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Comparison of Charge Nurses' and Registered Nurses' Perceptions of Management Functions in the Implementation of Supervision in Hospital

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Abstract

Different perceptions in the supervision process, part of the management functions of nurse manager, are at risk and have a bad impact, such as conflicts that will result in lack of motivation, communication barrier, and decreased performance and quality of services in the hospital.

Purpose: The purpose of the study was to compare the perception of the head of the room with the implementing nurse about the role and function of management in the implementation of supervision.

Methods: This quantitative study was conducted on a population of 515 nurses, and 81 nurses were used as a sample (71 nurses and 7 room heads) which were selected by accidental sampling. The research tool is in the form of a questionnaire containing management functions in supervision. Data were analyzed using independent t-test.

Results: The results of this research did not show a significant difference between charge nurses' and registered nurses' perceptions of the management function in supervision, as indicated by the $p\text{-value} > 0.025$ (95% CI), $p\text{-value} = 0.990$ (planning), $p\text{-value} = 0.957$ (organizing), $p\text{-value} = 0.962$ (staffing), $p\text{-value} = 0.508$ (directing).

Conclusion: With actuating aspect that obtained $p\text{-value} = 0.977$ and controlling aspect that obtained $p\text{-value} = 0.790$, the conclusion of this research is there was no significant difference between charge nurses' and registered nurses' perceptions of management functions in supervision.

Keywords: Management function, implementing nurse, nursing supervisi

Introduction

The fourth industrial revolution era (Industry 4.0) makes it easier for people to access and get information and knowledge and thus, the health service sector is striving to improve the quality of their services as much as possible. One way to improve and maintain the quality of the service is quality supervision. Nursing supervision is one of the functions of nursing management, which will have a positive impact on service quality and efficiency and effectiveness if it is done well. Nursing supervision will have a positive impact on the performance of nurses both internally and externally.^{1,2}

Charge nurse is part of nurse managers and one of the supervisors. They must have extensive competence and experience in nursing science and practice. Supervision is professional support and learning in which nurses are assisted to develop their practical skills through regular discussion sessions with experienced and knowledgeable peers, to receive support, and to improve the quality and safety of nursing practice³. Charge nurses must also know and apply the roles and functions of management so that they can oversee the implementation of this supervision.⁴

Supervision is part of the management functions, which are the functions of directing and supervising. Charge nurse as part of the nursing manager is responsible for supervising and directing nurses so that the quality and competence of nurses can be maintained and continuously improved. The nurse manager is responsible for upholding and maintaining the quality of care and for maintaining staff competence so that standards of care are sustained.⁵

The head of the room's understanding of these management functions must be broad, because the management function is one of the competencies that the head of the room must-have, and he does it every day. The head of the room spends part of his busy life working on the financing plan, making a supervision schedule (Planning), discussing, changing the plan of the care system including the supervision schedule, changing offices (personality), resolving conflicts, providing input and directing (directing), assessing the performance of nurses (controlling).⁶

Serang Hospital is a developing hospital and maintaining and improving health services, especially nursing, are mandatory things to do. In interviews with five registered nurses, four nurses (80%) answered that the supervision was conducted without being scheduled and there was a supervision evaluation format, but there were no assessment criteria (100%). The implementation of supervision is an evaluation. All respondents stated that there was no discussion of theoretical concepts and rational actions taken. Based on this condition, this research is very good to be considered by all nurse leaders to implement good and correct management functions in the supervision process, because so far the supervision process is not carried out routinely and periodically, and the habit that occurs is that supervision will be carried out. if there will be a performance appraisal only.

Methods

The study was carried out for the period March - November 2020. The design of this study was quantitative by using a population of 515 nurses at the Serang Hospital, and only 81 nurses with an allocation of 74 implementing nurses or Nurse Practitioner in Hospital (Registered Nurse) and 7 Heads of Rooms in the inpatient room, which were taken by incidental sampling technique.⁷ This sampling technique was used because of the ongoing COVID-19 pandemic situation.

Sampling was done in one day. The sample was charge nurses and registered nurses who were are on duty in the inpatient wards during the data collection process so that there was no dependence of the population on the comparison group and the independence principle was met. The inclusion criteria were charge nurse and registered nurse on duty who was willing to be a respondent and not

on leave when sampling was conducted and who did not fill in the questionnaire for the validity test.

The nurses who were sampled in this research were not on leave and were willing to participate in the research. The research instrument was a questionnaire containing perceptions of management functions, namely, planning, organizing, staffing, directing, actuating, and controlling, which were expressed in statements with a list of answer choices on a Likert scale. Management functions are taken from the concept of Marquis 6 and Supervision from Nursalam

Before the questionnaire was distributed, the researchers obtained UNPVJ Health Research Ethics Committee approval in 2020. The validity and reliability tests on 20 statement items regarding the management function in supervision have been carried out by researchers to 30 respondents, namely the head of the room and the implementing nurse of the ICU Inpatient and Outpatient Polyclinic which became the research site, with a reliability value of 0.888 and the validity value of each statement being in range 0.531 – 1.006.

The questionnaires were distributed using Google Forms by enumerators who had been previously trained in explaining instructions for filling in the questionnaire. Previously, registered nurses and charge nurses were asked to fill out informed consent properly. Then, Data analysis for univariate by using frequency distribution for data: respondent characteristics, management functions and also using mean and standard deviation. As for the bivariate analysis using the two-mean difference test, namely, Independent Sample T-Test

Results

The research data resulted from univariate and bivariate data processing. The result of univariate data processing is the characteristics of the registered nurses, consisting of age, sex, and length of service, management functions in supervision. Based on Table 1 that presents data regarding the characteristics of the nurses that were obtained from 74 respondents, it can be seen that most of the nurses were female (79.2%), had associate's degree in nursing (63.5%), and served as a registered nurse (82.4%); while for the head of the room explains that based on data obtained from 7 head of room in Hospital who became research respondents, most of them have professional nursing education background (57.1%) and are female (71.4%); which can be seen in Table 1 below:

Table 1. Distribution characteristic of Registered Nurse in the Hospital (n=74) and Head of Room in Hospital (n=7)

No	Internal Factor	Registered Nurse in the Hospital		Head of Room in Hospital	
		Total (n)	Percentage (%)	Total (n)	Percentage (%)
1	Sex				
	Male	34	45.9	5	71,4
	Female	40	54.1	2	28,6
	Total	74	100	7	100
2	Educational Background				
	Associate's Degree in Nursing	47	63.5	0	0
	Bachelor's Degree in Nursing	17	23	3	42,9
	Professional Nursing	9	12.2	4	57,1
	Master's Degree in Nursing	1	1.4	0	0
	Total	74	100	7	100

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Position				
Leader Nurse	13	17.6	-	-
Registered Nurse	61	82.4	-	-
Total	74	100	-	-

Table 2. Distribution of Characteristics of Age and Length of Service of Registered Nurses in the Hospital (n=74) and Head of Room in Hospital (n=7)

No	Variable	Registered Nurses in the Hospital			Head of Room in Hospital		
		Mean	SD	Min -Max	Mean	SD	Min-Max
1	Age	33.73	32.48	29 – 44	40.29	1.38	39 – 42
2	Length of service	7.91	5.240	1 – 20	19.86	4.706	16 – 29

Source: Own data, 2020

Table 2 describes the results of statistical test on data from 74 registered nurses who became research respondents. The mean age of the nurses was 33.73 years, with a standard deviation of 32.48 years, the youngest age of 29 years, and the oldest age of 44 years. Meanwhile, the results of the analysis of the mean length of service of the nurses were 7.91 years with a standard deviation of 5.24 years. The longest length of service was 20 years and the shortest one was 1 year. Then, who were research respondents head of room in hospital that the mean age of the charge nurse was 40.29 years with a standard deviation of 1.38 years, the youngest age of 39 years, and the oldest age of 42 years. Meanwhile, the average length of service of charge nurse was 19.86, with a standard deviation of 4.706 years. The longest length of service was 29 years and the shortest one was 16 years.

Table 3. Distribution of Attribution of Perception of Management Function in Supervision by Head of Room in Hospital (n=7) and Registered Nurse in Hospital (n=74)

Variable	Head of Room in Hospital			Registered Nurse in Hospital		
	Mean	Skewness	SE	Mean	Skewness	SE
<i>Planning</i>	6.86	0.37	0.79	6.86	-0.43	0.27
<i>Organizing</i>	7.14	0.77	0.79	7.18	0.34	0.27
<i>Staffing</i>	4.71	1.45	0.79	4.69	0.81	0.27
<i>Directing</i>	9.71	-0.17	0.79	9.19	0.53	0.27
<i>Actuating</i>	9.14	1.18	0.79	9.12	1.17	0.27
<i>Controlling</i>	11.3	0.87	0.79	9.24	0.33	0.27

Source: Own data, 2020

The results of data analysis in Table 3 show that all distribution of attribution data of perceptions of management functions in supervision according to registered nurses and charge nurses were normally distributed, indicated by the ratio of skewness with its standard error, which was in the range of -2 to +2.

Bivariate analysis was conducted by the use of independent t-test analysis, but before that, it was necessary to do a normality test. The results of the normality test are presented in Table 4. The results of the independent t-test analysis in Table 7 show that at Serang Hospital, charge nurses' and nursing staff's perceptions of the management function in the implementation of supervision, which

consists of planning, organizing, staffing, directing, actuating, and controlling, had no significant difference because the value of Sig (2 tail) was greater than 0.025, with details of p-value > 0.025 (95% CI), p-value = 0.99 (planning), p-value = 0.95 (organizing), p-value = 0.96 (staffing), p-value=0.50 (directing), p-value = 0.977 (actuating), and p-value = 0.79 (controlling).

Table 4. Independent Sample T-Test Analysis on Comparison between Charge Nurses and Registered Nurses regarding Management Functions in Supervision in Hospital (n = 81)

Variable	F	Sig	t	df	Sig (2 ailed)	Mean	SE	CI 5%	
								Min	Max
<i>Planning</i>	0.39	0.56	0.13	8.58	0.99	0.08	0.59	-1.18	1.20
<i>Organizing</i>	1.25	0.26	0.54	8.61	0.95	0.33	0.60	-1.16	1.23
		5							
<i>Staffing</i>	0.02	0.88	-0.04	7.32	0.96	-0.25	0.52	-1.06	1.01
<i>Directing</i>	1.10	0.29	-0.66	0.67	0.50	-0.52	0.97	-2.09	1.04
<i>Actuating</i>	1.26	0.26	-0.29	6.69	0.97	-0.21	0.73	-1.48	1.44
<i>Controlling</i>	0.06	0.79	0.26	6.96	0.79	-2.09	0.90	-156	2.05

Discussion

Based on Table 1, the educational background of most registered nurses was an associate's degree in nursing and the educational background of charge nurses was dominated by professional nursing. It proves that higher education provides more opportunities to achieve strategic positions in nursing. An interesting finding can be seen in Table 1 where there was a registered nurse who had master's degree in nursing. This may be because nurses are a combination of registered nurses and nurse leader. There was no significant difference in gender characteristics. The sex of most nurses is female. In interviews with five patients, four patients (80%) said they preferred to be cared for by female nurses because they were considered more patient, gentle, and motherly. Female nurses are expected to provide the best service with their maternal instincts.⁸

Based on the age characteristics in Table 2 and Table 4, registered nurses are younger than charge nurses. Most registered nurses are in early adulthood and charge nurses are in middle adulthood. A longitudinal study discovered that individuals aged 34-50 years were the healthiest, calmest, most self-controlled, and most conscientious age group.⁹ The result of the study correlates with the finding of this research on the age of charge nurses in the hospital, which is the appropriate age for them to lead a nursing department. The charge nurse is a middle manager in nursing leadership.

Comparison of the characteristics of length of service in Table 3 and Table 5 finds that the longest length of service of nurses is that of charge nurse, with an average work experience of 16 to 24 years. The hospital is a local public hospital and has been operating since 1938, which means that the hospital has been serving for 82 years. Because it is a local public hospital, some of its employees, including nurses, are civil servants. The status of nurses as civil servants causes their urge to change jobs or resign is very small.

Charge nurses' and registered nurses' perceptions of the management function in the implementation of supervision in terms of planning aspect had a significant difference in numbers between what was assumed to be equal and unequal, which can be seen in Sig (2 Tail). Both groups had the perception that the planning of supervision had been done properly and the party who would do the supervision and the time the supervision would be conducted were considered clear. Good

nursing managerial planning will provide a comprehensive perspective on all the work to be done, who will do it, when it will be done, how the activities are done, and where the activities take place, to provide an overview of the success of the services provided.¹⁰

Charge nurses' and registered nurses' perceptions of the organizing aspect did not have a significant difference, although the value of equal variances assumed and equal variances assumed had quite a lot of differences, which can be seen in Sig (2 Tail). Both groups perceived that the implementation of supervision has been organized and the objectives of the implementation of supervision were assumed to be achieved. Good nursing organization is the allocation of resources to meet the needs to achieve hospital nursing service goals.⁸

Charge nurses' and registered nurses' perceptions of staffing did not have a significant difference, with the value of equal variances assumed and equal variances assumed having very little difference, which can be seen in Sig (2 Tail). Both groups perceived that the involvement of new employees in the implementation of supervision was considered part of the orientation to the work situation, so they perceived that the treatment of new employees in the implementation of supervision did not have a significant difference. A well-planned induction and orientation program is a profitable investment that provides opportunities for team building.⁶

Charge nurses' and registered nurses' perceptions of directing did not have a significant difference, although its value of equal variances assumed and equal variances assumed had the most differences among other aspects, which can be seen in Sig (2 Tail). Both groups perceived that the management function in the implementation of supervision was that the charge nurses provided direction and guidance when supervision activity was conducted. Directing is related to nursing management in which there is direction of nurses or staff to do activities following the objectives of nursing care services.¹¹

Charge nurses' and registered nurses' perceptions of actuating had no significant difference, with the value of equal variances assumed and equal variances assumed having a slight difference, which can be seen on Sig (2 Tail). However, both groups perceived that both registered nurses and charge nurses were trying to supervise the best they could.

Both groups perceived that they were doing their respective tasks, for example, guiding, being guided, giving feedback and suggestions, and motivating when the supervision took place. Actuating is an action that ensures that all groups strive to achieve targets according to the managerial planning previously determined. The actuating function describes how managers direct and influence subordinates and how other people do essential tasks by creating a pleasant atmosphere for collaboration.¹²

Charge nurses' and registered nurses' perceptions of controlling aspect had no significant difference, even though the value of equal variances assumed and equal variances assumed had quite a difference, which can be seen in Sig (2 Tail). However, both groups perceived that the supervision aimed to make patients and families satisfied with the services provided. Supervision is not just an assessment but is related to professionalism. Nursing supervision aims to fulfill and increase client and family satisfaction with services. In addition, supervision is not only a means of determining success or failure but also as a way to learn and grow both personally and professionally.^{13,6}

The analysis of the data obtained from charge nurses and nursing staff at the hospital did not show significant differences. Many factors contributed to these results. The very small number of Google Forms questionnaires caused the content of the questionnaire to be less detailed so that questionnaire might be perceived differently. Respondents might fill in the questionnaire hastily and chose statements without internalizing and understanding them beforehand. According to Howard¹⁴, many factors influence the supervision process to run well, including the need for reflection in terms

of being identified in building and exploring the ethical values of nurses,

decision-making, professional self-esteem, and competence that must be supported by colleagues; and must understand the purpose of supervision, one of which is to solve everyday problems in clinical practice. Meanwhile, according to Mohamed, R¹⁵ the factors that support supervision according to nurses [implementation are trust and good relations, while according to the leadership are skills and reflection of supervision.

According to Nuritasari¹⁶, that clinical supervision has the potential to improve staff performance, which in turn will affect the success of the hospital's achievement. Therefore, management leaders need to implement supervision by implementing management functions.

The results of the interview with the charge nurse in the emergency department discovered the fact that the hospital has standard operating procedures for supervision, which are conducted according to the available room conditions. The training so far has been conducted using the budget proposed by the head person and the charge nurse. The budget follows the new policy due to the COVID-19 pandemic and the training budget has been reduced since 2019, although training outside the hospital is still being funded. The results of this research are quite helpful as an evaluation material for the implementation of supervision programs by the charge nurse and as an evaluation of the success of the nursing performance in the aspect of control.

Conclusion

The importance of management functions applied in supervision is very helpful for the smooth process of supervision that will be carried out by superiors to subordinates such as between the head of the room and the head of the nursing team or between the head of the nursing team and the implementing nurse. Management functions are prepared in supervision starting from good planning, starting to make regular and periodic schedules and organizing parties who are supervisors and those who are assessed, then directives and supervision are carried out as well as evaluation of the supervision process. Although the results of this study there is no significant difference in the opinion of the implementing nurse and the head of the room regarding management functions in supervision, at least it can be an introspection material for the organizers of the supervision process, especially on hospital grounds for human resources, especially nurses.

It is recommended to the hospital management to continue to improve and develop the professionalism of nursing staff by refreshing the implementation of supplemental training, evaluating the competence of management functions in the implementation of periodic and continuous supervision, as well as providing rewards for charge nurses and registered nurses who excel and have done supervision of management functions well. After the pandemic ends, it is hoped that further research will use a questionnaire as an instrument by directly observing the process of filling in the questionnaire to avoid bias. Further research is also expected to explore the effect of implementing the role and function of management in supervision on the quality of nursing services. This research can also be used as an evaluation report on the performance of nursing management in the actuating and controlling aspects.

Conflict of Interest Declaration

In this research process, there is no personal conflict between the implementing nurses and the head of the room as well as between researchers and hospital agencies

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