studies 1, 2, and 3). Limited access to discipline-specific supervision was perceived as a potential threat to clinical work and continuing professional development (studies 2 and 3). However, this threat appeared to be more pronounced in the Irish disability context where, in some cases, discipline-specific supervision was the only avenue for support in one's own profession due to staff shortages and interprofessional management. It is thus suggested that being without discipline-specific supervision in contexts where one is professionally isolated may have more significant implications for clinical practice and professional development.

In Study 3, in-depth qualitative explorations with professionals revealed that reluctance towards IPS was linked to broader concerns about the implications of interprofessional working for individual professions. This was perceived as a potential risk to individual specialisms. However, this is not to say that professionals were not open to becoming interprofessional. What professionals desired was a balance between being professional and being interprofessional. Opportunities to collaborate and receive support from other professions were clearly valued, however nurturing one's discipline-specific development and identity was crucial. Thus, the findings of the current thesis position interprofessionalism as one aspect of broader professional identities, rather than a replacement for distinct, discipline-specific identities. Therefore, while IPS

has a valuable role, these findings indicate that it should complement, rather than replace, discipline-specific supervision.

6.3.3 The exosystem and the macrosystem: The gap between ideal IPS and the reality of IPS in the Irish disability context.

The macrosystem encompasses broader cultural and societal forces, including ideology, wider structures, and material resources (Bronfenbrenner, 1994). While Study 1 reviewed the existing IPS literature across various contexts, Figure 7 highlights the Irish disability sector, explored in studies 2 and 3, as the core macrosystem context of this thesis. The exosystem comprises links between two or more settings, at least one of which the person (in this case the supervisor or supervisee) does not directly act in, but is influenced by (Bronfenbrenner, 1994). In this thesis, a core factor at this level was the ways in which the Irish disability sector influenced supervision practices and the use of IPS at an organisational level. This thesis aimed to develop an understanding of IPS among allied health professionals within Irish disability settings. However, rather than identifying a clear, unified understanding of IPS, the research highlighted a distinct contrast between professionals' expectations of what IPS should ideally be and the reality of how it operates in this context, and indeed how it may operate in others.

Across the three studies, professionals had a clear vision of what they believed IPS should be. As outlined, there was a strong belief that IPS could not replace discipline-specific supervision as its purpose and scope were considered to be too different. Discipline-specific supervision was viewed as a space for accessing support around clinical practice and professional development, while IPS was viewed as a separate space to develop interprofessional competencies. Professionals also believed that no profession should hold an authoritative role in IPS. Study 3 highlighted a preference for peer-based approaches among some professionals. Even in instances where one professional assumed a traditional 'supervisor' role, IPS was expected to function as a collaborative partnership rather than holding an authoritative purpose (Study 3). In line with this view of IPS as less authoritative than discipline-specific supervision, it was believed that IPS should not incorporate administrative decision making or a managerial function (studies 1 and 3). It was acknowledged that at times, identifying the purpose and boundaries of IPS may be challenging, particularly as it is an unfamiliar approach to many. To address this, professionals felt that clear, unambiguous information and guidance should be provided by organisations, and robust contracting processes should occur (studies 1 and 3).

However, the reality of IPS experienced by participants often diverged from this ideal. While participants viewed disability settings as inherently interprofessional, aligning with the use

of IPS, supervision was perceived as being widely undervalued. Supervision was difficult to access both within individual work settings and within the broader Irish context (studies 2 and 3). In some cases, IPS was accessed because of shortages in existing pools of supervisors (Study 2). In such instances, IPS effectively served the functions typically associated with discipline-specific supervision. Study 2 identified a lack of contracting, and there was a general lack of clarity around the boundaries of IPS and supervision more generally within Irish disability settings, particularly within the PDS programme (Study 3). In particular, there was a strong sense of uncertainty regarding the relationship between IPS and interprofessional management. Study 3 highlighted an overlap between management and supervision in the Irish context as a significant barrier to effective IPS. When supervision and management overlap, as is the case in this context, IPS supervisors inherently take on an authoritative role in the supervisory relationship. In studies 2 and 3, this was associated with significant clinical risk.

Thus, while the findings suggest that IPS has the potential to be a positive experience with beneficial outcomes for professionals, organisations, and service-users, challenges with supervision in the disability context appear to impact how it is used. To realise the full potential of IPS, there may need to be a concerted effort to align how it is used in practice with its intended purpose.

6.3.4 The chronosystem: Shifting supervision needs and competencies throughout the career span.

The chronosystem encompasses change or consistency over time (Bronfenbrenner, 1994). Within the current thesis, the impact of the chronosystem was most apparent in the ways in which professionals' supervision needs and competencies changed over time, impacting their readiness for IPS. Across the three studies, professionals consistently viewed IPS as less suitable for those in the early stages of their careers. This perception was linked to a belief that competence in one's own discipline was a prerequisite for effective IPS. Across these studies, there was a common belief that professionals become more competent in their own professions over time, and that as this competence develops, they become more ready for the interprofessional collaboration and learning fostered through IPS.

Supervision was viewed as an activity that shifts in response to the needs of supervisees as they develop professionally. In the early career stages, professionals were seen as being at the beginning of a developmental journey within their own profession and at this point supervision was associated with development and training. It was thus suggested that the development of discipline-specific competencies, fostered through discipline-specific supervision, should be

prioritised for trainees and newly qualified professionals (studies 1, 2, and 3). While this was briefly discussed in Study 2, as illustrated in Figure 7, studies 1 and 3 provided a more in-depth exploration of this issue. Study 1 identified instances where IPS had been used with inexperienced professionals in the existing literature, and several significant challenges were explored. For example, trainees and newly qualified professionals often felt that they required a significant amount of feedback on their clinical practice, which was provided less in IPS than in discipline-specific supervision. For more experienced professionals, who were assumed to possess a strong foundation of discipline-specific knowledge and skills, supervision was often viewed as a more reflective process. When professionals reached this point, it was felt that they were in a stronger position to embrace IPS as an opportunity to broaden their knowledge and skills (Study 3).

The findings of Study 3 suggested that the use of IPS with less experienced supervisees may pose significant risks to service-user care. There was concern that IPS supervisors, often having little knowledge of the supervisee's professional role or discipline-specific ethical guidelines, may mislead supervisees to work beyond the boundaries of their professions (Study 3). It was indicated that this may be a more significant risk for less experienced supervisees as they may be less familiar with the boundaries of their professions (Study 3). Study 1 highlighted that less experienced supervisees may also be less confident advocating for their own professional needs and limitations, potentially contributing to this issue. In contrast, it was felt that this posed less risk to more experienced professionals, who were assumed to possess a stronger understanding of the scope of their own profession (Study 3).

While the experience level of supervisees was positioned as a key consideration in the effectiveness of IPS, the experience and competence levels of supervisors were also influential (studies 1 and 3). Notably, each study placed emphasis on different aspects of supervisor competence. The findings of Study 1 suggested that professionals may be more confident providing IPS when they were experienced and confident in their own profession. The findings of Study 2 placed emphasis on familiarity with the supervisee's profession, while Study 3 emphasised competence in supervision, gained through training and/or experience. However, the findings of both studies 1 and 3 indicated that when supervisees believed that their supervisors lacked clinical expertise, they were less open to being supervised by them. The relative experience levels of supervisors and supervisees also played a role, as IPS was viewed as less helpful when supervisees perceived themselves to be more experienced than their supervisors (studies 1 and 3). Thus, this thesis highlights the dynamic nature of professional experience and

its impact on IPS. The findings suggest that experienced supervisees and supervisors bring valuable expertise to the IPS process, which ultimately enhances its effectiveness.

6.4 Discussion of the findings in relation to existing literature

In the following section, each of the integrated thesis findings are discussed in the context of the relevant existing literature.

6.4.1. The microsystem: IPS as a mechanism for supporting interprofessional working in disability settings

Recent years have seen a notable paradigm shift in health and social care practice towards the use of interprofessional ways of working (Banks, 2010; Khalili et al., 2014). Publications in the areas of research and policy have consistently supported this shift, highlighting its potential to enhance the provision of care to both individuals and communities through the development of more cohesive service provision (e.g., D'Amour & Oandasan, 2005; Khalili et al., 2014; World Health Organisation, 2010). Today, it is widely accepted that effective interprofessional teamwork improves the quality and safety of service-user care (Dickie et al., 2019).

It has been suggested that IPS can be a useful support for interprofessional working (e.g., Crocket et al., 2009; Hyrkäs & Appelqvist-Schmidlechner, 2003). Aligning with existing research, the findings of this thesis highlight several benefits for interprofessional teams gained through IPS, including enhancements in communication and collaborative/holistic practice (Arthur & Russell-Mayhew, 2010; Copenhaver & Crandell-Williams, 2020; Kelly & Green, 2020; Mullarkey et al., 2001). Supporting findings from Townend (2005), IPS also facilitated increased understanding of other professional roles, which benefitted teamwork in interprofessional settings. Similar to the findings of Beddoe and Howard (2012), it was found that perceived hierarchical differences between professions may contribute to challenges within IPS. However, the findings contribute to the existing evidence that when used effectively, IPS is a useful resource for supporting interprofessional working.

A unique finding of this thesis was the alignment between the interprofessional competencies developed through IPS and the inherently interprofessional nature of disability settings. Existing research indicates that interprofessional working may be particularly important but also complex in disability services (Ogletree et al., 2017; Price et al., 2024; Styczen et al., 2024). Many individuals with disabilities have multifaceted needs that can require long term support, particularly when co-occurring physical, developmental, and mental health conditions are present (Boat & Wu, 2015; Summers et al., 2016; Price et al., 2024). Effectively supporting

individuals with multiple complex needs can be challenging when a uniprofessional approach is taken, and as highlighted by Ogletree et al. (2017), it is likely that no single profession will have the breadth of expertise required. Effective disability service-provision thus often requires an interprofessional approach involving a wide variety of professions (Price et al., 2024). Where individual service-users regularly receive input from multiple professions regarding different needs, there is a risk that contradictory advice or guidance may be offered (Gmmash et al., 2020). It is thus crucial that regular and effective communication and collaboration occurs between professions.

However, despite the frequent use of interprofessional working and collaboration in disability settings, the scoping review in this thesis identified a lack of existing research exploring the use of IPS in disability contexts. The findings in the empirical studies highlighted a strong valuing of interprofessional approaches within the Irish disability sector, and a high level of familiarity with interprofessional working. Styczen et al. (2024) highlighted regular, close contact between professions as a prerequisite to effective interprofessional working in disability contexts. The current findings identified IPS as a dedicated space in which this could occur. Thus, the findings of this thesis suggest that IPS may be particularly well aligned with disability services. While certain challenges unique to the Irish disability context will be discussed, there was a clear sense of disability settings as inherently interprofessional. IPS was positioned as a natural extension of the deeply collaborative approach used by professionals to effectively support disability service-users.

6.4.2 The mesosystem: Balancing interprofessional and discipline-specific identities

Professionals across various contexts are increasingly required to work in interprofessional ways, yet there is little research which explores the nature of 'being interprofessional' or the processes which contribute to becoming interprofessional (Wood et al., 2024). The findings of this thesis suggest that IPS may be a valuable support in this process. Consistent with existing research, IPS was found to foster knowledge and skill-sharing between professions, and challenge professionals to reconsider the assumptions and taken-for-granted perspectives fostered through their own disciplinary training and experience (e.g., Beddoe & Howard, 2012; Bogo et al., 2011; Hutchings et al., 2014; Townend, 2005). Taking part in IPS broadened the perspectives and approaches of professionals, nurturing their development as interprofessional clinicians.

However, as noted by Davys and Beddoe (2015), while the professional diversity which is inherent to IPS facilitates these opportunities, it also presents challenges. Aligning with existing research, the findings suggest that IPS may not adequately support discipline-specific practice or

development (Bogo et al, 2011; Howard et al, 2013; Townend, 2005; Beddoe & Howard, 2012; Crocket et al, 2009; Hutchings et al, 2014). This was a significant concern for professionals in the current research, who, while valuing the interprofessional opportunities IPS offered, placed great importance on maintaining discipline-specific competencies and identities. Existing literature has questioned how discipline-specific needs should be addressed for those receiving IPS, and there has been debate regarding whether discipline-specific supervision is always necessary (Davys & Beddoe, 2015). However, the current research highlights an overwhelming belief among professionals in the Irish disability context that IPS should only be used to complement, rather than replace, discipline-specific supervision. In contrast to Davys and Beddoe (2015), there was little consideration of whether discipline-specific support could be accessed through other means. This perspective may have been influenced by the current context of the Irish disability sector, where due to staff shortages and interprofessional management structures, supervision may at times represent a rare opportunity for professionals to connect with others from their own profession.

It was evident in this thesis that professionals often grappled with maintaining their distinct professional identities while simultaneously developing interprofessional competencies, and this impacted their views on IPS. Conflicting guidance around embracing interprofessional approaches and protecting discipline-specific roles in the national context may have contributed to this struggle, however this is not unique to Ireland. For instance, Crocket et al. (2009) discussed the challenges faced by professionals in the New Zealand health and social care context, who experienced simultaneous shifts towards the widespread use of IPS within workplace settings, and the introduction of more stringent discipline-specific requirements for supervision at a broader policy level. This research is underpinned by conflicting guidance in the Irish context from the HSE, which guides the structures and day-to-day working of many professionals, and professional bodies, who guide and regulate the work of individual professions (HSE, 2022; IASLT, 2022; IASW, 2023). The professionals who took part in this research were thus often practising in contexts wherein they were simultaneously encouraged to work and be managed and/or supervised interprofessionally, while also being cautioned against overstepping disciplinary boundaries. Conflicts such as this likely reinforce the difficulty professionals face in balancing their discipline-specific and interprofessional identities.

Overall, while professionals in the current research were eager to expand their interprofessional knowledge through IPS, they were not willing to do so at the expense of their discipline-specific practices. Many believed that a balance could be struck through regular access

to both discipline-specific supervision and IPS, and it was indicated that where this occurred, attitudes towards IPS were largely positive.

6.4.3 The exosystem and the macrosystem: The gap between ideal IPS and the reality of IPS in the Irish disability context

The first study in this thesis identified a lack of consensus in the existing literature around the meaning of IPS. It is thus difficult to develop a singular understanding of this activity, much like clinical supervision itself (Pollock et al., 2017). This research suggests that IPS, like supervision, may be utilised in various ways in response to the developing needs of professionals within shifting health and social care landscapes (White & Winstanley, 2014). While the current thesis did not identify a unified definition of IPS, several core features were consistently associated with an ideal IPS scenario.

This ideal IPS scenario aligned with many of the features associated with effective supervision in previous research. As indicated, there was a consensus that IPS should complement, not replace, discipline-specific supervision (e.g., Bogo et al., 2011; Beddoe & Howard, 2012; Hutchings et al., 2014). Additionally, it was widely agreed that IPS supervisors should not have an authoritative role over supervisees, and it was thus felt that management and administrative decision-making should not feature in IPS (Beddoe & Howard, 2012; Sweifach, 2019). Finally, it was suggested that clear, unambiguous guidance for IPS should be provided (e.g., O'Donoghue, 2004; Simmons et al., 2007), and a robust contracting process should occur (Crocket et al., 2009; Davys & Beddoe, 2015).

However, the findings indicate that the use of IPS in practice did not always align with this ideal, particularly within the Irish disability context. It was suggested that supervision may be undervalued in the broader Irish context. Limited research has examined supervision among allied health professionals in Ireland, however a study by Ellis et al. (2015) revealed significant challenges faced by mental health professionals: 92.4% reported receiving inadequate supervision, and 51.7% reported receiving harmful supervision, at some point in their careers. For professionals in the current research, the most significant difficulty faced was accessing supervision within the workplace. Staff shortages in the Irish disability sector likely contributed to this issue. For those who were accessing IPS in place of supervision, it can be assumed that IPS took on the same functions typically associated with discipline-specific supervision. However, as indicated, it has frequently been stated that IPS is not a suitable source of support for discipline-specific needs (Bogo et al., 2011; Beddoe & Howard, 2012).

Aligning with the findings of this thesis, existing research has identified a significant overlap between supervision and management in Irish health and social care settings (e.g., Burns, 2012; Creaner & Timulak, 2016; McMahon & Errity, 2013). While limited research has explored the supervision of professionals in this context, it has been indicated that both social workers and psychologists most commonly receive supervision from their direct 'line managers' (Burns, 2012; McMahon & Errity, 2013). Often, managers in this context are not adequately trained or prepared to provide supervision (Burns, 2012), and many professionals have expressed dissatisfaction with this structure for supervision (McMahon & Errity, 2013). The current thesis indicates that the introduction of interprofessional managers within the disability context has added further complexity to this issue. While existing studies have recommended that IPS should not involve a management component, due to concerns about accountability for clinical practice and clinical decision making (Beddoe & Howard, 2012; Crocket et al., 2009), this appears to be unavoidable in structures which delegate supervisory responsibilities to interprofessional managers.

In order to navigate these challenges, clarity in the scope and purpose of IPS is essential. Contracting has been identified as crucial for ensuring clarity between all parties in any supervision arrangement (Soni & Callicott, 2023; Thomas, 2007), and even more so in IPS, where roles and accountabilities may be less clear (Crocket et al., 2009). Clear guidelines for IPS are also needed to ensure the boundaries and scope are clear to all parties (Beddoe & Howard, 2012; O'Donoghue, 2004; Simmons et al., 2007). However, many professionals in the current research did not have contracts in place for IPS, and there was an absence of clear guidelines, particularly within the PDS context. Thus the findings of this thesis suggest that, while IPS is a novel approach to supervision in many contexts and there are many unknowns associated with its use, professionals have a clear sense of their supervision needs and are likely best placed to identify how IPS can be an effective source of support. Within the current research, professionals presented a clear, comprehensive vision of what effective IPS might look like. Organisations and policy makers may benefit from listening to the insights of professionals regarding this issue to ensure IPS is effective, prevent its misuse, and maximise its potential benefits.

6.4.4 The chronosystem: Shifting supervision needs and competencies throughout the career span

Chapter 1 highlighted that supervision is a fluid concept, which holds different meanings across professional groups, concepts, and cultures (Davys & Beddoe, 2020; Falender & Shafranske, 2014; Martin et al., 2014). The findings shed light on another key factor which influences the functions, purpose, and goals of supervision: professional experience. Aligning with existing

literature, professionals viewed supervision as serving different purposes for newly qualified professionals or trainees when compared with experienced professionals (e.g., Bernard & Goodyear, 2014; Manthorpe et al., 2015; Mathis & Lamparyk, 2024). Views on this issue did not appear to differ between professional groups.

As trainees were not included in this research, the focus was predominantly on the needs of newly qualified professionals versus more experienced professionals. Consistent with existing research, it was suggested that for newly qualified professionals, supervision should be centred around developing discipline-specific skills and competencies, and as such, it should be guided by more senior members of one's own profession (Bogo et al., 2011; Manthorpe et al., 2015). Consequently, it was felt that IPS may be less suitable at this point, as supervisors may lack the necessary discipline-specific expertise. This is a common finding in IPS research (e.g., Beddoe & Howard, 2012; Bogo et al., 2011; Crocket et al., 2009; Davys & Beddoe, 2015). For more senior professionals, supervision was viewed as a more reflective/consultative process. Aligning with Bernard and Goodyear (2014), it was felt that professionals need less support for clinical practice at this point. Professionals in the current research felt that this was thus an ideal point in one's career to concentrate on developing interprofessional competencies through IPS.

While the use of supervision models did not appear to play a significant role in experiences of IPS in the current research, this perception of supervision as a developmental process centred on developing competencies in one's own profession over time resonates with several commonly used supervision models. This view aligns somewhat with developmental models, which propose that professional development occurs through a process of several distinct phases before one can be considered an expert in their own profession (Gonsalvez & Calvert, 2014; Stoltenberg et al., 2014; Watkins, 1995). Notably, developmental models also often consider the development of supervision as occurring through a similar trajectory (Gonsalvez & Calvert, 2014), a perception which was also evident throughout the findings. Aligning with existing research, it was felt that both parties needed to be confident in each other's professionalism for IPS to be effective, and that supervisors in particular needed to demonstrate expertise in supervision (Beddoe & Howard, 2012; Bogo et al., 2011).

However, there was also a significant emphasis placed on 'competence' for both professionals and supervisors throughout the findings, which aligns somewhat with competency-based models of supervision. These models, which can work in tandem with developmental models (Gonsalvez & Calvert, 2014), centre around identifying the specific skills, knowledge, and values which comprise clinical competencies, and developing and evaluating them through supervision (Gonsalvez & Calvert, 2014; Falender & Shafranske, 2007). It is perhaps unsurprising

that the notion of 'competence' was closely associated with supervision for professionals in the current research, as both the HSE and professional bodies in the Irish context consistently use this term in relation to supervision (e.g., HSE, 2017; IASW, 2023). However, this is not unique to Ireland, as, for instance, the term is also frequently used in supervision guidance for allied health professionals in the United Kingdom (e.g., Health Education England, 2020; Public Health Wales, 2023).

Professionals in the current research consistently believed that competence was a prerequisite for IPS. While Gonsalvez and Calvert (2014) describe inconsistent use of the term 'competence' in the existing literature around supervision and training, these professionals had a clear sense of what competence meant in relation to readiness for IPS. Based on the findings of this thesis, supervisees may be sufficiently 'competent' to receive IPS when they have sufficient knowledge and experience in their own disciplines to make informed choices about their approaches to service-user care without being guided or monitored by another member of their own profession.

The connections between the findings of this thesis and the existing literature highlight the potential of this research to contribute to the understanding of IPS beyond the Irish disability sector. However, before considering the implications of the findings it is important to critically reflect on the methodological context of the research.

6.5 Methodological reflections

The strengths and limitations of each individual study have been explored in chapters 3, 4, and 5. This section aims to reflect on the methodology of this thesis as a whole to support the reader in appraising the overarching findings.

6.5.1. The use of mixed methods

There were several key strengths related to the mixed methods approach used in this thesis. A key benefit was the ability to combine the strengths of qualitative and quantitative approaches. This enabled the exploration of rich, in-depth insights into individual experiences, and the examination of measurable findings (Creswell et al., 2004; Fetters et al., 2013; Venkatesh et al., 2016; Wisdom et al., 2012). This approach was beneficial for the current research topic, for which existing research has been fragmented (Venkatesh et al., 2016). Furthermore, the Irish disability context is a complex research setting, which involves many multidimensional systems and processes. It likely would have been more challenging to develop a comprehensive understanding of this context through the use of a single methodological approach (Fetters et al., 2013; Lee et

al., 2022; Wisdom et al., 2012). As is often the case in mixed methods research, it is acknowledged that the approach used in the current thesis was primarily qualitative. However, as suggested by Bryman (2012), this does not diminish the benefits of using multiple methods. This research was enriched by the inclusion of quantitative findings.

However, the combination of recruitment challenges and the time constraints of the PhD programme resulted in a need to adapt the mixed methods approach used. Initially it was planned that the research would be completed in three phases, which would occur sequentially. However, as is common in sequential mixed methods studies, this approach required a significant amount of time (Damadi et al., 2021). While the systematic scoping review phase was completed before the other phases began, it was necessary to adopt a concurrent approach to the final two studies. This is a common approach to mixed methods research and has been identified as particularly useful when limited time is available to researchers (Creswell & Plano Clark, 2018). As such, it is not believed that adapting to this approach impacted the quality of the findings. However, it is acknowledged that it limited the opportunity to refine the interview schedule based on survey findings.

6.5.2 The completion of a systematic scoping review

The completion of a systematic scoping review of the relevant existing literature was instrumental in shaping the aims and scope of the two original research studies. The completion of a high-quality systematic review ensures that PhD researchers have the breadth of knowledge necessary to conduct meaningful research on their chosen topic (Ollson et al., 2014). Completing this review ensured that the research questions and objectives were optimised based on existing knowledge, and reduced the potential risks posed by a less rigorous, potentially more selective, literature review (Griffiths & Norman, 2005; Olsson et al., 2014). In acknowledgement of the relatively limited existing research on IPS, it was felt that a traditional systematic review was unsuitable. A scoping review approach was deemed more suitable for exploring the extent, range, and research activity in this area (Arksey & O’Malley, 2005; Levac et al., 2010; Munn et al., 2018). Although this approach was somewhat different to a traditional systematic review due to its broader scope, it maintained a systematic methodology which provided a strong evidence-based foundation for the research.

6.5.3 Representation of disciplines

The focus on the Irish disability sector informed the choice of disciplines considered in this thesis. Significant efforts were made to generate findings that represented the perspectives/experiences

of each profession of interest. Each profession was represented in the systematic scoping review and a rigorous sampling strategy was developed for each empirical research study, which included engagement with professional bodies, relevant publications, and social media. As a result, it was ensured that all professions were included in each study. Nonetheless, differing levels of engagement between professional groups was evident in both studies 2 and 3. It is possible that this was influenced by differing emphases on promoting the research between professional bodies, similar to Kidd et al. (2021). However, recognising that the target sample was allied health professionals working in busy, demanding practice settings, it is also possible that potential participants had limited time to dedicate to participating in research (Michie & Marteau, 1999). Furthermore, as suggested by Townend (2005), the absence of previous IPS research in this context makes it difficult to estimate the extent to which IPS is used within and between professional groups. It is thus possible that certain disciplines had less experience with or exposure to IPS.

6.5.4 Generalisability

Both the survey and interview studies in this thesis had small sample sizes. This was appropriate for the qualitative interview study, in line with recommendations for IPA (Larkin et al., 2022; Smith et al., 1999). However, the relatively small sample included in the survey study impacted the generalisability of the findings and limited opportunities to explore statistically significant differences and relationships between groups. It is often assumed that quantitative aspects of mixed methods research will have relatively large sample sizes which support such exploration (Onwuegbuzie, 2007). Thus, it cannot be assumed that the overarching findings of this thesis are representative of the perspectives and experiences of allied health professionals in the Irish disability context, or internationally. Instead, the findings offer a rich, in-depth exploration of the perspectives and experiences of participants, which provide an initial insight into IPS in this context.

The national focus of studies 2 and 3 may also impact the generalisability of the findings. While this research sheds light on the use of IPS in disability contexts, which has previously been underexplored, it is nonetheless acknowledged that national factors played a role in the perspectives and experiences of participants. For instance, the blurring of lines between management and supervision in the Irish context impacted how IPS was perceived and experienced. While this overlap between supervision and management is not unique to the Irish context (Sweifach, 2019), it may limit the ability to extrapolate the findings to contexts where this is not the case. Similarly, while it is not uncommon for IPS to occur because of shortages in

discipline-specific supervisors in other contexts (Davys & Beddoe, 2015), the impact of staff shortages in the Irish context had a clear influence on why IPS was being used by participants. The findings may thus be limited in their applicability to instances where IPS is accessed for other purposes. However, despite the national focus, the interprofessional nature of disability settings identified aligns with prior international research (Ogletree et al., 2017; Price et al., 2024; Styczen et al., 2024). It is thus posited that many of the findings regarding the usefulness of IPS in disability settings may extend beyond the Irish context.

6.5.5 Stakeholder involvement

A key strength of this research was the active involvement of professionals representing each of the professions of interest throughout the research process. A stakeholder group was formed early in the research process to guide the research priorities, ensuring that the aims and objectives were aligned within the needs and concerns of those impacted (Grill, 2021). The feedback and input from these professionals were invaluable in developing the research questions, refining data collection tools, and ensuring the relevance of the findings. The input of this group ensured that the research was meaningful for professionals and grounded in real-world perspectives.

6.5.6 Researcher reflexivity

Researcher reflexivity has played a crucial role throughout this research and is discussed in this section using first person language.

An important part of this research process has been drawing on the input of multiple disciplines, while also recognising my own role as an active agent who influenced the process at each stage (Bukamal, 2022). My disciplinary background in psychology has impacted the lens through which I have viewed the research topic and findings. This includes the decision to utilise ecological systems theory, which is based in developmental psychology (Härkönen, 2001), and methodological choices such as the use of IPA, which focuses on developing psychological understandings based on subjective knowledge (Eatough & Smith, 2017). Nonetheless, every effort was made to ensure the voices of the different disciplines were represented, and that the findings would be meaningful and useful for all professional groups of interest. My own experience working in the Irish disability context has likely also influenced how I have engaged with the research topic. Prior to conducting this research, I believed interprofessional collaboration to be of benefit within disability contexts. Through conducting this research, I have gained a much greater understanding of the potential benefits of interprofessional collaboration, as well as the

ways in which IPS can support this. However I have also gained insight into the challenges faced by allied health professionals in relation to IPS, and interprofessional collaboration more broadly. I believe that both the positive and negative aspects of this have been adequately represented in the research findings.

A key strength of this research lies in my 'outsider' status in the realm of supervision. When I began conducting this research, I was relatively new to the topic of clinical supervision. While I had previously conducted research into the use of clinical supervision in an Irish disability setting, I had not experienced it in my own professional roles. As a result, I did not hold strong pre-formed opinions around the use of IPS in the Irish disability sector or in other contexts. I believe that this enabled me to maintain an open and curious mindset throughout the research process, and because of this I am confident that the findings presented in this thesis are securely grounded within the existing research and the voices of participants.

6.5.7 *Methodological reflections: conclusion*

This study offers a unique insight into the use of IPS among allied health professionals and provides the first exploration of this topic within the Irish disability sector and one of a small number of studies in the disability context more broadly. While there were several strengths to the research process, it was nonetheless impacted by recruitment challenges and time constraints. Recognising these issues, this research should be recognised as exploratory in nature. Nevertheless, this thesis applied a rigorous methodological approach to explore this under-researched topic, and on balance, the strengths of this approach offset many of its weaknesses. Thus, this thesis is positioned to make a substantial and unique contribution to IPS research in Ireland, in disability contexts, and in the broader context of health services. The following section considers the implication of the findings in these contexts.

6.6 Implications

6.6.1 Implications for practice

This thesis provides several valuable contributions to the evidence-base around IPS. Prior to this thesis, there had been no attempts to synthesise the relevant empirical evidence, no research had explored the use of IPS in the Irish disability context, and there had been sparse examination of the use of IPS in disability contexts more broadly. Thus, these findings may be useful for informing the practice of IPS in the Irish disability context and beyond.

The findings of this thesis suggest that IPS has the potential to benefit professionals, organisations, and service-users, particularly in contexts where professionals from multiple

disciplines work together in interprofessional teams, and where interprofessional collaboration is an integral component of service-provision. In these contexts, IPS may facilitate regular communication between professions and may also support professionals in developing a deeper understanding of and respect for the roles of others. Crucially, the current findings suggest that the use of IPS can lead to more collaborative, holistic approaches to service provision, which may ultimately benefit the level of care provided to service-users. Given the current international shift towards the use of interprofessional approaches in health and social care (Banks, 2010; Khalili et al., 2014), IPS may be an underutilised resource that could be a valuable support in interprofessional contexts.

The findings of this thesis present IPS as its own unique form of supervision, with specific functions and goals that centre around the development of interprofessional competencies and enhancing interprofessional collaboration. As such, IPS should only be used with these specific goals in mind. However, these findings suggest that at times IPS is utilised by default, for example when supervisory responsibilities are delegated to interprofessional managers, or by necessity, for example when discipline-specific supervision is unavailable. These findings indicate that this is not an appropriate use of IPS and may lead to significant challenges for those involved. This thesis positions IPS as entirely distinct from discipline-specific supervision. As such, it is suggested that it cannot and should not replace the discipline-specific support, guidance, and socialisation provided through discipline-specific supervision. It is acknowledged that pools of existing discipline-specific supervisors may be limited in certain contexts, and that in such instances filling this gap with IPS is often considered more appropriate than not providing/receiving supervision (Davys & Beddoe, 2015). However, it is recommended that organisations strive to ensure that discipline-specific supervision is available to professionals.

The findings also highlight the need for preparedness for IPS among professionals. It was indicated that the development of discipline-specific competencies should be prioritised for newly qualified professionals, and thus IPS may be less suitable at this point. It may be argued that this limits opportunities for less experienced professionals to develop interprofessional competencies. However, explicit, regular discussion around interprofessional working and relationships in discipline-specific supervision can support the early development of such competencies for trainees and newly qualified professionals (Mathis & Lamparyk, 2024). IPS was viewed as most effective when both supervisors and supervisees are experienced professionals. However, it was recognised that IPS is often a new process even where those involved are experienced professionals, and the provision of generic supervision training was indicated as potentially beneficial for preparing both supervisors and supervisees. While generic training was viewed as

useful, it may be beneficial to develop training programmes more specifically focused on IPS. It may also be beneficial to incorporate IPS into existing curricula in supervision training programmes.

Finally, this thesis suggests that the boundaries of IPS remain unclear to many. Both in the Irish disability context and in the international literature, it was common for professionals to engage in IPS without a clear sense of its purpose or scope, which was exacerbated by a lack of contracting and clear guidelines. In instances where professionals do not have a clear, shared understanding of why they are engaging in IPS this can lead to dissatisfaction with the IPS process, and unclear lines of accountability. This may be particularly true in instances where IPS is provided by managers. It is acknowledged that conflicting opinions exist regarding the relationship between supervision and management, and it is beyond the scope of this thesis to judge whether or not the two should necessarily be separated. However, it is evident that organisations may benefit from clearly defining the purpose and scope of IPS and interprofessional management to ensure that those involved have a clear, shared understanding of the activity they are participating in. In instances where supervisory responsibilities are delegated to interprofessional managers, it may also be beneficial to ensure that they are trained in supervision.

At present, limited guidelines or frameworks for IPS exist at research or policy levels. In the absence of broader guidance, it is currently necessary that these are developed and promoted at an organisational level. Should the use of IPS continue to increase in the Irish disability context, clear guidance from the HSE would be beneficial.

6.6.2 Implications for theory

The systematic scoping review in this thesis identified limited use of theory in the existing IPS research. This aligns with broader trends in supervision research, which often lacks clearly defined theoretical underpinnings (Ellis et al., 1996; Karpetis, 2021; Milne et al., 2008; Tsui & Ho, 1998). Prior to this thesis, theories used in the existing IPS literature included complexity theory (Skinner et al., 2021), and social identity theory (Feller & Berendonk, 2020). In the study by Feller and Berendonk (2020), social identity theory was used to explore interprofessional feedback. This theory focuses on group processes and biases between groups and has been indicated as a useful framework through which to explore professional identity and interprofessional tensions (Burford, 2012). This approach was deemed unsuitable for the broad focus of the current research. However, it may be useful for future research exploring certain factors identified in this

thesis, such as the impact of professional hierarchies on IPS, and the challenge of balancing discipline-specific and interprofessional identities.

Skinner et al. (2021) reported that complexity theory provided a useful framework through which to develop an interprofessional education programme that incorporated IPS, however it was not directly used to examine IPS. Complexity theory has been utilised effectively in several studies which examine interprofessional education and collaboration (Barr, 2013; Thompson et al., 2016). There is no unified definition of complexity theory, as it is applied differently across many fields, however in health service research it typically considers the relationships of individuals within a system as the foundation from which the other properties of the system emerge (Thompson et al., 2016). Similar to complexity theory, this approach may not have aligned with the broad focus of the current research, however it may be a useful theoretical approach in future IPS which focuses more specifically on the relationships between those involved.

As stated by O'Leary and Boland (2020), it is often recognised that interprofessional matters are influenced by multiple contextual factors. Prior to this thesis, ecological systems theory had not been used in IPS research, at least to this author's knowledge. However, adopting ecological systems theory as the underpinning framework of this thesis had several benefits. While this research focused on individual perspectives and experiences of IPS, it also recognised how these were shaped by broader influences, including professional differences, the impact of organisational factors, the role of the wider disability context, and the influence of change and development over time. Ecological systems theory was an ideal framework through which to explore this multilayered topic, as it supported the core focus on individual perspectives (Clouder et al., 2022; Neal & Neal, 2013), while also enabling the exploration of broader influences (Bronfenbrenner, 1977; 1979; 1986). This framework situated individuals within a larger ecosystem, recognising the experiences and perspectives of IPS are shaped by individual, interpersonal, and contextual factors.

On reflection, many of the findings of this thesis focused on micro and macro level factors in relation to IPS (see Figure 7). It is difficult to ascertain whether this accurately reflects the level of influence held by the various ecological spheres, or whether these findings were prioritised because of choices made in the research process. For instance, had there been a longitudinal component to this research, it is possible that more chronosystem level influences may have been identified. Furthermore, had there been a higher level of engagement with senior stakeholders or policy makers, it is possible that more chronosystem factors may have been identified. Nonetheless, the use of this framework has ensured that some level of consideration has been given to each sphere of influence throughout the research process. This has led to a broader

understanding of IPS in this context than may have been developed through a different theoretical lens. This approach may thus be equally beneficial in future IPS research, particularly in contexts where the use of IPS has been underexplored. In future studies, it may be beneficial to consider how elements of the research design may impact the extent to which each sphere of influence is explored.

6.6.3 Implications for research

This thesis has provided a broad overview of IPS in the Irish disability context, with implications for understanding this interaction in broader contexts. Based on the findings of this thesis, there are several key areas which could be explored in future research.

The findings of this thesis position IPS as a potentially valuable resource for disability service provision. The wider literature supports the perspectives shared in the current research of disability services as settings which rely heavily on interprofessional collaboration (Price et al., 2024; Styczen et al., 2024). However, there has been limited exploration of the use of IPS in disability contexts. While many of the implications of the current research may apply to broader disability settings, there is a need for further research which explores the impact of IPS for professionals and teams in other disability (and indeed health) contexts. These findings infer that service provision in disability services can be directly enhanced through IPS. However, as is the case with much supervision research, these findings are based solely on the views of professionals, as it was beyond the scope of the current research to evaluate organisational or service-user outcomes (Martin et al., 2021). As such, there is also a need for research which specifically examines the outcomes of IPS for disability organisations and service-users.

There is a need for research which can inform and evaluate approaches to training professionals in IPS. Several existing studies have examined the use of IPS in interprofessional education programmes, and it has been indicated that students who complete such programmes may be better prepared for future interprofessional working (e.g., Bedford et al., 2020; Chipchase et al., 2012). Davys and Beddoe (2008) found similar outcomes from an interprofessional work-placed-based supervision programme. However, limited research has focused explicitly on preparing professionals for IPS through tailored training programmes. One study by Davies et al. (2004) provided an in-depth description of a strategy for introducing IPS within a multidisciplinary mental health context. Notably, this approach involved a tailored 'accreditation' system, in which all staff completed bespoke training to prepare them for IPS and received regular updated training. The strategy described by Davies et al. (2004) may be useful for informing future work-place-based IPS training initiatives, however it appears that no evaluation of this approach was

published. As resources for preparing professionals for IPS are currently scarce, it is crucial that future training initiatives are evaluated for their effectiveness.

Existing research has long highlighted a need for clear guidelines for the establishment of IPS and frameworks for practice (e.g., Bogo et al., 2011; Hutchings et al., 2014; Simmons et al., 2007). This thesis reinforces the need for such supports for organisations and individuals utilising IPS. Davys et al. (2021) developed a flexible guide for IPS based on the attributes, skills, structures, and processes that underpinned IPS for 29 professionals. This offers a useful guide, however it is based on the experiences of professionals who all elected to participate in IPS, chose their supervision partners, and had significant training and experience in supervision. As highlighted by Davies et al. (2021), this guide may be limited in its applicability to broader IPS experiences, particularly in instances where IPS is mandated by organisations. There is a need to develop clear guidelines and frameworks which can support professionals and organisations in the use of IPS more broadly.

6.7 Conclusion

The aim of this thesis was to develop an understanding of IPS among allied health professionals within the Irish disability sector by conducting a rigorous empirical exploration that also allowed the findings to contribute to the broader understanding of this phenomenon. This aim was achieved through the completion of three distinct research studies: (i) a systematic scoping review of existing research which considered the use of IPS among allied health professionals; (ii) a mixed methods survey which explored perspectives of IPS among allied health professionals in the Irish disability context, including those with and without experience of IPS, and; (iii) a qualitative exploration of IPS experiences among allied health professional in the Irish disability context, which compared the experiences of those impacted and not impacted by major systems change. These studies each offer unique contributions to the IPS evidence-base. Together, they provide higher level integrated learnings which offer valuable insights into the use of IPS within the Irish disability context and beyond.

This thesis makes several important contributions to knowledge around IPS. Firstly, despite an absence of previous empirical investigation into the use of IPS in the Irish disability sector, the findings highlight that IPS is indeed being utilised in this context. Exploring the use of IPS in this context identified several factors that were context-specific, including the complex relationship between IPS and interprofessional management, and the impact of recent systems change. However, in many ways, the perspectives and experience of professionals in this context reflected those described in the wider literature. Thus, this thesis highlights IPS as an activity that

is both rooted within the context in which it occurs and has many common elements across settings and offers a basis for developments to support this practice.

Overall, the findings of this thesis indicate that IPS has the potential to be a useful and valuable resource for allied health professionals and organisations, particularly in contexts where interprofessional approaches to service provision are used. When used effectively, IPS may be a useful support for interprofessional collaboration and teamwork. Furthermore, the findings indicate that through IPS, professionals are presented with opportunities to develop interprofessional competencies, which can support them in becoming more well-rounded clinicians. It is posited, based on these findings, that the benefits gained by individual professionals and teams may ultimately enhance the level of care provided to service-users. However, it is evident that IPS may be more effective when certain considerations are taken into account, including the experience levels of those involved, the intended purpose and scope of IPS, and whether professionals are sufficiently supported to continue developing within their own profession.

It is evident that further research on this topic is needed. However, this thesis has shed light on a previously unexplored area and offers unique and valuable insights into the use of IPS in the Irish disability context, and in disability and healthcare contexts internationally, particularly in situations where disability settings are undergoing systems change. These insights may be useful in the development of future research, training, and policy. Thus, this research is positioned to make a valuable contribution to the empirical evidence-base, to the use of IPS at a practice level in different professional contexts, and to our understanding of this complex phenomenon.

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Appendix A

Study 1: PRISMA-ScR Checklist

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	2-7
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualise the review questions and/or objectives.	7
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	7-8
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	9

Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	8
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	8
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	9-10
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	10-11
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	11
Critical appraisal of individual sources of evidence	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	10
Synthesis of results	13	Describe the methods of handling and summarising the data that were charted.	11-12
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	12
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	13-15
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	12-13
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	13-16

Synthesis of results	18	Summarise and/or present the charting results as they relate to the review questions and objectives.	16-25
DISCUSSION			
Summary of evidence	19	Summarise the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	25-30
Limitations	20	Discuss the limitations of the scoping review process.	30-31
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	32
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	33

Appendix B

Study 1: Data extraction tool

Data extraction tool section 1: General study information

Citation	Country in which the research was conducted	Research aims as stated by authors
Beddoe & Howard, 2012	New Zealand	This study aimed to explore the practice of interprofessional supervision in psychology and social work in Aotearoa, New Zealand to achieve an initial investigation of the nature and extent of interprofessional supervision and the experienced advantages and disadvantages.
Bedford et al., 2020	Canada	This study aimed to describe experiences of clinical supervision among three doctoral students in clinical psychology within an interprofessional education programme and provide reflections on the ways in which supervision around interprofessional competency impacted clinical experiences.
Berger & Mizrahi, 2001	United States	This study aimed to explore what models of supervision were being utilised in social work departments hospitals, how these supervisory models had changed, and whether peer supervision was becoming more prevalent.
Bogo et al., 2011	Canada	This study aimed to elicit insights for an approach to interprofessional supervision.
Boshoff et al., 2020	Australia	This scoping review aimed to source literature about the outcomes of interprofessional education models involving other disciplines used during practice education.
Bronstein et al., 2007	United States	This study aimed to explore the fit between social work practice in health care settings and social work education for this work.
Callicott & Leadbetter, 2013	United Kingdom (implied)	This study aimed to explore factors involved when educational psychologists supervise other professionals.
Chipchase et al., 2012	Australia	This study aimed to develop a qualitative account of the views of medical and allied health students and their supervisors on the characteristics of effective clinical supervision in the context of an interprofessional clinical placement.

Crocket et al., 2009	New Zealand	This study aimed to investigate the perspectives of supervisors who offer cross-disciplinary supervision, and to consider possible implications for counsellors who participate in cross-disciplinary supervision.
Dickie et al., 2019	Australia	This study aimed to understand clinical supervisor's experiences supervising students of different disciplines during an interprofessional clinical placement.
Eliassen et al., 2018	Norway	This study aimed to investigate the content of physiotherapy supervision and knowledge transfer in reablement teams.
Feller & Berendonk, 2020	Switzerland	This study aimed to unravel the appraisal of interprofessional feedback in the setting of postgraduate training in light of social identity theory.
Graham & Miller, 1974	United States	The aim of this study is not clearly stated. It describes the experiences of two social workers supervising medical students during a required two month clerkship in psychiatry.
Hair, 2013	Canada	This study aimed to explore the needs of social workers concerning the purpose and duration of supervision, and the training and discipline of supervisors.
Hare & Frankena, 1972	United States	The aim of this study is not clearly stated. It reviews peer group supervision between social workers and psychologists within a child guidance clinic.
Hjelle et a., 2018	Norway	The aim of the study was to explore and describe the roles of the interdisciplinary team in a reablement service in Norway.
Hutchings et al., 2014	New Zealand	This study aimed to describe the prevalence, nature, and views of cross-disciplinary supervision amongst member of the Aotearoa New Zealand Association of Social Workers.
Longman et al., 2020	Australia	This study aimed to describe the origins, nature, fundamental properties and outcomes of a Rural Community-Based Work-Ready Placement Program and to illustrate the challenges and opportunities it presented.
Mangiameli et al., 2021	Australia	This study aimed to explore the features of effective interprofessional training from the perspective of disability workers in rural South Australia.
Nielsen et al., 2012	Denmark	This study aimed to describe the current practice of novice supervisors including where they work, to whom (supervisees) and how (formats) they deliver their service, and if and how they are trained.

Osborne & Burton, 2014	United Kingdom (implied)	This study aimed to gain the views of emotional literacy support assistants (ELSAs) on supervision received from an educational psychology service, both in terms of the quantity and quality, and to ascertain ELSAs' perceptions of the impact of supervision on their practice.
Robiner et al., 2020	United States	This study aimed to review psychologists' historic roles in medical education and describe their educational, faculty development, and interprofessional education activities based on a 2017 survey of members of the Association of Psychologists in Academic Health Centers and their colleagues.
Skinner et al., 2021	Australia	The study aimed to describe one approach for interprofessional assessment, based on an iterative cycle of developing, implementing, and evaluating, a shared student assessment tool and process within an interprofessional context, and to provide qualitative data on challenges and benefits from the perspective of supervisors.
Sweifach, 2019	United States	This study aimed to explore insights into the nature of social work supervision from a national study of social workers employed in interprofessional organisations.
Townend, 2005	United Kingdom	This study aimed to describe and explore the interprofessional aspects of supervision among mental health nurses and other professionals accredited as Cognitive behavioural psychotherapists in the UK.
Voytenko et al., 2021	United States	This study aimed to illustrate personal experiences and professional journeys of psychologists and a psychiatrist, identify specific entry points into medical education, and offer practical advice for psychologists getting involved in medical education.
Wedlock & Turner, 2017	United Kingdom	The aim of this study was to provide insight into the lived experience of interprofessional supervision with educational psychologists, specifically individual supervision over an extended period of time

Data extraction tool section 2: Participant information

Citation	Sampling strategy/ method of recruitment	Inclusion criteria	Sample size	Disciplines of participants	Age range	Ethnicity of participants
Beddoe & Howard, 2012	Convenience (implied); email invitations were sent through professional body lists via a number of professional networks.	Those engaged in offering or receiving interprofessional supervision, or both.	243	Psychologists (28.2%) and social workers (71.8%).	Psychologists: 100% over 35; 54.5% over 45. Social workers 66.6% over the 45; however, 8.2% under 35.	European (68.7%), Maori (19.3%), Pacific peoples (4.1%), Asian (2.9%), Other (13.2%).
Bedford et al., 2020	Convenience sampling (implied); Participants in this study are the paper's authors - three doctoral students in clinical psychology.	Participants are all doctoral students in clinical psychology.	3	Clinical psychology (students).	Not reported.	Not reported.
Berger & Mizrahi, 2001	Convenience sampling; A questionnaire was mailed to a stratified, random sample of 750 hospitals drawn from the membership list of the American Hospital Association.	Social workers; working in hospitals.	651	Social work.	Not reported.	Not reported.
Bogo et al., 2011	Convenience sampling; a general announcement about the study was sent through e-mail and through presentations at team and discipline meetings.	Clinicians working in a centre for addiction studies and mental health were included. The researchers sought to include clinicians of different ages, gender, and work experience.	77	Nursing (29.87%), Social work (37.66%), occupational therapy (6.49%), recreation therapy (12.99%), case workers/ child and youth workers (11.69%), stress management therapy (1.3%).	Not reported.	Not reported.

Boshoff et al., 2020	N/A (scoping review study).	Studies which include nontraditional placement models; implemented models; models targeting professional-entry allied health students; include implementation of a new initiative; placements occurring during pre-qualification programs.	27	Occupational therapy (21 papers) and physiotherapy (19 papers). With pharmacy, social work and speech pathology each being represented in 10 papers.	Not reported.	Not reported.
Bronstein et al., 2007	Convenience sampling; The survey was mailed to a random national sample of 850 National Association of Social Workers members who identified healthcare as their primary practice setting.	Social workers; members of the National Association of Social Workers; identified healthcare as their primary practice setting.	179	All participants were social workers.	80% over 40; 46% over 50.	The majority of participants were white (84%).
Callicott & Leadbetter, 2013	Purposive sampling; Educational Psychologists engaged in interprofessional supervision as supervisor and their supervisees were contacted and asked to take part in interviews.	Educational Psychologists engaged in interprofessional supervision as supervisor; those being supervised by them.	10	Educational psychologists (supervisors) (60%); specialist early years teachers (supervisees) (40%).	Not reported.	Not reported.
Chipchase et al., 2012	Purposive sampling; Medical and allied health students were purposively selected having applied to take part in the intercultural, interprofessional placement; their clinical supervisors also took part.	Students of medicine, physiotherapy, occupational therapy, and speech pathology; understanding/skills in interprofessional practice; cultural awareness and communication. Supervisors with experience in at least	12	Students: medicine (16.66%), physiotherapy (16.66%), occupational therapy (16.66%), speech pathology (16.66%). Disciplines of supervisors are not reported.	Students ranged from 20 to 30 (mean = 22.38) years. Age range of supervisors is not provided.	Not reported.

		two of the following: working with children with a disability; the culture of Vietnam; supervising students and allied health teams.				
Crocket et al., 2009	Purposive sampling; Supervisors experienced in interprofessional supervision were identified from researcher's professional networks.	Experience providing interprofessional supervision.	6	Social work (33.33%), clinical psychology (16.66%), counselling (33.33%), counselling/ psychology (16.66%).	Not reported.	Not reported.
Dickie et al., 2019	Purposive sampling; Clinical supervisors who had taken part in a pilot project utilising interprofessional supervision (limited information is provided regarding recruitment).	Experience providing interprofessional supervision in the pilot project.	4	Nursing (50%), pharmacy (25%) and social work (25%).	Not reported.	Not reported.
Eliassen et al., 2019	Purposive sampling; General managers of reablement teams from seven Norwegian municipalities distributed information about the study. Two members from each of the seven reablement teams were included.	At least 6 months of experience with reablement.	14	Home trainers (50%), physiotherapists (50%).	Not reported.	Not reported.
Feller & Berendonk, 2020	Purposive sampling; Participants were members of a multidisciplinary team from the Department of Diabetology at the University Hospital of Bern, and the residents they supervised.	Residents, supervising physicians and allied health professionals; involved in workplace based assessments.	21	Medicine (residents) (28.57%) supervising physicians (33.33%); nursing (19.05%); nutritionists (9.52%); psychology (9.52%).	Not reported.	Not reported.
Graham & Miller, 1974	Not clearly stated.	Not clearly stated - participants were two social workers supervising medical students.	2	All participants were social workers.	Not reported.	Not reported.

Hair, 2013	Convenience sampling; An email invitation was sent to all post-degree members of the Ontario Association of Social Workers (OASW) with active email addresses.	Social workers; residing in Ontario, Canada; bachelor's, master's, or doctoral degree in social work; called themselves social workers or identified work experiences where they fulfilled social work responsibilities with individuals, families, groups or communities; currently, or historically, supervised following their first social work degree.	636	All participants were social workers.	30s (29%), 40s (28%), 50s (25%).	The majority of participants were white (no ns/ % reported).
Hare et al., 1972	Peer groups were formed by staff members within the clinic (limited information is provided regarding recruitment).	Social workers or psychologists; working in a child guidance clinic.	8	Psychologists and social workers (n's/ % are not reported).	Not reported.	Not reported.
Hjelle et al., 2018	Purposive sampling; All the participants in a reablement team in a city and a rural community were invited by the local project leader.	Experience working in the reablement service.	27	Physiotherapy (25.93%), occupational therapy (22.22%), nursing (25.93%), social educator (3.7%), care assistants (22.22%).	30 - 60 years.	Not reported.
Hutchings et al., 2014	Convenience sampling; A link to the survey questionnaire was distributed to 267 ANZASW members.	Social workers; members of the Aotearoa New Zealand Association of Social Workers.	54	All participants were social workers.	Not reported.	New Zealand European or Pakeha (68.5%), other European (11.1%), Maori (5.6%), New Zealand European and Maori (7.4%), Other (3.7%), New Zealand

						European and Pacific Peoples (1.9%), Asian (1.9%).
Longman et al., 2020	Convenience sampling; All occupational therapy, physiotherapy and speech pathology students from the University of Sydney who were on the program were invited by one of the research team approaching them in person in the last week of their placement.	Students from occupational therapy, physiotherapy and speech pathology; in University of Sydney; part of the program.	163	Students of physiotherapy (51%), occupational therapy (20%), speech pathology (29%).	Not reported.	Not reported.
Mangiameli et al., 2021	Purposive sampling; Clinical educators, allied health professionals, health and service providers and students who had participated in a 3 month capacity building training program were invited.	Health staff; working in disability care and/or support organisations; experience caring for a person with disability. Students; studying in disability care.	10	Nursing, speech pathology, mental health worker(s), occupational therapy, Aboriginal health worker(s), health students (no n's are provided).	N/A.	Not reported.
Nielsen et al., 2012	Convenience sampling; Questionnaires were distributed to members of the Society for Psychotherapy under the Danish Association for Psychologists; participants were invited to contact the authors via a description of the study in the publication Psykolog Nyt.	Clinical psychologists; experience as supervisors.	273	All participants were clinical psychologists.	Not reported.	Not reported.
Osborne & Burton, 2014	Convenience sampling; A questionnaire was sent to all emotional literacy support assistants in the local authority.	Emotional literacy support assistants: working in local authority; being supervised by educational psychologists.	270	All participants were emotional literacy support assistants.	Not reported.	Not reported.
Robiner et	Convenience and snowball sampling;	Psychologists; working in	138	All participants were	Not reported.	White (80.6%), and

al., 2020	Invitations were emailed to the Association of Psychologists in Academic Health Centers members containing a link to the survey and requesting that the information be forwarded to other psychologists at their institution.	academic health centres.		psychologists.		Non-Hispanic (92.9%).
Skinner et al., 2021	Purposive sampling; Supervisors who had supervised on the program of interest were invited to participate (No further information is provided).	Experience as a supervisor; experience supervising on the program of interest.	6	Occupational therapy (16.66%) physiotherapy (33.33), one podiatry (16.66%), speech pathology (33.33%).	Not reported.	Not reported.
Sweifach, 2019	Convenience and snowball sampling; A database of social workers was created using staff directories from agency websites identified as interprofessional settings. Respondents were invited to forward the survey link to social work colleagues.	Social workers; employed in interprofessional organisations.	426	All participants were social workers.	The sample was primarily from two age groups: 30–39 (30.9%; n = 108) and 50–59 (29.1%; n = 102).	The sample was primarily Caucasian (91.4%). (No further information is provided).
Townend, 2005	Convenience; The survey was posted to a sample of Cognitive Behavioural Psychotherapists obtained from the database of the British Association of Behavioural and Cognitive Psychotherapy,	Cognitive behavioural psychotherapists.	170	Psychiatry (5.29%), nursing (40.59%), social work (1.18%), psychology (25.88%), general practice (0.59%), teaching/ lecturing (1.18%), occupational therapy (3.53%), counselling (7.65), Other (6.47%).	Not reported.	Not reported.
Voytenko et al., 2021	Purposive sampling; Four panellists of a symposium presented at the 2019 annual meeting of the American	Having contributed to a symposium presented at the 2019 annual meeting of	5	Clinical psychology (60%), academic psychology (20%),	Not reported.	All participants were white.

	Psychological Association, the physician discussant, and the symposium chair contributed.	the American Psychological Association.		psychiatry (20%).		
Wedlock & Turner, 2017	Purposive sampling; Educational psychologists and family support key workers with the most experience of interprofessional supervision from within one educational psychology service were invited to participate.	Educational psychologists or family key support workers; experience taking part in interprofessional supervision.	15	Educational psychologists (53.33%); family support key workers (46.66%).	Not reported.	Not reported.

Data extraction tool section 3: Research methods

Citation	Study design	Data collection tool/ method	Data analysis method	Standardised tools used
Beddoe & Howard, 2012	Quantitative descriptive	A survey was used, including both quantitative and open-ended questions. The survey consisted of 51 questions and was divided into three sections. The first section asked general demographic, educational, and professional questions. The second and third sections pertained to the experiences of supervisees and supervisors.	Statistical/frequency analysis was completed on quantitative items and text analysis was completed on open-ended questions.	N/A
Bedford et al., 2020	Qualitative	Three doctoral students involved in IPE training (the authors) discuss their own experiences with supervision in IPE.	Descriptions of the author's own experiences	N/A
Berger & Mizrahi, 2001	Quantitative Descriptive	A standardised, self-administered survey instrument was specifically developed for use in this study. The questionnaire was pre-tested with several hospital-based social work departments, and examined for content validity by leaders in the field of social work practice in health care settings. Respondents were asked what models of supervision were used/ to note any changes in supervision practices across the fiscal years 1992, 1994, and 1996.	A chi square analysis was used to measure change in the use of supervisory models.	N/A
Bogo et al., 2011	Qualitative	Focus groups were conducted. The semi-structured interview guide included discussion of participants' experiences and perceptions about clinical supervision, facilitating factors, and barriers.	A form of general qualitative data analysis which drew on some elements of grounded theory methods was used.	N/A
Boshoff et al., 2020	Scoping review (qualitative analysis)	The review followed a five stage approach for conducting scoping reviews: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarising and reporting the results.	Key themes were identified and summarised using text analysis. Reviewers identified themes without using predetermined criteria. Reviewers integrated the data to describe the key features of each model, the outcomes of	N/A

			each model and the lessons learnt from implementing the models.	
Bronstein et al., 2007	Mixed methods	A survey was designed based on a review of social work education texts. Closed-ended questions asked about time used utilising named core bodies of knowledge and assuming named roles; which content they felt was adequately/ not adequately taught in social work courses; descriptive information about themselves. Open-ended questions asked about the following: knowledge and roles; experiences and opinions related to educational preparation for practice; continuing education topics of interest; feedback about preparing health care social workers.	Responses to close-ended questions were analysed using univariate and bivariate statistics. Frequencies and percentages were run on each of the roles and areas of knowledge. Content analysis using a constant comparison method of identifying key themes was used with the open-ended questions.	N/A
Callicott & Leadbetter, 2013	Qualitative	Individual semi-structured interviews. Questions asked about whether it is more important to have skills in professional practice or skills in supervision, facilitators and barriers when engaging in IPS, models of supervision, distinctive skills that EPs have as a supervisor in IPS contexts, and the boundaries of supervision and issues of legal responsibility.	Thematic analysis was used. Data were analysed using an adapted form of the processes of “first-level coding” and “pattern coding” described by Miles and Huberman (1994).	N/A
Chipchase et al., 2012	Qualitative	Individual semi-structured interviews of students were undertaken 2 weeks before and 2 weeks after the placement. The clinical supervisors were interviewed before departure in a focus group and individually after the placement. Questions focused on the type and amount of supervision that would be most helpful; reflecting on previous supervision styles they had experienced as a student or at work. Clinical supervisors were asked, “What type and amount of supervision do you think would most assist the students you will supervise” and “What type of supervision would not be helpful”. The post placement interviews asked them to reflect on their experience and learning outcomes in relation to the type and amount of	Interviews were analyzed thematically using the five-stage framework approach which entails familiarization with the raw data, identifying the thematic framework, coding against the framework, organizing codes into themes and interpretation of themes (Pope et al., 2007). A researcher who was not part of the research team checked that the themes from two of the transcripts were consistent with the coding frame to help decrease bias and increase validity.	N/A

		supervision that was most helpful during the placement.		
Crocket et al., 2009	Qualitative	Semi-structured interviews were conducted. Questions focused on the disciplines of participants and those they supervised, how participants became involved with IPS, differences between same discipline supervision and IPS, benefits and limitations of IPS, efforts made to learn about supervisees discipline/ ethical codes, possibilities of IPS, key texts/ documents, differences between supervision and consultation, views of supervising different disciplines, supervision as its own discipline, and experience/ training in supervision/ IPS.	A qualitative inquiry strategy was used. The researchers familiarised themselves with interview transcripts and engaged in dialogue with each other to identify particular stories of interdisciplinary supervision, with a particular focus on resonance and dissonance among: the different transcripts; researchers readings of and responses to the transcripts; the ideas offered by participants in similar settings; the ideas offered by participants from the same professional group; participants' ideas; and the researchers own professional experiences.	N/A
Dickie et al., 2019	Qualitative	Two group interviews (n = 2) were used to understand participant experiences of the project and seek participants' input into the IPCS model.	Thematic analysis was used to determine the views and perceptions of participants using this model in an acute care setting.	N/A
Eliassen et al., 2019	Qualitative	Data was collected through observations of interactions between PTs and HTs in their work environment; videotaped observations of user interventions; and in-depth interviews with both PTs and HTs based on the observation sessions.	Thematic analysis was conducted through an inductive deductive process. Video observations were formatted as text through descriptions of interactions. Meaningful units in all text material were identified and coded. During this process, all data materials were linked together, supplementing each other, through common code groups and themes.	N/A
Feller & Berendonk, 2020	Qualitative	Three semi-structured focus group interviews were conducted: one with the residents, one with the supervising physicians, and one with the AHPs. Examples of questions are: How was it for you to give feedback to a resident together with a supervising physician? How was it for you to receive feedback about your work from a person who is	Thematic analysis was used to identify factors that aid or impede the receptiveness to feedback and the willingness to give feedback, and to explore how this feedback influenced the collaboration between the three groups.	N/A

		not a physician? To what extent did the feedback from an AHP influence your feedback?	Constant comparative analysis was used. Social identity theory was used as a sensitizing concept.	
Graham & Miller, 1974	Mixed methods	Not reported.	Not clearly stated - describes the experiences of two social workers supervising medical students during a required two month clerkship in psychiatry.	N/A
Hair, 2013	Mixed methods	A self-administered mixed-methods questionnaire was designed for this study. The quantitative part of the questionnaire contained eleven demographic questions and forty-three statements and questions that addressed various aspects of supervision. Open-ended questions were as follows: (1) Do you have any other suggestions for effective social work? (2) What objections or concerns do you have about post-degree supervision for social workers? (3) Your comments about the survey content are welcomed. Do you have any information that you would like to add?	For quantitative elements, descriptive statistics were used. Percentage distributions were used to report levels of agreement. For significant results, estimates of effect size were used. For qualitative items, a constant comparative analytic template was used to identify themes.	N/A
Hare et al., 1972	Qualitative	Not reported.	Not clear - describes the experiences of social workers and psychologists taking part in peer group supervision within a child guidance clinic	
Hjelle et al., 2018	Qualitative	Three focus groups were conducted and three interviews were conducted with subgroups of participants from the focus groups. This was an opportunity to further outline issues discussed in the focus group. Four editions of a semi-structured interview guide were developed, two for the focus group discussion in the rural community, one for the focus group discussion and one for the interviews in the city. The focus group discussion focused on how the health care professionals and home care personnel experienced their role in reablement.	The interviews were analyzed according to phenomenological de-contextualization and recontextualization.	N/A

Hutchings et al., 2014	Quantitative Descriptive	A self-administered online survey was used. The survey was designed based on a review of survey questionnaires used in research on supervision/ IPS. The survey consisted of four separate sections with a total of 75 closed-ended questions and 3 open-ended questions. These 78 questions collected data on 107 variables which were concerned with: a) general characteristics, b) the prevalence of cross-disciplinary supervision, c) the nature of the cross-disciplinary supervision, and d) views about cross-disciplinary supervision.	A univariate descriptive analysis was undertaken for each question. Closed-ended questions were analysed using frequency and percentage measures and scale item variables were analysed using mean and standard deviation measures. Bivariate cross-tabulations were undertaken on a number of variables to explore whether respondents' general characteristics had any association with participation in IPS.	N/A
Longman et al., 2020	Quantitative Descriptive	Students rated the quality of their placement using a validated questionnaire which included students' perceptions of the overall quality of their placement and of supervision, how well the placement (and supervision on placement) matched their learning needs, the extent to which they had improved their work readiness and ability to work autonomously because of the kind of supervision they experienced on placement, the quality of the learning environment in the workplace, and UCRH staff involvement and support before and during their placement.	Frequency analysis.	This survey used was based on a validated measurement of placement quality in allied health, dentistry, medicine and pharmacy (McAllister et al., 2018). The framework put forward by McAllister et al., measures the following features of a quality clinical placement: Organisational culture that values learning; Best-practice clinical practice; Positive learning environment; Effective health service -education provider relationship; Effective communication processes; Appropriate resources and facilities; Effective supervision.
Mangiameli et al., 2021	Qualitative	Features of the training program were explored through 2 focus groups. Focus group questions were derived from the National Disability Services (NDS) Social Impact	Thematic analysis of the data was conducted. Themes were defined, named and contextualised to represent the	N/A

		Measurement Tool.	contextual and practical realities about how an inter-professional training program can be designed.	
Nielsen et al., 2012	Quantitative descriptive	A survey was used, consisting of an adapted version of the Danish version of The Development of Psychotherapists Common Core Questionnaire. This was supplemented by two sections on supervision, one focusing on supervisees and another on supervisors. The section on supervisors consists of 48 items and 12 were selected for this study. These include basic psychotherapy supervisor items, first experiences as supervisor, training and practice.	Descriptive statistics were used for categorical and scaled items, and reported by means of mean scores, standard deviation, number and/or percentages.	An adapted version of the Development of Psychotherapists Common Core Questionnaire (DPCCQ), which was developed by The Society for Psychotherapy Research's Collaborative Research Network, was used. The standard version of DPCCQ consists of almost 400 variables, categorized into 11 sections, e.g. personal data, profession, therapeutic experience, career development, theoretical orientation, current development and practice.
Osborne & Burton, 2014	Mixed methods	A questionnaire was used, which asked ELSAs questions relating to their views on the frequency and duration of supervision sessions and size of their supervision group; their current supervision needs and the perceived helpfulness of supervision; their relationship with their supervisor and group members; the role of group supervision; the perceived impact of supervision. The questionnaire included both closed-ended and open-ended questions.	Descriptive statistics were calculated for the ratings questions and thematic analysis was conducted on the open-ended questions.	N/A
Robiner et al., 2020	Quantitative descriptive	A 65-item survey was used. Questions included items surveying diverse types of educational activities. The survey was designed to ascertain members' activities, and	It appears that descriptives/ frequency analyses were conducted.	N/A

		to assess perspectives on current issues in the feld, and satisfaction with membership and benefits.		
Skinner et al., 2021	Qualitative	A semi-structured focus group was conducted using open-ended questions and prompts to encourage participants to consider and discuss aspects of their experience.	Focus group data were analyzed using inductive thematic analysis. Developed themes and subthemes were then circulated amongst all participants for the final comment.	N/A
Sweifach, 2019	Quantitative descriptive	Data was collected using an anonymous quantitative online survey. The first section of the survey instrument asked respondents to provide workplace demographics. The second section of the survey focused on respondent perceptions about their supervisory experience. The final section focused on socio-demographic areas.	Means, standard deviations, frequencies, and percentages were used to generate descriptive results. To establish the significance between variables, both nonparametric (chi squares) and parametric (t-tests, ANOVAs, and Pearson product moment correlation coefficients) tests were conducted.	N/A
Townend, 2005	Qualitative	A questionnaire was constructed for use in this study, consisting of eight open-ended questions, which related specifically to interprofessional supervision.	A classical content analysis was conducted. When initial themes were identified, a process of phenomenological reduction took place where the descriptions, experiences and examples of interprofessional supervision were considered from a variety of practice and theoretical perspectives.	N/A
Voytenko et al., 2021	Qualitative	Participants were asked to respond to the following four questions: How does your professional identity as a clinical psychologist fit with your specific role(s) as a medical educator? What unique professional experiences in your career as a psychologist have prepared you for your role as a medical educator? What professional/personal relationships helped create an opportunity for you to be involved in training resident physicians? What advice would you give to practicing professional psychologists who are interested in getting involved in training resident	The authors use their personal examples and illustrations from their own professional journeys to identify potential access points into graduate medical education.	N/A

		physicians?		
Wedlock & Turner, 2017	Qualitative	Individual interviews were conducted with FSKWs to explore their experiences of receiving supervision from educational psychologists. Data capture forms were sent to supervising EPs before and after the interviews to collect contextual information around their supervision.	Interpretative phenomenological analysis was used to develop themes across the data.	N/A

Data extraction tool section 4: Findings and conclusions

Citation	Findings suitable for thematic analysis	Other relevant findings	Limitations identified by study authors	Limitations identified by review team
Beddoe & Howard, 2012	Beginning at 'Results' heading (p. 186) and ending at 'Discussion' heading (p. 194) - excluding tables 1 and 2 (p. 191-193).	Table 1 (p. 191 - 192), Table 2 (p. 193).	Limitations of the survey method for thoroughly exploring the benefits of IPS, suggestion that a more substantial qualitative project is required to do this in greater depth.	Recruiting only through professional bodies excludes professionals who are not members. Findings may not represent those who are not members.
Bedford et al., 2020	Early experiences' (p. 17) 'Utility of feedback (p. 19), 'Developing core competencies' (p. 22).	N/A.	Not reported.	Self selection bias. Findings may not be representative of general IPS experience in interprofessional education.
Berger & Mizrahi, 2001	Supervisory Models (p. 10- 11).	Table 1 (p. 10), Table 3 (p. 11).	The findings indicate that the increase in non-social work models of supervision may account for the decline in traditional approaches, however the data could not effectively capture information around whether a large number of social workers were receiving no supervision.	None identified.
Bogo et al., 2011	Quality Clinical Supervision' (p. 131 - 133), 'Interprofessional Supervision' (p. 133 - 134).	Table 1 (p. 129).	Limitations of the self-selected sample, the fact that all participants worked in the same organization, and low participation of nurses.	None identified.
Boshoff et al., 2020	Student supervision' (p. 89).	N/A.	Limited to papers published in English and exclusion of grey literature. Focus on the results of a data-subset from the search conducted for an overarching review and resulting possibility that the search might not have captured all relevant articles related to interprofessional education.	No quality appraisal of the included studies was conducted.
Bronstein et	Social work identity' (p. 64).	Table 4 (p. 65).	All participants were social workers who chose to	None identified.

al., 2007			belong to one professional body, those who did not were excluded. The majority of respondents had been practicing more than five years, making it difficult to draw any conclusions about the texts they used and the content they were asked to recall. Operational definitions were not provided for the knowledge and skills used. This makes it difficult to know how different respondents interpreted what each body of knowledge/skill meant. The response rate was low, limiting the generalizability of the quantitative data.	
Callicott & Leadbetter, 2013	Theme 1: Key contextual factors influencing the supervision process (p. 392) and Models of supervision (p. 394).	Table 3 (p. 392).	Of the 10 participants agreeing to take part in interviews, four were engaged in group supervision and six in individual supervision. The form of IPS was not considered during recruitment and thus interview questions failed to encapsulate issues pertaining to group supervision.	All supervisees interviewed were from the same discipline (teachers) - supervisee experience of IPS presented here may be specific to that discipline.
Chipchase et al., 2012	Perspectives on interprofessional supervision (p. 467), Profession-specific supervision. (p. 468 - 469).	N/A.	Possible skewed sample due to purposive sample with merit selection of students, and an exclusive female gender. The amount of previous clinical experience differed slightly between students, which may have impacted on the students' views on supervision.	None identified.
Crocket et al., 2009	Results (p. 30 - p. 38).	Table 1 (p. 28), Table 2 (p. 29).	The authors recommend caution in drawing conclusions from 'such limited data'.	The authors reflect on different understandings of what supervision is across participants and suggest that the distinctions between supervision types be explored - this is likely impacted in this study by the vast range of professions among supervisees included those who are not health/ allied health professionals (e.g., lawyer, religious

				minister).
Dickie et al., 2019	From IPCS model development (p. 813) to discussion (p. 814).	N/A.	Findings were derived from a very small number of supervisors in a single location.	None identified.
Eliassen et al., 2019	Working together (p. 515).	N/A.	Inclusion of a limited number of participants and teams. One of the teams did not consent to perform fieldwork in their work environment, and observations of collaboration between other team members in this team were not performed, limiting the ability to contextualize the findings from this team.	Study authors were present in the room (video recording) while the supervised sessions were carried out. This may have impacted the interactions recorded.
Feller & Berendonk, 2020	Beginning at (1) Identity and hierarchy: Multidimensionality of social identity, inter- and intra-professional hierarchies (p. 4) and ending at Discussion (p. 8)	N/A.	Findings derived from one highly specific clinical context clinic and a small number of participants. The small number of participants reduced the possibility to anonymize the data. Awareness of this may have impacted focus group discussion. Focus on a specialty/ context that is inherently interprofessional in nature. Positive attitudes towards interprofessional feedback might reflect the positive climate within this specific team. One of the authors of the study was an interviewer in the focus group interviews as well as a member of the team of supervising physicians.	As stated by the authors, confidentiality was guaranteed but the small numbers (which were as expected) meant that anonymity couldn't be guaranteed.
Graham & Miller, 1974	'Resistance' (p. 267).	N/A.	None reported.	Study design, collection method, analysis method and participant/ sampling information is not clear.
Hair, 2013	The need for supervisors to be social workers (p. 1578)	Table 3 (p. 1572).	Limitations of fixed-item responses in questionnaire; The use of the word 'client' in a number of questions limited the applicability to social workers from various community settings.	None identified.
Hare et al., 1972	‘The differing philosophical approaches led to a focus on what helps in treatment rather than an attempt to persuade other members of one's own	N/A.	Not reported.	Study design, collection method, analysis method and participant/ sampling information is not clear.

	theory. Thus the group avoided the problems of personality and ideological differences that can be an obstacle to good individual supervision' (p. 528). 'Much of the resistance to peer group supervision in the clinic was expressed by students (who in any case would continue in traditional supervision) or by senior staff in a supervisory capacity. Persons who had risen through a hierarchical system characteristic of some professions were understandably more comfortable with that system' (p. 528). 'Students who had a strong identification with their respective disciplines and training objected to the cross-discipline nature of the peer groups' (p. 528 - 529). 'The diversity of professions and experience was felt to provide fresh opportunity for group members to learn what works for other therapists. As has been sometimes recognized, traditional supervision itself can be a way of sharing ignorance and even forcing it down' (p. 529).			
Hjelle et al., 2018	Supervising the home care personnel (p. 311).	N/A.	The authors state that using a mixed group in focus group discussions may have influenced the results as	None identified.

			participants may not have shared and fully discussed their opinions and experiences. The participant quotes were also in Norwegian originally and translated into English. In the translation the words may deviate from the speaker's original words.	
Hutchings et al., 2014	Results section (article has no page numbers).	N/A.	Lower-than-expected response rate impacted generalisability. The use of a convenience sample together with the low response rate also meant that significance tests could not be applied.	The framework developed out of this study is limited in the sense that it is based on a small number of responses, largely based on responses to closed-ended questions and based only on the experiences of social workers.
Longman et al., 2020	Positive outcomes for students , Program Challenges (article has no page numbers).	Table 3'.	No limitations are reported by authors.	None identified.
Mangiameli et al., 2021	Theme 2: Structured interprofessional training (p. 141 - 142).	N/A.	Limited by small sample size used to represent the rural disability workforce. Participants opinions might not be an accurate representation of how others in the disability sector comprehend interprofessional training.	It is difficult to assess the representativeness of the sample as no n's are provided for each discipline.
Nielsen et al., 2012	General description (p. 185): 'The typical picture is that supervisors will debut as all-round supervisors, and after some years they will undertake supervision of psychotherapy. Supervisor training is initialized after the debut as supervisor'.	Table 1 (p.186)	The instrument used is self-administered, potentially leading to bias. Lack of clarity around what is meant by "formal training as supervisor". The authors also estimate that approximately 10% of the Danish psychologists working as psychotherapists are included. Approximately 80% of these have experience as supervisors. The representativity is unknown.	Recruiting only through one professional body excludes professionals who are not members. The findings may be representative of those who are members of the professional body rather than all professionals.
Osborne & Burton, 2014	The role of the supervisor (p. 143 - 144), ELSA's relationship with their supervisor (p. 144 - 145) 'Perceived impact of ELSA' (p. 148 - 149).	Table 1 (p. 144), Table 2 (p. 148).	Limited by specific focus on views of supervision from the perspective of the ELSAs receiving supervision, and not from the perspective of the EPs providing supervision.	This study was conducted within one local authority, which may limit application of findings beyond this context.

Robiner et al., 2020	Medical Education (p. 671).	Table 4 (p. 671).	Limited sample size prevents estimates of how representative respondents were of psychologist educators. This survey was directed primarily to members of a professional body and may not be representative of all psychologists in similar positions. Self-report nature and length of survey may have been a barrier to some respondents.	None identified.
Skinner et al., 2021	Theme 1: Acknowledging the student journey (p. 567 - 568), Theme 2: Interprofessional authenticity (p. 568 - 569), Theme 3: Collective and Collaborative Learning (p. 569).	N/A	Limited by small number of participants in the focus group, and the duration of time between supervisory experience and data collection. Findings may not be applicable to all IP settings. Failure to address the question of whether improvements in assessment processes and student IP competency results in any improvements in patient outcomes.	None identified.
Sweifach, 2019	Supervisory experiences (p. 63 - 64).	Table 1 (p. 64).	Limited generalisability due to the use of a modified convenience sampling method rather than a random sample. Possible self-selection bias. The use of a web-based online survey led to a biased sample, as it unintentionally excludes potential participants who lack access to or comfort with the Internet. A possible additional limitation is that the study population included a small percentage of respondents who work in non-host settings.	None identified.
Townend, 2005	Results (p. 584 - 586).	Table 1 (p. 584), Table 2 (p. 584).	Sampling done on a randomized basis, rather than being theoretically derived from mental health nurses with defined experiences of interprofessional supervision in the field of cognitive behavioural psychotherapy. Difficulty interpreting and validating meaning in an anonymous open-ended questionnaire.	None identified.
Voytenko et al., 2021	Experiences (p. 292), Experiences (p. 293), A physicians's perspective (p.	N/A.	The findings may be limited by the fact that all authors are cisgender males, and do not represent the diverse characteristics found among	The fact that all participants were professionals who had been involved with an APA symposium

	295).		contemporary graduates from psychology programs.	about encouraging psychologists to work in medical education may have led to bias in the findings presented.
Wedlock & Turner, 2017	From The supervisors (p. 134) to Discussion (p. 138)	N/A	Possible bias towards a positive view of supervision and against more negative or challenging experiences of supervision.	None identified.

Data extraction tool section 5: MMAT Quality Appraisal - Qualitative studies

Citation	Are there clear research questions?	Do the collected data allow to address the research questions?	Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and interpretation?
Bedford et al., 2020	Yes	Can’t tell	Yes	Can't tell	Can't tell	Can't tell	Can't tell
Bogo et al., 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Boshoff et al., 2020	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Callicott & Leadbetter, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chipchase et al., 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Crocket et al., 2009	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dickie et al., 2019	Yes	Yes	Yes	Yes	Can’t tell	Yes	Yes
Eliassen et al., 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Feller & Berendonk, 2020	Yes	Yes	Yes	Can’t tell	Yes	Yes	Yes
Graham & Miller, 1974	No	Can’t tell	Can’t tell	Can’t tell	Can’t tell	No	Can’t tell
Hare & Frankena, 1972	No	Can’t tell	Can’t tell	Can’t tell	Can’t tell	No	Can’t tell
Hjelle et a., 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mangiameli et al., 2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Skinner et al., 2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Townend, 2005	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Voytenko et	Yes	Yes	Can’t tell	Can’t tell	Yes	Yes	Can’t tell

al., 2021							
Wedlock & Turner, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Data extraction tool section 5: MMAT Quality Appraisal - Quantitative descriptive

Citation	Are there clear research questions?	Do the collected data allow to address the research questions?	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical (or quantitative analysis) analysis appropriate to answer the research question?
Beddoe & Howard, 2012	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Berger & Mizrahi, 2001	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes
Hutchings et al., 2014	Yes	Yes	Yes	Can't tell	Yes	No	Yes
Longman et al., 2020	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Nielsen et al., 2012	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes
Robiner et al., 2020	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell
Sweifach, 2019	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes

Data extraction tool section 5: MMAT Quality Appraisal - Mixed methods

Citation	Are there clear research questions?	Do the collected data allow to address the research questions?	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	5.2. Are the different components of the study effectively integrated to answer the research question?	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Bronstein et al., 2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hair, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Osborne & Burton, 2014	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes

Appendix C

Study 2: Participant information sheet

N.B. This document was presented to potential participants as the first page of an online survey

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Experiences of and attitudes towards clinical supervision and interprofessional supervision among allied health professionals within Irish disability settings

Invitation to participate

We would like to invite you to take part in the above research study. Before you decide whether you would like to participate, it is important that you understand why this research is being conducted and what participation will involve. Please take time to read the following information carefully. Please do not hesitate to contact the researchers if you would like more information or if anything is unclear. Contact details for the researchers are provided at the end of this document.

What is the research about?

This research will explore experiences of and attitudes towards clinical supervision among allied health professionals within the Irish disability sector, with a particular focus on interprofessional supervision and support. Specifically, this research will explore these experiences and attitudes from the perspectives of members of the following disciplines: psychology, social work, occupational therapy, speech and language therapy, and physiotherapy.

Why are we doing this research?

The aim of this research is to develop an understanding of current supervision practices within Irish disability settings. The researchers are particularly interested in exploring attitudes towards and experiences of interprofessional supervision and support (including interprofessional line management). It is hoped that the findings identified in this research will inform future research and best practice in this area going forward.

Who is conducting this research?

This study is being conducted by researchers from the UCD School of Psychology. A PhD student [Shona McGuinness] will collect and analyse data under the supervision of Professor Suzanne Guerin.

Who can take part?

All allied health professionals from the above-named disciplines who are currently working within an Irish disability setting can take part. This survey is open to clinicians who have experience with interprofessional supervision in the role of supervisor or supervisee (or both), as well as those who do not have personal experience with this form of supervision but would like to share their views.

What will happen if you decide to take part in the study?

You will be invited to take part in an online survey, which will begin by asking some demographic questions about yourself and your role and will then go on to explore your general experiences of clinical supervision and professional support, followed by questions relating to your views and attitudes towards interprofessional supervision. For participants with personal experience of taking part in interprofessional supervision, there will also be separate sections for supervisors and supervisees exploring interprofessional supervision experiences. It is estimated that surveys will take between 15 and 30 minutes to complete, depending on your own experiences and how much information you wish to share.

At the beginning of the survey, you will be asked to answer some questions to confirm your consent to participate. The remainder of the survey will only be accessible if consent is provided.

How will your data be used?

The results of this study will be utilised to form part of a PhD thesis. They may also be published in peer-reviewed scientific journals and presented at conferences and/or to professional bodies/ organisations who are interested in the research topic. Participants will not be identifiable in any of the outputs from the study. Anonymous surveys will be retained for two years post publication.

How will your privacy be protected?

All information collected as part of the study will remain anonymous. Your personal information will be limited to demographic details and all information gathered will be stored as password protected files on password protected computers. There will be a strict protocol to protect against unauthorised access to the data.

What are the benefits of taking part in this research project?

There will be no direct benefit from participation. Participation is voluntary and you will not be offered any monetary compensation or other rewards for your participation. However, it is hoped that this research will contribute to understandings of current supervision practices within the Irish disability sector, as well as understandings of interprofessional supervision and support, which may have the potential to inform further research and practice going forward.

What are the risks of taking part in this study?

The risks to taking part in this study are minimal as all data will be collected anonymously and treated confidentially.

Can you change your mind at any stage and withdraw from the study?

Participation in this study is completely voluntary. If you decide that you do not want to participate in this study, you do not have to take any action. Non-participation will not affect you in any way. If you choose to consent to this study and access the online survey, you can exit the survey at any time. However, it will not be possible to withdraw your data as it will not have any identifying information to allow data to be removed.

How can you find out what happens with the results of the study?

If you wish, you can receive a summary of the study results via email. At the end of the survey a link will be included which will lead participants to a separate page where you can indicate whether you would like to receive a summary of study results and/ or would be interested in taking part in further research on this topic. Participants will have the option to include their email addresses for the research team to contact them. This will not be linked in any way to the data gathered in the survey, which will remain anonymous.

What should you do if you would like to take part in the study?

If you wish to take part in this study, please access the survey via the following link [insert link].

Contact details for the researchers:

If you have questions for the research team please feel free to contact either Shona (Phone: 0860504687, Email: shona.mcguinness@ucdconnect.ie) or Suzanne (Phone: 017168490, Email: suzanne.guerin@ucd.ie).

Thank you for reading this information sheet and considering taking part in this project.

Appendix D

Study 2: Statement of informed consent

N.B. This statement of informed consent was presented online at the beginning of the survey.

The remainder of the survey was not accessible if consent was not given.

Experiences of and attitudes towards clinical supervision and interprofessional supervision among allied health professionals within Irish disability settings

Please read each of the following statements and tick each box before ***confirming your overall permission***

- I confirm that I have read and understood the information sheet for the above study.
- I understand that by continuing with this survey, I am agreeing to my data being used as explained in the information sheet.
- I understand that my participation is voluntary, and I am free to withdraw my participation at any time, without giving any reason.
- I consent to the sharing of anonymous results developed from the analysis of this data.
- I consent to participating in this survey.

Appendix E

Study 2: Online survey

N.B. This survey was presented to participants via the online platform Pavlovia.

Introduction

Thank you for taking the time to fill out this survey, which aims to gather information relating to experiences of and attitudes towards interprofessional supervision within the Irish disability sector among allied health professionals.

This survey is open to all psychologists, social workers, speech and language therapists, occupational therapists and physiotherapists working within disability settings in the Republic of Ireland.

This survey includes four sections. The first section will gather demographic information. The second section will gather information around general experiences of supervision and professional support. In the third section, you will be asked to answer questions relating to your attitudes towards interprofessional supervision.

You will be asked to indicate whether you are currently engaged in interprofessional supervision (which is defined below) or have been in the last five years. The fourth section of the survey will be visible to participants who have recent experience with interprofessional supervision and will focus upon experiences as either a supervisor or supervisee. Please note that this section of the survey focuses specifically on interprofessional supervision and is not intended to gather information relating to experiences of interprofessional line management (also defined below). However, if you have received support from an interprofessional line manager which addressed formative and/or restorative functions, as detailed below, you are welcome to fill out this section of the survey if you so wish.

This survey should be completed using the following definitions:

Interprofessional supervision:

- Clinical or professional supervision conducted between two or more clinicians from different professional backgrounds.
- Typically, one-to-one arrangements with a named supervisor and supervisee, but can also take the form of peer or group supervision.
- Typically focuses on the formative (knowledge and skills development) and restorative (emotional wellbeing) functions of supervision but may also include normative elements (professional and organisational standards, accountability, risk management).

Interprofessional line management:

- Instances wherein a clinician receives line management support from a manager with a different professional background.
- Typically concerned with operational issues and normative functions (professional and organisational standards, accountability, risk management).

Section 1: Demographic information

Please answer the following questions about yourself and your professional background.

1. What is your gender identity?
    - Male
    - Female
    - Non-binary
    - Prefer not to say
    - Identity not listed/ prefer to self-describe (please specify below)

2. What is your age group?
    - 18 - 25
    - 26 - 35
    - 36 - 45
    - 46 - 55
    - 56 - 65
    - 66+

3. What is your professional background?
    - Psychology
    - Social work
    - Speech and language therapy
    - Occupational therapy
    - Physiotherapy

4. How long have you been qualified in your profession?
    - 0 - 5 years
    - 6 - 10 years
    - 11 - 15 years
    - 16 - 20 years
    - 21 years +

5. How would you classify the disability service provider you work for or have worked for in your current or most recent role?
    - Directly employed by the HSE
    - Voluntary disability provider (Section 38)
    - Voluntary disability provider (Section 39
    - Private not for profit
    - Private practice
    - Department of Education
    - Other

6. If you answered 'other' in the previous question, please provide further information in the space below. (Open).

7. How would you describe the grade of your current or most recent post?

- Manager, principal, head, or director
- Clinical specialist
- Senior, senior practitioner, or team leader
- Basic grade/ staff grade
- Other

8. If you answered 'other' in the previous question, please provide further information in the space below. (Open).

Section 2: General experiences of clinical supervision and professional support

Please answer the following questions about your general engagement with clinical supervision and formal professional support.

9. Do you currently receive discipline-specific clinical supervision from within your work setting?
    - Yes
    - No, I receive discipline-specific clinical supervision external to my work setting
    - No, I do not receive discipline-specific clinical supervision
    - Other (please specify below)

10. Do you receive managerial support from a line manager in your current work setting?
    - Yes
    - No

11. How happy are you with your current supervision arrangements?

Very happy Somewhat happy Unsure Somewhat unhappy Very unhappy

12. Please rate your level of agreement with the following statements as they pertain to your current work setting:

There is a clear structure for accessing supervision

Strongly agree Somewhat agree Unsure Somewhat disagree Strongly disagree

It has been easy for me to access supervision

Strongly agree Somewhat agree Unsure Somewhat disagree Strongly disagree

There is a clear distinction between the role of a clinical supervisor and the role of a line manager

Strongly agree   Somewhat agree   Unsure   Somewhat disagree   Strongly disagree

13. What is the highest level of supervision training you have received?
    - Formal qualification in supervision
    - Training course lasting longer than one day
    - Training course lasting up to one day
    - I have not received any supervision training

14. Do you have experience participating in interprofessional supervision?
    - Yes, I am currently participating in interprofessional supervision
    - Yes, I previously participated in interprofessional supervision in the last 5 years
    - Yes, I participated in interprofessional supervision more than 5 years ago
    - No, I do not have experience participating in clinical supervision

15. If applicable, please indicate whether your participation in interprofessional supervision has been in the role of supervisor or supervisee, or both.
    - Supervisor
    - Supervisee
    - Both
    - Not applicable

16. If you have not previously engaged with interprofessional supervision, have you ever wanted to?
    - Yes
    - No
    - Not applicable

17. If you have not previously engaged with interprofessional supervision, would you be open to it if given the opportunity?
    - Yes
    - Unsure
    - No
    - Not applicable

Section 3: Attitudes towards interprofessional supervision

Please answer the following questions based on your views on interprofessional supervision. You can complete this section whether you have experience of this process or not.

18. Do you think allied health professionals can benefit from receiving supervision from a supervisor from a different professional background?
    - Yes
    - Unsure
    - No

19. Please rate how suitable you think interprofessional supervision could be in providing support for supervisees in the following areas:

Knowledge development

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Skills development

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Confidence in one's work

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Creativity in one's work

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Personal well-being

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Coping with stress related to one's work

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Relationships with other professionals

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Understanding the work of other professionals

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Maintaining professional standards

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Maintaining organisational standards

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Caseload management

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

Adherence to professional ethical codes

Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable

20. Do you think that it is necessary for clinicians who receive interprofessional supervision to also receive discipline-specific supervision?
    - Yes
    - No
    - Sometimes
    - Unsure

21. How important do you think the following skills/ qualities are in an interprofessional supervisor?

Expertise in their own field

Very important	Somewhat important	Unsure	Not very important	Not important at all

Expertise in supervision

Very important Somewhat important Unsure Not very important Not important at all

Knowledge of the supervisee’s profession

Very important Somewhat important Unsure Not very important Not important at all

Openness to learning from the supervisee(s)

Very important Somewhat important Unsure Not very important Not important at all

Strong communications skills

Very important Somewhat important Unsure Not very important Not important at all

Willingness to adapt supervision style

Very important Somewhat important Unsure Not very important Not important at all

22. How important do you think the following skills/ qualities are in an interprofessional supervisee?

Significant experience in their own profession

Very important Somewhat important Unsure Not very important Not important at all

Strong sense of professional identity

Very important Somewhat important Unsure Not very important Not important at all

Sufficient profession-specific support

Very important Somewhat important Unsure Not very important Not important at all

Openness to learning from the supervisor

Very important Somewhat important Unsure Not very important Not important at all

Strong communication skills

Very important Somewhat important Unsure Not very important Not important at all

23. Which of the following professions, if any, would you be open to engaging with for interprofessional supervision? (Please select all that apply)
    - Psychology
    - Social work
    - Speech and language therapy
    - Occupational therapy
    - Physiotherapy
    - None of the above
    - Other (please specify)

24. What do you see as the potential benefits of interprofessional supervision? (Open)

25. What do you see as the potential challenges of interprofessional supervision? (Open)

N.B. The survey ended for participants who did not have experience with interprofessional supervision at this point.

Section 4: Question for participants who have experience as both supervisor and supervisee

N.B. At this point in the survey, participants who indicated having experience as either a supervisor or supervisee will be directed to the relevant section.

26. In the next section of the survey, you will be asked to provide some information about your experience with interprofessional supervision. Separate questions are provided for those with experience as an interprofessional supervisee and those with experience as an interprofessional supervisor. For individuals who have experience as both supervisor and supervisee, please select whether you would prefer to answer questions for supervisors, questions for supervisees, or both.

    - Answer questions based on my experience as an interprofessional supervisor
    - Answer questions based on my experience as an interprofessional supervisee
    - Answer both sets of questions

Section 5: Questions for supervisors

Please answer the following questions based on your current or most recent experiences of providing interprofessional supervision.

27. When did you first become involved in interprofessional supervision?
    - Less than 1 year ago
    - Between 1 and 2 years ago
    - Between 2 and 3 years ago

- Between 3 and 4 years ago
- Between 4 and 5 years ago
- More than 5 years ago

28. How did your involvement in interprofessional supervision come about? (Open)

29. How many supervisees have you provided interprofessional supervision for?
    - 1
    - 2
    - 3
    - 4
    - 5+

30. Which of the following professions have you provided interprofessional supervision for? (Please select all that apply)
    - Psychology
    - Social work
    - Speech and language therapy
    - Occupational therapy
    - Physiotherapy
    - Other (please specify below)

31. How frequently do you typically meet with supervisees for interprofessional supervision?
    - Weekly
    - Every 2 weeks
    - Monthly
    - Every 2 months
    - Every 3 months
    - Every 6 months
    - Other (please specify below)

32. Do you think this frequency is adequate?
    - Yes
    - Unsure
    - No (please include further comments below)

33. How long does each interprofessional supervision session typically last?
    - Less than 30 minutes
    - 31 minutes - 1 hour
    - 61 minutes - 2 hours
    - 2 hours +

34. Do you think this duration is adequate?
    - Yes
    - Unsure

- No (please include further comments below)

35. What format(s) of interprofessional supervision have you engaged with? (Please select all that apply)
    - One-to-one supervision
    - Group supervision
    - Peer supervision
    - Peer group supervision
    - Other (please specify below)

36. Do you typically have a supervision contract in place for the interprofessional supervision you provide?
    - Yes
    - Sometimes
    - No

37. Have you used any supervision models to support your interprofessional supervision?
    - No
    - Yes (please specify below)

38. Do the interprofessional supervision sessions you provide typically follow a set structure or format?
    - Yes
    - Sometimes
    - No

39. Have any ethical issues arisen for you while providing interprofessional supervision?
    - No
    - Yes (please provide further information below)

40. Please indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your interprofessional supervisee(s)

I encourage my supervisee to formulate their own solutions to professional challenges

Always Often Sometimes Rarely Never

I encourage my supervisee to talk about their work in ways that are comfortable for them

Always Often Sometimes Rarely Never

I welcome my supervisee's viewpoints on their own professional practice

Always Often Sometimes Rarely Never

During interprofessional supervision, my supervisee talks more than I do

Always Often Sometimes Rarely Never

I make an effort to understand my supervisee

Always Often Sometimes Rarely Never

I am tactful when providing feedback and/ or advice to my supervisee

Always Often Sometimes Rarely Never

I facilitate my supervisee's talking in our sessions

Always Often Sometimes Rarely Never

My supervisee appears to be comfortable working with me

Always Often Sometimes Rarely Never

41. Overall, how confident do you feel in your role as an interprofessional supervisor?
    - Very confidence
    - Somewhat confident
    - Unsure
    - Not very confident
    - Not confident at all

42. What, if anything, might increase your confidence in providing interprofessional supervision? (Open)

Section 6: Questions for supervisees

Please answer the following questions based on your current or most recent experiences of receiving interprofessional supervision.

43. When did you first become involved in interprofessional supervision?

- Less than 1 year ago
- Between 1 and 2 years ago
- Between 3 and 4 years ago
- Between 4 and 5 years ago
- More than 5 years ago

44. How did your involvement in interprofessional supervision come about? (Open)

45. Which of the following professions have you received interprofessional supervision from? (Please select all that apply)
    - Psychology
    - Social work
    - Speech and language therapy
    - Occupational therapy
    - Physiotherapy
    - Other (please specify below)

46. How frequently do your interprofessional supervision sessions typically occur?
    - Weekly
    - Every 2 weeks
    - Monthly
    - Every 2 months
    - Every 3 months
    - Every 6 months
    - Other (please specify below)

47. Do you think this frequency is adequate?
    - Yes
    - Unsure
    - No (please include further comments below)

48. How long does each interprofessional supervision session typically last?
    - Less than 30 minutes
    - 31 minutes - 1 hour
    - 61 minutes - 2 hours
    - 2 hours+

49. Do you think this duration is adequate?
    - Yes
    - Unsure
    - No (please include further comments below)

50. What format(s) of interprofessional supervision have you engaged with? (Please select all that apply)
    - One-to-one supervision with a set supervisor and supervisee
    - Group supervision
    - Peer supervision
    - Peer group supervision
    - Other (please specify below)

51. Do you have a supervision contract in place for your interprofessional supervision?
    - Yes
    - No

52. Have you and/or your supervisor used any supervision models to support your interprofessional supervision sessions?
    - No
    - Yes (please specify below)

53. Do your interprofessional supervision sessions typically follow a set structure or format?
    - Yes
    - Sometimes
    - No

54. Have any ethical issues arisen for you while receiving interprofessional supervision?
    - No
    - Yes (please specify below)

55. Please indicate the frequency with which the behaviour described in each of the following items seems characteristic of your work with your interprofessional supervisor:

I feel comfortable working with my supervisor

Always Often Sometimes Rarely Never

My supervisor welcomes my viewpoints about my own professional practice

Always Often Sometimes Rarely Never

My supervisor makes an effort to understand me

Always Often Sometimes Rarely Never

My supervisor encourages me to talk about my work in ways that are comfortable for me

Always Often Sometimes Rarely Never

My supervisor is tactful when when providing me with feedback and/ or advice

Always Often Sometimes Rarely Never

My supervisor encourages me to formulate my own solutions to professional challenges

Always Often Sometimes Rarely Never

My supervisor helps me talk freely in our sessions

Always Often Sometimes Rarely Never

My supervisor stays in tune with me during supervision

Always Often Sometimes Rarely Never

I feel free to mention to my supervisor any concerns I might have about the supervision they provide

Always Often Sometimes Rarely Never

My supervisor treats me like a colleague in our supervision sessions

Always Often Sometimes Rarely Never

56. Overall, how satisfied are you with your interprofessional supervision?
    - Very satisfied
    - Somewhat satisfied
    - Unsure
    - Somewhat unsatisfied
    - Very unsatisfied

57. What, if anything, might increase your satisfaction with your interprofessional supervision? (Open)

Appendix F

Study 2: Ratings for individual items in the suitability of interprofessional supervision scale

Suitability of interprofessional supervision individual item ratings: Whole sample

	Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable
Knowledge development	12	18	2	4	2
Skills development	11	9	7	11	0
Supporting confidence	9	17	7	5	0
Supporting creativity	12	18	6	1	1
Supporting personal wellbeing	14	19	2	3	0
Managing stress	11	18	6	3	0
Supporting relationships with other professions	17	18	2	1	0
Understanding the work of other professions	20	16	1	1	0
Maintaining professional standards	6	5	6	12	9
Maintaining organisational standards	8	20	6	4	0
Caseload management	5	9	8	12	4
Adherence to professional ethical codes	4	7	4	11	12

Suitability of interprofessional supervision individual item ratings: participants without experience of interprofessional supervision

	Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable
Knowledge development	6	16	1	1	1
Skills development	6	7	6	6	0
Supporting confidence	4	12	6	3	0
Supporting creativity	7	13	5	0	0
Supporting personal wellbeing	7	14	1	3	0
Managing stress	5	15	3	2	0
Supporting relationships with other professions	11	13	1	0	0
Understanding the work of other professions	13	11	1	0	0
Maintaining professional standards	2	4	4	8	7
Maintaining organisational standards	3	14	4	4	0
Caseload management	1	6	6	10	2
Adherence to professional ethical codes	1	5	2	6	11

Suitability of interprofessional supervision individual item ratings: participants with experience of interprofessional supervision

	Very suitable	Somewhat suitable	Unsure	Somewhat unsuitable	Very unsuitable
Knowledge development	4	2	1	2	1
Skills development	3	2	1	4	0
Supporting confidence	3	4	1	2	0
Supporting creativity	3	4	1	1	1
Supporting personal wellbeing	4	5	1	0	0
Managing stress	3	3	3	1	0
Supporting relationships with other professions	3	5	1	1	0
Understanding the work of other professions	4	5	0	1	0
Maintaining professional standards	2	1	2	3	2
Maintaining organisational standards	2	6	2	0	0
Caseload management	2	3	2	1	2
Adherence to professional ethical codes	1	2	2	3	1

Appendix G

Study 3: Participant information sheet

UCD School of
Psychology
Newman Building
University College Dublin
Belfield, Dublin 4 Ireland
T: +353 1 716 7777

Interprofessional supervision among allied health professionals within Irish disability settings: A qualitative exploration

Invitation to participate

We would like to invite you to take part in the above research study. Before you decide whether you would like to participate, it is important that you understand why this research is being conducted and what participation will involve. Please take time to read the following information carefully. Please do not hesitate to contact the researchers if you would like more information or if anything is unclear. If, having read the following information, you are interested in participating, you can return the consent form (attached) to the researchers via email. Contact details for the researchers are provided at the end of this document.

What is the research about?

This research will explore experiences of and attitudes towards interprofessional supervision and support among multidisciplinary clinicians across Irish disability settings. Specifically, this research will explore these experiences from the perspectives of members of the following disciplines: psychology, social work, occupational therapy, speech and language therapy, and physiotherapy.

Why are we doing this research?

The aim of this research is to develop an understanding of current supervision practices within Irish disability settings in the context of the implementation of the 'Progressing Disability Services for Children and Young People' programme. Specifically, the researchers are interested in exploring experiences of interprofessional supervision (including line management supervision) and support. It is hoped that the findings identified in this research will inform future research and best practice in this area going forward.

Who is conducting this research?

This study is being conducted by researchers from the UCD School of Psychology. A PhD student [Shona McGuinness] will collect and analyse data under the supervision of Professor Suzanne Guerin.

Who can take part?

Clinicians from the above-named disciplines who are currently working within an Irish disability setting and who have experience of providing and/or receiving interprofessional supervision are invited to take part.

What will happen if you decide to take part in the study?

You will be invited to take part in a focus group or individual interview, depending on your availability and the availability of other participants. Questions will focus on your experiences of interprofessional supervision and support including factors influencing the effectiveness of such supports, implications for professional practice and development, benefits and challenges encountered, and attitudes towards interprofessional supervision and support. Focus groups will be conducted via Zoom. Individual interviews can be conducted via Zoom, in-person, or via phone, based on your preference. It is estimated that focus groups/ interviews will last roughly 60 - 90 minutes.

Focus groups will be discipline specific and will be open to participants who identify as supervisors, supervisees or both. Should you find yourself in a focus group with a supervisor or supervisee in whose presence you would prefer not to discuss the research topic, you will be welcome to leave the group at any point and the researchers will be happy to accommodate you in participating in an alternative focus group or individual interview.

Verbal consent will be sought from participants at the beginning of focus groups/ interviews. With your consent, the focus groups/ interviews will be audio recorded. This audio will not be available to anybody other than the researchers.

How will your data be used?

The results of this study will be utilised to form part of a PhD thesis. They may also be published in peer-reviewed scientific journals and presented at conferences and/or to professional bodies/ organisations who are interested in the research topic. Participants will not be identifiable in any of the outputs from the study. Audio recordings and personal information will be destroyed once the PhD thesis has been examined. De-identified transcripts will be retained for two years post publication.

How will your privacy be protected?

All information collected as part of the study will remain confidential to the researchers. Audio recordings and de-identified transcripts will be stored as separate password protected files on a password protected computer. Your personal information will also be stored securely and separately from audio files and transcripts. There will be a strict protocol to protect against unauthorised access to the data. No identifiable information will be shared or published.

What are the benefits of taking part in this research project?

There will be no direct benefit from participation. Participation is voluntary and you will not be offered any monetary compensation or other rewards for your participation. However, it is hoped that this research will contribute to understandings of interprofessional supervision and support, which may have the potential to inform further research and practice going forward.

What are the risks of taking part in this study?

The risks to this study are minimal as all data will be treated confidentially. For participants who take part in focus groups, there is potential for feelings of discomfort in discussing the research topic with other clinicians present. To combat this, the researchers are happy to facilitate individual interviews in cases where this is the participant's initial preference or the participant chooses to leave a focus group.

Can you change your mind at any stage and withdraw from the study?

Participation in this study is completely voluntary. If you decide that you do not want to participate in this study, you do not have to take any action. Non-participation will not affect you in any way. If you choose to consent to this study, you can withdraw at any stage up until the point when the analysis will be written up in August 2023. If you choose to withdraw from the study your data will not be retained.

How can you find out what happens with the results of the study?

If you wish, you can receive a summary of the study results via email or post. You can indicate whether you would like to receive a summary of the study results on the consent form.

What should you do if you would like to take part in the study?

If you do wish to take part in the study, you should return the attached consent form using the contact details below.

Contact details for the researchers:

If you decide to participate in the study, please complete the attached consent form and return via email to the following email address: shona.mcguinness@ucdconnect.ie

If you have questions for the research team please feel free to contact either Shona (Phone: 0860504687, Email: shona.mcguinness@ucdconnect.ie) or Suzanne (Phone: 017168490, Email: suzanne.guerin@ucd.ie).

Thank you for reading this information sheet and considering taking part in this project.

Appendix H

Study 3: Informed consent form

Interprofessional supervision among allied health professionals within Irish disability settings: A qualitative exploration

*Please read each of the following statements and **initial** each box before **confirming your overall permission***

1. I confirm that I have read and understand the information sheet for the above study.
2. I understand that my participation is voluntary, and I am free to withdraw my participation at any time, without giving any reason.
3. I consent to the audio recording of the focus group or interview I participate in.
4. I consent to the researchers having access to and securely storing audio recordings.
5. I consent to the sharing of de-identified results developed from the analysis of this data.
6. I agree to take part in this research.

Please Print Name:

Please Sign:

Please indicate preferred contact details:

Please tick this box if you would like to receive a summary of the study results.

Please return this consent form by email to Shona (Email: shona.mcguinness@ucdconnect.ie)
or Suzanne (Email: suzanne.guerin@ucd.ie).

Appendix I

Study 3: Interview topic guide

Interprofessional supervision among allied health professionals within Irish disability settings: A qualitative exploration

Introductions

- The interviewer will introduce themselves and invite participants to do the same.
- Brief review of the aims and objectives of the research
- Opportunity to ask questions/ raise concerns
- Review of consent and rules and engagement

Supervision contexts

- Current supervision arrangements
- Levels of engagement in IPS
- Formats of IPS engaged in (e.g., one-to-one, group etc.)
- Other forms of interprofessional support

Experiences of IPS

- Benefits of IPS
- Limitations of IPS

Perceived impacts of IPS

- Impacts on professional practice
- Impacts on professional development
- Impacts on ethical issues
- Impacts on administrative issues

Attitudes towards IPS

- Perceptions around the effectiveness of IPS
- Attitudes towards IPS prior to and following own experiences

Comparing IPS and discipline-specific supervision

- Similarities and differences between IPS and same-discipline supervision

- Supervision preferences

Recommendations

- Factors that could support effective IPS
- Areas that could be improved within IPS

Closing

- Participants will be invited to share any further information they feel is relevant.
- The researcher will finish by thanking participants.

Appendix J

Integrated theme development

The microsystem: IPS as a mechanism for supporting interprofessional working		
Impact on interprofessional communication	Studies 1, 2, and 3	It was suggested that within IPS, there is a need to learn ways in which to convey clinically relevant information using language that a supervisor or supervisee without specific disciplinary knowledge or training can understand (1, 2, 23). A key element in this learning was developing an awareness of the use of unnecessary professional 'jargon' and communicating in clear, easily understandable language (**2**, 23). It was thus noted that IPS may provide opportunities to develop greater communication skills, which may have positive implications for both interprofessional communication (**2**, 23) and communication with service-users (**2**) (Study 1). Positive effects on teamwork were also associated with enhanced communication skills developed through IPS, which most often related to skills developed in managing differences in professional language between supervisors and supervisees (**1**, **2**, 23) (Study 1). 'I think interprofessional s/v would aid dialogue and practice in meeting holistic need provision' (Study 2). IPS was valued for potentially creating a dedicated space for interprofessional communication. One participant explained: 'In disability we really do work as an MDT (multidisciplinary team), like interdisciplinary working. So you can work together, that's fine, but I think if you have the access to interprofessional supervision it just opens up more space to discuss cases' (P5) (Study 3). Five participants felt that IPS was particularly well-suited to disability services. Often, this was linked to a view of disability settings as inherently interprofessional due to the extensive interprofessional communication needed to support service-users with complex needs (Study 3).
Opportunities to develop a greater understanding of other professional roles	Studies 1, 2, and 3	Participating in IPS was indicated as enhancing understanding of the roles and approaches of other disciplines among professionals across nine studies (**1**, **2**, **7**, **9**, **10**, 12, 13, **17**, **25**). This was positioned as a key benefit of IPS, as it was suggested that prior to participating in IPS professionals may have relatively limited awareness of the roles of other disciplines, which the prospect of transitioning towards the use of IPS may bring to light (**10**, 13) (Study 1).

		IPS was viewed as a valuable opportunity to gain a deeper understanding of the roles of other professions (n = 13): 'Through interprofessional supervision one would have a more in-depth understanding of the specific tasks and roles each discipline carry out in their role' (Study 2). It was felt that IPS may present an opportunity to gain insight into the ideological positioning and core values of other professions: 'It can highlight if they are solution focused/outcomes focused … This can also highlight where "importance" may be placed i.e. medical model or social/identity model' (Study 2). Peer-group IPS was considered particularly beneficial in this regard, as it was viewed as providing a deeper understanding of and respect for the various roles held within interprofessional teams (Study 3).
IPS as a process of shared learning	Studies 2 and 3	IPS was viewed as a potential space for 'shared learning' where each professional could contribute knowledge and skills unique to their discipline (Study 2). Two participants viewed an openness to learning from all involved as essential, with one stating: 'If I'm a supervisor, it doesn't mean that I know it all. I'm open to learning from my supervisees, and moreover if I have supervisees from different professions, I'm more open to learn from them' (P6) (Study 3).
Working more collaboratively	Studies 1 and 2	Enhanced understandings of other professional roles and approaches were associated with greater confidence in engaging in interprofessional practice within the workplace (23), and enhanced teamwork within multidisciplinary teams (**1**, **2**, **9**, 12, **17**, **25**) (Study 1). It was suggested that through IPS, professionals may become more comfortable with various areas of interprofessional working, including 'problem-solving' and 'collaborative working' (Study 2). Participants believed that by encouraging professionals to work in more collaborative, interprofessional ways, IPS may lead to a more coordinated approach to service-provision within interprofessional teams: ''It would support with understanding roles of other professionals and a coordinated approach to supporting families', and encourage a holistic approach to meeting service-user needs 'I think interprofessional s/v would aid dialogue and practice in meeting holistic need provision' (Study 2).
Enhancing respect/ appreciation for other professions	Studies 1, 2, and 3	It was suggested that supervision was enhanced when supervisory relationships were experienced as reciprocal and where there was mutual respect between parties (**1**, **4**, **15**) (Study 1). … the process of engaging with a supervisor or supervisee from another discipline while participating in IPS itself was indicated as having the potential to challenge professional assumptions (**17**), as well as

		enhancing appreciation for the work of other professionals (**2**), and increasing understandings the contribution of other disciplines in supporting service-users (**1**) (Study 1). IPS was viewed as a valuable opportunity to gain a deeper understanding of the roles of other professions (n = 13): 'Through interprofessional supervision one would have a more in-depth understanding of the specific tasks and roles each discipline carry out in their role' (Study 2). Four participants believed that the interprofessional insights gained through IPS could foster a deeper respect for the work of other disciplines. This was viewed as particularly valuable for those working within interprofessional teams, potentially leading to 'more celebration of each other's roles' (P5) (Study 3).
Impact of negative team dynamics/ hierarchical culture	Studies 1 and 2	Restricted views of other disciplines were associated with professional biases and assumptions (**2**, **10**, 13), which were indicated as impacting willingness to embrace IPS (13), and challenges in acknowledging the potential benefits of IPS (**10**). Biases towards and assumptions about other disciplines were also associated with pre-existing beliefs around professional hierarchies (**2**, 12) (Study 1). It was suggested that professionals who had risen through hierarchical systems may be more comfortable within these systems (**15**). Concerns were noted around the willingness of supervisees who worked within hierarchical systems to embrace IPS, particularly in cases where the supervisee came from a discipline which would typically be seen as being in a higher position than that of their prospective supervisors (12) (Study 1). Where trust could not be fostered within the supervisory relationship, it was suggested that supervisees may withhold information from their supervisors (**1**, **7**) which was indicated as potentially impacting the safety of their professional practice (**1**). For this reason, one study suggested that IPS should not proceed if there was any doubt that a relationship of trust could be developed (**1**) (Study 1). However, five participants suggested that in teams where there are existing issues between professions, IPS could potentially reinforce these issues. There was concern that perceived professional hierarchies could negatively impact the IPS process: 'Some professions might get more of a say or their opinion be given more weight on the simple basis of their profession/qualification' (Study 2). Similarly, it was suggested that in instances where a supervisor views the supervisee's role as less important than the roles of other team members the supervisee's expertise may be underutilised, particularly when the IPS supervisor is also the supervisee's manager: 'undermining my work as lesser

		than eg physio and then delegating me for more mdt based work like family service plans'. It was thus indicated that IPS may be less suitable in teams where there are existing difficulties with interprofessional working and collaboration (Study 2).

The mesosystem: Balancing interprofessional and discipline-specific identities		
Each profession as distinct specialisms with unique areas of expertise	Studies 1, 2, and 3	For example, IPS offered opportunities to address certain gaps in the knowledge or skill sets of professionals, most often in relation to particular aspects of their roles or contexts which may be more in line with the training of other disciplines (**1**, **9**, 26) (Study 1). Almost half of the participants (n = 18) described IPS as an activity which focused on the development of interprofessional competencies. This was linked to the belief that each profession brings unique disciplinary knowledge and skills to the IPS process, and that a core feature of IPS was the leveraging of professional differences (Study 2). Participants viewed each allied health discipline as its own unique specialism, with its own distinct expertise and skill sets (Study 3).
IPS as an opportunity for knowledge and skill sharing	Studies 1, 2, 3	IPS offered opportunities to address certain gaps in the knowledge or skill sets of professionals, most often in relation to particular aspects of their roles or contexts which may be more in line with the training of other disciplines (**1**, **9**, 26) (Study 1). IPS was viewed as beneficial when professionals specifically sought to gain skills or competencies more aligned with the work of another profession. In such instances, it was viewed as a valuable space for sharing skills and competencies across professions (Study 2). There was a broad consensus across both groups that participating in IPS supported and enhanced the development of interprofessional knowledge and skills (Study 3).
Gaining different perspectives on one's work	Studies 1, 2, and 3	IPS supervisors were also described as offering different perspectives to professional practice (**1**, **7**, **25**), as well as being less impacted by taken-for-granted approaches and having greater neutrality when

		offering advice and feedback, benefitting supervisees by challenging their existing knowledge and approaches (**7**, **9**) (Study 1). A key benefit of IPS across a number of studies was exposure to different perspectives and approaches (**1**, **4**, **8**, **9**, **21**, **25**, **27**) (Study 1). Twelve participants viewed IPS as an opportunity to gain different perspectives on their work with service-users (Study 2). This was considered a useful opportunity to reflect on professional practice through a process of interprofessional reflection which was less influenced by one's own disciplinary perspective than discipline-specific supervision. For instance, one participant commented: 'Reflective questions are posed from a different point of view' (Study 2). A key benefit of IPS was the opportunity to receive support and advice from professionals in other disciplines. Five participants valued this as an opportunity to gain new perspectives regarding their approaches to working with service-users (Study 3). Six participants saw IPS as an opportunity to gain insight into the skills of another discipline, and potentially incorporate the knowledge gained into one's own practice. One participant noted: 'If you talk to a social worker who works with families all the time, you can learn quite a lot from how they approach cases to your work as a physio' (P5) (Study 3).
Developing more creative approaches through broader perspectives	Studies 1, 2, and 3	… it was suggested that IPS may positively impact professional practice by exposing professionals to a greater breadth of approaches (**1**), providing opportunities for professionals to broaden their knowledge and skill sets (**21**), exploring different theories and their application to practise (26), and supporting professionals in understanding clinical issues more clearly and broadly (**25**) (Study 1). IPS was also indicated as encouraging professionals to think more creatively about their work (**1**, **17**, **25**), and was described as presenting new challenges to professionals, which was associated with enhanced competence and confidence within their professional roles (16, **27**) (Study 1). It was suggested that this could lead to 'more rounded therapists', with broader skill-sets (Study 2).

		Seeing things from a 'fresh perspective' was believed to encourage the development of new ideas and approaches: 'Interesting to see from another discipline's perspective - may bring new ideas or ways of looking at things' (Study 2). It was felt that this could broaden professionals' perspectives and encourage more creative approaches to work with service-users. Reflecting on their own experience, one participant commented: 'I suppose it's given me the confidence, you know, to think outside the box' (P7) (Study 3).
Need for continued access to discipline-specific supervision	Studies 1, 2, and 3	Discipline-specific supervision was highlighted as supporting certain aspects of professional practice and development more effectively than IPS, including support for discipline-specific issues (**1**, **4**), the interpretation of ethical codes (**1**, **9**), the development of certain technical skills (**9**), administrative decision making (**15**), and the sharing of information regarding developments and issues within one's own professional field (**4**). As it was thus indicated that discipline-specific supervision plays an important role in supporting practice and development within one's own discipline, it was suggested that IPS should not be used in place of discipline-specific supervision (**1**) (Study 1). IPS was highlighted as having a number of potential benefits for professionals, and it was suggested that experiences of IPS were further enhanced when discipline-specific needs were met through engagement with discipline-specific supervision (**17**) (Study 1). Three participants responded, and all three suggested they would be more satisfied if they had more access to discipline-specific support. For instance: 'If it was alternated with SLT supervision on a more regular basis'. Similarly, supervisors were asked if anything might increase their confidence in providing IPS. One supervisor responded with the following: 'Supervision for myself! I have not had any discipline-specific or interprofessional supervision since I moved into an OT manager post 20 years ago'. Thus, access to discipline-specific supervision was viewed as a potential facilitator for IPS. (Study 2). A significant number of participants (n = 15) believed that IPS was not beneficial for developing knowledge and skills in one's own field (Study 2). Twelve participants expressed concerns that supervisors may lack the depth of knowledge needed to provide meaningfully support for the discipline-specific work of supervisees: 'Lack of understanding of the complexity of the social work role' (Study 2). There was a consensus among these participants that IPS should not be a replacement for discipline-specific supervision, particularly when addressing discipline-specific issues (Study 3).

		… access to discipline-specific supervision was considered important for those of all experience levels (Study 3).
Potential loss of individual specialisms	Study 2, 3	Concerns were also noted regarding the potential loss of discipline-specific skills 'If not managed well can lose unique knowledge, skills and experience of professional role' (Study 2). Four professionals, including three from the PDS Group, felt that being without discipline-specific supervision may lead to difficulties maintaining professional identities. This was often linked to wider concerns about the loss of individual specialisms in the context of interprofessional teams. For example, one participant commented: 'There's too much of this common denominator kind of a thing, that everyone can do a little bit of everything. Which you can to a certain extent, but we're losing the professionalism and the specialism, I suppose, of the different disciplines within that' (P3) (Study 3).

The exosystem and the macrosystem: The gap between ideal IPS and the reality of IPS in the Irish disability context.		
Belief that no profession should hold authoritative role in IPS	Studies 1 and 3	Contracting was also positioned as a necessary step in clarifying accountabilities in IPS (**9**). This may be an important element in ensuring the safe and ethical practice, as it was indicated that in some cases professionals were acting as IPS supervisors without clear agreements in place as to the extent to which they could be held accountable for the professional practice or ethical adherence of supervisees (**7**) (Study 1). Four participants believed that the format of IPS impacted the power dynamics between those involved, with some expressing concerns about formal one-to-one IPS arrangements involving an identified supervisor and supervisee (Study 3). Those with this view were often uncomfortable with a member of one profession holding an authoritative role over another, fearing that this could result in a prescriptive process wherein supervisors may provide guidance beyond their expertise. One participant summarised these concerns as follows: 'I would be cautious of one profession having more of an authoritative role in supervising a different profession, because they don't know the codes of best practice, ethical guidelines associated with each profession, and they don't have the experience for discipline-specific needs' (P7) (Study 3).

		Three participants who had taken part in peer-based formats of IPS believed that this arrangement provided a less formal setting conducive to mutual learning. Reflecting on their experience of one-to-one peer-based IPS, one participant commented: 'She's learned a lot from me, I've learned a lot from her' (P7) (Study 3). Despite the aforementioned concerns, three participants, all of whom were supervisors, felt that the role of an IPS supervisor was generally less authoritative than that of a discipline-specific supervisor. One suggested that IPS was most effective when it was approached as a 'collaborative partnership' (P8) (Study 3).
Need for clear information/ guidance	Studies 1 and 3	Clear explanations of the purposes and potential benefits of IPS at an organisational level were noted as maximising learning potentials for supervisees (**10**), and it was described as important that supervisors demonstrated informed and realistic understandings of what IPS could achieve (**8**) (Study 1). Participants in the PDS Group described an absence of clear guidance for supervision within this context. One participant felt that this posed risks to the programme, stating: 'We need to grapple with this, or we'll be sorry' (P1) (Study 3).
Importance of contracting	Studies 1 and 3	IPS was described as working best when both parties were clear about its purposes and limitations (**1**), and where mutual understandings were jointly negotiated (**27**) (Study 1). Several studies indicated that explicit efforts should be made early on in the IPS process to clarify the purposes of and expectations for IPS (**7**, **9**, **27**). The process of contracting was suggested as a means through which to address this, offering an opportunity to clarify functions, roles, accountabilities and boundaries (**7**, **9**). However, it was evident where reported that there were variations in the level of formal contracting between studies, and it was not uncommon for professionals to report having no formal contract in place (**7**, **17**) (Study 1). …it was suggested that more thoroughness was needed in the contracting phase within IPS in comparison to discipline-specific supervision due to the interprofessional nature of the relationship (**9**) (Study 1).

		Four participants believed that in order for one-to-one IPS with an identified supervisor to be effective, it was crucial that supervisees were empowered to express their needs, and three participants placed importance on contracting (Study 3). Effective contracting was also considered essential for defining the boundaries of IPS and ensuring a shared understanding of its limitations. One participant commented: 'For me the contracting process is so important. At the outset, of being really clear about what I can provide' (P8) (Study 3).
Difficulty accessing supervision/ IPS being used in place of discipline-specific supervision	Studies 2 and 3	Eight participants provided information about how their involvement in IPS came about. Comments highlighted two key influences on the introduction of IPS: the delegation of supervisory responsibilities to line managers (n = 4), and staffing challenges (n = 3). In some cases, these issues were linked, for instance: 'Discipline specific supervision is not available and employer agency line manager had to take over role to fill gap' (Study 2). One felt that IPS was undervalued in Ireland due to a general undervaluing of supervision, expressing frustration regarding the lack of resources and encouragement for those seeking to access supervision: 'There is no directory, there is no networking, there is no support' (P6). This participant believed that this limited professionals' ability to make choices about the types of supervision they wished to engage with (Study 3). This perceived undervaluing of supervision was evident in participants' comments about the establishment of PDS, with three suggesting that insufficient consideration had been given to supervision in the development of the programme (Study 3).
Overlap between supervision and management	Study 2 and 3	Eight participants provided information about how their involvement in IPS came about. Comments highlighted two key influences on the introduction of IPS: the delegation of supervisory responsibilities to line managers (n = 4), and staffing challenges (n = 3). In some cases, these issues were linked, for instance: 'Discipline specific supervision is not available and employer agency line manager had to take over role to fill gap' (Study 2). Several participants believed that the most significant risk was posed when professionals were relying on a professional from another discipline for both management and supervision, as this was viewed as potentially leading to 'clinical governance issues' (Study 2). One participant believed IPS was particularly challenging within the Irish context because of a perceived overlap between supervision and management in public health and social care settings, commenting:

		'The job descriptions, roles, and responsibilities have been aligned with clinical management' (P4). This participant felt this impacted professionals' openness to IPS: 'I've often said this but then I get, you know, shot down in a meeting, I don't need to be necessarily clinically supervised by an SLT manager, but that's the way that Ireland has structured it' (P4) (Study 3). Views on the relationship between supervision and management varied among participants, however work setting appeared to influence perspectives. Four participants, three of whom were from the Non-PDS Group and worked in private settings, drew clear boundaries between management and supervision, with one suggesting: 'Line management is to support you in your role, in your employment I suppose. Whereas clinical supervision is more about your personal development as a professional' (P3) (Study 3).

The chronosystem: Shifting supervision needs and competencies throughout the career span.		
Development of discipline-specific supervision developed through discipline-specific supervision should be focus in early career	Studies 1 and 2 and 3	Providing IPS to students was highlighted as being somewhat more complex than providing IPS to experienced professionals for a number of reasons. A key issue was the developmental and training components involved in student supervision, with concerns highlighted among supervisors around their abilities to provide the necessary discipline-specific knowledge or technical guidance, often with limited knowledge of the supervisees' discipline (**8**, **9**, 19) (Study 1). Supervision from one's own profession was thus viewed as 'essential' for maintaining discipline-specific skills, and it was suggested the development of discipline-specific competencies should be prioritised for newly qualified professionals (Study 2). Six participants highlighted the necessity of discipline-specific supervision for newly qualified professionals, who they believed need guidance from experienced members of their own professions to develop core knowledge and skills. One participant suggested: 'the first five years I suppose are crucial, that you're getting good guidance and people are really looking at your cases in detail to make sure you're doing the right steps' (P3) (Study 3).
Need for strong foundation of discipline-specific	Studies 1, 2, and 3	… supervisees at times experienced less feedback on their work when compared with discipline-specific supervision (Study 1).

knowledge prior to IPS		One participant with experience of IPS as a newly qualified professional commented: 'there is so much to learn about your own profession before expanding and learning about other disciplines' (Study 2). Another participant felt that it would be more challenging to provide IPS to newly qualified professionals, commenting: 'if I had a brand new OT coming in who had maybe no experience or it was their first job, I think that would be more challenging because the things they would probably come with is, you know, the kind of more basic clinical things' (P5) (Study 3). It was suggested that professional experience mitigates this risk: 'If you get to that point where you've kind of mastered the basic competencies and skills and knowledge of your own profession, I think it's a really rich place then to start linking with others' (P7) (Study 3).
Possibility that less experienced professionals will be guided to work outside of disciplinary boundaries/ less able to advocate for own role	Studies 1 and 3	While developing skills in advocating for one's own discipline was indicated as a potential benefit of IPS, students were highlighted as being less empowered to do so than qualified professionals, placing them in challenging situations (**2**) (Study 1). Three participants felt there was a risk that newly qualified professionals relying solely on IPS could be guided to work outside the boundaries of their profession, with one stating: 'They don't know what they're walking themselves in for. And it's unsafe for them, they might take on too much, they might make unwise decisions or they might get into practice that really isn't social work' (P1) (Study 3).
Importance of supervisor competence	Studies 1 and 3	..the efficacy of IPS was also highlighted as being impacted by the experience levels and perceived expertise of supervisors (**1**, **4**, **17**, 20, **21**) (Study 1). In much the same way as supervisees, it was suggested that in order for IPS to be most effective, supervisors should first be sure of their own practices (**1**) (Study 1). Supervisee receptiveness to and valuing of supervision was indicated as being somewhat dependent on perceptions of the competence and clinical expertise of supervisors (**1**, **4**, 12, **13**, **17**) (Study 1). Expertise in supervision was viewed as a key facilitator in effective IPS, with five participants suggesting that expert supervisors may be more adept at navigating different approaches to supervision (Study 3).

		Three participants believed that competence and skills gained from providing discipline-specific supervision could be applied to IPS, with one commenting: 'I think it's transferable … because the supervision skills I suppose are kind of universal' (P5) (Study 3). However, four participants believed that the level of expertise needed to effectively supervise other professions could only be developed through supervision training. Two participants, who had formal, non-discipline-specific qualifications in supervision, felt that this training provided them with transferable skills useful in both IPS and discipline-specific supervision (Study 3).
Impact of relative experience levels of supervisors and supervisees	Studies 1 and 3	At times, this related specifically to the relative experience levels of supervisors and supervisees in shared areas of practice or those which were of particular focus in IPS (**1**, 12, **25**) (Study 1). In cases where supervisors were viewed as less highly skilled in the specific area of practice than supervisees, it was indicated that IPS may not provide sufficient support (**25**), and that supervisee receptiveness may be negatively impacted (12) (Study 1).