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Research Paper

Exploring supportive supervision of nurses in the health care facilities in Volta Region, Ghana

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ABSTRACT

Background: The purpose of the study was to explore supportive supervision activities of nurses in health care institutions in the Volta Region of Ghana with emphasis on nurse managers, supporting mechanisms, motivations and problems of supportive supervision practice.
Objective: To explore supportive supervision activities of nurses in health care institutions in the Volta Region of Ghana with emphasis on nurse managers, supporting mechanisms, motivations and problems of supportive supervision practice.
Methods: This design was descriptive survey with qualitative approach. The study was targeted at the management personnel of the health care facilities in the Volta Region. A purposive sampling method was employed to pick three members of the health care facility management teams in each of several health care facilities. The main data were gathered using interview guides for nurse supervisors. Data were collected with integrity and trustworthiness and ethical protections in place such as anonymity, informed consent, privacy and confidentiality.
Results: The role of supportive supervision of the nurse managers included monitoring, supervising, teaching and supporting the nurses to ensure appropriate and quality delivery of health care. Institutional management facilitated this process through providing equipment and facilitating an environment for transfer of knowledge and skills from the supervisors to the young nurses.
Conclusion: The role of supportive supervision is a valuable one in improving nurse performance and quality of health care delivery, benefitting both health personnel and patients. But low implementation rates are due to resource, training, time and administrative issues and a lack of awareness of structured supervisory strategies amongst practitioners.

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1. INTRODUCTION

According to Kadushin, optimal clinical supervision has traditionally been considered to include a supportive, pastoral, or restorative element. However, these aspects have often been overshadowed by the more business-like components of "normative" and "formative" supervision, which focus on managerial and development elements. Recognizing the urgent need to address stress, burnout, and dissatisfaction among mental health nurses, supervision was identified as a key intervention [1]. Emphasizing the importance of supervision, the UK's Health and Social Care Secretary highlighted a healthy workforce as his top priority and pledged to improve funding, tackle high workloads, enhance managerial leadership, and provide high-quality training and support to promote staff well-being and ensure safe, high-quality care.

Health and social care workers face exceptionally challenging job-related stressors, as noted by Hancock. Failure to cope with these stressors can negatively impact their work performance and personal well-being, leading to occupational burnout [2]. The original objectives of supportive supervision, as described, aimed to address these issues by protecting workers from excessive stress, enhancing personal coping strategies, and providing validation and support. In contrast, "formative" supervision focuses on staff professional development, while "normative" supervision deals with workplace issues. Ideally, all three components should be combined in each supervision session. Supportive supervision, as an evidence-based approach, is well-positioned to promote a healthy workforce [3]. It encompasses boosting morale and job satisfaction, enhancing personal coping strategies, offering empathy and validation, and encouraging personal growth [4], [5], [6]. This definition aligns with the Manchester Clinical Supervision Scale, a widely used questionnaire for measuring supervision quality.

The original concept of supportive supervision aimed to alleviate worker stress and facilitate adjustment to unavoidable stressors [7], [8]. This adjustment was believed to arise from fostering perspective, shared responsibility, and opportunities for success. A supportive working alliance between supervisor and worker, characterized by empathy, encouragement, availability, approachability, and emotional support, played a crucial role in developing improved personal coping strategies. [4] Guideline on restorative supervision builds upon these methods, offering contemporary expansion based on expert consensus and relevant theory. It provides practical examples and video demonstrations to enable supervisors to effectively practice these strategies. Recommended approaches include clarifying challenging situations, promoting emotional processing and personal growth, strengthening personal coping strategies, boosting morale and motivation, and utilizing social support [4].

Studies have demonstrated the positive effects of supervision on healthcare professionals. [3] conducted a seminal study with community psychiatric nurses, revealing that those who received supervision experienced less psychological distress, while those without supervision suffered detrimental effects in their workplace. [5] Conducted focus groups with practice nurses, establishing that clinical supervision was perceived as synonymous with receiving support, which facilitated the successful implementation of formative and normative components. [1] Explored the mechanisms of supportive supervision in mental health nurses, including peer support, idea exchange, reflection on daily practice, expression of patient concerns, increased self-awareness, time for self-care, and debriefing [9].

[10] Conducted a survey involving 116 therapists from various disciplines, which revealed that a majority of these therapists experienced work-related anxiety and high levels of emotional exhaustion. However, the researchers also noted that these therapists effectively coped with their anxiety by utilizing their training and emphasizing their professional accomplishments. In a correlational study by Knudsen, Ducharme, and [7] with 823 counselors, it was found that supervision empowered them in decision-making

and fostered a more balanced perception of the workplace. Furthermore, supervision that provided social support or facilitated access to social support was found to contribute to workplace adjustments. This finding is consistent with a systematic review conducted by [6] on stress-management interventions with mental health professionals, which indicated that social support and related supervision were frequently and successfully employed.

Supervision can be defined as the process of directing and supporting staff to effectively perform their duties [10]. It encompasses more than just periodic events like site visits or performance reviews; it refers to the ongoing relationship between health care providers and supervisors. The purpose of supervision is to guide, help, train, and encourage staff members to improve their performance in order to deliver high-quality healthcare services. This includes overseeing and implementing clinical and nonclinical tasks and activities that impact the organization, management, and technical delivery of health services. It involves managing work processes and systems, maintaining facilities and infrastructure, and monitoring and improving system wide performance and effectiveness. Additionally, the supervisor-health worker relationship holds an important human dimension, particularly in developing countries where health workers often work alone or in small groups in remote sites, with the supervisor serving as the primary link to the larger health system.

As a supervisor, your primary concern is ensuring the quality of care and services provided by your clinic to the community. Your role as a supervisor is critical in driving change both at the facility and within the healthcare system. Introducing interventions to improve performance and the quality of healthcare services involves change, which can be met with resistance from individuals. Simply designing solutions to enhance the quality of care is not enough, as even the best ideas can fail if the people responsible for implementing them are resistant to change. Therefore, to improve performance and services, it is essential to possess the skills and knowledge to effectively manage the change process.

Supervision plays a crucial role in supporting the delivery of health services [5]. However, despite its recognized importance in managing human resources for healthcare, the full potential of supervision is often not realized in developing country health systems. In many cases, supervision tends to focus on inspection and control by external supervisors, who may perceive healthcare workers as naturally lacking motivation and in need of strict oversight to perform adequately. Simultaneously, numerous line supervisors lack the necessary technical and managerial skills or face limited authority to address service delivery issues [5].

Multiple studies and projects have aimed to enhance the supervision of primary healthcare and family planning programs in developing countries. While several supervision interventions have demonstrated effectiveness on a small scale, achieving sustained improvements has proven challenging. Frequently, initial successes diminish due to staff turnover, the discontinuation of donor support, and the failure to implement systemic changes in human resource management required to maintain improvements in health worker performance [5].

Against this backdrop, the present study aimed to investigate supportive supervision of nurses in healthcare facilities. It sought to explore the roles of nurse managers in providing supportive supervision, the ways in which institutional management can contribute to supportive supervision, the underlying motives for implementing support supervision, the strategies that can be employed for support supervision, and the challenges associated with its implementation.

2. METHODOLOGY

The study employed descriptive survey of the qualitative approach. To Leedy and Ormrod (2005), a descriptive survey determines and reports the way things are. It provides opportunities for researchers to gain valuable insight into the existing state of a phenomenon. A qualitative approach which is interested in understanding the meaning people have constructed, that, how people make sense of world and the experiences they have in the world [11]. In this study, the target population comprises all the management of health care facilities (3 management members) in Volta. Due to the qualitative and the nature of the study, purposive sampling was adopted in selecting three (3) management members from various health

care facilities in volta. This technique helped the researcher to choose participants who were well informed about support supervision in the health service. Speziale and Carpenter (2007) suggested that two to ten participants or until saturation is appropriate for a qualitative enquiry. The primary data was obtained from the responses and information from the interview guide administered to the nurse supervisors. Credibility and trustworthiness were ensured to enhance the quality of data and ethical consideration such as anonymity, informed consent, privacy and confidentiality were ensured. Data from interviews conducted were transcribed verbatim. Salient features that were in line with the research questions and topics were compiled and coded [12]. The study relied heavily on the recording of speech and writing of actions and pronouncements by the people being studied. Therefore, recurring themes were identified and interpreted. The data were analysed thematically with the aid of the research objectives. Direct quotations or verbatim expressions of the participants formed an integral part of the analysis.

2.1. Data Analysis

2.1.1 Demographic Characteristics

Out of the 3 participants were males while a participant was a female. Thus, male dominated in this study. This is not the case for every health facility. On the age, 2 of them were found to be within 31-40 years while a participant was 41 years old. This means that officials were young and energetic. Regarding the educational status of the participants, all the 3 participants were university graduates. Thus, a participant has master's degree while the other 2 hard tertiary degree. Furthermore, on the position or rank, two participants were SNO while a participant was a PNO. Thus, all the participants were in the position and well experienced to give more details about supportive supervision of nurses in the health care services. Lastly, the number of years worked shows how long a participant has served in the health service and depicts the level of experience of the person. All the participants had worked for more than 10 years while the highest years of service were 17 years old. This shows that participants have been working for long and were experienced with issues surrounding supportive supervision.

2.1.2 Supportive Supervision

Perception of the participants was examined on the term 'supportive supervision.' All the participants were aware and have knowledge about supportive supervision. This also means that all the participants have indepth knowledge concerning supportive supervision. This was supported by the following direct quotations from the interviews conducted for the participants: "[errhmm] it is a process of helping staffs to improve their own work performance. It is carried out in a respectful and in a non-authoritarian way [way] with a focus on using supervisory visits as an opportunity to improve knowledge and skills." (IDI: Participant, 41 years). This was corroborated by another supervisor that;

"Supportive supervision is the process of (eem) helping staff to (eem) improve upon their work" (IDI: Participant, 35 years). "So supportive supervision to my understanding is a way of ensuring or monitoring your subordinates whilst they are carrying out activities, where the subordinate is unable to perform the activity, you will then perform the activity for the subordinate to see how it is done and you will also watch the subordinate to do so. That is what I will say about supportive supervision." (IDI: Participant, 40 years).

2.1.3 Explore the Roles of Nurse Managers in Support Supervision

To every nurse manager, there are some roles and responsibilities that they have to oblige to for effective and efficient delivery of quality health care. Therefore, the study was interested in these roles. It was revealed that some of the roles of nurse managers in support supervision included; monitoring the activities of the nurses on duty, supervising their activities and teaching or toeing them on the appropriate activities to do at the ward. This was supported by the following direct quotations from the various interviews conducted for the participants:

"The supervision is to be done by the nurse manager herself and also to train staff to do supervision" (IDI: Participant, 41 years). "Once a nurse manager you are supposed to [long pause] supposed to monitor your staff, monitor with the duty roaster, check those who are on duty, the staff categories on duty. You must supervise their work, the work that they do. You ensure that they are doing the right thing.

You must inspect the duty roaster and whatever they do. Check whatever they have recorded, check the patient folder, vital signs, TPR chart and when they are performing any task, you go there to see what they are doing. You can sit with them and as they work you can observe the way they are doing things and correct them if necessary" (IDI: Participant, 40 years). This was supported by another supervisor "So daily you have to [eem] as a nurse manager must go round and check their work performance whether what they are doing is in line with the standard. So, you first get there and check the nurse's notes, check whether they are doing the shift assessments, they are checking vital signs correctly and documenting it. So, you can even go whilst they are working or performing a procedure. You can just stand back and watch them perform the procedure. And if they are doing it right, you congratulate them. And if you see any challenge in what they are doing, you correct them. [eem] or you later meet with them and try to talk to them about what they have done. Once you get there and meet with them, and talk to them, they feel at home, they know that they are not left alone and that their supervisors or superiors are [eem] appreciate what they do. They are aware of whatever is happening in the ward. So most of the time, whatever procedures that they are doing, they will do it well because now you will surely come around and check it. [eheen] then also, when you get there and whatever they do, and they do it right, you congratulate them, and it is a form of motivation to them and will make them work harder. And the quality of work done will be improved in nursing" (IDI: Participant, 35 years).

2.1.4 Explore How Institution's Management Can Assist with Support Supervision

Sometimes, the support from nurse managers or supervisors is not enough or all, however, the institution's management also has a role to play when it comes to support supervision. They provide the platform on which nurse managers provide such support to nurses. In this study, it was revealed that the institution's management provides needed assistance to supervisors or nurse managers, provided needed tools and equipment for efficient and effective delivery of quality health care, provides maintenance for this equipment, running administrative errands and works. These were complemented by the quotes in the following statements: "With the hospital management, if there is any issue for nurses, the nurse manager is their head or she will supervise them. But if there is any issue concerning administrative issues, like BP apparatus not working, then we must buy a new one or have to repair it. I think management can help by facilitating its repair or getting a new one so that the staff will not be stranded. So, if management is able to provide the equipment that we need to work with, then they are helping in one way or the other. So, management can get us the equipment or the things to work with. [eeerrh] and the human resource aspect. If they help with the promotion, interview, and going to workshops and staff are motivated in a way, it will also make them calm down. So that is the role management members can also do. When we report any defect in equipment that is beyond the nurse manager, management should quickly or facilitate or help us with it so that we can supervise effectively" (IDI: Participant, 35 years). This was corroborated by another supervisor "I think when management understands the concept of supportive supervision, they will ensure that it is done well. So one of the ways that I will suggest is that workshops should be organized for management members to really understand the concept of supportive supervision. When the concept is well understood by management, they will embrace it" (IDI: Participant, 41 years).

2.1.5 Explore the Motives for Support Supervision

There is always a reason for doing something. Therefore, data were gathered from the participants on the motives behind the support supervision of the nurse managers and the result indicated that it was meant purposely to improve performance and quality of health care delivery as well as ensuring effective communication. Also, it was to reduce the level of errors, build confidence and experience of the young nurses. These are all that the participant has to say:

"Motives for supportive supervision or the reason for it is to enhance practice, build experience, minimize errors that are committed during the practice of nursing activities, and to most especially to build experience and confidence in nursing not only for the nursing staff but also to ensure that the public that we serve confidence in the nursing that is being practiced. Because whatever that you are doing is up to standard and the right thing is done to minimize mortality and fatality" (IDI: Participant, 41 years). The

motive for supportive supervision is to improve performance [I think so] and probably to promote communication (IDI: Participant, 35 years). "Nurses should embrace supportive supervision because, it really helps a lot. Because if don't supervise your subordinates, they will do anything that pleases them [hmmmm] you may not know the reality on the ground. As a nurse manager, you have to supervise your staff. Sometimes the supervision is in the form of teaching so that what they don't know or what they are not doing right, you get there and teach them, you will even help or assist them so that everybody will know the right thing or the right things to be done or doing short cuts and be lazing about. Because some staff will come and they don't just care, they know that nobody is watching them. But once they know at this time or know that a nurse manager will supervise them, they will surely do the right thing. So, nurses should really embrace it because they are dealing with humans. Once there is a small issue, somebody's life is at stake. Yes, errors will be minimized during supportive supervision or there will not be any error at all at the workplace" (IDI: Participant, 40 years).

2.1.6 Describe the Strategies that Can Be Used for Support Supervision

Regarding the various strategies employed in support supervision, it came to bear that the participants were not aware of such strategies. Thus, all the participants were not certain on their views while a participant boldly admits that he does not have any idea about it. This was seen in the following direct quotations:

"I wouldn't. I have not really read about it but to the best of my knowledge, supportive supervision will come by building from the known to the unknown. When the staff comes or the student comes or whoever comes, you will first assess what the best knows and you will fill in the gap. There are some people that will only need coaching. Some people need to perform the activity for the activity to be done. Some people you need to do delegation so it depends on the situation at hand and you will be able to employ the type of style you have to use in order to ensure that supervision is done without hurting the feelings or emotions of the ones you are supervising" (IDI: Participant, 40 years). "I can't remember" (IDI: Participant, 41 years). [ooooh] I don't know it oo. (IDI: Participant, 35 years).

2.1.7 Identify the Challenges Associated with Support Supervision

There is no intervention without barriers, therefore, data were gathered on the various challenges encountered in quest to provide supportive supervision to nurses. Some of the challenges identified by the participants included; inadequate infrastructure, inadequate resources to train supportive supervisors, inadequate training, time issues. These were captured in the interviews of the participants as follows: "[hmmmm] I don't want to talk about time but let me talk about time issue. Because sometimes you come to work and there are a lot of things you have to do. Students have come on clinicals, you have to send reports to regions, visitors have and you have to take them round so because of this, you are unable to go to the various units. As for supportive supervision in Keta hospital, you have to go to the various units one after the other. We have about seven units for nurses. I will say time factor because you are not able to get time to do supportive supervision. You must do it every day if not there will be a gap. The [eeehm] [eerhm] another challenge will be [eerhm] the items because the staff will not complain about an item then the next moment, they expect it to be repaired but when you inform management it will not be repaired. [eehrrn] they hope in you that, when they report issue, it will be addressed but sometimes it is beyond you. Another issue is criticism. Sometimes they criticize you [long laugh]. You go there and you see something and want to talk about it, or you have talked about it then the moment you leave they will say this is how we used to do it why are you talking about it? Why do you want us to do it like this now? That criticism aspect is also there" (IDI: Participant, 40 years). "[errhhmmm] One of the challenges that I think can be encountered is that, it is possible it is a new concept that is emerging so embracing it wholeheartedly might become a bit challenging. Secondly, some of the challenges could be that if [if] it is not gone about well it will not be embraced fully. Secondly, provision of [of] resources from management can affect this, coupled with the fact that, lately the national health insurance is not disbursing funds to the hospitals. So, getting the resources and all of that to engage in supportive supervision could pose a problem. And [and] also if you don't have adequate human resources for supportive supervision, it will become a bit difficult, looking at

the fact that one nurse or two nurses in the ward is taking care of about twenty-eight, twenty patients. It will be very difficult to do supportive supervision." (IDI: Participant, 35 years). One of the things is training. If the people are trained and understand what supportive supervision is, why it is very important, it helps because knowledge is power. Education is one of the keys orientations of newly posted staff, doing proper handing over and taking up and all that, I am sure will help in improving supportive supervision. And of course, our tutors should also help when students are in the ward, they can also complement supportive supervision (IDI: Participant, 41 years).

3. RESULTS AND DISCUSSION

The role of nurse managers in support supervision is to monitor, supervise, teach, or support nurses to provide appropriate and quality health care delivery to patients. This supports the study by Green that found that nurse managers play a vital role in support supervision by providing guidance and oversight to nurses. They monitor the performance of nurses, ensure adherence to protocols and standards, and offer support and feedback for improvement. Nurse managers act as mentors and facilitators, creating an environment conducive to professional growth and ensuring quality care delivery. The institution's management assists support supervision by providing the needed equipment and environment for the transfer of knowledge and skills from supervisors or nurse managers to young nurses. highlights that effective support supervision requires the provision of adequate resources and a supportive work environment by the institution's management. Access to necessary equipment, materials, and resources enhances the transfer of knowledge and skills from experienced supervisors or nurse managers to young nurses, enabling them to provide quality care. The motive of support supervision is to provide confidence in young nurses, improve performance and quality health care delivery, and minimize errors. According to a study conducted, the primary motive of support supervision is to enhance the confidence of young nurses in their abilities. Support supervision also aims to improve their performance by addressing skill gaps and providing ongoing guidance. This ultimately leads to quality health care delivery and a reduction in errors. Participants were not familiar with any strategy that can be used to support supervision. In a similar survey conducted by, it was found that many participants lacked awareness of specific strategies for support supervision. This highlights a potential gap in knowledge and training in the field of support supervision. Challenges associated with support supervision include inadequate resources and equipment, inadequate training, time issues, and administrative challenges. Outlined several challenges associated with support supervision. These challenges include a lack of resources and equipment necessary for supervision, inadequate training of supervisors, time constraints, and administrative difficulties in coordinating and implementing support supervision programs.

4. CONCLUSION

- The role of nurse managers in support supervision it to monitor, supervise, teach or support nurses to provide appropriate and quality health care delivery to patients.
- The institution's management assist support supervision by provided needed equipment and environment for transfer of knowledge and skills from supervisors or nurse managers to young nurses.
- The motive of support supervision was to provide confidence in the young nurses, to improve upon the performance and quality health care delivery and to minimize errors.
- Participants were not familiar with any strategy that can be used to support supervision.
- Challenges associated with support supervision included; inadequate resources and equipment, inadequate training, time issues and administrative challenges.

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Author Contributions Statement

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Christoph Sah	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓
Regina Antwi-Berko	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oscar Agyemang Opoku	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Okujeto Henry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Abigail Antwi Bosiako	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓

C: **C**onceptualization
M: **M**ethodology
So: **So**ftware
Va: **Va**lidation
Fo: **Fo**rmal analysis
I: **I**nvestigation
R: Resources
D: Data Curation
O: Writing- **O**riginal Draft
E: Writing- Review& **E**diting
Vi: **Vi**sualization
Su: **Su**pervision
P: **P**roject administration
Fu: Funding acquisition

Conflict of Interest Statement

The authors declare that there are no conflicts of interest regarding the publication of this paper.

Informed Consent

All participants were informed about the purpose of the study and their voluntary consent was obtained prior to data collection.

Ethical Approval

Not Applicable.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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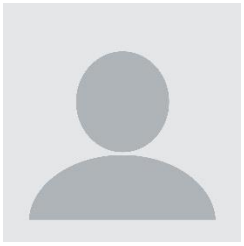
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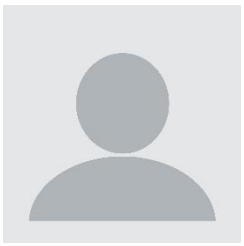
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