Clinical Super Vision Training to Increase Nurses' Work Performance in Hospitals

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ABSTRACT

A common problem often faced by healthcare service management is the difficulty in finding qualified nurses. Training is one of the characteristics of an organization that has a positive impact on increasing professionalism and the work performance of nurses at the hospital. Improving supervision is a method to monitor the quality of services by hospital supervisors. This study attempts to determine the effect of clinical supervision training as one of the organizational characteristics on increasing the work performance of nurses at the hospital. The quasi-experimental study design was used in this study with 68 nurses who were working in a hospital in Banjarmasin. The observation was carried out before and after training. The dependent variable in this study is clinical supervision training, and the independent variable is work performance. Univariate, and bivariate were used in data analysis. There was an effect of clinical supervision training as one of the organizational characteristics on increasing the work performance of nurses at the hospital (p=0.00). Clinical supervision training increased work performance on clinical supervision abilities. Nurse training improved the quality of healthcare services, especially nursing care.

Keywords: *clinical supervision, nurse, work performance*

Introduction

The difficulty of finding health workers, including qualified nurses, is a common problem often faced by hospitals or health services.[1] This has an impact on the low quality of performance.[2] Hospitals have limited resources. They see performance improvement activities centred only on increasing cost requirements, not adding value to building the organizational commitment.[3] Based on the pilot study, the patient's perception of the quality of nursing services is still lacking (25.85%). Nursing services are not a good enough category (> 20%) including the aspects of providing nursing services according to a nursing appointment. A hospital as an organization depends on how to utilize human resources who have optimal work productivity.[4] The low performance of nurses is related to an overload of work, long shifts, the complexity of work relations, and lack of opportunities for career development.[5] One of the characteristics of career development for nurses in hospitals is training. Career training and development can impact organizational commitment and nurses' belief in work so that they can improve nursing performance and provide satisfaction to patients while they are hospitalized.[6,7]

Nurses need moral support, personal quality development, integrity, knowledge, and self-awareness.[8] The previous study explained that clinical supervision affects the quality of services so that they can be considered as activities and improve the quality of nursing practice.[8] Practical nursing is always associated with supervision. Nursing and supervision care training is proven to increase nurse motivation and performance.[9] Supervision is one form of supervision carried out in the inpatient ward. The implementation of supervision has a positive impact on staff professionalism and accountability. Clinical supervision is effective for improving the quality of patient care.[10]

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Nowadays, clinical supervision in the hospital is carried out unscheduled, unstructured, is not recorded, and is not given good feedback. In the end, clinical supervision activities cannot give objective results in improving the quality of nursing performance. This happens because supervisors do not properly understand the concept of clinical supervision. There are some supervisors who are aware of the concept of clinical supervision. They are willing to argue that their work does not only involve supervising clinical supervision activities. The head of the nursing department said that, so far, supervisors had not received specific clinical supervision training. Most of the training that they have is in general training such as ward management or head nurse management.

Activities which are carried out by supervisors are expected to guarantee nursing interventions in standards. Supervisors have responsibility for care management, but they were not fully properly and correctly implemented in clinical supervision activities. The hypothesis in this study is that there was an increase in clinical supervision abilities after supervisors received clinical supervision training. The aim of this study was to determine the effect of clinical supervision training to increase the work performance of nurses at the hospital.

Method

This study was a quasi-experimental pre-post test control group design with the intervention group in the form of clinical supervision training and the control group not given training. There were 68 nurses with each group consisting of 34 nurses. A simple random sampling technique was used in this study. The inclusion criteria were associate nurses who worked in an inpatient room and who had more than three years for work experience.

The study was conducted at Ulin General Hospital Banjarmasin from April to June 2016. Data collection used a checklist observation sheet that contained the supervision activities. The supervision activities were how the supervisor performed as a role model in giving nursing intervention, how to evaluate the nursing intervention, how to encourage nurses, how to make scheduling the nursing shifts, and giving the reinforcement for the nurses who successfully implement the nursing process. The instrument was developed from the evaluation of supervision activities by Keliat and Akemat by adjusting the clinical supervision model developed by Brigid Proctor.[11]

The preliminary data was carried out by observing the room supervisor who carried out the clinical supervision to the nurses who implement nursing care. Room supervision was assessed by the guidelines of the observation sheet that had been prepared. Observations were carried out in 34 clinical supervision activities in each group. Supervised implementing nurses were recorded, then on different days observed at the time of treatment (without supervision) as preliminary data on the ability of care during the nursing procedure before treatment. The intervention phase was conducted in clinical supervision training to supervisors who were in the intervention group on April 15, 2016, while in the control group there was no clinical supervision training. The participants of training (intervention group) got the training module which contains topics on the implementation of clinical supervision in care. The training is carried out in several stages, including the provision of cognitive and affective knowledge for ten hours and implementation assistance to increase psychomotor abilities for two weeks.

Univariate analysis was used to determine the distribution of age, gender, education level, and work period. A paired sample t-test and independent sample t-test were used to analyse the variables with a significance level of 0.05.

Results

The characteristic respondents are shown in the table below:

Table 1: The respondent characteristics based on age, work experience, education background, and gender

No.	Characteristics	Group	
		Intervention (n = 34)	Control (n = 34)
1.	**Age**		
	Mean	27.91	27.15
	SD	3.397	2.914
	Min-Max	22-36	22-32
2.	**Work experience**		
	Mean	5.7	5.5
	SD	2.686	2.722
	Min-Max	3-12	3-14
3.	**Education background,**		
	Σ (%)	23 (67.65%)	28(82.35%)
	Nursing diploma	6 (17.65%)	1 (2.94%)
	Bachelor of nursing	5 (14.71%)	5 (14.71%)
4.	**Gender, Σ (%)**		
	Female	24 (70.59%)	21(61.76%)
	Male	10 (29.41%)	13(38.24%)

Table 2: The ability of clinical supervision among the intervention and control group before and after clinical supervision training

Variable	Intervention group			Control group		
	Mean	SD	Min-Max	Mean	SD	Min-Max
Before	55.38	2.764	50-60	56.03	50-62	3.280
After	89.85	5.094	81-98	57.06	50-64	3.915

The table above illustrates that the average of clinical supervision ability in the intervention group before training was 55.38 and after training was 89.85. While in the control group the average score of clinical supervision ability in the control group before training was 56.03 and after training was 57.06.

Table 3: The differences of ability the clinical supervision between intervention and control group before and after clinical supervision training

Variable	Intervention group		Control group	
	Mean	p-Value	Mean	p-Value
The ability of clinical supervision				
Before	55.38	0.000	56.03	0.153
After	89.85		57.06	

The table above showed that the value of clinical supervision ability before treatment in the intervention group was 55.38 and after treatment was 89.85. In the control group the average score of clinical supervision ability before treatment was 56.03 and after treatment 57.06. The results of analysis showed that there were significant differences related to implementation of clinical supervision before and after treatment in the intervention group (0.000). Whereas in the control group there was no significant difference regarding the ability of clinical supervision before and after treatment (0.153).

Table 4: The influence of clinical supervision among intervention and control group before and after clinical supervision training

Variable	Intervention group (n = 34)	Control group (n = 34)	p-Value
	Mean difference	Mean difference	
The influence of clinical supervision training	34.47	1.03	0.000

The table above described that the differences in mean in the intervention group was 34.47 and the control group was 1.03. The results of the analysis concluded that there was an influence of clinical supervision training on the clinical supervision abilities of supervisors at Ulin General Hospital Banjarmasin (p=0.00).

Discussion

The results of the analysis of clinical supervision abilities before being given training in the intervention group and the control group showed poor results. The range of values of 50-60 with an average value of 55.38 before being given treatment in the intervention group was low. It still needed an increasing value of 44.62 to achieve the maximum value of clinical supervision capabilities by the supervisor.

The observation result before being given treatment showed that most supervisors did not comply with the guidelines in carrying out clinical supervision implementation, such as the clinical supervision that they did: 1) unscheduled, 2) unclear targets, 3) no bait behind, 4) which was undocumented 5) was not sustainable. It cannot provide objective information related to the implementation of activities based on a predetermined standard.

There was a significant difference regarding the ability of clinical supervision before and after clinical supervision training (0.000) in the intervention group. This was in contrast with the control group where there

was no significant difference between before and after the intervention (0.153). This proved that the training about effective clinical supervision improved the clinical supervision capabilities of the supervisor. Another research also stated that there were differences between groups that got training and the control group that did not get clinical supervision training (0.001) and found the influence of supervision on the ability of wound care performed by nurses.[12] There was the influence of supervision training on the supervisor's ability to supervise the implementation of patient safety.[13] The intervention group and the control group gave different responses based on the presence or absence of stimulus in the form of clinical supervision training. This showed that through clinical supervision training, it was proven effective to improve the ability of supervisors to carry out clinical supervision.

Supervisors need cognitive, affective and psychomotor skills. This can be achieved by attending education and training. Supervisors also need to get special education or training to effectively carry out clinical supervision activities. They need good knowledge, including communication, motivation, guidance, direction, leadership, and experience. Moreover, they can carry out the clinical supervision well and according to a purpose. Head nurses and supervisors who have received clinical supervision training have been shown to improve their ability in clinical supervision activities.[9,12,13]

The training plays an important role in an organization to improve the ability of managers. They are able to carry out their duties and functions well.[14] Clinical supervision ability for supervisors needs to be developed through supervision training that will improve cognitive, affective and psychomotor abilities. It impacts productivity and or outcomes as expected. Clinical supervision training provides a good change, indicated by changes in knowledge of supervisors after training with almost perfect scores on post-test and passed for evaluating the results of supervision practices. The clinical supervision training is an important part in improving the ability of the supervisor to carry out the clinical supervision properly. The factors that influence the application of patient safety are directional functions, and primarily supervision activities by the manager.[15] The ability of nursing managers is required to be able to carry out the function of direction for a manager through supervision activities to ensure the ability of nursing services.

The results of the analysis showed that in the intervention group there was an increase in the average value of 34.47, while in the control group the average value increased by only 1.03. This proved that there was an influence of clinical supervision training among supervisors on clinical supervision abilities at Ulin General Hospital Banjarmasin (0.000). The aim of the training was to improve the ability of supervisors to implement their main tasks. It should implement the clinical supervision of nurses in the ward to create a conducive work climate, support and motivate, and be effective on patient safety application.[16]

Training is an effort to improve technical, theoretical and conceptual capabilities and employee morale in accordance with the needs of work or position through education and training.[17] Education and training are the same as development, namely the process of improving both technical and managerial work skills. One of the indicators of the success of training can be seen from the initiative of employees who are trained. After participating in the training, employees can independently do what they have been taught and try to develop their creativity.[17] To get reliable organizational performance, the process of human resource management needs to be properly implemented. There are three activities in the process of human resource management, namely: 1) Ensuring that competent employees can be identified and selected; 2) Providing up to date knowledge and expertise; 3) Ensuring that the organization maintains competent and well-performing employees who are able to continuously produce high performance.[18]

The training in this study was conducted over 7 weeks. It was too early to accept behavioural change to be optimal. Someone who gains knowledge has it impact upon their behavioural change in providing services to patients. In its implementation, the supervisor has not explored all of his abilities in carrying out clinical supervision. It is limited by the grace period of the study.

This is in accordance with Lewin's theory of change which suggests that a person needs to move into a new state.[19] Supervisors who have information need to find out the changing stages. This is, namely, by providing good information, assisting in the implementation, assisting in solving problems and conducting feedback and continuous coaching efforts to supervise nurses. Therefore, it should be noted by policymakers to always meet the needs of the supervisor and education of the room supervisor in an effort to improve the ability of clinical supervision.

Conclusion

There were differences in clinical supervision abilities before and after training in the intervention group (0.000) and the control group (0.153). Hospitals need to improve the implementation of clinical supervision by programming education and training activities. It can be carried out continuously by all supervisors to improve the quality of care and work performance of nurses at the hospital.

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