Factors Influencing Supportive Supervision Practice among Frontline Nurse Managers at Thika Level 5 Hospital, Kiambu County, Kenya

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Abstract

BACKGROUND

Supportive supervision (SS) is a process that aims at improving healthcare staff performance through the identification of knowledge and skill gaps, giving feedback and on job-training. This study aimed to assess the factors influencing SS practice among Frontline Nurse Managers at Thika Level 5 Hospital (TL5H) in Kiambu County, in Kenya.

METHODOLOGY

The study applied a mixed methods study design using both quantitative (analytical cross-sectional) and qualitative approaches (FGDs and KII). The study population was the Nursing Services Manager, Frontline Nurse Managers and their deputies. Quantitative data was collected using a semi-structured questionnaire and observation checklist. For qualitative data study applied purposive sampling was to recruit Frontline Nurse Managers and their deputies. Qualitative data was collected through Focused Group Discussions (FGDs) and Key informant interviews (KIIs). Quantitative analysis was done using SPSS version 25.0. Quantitative data was presented using frequency distribution tables and charts. Qualitative data were analysed using NVivo version 12 and then presented in themes. The analytical statistic was not done since there was no observed SS at Thika Level 5 Hospital (TL5H).

RESULTS

On observation, all wards and sections at TL5H scored below expectation on SS. From the semi-structured questionnaire, 82% of the respondents indicated SS performance as "none" per week. 64.1% of the respondents reported that they were not trained on SS and their knowledge score was AT 40%. 90% of the respondents identified staff shortage as a barrier to SS practice, 55 % as lack of time for SS and 20% identified lack of tools as a barrier to performing SS.

CONCLUSION AND RECOMMENDATION

Frontline Nurse Managers' SS practice was below expectation and their knowledge of SS was marginal. Frontline Nurse Managers lacked time for SS since they also performed patient care roles due to hospital staff shortage. The study recommends the introduction of a structured SS tool, training of Frontline Nurse Managers on SS, and addressing staff shortage in hospitals.

Keywords: Supportive Supervision, Frontline Nurse Managers, Factors Influencing SS

Introduction

Supportive Supervision (SS) in the clinical area has been recorded in many studies as an event that occurs between the top-level supervising the mid-level health institutions. The current supervisory activities primarily benefit mid-level managers, with limited direct impact on the staff working in hospital wards or hospital sections. Typically, supervision is scheduled every quarter throughout the year, which results in insufficient support for the nursing staff who provide daily patient care. Frontline Nurse Managers, who are responsible for managing wards and sections, often lack the necessary knowledge and skills for effective supportive supervision. Consequently, they are unable to adequately support their staff in this capacity (1).

Supportive Supervision is a continuous process aimed at performance improvement for staff. It starts with the identification of the desired goals and standards of performance. After, the supervisor and staff agree on goal and care standards, monitoring and evaluation of the achievement of the goal follow (2). A study done in Mozambique showed that the practice of SS is not well understood and where it is done, it focuses on inspection and not support of staff performance. Supportive supervision in most low-income countries is ineffectively conducted due to such factors as managers' competing roles and lack of time (3).

The element of supervision within health facilities is either not done or is done insufficiently due to time constraints; and where SS is done it is constrained by a shortage of resources, supervisors, healthcare staff, and funds (4). In Kenya research conducted by Wamunyu, (5) on staff job satisfaction found that top-level management SS practice was at 42.9% while at the lower-level management was at 40%. Supervisors do not make the difference between monitoring and SS as they carry out their managerial roles. The supervisory activities the supervisors carry out do not indicate the goal and objectives of SS but are more of an inspection (6).

Supportive supervision by Frontline Nurse Managers improves patients' care and patient satisfaction, the nursing staff's job satisfaction as well as their morale. Lack of effective SS results in high staff turnover, low morale and staff job dissatisfaction which result in poor patient outcomes in health institutions (7). Despite the knowledge of the importance of SS many health institutions appreciate the concept but continue giving it low attention. It is therefore important to determine and address factors influencing Frontline Nurse Managers' SS practices (8).

Several factors influence SS. The duration one has worked as a nurse manager, age, gender, position or rank in the ward/section they work, whether one has been trained on managerial skills, and managers' staff ratio. Efficient staffing enables managers to have time off patient workload and plan and conduct SS on their staff. Health institutions' support of SS such as the use of SS reports to promote staff also play a part in encouraging SS practice by managers (15).

Nurse Managers face challenges in SS performance. Health institutions lack strategies and guidelines on how SS should be conducted. It is challenging for nursing managers to perform SS without a laid down strategy and structured SS tools. Health institutions' support for nurse managers in the provision of SS resources and training on SS improves their performance. An administrative enabling environment is key to nursing managers' performance in SS. Administrators need to provide adequate human resources so that nurse managers get time for SS activities (16). The study aimed to assess the factors influencing supportive supervision practice among Frontline Nurse Managers at Thika Level 5 Hospital (TL5H) in Kiambu County, in Kenya.

Materials and methods

The study applied mixed methods using both quantitative and qualitative approaches. An analytical cross-sectional was adopted for the quantitative and Key Informant interviews and Focus Group Discussions for the qualitative.

Study area

The study was conducted at Thika Level 5 Hospital of Kiambu County, which is in the Central region of Kenya. This county has a population of approximately 2.4 million as per the 2019 Kenya Population and Housing Census. Thika Level 5 Hospital is a government facility and is the Kiambu County Referral and Training Hospital. It is within Thika town approximately 45 Kilometers North West of Nairobi, the capital city of Kenya. The hospital's annual workload is about 350,000 outpatients while the inpatients' is approximately 20,000 (9). The catchment population is about 3.5 million people. Total health workers are about 460 (10). The hospital has approximately 228 nurses and has a bed capacity of 265. The Department of Nursing in this hospital has 4 units namely: Outpatient, Medical, Surgical, and Reproductive health units. Under these units are wards and sections (such as renal, and ICU) which are headed by Frontline Nurse Managers (10).

The Nursing Services Manager is the charge of the hospital administration of nursing services while the Deputy takes charge of the administration of the other three units. The Frontline Nurse Managers are in charge of wards and sections such as out-patient clinics, Renal, ICU and wards. The Frontline Nurse Managers' deputies assist in the ward/section administration as well as taking patient workload (11).

Study population

The study population was Nursing Services Managers, Frontline Nurse Managers and their deputies at Thika Level 5 hospital. Nursing Services Managers (NSMs) and their deputies play crucial roles in hospitals, overseeing a broad range of responsibilities to ensure the effective delivery of healthcare. They provide leadership and manage daily operations, including budget oversight and resource allocation. NSMs are responsible for supervising and developing nursing staff, ensuring high standards of patient care, and implementing hospital policies and procedures. They coordinate with other departments to ensure integrated care and manage the response in emergencies. Additionally, they ensure compliance with healthcare regulations and advocate for patients, while also driving innovation and improvements in nursing practice.

Sampling

For sample size determination, the study applied census for Nursing Services Managers, Frontline Nurse Managers and their deputies since the study population was small and they were all accessible. The census method was applied where all the Frontline Nurse Managers and their deputies were recruited in the study for quantitative data collection. For qualitative data, the study applied a purposive sampling procedure to recruit Nursing Services Managers, Frontline Nurse Managers and their deputies to Key Informants Interviews (KII) and Focused Group Discussions (FGDs) respectively.

Data collection tools

For quantitative data, a self-administered semi-structured questionnaire and an observation checklist were used. The rating/score of each item on the observation checklist was adopted from the performance management guide for supervisors by Montgomery County Maryland (13). This performance guide had five rating categories which are as follows: 1= Does not meet expectations, 2= Below expectations, 3= meets expectations, 4 = above expectations and 5= outstanding. For the total knowledge score from the questionnaire, the study considered 50% and above score to be knowledgeable and below 50% score as unknowledgeable (12). For qualitative data, the study applied two FGDs and

Key informant interviews to collect detailed data from the participants.

Data collection procedure

Quantitative data was collected by use of self-administered semi-structured questionnaires which were filled and collected from the participants. An observation checklist was used to observe SS records in the wards/sections of the primary investigator and the average score was obtained. For qualitative data, the researcher conducted two FGDs of purposively selected Frontline Nurse Managers. Key Informant interviews were conducted with the Nursing Services Manager and deputy to collect in-depth information. The discussions of FGDs and KIIs were audio recorded.

Data analysis and presentation

Statistical Package for Social Sciences (SPSS) version 25.0 was used to analyze quantitative data using descriptive statistics and results presented using frequency distribution tables, bar charts and pie charts. No analytical statistical analysis was done since there was no observed SS. Qualitative data was analyzed using NVivo version 12 and data was organized into themes. Qualitative data was presented through narratives organized into themes.

Ethical considerations

Ethical approval and permits were sought from the Jomo Kenyatta University of Agriculture and Technology Research and Ethics Committee (Ref. no. JKU/IERC/02316/0532) and National Commission for Science Technology and Innovation (Ref no. NACOSTI/P/22/18086), respectively. Approval to collect data was sought from Thika Level 5 Hospital (Ref. MOH/THKAGEN/VOL.V/704). Informed consent was sought and obtained from each participant in accordance with the ethical requirements.

Table 1:
Socio-Demographic Characteristics of Frontline Nurse Managers

Variables	Category	Frequency (N)	Percent (%)
Level of education	Diploma	21	54
	Degree	14	36
	Masters	4	10
	Total	39	100
Gender	Male	5	13
	Female	34	87
	Total	39	100
Age (years)	21-30	1	2.6
	31-40	7	17.9
	41-50	17	43.6
	51-60	14	35.9
	Total	39	100
Number of Frontline Nurse Managers in a unit	Surgical unit	19	48.7
	Medical unit	6	15.4
	OPD unit	2	5.1
	RHU unit	9	23.1
	RenaL/ICU unit	3	7.7
	Total	39	100
Length of time worked in hospital ward/section (Years)	0-2	20	51
	3-5	9	23
	6-8	3	8
	Above 9	7	18
	Total	39	100

Results

Socio-demographic characteristics of the frontline nurse managers

The majority of the study respondents 54% had diplomas as their highest level of education. This was followed by 36% of the respondents who had a degree and 10% who had a master's degree as their highest level of education. Most of the respondents (87%) were females while 13% were males. The study found that 43.6% of respondents were between 41 and 50 years old. More than 17% of the respondents were between 31 and 40 years old while 2.6% were between 21 and 30 years. The unit that had the majority of Frontline Nurse Managers was the surgical unit with 48.7% followed by the reproductive health unit with 23.1%. For the length of time one had worked in a ward/section, 51% of the respondents indicated that they had worked in the same ward/section for a period between 0 and 2 years while 18% indicated having worked in the same ward/section for more than 9 years (Table 1).
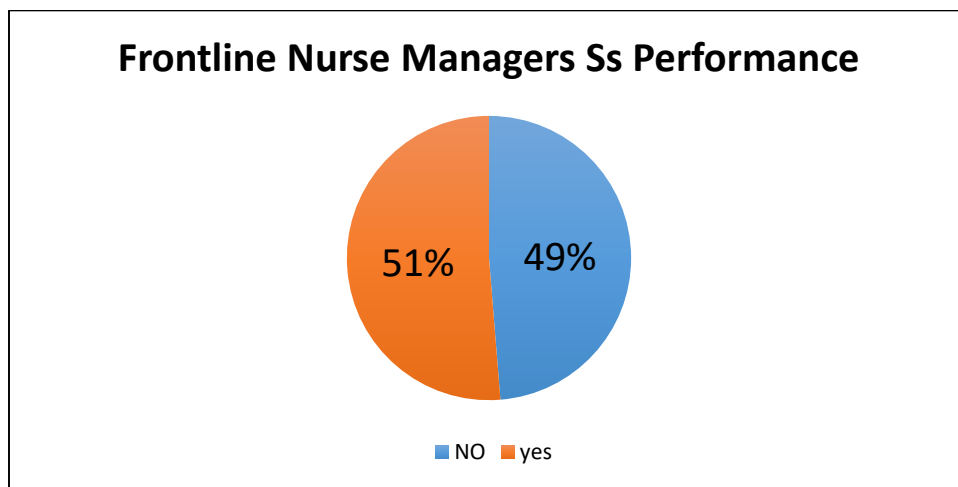

Figure 1:
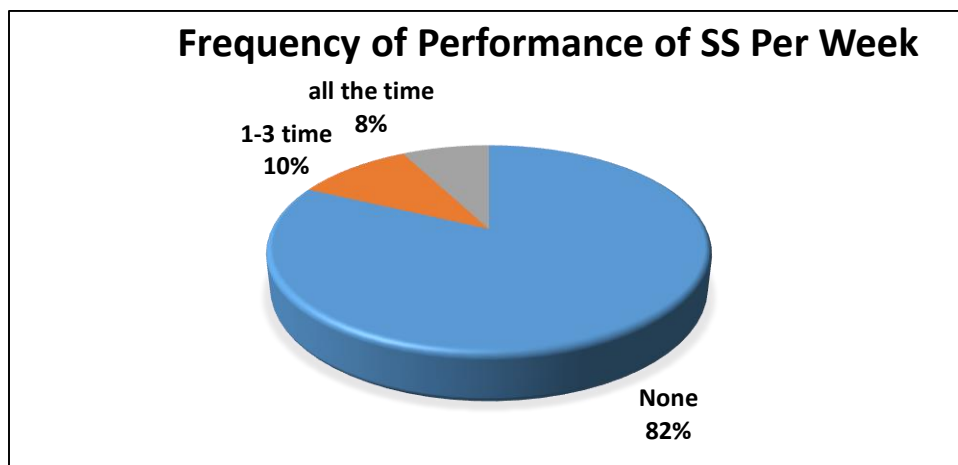Frontline Nurse Managers' performance

Figure 2:
Frequency of performance of SS per week

Supportive supervision practice

From the semi-structured questionnaire, 51% of the study respondents indicated that they performed SS while 49% said they did not (Figure 1).

When asked about the frequency of performance of SS, 82% indicated they did "none" per week, followed by 10% who did it for "1-3 times" per week and 8% who did "all the times" (Figure 2).

From the observation checklist, there was no observed evidence of performance of SS since all variables assessed had a score of 1 (did not meet expectation) (Table 2).

Table 2:
Observation checklist

Variable	Category	Frequency (n)	Percentage (%)
Information form used during SS	Does not meet the expectation	20	100
Use of analyzed data after SS	Does not meet the expectation	20	100
Record of identified gaps in staff performance	Does not meet the expectation	20	100
Record of feedback after SS	Does not meet the expectation	20	100
Record of trained staff on identified performance gaps	Does not meet the expectation	20	100
Total		20	100

Table 3:
Knowledge level of support supervision

Variable	Category	Frequency (N)	Percentage (%)
Trained on SS	No	25	64.1
	Yes	14	35.9
Understand SS setting system requirement	No	20	51.3
	Yes	19	46.7
Trained on SS scheduling	No	21	53.8
	Yes	18	46.2
Trained on the use of information forms	No	22	56.4
	Yes	17	43.6
Have skills in using an observation checklist	No	22	56.4
	Yes	17	43.6
Have skills in analysing SS data	No	24	61.5
	Yes	15	38.5
Trained in the use of data to solve a problem	No	22	56.4
	Yes	17	43.6
Trained on monitoring staff	No	25	64.1
	Yes	14	35.9
Have skills in giving feedback	No	22	56.4
	Yes	17	43.6
I have skills in on-job training	No	20	51.3
	Yes	19	48.7
What is SS	Correct	19	48.7
	Wrong	20	51.3
I know SS roles	No	21	53.8
	Yes	18	46.2
	Total	39	100

Factors influencing supportive supervision practice

Level of knowledge. From the questionnaires, 64.1% of the respondents indicated that they were not trained in SS and 51.3% had no understanding of the requirement for setting SS system. 56.4% of the respondents had no skills in the use of observation checklists, and 53.8% were not trained in SS scheduling. Training on monitoring staff performance, 64.1% of respondents had not been trained and on skills on on-job training, 51.3% had not been trained. 51.3% gave the wrong definition of SS (Table 3).

Knowledge level total score on social support. Respondent's total score on all items on knowledge was summed up for knowledge level. A score of 50% and above was considered knowledgeable and below 50% was not knowledgeable (12). 60% of the respondents scored below 50% and therefore considered not knowledgeable (Figure 1).

Other factors influencing SS practice. The study looked into other factors besides individual factors that hindered the Frontline Nurse Manager's SS practice.
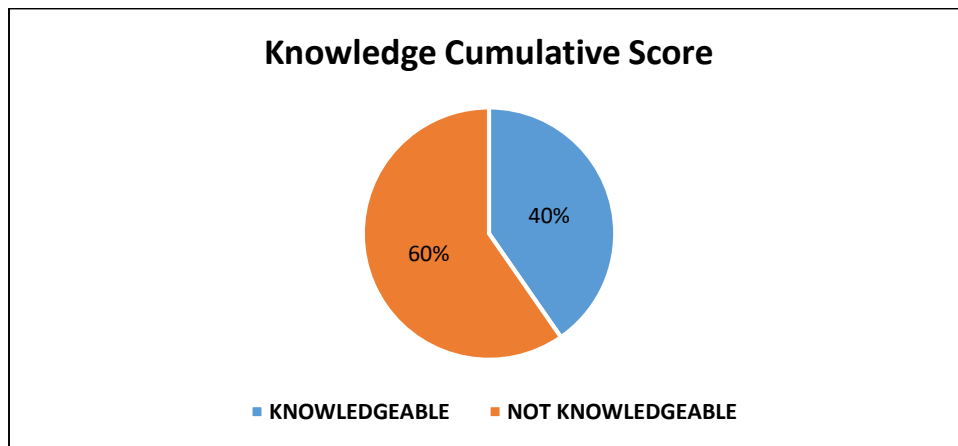

Figure 3:
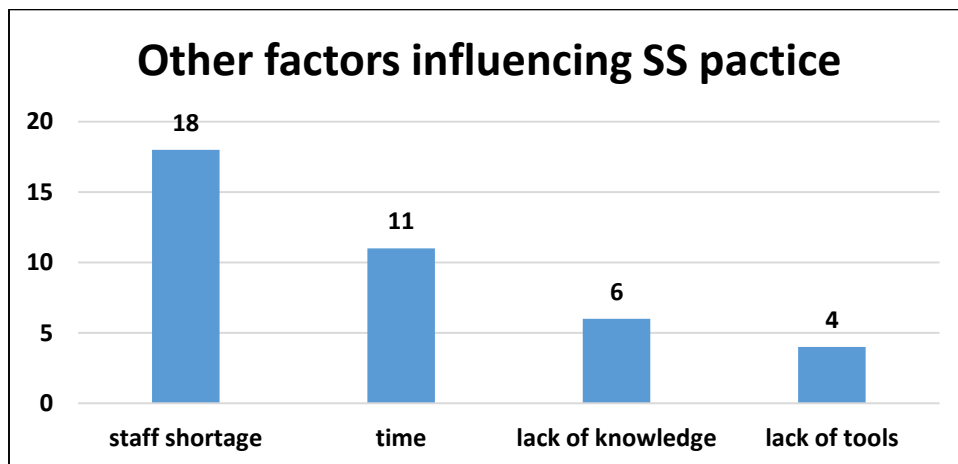Level of Knowledge Cumulative Score

Figure 4:
Other Factors Influencing Supportive Supervision Practice among Frontline Nurse Managers

At least 20 participants responded to this question where (n=18, 90% of the respondents identified a shortage of staff as a barrier to SS, (n=11, 55 %) lack of time and (n=6, 20%) lack of tools as a barrier to performance of SS (Figure 3). It was not possible to determine factors associated with supportive supervision practice since there was no observed supportive supervision among frontline nurse managers.

Qualitative data analysis

Three themes emerged from the FGDs' discussions. These were: Knowledge, staff shortage and lack of time.

Themes 1: Knowledge of SS. From the FGDs, it was evident that Frontline Nurse Managers' knowledge of SS was marginal as evidenced by the following statements:
One respondent from FGD 1 said:

"I am not sure what SS is" (FGD 1, Res. 2)

Another respondent from FGD 2 reported that:

"I have not been trained on SS" (FGD 2, Res. 8)

"SS is sport checking staff as they perform their duties" (FGD 1 Res. 3)

"SS is inspecting how work is being done" (FGD 1 Res. 6)

Theme 2: Shortage of staff. From the KIIs, it was indicated that the hospital had a staff shortage. This was demonstrated by the following statements:

"Ward/section Frontline Nurse Managers carry out SS when need arise. This is because of staff shortage. Most of the time, they are the ones carrying out patient care activities with one or two other staff or sometimes alone in a shift" (KII no 1).

This was supported by another KI who confirmed that:

"The ward/section Frontline Nurse Managers do perform SS ………. They do not schedule SS due to acute staff shortage whereby they work with one or two staff per shift" (KII.no. 2).

Theme 3: Lack of SS tools. The respondents indicated that ward/section Frontline Nurse Managers did perform SS though not to the expectation as they did not schedule SS due to staff shortage and lack of SS tools such as observation checklists and recording facilities. They did not record SS outcomes and corrective actions. This was indicated by the below statement:

"The hospital does not provide SS schedules, SS record facilities and observation checklists. It is left to the ward/section managers to decide when and how to perform SS because of staff shortage and lack of SS tools" (KII no. 2).

Discussion
Supportive supervision practice

The study established that Frontline Nurse Managers' SS practice was below the expected. This was indicated by the quantitative data where there was no observed evidence of SS activities recorded in any wards/sections. From reported data from a questionnaire, the majority of the participants reported that they did not perform SS on their staff all the time. Data from FGDs and KIIs confirmed that SS was not effectively performed by Frontline Nurse Managers since they did not schedule SS activities and had no structured SS tools to facilitate their performance. This was due to insufficient knowledge and staff shortage which stood as a barrier to the performance of this role. These findings were in agreement with a study that reported that managers do not perform SS on their staff and if they do, it is ineffectively done due to a shortage of staff (4).

Factors influencing supportive supervision practice

The study established that knowledge was a key individual factor that influenced SS practice among the Frontline Managers at Thika Level 5 hospital. The study established that the Frontline Nurse Manager's knowledge level was

marginal. Most of the Frontline Nurse Managers gave the wrong definition of SS which they perceived as sport checking of how the staff performed patients' care procedures. Frontline Nurse Managers had deficient knowledge in terms of understanding the requirement for setting SS system, use of observation checklist to collect data and utilization of SS data to support the performance of their staff. The study established that the majority of the participants had not been trained in SS. This was confirmed by both quantitative and qualitative data. These findings corresponded with a study that established that Nursing Managers lack the supervisory knowledge and skills required for supportive supervision and therefore inadequately provide SS to their staff (1).

The study established other factors besides the knowledge that influenced Frontline Nurse managers' SS practice negatively as lack of time, lack of structured SS tools and staff shortage. The staff shortage contributed to a lack of time since the managers had to take on patient workload. Findings from quantitative and qualitative data confirmed this. These results were similar to what was established in a study that reported that SS is ineffectively done due to such factors as managers' competing roles and lack of time (3). Another study (4), also agreed with these findings where it was reported that SS was constrained by staff shortage.

Study limitations

This study was based on a single case from Thika Level 5 Hospital, in Thika, Kenya, which restricts the ability to generalize these findings to other settings or population. We therefore recommend further research involving multiple cases or institutions to enhance the generalizability and external validity of these findings.

Conclusion

The study's conclusion on factors influencing the SS practice of Frontline Nurse Managers at Thika Level 5 Hospital was that: Frontline Nurse Managers' SS practice was below expectation and that they had inadequate knowledge and skills on SS since they had not been trained on SS. However, besides a lack of knowledge, Frontline Nurse Managers lacked structured SS tools and as well lacked time to perform SS roles. The reason for the lack of time was due to staff shortage that made them use most of their time in patient care.

Recommendations

The study recommends that Thika level 5 hospital trains Frontline Nurse Managers on SS provides structured SS tools and addresses staff shortages.

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