Developing the Clinical Supervision Model based on Proctor Theory and Interpersonal Relationship Cycle (PIR-C)

Tri Johan Agus Yuswanto[1] and Naya Ernawati[2]

Department of Medical Record and Health Information[1,2]

Malang State Health Polytechnic, Ministry of Health

Malang, East Java

Indonesia

_____

ABSTRACT

The documentation of nursing care is very important since it is a proof that nurses have taken care of the patients. That's the reason why there's a need to develop methods to increase the complete and qualified nursing care documentation. One of the methods is clinical supervision. The clinical supervision model based on the Proctor theory and interpersonal relationship cycle (PIR-C) is developed as an effort to increase the quality of the nursing care documentation in the ward rooms, with the aim of developing a clinical supervision model based on the PIR-C. It is hoped that this model can increase the quality of nursing care documentation. Method: The design of this research used the explanative research with cross sectional approach with 55 selected respondents using purposive sampling. Questionnaire and observation were used as the instrument. To find out the influencing factors toward the implementation of clinical supervision model based on the PIR-C, the Partial Least Square (PLS) was used. The individual factor (path coefficient = 0.274, p value = 0.003) gave significant influence toward the implementation of the clinical supervision model based on PIR-C, the organizational factor (path coefficient = 0.438, p value = 0.00) gave significant influence toward the implementation of the clinical supervision model based on PIR-C, and the work characteristic factor (path coefficient = 0.369, p value = 0.00) gave significant influence toward the implementation of the clinical supervision model based on PIR-C. The individual, organizational, and work characteristic factors are very important factors in the implementation of the clinical supervision model based on PIR-C.

Key Words: Clinical Supervision, Nursing, Proctor Theory, Interpersonal Relationship Cycle.
_____

1. INTRODUCTION

The nursing care documentation is very important since it is a proof that nurses have taken care of the patients [1]. The nursing care which is not documented accurately and completely will be an invalid proof to know whether the nursing care has been conducted correctly, so the nursing care is important if it is viewed from many different aspects and one of them is legal aspect [2]. The implementation of the nursing care documentation is a common problem faced by hospitals in Indonesia. The problem in implementing the nursing care documentation at present, among other things is lack of control toward the nursing care documentation [3]. One of the ways to increase the quality of the nursing care documentation is through supervision. The well-conducted supervision will give impact on the quality of the nursing care documentation [4]. This case, of course, needs support from a manager with the decent managerial capability of planning, organizing, directing, and managing the nursing care activities/duties [5]. Hasmoko [6] exposes that the supervision implementation in Indonesia tends to be controled. The supervision which is educating, training, guiding, motivating, and facilitating doesn't seem to be conducted. Gillies [7] explains that supervision should be a guiding tool and not a threat to the staves. The supervision must be looked as efforts to fix, and to increase the nurses' work performance through activities which are educating, motivating, training, and directing. The supervision activities which are conducted up to now has limitation, that is, it focuses more on standard-fulfilling aspect.

The clinical supervision model based on the Proctor [8,9] theory which consists of three aspects (normative, formative, and restorative), in practice, is a model most adopted and it has become the only supervision model that has already had the supervision evaluation instrument which is internationally validated. The normative aspect (assessment & quality): promoting and fulfilling policy and procedure, standard expansion, contributing to clinical unit, creating conducive work environment, making plans, identifying the needs and problems faced by the supervisee, giving trust to the supervisee, and increasing professionalism. Formative aspects (tasks, decision, reflective practice) includes: Giving knowledge and skill, giving constructive criticism, giving

feedback, evaluating supervisory activities, identifying problem-solving. The restorative aspect (support) includes: Giving support/motivation,, increasing the staves' awareness, monitoring reactive response toward materials presented by the supervisor, increasing the staves' experience and self improvement [10]. The supervision implementation is mostly conducted one way so the implementation of interpersonal relationship between the supervisor and the supervisees is given less attention. It's very important to pay attention to the implementation of the interpersonal relationship in conducting the supervision because the relationship quality in clinical supervision is more important than the process, the procedures, and the outcome of the supervision itself [11].

The clinical supervision model based on the Proctor theory and the interpersonal relationship cycle (PIR-C) is a synthesis of the Kopelmen work productivity theory and the Proctor clinical supervision model which is integrated with 4 steps of phase of interpersonal relationship adopted from Peplau nursing care theory. The basis in using this approach is to emphasize on the influencing factors toward the clinical supervision (organizational factor, work characteristic factor, and individual factor; supervision area based on the Proctor theory which consists of four domains (normative, formative, and restorative), and also to increase the quality of the relationship between the supervisor and the nurses-on-duty through implementation of the Peplau interpersonal relationship consisting of four stages (orientation, identification, exploration, and resolution). The end result of implementing this model is hoped to be able to increase the quality of nursing care documentation in the hospital's wardrooms. The implementation of the clinical supervision model based on the PIR-C has the purpose to analyze the influencing factors, the organizational factors, the work characteristic factors toward the assessment of clinical supervision implementation, and to develope clinical supervision model based on the PIR-C in increasing the quality of the clinical supervision documentation model based on the PIR-C in the hospital's wardrooms.

2. METHODS

This research is an explanative research using cross sectional approach. The population to bring up this strategic issue is by giving questionnaire to 55 selected respondents of nurses-on-duty in the ward rooms by using the purposive sampling. The data collection was done by way of questionnaire and observation. The analysis is conducted by using Partial Least Square (PLS). The PLS result and the strategic issue then are brought to the Focus Group Discussion with the purpose of creating model and clinical supervision module.

3. RESULTS

3.1. The characteristic demography of the respondents

The characteristics of the nurses-on-duty who have become the respondents for the cross sectional research can be seen on the table 1.

Table 1: The respondents' characteristics in developing the clinical supervision model based on the proctor theory and the interpersonal relationship to increase the quality of nursing care documentation

Respondents' Characteristic	Parameter	Frequency	Percentage (%)
Age (years old)	20- 25.	6	10.9
	26- 30	20	36.4
	31- 35	18	32.7
	36- 40	6	10.9
	$>$ 40	5	9.1
	Total	**55**	**100%**
Gender	Male	51	92.7
	Female	4	7.3
	Total	**55**	**100%**
Working Duration	5- 10 years	17	30.9
	5- 10 years	20	36.4
	10- 15 years	12	21.8
	$>$15 years	6	10.9
	Total	**55**	**100**
Highest Education	Diploma	51	92.7
	Bachelor	4	7.3
	Total	**55**	**100%**

The majority of respondents is in their 26- 30 years of age (36/4%). They are mostly female (92.7%), they have been working there for about 5 to 10 years (36.5%), and their highest education is Diploma of Nursing (92.7%).

3.2 The individual, organizational, and work characteristics in implementing the clinical supervision model

Individual factor variable consists of some sub variables, those are: capability and psychological characteristics. Organizational factor variable consists of some sub variables those are: reward, leadership, training and development, and structure of organization. Work characteristics factor variable consists of some sub variables those are: objective performance and feedback.

Table 2: The individual, organizational, and work characteristics in implementing the clinical supervision model based on the PIR-C in increasing the quality of nursing care documentation

No.	Variable	Poor (%)	Fair (%)	Good (%)
1.	Skill & Capability	-	60	40
2.	Psychological	16.4	52.7	30.9
3.	Reward System	36.4	49.1	14.5
4.	Training & Development	16.4	50.9	32.7
5.	Structure of Organization	9.1	58.2	32.7
6.	Objective Performance	5.5	60	34.5
7.	Feedback	16.4	56.4	27.3
8.	Normative	12.7	65.5	21.9
9.	Formative	5.5	54.5	40
10.	Restorative	21.8	58.2	20

Table 2 above explains that in implementing the clinical supervision the majority of respondents see the following: the supervisor's skills and capability is Fair (60%), the supervisor's psychological characteristics is also Fair (52.7%), the reward system is Fair (49.1%), the training and development is Fair 28 (50.9%), the hospital's structure of organization is Fair (58.2%), the supervisor's objective performance is also Fair (60%), the supervisor's feedback is Fair (56.4%), the normative , the formative, and the restorative aspects are all Fair with the percentage of (65.5%), (54.5%), (58.2%) respectively.

3.3. The Output of Partial Least Square (PLS)
3.3.1 The Outer Model Evaluation
In this research, the convergent validity score can be seen through the following figure:
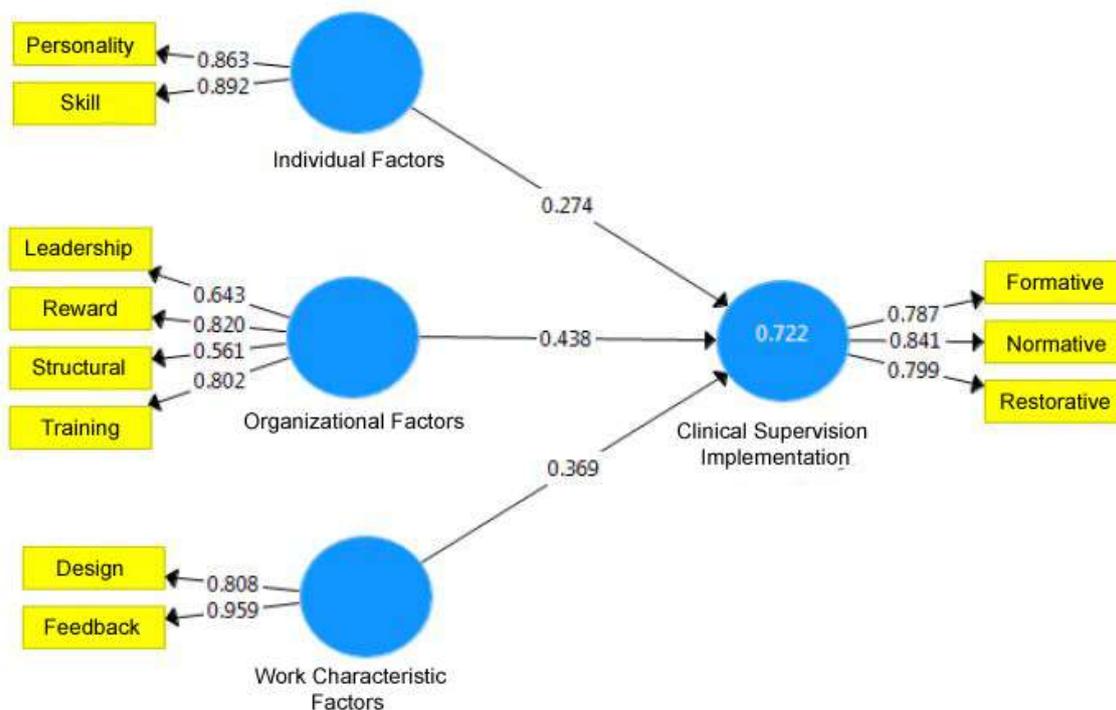
Figure 1: The score for the outer loading in developing the clinical supervision model based on the PIR-C in increasing the quality of nursing care documentation

3.3.2 The Inner Model

The score for the path coefficient and p-value of the inner model on this research is shown in the table 3.

Table 3 The Result of Hypothetical Test in Developing the Clinical Supervision Model Based on the Proctor Theory and the Interpersonal Relationship Cycle (PIR-C) in Increasing the Quality of Nursing Care Documentation

Variable	Path Coefficient	p value	Remark
The influence of the individual factor toward the implementation of the clinical supervision	0.274	0.003	
The influence of the organizational factor toward the implementation of the clinical supervision	0.438	0.90	Significant
The influence of the work characteristic factor toward the implementation of the clinical supervision	0.369	0.00	

The influences of the following factors toward the implementation the clinical supervision model based on the Proctor theory and the Interpersonal Relationship Cycle (PIR-C) are as follows: The influence of the individual factor. The path coefficient score is 0.274 and the p value is 0.003; The influence of the organizational factor. The path coefficient score is 0.438 and the p value is 0.00; The influence of the work characteristics. The path coefficient score is 0.369 and the p value is 0.00.

Those results show that there are significant influences between the individual, the organizational, the work characteristics factors and the implementation of clinical supervision. The positive sign on the coefficient shows the one-way relationship. This relationship means that the higher the individual, the organizational, the work characteristic factors are, the bigger the results are in increasing the clinical supervision.

3.3.3 The Structural Evaluation Model

This research uses Partial Least Square (PLS) data analyzing technique. Based on the data management, there lays structural evaluation model (inner model) to know the model design. The result of the model analysis can be studied from figure 2 below:
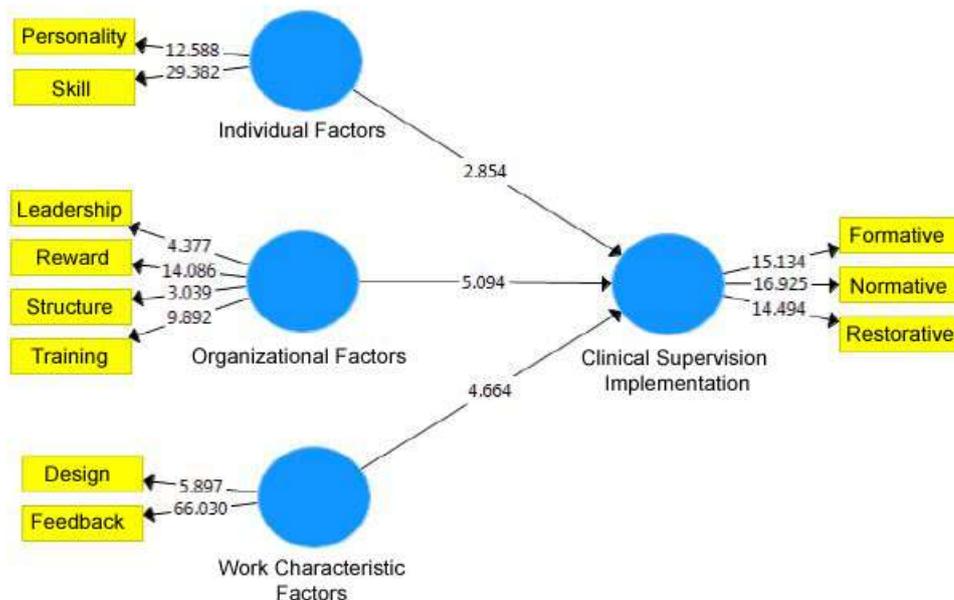
Figure 2. The result of analytical test in developing the clinical supervision model based on the proctor theory and the Interpersonal Relationship Cycle (PIR-C) in increasing the quality of nursing care documentation

Based on figure 2, the hypothetical test can be explained as follows: 1). The individual factor (capability and skill, psychological characteristics) influenced the clinical supervision, 2). The organizational factor (reward, training & development, leadership, structure of organization influenced the implementation of the clinical supervision, 3). The work characteristic factor (objective, performance, feedback) also influenced the clinical supervision.

The final implementation of the clinical supervision in the Ward Rooms shows the following results: the model that was formed from three factors significantly influenced the implementation of the clinical supervision shows from the biggest influencing factor (organizational factor), the medium influence (the work characteristic factor), to the smallest influence (the individual factor), or so called OWI. These OWI factors influenced the implementation of the clinical supervision based on the Proctor theory which consists of three aspects (normative, formative, restorative), and the Interpersonal Relationship which consists of four stages (orientation, identification, exploration, and resolution).

4. DISCUSSION

4.1 The Individual Factor

On the sub variable of individual factor: capability and skill, most of the respondents got Fair score. What is meant by capability and skill in this case is related to the nurses' evaluation on the supervision implementation conducted by the supervisor from the first stage of assessment (problem formulation), planning, implementation, evaluation, and clinical supervision documentation. The sub variable of capability and skill, is the main factor which influences the individual and the attitude, the capability and the skill concerning the implementation of the nursing care documentation owned by the nurses must suit the hospital's SPO, so the clinical supervision from the supervisor is needed to optimize the quality of the nursing care documentation. This aims to increase the nurses' capability and skill, to get the same perception in filling up the nursing care documentation and in informing the latest policy concerning the filling up of the nursing care documentation.

4.2 The Organizational Factor

On the sub variable of organizational factor: reward, training and development, leadership, structure of organization. The organizational factor variable which influences a person's attitude and work performance is resources, leadership, reward, structure of organization and of design. Related to reward given by the hospital, the majority of respondents said is Fair. The research conducted by Wächter et al. [12], explains that giving the reward and punishment to the employees will be so much influential to their work performance. Right now, there is still no particular reward and punishment system applied by the Hajj general hospital concerning the filling up of the nursing care documentation. The reward that they expect is the given chance to actualize themselves or the acknowledgement from the hospital's management to each of them for their duty of filling up the nursing care documentation, or to give a decent room to those doing that duty well. The reward may be given to them one by one, every month, or every three months, and this reward is added into the remuneration. The training and development in the Hajj general hospital is given as a routine schedule so as to give the chance of the nurses to increase their knowledge on various information. It may be in the form of an in-house training program which involves experts or a socialization/ knowledge-sharing activity by their colleague who has finished joining the ex-house program. Borders et al., [13] mentioned that the training of clinical supervision gives a big effect to practices in clinical supervision performance. The supervision training is necessarily important to give the supervisor understanding on the supervisor's role and it will train the supervisor in giving the supervision.

The subvariable of organizational factor: leadership. The leadership is the main factor to influence the staves' work performance because leadership is motivator to all resources in an organization. In her research, Elrhaman and Abdulllah [14] mentioned that there is a relation between the leadership style of a Head Officer and the nurses' work performance. The success of the human resources to succeed in the organization depends on the superior's attitude in the staves' self development. The staves' effectiveness in doing their job depends on the influence they obtain from their superior. The leadership in the nursing care is the capability and skill of the head nurse in giving the nurses under his supervision influence to carry out their duty and responsibility in giving service and nursing care so as to meet the goal. The Hajj general hospital's system of organization has been well structured so the line of command and the line of coordination can be well managed. With the good structure of organization, the nurses may follow the rules and do the nursing care documentation. The Surabaya Hajj general hospital has given support to the implementation of nursing care documentation. To make the implementation of the nursing care documentation run well it needs budget from the management. This budget is used to finance the programs such as education and training, facility supporting the program, monitoring and evaluation, report and routine meeting, incentive/bonus to the nurses doing the duty suited the SPO. To build the same perception between the supervisor and the nurses in all ward rooms in filling up the nursing care documentation to meet the standard required by the hospital, the good communication between them must be increased.

4.3 Work Characteristic Factor

This research finds out that if the nurses have the good perception toward the objective performance, their work design shows the working list of their obligation, and of qualification, which gives details on their education and the minimum work experience. The good work design will influence the nurses' way to reach the achieved target. This design also shows details on their tasks/duties to be used for evaluation. Those all will give lead to the process of work performance evaluation.

Based on the work design above, there must be a correlation between details of tasks/duties and work performance evaluation. On the sub work characteristics sub variable: feedback. From the result, the research shows that most of the nurses gave well enough (Fair) perception toward the implementation of the nursing care supervision. Hardavella [15] declares that the feedback means how far employees receive information about how well they carry out their tasks/duties at work. The higher they reach the work characteristics, the harder they will get challenges, and the stronger they set the potentials that the work sets the potentials, the more they increase the growth and work satisfaction, and work efficiency.

4.4 The Clinical Supervision Implementation

The cross sectional result of the implementation of the clinical supervision from the normative and interpersonal relationship aspect finds out that the majority of the nurses sees their supervisor's capability is Fair. A supervisor is hoped to be capable in guiding, directing, developing and motivating a nurse to work in accordance with the SPO of filling up the nursing care supervision documentation as decided by the Surabaya Hajj general hospital.

The implementation of the clinical supervision must be scheduled and programmed, and if done continually the implementation of clinical supervision will meet the standard of nursing care, for sure [16]. Thus, the clinical supervision on the normative aspect is not only about evaluation and control but it's more about developing, building/guiding, and directing staves of nurses. In implementing the clinical supervision, four stages of Peplau interpersonal relationship (orientation, identification, exploitation, and resolution) are used. The normative aspect supervision begins with assessment, planning, implementation, and evaluation in the clinical supervision activity.

Formative aspect, most respondents give Fair score to the supervisor. From the FGD result, the supervisor is hoped to be capable of applying four stages of Peplau interpersonal relationship (orientation, identification, exploitation, and resolution). This formative aspects has the aim of increasing the nurses' capability: reflective practice, in filling up the nursing care documentation. Supervision is the place where issues or dilemmas about the patients can be discussed and handled [17]. Through this supervision, nurses under supervision have found out their self limitation and their colleagues' limitation; they also have learned to give their ideas and opinions about the things happening at work. For the formative aspect, mostly respondents give Fair score. From the FGD, a supervisor is hoped to be capable of motivating the nurses more and more in filling up the nursing documentation. The supervisor must show more empathetic to the problems faced by the nurses, and it is hoped that the supervisor can help nurses decrease the burnout in filling up the nursing care documentation.

The implementation of the clinical supervision model which is hoped to suit the statistical calculation, FGD, and which constitutes the criteria of the aspect of the clinical supervision based on the Proctor theory and the interpersonal relationship is as follows:
1. Increasing the relationship quality between the supervisor and the nurses by way of interpersonal relationship (orientation, identification, exploration, and resolution).
2. Increasing the supervisor's capability in carrying out the function of assessing, planning, implementing, evaluating, and documenting the clinical supervision activities.
3. Optimizing the supervisor's role in giving support and motivation to the nurses while they fill up the nursing care documents.
4. Optimizing the supervisor's role in decreasing the burnout, and conflict related to the filling up of the nursing care documents.
5. Increasing the nurses' self confidence in the practice of giving the nursing care.
6. Sharing their knowledge, policy, and the latest journal related to the nursing care.
7. Doing the reflective practice such as solving the difficulty, constraint, and giving solution related to the filling up of the nursing care documents.
8. Doing the supervision to help increase the quality and the completeness of the nursing care documents continually and continuously.

5. CONCLUSSION

The organizational, work characteristic and individual factors (OWI) influence the implementation of the clinical supervision model based on the Proctor theory and the interpersonal relationship Cycle (PIR-C). The variable of individual factor is influenced by some influential factors such as: capability and psychological characteristics. The variable of organizational factor is influenced by reward, leadership, training and development, and structure of organization, The variable of work characteristic factor is influenced by the objective factor and feedback. The application of this clinical supervision can be done by the supervisor working in the hospital ward room after he has followed the requirement and written direction in the clinical supervision. By doing the supervision continually it is hoped that the supervisor is capable to do the clinical supervision which is scheduled and programmed, to implement, according to the process, the clinical supervision based on the PIR-C, to evaluate, and to document

the clinical supervision activities. The qualified nursing care documentation will increase the quality of the nursing care so as to support the achievement of the optimum health service.

REFERENCES

[1] Nursalam, *Proses & Dokumentasi Keperawatan: Konsep & Praktik*, Jakarta: Salemba Medika, 2008.

[2] Patricia A. Potter, Anne G. Perry, Patricia Stockert, and Amy Hall, *Fundamentals of Nursing*, 8th Edition, St. Louis, Mo. : Mosby Elsevier, 2013.

[3] Deswani, *Proses Keperawatan dan Berfikir Kritis*, Jakarta: Salemba Medika, 2009.

[4] Hyrkas K., "First Line Managers' Views of the Long Term Effects of Clinical Supervision: How Does Clinical Supervision Support and Develop Leadership in Health Care?," *Journal Nursing Management,* 2005 (13), pp. 209–220.

[5] Marquis and Huston, *Kepemimpinan Dan Manajemen Keperawatan, Teori & Aplikasi* 4th Edition, Jakarta: Penerbit Buku Kedokteran EGC, 2010.

[6] Hasmoko, Emanuel V. "Analisis faktor-faktor yang mempengaruhi kinerja berdasarkan penerapan system pengembangan manajemen kinerja klinis (SPMKK) di Ruang Rawat Inap RS Panti Wilasa Citarum Semarang. Tesis Program Pasca Sarjana UNDIP," Unpublished.

[7] Gillies, Dee A., *Nursing Management: A Systems Approach Subsequent Edition*, Philadelphia: W.B Saunders Company, 2004.

[8] Proctor, B., "Review : A Randomised Controlled Trial of Clinical Supervision : Selected Findings From a Novel Australian Attempt to Establish the Evidence Base for Causal Relationships with Quality of Care and Patient Outcomes , As an Informed Contribution to Mental Health Nursing Practice Development," *Journal of Research in Nursing, 2010 (*15)5, pp. 169–172.

[9] Proctor, B., *Training for the Supervision Alliance: Attitude, Skills and Intention.* New York: Routledges, 2011.

[10] Lynch L, Happell B., and Sharrock, *Clinical Supervision for Nurses*, 1st Edition, United Kingdom: Wiley-Blackwell, 2009.

[11] Kilminster, S., "Effective Supervision in Clinical Practice Settings: a Literature Review," *Journal Medical Education,* 2000, 34, pp. 827-840.

[12] Wächter, T. Ovidiu V. L., Tao Liu, Daniel T. W., and James Ashe, "Differential Effect of Reward and Punishment on Procedural Learning," *J Neurosci*, 2009, 14, 29(2): 436–443.

[13] Borders, L.D., Glosoff, H.L., Welfare, L.E., Hays, D.G., DeKruyf, L., Fernando, D.M., Page, B. "Best Practices in Clinical Supervision: Evolution of a Counseling Specialty," *The Clinical Supervisor*, 2014, 33(1), 26-44.
[14] Ebtesam Saeed Ahmed Abd-Elrhaman, Nora Ahmed Abd-Allah, "Transformational Leadership Educational Program for Head Nurses and its Effect on Nurses' Job Performance," *American Journal of Nursing Science,* 2014, vol. 7(4), pp. 127-136.

[15] Hardavella, Georgia, Ane A. Gaagnat, Neil Saad, Ilona Rousalova, and Katherina B. Sreter, "How to give and receive feedback effectively," Breathe (Sheff), Dec, 2017; 13(4), pp. 327–333.

[16] Valentino, Amber L et al., "The Benefits of Group Supervision and a Recommended Structure for Implementation" *Behavior analysis in practice*, Oct. 2016, vol. 9,4, pp. 320-328.

[17] Halpern, H., "Supervision,", *British Journal of Hospital Medicine,* April 2009, Vol 70 (4).