Abstract
Supervision has primarily been linked with managerial responsibilities and mentorship for new nurses. Little clarification exists on the conscious implementation of specific supervisory skills, practices and approaches toward leadership development for Advanced Practice Nurses. Clinical Social Work as a profession has more fully flushed out the concept of supervision. Many parallels can be drawn upon and applied to a meaningful use of skilled supervision to develop leadership potential, empowerment and professionalism in nursing.

Problem Statement
Lack of leadership development, engagement and supervision opportunities for APRN practice can contribute to feelings of disempowerment and job dissatisfaction (Metzger & Rivers, 2014), By contrast, positive outcomes of skilled clinical supervision have been shown to be an antidote to burnout and to feelings of powerlessness, as well as promoting motivation and engagement (Severinsson, Hohansson & Lindquist, 2014; Metzger & Rivers, 2014) Consistent and dynamic supervisory relationships are challenging to maintain due to ever increasing demands in productivity, outcomes and affordability (Pack, 2009).

Ineffective communication on supervisory levels is associated with a stressful work environment while effective communication is associated with empowerment and self-efficacy (Kuehn, Rehfues, von Elm, Nowak & Glaser, 2014).

Clinical Question
Do skilled supervisory behaviors from the clinical social work model as applied to nursing leadership development increase empowerment, engagement and job satisfaction for advanced practice practitioners?

Literature Review
Preceptorship has been defined recently as more of a formal mentoring or instructional relationship designed to support transitions as nurses develop competence and confidence (Jaffer, 2013). Managers develop followers to formalize and perfect systems, set and attain goals, and champion the values of an organization. Leaders develop relationships and organize change (Severinsson, Johannson & Lindquist, 2014). Is it possible and desirable to integrate supervision and management skills and behaviors? How might the nursing profession formalize supervisory skills and behaviors? Empowerment has been defined along four concepts; namely, meaning, competence, self-determination and impact (Spreitzer, 1995).

Job satisfaction has been measured using the Job-related Affect Scale (JAWS) considering various affect states such as anger, discouragement, boredom, inspiration, excitement and contentment (van Katwyk, Fox, Spector & Kelloway, 1999).

Leadership and supervision have both been identified in contemporary research as process extensions that have yet to be integrated in the creation and expansion of knowledge into practice (Queiros, 2014; Bos, Silen & Kaila, 2015).

Manager vs Leader
http://wholeselftherapy.com/2013/02/maslows-hierarchy-of-needs/

Supervision
Preceptorship Leadership Empowerment Followership Delegation Honing Skills Streamlining Tasks Mentoring Honing Skills Communicating Directing Relational Hierarchical Active Reflective Supportive Stabilizing Peers Responsive Monitoring Skills Assessment Drawing Peers Mentoring Mentoring Grounding

Cost
One literature review estimated turnover costs ranging from approximately $0.5 million to over $8 million during two decades since 1990 (Li & Jones, 2013).

Average annual salary for an APRN in the US is approximately $88,000 or approximately $44 per hour (Payscale, 2016).

Organizational costs for turnover for new RNs has been estimated at over $850 million (Li & Jones, 2012).

One hour of skilled, focused supervision weekly would cost approximately $2,290 annually or about 2.5% of the overall salary if staff were able to participate during work hours.

Costs associated with job dissatisfaction include burnout, physical and emotional stress, and lack of supervision appropriate to the level of the nurse practitioner (Metzger & Rivers, 2014).

Costs associated with training, recruiting, and advertising as well as productivity are high, especially related to attrition (Li & Jones, 2012).

Discussion
Preceptorship has been used to describe informal interactions and with adjectives that promote engagement including guiding, teaching and modeling (Jaffer, 2013).

Description of ways to develop continued relationship have not been discussed although several qualities such as sensitive listening and constructive feedback have been identified (Jaffer, 2013).

Self-determination and impact mediate both job fit and satisfaction even above competence and meaning (Gregory, Albritton & Osmonnobek Application of specific supervisory skills from the clinical social work model may lead to greater mutual engagement, critical thinking and leadership as well as improved retention and job satisfaction (Spreitzer, 1995).

References