

# Perception of supervisors of their role in primary health care programmes in Saudi Arabia

J.S. Jarallah<sup>1</sup> and T.A. Khoja<sup>2</sup>

إدراك المشرفين لدورهم في برامج الرعاية الصحية الأولية في المملكة العربية السعودية  
جمال بن صالح الجار الله وتوفيق بن أحمد خوجة

خلاصة: أجريت هذه الدراسة لاستكشاف مدى إدراك المشرفين لدورهم في برامج الرعاية الصحية الأولية. ولهذا الغرض وزع بالبريد استبيان يملؤه متلقوه، وأجاب عليه 135 مشرفاً من أصل 159 شخصاً أرسل الاستبيان إليهم. ولقد تبين من الاستقصاء أن المشرفين كانت لديهم درجة معقولة من التفهم للوظائف الإشرافية، وأنهم يواجهون نفس المشكلات بصورة عامة. ويمضي المشرفون معظم وقتهم في حل المشكلات التقنية وإجراء الزيارات الميدانية. وأعربت الغالبية عن أنها تحظى بمكانة لا بأس بها وأنها تتلقى مساندة كافية من السلطات الأعلى. ومع ذلك لا تزال هناك حاجة كبرى للتدريب المنهجي للمشرفين. وينبغي أن يدرج ذلك في برنامج ضمان الجودة الذي بدأ تطبيقه مؤخراً.

**ABSTRACT** This study was conducted to explore the perception supervisors had of their role in primary health care programmes. A self-administered postal questionnaire was used and a response was received from 135 out of 159 supervisors. The survey showed that supervisors had a reasonable understanding of the functions of supervision and they generally face the same difficulties. Supervisors spent most of their time solving technical problems and conducting field visits. The majority believed that they had reasonable status and enough support from the higher authorities. However, there is still a great need for formal training of supervisors. This should be incorporated into the quality assurance programme that has recently been introduced.

## Perception par les superviseurs de leur rôle dans les programmes de soins de santé primaires en Arabie saoudite

**RESUME** Cette étude a été réalisée pour savoir comment les superviseurs percevaient leur rôle dans les programmes de soins de santé primaires. On a utilisé un questionnaire à remplir soi-même qui avait été adressé par voie postale et auquel ont répondu 135 des 159 superviseurs. L'enquête a montré que les superviseurs avaient une assez bonne connaissance des fonctions de supervision et généralement rencontrent les mêmes difficultés. Les superviseurs passent la majeure partie de leur temps à résoudre des problèmes techniques et à effectuer des visites sur le terrain. La majorité d'entre eux pensent qu'ils jouissent d'un statut relativement bon et bénéficient d'un soutien adéquat de leurs supérieurs. Toutefois, il demeure nécessaire d'assurer une véritable formation aux superviseurs. Cette formation doit être incorporée dans le programme d'assurance de la qualité qui a été introduit récemment.

<sup>1</sup>Department of Family and Community Medicine, College of Medicine, King Saud University, Riyadh, Saudi Arabia.

<sup>2</sup>Director-General, Primary Health Care Centres, Ministry of Health, Riyadh, Saudi Arabia.

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## Introduction

Supervision in health care can be defined as a way of ensuring competence, effectiveness and efficiency, through observation, discussion, support and guidance [1]. It is essential to maintain and improve quality of care, and supervision should aim at increasing staff motivation and address issues related to structure, process, suggestions and problems faced. Although supportive supervision is recognized as a vital factor in good management, it is often both infrequent and poor, taking the form of an inspection rather than a two-way process [2]. To be effective, supervision requires thorough planning with clear objectives, effective communication skills and appropriate leadership style [3,4].

The job of supervisors is both responsible and difficult. They frequently have had little formal training in supervision, work in geographical isolation and tackle problems of organizing work and supervising staff in the most difficult circumstances [4]. To be successful, supervisors need to set a good personal example, be realistic and well organized, and use their time effectively [5]. Supervision in primary health care (PHC) is comprehensive because of the wide range of activities performed and the variety of services provided. It includes supervision and quality assurance of the curative, preventive and promotive services, and the outreach programmes. In addition, it also includes support and supervision of joint-action programmes that require community participation and intersectoral collaboration.

In 1984, the Ministry of Health in Saudi Arabia named PHC as one of the most important strategies of the fifth five-year plan (1990–1995) with emphasis on quality of care [6]. In every region there are technical supervisors who are responsible for over-

seeing the activities in the health centres and who usually report to a senior supervisor(s) in each Directorate of Health Affairs, who in turn reports to the Assistant Director-General of Health Affairs for health centres in the region. The frequency and duration of visits to health centres is variable and depends to a large extent on the number of health centres the supervisor is responsible for and whether he has other commitments. Training in the essential elements of PHC is provided to all health workers, including supervisors, as a package of health care activities that covers integrated PHC delivery and how to apply its principles.

In 1993, a national committee for quality assurance was established and produced guidelines for a quality assurance programme in PHC, which was approved by the World Health Organization (WHO) [7]. This programme requires more coordination and supervision. Understanding and appropriate perception of the supervisors of their role is vital to the success and effectiveness of the programme.

To the best of our knowledge, no studies have explored how supervisors themselves see their role in PHC programmes. Thus, the current study was conducted to assess the perception of supervisors of their role, to explore activities carried out in supervision and the problems encountered, and to propose suggestions to improve supervision in PHC in Saudi Arabia.

## Methods

A self-administered, pre-tested and piloted questionnaire was sent to all the supervisors in the different regional health affairs in Saudi Arabia. At the time of the study (1994) there were 159 designated supervisors in the 15 regions and they were all

males. The questionnaire was distributed to all the supervisors by mail and confidentiality of the data was assured. The questionnaire included personal data of the supervisors and questions related to perception, knowledge, attitude and practice of supervision. Questions related to perception focused on the nature of supervision, what areas it should cover and what the job of the supervisor should be. Questions related to practice included questions about the frequency of visits to health centres, supervisory meetings, what the supervisor actually does during the visits, and how he conducts his supervisory visits. Close-ended questions were used except for the most important problems faced in supervision and suggestions to improve supervision. The questionnaire also asked the participants' opinions of the current system of supervision, the handling of statistics and requested suggestions to improve the situation. Responses were received from 135 supervisors (a response rate of 85%). Data were analysed using the *Systat* package.

## Results

### Characteristics of the supervisors

The majority of the supervisors (77%) were aged between 35 years and 45 years. The mean age was  $41.4 \pm 5.2$  years and all were males. The majority (85%) were general practitioners, followed by public health specialists (15%), and most (85%) held no postgraduate qualification. The mean number of years of experience as a supervisor was  $0.5 \pm 1.6$  years, and only 35% of them had had formal training as a supervisor. The majority had had training in the essential elements of PHC and quality assurance (93% and 87% respectively). Also, about two-thirds had received training in the evaluation of PHC programmes, but very few

(15%) had had training in leadership development. The majority of the supervisors had been chosen because of their experience in PHC (63%) or because of their reputation as PHC doctors (46%). About half of them were appointed by the PHC department and 4% applied for the job themselves. More than 90% of the supervisors said they would like to receive formal training in supervision.

Only 42% of the supervisors were fully involved in the planning of health services, 47% were sometimes involved and 11% were not involved at all. Also, 41% were not involved in staff recruitment in the region and only 29% were always involved in this matter.

The mean number of supervisors per region was  $5.7 \pm 5.8$  supervisors (this wide variation is because of the geographic difference and distribution of personnel between the regions). The mean distance from the farthest health centre was  $176 \pm 150$  km.

### Meaning, functions and problems of supervision

Table 1 shows what supervision means to the supervisors. Developing the skills and knowledge of personnel, coordination of activities and looking for areas of defects were highest on the list (97.0%, 91.9% and 83.0% respectively). Solving the problems of the personnel was also included as a function of supervision (78.5%). Discovering mistakes was perceived by 22.2% of the supervisors as a meaning of supervision.

Table 2 shows the ratings given by the supervisors of the functions of supervision. The majority rated training and education as an essential function (85.4%), followed by team development (81.7%), evaluating plans (80.7%) and quality assurance (80.0%). The majority also included planning, implementation of plans and coordination of work as essential components of

**Table 1 Supervisors' perception of the functions of supervision (n = 135)**

Perception	No.	%
Developing skills of staff	131	97.0
Coordinating activities	124	91.9
Looking for areas of defects	112	83.0
Solving problems of staff	106	78.5
Discovering mistakes	30	22.2
Motivating staff	8	5.9
Improving the quality of health services	6	4.4
Ensuring proper implementation	5	3.7
Other	8	5.9

their job (66.7%, 65.2% and 64.4% respectively). Policy-making was thought to be the least essential function (28%). Control of personnel as a resource was also seen as a very important function (59.3%).

Table 3 shows the problems faced by the supervisors. The main problems were related to communication, transport and logistics. Only a quarter of the supervisors faced technical problems and very few faced the problem of staff shortages (12.6%). However, when an open question was asked about problems, 44 (32.6%) mentioned staff shortages, a lack of proper office facilities (18.5%), a lack of means of communication (8.1%) and shortage of time (8.1%) as problems in supervision.

**Table 2 Rating of the functions of supervision as perceived by the respondents (n = 135) (%)**

Function	Not important	Important	Essential
Training and education	2.2	12.4	85.4
Team development	0.7	17.6	81.7
Evaluation of plans	5.9	13.4	80.7
Quality assurance	6.7	13.3	80.0
Planning	8.9	24.4	66.7
Implementation of plans	6.7	28.1	65.2
Coordination of work	8.9	26.7	64.4
Work organization	0.9	38.0	61.1
Problem-solving	9.7	45.9	44.4
Communication with staff	10.7	47.8	41.5
Communication with management	11.9	50.6	37.5
Management of conflicts	8.1	58.2	33.7
Work allocation	24.2	45.9	29.9
Control of resources	7.4	44.5	48.1
Staff	4.4	36.3	59.3
Material	8.3	46.1	45.6
Equipment	6.7	47.9	45.4
Drugs	9.7	48.7	41.6
Care of staff	8.1	50.2	41.7
Policy-making	34.1	37.8	28.1

Table 3 Problems faced by supervisors (n = 135)

Problem	No.	%
<i>Problems suggested by the researcher</i>		
Communication problems	61	45.2
Transport problems	58	43.0
Other logistics problems	53	39.3
Technical (knowledge, skills) problems	34	25.2
Staff shortages	17	12.6
<i>Problems suggested by the respondents</i>		
Staff shortages	44	32.6
Lack of proper office facilities	25	18.5
Lack of means of communication	11	8.1
Shortage of time	11	8.1
Shortage of stationery	7	5.2
Frequent turnover of staff	6	4.4
Too much paperwork	6	4.4
Lack of qualified staff	3	2.2
Transport problems	3	2.2
Other	17	12.6

### Supervision duties performed

Table 4 shows the different activities performed by the supervisors during their field visits. The majority check the performance of the staff (94.1%), educate personnel (83.7%) and ensure workers' understanding (80.7%). Few (23.0%) would criticize the staff and even fewer would discuss problems or encourage staff (4.0% for each). The majority of the supervisors use checklists (87.4%), review plans of actions (72.6%) and have discussions with staff responsible (57.8%) as their means of supervision. Very few (4%) observe the performance of the staff.

### Suggestions of supervisors

Table 5 shows the suggestions of the supervisors to improve supervision. The majority thought that it could be improved by train-

Table 4 Activities performed during supervisory visits and methods of supervision

Activity performed and method of supervision	No.	%
<i>Activity performed</i>		
Check performance	127	94.1
Educate staff	113	83.7
Assure staff's understanding	109	80.7
Criticize staff	31	23.0
Cooperate with staff	8	5.9
Encourage staff	4	3.0
Discuss problems	4	3.0
Maintain rules and regulations	3	2.2
Ensure plans are implemented	3	2.2
Other	6	4.4
<i>Method of supervision</i>		
Checklists	118	87.4
Review of plans of action	98	72.6
Discussions with staff responsible	78	57.8
Review of the annual report	56	41.5
Review of records	8	5.9
Group discussions	8	5.9
Observation of staff performance	4	3.0
Other	28	20.7

ing supervisors (71.1%) and increasing the frequency of visits (54.1%). Increasing the number of supervisors was suggested by 25.9% of respondents. Giving more incentives was mentioned by very few (3.7%).

### Further data

#### *Importance of supervision*

When the supervisors were asked about the importance of supervision, the majority thought that it had a very important function (77.8%) and none considered it unimportant. About 60% perceived supervision as a process of development, education, communication and management.

**Table 5 Suggestions to improve supervision as seen by supervisors (n = 135)**

Suggestion	No.	%
Train supervisors	96	71.1
Increase the frequency of visits	73	54.1
Increase the number of supervisors	35	25.9
Introduce a computer system	16	11.9
Be given moral support from higher authorities	16	11.0
Improve communication facilities	7	5.2
Improve transport facilities	11	8.1
Provide clear-cut job descriptions	7	5.2
Provide an adequate number of supervisors	9	6.7
Establish a feedback system	9	6.7
Give more incentives	5	3.7

*Routine visits to health centres*

The majority of supervisors (74.1%) believed that there should be four visits or more per year. 4.4% thought that two visits per year were enough and only 11.1% recommended a monthly visit.

*Status of supervisors and support from authorities*

The majority of supervisors (75%) thought that they had sufficient status and recognition among PHC doctors all the time; 24.4% thought that they had status to some extent. In addition, the majority (91.9%) believed that they had enough support from the higher authorities.

*Interest in the job*

The majority claimed that they found the work was of interest all the time (71.1%) and sometimes (27.4%); only two felt that the work was not interesting at all. More-

over, the majority (88.9%) were happy working as supervisors.

*Quality assurance*

The majority (97%) were aware of the quality assurance programme of the Ministry of Health. They perceived their role in the programme was to implement the programme (40%), to monitor its progress (29.6%) and to train the staff (14.8%). The majority (91.9%) believed that they had enough support from the higher authorities in order to do this.

*Types of supervisory activities*

The vast majority (99.3%) conduct field visits. In addition, 54% follow up in the office and 38 (28.1%) are involved in format development.

*Time management*

When supervisors were asked how they spent most of their time (60% or more), 23% said they spent it solving technical problems, conducting visits to health centres (22.2%), training staff (19.3%) and solving administrative problems (11.9%).

*Involvement in planning and staff recruitment*

It was found that 42% of the supervisors were always involved in planning health services in their region, 47% were sometimes involved and 11% were not involved at all. Also, about one-third were always involved in the recruitment of staff, one-third sometimes and about 41% were never involved in this aspect.

**Discussion**

There is no doubt that supervision is an important element in the successful management of PHC. To be effective it has to be supportive in nature. The role of the super-

visor is to help staff to improve their performance and competence, to motivate them, to adopt with the staff appropriate and agreeable objectives and to surmount the difficulties encountered. Appropriate perception and understanding of the role of the supervisor is important in order for supervisors to succeed in their jobs. The discussion of supervision of this study should be considered in the context of the comprehensive PHC system in Saudi Arabia bearing in mind the wide range of activities performed in PHC centres.

Our study has shown that most of the supervisors have a reasonable understanding of supervision as a process of developing the professional skills of the personnel. However, few thought of motivation of staff, improving the quality of care and ensuring proper implementation as parts of supervision. Indeed, some still consider supervision to be an inspection process, which was reflected in their perception of the role of supervision as discovering mistakes and criticizing staff. This might be a result of incorrect training or lack of it as only about one-third of the supervisors had formal training in supervision. Indeed, 90% of the supervisors would like to have more training in supervision, which may indicate a real need for it.

It is clear that education and training of staff was seen by the respondents as an essential function of a supervisor. This was also supported by the activities they performed during their supervisory visits. Training of staff is an essential but costly undertaking and an important function of supervisors [2]. It requires the important skills of planning and communication and can improve the image of the supervisor among the staff.

Quality assurance is becoming a very important activity through which monitoring and improvement of performance and

outcomes are achieved. A programme of quality assurance in PHC has recently been developed in Saudi Arabia. Supervisors are seen as the key people in the implementation and maintenance of the programme [6]. Hence, it is not surprising to find that quality assurance was ranked high as a function of supervisors.

The involvement of supervisors in policy-making was not considered to be essential. Although supervisors are actually involved in planning in one way or another, policy-making is seen as the responsibility of the higher authorities. Decentralization and delegation in health care management and policy-making should be an objective, and supervisors and health workers should be more involved in this aspect. It has been recommended that, as supervisors are more familiar with the practical problems in the field, they should be involved in planning the health services [8]. Through sharing in planning, they can develop a better vision of the outlook of health care provision and its organizational aspects.

For supervisors to fulfil their role optimally, they have to be assured proper status, recognition and backing for their decisions. This means that a manager should involve the supervisor when dealing with members of staff. They should also feel secure whenever they take any decision. In our study, the vast majority of the supervisors were satisfied with their status and recognition and the support they got from the higher authorities, which is a good sign.

It was noted that communication with staff and administrators was ranked fairly low as an important function of supervision. It is possible that this may reflect the real situation. However, what makes this unclear is the fact that communication problems were seen to be the most common problem faced by supervisors. In any supervisory activity communication plays a vital

role. Unfortunately, the training programme for supervisors does not seem to focus on specific skills important in supervision, such as communication. To gain the cooperation of the staff as well as managers, supervisors should be good communicators.

The instruments for supervision may include checklists of health care activities, supervision and managerial activities and research work [3]. It may also include supervision report writing, rating scales and review of the field work [1,3]. In addition, other methods found popular in this study were reviewing plans of action for individual health centres, discussion with the staff in charge and revision of the annual report. These activities are important to maintain a good performance and reflect different aspects of the work of supervisors in PHC.

The supervisors in this study clearly felt that supervision could be improved through training of supervisors. This need should be met by the higher authorities in PHC, both regionally and at the central level. It could take the form of workshops, symposia, courses and formal practical training in the field. The expertise of local and international agencies, such as WHO, could be

sought. Supervisors could then be chosen based on the successful completion of the training.

Increasing the frequency of visits to health centres and increasing the number of supervisors were also seen as way of improving supervision. The majority recommended at least quarterly visits to the health centres. This should be taken as the minimum, without overlooking the workload it will put on the supervisors. It is important that when allocating supervisors in the different regions, appropriate criteria should be considered based on workload and the number of supervisors in the region.

In conclusion, this study is the first in Saudi Arabia to explore the perception of supervisors as to their role in PHC. In general, it was found to be appropriate and reasonable with some exceptions discussed earlier. We also explored activities, problems in supervision and suggestions to improve the situation. Elucidating the effectiveness of these supervisory activities is beyond the scope of this paper. However, this is an important further step and the quality assurance programme can be taken as an example.

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Improving the quality of primary health care services was an important area for support activities. These included a collaborative study with Suez Canal University (Egypt), which assessed attitudes of doctors in primary health care facilities, and the development of a family health folder system in the Syrian Arab Republic. An intercountry meeting was organized in Cyprus to study service utilization, and an assessment tool was developed and made available.

*Source: The Work of WHO in the Eastern Mediterranean Region Annual Report of the Regional Director, 1 January-31 December 1997, page xvi.*