

# A New Approach to Supervision



**Looking for a new approach to supervision?** The fact that you have picked up this manual indicates that you suspect there is a better way to carry out your supervisory duties. Do any of the following describe your situation?

- You face the same problems at many of the sites you supervise.
- The problems keep recurring.
- The sites are not meeting their objectives and you don't know how to help them.
- You are overwhelmed by the number and complexity of the problems to be solved.
- You are tired of listening to complaints about the lack of support from the headquarters or regional organization.
- Too many people depend on you to solve their problems for them.
- You don't get enough cooperation at the sites or at higher levels.
- You don't have enough time to devote to the staff and their issues.
- You can't provide all the resources that the staff need.
- You feel exhausted and demoralized.

If you supervise other supervisors, are they also experiencing the above difficulties? If so, the reason could be the way you are approaching supervision.

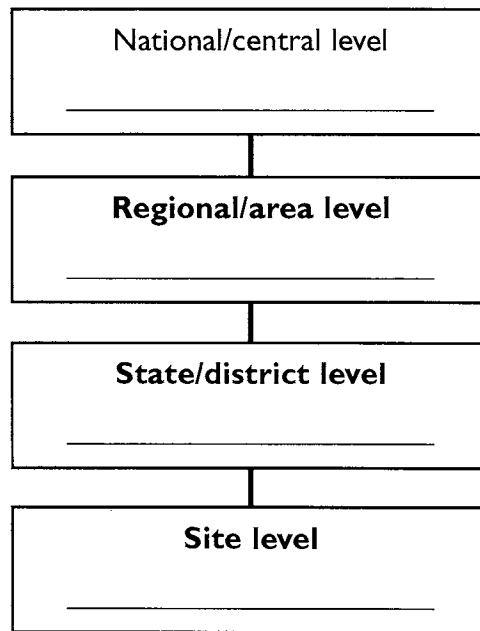
### Self-assessment: Do You Need to Change Your Approach?

Please take a few minutes to assess how you approach your supervisory visits.

- I visit the sites under my jurisdiction frequently.  Yes  No
- I see myself as part of their team.  Yes  No
- My primary objective is to improve service quality, not to collect data.  Yes  No
- I believe in empowerment rather than criticism.  Yes  No
- I take enough time to understand the site's problems.  Yes  No
- I speak to all levels of staff during my visits.  Yes  No
- I regularly observe the day-to-day operations of the clinic.  Yes  No
- I try to help the staff identify and solve their problems.  Yes  No
- I practice active listening and other communication skills when supervising.  Yes  No
- I provide the staff with the information they need to perform their jobs well.  Yes  No
- I provide or arrange training that staff need to provide high-quality services.  Yes  No
- I try to create partnerships between the staff and outside resources to help improve service quality.  Yes  No

If you answered “no” to two or more of these questions, you may be ready to try a different approach.

This manual is designed to be used by supervisors of sites and by regional or area supervisors. It proposes an approach to supervision that EngenderHealth calls *facilitative supervision*. This approach has been shown to overcome many of the problems of traditional supervision.



If you work at one of the levels shown in bold type in the illustration above, this manual is for you—even if the titles of the levels do not correspond exactly to those used in your environment. (For example, in your situation, the regional/area level may be called by another term such as *governorate* and the lower level may be called *thanas* or *oblasts*. If so, please change the titles in this illustration by writing the term you use in the space provided in each box.)

## Objectives

Using this manual, you will learn the basics of the facilitative supervision approach, including:

- The importance of your role as a leader
- How to encourage staff to seek and implement new approaches
- The communication and facilitation skills you need to lead people through change
- How to implement the quality improvement process
- How to empower staff to solve their own problems
- How to serve as liaison for the solution of problems

## Weaknesses of Traditional Supervision

We at EngenderHealth believe that traditional supervision isn't delivering desired results because of the following weaknesses:

- **It is superficial.**

The supervisor isn't able to spend enough time at the site to become familiar with its problems or helpful in solving them. We call this "hello supervision"—supervision in which the supervisor arrives, collects statistics, and then rushes off to visit another site.



- **It is often punitive, fault-finding, and critical.**

Traditional supervisors often come and go without any staff interaction. Because they don't have enough time or the facilitative tools, supervisors often can only look for deficiencies, point them out to staff, and report them to headquarters.

- **It focuses on individuals rather than on processes.**

Supervisors look at why an individual hasn't done a good job, rather than considering that the workings of the *overall system* or the *process* may be preventing staff members from performing well.

- **It emphasizes the past rather than the future.**

Because the focus is on individual performance, the result is a report on what happened rather than a plan to improve things for the future.

- **It is not continuous.**

Too often, supervision is sporadic and does not build on past experience.

## **What Is *Facilitative Supervision*?**

*Facilitative supervision* is a system of management whereby supervisors at all levels in an institution focus on the needs of the staff they oversee. Supervisors who use the facilitative approach consider staff as their customers. The most important part of the facilitative supervisor's role is to *enable* staff—to manage the quality-improvement process, to meet the needs of their clients, and to implement institutional goals. This approach emphasizes mentoring, joint problem solving, and two-way communication between the supervisor and those being supervised.

Facilitative supervision casts the supervisor in the role of “middleman”—that is, one who serves as a liaison between the staff and sources of external support. The facilitative supervisor realizes that staff cannot provide quality services unless their needs are met.

Facilitative supervision is different from traditional supervision because it:

- Focuses on helping staff solve problems through the use of quality-improvement tools
- Focuses on processes rather than on individuals
- Assists staff in planning for future quality-improvement goals
- Is continuous and builds on past gains while setting higher quality-improvement goals

## **Benefits of Facilitative Supervision**

Facilitative supervision may seem to you like a lot more work than traditional supervision. While this approach does require an initial investment of extra time, after using facilitative supervision techniques, you will find that they benefit you and may actually free up time to devote to other, more appropriate responsibilities:

- As staff learn to solve their own problems, you will have fewer routine, low-level problems to solve by yourself.
- As other supervisors under your authority learn to supervise in a facilitative manner, you will need to provide them with less technical assistance.
- You will gain a reputation as a leader, an effective supervisor, and an enabler.
- You will be more welcome at sites because you help staff solve their problems, rather than criticize them for their faults.
- You will have the satisfaction of working as a team member, watching staff learn and grow and watching quality improve.
- Your job will become more fulfilling as your staff’s motivation and commitment increase.

Thus, facilitative supervision is just as good for you, the supervisor, as it is for the people you supervise. In addition, the impact of facilitative supervision is much stronger than that of traditional supervision.

## What's Not Included in Facilitative Supervision?

Supervisors have many responsibilities, including:

- Hiring staff
- Developing job descriptions
- Conducting performance evaluations
- Reprimanding staff
- Firing staff

Although these personnel or human resource-related aspects of supervision are important, we do not cover them in this manual. Rather, the intention here is to address the supervisor's role in leading staff in the implementation of quality-improvement processes. Of course, supervisors can use some of the communication skills described in this manual during performance evaluations, but the skills are not included for this purpose.

## Facilitative Supervision and Quality Improvement

We have defined the facilitative supervisor's main responsibility as implementing the quality-improvement process. Next we need to define what we mean by *quality* and *quality improvement* in the reproductive health care setting.

### What Is Quality?

In a health care setting, *quality* means meeting the needs and expectations of clients (the *customers* of health care services) with a minimum of effort, rework, and waste.

(Berwick, Godfrey, and Roessner 1990)

### What Is Quality Improvement?

The *quality-improvement process* is the concerted effort to continuously do things better until they are done right the first time, every time.

All quality-improvement efforts rely on similar, well-accepted principles. EngenderHealth's tools and approaches, which are based on the rights of clients and needs of health care staff, center on six principles:



## The Customer Mindset

### **What Is a Customer of Health Services?**

A *customer* is anyone who depends on your health products or services for his or her well-being.

Quality health services are those that meet the needs and expectations of clients (or “patients”), and that treat clients with respect. Therefore, the client, or *customer*, is the main focus of quality-improvement efforts. As a facilitative supervisor, however, you have other customers besides the clients of services—including the staff you are supervising. Staff members may have different kinds of customers. For example:

- **The client is the customer of the service provider and of all staff who have client contact.**  
The client needs quality health care services from all providers and efficient, respectful treatment from all staff with whom the client has contact.
- **Service providers and clients are the customers of the clinic staff in charge of supplies.**  
Both clients and providers depend on these staff members to ensure availability of supplies.
- **Service providers and other health care staff are the customers of the supervisor.**  
The service provider needs assistance from the supervisor to deliver high-quality services and meet institutional goals.
- **Each supervisor is the customer of his/her supervisor.**  
Local supervisors need assistance from higher-level supervisors to perform effectively and meet institutional goals.
- **The headquarters or higher institutional level is the customer of the site or regional supervisor.**  
High-level officials need information (such as statistics and reports) from supervisors and depend on the supervisors for success in improving performance of individual sites.
- **Site-level supervisors are the customers of the middle-level (area, district, or regional) supervisor.**  
Site-level supervisors need support in the form of facilitative supervision, training, and coaching.



The facilitative supervisor focuses on the needs and expectations of *both* clients and health care staff. Clients have rights to quality services, and staff have needs for the materials and other support necessary to deliver quality services. The facilitative supervisor keeps these rights and needs in mind when assessing quality, identifying problems, and seeking solutions.

## **Clients' Rights and Health Care Staff Needs**

### **Clients have the right to:**

- Information
- Access to services
- Informed choice
- Safe services
- Privacy and confidentiality
- Dignity, comfort, and expression of opinion
- Continuity of care

### **Health care staff need:**

- Facilitative supervision and management
- Information, training, and development
- Supplies, equipment, and infrastructure

Source: Adapted from "The Rights of the Client," a poster created by the International Planned Parenthood Federation, and Huevo and Diaz 1993, "Quality of Care in Family Planning: Clients' Rights and Providers' Needs," *Advances in Contraception* 9:129-139.

## Cost Consciousness and Efficiency

In a health care setting, poor quality is costly—both financially and in terms of the health of individuals and the community. If something isn't done correctly the first time, it has to be fixed and repeated. In addition, it may have other costly results. The examples in the table below shed further light on why poor quality is wasteful and good quality saves money.

**“When processes are made better, total costs usually fall.”**

— *Curing Health Care*,  
Berwick, Godfrey, and  
Roessner 1990

Topic	Costs of Poor Quality	Cost Savings of Good Quality
Sterilization/ processing of equipment	<p>Incorrect processing increases the incidence of infections among clients (for example, during IUD insertion, delivery, etc.), thus requiring treatment of complications (requiring additional staff time, medications, and other supplies).</p> <p>The reputation of the clinic suffers and clients begin to stay away from the services. Some clients may suffer permanently as a result of the infections they receive.</p>	<p>Correct processing decreases post-procedure complications.</p> <p>Clients are satisfied with the services and recommend them to family and friends. The number of clients who go to the site increases.</p>
Performance of tests (such as Pap smears)	<p>Unsatisfactory tests waste time, money, and resources, causing clients and staff to repeat testing and needlessly waste supplies.</p>	<p>Clients and service providers do not spend considerable time redoing tests. Fewer testing supplies are required.</p>
Clinical training in the diagnosis and treatment of STDs	<p>Staff misdiagnose infections and diseases and provide ineffective treatment. Clients suffer adverse health consequences and complications that require expensive treatment. Clients do not understand how to protect themselves and their partners against infections.</p>	<p>Effective treatment promptly cures clients. Clients who understand how to protect their partners help contain the spread of infections. Fewer clients have serious complications that require additional treatment.</p>

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Topic	Costs of Poor Quality	Cost Savings of Good Quality
Client record system	Staff members spend considerable time trying to find the records of clients who arrive at the clinic. Clients are dissatisfied by the resulting long waiting times.	Staff members quickly and easily find the records of clients who arrive at the clinic for services.
Ordering of supplies	Haphazard system causes ordering of unnecessary equipment. Supplies expire before they can be used. Supplies run out before the next shipment arrives, causing services to be delayed or halted.	Site does not order unnecessary equipment. Appropriate quantities of supplies are ordered and used before they expire (first expired, first out [FEFO]). Providers have adequate supplies for the provision of services.
Contraceptive information and counseling	Clients who receive poor information use contraceptive methods incorrectly, do not use contraception, or discontinue use of their current method unnecessarily. Unintended pregnancy may result. Clients do not achieve their reproductive health intentions.	Clients who receive clear information know how to use contraceptive methods correctly and obtain the method of their choice. Clients achieve their reproductive health intentions.

 **Question:**

What is another example of poor quality that you've encountered in your supervisory visits? What were the costs involved?

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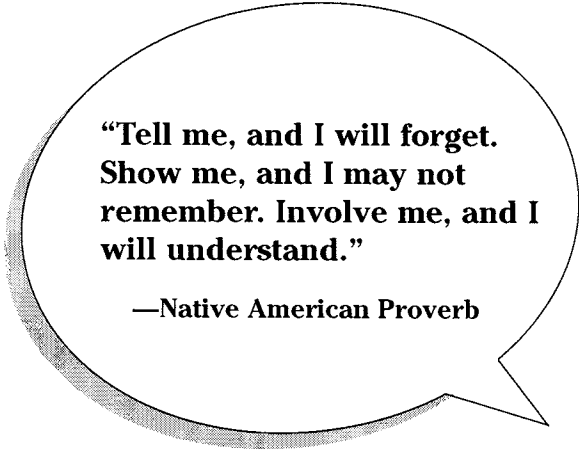
Some efforts to improve quality may prove labor-intensive and costly at the outset. However, they are a good investment because quality services eventually cost less. Facilitative supervision is cost conscious. In seeking solutions to quality problems, the facilitative supervisor emphasizes low-cost solutions that the staff can implement themselves or serves as liaison with the community or other local resources to develop solutions.

## **Focus on Processes**

The facilitative supervisor emphasizes leading the staff in the effort to improve processes rather than focusing on individuals.

Often, traditional supervisors limit their activity to reporting problems and assigning blame. Their theory is that once those responsible for the problem are identified and corrected, the problem will be solved. The facilitative approach, however, recognizes that over 75% of problems are due to overly complex or faulty processes or systems—not to the people who try to implement them.

For example, if improper processing of instruments results in a high infection rate at a site, the cause may actually be faulty autoclaves or staff who haven't been adequately trained in their use. In this case, the lack of systems for equipment maintenance and regular staff training are to blame, not the individuals who process the equipment. The facilitative supervisor helps staff look for the causes of problems and find solutions that will have the greatest positive impact on overall quality.



**“Tell me, and I will forget.  
Show me, and I may not  
remember. Involve me, and I  
will understand.”**

**—Native American Proverb**

## Staff Involvement and Ownership

Traditionally, supervisors get feedback only from high-level staff. The facilitative supervisor, on the other hand, involves all staff in the quality-improvement process and tries to foster a spirit of ownership and teamwork by emphasizing that quality is everyone's business and everyone can contribute to better quality. The quality improvement tools that are used in this process, therefore, involve every level of staff.

### ***Example: Everyone Is Responsible for Quality***

Researchers carried out a client survey in a clinic in Chile to understand what the clients considered to be good and bad quality. Two respondents complained that a cleaning person was smoking near their children. Thus, in the opinion of these respondents, the cleaning person indicated poor quality: a lack of respect for the clients' health. (Vera 1993).

In traditional supervision, the focus is on noticing and reporting problems, but not on investing much effort in solving them. The facilitative supervisor's main objective is to improve quality through joint problem solving with staff. By involving all levels of staff in the identification of problems through a self-assessment process, the supervisor also involves all levels of staff in the solutions. It often happens that lower-level staff know the root causes of problems and how to solve them better than higher-level staff. Thus, increased involvement in problem solving also enhances feelings of ownership and teamwork among the staff.

### ***Example: Working Together to Improve Services***

In a remote area of Bangladesh, EngenderHealth's program works with public sector facilities to improve the service quality. Through client interviews and self-assessment, staff found that clients needed more access to injectable contraceptives. As a result, facilities decided to start providing these services in the villages on a cluster basis, which lead to a tremendous increase in use of this method.

## **Ongoing Quality Improvement**

While a traditional supervisor's visits may be infrequent or sporadic, the facilitative supervisor visits sites more frequently to foster continuous quality improvement and uses quality-improvement tools that have ongoing or follow-up components. The facilitative supervisor also strives to transfer the quality-improvement tools to site supervisors. Thus, gains in quality improvement are regularly monitored and maintained, while problem areas are constantly identified and improved.

In order to visit sites more frequently, the facilitative supervisor needs the institutional commitment to reduce the number of sites that must be covered and to facilitate transportation. This commitment can be gained when the institution sees the benefits and cost savings that result from improved quality.

## **Continuous Learning, Development, and Capacity Building**

Facilitative supervisors serve as catalysts for staff development and capacity building much more than do traditional supervisors, by:

- Transferring the knowledge and skills needed to implement the quality-improvement process. Thus, staff learn to conduct their own quality-improvement exercises without external facilitation. This empowerment of staff not only increases their sense of ownership and involvement (they can do it themselves), but also increases the likelihood that the site's quality-improvement process will become continuous (they don't have to wait for an outsider).
- Ensuring needed training opportunities for staff. Although not all quality problems can be solved by training, it is sometimes the case that quality problems arise because refresher training and training in new processes and procedures are neglected. The facilitative supervisor not only enables staff to identify training needs, but also assists staff in identifying training mechanisms or opportunities to meet those needs.