



RESEARCH ARTICLE

THE RELATIONSHIP BETWEEN SUPERVISORY LEADERSHIP AND HEALTHCARE SERVICE DELIVERY IN PUBLIC HOSPITALS IN UGANDA: A PERSONNEL MANAGEMENT ISSUE

^{*,1}Kaziba Abdul Mpaata, ²Bumali Lubogoyi and ³Umar Kakumba

¹Professor in the Faculty of Management Studies at the Islamic University in Uganda

²Dean and Lecturer at Makerere University Business School

³Associate Professor and Dean at Makerere University, College of Business and Management Science (MUK), Uganda

ARTICLE INFO

Article History:

Received 21st May, 2017

Received in revised form

19th June, 2017

Accepted 23rd July, 2017

Published online 31st August, 2017

Key words:

Supervisory leadership
Confidence and Character.

ABSTRACT

The study examined the relationship between supervisory leadership provided by Iganga General Hospital in Uganda and healthcare service delivery. The main objective was to examine the relationship between supervisory leadership practiced in the hospital and perceived healthcare service delivery in Iganga General Hospital. The specific objectives were; (1) to determine the relationship between supervisory leadership and child and maternal healthcare services offered to patients; (2) to analyze the relationship between supervisory leadership and STI/HIV/AIDS and tuberculosis services; and (3) to assess the relationship between supervisory leadership and outpatient curative services. Results revealed that; (1) there is a significant relationship between supervisory leadership and; (i) child healthcare services ($r = .374^{**}$, $p < 0.0001$); and (ii) maternal healthcare services ($r = .460^{**}$, $p < 0.0001$). Similarly, there is a significant relationship between supervisory leadership and; (i) STI/HIV/AIDS services ($r = .349^{**}$, $p < 0.003$); and (ii) tuberculosis services ($r = .409^{**}$, $p < 0.0001$). As expected, supervisory leadership associated significantly with outpatient curative services ($r = .459^{**}$, $p < 0.0001$). Based on the findings, it was recommended that referral hospitals in Uganda and elsewhere should not neglect the supervisory leadership role emphasized in the human resource management literature to ensure significant service delivery in the various departments and units of such hospitals. In addition, government should motivate the hospital staff so that the supervisory leadership function is demonstrated with confidence and character.

Copyright©2017, Kaziba Abdul Mpaata et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Kaziba Abdul Mpaata, Bumali Lubogoyi and Umar Kakumba, 2017. "The relationship between supervisory leadership and healthcare service delivery in public hospitals in Uganda: A personnel management issue", *International Journal of Current Research*, 9, (08), 56737-56742.

INTRODUCTION

If government referral hospitals in Uganda and beyond are to revamp the increasing deterioration of customer or patient confidence at present, their priority strategies should not only be able to monitor the healthcare resources dispense process in the supply chain but also supervise all the professionals therein to effectively deliver. In the hospital industry, developing and maintaining effectiveness as a supervisor is fundamental to the successful completion of the hospital mission of saving life through daily treatment and care given to the population. Supervision in the hospital setting is about ensuring that all workers including technical colleagues get engaged to their respective functions beyond what is expected or envisaged by the larger public. It does not mean a person looking over another person's shoulders trying to find fault. It is about advice, information, and emotional support to the staff

for work that can be demanding and difficult. Therefore hospital supervisors are responsible for making sure that the people they supervise are doing an excellent job and that they are where they are supposed to be when they are supposed to be there, and that the work they do is of high quality with zero defects as far as possible. The main purpose of this study was to investigate this phenomenon because referral hospitals in Uganda have been engulfed in a crisis concerning the management of patients of various types. This has been on one hand attributed to lack of care and will by the hospital authorities. This research therefore is premised on the assumption that the availability of supervisory leadership is critical to the success of service delivery in referral hospitals in Uganda just like elsewhere in the world. The specific objectives of this study therefore were;

- 1) To determine the relationship between supervisory leadership and child and maternal healthcare services offered to patients.

*Corresponding author: Kaziba Abdul Mpaata,

Professor in the Faculty of Management Studies at the Islamic University in Uganda.

- 2) To analyze the relationship between supervisory leadership and infectious STI/HIV/AIDS and tuberculosis services.
- 3) To assess the relationship between supervisory leadership and outpatient curative services.

Consequently, the tested null hypotheses for this study were;

- 1) There is no relationship between supervisory leadership and child and maternal healthcare services offered to patients.
- 2) There is no relationship between supervisory leadership and STI/HIV/AIDS and tuberculosis services.
- 3) There is no significant relationship between supervisory leadership and outpatient curative services.

This study is significant because according to Agoro (2015), supervision is essential for improving health worker performance and achieving the health Millennium Development Goals whereby managers who may as well be supervisors guide and encourage their personnel to optimize their performance for effective healthcare service delivery and thereafter recognize them when they attain a high level of performance. The role of the supervisor is to work closely with people he or she supervises to establish goals, monitor progress and identify opportunities for improvement. If carried out properly, supervisory leadership can lead to higher health worker motivation, increased and sustained job satisfaction, improved service quality as staff learn and improve skills on-the-job, efficient use of resources as staff are supported to prioritize activities and allocate resources accordingly and enhanced equity in access to services as staff are reminded of the health needs of the population and encouraged to work towards meeting such needs (Tumwine *et al*, 2010). Besides, it is observed by Halpern and McKimm (2009) that clinical supervision has a vital role to play in ensuring that professionals deliver effective services to the patients in the different units and departments. Supervisory process ensures that professionals who have the relevant skills and insights provide patients with both medicine and care for which they come to hospitals. Therefore hospitals like Iganga General Hospital have to ensure effective supervision and emphasize patient/client safety. An effective hospital supervisor is expected to have many different leadership traits, such as know-how, sincerity, and courage. In other words, hospital leadership is based on personal example, good management practices, and moral responsibility. The duties of a hospital manager as a supervisor may therefore include training new workers, supporting and mentoring supervisees, providing professional development, assigning and creating projects, making sure plans are being carried out effectively, providing support, assisting with projects or activities, and identifying and addressing unsatisfactory performance. All of these duties have the same goal of helping those supervised do the best job they can, and continue to learn and improve.

Moreover, Ukeje (1992) noted that supervision is a key element of administrative process, which is concerned with effort to guide the day to day activities of the work group by stimulating, directing and coordinating the workers and their efforts cultivating good working personal relationship so that they all work towards means of achieving targets. It was also noted by Bosch-Capblanch, *et al* (2011) that supervision is an ill-defined, complex activity in that in various resource-constrained situations it has its roots in hierarchical notions of

the supervisor as the overseer, whose task is to ensure that the health system's requirements are met instead of addressing the development of skills and competencies of individual health workers such as nurses. This means that supervisory visits are the responsibility of external supervisors from the Ministry of Health.

The research by Marquez and Kean (2002) suggests the need for a move towards supportive supervision which emphasizes joint problem-solving, mentoring and two-way communication between the supervisor and those being supervised. This form of supervision promotes quality at all levels of the health system by strengthening relationships, optimizing the allocation of resources and fostering high standards and teamwork. Evidence of a conceptual move from traditional to supportive supervision exists in policy documents in many third world countries. Kilminster and Jolly (2000) zeroed on three functions that are vital to the health profession which include; management, education and support. Supervisors in the healthcare arena can be nurse managers, department heads, and/or administrators. Successful supervisors are dependent on their ability to understand the organization's mission, vision, and values and their ability to utilize staff to get the job done efficiently and economically. Each supervisor must take ownership of and accountability for his/her actions and decisions. It is vital supervisors recognize the importance of their roles in the hospital and how they affect every employee they interact with on a daily basis.

Literature review

According to Pechlivanidis and Katsimpra (2004), supervisory leadership is defined as a behavior intended to provide guidance, support and coercive feedback for the day-to-day activities of work unit members. Kur (1995) had earlier on observed that whereas supervisory leadership focuses on the accomplishment of tasks, its critical audience involves individuals and/or teams and its time horizon is medium to short term practice and it consists of one or very few situations. Therefore, supervision has a positive effect on patient outcome and lack of supervision is harmful to patients. This means that direct supervision can affect positively patient outcome and the quality of supervisory relationship with professionals is extremely important in professional organizations like hospitals (Kilminster and Jolly, 2000). Accordingly, Artley (2001) contends that supervisory duties are needed in an organization to ensure that workers are carrying out their duties that are delineated by the organizations' goals and directions. Better supervisory skills ensure that these goals are better carried out. Furthermore, to ensure that the organization's objectives are on target and without deviation, it is necessary to exert supervisory control which can improve the organization's achievement in reference to its predetermined objectives. Supervisory controls for hospital can be described in the following factors: 1) supervisory control toward a hospital's direction, 2) supervisory control toward a hospital's strategic budgeting allocation, 3) supervisory control toward quality control and price control, 4) supervisory control toward protecting patient's rights and obligation toward to and from the hospital, 5) supervisory control toward following hospital ethics and regulations. Similarly, Kilminster and Jolly (2000) noted that the ultimate purpose of supervision, is to improve patient/client care/experience. Therefore, improvements in outcomes for patients/clients are one major test of effective supervision.

However, demonstrating that a particular supervisory intervention has a direct effect on the patient/client is extraordinarily difficult because of the multitude of other variables that could have an effect.

According to British Journal of Hospital Medicine (2009), if vision implies seeing, then the word supervision can be read as “over-seeing”, looking over someone’s shoulder to check on them and also “super” in the sense of understanding, is helping someone to excel in extending their professional skills and understanding. In this way, supervision does not only support professional learning and development, but it also contributes to monitoring and improving performance as part of effective clinical governance and standard setting. Palazzoli Selvini *et al* (1980) suggest that supervisors should not give advice, offer solutions or make interpretations. Supervision may, however, require a more directive approach such as asking questions which help people think from new angles (Tomm, 1988). These techniques, and ways of asking questions, have been formulated into core concepts (the ‘seven Cs’, adapted from Launer, 2006), which illustrate how to put supervision into practice. These include; conversations, curiosity, context, complexity, creativity, caution, and care. Where health service staff report they are well-led and have high levels of satisfaction with their immediate supervisors, patients report that they, in turn, are treated with respect, care and compassion (Dawson *et al*, 2011). Overall, when healthcare staff feels their work climate is positive and supportive, as evidenced by coherent, integrated and supportive people management practices, there are low and declining levels of patient mortality. These associations are consistent across all the domains of health care - acute, mental health, primary care and ambulance. Engagement also appears to be higher in healthcare organizations where leaders create a positive climate for staff so they feel involved and have the emotional capacity to care for others. (Dawson *et al*, 2011).

Aspects in supervising hospital professionals

Hospitals all over the world have, just like any other organization, to prepare their professionals using different ways so as to ensure productivity and efficiency in the utilization of hospital resources and enhance their mission to save life. In this type of assignment, there is need to provide not only cross-cultural understanding of diversity between individuals and those they treat but also provide them with the necessary competence to undertake complicated treatment assignments. To be successful, the supervisor has to ensure that such professionals are; (1) competent in their area of expertise; (2) able to communicate verbally and non-verbally to the patients and their families; (3) flexible, tolerant of ambiguity and sensitive to cultural differences; and (4) motivated to succeed and willing to learn about new drugs, equipment and tools on the market. Therefore the table 1 provides the kind of supervisory leadership that is relevant in the hospital setting.

Methodology

Hospital workers, district leaders and councilors were the source population of this study. The methods employed in selecting the sample were purposive and convenience sampling which enabled us to select those individuals who would qualify and willingly provide us with useful information. Using these methods, 58 health workers who had spent more than 2 years

in the hospital, 20 councilors and 5 district top leaders were identified for the study. Therefore, a total of 83 respondents were given questionnaires out of whom only 71 respondents returned completed questionnaires representing a return rate of 85.5%. The questionnaires were developed with different sections requiring respondents to provide the responses and opinions using a 5 point Likert scale ranging from (5 = Strongly Agree to 1 = Strongly Disagree). The reliability of the questionnaire was ascertained using Cronbach’s Alpha coefficient. The coefficient for this questionnaire was 0.9324 which demonstrated that the questionnaire was reliable for use.

Analysis

Descriptive statistics in table 2 indicate that most of the respondents agreed that it is because of effective supervision that workers in Iganga General Hospital are able to effectively maintain regular child immunization services (74.6%) and assess sick children (67.6%). However, 45.1% of the respondents disagreed with the fact that supervisors enable workers in the hospital to effectively provide enough drugs to children which implies neglect of the supervisions in this aspect. On the other hand, it is because of supervision that workers in the hospital are able to prevent and minimize child illnesses (73.2%). Table 2 further indicates that majority of the respondents (90.2%) agreed that supervisors in Iganga Hospital have ensured that workers regularly assess and counsel antenatal clients. In addition, 64.8% of the respondents also agreed that it is because of supervision that workers in the hospital carryout anaemia diagnosis and treatment in pregnant mothers. Also, an average number of respondents agreed that supervision ensures effective provision of medicines and supplies for normal (59.2%) and complicated (56.4%) delivery services. Similarly, an average number (52.1%) also agreed that supervisors in Iganga Hospital ensure that workers effectively handle birth related complications. It was also noted from table 2 that supervisors in Iganga Hospital ensure that health workers effectively treat opportunistic infections (66.2%), monitor HIV clients (78.9%) and as well provide pre and post counseling for STI/HIV/AIDS testing (83.1%). In addition, a few respondents (47.9%) agreed that supervisors in the hospital ensure that health workers effectively provide antiretroviral drugs to HIV patients. Also, 43.6% of the respondents agreed that supervisors in Iganga Hospital ensure that health workers provide home or community based care for HIV/AIDS patients. In the provision of tuberculosis services, majority of the respondents agreed that supervisors in Iganga Hospital ensure that health workers effectively treat opportunistic infections (66.2%), provide medicine for TB treatment (80.3%) and as well regularly assess and counsel TB patients in the hospital (78.9%). It was also revealed in table 2 that supervisors in Iganga hospital ensure that health workers effectively provide regular treatment of outpatients (78.9%) and a few respondents (42.2%) agreed that supervisors in the hospital ensure that health workers regularly provide drugs for outpatients. Also, an average number (54.9%) agreed that supervisors in Iganga hospital ensure that health workers ensure a good staff-patient relationship.

Analyzing the relationship between supervisory leadership and the healthcare delivery system in Uganda

In the analysis, there were five (5) areas in which the research sought to identify the relationship between supervisory

Table 1. Aspects in supervising hospital professionals

The supervisor should...	Expectations	The supervisee should....	Outcome
Involve all staff members effectively	Welcome new staff and distribute basic information	Be open and honest regarding intent, goals, needs and skills	Enhancing professionalism and less prospect for obsolescence
Enhance the value of staff to the hospital	Make sure that the lines of communication are wide open	Understand the duties and time requirements of assignments and fulfill the commitment to the best of your ability	Effective use of medical resources and other facilities
Involve all staff members in planning and decision making	Meet with new supervisees as soon as they are posted to the hospital	Work to deserve being treated as a recognized and respected member of the team	Enhanced on the job training (OJT)
Periodically evaluate performance	Orient new supervisees	Take the commitment seriously and always participate in planning and evaluation of the treatment process	Enhanced competence in the different areas of specialization
Provide performance feedback to staff	Train staff to steer confidence and competency in order to help the hospital move forward	Share ideas with others	Increased skills transfer
hold staff members accountable for job performance	Monitor supervisees to ascertain whether they need more training in particular areas	View other staff members as allies that you can learn from	Built humility and passion in the patient care process
help workers avoid stress and burnout	Provide regular feedback both formally and informally to those who supervise	Respect the confidentiality of the hospital and its clients	Reinvigorated hospital image
create a climate in which staff will be most productive	Intervene in problem solving on a regular basis	Seek, accept and use honest feedback on performance	Increased job satisfaction
build teams to handle emergencies, etc.	Build new leadership for the future.	Serve as goodwill ambassadors for your organization and its services to the community	Enhanced skill in managing patients of different cultural backgrounds
minimize tension between staff so as to realize productivity	Reprimand in private and praise in public	Be ready and prepare for change	A basis for compensation administration

Table 2. A summary of descriptive statistics on the effectiveness of supervisory leadership in the selected departments in Iganga Hospital

No.	Variable	Item Supervisors in this hospital ensure that workers effectively...	SA & A	N	D & SD
1.	Child health services	maintain regular immunization services	74.6	7.0	18.3
		assess sick children	67.6	7.0	25.3
		provide enough drugs to children	43.7	11.3	45.1
		prevent and minimize child illness	73.2	15.5	11.2
2.	Maternal health services	provide medicines and supplies for normal delivery services	59.2	9.9	31.0
		provide medicines and supplies for complicated delivery services	56.4	15.5	28.2
		effectively handle birth related complications	52.1	12.7	35.2
		carry out Anaemia diagnosis and treatment in pregnant mothers	64.8	26.8	8.4
3.	STI/HIV/AIDS services	regularly assess and counsel antenatal clients	90.2	4.2	5.6
		treat opportunistic infections	66.2	22.5	11.2
		monitor HIV clients	78.9	12.7	8.4
4.	Tuberculosis services	provide antiretroviral drugs to HIV patients	47.9	26.8	25.3
		provide home or community based care for HIV/AIDS patients	43.6	26.8	29.6
		provide pre and post counseling for STI/HIV/AIDS testing	83.1	7.0	9.8
		diagnose tuberculosis (TB)	85.9	5.6	8.4
5.	Outpatient curative services	provide medicine for TB treatment	80.3	7.0	12.6
		regularly assess and counsel TB patients in the hospital	78.9	8.5	12.6
		provide regular treatment for the Outpatients	78.9	4.2	16.9
		ensure a good staff-patient relationship	54.9	12.7	32.4
		regularly provide drugs for the Outpatients	42.2	23.9	33.8

Table 3. Correlation matrix for the different study variables in healthcare

	Child health services	Maternal health services	STI/HIV/AIDS services	Tuberculosis services	Outpatient curative services	Supervision
1. Child health services	-					
2. Maternal health services	.551**	-				
3. STI/HIV/AIDS services	.433**	.425**	-			
4. Tuberculosis services	.467**	.564**	.482**	-		
5. Outpatient curative services	.466**	.420**	.304**	.510**	-	
6. Supervision	.374**	.460**	.349**	.409**	.459**	-

leadership practice in the hospital and how it influences service delivery in each of them. They include (1) child healthcare services offered; (2) maternal healthcare services; (3) STI/HIV/AIDS services; (4) tuberculosis services; and (5) outpatient curative services. From table 3, it can be deduced that there is a significant and positive relationship between supervisory leadership and child healthcare services ($r = .374^{**}$, $p < 0.0001$). This implies that the more hospital supervisors ensure weekly audits for both nurses and doctors,

regular attendance, and ensure that there is a good doctor to patient ratio, the better the hospital will offer services in the child healthcare unit. Similarly, the more the hospital has proper coordination within its delivery system, the better it will offer child healthcare services to the community. Therefore supervisory leadership is associated with the hospital's capacity to maintain regular immunization services and provide equipment and supplies for the assessment of sick children as well as availing sufficient drugs for children.

Supervisory leadership also helps in ensuring that the hospital has a strong monitoring mechanism to prevent and minimize child illness.

Secondly, the analysis in table 3 also reveals that supervisory leadership in referral hospitals is associated with maternal healthcare services ($r = .460^{**}$, $p < 0.0001$). The analysis here implies that the more the hospital improves its supervisory leadership skills, the more the medicines and the doctors and or nurses will be available to ensure normal delivery for mothers. It also implies that supervisory leadership ensures that the medicines and supplies for complicated delivery are available in such hospitals and that the doctors to handle birth related complications to the best and with the best of their abilities. Equally important is that supervisory leadership assists pregnant mothers to be sure that they will be attended to on regular basis and that there is effective counseling of antenatal clients. Supervision also is critical because it will ensure that the emergency maternity transportation system works in the hospital and that the user fees for delivery is fair and friendly.

It is also interesting to note the role of supervisory leadership in ensuring that the hospital offers STI/HIV/AIDS services ($r = .349^{**}$, $p < 0.003$). The items here investigated the degree to which the hospital can effectively treat opportunistic infections, the degree to which the laboratory facilities for testing HIV/AIDS are available and whether there are enough antiretroviral drugs. The findings here imply that the more supervisory leadership is exercised in the hospital, the more patients will access these services.

In addition, it is also found that there is a significant and positive association between supervisory leadership and the effectiveness of tuberculosis services ($.409^{**}$, $p < 0.0001$). This implies that supervisory leadership ensures that there are regular facilities for diagnosing TB in the hospital. In the same vein, supervisory leadership assures that the hospital has medicine for treatment and that there is regular assessment and counseling of TB patients in the hospital, among others.

Besides, the findings in this study support the hypothesis that there is a significant and positive relationship between supervisory leadership and outpatient curative services ($r = .459^{**}$, $p < 0.0001$). This implies that the more the hospital provides supervisory leadership, the more the doctors will be available for outpatients and the availability of drugs for outpatients. This finding reveals that there is need for government to ensure that the hospitals are supervised properly and regularly to ensure that there is both service delivery and availability of drugs to patients in the referral hospital. It is therefore important to note the importance of supervisory leadership in availing the different services of the hospital and the general care given to patients. Supervisory leadership therefore is a significant predictor of the quality of services offered by a referral hospital.

DISCUSSION

This study demonstrates the importance attached to supervisory leadership that is critical to hospital resources management. There is the need to ensure that patients receive the ultimate service that they yearn for from public hospitals. Supervision should be provided as expected and those in charge ensure weekly audits for both the nurses and doctors as

investigated in the study. In addition, doctors are expected to be managed effectively and ensure that they perform by availing adequate resources to enable them function. The research by Stefl (2008) provides five competency domains common among all practicing healthcare managers which are also important to this research. They are; (1) communication and relationship management, which is the ability to communicate clearly and concisely with internal and external customers, to establish and main relationships, and to facilitate constructive interactions with individuals and groups; (2) leadership – the ability to inspire individual and organizational excellence, to create and attain a shared vision, and to successfully manage change to attain the organization's strategic ends and successful performance; (3) professionalism – the ability to align personal and organizational standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement; (4) knowledge of the healthcare environment – the demonstrated understanding of the healthcare system and the environment in which healthcare managers and providers function; and (5) business skills and knowledge – the ability to apply business principles of financial management, human resource management, organizational dynamics and governance, strategic planning and marketing, information management, risk management and quality improvement including systems thinking, to the healthcare environment. In other words, hospitals need effective service delivery through administrative excellence. This is done by maintaining logs, records, and other paper work. Hospital supervisors should have the ability to effectively organize, manage, and work with people. According to Cutcliffe *et al*, (2001), effective supervision improves morale and job satisfaction and may prevent stress and burnout. Morale and motivation are fundamental to accomplishing the hospital mission. Moreover, the hospital supervisor greatly depends on the expertise of the followers such as doctors and nurses to get the job done.

Moreover, the study by Harkness and Hensley (1991) found that client focused supervision increases the staff use of basic communication, problem solving and relationship skills that improve client outcomes. Besides, excellent supervisors should also ensure that all hospital buildings are properly lighted, ventilated and maintained in a clean and sanitary condition. The government is expected to provide funds for maintenances or repair and furnish the hospital in order for it to meet obligations. This will motivate staff and even make the supervisory role easy. Choi and Kim (2014) noted that sufficient supervision should be provided so that staff can optimize their professional abilities in hospitals. Cleary and Freeman (2005) concluded that supervision from superior nurses can improve frontline nurses' professional growth, work attitude, ethical sensitivity, and nursing capacity.

Conclusion

In conclusion, the study reveals that supervisory leadership is a key variable in the healthcare service delivery process and the quality with which it is offered. It is documented here that supervisors should not only play a role of guiding others on what to do but also play other roles as teachers, counselors, and mentors who are ready to provide helpful and constructive feedback. It demonstrates the need for hospital supervisors to be excellent in developing relationships with the supervisee and work with them to continually improve the quality care process as enshrined in the hospital mission. Put another way,

if the hospital as an institution does not emphasize effective supervisory leadership and leave every profession to work as and when they want, then it does not matter how regular the governments provide resources to these hospitals. Hospitals therefore should have a focused leadership that demands for professional results and avoid the existence of self seekers who may be in the profession to obfuscate, evade and confuse the patient care process. The supervisory leadership function as emphasized in the hospital human resource management manual should not be neglected.

REFERENCES

- Agoro, O.O., Osuga, B.O., and Adoyo M. 2015. Supportive supervision for medicines management in government health facilities in Kiambu County, Kenya: a health workers' perspective. *The Pan African Medical Journal*, 20, 237
- Artley, W. 2001. *The performance based management handbook establishing an integrated performance measurement system*. US: Oak Ridge Institute for Science and Education.
- Bosch-Capblanch X., Garner P. 2008. Managerial supervision to improve primary health care in low- and middle-income countries. *Tropical Medicine & International Health*, 13(3), 369–383.
- British Journal of Hospital Medicine, 2009. Clinical teaching made easy. Vol. 70, No 4.
- Choi S.Y., and Kim K.S. 2014. The Effects of Work Characteristics, Supervision, and Cultural Competence on Nurses' Burnout. *International Journal of Bio-Science and Bio-Technology*, 6(4), 187 – 200.
- Clark, P., Jamieson, A., Launer, J., Trompetas, A., Whiteman, J., and Williamson, D. 2006. Intending to be a supervisor, mentor or coach: which, what for and why? *Education for Primary Care*, 17(2), 109–16.
- Cleary, M., and Freeman, A. 2005. The cultural realities of clinical supervision in an acute inpatient mental health setting. *Issues in Mental Health Nursing*, 26(5), pp. 489–505.
- Clements, C.J., Streefland, P.H., Malau, C. 2007. Supervision in primary health care: Can it be carried out effectively in developing countries? *Current Drug Safety*, 2(1):19–23.
- Cutcliffe, J.R., Bajkay, R., Forster, S., Small, R., Travale, R. 2011. Nurse migration in an increasingly connected world: The case for internationalization of regulation of nurses and nursing regulatory bodies. *Archives of Psychiatric Nursing*, 25(5), 320–328.
- Dawson, J.F., West, M.A., Admasachew, L. & Topakas, A. 2011. NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and related data. London: Department of Health.
- Halpern H., and McKimm J. 2009. Clinical Supervision Made Easy. *British Journal of Hospital Medicine*. 70(4), 226 – 229.
- Harkness D., and Hensley H. 1991. Changing the focus of social work supervision: effects on client satisfaction and generalized contentment. *Social Work*, 36(6), 506-512.
- Kilminster S.M., & Jolly B.C., 2000. Effective supervision in clinical practice settings: a literature review. Papers from the 9th Cambridge Conference.
- Kur, E. 1995. Developing leadership in organizations: A continuum of choices. *Journal of Management Inquiry*, 4(2), 198–206.
- Launer J 2006. *Supervision, mentoring and coaching: one-to-one learning encounter in medical education*. Association for the Study of Medical Education, Edinburgh.
- Marquez, L., Kean, L. 2002. Making supervision supportive and sustainable: New approaches to old problems, maximizing access and quality initiative. Washington: USAID: MAQ Paper No. 4.
- Palazzoli S.M., Boscolo, L., Cecchin, G., Prata, G. 1980. Hypothesizing, circularity, neutrality: Three guidelines for the conductor of the session. *Family Process*, 19(1), 3-12.
- Pechlivanidis P., and Katsimpra, A. 2004. Supervisory leadership and implementation phase. *Leadership & Organization Development Journal*, 25(2), 201-215.
- Stefl, M. 2008. Common competencies for all healthcare managers: The healthcare leadership alliance model. *Management Journal of Healthcare*, 53(6), 360–373.
- Tomm, K. 1988. Interventive interviewing: Part III. Intending to ask lineal, circular, strategic or reflexive questions? *Family Process*, 27(1): 1–15.
- Tumwine, Y., Kutuyabami, P., Odoi, R.A., and Kalyango, J.N. 2010. Availability and Expiry of Essential Medicines and Supplies during the “Pull” and “Push” Drug Acquisition Systems in a Rural Ugandan Hospital. *Tropical Journal of Pharmaceutical Research*, 9(6), 557-564.
- Ukeje, B.O. 1992. *Educational Administration*. Enugu: Fourth Dimension Publishing Company Ltd.
