

# Learning, connecting and holistic wellbeing: A study of how supervisors sustain wellbeing and resilience

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**Abstract:** Professional supervision contributes to practice safety and supervisee wellbeing, supporting both quality service delivery as well as professional and personal development. However, the supervisor's own support and development are areas less traversed. This study explored the activities that supervisors identified as necessary to sustain their wellbeing and resilience.

A nationwide, mixed methods study exploring how supervisors support and sustain their professional development, wellbeing, and resilience was conducted in Aotearoa New Zealand. Supervisors across a range of professions participated in the study and the qualitative data identified a range of activities which maintained, supported and strengthened their wellbeing.

The activities were positioned within the supervisor's person-centred and practice-centred domains: self-knowledge and self-awareness of stress; conscious attention to holistic wellbeing; social connection, support, and learning from others; professional development; satisfying supervisory relationships; and professional self-management.

**Keywords:** professional supervision, holistic wellbeing, resilience, self-knowledge, supervisory relationships

## 1. Introduction

Supervisors in health and human service work provide an important role in supporting self-awareness, self-knowledge and the overall professional and personal development of workers (Hawkins & McMahon, 2020). Professional supervision is a forum for practitioners to critically engage with learning, reflection, action planning and decision making (Davys & Beddoe, 2020). This assists workers to have a strong professional identity, ensures they are practising safely, and attends to worker wellbeing (Davys & Beddoe, 2020; Weld, 2023). The opportunity to reflect, process, and make sense of experiences also supports the development of resiliency for workers which can assist with staff retention and job satisfaction. The overall intention of professional supervision is to support quality service delivery.

When health and human service workers are not provided with reflective opportunities to process and integrate challenging experiences, persisting emotional impacts such as stress, distress, emotional labour, indirect trauma, and trauma can occur (Weld, 2023). Left unattended, these can significantly impede their wellbeing. Not addressing these impacts can also contribute to the risk of professional dangerousness where workers may unintentionally leave vulnerable children, young people, and adults at risk of ongoing harm (Reder et al., 1993; Morrison, 1990).

A supervisor must be cognizant of their own wellbeing and resilience if they are to support those they supervise. The isomorphic nature of professional supervision (Davys & Beddoe, 2020) indicates the unspoken learning that can exist within the supervisory relationship itself and how the relationship role models expectations of all professional relationships. Receiving supervision from a supervisor who is not demonstrating their own wellbeing or resilience can create a dissonance if the supervisor is attempting to attend to these in the supervisee. Professional supervision requires focused attention by the supervisor and a capacity to put themselves aside to be better available to the supervisee. It is difficult for supervisors to do this if they themselves are struggling to remain well and adaptive to challenges they may be experiencing.

In this study, the aim was to create a deeper understanding about how supervisors sustain their wellbeing and resilient practice. Findings from semi-structured interviews undertaken with professional supervisors within social work, occupational therapy, psychology, counselling, teaching and physiotherapy in Aotearoa New Zealand explored how they did this. Six overarching person and practice-related themes of wellbeing and resilience, along with key activities to enable these are reviewed.

### *1.1 Defining wellbeing and resilience*

Early research and thinking around wellbeing identify it as a “multi-dimensional construct” (Dodge et al., 2012; p.223), and as such, it is difficult to define. Dodge et al., (2012) noted the origins of the term “wellbeing” to resonate with Aristotle’s concept of eudaimonia, connecting to aspects of positive psychological functioning and satisfaction with life. The World Health Organisation (2021) define wellbeing as a positive state encompassing quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. In contrast, Jarden et al., (2021) applied the term “illbeing” observed from negative work impacts contributing to psychological stress and distress, and emotional and physical exhaustion within the group of nurses they researched. Prentice et al., (2023) commented from their literature review into General Practitioner supervisor wellbeing, that the concept is not well defined and predominantly “conceptualised in personal psychological terms and, to a lesser extent, professional satisfaction” (p.2).

Wellbeing is at times, defined in terms of the components that it consists of as opposed to an overall definition such as happiness, fulfilment, or realisation of potential (Dodge et al., 2012). Lambert et al., (2020) add considerations such as life satisfaction, positive emotions, positive life meaning, and wider considerations including political freedom and social equality. They also highlight the need to consider the contribution and impact of culture, community, and nature, when defining wellbeing (Lambert et al., 2020), while Mäkelä et al., (2025) suggest wellbeing contributes to optimal psycho-social functioning. Dodge et al., (2012) summarise wellbeing to be a state, where all aspects of the system are “in equilibrium or homeostasis” (p.226) This state of equilibrium can be influenced by psychological, physical, and social challenges, and the level of psychological, physical, and social resourcing an individual has available to respond to these (Dodge et al., 2012, p.230). This is suggestive that wellbeing be considered holistically, noting that a range of both internal and external factors influence and contribute to an optimal state of equilibrium.

Individuals experiencing positive holistic wellbeing are more likely to experience happiness and joy and to be able to demonstrate important prosocial and relational characteristics such as compassion and empathy (Lambert et al., 2020) which are key factors in health and human service work. Individual holistic wellbeing is evidenced in Sir Mason Durie’s Te Whare Tapa Wha (the four pillars of a house) framework (1988) which describes and enables Māori health from an

Indigenous lens. The concepts of hinengaro (psychological wellbeing), wairua (spiritual wellbeing), whānau (family and social wellbeing) and tinana (physical wellbeing), fit well within the framing of psychological, physical, and social resources, with a clear focus also on spiritual resources. The existing psychological, spiritual, physical, and social resources a person can access, invites holistic thinking that supports and consciously attends to wellbeing. Within the psychological domain, there is attention to emotions, thoughts, and previous coping strategies. Within physical, awareness of the stress and restore response of the parasympathetic nervous system, and body work can be extrapolated. Social resources are suggestive of the relationship, roles, and connections available to assist with challenge and difficulty, while spiritual resources, faith, purpose, and meaning help strengthen personal self-constructs and support a positive identity. The aspects of hinengaro and wairua are internal resources that contribute to wellbeing, while whānau and tinana contribute to external resources.

Drawing from Te Whare Tapa Wha, the SPHERE model (Weld, 2014) identifies the domains of Spiritual, Physical, a sense of Hope, Emotional, Relational and a sense of positive Engagement (encompassing meaning and belonging) as key to individual holistic wellbeing. Again, these locate to both internal and external resources that can be supported and developed, and a recognition that all domains are interconnected, so impacts in one domain can both support and diminish overall wellbeing. Models such as Te Whare Tapa Wha and the SPHERE model provide supervisors with accessible frameworks to measure both their own wellbeing and that of their supervisees.

Resilience can be a contributing resource to wellbeing and is applied within the physical, psychological, and social domains. Mäkelä et al., (2025) noted the connection between wellbeing and resilience, drawing on Dodge et al.'s (2012) thinking that wellbeing is state of equilibrium between an individual's social, physical and psychological resources and challenges they may be experiencing (p.4). As with wellbeing, resilience is often identified as a series of traits rather than a whole. Resilience came to be appreciated as a "stable pattern of healthy adjustment" (Bonanno, 2012, p.753) in response to difficult or challenging life events. These responses often evidence "persistence and perseverance" linked to self-efficacy (Mäkelä et al., 2025, p 4).

Resilience also is seen to involve a combination of external and internal protective factors such as humour, self-efficacy, self-awareness, and social connectedness that assist with the process of adapting to change and challenge (Adamson, 2012; Adamson et al., 2012). However, resilience should not be viewed as a fixed pool of available resources as these coping mechanisms can be outweighed by certain life events subjective to an individual's experience.

As with the concept of post-traumatic growth (Calhoun & Tedeschi, 2004), resilience involves finding meaning following difficult life events, evidenced through increased strength and capacity. Resilience indicates learning from what has occurred and the ability to apply this to future adverse situations. Stephens (2013) also noted, "as we experience success in dealing with stress and adversity, we are better equipped to assist others in identifying their own protective factors to better navigate life challenges" (p.132). Resilience can therefore be viewed as the ability to recover from "adverse life events with increased adaptive coping strategies" (Weld, 2023, p.112), which can be a resource both to the individual and others. Events that challenge but not overwhelm, can therefore contribute to greater physical, social, and psychological resilience, in turn, supporting future wellbeing.

Focus on practitioner wellbeing and resilience in social and health care research has gathered momentum in recent years. Lambert et al., (2020) note that workers experiencing wellbeing are more likely to be productive, have a positive attitude at work, and are less likely to be absent due to ill health. "Professional resilience" can denote work related challenges and difficulties and the

ability to recover from these (Mack, 2022, p.17). A range of personal and professional support systems have been identified as essential in the workplace (McCann et al., 2013) and professional supervision has become one of these. Professional supervision is a key contributor to job satisfaction, and supports professional development skills, increased feelings of empowerment and confidence to speak up, maintains wellbeing, and prevents burnout for the supervisee (Carpenter et al., 2013; Friary et al., 2024; Hawkins & McMahon, 2020; Mor Barak et al., 2009; Weld, 2023).

Within their studies of student social workers, Kinman and Grant (2011) observed key social and emotional competencies that support resilience to stress. Emotional intelligence was noted as a prominent factor in resilience to social work stress and to support wellbeing, empathy, social competence and confidence, and reflective skills and abilities. The students indicating emotional intelligence, demonstrated self-reflection, empathetic reflection and reflective communication (Kinman & Grant, 2011, p.265) all of which are supported by professional supervision. Reflexive and reflective thinking skills were observed to be both self-protective and to enhance professional practice. Social competence in developing strong personal and professional support networks and a good work life balance played a key role in countering work stress with the social work trainees. Social workers able to develop clear emotional boundaries and ways of managing empathy also displayed resilience to stress, linking back to emotional self-awareness and self-knowledge.

Grant and Kinman (2014, p.27) specifically noted the important role professional supervision can play in supporting new social workers to have a safe place where they can “reflect on their practice and disclose and discuss their emotional reactions”, along with developing a “flexible repertoire of problem-solving and coping styles and engender a goal-oriented perspective” all of which are identified as competencies seen as foundational for resilience. Grant and Kinman (2014) do note that social workers need to understand what professional supervision is, and how to best utilise this. This need to understand professional supervision is a common theme across the health and human services supervision literature (Hawkins & McMahon, 2020).

Within neoliberal service delivery, professional supervision can be influenced by organisational cultures that restrict and individualise wellbeing and resilience as the employee’s ‘issue’, while ignoring or failing to respond to structural problems (Davys & Beddoe, 2020; Hawkins & McMahon, 2020; Zilberstein, 2021). To ensure choice for the supervisee and to mitigate managerialism, an external supervisor may be contracted by organisations to ensure supervisee wellbeing (Rankine, 2019). Shaped by professional and organisational contexts, professional supervision cannot be viewed as ‘politically innocent’ (Adamson, 2012). It is crucial that more is known about how supervisors sustain health wellbeing and resiliency in their work to best support those they are supervising. The current study aimed to extend this understanding of how supervisors sustain their wellbeing and resilient practice. Within an Aotearoa New Zealand context, the main research question of the study was: *How do supervisors sustain their wellbeing, resiliency, and maintain their professional learning?*

## 2. Methods

The study explored supervision in a post-pandemic environment of Aotearoa New Zealand among health and social care supervisors and specifically, how their practice development, wellbeing and resilience were sustained. Our research team comprised four experienced practitioners with experience in practising, teaching, and researching professional supervision in health and social services.

A mixed methods approach was employed in the study via an online survey and individual

interviews. A range of professionals (including social workers, occupational therapists, counsellors, and physiotherapists) were recruited through advertisements placed with professional bodies and social media groups across Aotearoa New Zealand. 203 participants participated in the survey.

The 30-minute online survey was available on the Qualtrics website ([www.qualtrics.com](http://www.qualtrics.com)), from February to September 2023. The online survey comprised of questions related to wellbeing, resilience, professional development, and the influence of the post-pandemic environment. Initially in the survey, participants were asked demographic information (age, gender, ethnicity, profession, employment sector) and supervision practice (years supervising, supervision type provided). Participants were then asked for their perspectives related to the activities and relationships that support/impact supervisor wellbeing, resilience, and professional development. Each question was answered using a prescribed rubric of different factors and included rating scales from 1 = *not at all* to 5 = *all the time*. Participants also had the opportunity to elaborate on their answers with a qualitative response. Finally, participants were asked open-ended questions relating to challenges/further opportunities to wellbeing, resilience, and professional development of supervisors post-pandemic.

At the end of the online survey, participants received an invitation to contact the research team for a follow-up individual semi-structured interview. The semi-structured interviews expanded on the survey questions and provided deeper analysis of the supervisor’s role, the activities and relationships that support/impact on supervisor wellbeing, resilience, and their professional development. Interviews were audio-recorded online and independently transcribed. Each interview was approximately 60 minutes long and participants had the opportunity to review the transcript. Interviewed participants were given a pseudonym. The findings examined in this paper are from the semi-structured interviews and their responses related to supervisor wellbeing and resilience. The data from the survey and other findings from the interviews have been reported in Rankine et al., (2025) and in other manuscripts.

Twenty-eight interviews were completed (See Table 1) from the wider sample of the online survey. 27 of the participants identified as female; one was male. 20 of the participants were between the ages of 41 and 60 years of age. Most participants (24) identified as New Zealand European or Pākehā, and also included two Māori, two Tongan, one Indian, one Filipino and one Caribbean/French. From a professional focus, there were 16 social workers; four counsellors; four occupational therapists; one nurse, one psychologist, one teacher and one physiotherapist. Participants had a range of five to 40 years’ supervisory experience with 19 participants being self-employed as supervisors. 19 participants had a tertiary qualification in professional supervision, while the other participants had received in-house supervision training.

**Table 1.** Demographics of interview participants

Pseudonym	Age band	Gender	Ethnicity	Degree/ Qualifications/ training in supervision	Profession	Employment sector	Years of supervision
Enid	70+	F	Pākehā	Workshops Workplace-based training	Social work	Private practice	40
Erica	41-50	F	Pākehā	Post graduate Diploma	Social Work	Private practice	7

Pseudonym	Age band	Gender	Ethnicity	Degree/Qualifications/training in supervision	Profession	Employment sector	Years of supervision
Eliza	61-70	F	Pākehā/Tongan	Human Development Institute (1980s)	Occupational Therapy	Private practice	36
Elyse	70+	F	Pākehā	Workshops Workplace-based training	Counselling	Private practice	40
Emily	51-60	F	Pākehā	Workshops Workplace-based training	Occupational Therapy	Private practice	34
Eden	51-60	F	Pākehā	Polytechnic supervision qualification	Physiotherapy	Hospital Clinical	8
Erin	41-50	F	Pākehā	Bachelor Social Work	Social Work	Statutory social work	15
Jason	41-50	M	Māori	Post graduate Certificate	Social Work	Private Practice and NGO	10
June	41-40	F	Pākehā	Post graduate Diploma	Social Work	Private Practice	10
Susie	51-60	F	Pākehā	Post graduate Certificate	Counselling	Private Practice	11
Sarah	51-60	F	Pākehā	Post graduate Certificate	Social Work	Private practice	16
Sally	51-60	F	Pākehā	Post graduate Certificate Workshops	Social Work	Health, Private practice	30
Vivian	51-60	F	Pākehā	Post graduate Certificate	Education/Teaching	Teaching and Careers, Private practice	5
Alice	41-50	F	Pākehā	Workshops Workplace-based training	Health Systems Leadership, Occupational Therapy	Health clinical	20
Amy	70	F	Pākehā	Certificate in supervision Workplace-based training	Social Work	Statutory social work, private practice	25
Toni	41-50	F	Pākehā	Work based supervision course	Occupational therapy	Private practice	5
Teri	70	F	Pākehā	Certificate in supervision	Counselling	Private practice	23

<b>Pseudonym</b>	<b>Age band</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Degree/Qualifications/training in supervision</b>	<b>Profession</b>	<b>Employment sector</b>	<b>Years of supervision</b>
Theresa	60-70	F	Pākehā	Certificate in supervision	Counselling	Private practice	30
Tara	51-60	F	Pākehā	Diploma in supervision	Social work	Private practice	28
Tanya	41-50	F	English	Certificate in supervision	Psychology	Private practice	17
Trish	41-50	F	NZ European	NGO supervision training	Social work/teacher	Statutory	20
Pat	51-60	F	Caribbean/ French	Diploma in Social work and education Diploma Cultural Supervision	Social work	Statutory – Kaitiakitanga role	10
Pam	31-40	F	NZ European	Bachelor of Social Work Post graduate certificate in supervision	Social work	Private practice. NGO	5
Penny	41-50	F	NZ European/ Māori	Bachelor of Social Work	Social Work	Health	10
Paula	41-50	F	Indian	Bachelor of Social Work Post graduate certificate in Supervision Postgraduate Diploma in Counselling	Social Work/ Counsellor	Health	6
Polly	51-60	F	NZ European	Diploma Social Work Post graduate certificate in supervision	Supervisor/ Social worker	Private practice NGO	7
Prue	51-60	F	NZ European, Pākehā	Registered Nurse Qualification Diploma in Midwifery Post graduate certificate in leadership Post graduate diploma in CBT and in supervision	Nurse	Health – addictions (internal)	17

Pseudonym	Age band	Gender	Ethnicity	Degree/Qualifications/training in supervision	Profession	Employment sector	Years of supervision
Petra	41-50	F	Filipino	Bachelors and Masters in Social work Bi-Cultural Supervision Certificate	Social worker	Statutory	17

*Note.* Table 1 is adapted from part of Rankine et al., 2025 published by Taylor & Francis in *The Clinical Supervisor*, available at: <https://doi.org/10.1080/07325223.2025.2531101>

The interview data were initially analysed separately by the research team. Each team member initially analysed their recorded and transcribed interviews. Coding reliability thematic analysis (Braun & Clarke, 2022; Terry et al., 2017) was employed, via the use of individualised codebooks, to capture the coding process. This framework is particularly useful within research teams (Ayre & McCaffery, 2022). A codebook was then developed by the team from across the data set and this process was influenced by our respective theoretical and research knowledge. The generative process of theme development involved several iterative phases of review of the codebook (deductive and inductive coding) by the team until themes were agreed. This process of analysis was created as a team. This study was approved by the University of Auckland Human Participants Ethics Committee (ref: UAHPEC25419).

### 3. Findings

The findings from the participants reported a range of activities which supported holistic wellbeing and resilience. These activities included person-related and practice-related factors (see Figure 1 below). These activities have fluidity and much overlap with one another (for example, personal and professional relationships/connections). Therefore, a combination of these activities for supervisors were considered essential. However, for purposes of deeper examination in this paper, each theme is described here as separate and discrete aspects to wellbeing and resilience.

From the interview data, six overarching themes were developed: self-knowledge and self-awareness of stress; conscious attention to holistic wellbeing; social connection, support, and learning from others; professional development; satisfying supervisory relationships; and professional self-management. The first three themes were indicative of person-related activities of wellbeing and resilience, whereas the last three themes comprised of practice-related activities. Each of the themes provided examples of strategies and actions employed by supervisors.

#### 3.1 Self-knowledge and self-awareness of stress

The importance of knowing one's limits, having clear boundaries, and recognising stressors was highlighted by the participants. This self-knowledge had been learnt over time and become key to sustaining wellbeing. Supervisors are often working from a combination of both cognitive and emotional skill sets. June (social worker) commented that, "for instance, a builder, their tool is their hands and their hammer, for us it's our heart and our head and we need to look after both of them." Theresa (counsellor) also realised that "the more I talk about [wellbeing] in training situations, then that reminds me as well that I need to do my own self-care, because then I can talk about it with integrity." The opportunity to make sense of experiences and process emotions

was seen as contributing to wellbeing, beginning with recognising impacts through self-awareness and self-knowledge.

**Figure 1.** Summary of activities to sustain wellbeing and resilience



Supervisors who were self-employed, while enjoying autonomy and freedom from organisational pressures, spoke of the need to set limits on workdays and professional boundaries:

*I was doing administration for practice at 7 o'clock at night, I was doing my invoicing for people on Saturday, so I realised you must have some clear boundaries about when you work. I see with some of the people I work ... is dictating to them, when and how and what hours they should work rather than them having that kind of agency for themselves. (Tara, social worker)*

The need to balance full time work where possible was a conscious decision for Tara in order “to sustain longevity in the work and all the other things that might have to happen in life as well, alongside working.” The ability to be self-aware of overload and have variation in life was valued.

*Not having too many people on my caseload...and I've got very, very different things that I do. If I just did full time supervision, it would not be good for my mental health, like sitting in front of a computer all the time. wouldn't really work for me, but also, I think you get to a point where you just have too many people in your head. (Toni, occupational therapist)*

The supervisors noted that they too experienced carrying ‘too many clients in their heads’ and that there is a duty of care held by supervisors for those that they supervise and the client populations they are working for. While supervision can be seen as a closed activity, the ramifications of it and the influence of a supervisor, do require focused attention on what the supervisee is bringing to the session. Feelings of overload will bring a subtle or obvious stress for the supervisor, and this type of focused attention is less likely to occur. Instead, the supervisor

might move to a protective intent for themselves and become less emotionally and cognitively or even physically available.

### 3.2 *Conscious attention to holistic wellbeing*

Supervisors presented a narrative to describe holistic wellbeing involving close attention to physical, emotional, spiritual and cognitive factors. June (social worker) described the importance of holistic wellbeing as “we have to be number one, if we don't fill our own cups, we can't be of any value to anybody else.” For Alice (occupational therapist) “fulfilling the physical, the spiritual and the mental” was extremely important. Teri (counsellor) described their approach to wellbeing containing an intentional “mindfulness focus, a nature focus, a social focus.” Teri also noted the importance of “compassion activities”, recognising the sustaining nature of compassion with its link to the neural pathway of reward in the brain.

Activities such as yoga, running, tai chi, cold water therapy and walking featured as ways to attend to physical wellbeing. The importance of physical activity was noted as: ‘taking time away from work to attend to something or to go to that yoga class’ (Susie, counsellor) and “getting out and walking the dogs, playing tennis.” (Tanya, psychologist)

Restoring emotional and psychological wellbeing was identified by some as moving to a very different task. Sarah (social worker), for example, said “I'm an avid reader, I get into escapism.” Enjoyable activities and hobbies provided relief from the intensity of supervision and helped replenish energy levels. Nature provided a spiritual and restorative place for many. Trish (social worker/teacher) commented that “getting out in nature sustains me and that is my thinking time. That is where I'll do a lot of processing.” For Theresa (counsellor) “I go for a walk in the bush or I plant some plants in the garden.” Music also featured to gently support emotional health, as did experiencing everyday joy in life, being able to engage in humour, and demonstrating the skill of acceptance. Erica (social worker) captured the link between self-care and supervision practice neatly:

*there's a lot of self-nurture that's required for me to know that I've filled my cup, I can go into work tomorrow and I will probably have four supervisees where I'm in that space to hold their needs and respond to that... then I feel comfortable to leave that there and come home again. (Erica)*

### 3.3 *Social connection, support and learning from others*

Supervisors identified the importance of engaging in a range of different social connections. Sarah (social worker) stated that “I talk with ex-colleagues, my peers, social contacts.” Amy (social worker) also mentioned “relationships with those people that love you are really, really critical” and Tanya (psychologist) added “support, friendships, partner.” June (social worker) identified the opposite in that “I have no friends that work in the helping profession and that I find quite helpful at times.” For supervisors engaged in private practice as external supervisors, particularly when providing supervision online, the importance of social connection was elevated as a place to test and affirm their views and experiences.

These social connections were identified as being grounding and restorative. Sally (social worker) stated that, “I know there are people behind me that I can turn to and say, hey, look, I'm not sure about this. I think I need to step back or whatever and they will support me.” While the social dimension of wellbeing is most evident here, the psychological, emotional, and spiritual benefits are also implied. Belonging, meaning, identity and purpose can be reinforced and strengthened through social connection, contributing to greater wellbeing.

### 3.4 Professional development

Moving from person-related activities of wellbeing and resilience, there were also the practice-related activities supervisors engaged in. Not surprisingly, the supervisors saw their own professional development as essential to wellbeing. Sarah (social worker) commented that, “professional development, because reading and thinking keep me going.” The importance of professional development opportunities and learning also created a social connection:

*my wellbeing focuses on connection, it focuses on information. So literature, platforms that keep me in touch with clinical and non-clinical and health information, and system news and trends and development. (Alice, occupational therapist)*

*For me, learning is a real resilience activity; like I really enjoy learning. So having the opportunity to engage in that I find really helps. Because working for yourself, in some ways, is very isolating, and very boring. (Toni, occupational therapist)*

The COVID-19 pandemic contributed to the advent of greater access to online webinars and learning opportunities. This included seminars on professional development, wellbeing and self-care. Continuing to access and build knowledge contributed to an overall sense of wellbeing through a sense of continuing to grow and develop as a person:

*So, if I'm not reading stuff or listening to stuff ... I'm not growing then I become stagnant.... I think I am probably at my best when I'm learning and growing and developing myself and I pass that on more easily to others. (Trish, social worker/teacher)*

While professional development required cognitive application, the supervisors also saw it as key to wellbeing. A sense of expansion, fulfilment, growth, and flourishing were seen to contribute to the supervisors professionally. The rewards from this appeared to outweigh the effort required for it.

Professional development also supported creativity through the harnessing of new ideas, thinking and concepts. Prue (nurse) shared that “I keep challenging myself to do new things” and had applied creative approaches such as whakatauki (proverb) cards, and values cards in Te Reo Māori (Māori language). Prue was also able to recognise the skills learnt in practice to support clients, were applicable for her own wellbeing and resilience: “You know mindfulness, purpose and even sensory strategies, that help you sleep and checking out for yourself and putting them into your day and thinking, we all need it...wellbeing.”

### 3.5 Satisfying supervisory relationships

Working as a supervisor itself was observed to contribute to wellbeing again through both a sense of the supervisor’s own learning, but also the reward of contributing to another person’s growth and development in the supervisory relationship. This was summed up by Toni (occupational therapist):

*I just really enjoy getting to know people on a really deep level, and supporting their reflective practice, seeing them grow and develop ...And I think for me, that helps my resilience as well, because I get to know all of my supervisees as whole people, rather than just the professional, which then helps the relationship. And if you've got a good relationship, then you both get so much more out of the supervision. (Toni)*

The power of contributing to the supervisory relationship made supervisors consider the learning achieved by both parties within this process. For Jason (social worker), he remarked that “in your interactions with people, they learn a bit, they grow a bit, you both grow a bit.” There was also the significance of watching supervisees get support that was desperately needed:

*There are lots of people out there that need lots of support and I take the view of I'm not the be all or end all but if I can deposit something and help someone to think differently, then I have done my job. If I can add value into someone's world even if it is after one or two conversations. (Trish, social worker/teacher)*

The importance of a satisfactory relationship with one's own supervisor was also a key activity to sustain wellbeing and resilience. Sally (social worker) reflected that "my own supervisors have all been really good at sustaining me... that I can turn to." People's own supervision was noted as crucial to maintaining both safe practice and one's own wellbeing:

*[My] role means that I focus on others; I don't focus on myself and my development. I'm continually giving and supporting my team and not focussing on myself. Another challenge - this is a confession - is I don't have a supervisor at the moment. Yeah, it's not good. (Penny, social worker)*

Participants frequently noted the need to learn from one's own supervisor by having the opportunities to process, make sense of, and incorporate one's own experiences into learning and knowledge.

*So shaking off what might have happened in that moment. It doesn't happen very often that, but now and then something might sit uncomfortably that you need to clear before the next piece of work. (Tara, social worker)*

Having conversations with other supervisors provided the opportunity to hear other perspectives, share ideas and experiences, and learn from each another. For some participants, this was actioned through collegial and peer groups. Elyse (counsellor) commented that her peer support group is "always very enriching to pool our ideas and our responses and some things we agree about wholeheartedly. And some things we will always differ on." Theresa (counsellor) added that "Just having that collegial support and knowing that other people are dealing with similar stuff... that really helps. And in hearing what they do for their wellbeing and reminders, that, of course, that helps."

### 3.6 Professional self-management

The final practice-related theme identified in the study is professional self-management, where supervisors identified practical techniques to help ensure a sense of control over their workloads. These techniques, skills and preparation supported their overall wellbeing and be best placed to be present and supportive to others. Erin (social worker) commented on the importance of lists and visual cues:

*Making lists, being able to list things and cross them off, I think post- its are great, I can write things on sticky notes and then I can peel them off ..., and screwing them up and throwing them away. It's a really good way to feel you are on top of things. (Erin)*

These techniques helped bring a sense of control and accomplishment over task management. Other creative practical tools were noted by participants such as keeping a supervision journal to take to their own supervision. Trish (social worker/teacher) shared her use of blogging:

*So something that's happened in supervision that creates a desire to write something about it or to put something out there about it, and I think that kind of partly helps me reflect and helps clear some of that as well. (Trish)*

Participants also shared how they would mentally prepare for supervision though grounding techniques evident in mindfulness practices. This was seen as important particularly as supervisors, receiving supervisee's agenda items. Taking the time to decompress before a

supervision session was noted by Trish: “Thinking about supervision before you have supervision each time creating space to actually get yourself into an okay place not just going and jumping here and there which is not always easy.”

#### **4. Discussion**

The supervisor’s role is complex in navigating professional and organisational agendas, whilst holding a firm focus on the supervisee and their agenda for the session (Davys & Beddoe, 2020; Hawkins & McMahon, 2020). The significance of personal safety, development and support for supervisors is an area that is under-researched and has been suggested as a future research agenda (O’Donoghue, 2021).

In the current study, the six constructed themes describe how supervisors sustain resilience and wellbeing. The themes located and expanded the concepts of physical, psychological, and social resources necessary for supervisors to continue in their role. All locate to person-related and practice-related factors that support wellbeing and resilience. Self-knowledge and self-awareness of stress, and conscious attention to holistic wellbeing, along with social connections, support, and learning from others all endorse person-related factors which contribute to physical and psychological resources. Professional development, satisfying supervisory relationships, and professional self-management are practice-related factors supervisors utilise to support their wellbeing and resilience.

Physical resources were strengthened by attention to holistic wellbeing namely in through activities that supported positive physical health and mitigating harmful physiological impacts of stress. The attention to maintenance of physical wellbeing aligns with the idea of physiological fitness, where the looking after the body through attending to nutrition, sleep, and exercise, both supports day-to-day physical health, while maintaining resilience for times when illness or an accident occurs. It can be difficult to engage in other wellbeing activities such as creativity and learning if there is physiological ill-being (Jarden et.al., 2021).

In supporting psychological resources to enable both wellbeing and resilience, a sense of achievement, adding value, and seeing tangible results from this affirms the supervisor’s practice, confirming that they are undertaking rewarding and contributing work. This also emphasises the reciprocity of learning inherent in professional supervision, where through supporting the supervisee’s wellbeing and resilience, the supervisor can in turn also experience to their own wellbeing and resilience through doing this. The lens of mental fitness strengthens capacity to face everyday challenges. Pursuits such a meditation and gratitude practices not only help in the present moment but will be more likely to become engrained neural pathways that can be accessed in times of difficulty.

The ability to disengage from work in one’s personal life is supportive of wellbeing and resilience (Prentice et al., 2023) and our participants noted time away from work, being in nature, and being with friends and family supported their psychological wellbeing. The idea of time out away from work speaks to the idea of restoration, where stepping away from one’s work allows rest and an alternate focus.

Creative pursuits, quite separate from supervision, such as blogging and music, also helped supervisors to disengage. Zhao et al., (2022) discussed how creativity, when applied as a strategy, contributes to both “cognitive flexibility and cognitive persistence” (p.3), supports thinking differently, and positive emotional health. They also note the “positive role of creativity as a strategy to regulate negative emotion and improve positive mental health by creatively reducing negative experiences and insightful or creative reappraisal toward negative situations or things” (Zhao et al., 2022, p.8). Taking time out to engage in creative pursuits provides not only a sense

of restoring from the intense focus of supervising but also appears to increase capacity and resource to manage complexity. Creative pursuits therefore provide valuable 'down time' and mental and emotional restoring, but also likely enhance the capacity to support a supervisee with a complex issue by developing creative strategies to support with it, also increases positive emotional and mental health.

Psychological resources were further identified by participants in this study as being supported by having a sense of hope and in intentionally engaging in compassionate practices. Nugent et al., (2022) noted that: "a shift to compassionate, kind, mindful and multicultural perspectives help engage supervisors/supervisees in reflective conversations that aligns with the intent of all supervision to become more critical, intentional, reflexive and socially just in their work" (p.4). Self-compassion is also a key factor here, with supervisors also required to show this toward themselves. Mack (2022) commented that, "individuals who implement personal and professional self-compassion and self-care practices can strengthen their mind, body, spirit, and ability to effectively cope with work-life hardships and challenges" (p.19). The practice of showing oneself self-compassion and self-forgive, can strengthen resiliency for future situations.

In enhancing social resources, Prentice et.al., (2023) noted the importance of peer support and connection to support general medical practitioners, along with supportive team environments and colleagues, personal and professional autonomy, and job satisfaction. Casey et al., (2022) commented that a lack of social connection and belonging amongst post-graduate students impacted highly on their sense of wellbeing, with online interactions not proving as satisfactory as face-to-face for this domain of wellbeing. The supervisors in this study, stated that they enjoyed both the learning and connection with other supervisors in professional development contexts, along with their own supervisor.

Contributing to both psychological and social resources, a sense of meaningfulness and accomplishment in one's work (Prentice et al., 2023) contributes to greater wellbeing and resilience, again evident in the supervisors' comment on satisfying supervisory relationships. Experiencing professional meaning in one's work can mitigate physical or mental tiredness through a sense of a job well done. Without a sense of purpose or meaning, negative impacts of a job are more likely to cause impact to both wellbeing and resilience, and even contribute to ill-being (Jarden et al., 2021). Feeling competent and supporting competence in others, generates an overall sense of wellbeing. It also builds resource for coping with future challenge, change, or difficulty.

Many of the supervisors discussed engaging in ongoing professional development and learning created stimulation which in turn supported passion and interest in the supervisory role. There is likely a sense of mastery and accomplishment through learning that enhances effectiveness and supports wellbeing and resilience (Jarden et al., 2021). Through new ideas and connections made to existing knowledge, learning provides stimulation, reward, and can affirm both purpose and meaning. Philo (2023) commented that "learners want to learn because of a need to satisfy their curiosity about the world, their existence both physically and spiritually in the life they are living" (p.10). This contributes to the notion of spiritual wellbeing, whereby a sense of learning and accomplishment speaks to fulfilling the perceived role, or service a person is committed to. There is also a sense of excitement that comes from thinking about something new, which is stimulating and invigorating, contributing to overall wellbeing, perhaps through a confirmation of living out one's potential, and contributing to self-actualisation (Maslow, 1970).

While many of the supervisors who took part in the study provided external supervision as part of their private practice (outside of an organisation to whom they were contracted to), additional demands of supervising within an organisation need to be acknowledged. As noted,

organisational culture that is not conducive to sustaining wellbeing, resilience, and learning, can be a significant barrier to sustaining both worker and supervisor wellbeing and resilience (Hawkins & McMahon, 2020). Organisations need to take a proactive approach to wellbeing and resilience in their workforce and see professional supervision as a protective measure against the potential mental health impacts of health and human service work which includes systemic demands (Sewell et al., 2024). Too often organisations employ an ‘ambulance at the bottom of the cliff’ mentality where supports are offered once a worker is already experiencing significant impact to their wellbeing.

Recognising professional supervision as a fence at the top of the cliff and offering this externally, and supporting internal supervisors through the ideas provided by the participants in this study, would be a significant proactive organisational step to sustaining workforce wellbeing and resilience. Further research is necessary in this area. This includes an intentional wellbeing focus for internal supervisors including access to learning and development opportunities, peer support with other supervisors, time allocated for specific wellbeing activities, and ensuring internal supervisors are also receiving professional supervision to help sustain them in their role.

#### *4.1 Limitations of the study*

The current study has several limitations. Claims to transferability of findings to other population groups and contexts may be limited. The semi-structured interviews were predominantly undertaken with participants who identified as female, with only one male respondent. This study is also limited by ethnicity, as the majority of participants identified as New Zealand European Pākehā. Smaller sizes were represented in other ethnic groups, notably Māori, the indigenous population to Aotearoa New Zealand. Gender and ethnic differences, alongside other cultural populations are thus not represented in this study. A high proportion of participants were also external supervisors providing their own private practice – this phenomenon will be different in other contexts and countries. However, the study is significant in exploring what sustains supervisor wellbeing and resilience across Aotearoa New Zealand across a range of disciplines – an area which is increasingly challenged within times of COVID-19, neo-liberalism, escalating crises, caseloads and job redundancies. Further research into cultural differences in sustaining wellbeing and resilience is warranted, along with exploration of supervisor wellbeing and resilience in an international context.

## **5. Conclusion and implications**

Wellbeing is often limited to a description of physical self-care, which while important, only attends to the body and is often individualised. An intentional holistic approach to wellbeing encapsulates the wider dimensions of the person, profession and their context, enables wellbeing and contributes to resilience. The supervisors in this study identified activities that supported all aspects of their wellbeing, including the capacity to self-manage and to demonstrate good self-awareness in terms of attending to stress and time management.

The supervisory role can be a solitary one, especially if the supervisor is in private practice. The importance of social connection to support both wellbeing and resilience featured for all the participants in this study. Social connections with both peers, and those not connected to the professional role, such as friends and family were emphasised. The connection with supervisory peers and other professionals in professional development opportunities played an important role in affirming and strengthening supervisory practice. Given the overall purpose of professional supervision to support professional development through the integration of

experience into learning, and then to knowledge, it is fitting that supervisors identified their own learning as essential to staying well and resilient.

Meaningful connection with others collectively, opportunities to extend learning, time away from the role, and attention to both body, emotional, psychological, social, and spiritual wellbeing, all enabled supervisors to stay well in their role, and to be better able to face difficulty and challenge. Through this, both wellbeing and resilience were resourced, contributing to supervisors sustaining themselves both in practice and in daily life, and for the future.

This paper offers insights into the ways supervisors support their resilience and wellbeing to not only sustain themselves, but also those they support. Health and human service workers are often working with population groups who experiencing significant challenges to both their wellbeing and resilience. It therefore is imperative that those working with them, and those supporting the worker, are themselves well and able to deliver quality services. Further examination in research and practice regarding professional supervision as a solution to wellbeing practices within organisations is urgently warranted. Workplace systems, neoliberal pressures on organisations, stressors and demands pose a real risk to both the wellbeing and resiliency of health and human service workers. Professional supervision is a protected space to process the impacts of the work, develop the skills of critical reflection and enhance social and emotional competencies (Kinman & Grant, 2011), as such it is also a preventative space where challenges to wellbeing and resilience can be countered. Supervisors themselves must remain well and support their resilience so they can provide an attuned, sensitive and supportive space for workers to process and integrate experiences, and to develop learning from these.

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