Research Article

Supervisory activities among managers in selected hospitals in Kalutara district

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Abstract

Introduction Supervision is widely recognized as essential for improving health worker performance and achieving the quality health care.

Objective To assess the supervisory activities of managers at different levels in selected hospitals in Kalutara district

Methods This study was a hospital based descriptive study conducted in the District General Hospital and Base Hospitals in Kalutara district. The total number of health care managers who are engaged in supervisory activities at different levels were included in this study. A pre-tested self-administered questionnaire was used to collect data. Quantitative data was analyzed using Epi info and Statistical Package of Social Sciences (SPSS).

Results Out of the total 7 Upper Level Managers and 336 Middle Level Managers there were 100% participation by Upper Level Managers and 83% (n=279) of Middle Level Managers participated to the preliminary questionnaire. Only 71 of them (24.9%) were using some type of supervisory guideline or a supervisory tool to supervise their subordinates and even less number of them (n= 45, 15.7%) record their supervisory activities. The supervisory practices among managers were assessed using a self-assessment tool under eight sections the mean summed score of this section for Upper Level Managers was 90.8 and for Middle Level Managers was 71.8 out of 100. There was a significant distinction between the supervisory practices among managers and their managerial level.

Conclusion Supervision is mandatory and key important managerial function that needs to be strengthen among managers in all levels of healthcare institutions. Upper Level Managers as well as Middle Level Managers were practicing their own methods to supervise their subordinates. This may be due to lack of a common guideline, lack of competency-based indicators or clear standards to assess individual health worker performance. The supervisory practices of performing supervisory activities were based on supervisors working experience. Supervisors need to understand the importance of keeping supervisory notes, records on their subordinates to be used at the time of assessing their performances to give annual salary increments and it is recommended to strengthen supervisory activities among supervisors in all levels of healthcare institutions.

Key words: Supervision, Supervisory Guidelines, Competency, Performances

Introduction

Strong leadership and management competencies are the key elements for encouraging health systems that are responsive to population needs[1,2]. "The action of overseeing and managing employees in the workplace" is the definition of Supervision given by early management gurus[3,4].

It is important to highlight that the supervision is not a single event but it is an ongoing process. This process has several steps including starting from set expectations, then monitor and assess performance, identify problems and opportunities and finally take actions[5]. There are three aspects of supportive supervision namely self or peer supervision, internal supervision and external supervision[5,6].

Tawfic, Legros and Geslin in their study[7] in Nigeria showed a huge improvement in activities supervised. In Ruwanda in 2009 aim at improving the coordination and quality care through the mentorship at the health facility and community level[8]. Suh, Moreira and Ly in their study evaluated supervision in 45 health facilities in four districts of Senegal and they have come to a conclusion that formative supervision can improve the quality of reproductive health services[9].

Several other studies have also concluded that, there were significant and improved health service delivery outcomes by strengthening the leadership and management skills such as supervision of health teams[10,11,12,13].

Good supervision with commitment to meet service providers' needs and expectations definitely will help to lower the gap between actual and ideal performance of subordinates[14,15,16].

Supervision is widely recognized as essential for improving health worker performance and achieving the quality health care[17]. According to the Bosch-Capblanch and Garner "Supervision is an ill-defined and complex activity"[18]. If carried out properly, supportive supervision can lead to higher health worker motivation. It will also increase and sustain job satisfaction, improved service quality, as staff learn and improve skills on-the-job, efficient use of resources, and as staff are supported to prioritize activities and allocate resources accordingly[5,19,20,21,22].

Justification

Health systems in Sri Lanka as well as in other countries in this South-East Asian Region lack supportive supervision[19,22]. Many health managers do their supervisory activities on an ad hoc basis. This emphasizes the need of a well-planned supervision guidelines and a supervisory tool to follow by the health care managers to provide well planned supervision in order to deliver good quality health care to the public[6,22].

Objectives

General Objective

To assess the performance of supervisory activities among managers at different levels in selected hospitals in Kalutara district

Specific Objectives

1. To describe the socio-demographic characteristics of managers at different levels in selected hospitals in Kalutara district in Sri Lanka
2. To describe the current practices and performances of supervisory activities of managers in selected hospitals in Kalutara district
3. To assess the supervisory practices on performing supervisory activities among managers in selected hospitals in Kalutara district
4. To describe the association between the supervisory practices among managers and the demographic characteristics of managers in selected hospitals in Kalutara district

Methods

Study Design and study setting

This study was a hospital based descriptive study to describe the performances of supervisory activities of managers at different levels conducted in District General Hospital and Base Hospitals in Kalutara district in Sri Lanka.

Study Population

The total number of health care managers who are engaged in supervisory activities at different levels in District General Hospital and Base Hospitals in Kalutara district in Sri Lanka were included in this study. The Principal Investigator (PI) divided the health care managers in to two clusters as Upper Level Managers (ULM) and Middle Level Managers (MLM). Upper level medical managers included Directors, Deputy Directors, Medical

Superintendents (MSs), Deputy MSs in the hospitals. Middle level managers included Medical Officer in-charge of different units, Matrons, Nursing sisters and Nursing officer in-charge and In-charge officers of different units as table 01.

Table 01: Number of ULMs and MLMs in four hospitals

Hospital	ULM	MLM
District General Hospital Kalutara	02	256
Base Hospital Panadura	02	36
Base Hospital Horana	02	32
Base Hospital Pimbura	01	12
Total	07	336

Table 02: Competency assessment of the ULMs

Descriptive statistics	Total	T1	T11	T111	T1V	TV	TV1	TV11	TV111
Mean	90.8	95.8	95.8	82.3	86.4	87.5	96.8	83.8	96.5
Median	93.0	95.8	95.8	83.3	87.5	91.6	100.0	81.7	100.0
Mode	93.0	91.6	91.6	91.6	91.6	91.6	100.0	81.7	100.0
SD	4.63	4.45	4.45	6.95	6.20	6.29	6.20	5.30	7.8
Minimum	83.3	91.7	91.7	75.0	75.0	75.0	83.3	78.7	94.2
Maximum	95.8	100.0	100.0	91.6	91.6	91.6	100.0	95.8	100.0

T1 – Gain acceptance as a supervisor, T11 – Develop individual employee work plan. T111 – Maintain high level of performance, T1V – Conduct formal performance review meetings, TV – Deal with performance problems, TV1 – Manage conflicts between employees, TV11- Counsel a troubled employee, TV111- Time management.

Study Instrument

A self-administered questionnaire was used to describe the current practices of supervisory activities and to assess the management practices of managers at different levels.
The PI adapted a validated questionnaire to assess the supervisory practices[22]. At the end of the questionnaire participants' proposals and ideas were collected to improve their performances as supervisors. All the study instruments were pre-tested.

Data analysis

Quantitative data were analyzed using Epi-info and Statistical Package of Social Sciences (SPSS). The data entry was totally done by the PI. Basic descriptive analysis was presented by frequency distribution tables and graphs. The appropriate statistical tests were used to describe the significance of the tests.

Ethical considerations

The ethical approval was obtained from the National Institute of Health Sciences, Kalutara.

Results

Out of the total 7 ULMs and 336 MLMs there were 100% participation by ULMs and 83% (n=279) of MLMs participated to the preliminary questionnaire.

The socio-demographic characteristics of the participants

Out of the total ULM participants, there was only one female deputy director. The mean age of participants was 46±1.3 years (range from 28 to 62 years). There was an outlier MLM aged 62 attached to a unit on a contract basis after her retirement. Among MLMs most of the participants were females (76.3%). The majority (n=125, 44.8%) were having working experience of fifteen or more than 15 years.

mean summed score of this section for ULMs

Table 03: Competency assessment of the MLMs

Descriptive statistics	Total	T1	T11	T111	T1V	TV	TV1	TV11	TV111
Mean	71.8	75.8	75.8	82.3	76.4	77.5	76.8	73.8	76.5
Median	73.0	75.8	75.8	83.3	77.5	71.6	76.0	71.7	76.5
Mode	73.0	71.6	71.6	71.6	71.6	71.6	74.9	71.7	76.5
SD	4.63	4.45	4.45	6.95	6.20	6.29	6.20	5.30	7.8
Minimum	63.3	61.7	61.7	75.0	75.0	75.0	73.3	73.7	74.2
Maximum	95.8	100.0	100.0	91.6	91.6	91.6	100.0	95.8	100.0

T1 – Gain acceptance as a supervisor, T11 – Develop individual employee work plan, T111 – Maintain high level of performance. T1V – Conduct formal performance review meetings. TV – Deal with performance problems. TV1 – Manage conflicts between employees, TV11- Counsel a troubled employee, TV111- Time management.

The current practice as a supervisor among the participants

All the ULMs and MLMs participated to the study were currently working as a supervisor and supervised their subordinates daily in their respective institutions. Out of seven ULMs and 279 MLMs, only 71 of them (24.9%) were using some type of supervisory guideline or a supervisory tool to supervise their subordinates and even less number of them (n= 45, 15.7%) record their supervisory activities. None of them had a scheduled time allocated for supervision.

All of them have experienced conflict situations during performing their services as supervisors. Most of the managers (100% ULMs and 76% MLMs) practices non-fault-finding supervisory practices to supervise their subordinates. Five ULMs used on-site skill building and training method during their supervision.

Assess the supervisory practices among managers at different levels on performing supervisory activities

The PI assessed the supervisory practices among managers at different levels on performing supervisory activities using an assessment tool which was a self-assessed tool rating their competency level using 4 point scale as 4 = Very competent (capable of performing and practice this function regularly), 3 = Competent (capable of performing but don't practice this function regularly), 2 = Competency needs improvement (little experience performing) and 1 = No competency (no experience). The was 90.8 and for MLMs was 71.8 out of 100 (table 02 and 03).

The association between the supervisory practices of performing supervisory activities and the demographic characteristics

The association between the competency of performing supervisory activities and the participants' demographic characteristics were as given below.

There was a significant distinction between the competency of performing supervisory activities and the participants' managerial level. The ULMs have performed well in all supervisory activities better than the MLMs which may be due to their working experience, and the training they underwent. Among ULMs participants' with more working experience as a supervisor has performed better in the field of conflict handling, developing individual work plans, conducting review meetings and deal with performance problems. Elder ULMs as well as MLMs were not very much interested and poorly doing on record keeping, not very much keen on filling registers and check lists and they rarely use protocols, procedure manuals and charts on supervisory activities thus they follow their own methods to supervise their staff. Younger ULMs and MLMs were less likely to give feedback discussions to their subordinates.

Discussion

Similar findings to this study could be found in many settings, supervision takes the limited

form of inspecting performance against checklists[3,6,10]. Fault-finding approach may demoralize health workers, so health programmers and providers favor forms of supervision that focus on addressing problems in service delivery[17,19,21,22] but this study revealed that, most of the managers (100% ULMs and 76% MLMs) practices non-fault finding supervisory practices. Formative supervision can improve the quality of reproductive health services, especially in areas where there is on-site skill building and refresher training[9] and similar method to formative supervision was used by five ULMs in their supervisory activities.

Most of the participants in this study as well as the authors in Malawi and Tanzania study have recognized the respondents need to move from periodical supervision to an ongoing, continuous process[12]. It was highlighted by the participants in this study that lack of competency-based indicators or clear standards to assess individual health worker performance was considered problematic[12,19,20]. Participants agreed on shortages of staff, at both district and facility level, were described as a major impediment to carrying out regular supervisory visits. Other challenges they highlighted in this study as well as many other studies included, lack of guidelines, checklists, conflicting and multiple responsibilities of supervisory health team staff and financial constraints[12].

Conclusions and Recommendations

Supervision is mandatory and key important managerial function that needs to be strengthening among managers in all levels of healthcare institutions. ULMs as well as MLMs were practicing their own methods to supervise their subordinates. This may be due to lack of a common guideline, lack of competency-based indicators or clear standards to assess individual health worker performance. The supervisory practices of performing supervisory activities was based on supervisors working experience. Supervisors need to understand the importance of keeping supervisory notes, records on their subordinates to be used at the time of assessing their performances to give annual salary increments. It is recommended to strengthen supervisory activities among supervisors by giving them the opportunity to develop their own method, a supervisory tool which suits to them, need to emphasis the record keeping and time management as well.

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