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Dialogue and Shared Meaning as Core Component of Supervisory Relationship in Midwifery Supervision at Primary Health Care Setting: A review

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ABSTRACT

Midwifery supervision is focus in providing support for improving knowledge and skills, and facilitating reflective practice. Effective supervision process should be able to create safe environment for supervisee to do evaluation, reflection, develop clinical practice and supporting each other. Supervisory relationship has considered crucial to achieve those purpose. The aim of this article is to describe supervisory relationship in midwifery supervision at PHC, and to propose dialogue and shared meaning as core component of supervisory relationship. The discussion suggests that thorough evident is needed to explore relationship between dialogue, shared meaning and supervisory relationship, and whether individual contribution has influenced the relationship. It also suggests that further research is required to determine the effect of good supervisory relationship for improving performance and service quality.

Keywords: Dialogue, shared meaning, supervisory relationship, midwifery supervision.

INTRODUCTION

Midwives have important role in delivering midwifery care at Primary Health Care (PHC), especially in East Nusa Tenggara (ENT) Province of Indonesia, which has very limited doctors. Data from ENT Provincial Health Office (PHO) stated that in 2015, number of doctors working at PHC in ENT was only 359 GPs(8/100,000 people), still far below the national standard, which is 40/100,000 people (ENT Provincial Health Office, 2015).

Throughout Indonesia, proportion of antenatal care (ANC) and delivery care provided by midwives still quite high, compared to GPs and obstetrician. Data from Indonesia Basic Health Research 2013 revealed that midwives provided 87.8% ANC and 68.6% delivery care, while GPs and obstetrician only provided 10% ANC and 20% delivery care altogether (BadanLitbangkes RI, 2013). This condition placed midwives as the key person in delivering midwifery care at PHC. If educated and regulated as to WHO or International Confederation of Midwives (ICM) standards, midwives have competencies to provide 87% midwifery care from the total required care in 73 countries (WHO, UNFPA, ICM, 2014).

However, data and research findings indicate that midwives' performance in delivery care in ENT still not optimal. If not resolved, it will hamper the quality of delivery care at PHC and may further impact in the increasing of maternal death. Since midwives providing most deliveries, coverage of delivery care by skilled attendant is considered as one indicator of midwives' performance. In ENT Province, this coverage in 2012 was only 69%, below the national target of 85% (MoH, 2013). Other indicator is proportion of appropriate midwifery care compared to standard, especially in normal delivery and emergency obstetric complication care. In 2012, an assessment was done in 20 districts/cities from 10 selected provinces in Indonesia including ENT, and found that for normal delivery care, the percentage of appropriate care to standard at hospitals and PHCs was 62% and 65%, which is considered as low performance (MoH, 2012). Another research was done in the management of obstetric complication in ENT on 2015. Findings revealed that PHCs can only managed 36% of total obstetric complication cases, of that 30% was not managed according to the standard care. Besides, 46% of obstetric pre referral cases was also treated inappropriately (Trisno, Dayal&Hort, 2015).

The importance of supervision in improving individual and organization performance was stated by Macneil (2001) in El-Kot&Leat (2008). Research by Fort &Voltero (2004) found that competences, rewards, and performance feedback giving by supervisor, have strong association with performance of antepartum and postpartum care. Other studies also mentioned that clinical supervision can improve professional skills (Hawkins &Shohet, 1996 and Hyrkas, 2002), and professional development through increasing self-awareness (Severinsson, 2001).

Although the role of supervision in improving performance was obvious, which component might influencethe effectiveness of supervision was still not clear. Lawler (2015) mentioned the importance of supervisory process, especially supervisory relationship, for the success of supervision. He emphasized the importance of trust and meaning for staff's development, and strengthening their commitment and motivation during difficult situation. Supervisor who takes role as facilitator can increase opportunity for informal learning through knowledge sharing, thus may improve performance. In line with that, Satava& Weber (1998) in El-Kot&Leat (2008) also mention that a good supervisor is one that could coach, supervise and motivate people to perform better.

The aim of this article is to describe supervisory relationship in midwifery supervision at PHC, and to propose dialogue and shared meaning as core component of supervisory relationship. This discussion is based on a review of literature and my experience in working with hospitals and PHCs.

Supervisory Relationship in Midwifery Supervision at PHC

Midwifery supervision had been implemented in ENT since 2010 as part of national health program. However, the impact towards midwives' performance was not obvious. My assumption is that supervisory relationship might be one of the crucial factors for successful supervision in ENT. This assumption based on the fact that ENT is a collective community, which value relationship with significant others including their supervisors more than their own interest, and can even sacrifice their private need or goals if it may disturb the harmony of that relationship (Hofstede, 2001 in Ho& Nesbit, 2009). However, ENTalso consists of many ethnics which conflict in relationship could potentially emerge easily. Thus, if supervisor can build good relationship with their supervisee, it's more likely supervisee will try their best to perform better for the sake of that relationship, hence contribute to the effectiveness of midwifery supervision.

Clinical supervision in nursing and midwifery is developed from the concept of clinical supervision in psychotherapy and counselling. Clinical supervision in these two areas are mandatory, starting

from the education period and continue throughout their professional life. Here the most salient concept is the parallel process, means that relationship between supervisor and supervisee is analogue with therapeutic relationship between counsellors and their clients. This concept can be applied in nursing and midwifery, since relationship with patients and colleagues also one of the basicessence in these two profession. Besides, midwives and nurses basically need to develop self-awareness, and also need interpersonal and emotional skills to deal with the stressful working situation.

The importance of interpersonal relationship also emphasized in the definition of supervision stated by Kavanagh et al. in Dawson et al. (2012), which is:'*a working alliance between practitioners in which they aim to enhance clinical practice, fulfil the goals of the employing organisation and the profession and meet ethical, professional and best practice standards of the organisation and the profession, while providing personal support and encouragement in relation to the professional practice.'*This definition emphasized that supervision is an interpersonal relationship which aim to achieve organizational goals by supporting clinical practice development of staffs. In the context of midwifery supervision at PHC, supervision also includes clinical supervision, with the objective to support clinical practice development of midwives.

Department of Health for England and Wales Midwifery and Health Visiting defined clinical supervision as a'*formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance customer protection and safety in complex situations'*(Koivu, 2012). This definition emphasized professional learning to improve knowledge and competency, and responsibility for clinical practice within patient safety context. Royal College of Nursing (2003) also mentioned that objectives of supervision should focus on patient safety and compliance to professional standard.

Although those definition were vary, they share the same essence, which is focus in providing support for improving knowledge and skills, and facilitating reflective practice.Effective supervision process should be able to create safe environment for supervisee to do evaluation, reflection, develop clinical practice and supporting each other (Winstanley& White, 2003; Bond & Holland, 2010).

Several theory and studies had mentioned that competency can be developed through continuing professional education and supportive supervision. Thus, clinical supervision had become an important element in midwifery practice in England since 1936, emphasizing the safety of mother and baby. Clinical supervision model used was referring to managerial supervision focusing on accountability and achievement of standards, and conducting by line manager appointed by legal authority. Despite the importance of this supervision, the challenge is that clinical supervision is often used as staff assessment tools, thus can potentially diminish its growth and support function in developing midwives' clinical practice and providing support for one another.

In Indonesia, midwifery supervision had been developed since 2008. Ministry of Health run a facilitative supervision program for midwives. It aims to improve performance and service quality at health facilities, and also to increase coverage of services. The handbook of facilitative supervision for coordinating midwives mentioned that facilitative supervision is directive, equipped with a check list so that supervision process can be conducted measurably and systematically(MoH, 2010). The check list is a bundle of agreed essential requirements, and use to measure level of compliance towards certain standards.In this supervision, assessment can be done through direct observation; interview or study the existing documents. Refer to its objectives and content of the supervision handbook, it seems that midwifery supervision in Indonesia tend to be managerial supervision, similar with what had been done in England.

However, the benefit of clinical supervision should go beyond the managerial aspect. It should also benefit the supervisee for learning and development, and benefit the patients in terms of service quality. Studies on supervision mainly stated the benefit of clinical supervision in relation to learning and development, which can further classified as benefit related to increase knowledge or technical professional skills, and benefit related to personal development. Hyrkas (2002) cited several studies of Paunonen (1989), Hawkins &Shohet (1996) and Severinsson (1989) which stated that professional skills is increased through clinical supervision, as well as studies of Dudley & Butterworth (1994), Severinsson (1995), and Cutcliffe&Epling (1997) that mentioned the outcome of supervision in increased knowledge and self-awareness.

Benefit related to personal development had been mentioned in several studies, which are: increased self-confidence (Hallberg, 1994 in Lyth, 2000), increased self-understanding & self-esteem through learning from practice (Hyrkas, 2002), and increased participation in reflective practice (Hawkins &Shohet, 1989). Besides, Berg et al. (1994) in Winstanley& White (2003) found that systematic clinical supervision could reduce stress and increase nurses' creativity.

Whether supervision is likely to succeed and gain those benefit at least influenced by three factors, namely factor related to supervisor, factor related to supervisee, and factor related to supervisory process itself. Factor related to supervisor and supervisee is influenced by cultural condition and work ethic of ENT people which is quite different from other provinces in Indonesia. Through direct observation and several years working experience in ENT since 2005, researcher found that culture of ENT people are quite relax and tend to delay in doing mostly everything. This culture had influenced their work ethic which has slow response and tend of tardiness, and less awareness towards surrounding environment. However, they are very obedient to their supervisor so that everything that their supervisor command will be done even though sometimes they did not like or disapprove with that command. Experience in collaboration with PHC and hospitals of ENT in many facilitation program, had confirmed the assumption, that a program can only run well during the facilitation process but will slacken once the facilitation is over.

That condition is suitable for developing effective supervision to result in good performance. Theoretically supervision can improve knowledge, skills, and motivation of midwives to be high performed. Finding from a systematic review of 74 supervision studies at PHC and the effect on program performance, stated that supervision was useful for increasing health care performance, although research addressing which supervision component having that impact still very few (Bosch-Capblanch& Garner, 2008).

The process of clinical supervision was described by Paunonen (1989) as a learning and professional development process that can take place along their entire professional carrier. Supervision process is how supervision will be implemented, this relate to the development of supervisory relationship, also the frequency and duration of supervision.

In the context of supervision as learning process, positive supervisory relationship is important for the occurrence of optimum learning. Several studies had mentioned about supervisory relationship quality as one of the element that can influence supervision outcome (Barnett et al. 2007 in Haynes et al., 2010). Kilminster& Jolly (2000) in Owen &Shohet (2012) also assumed that supervisory relationship is one of important factor for effective supervision; however no studies had been carried out to prove that. Study by El-Kot&Leat (2008) regarding staff's perception of supervisory facets, found that the most important factor in supervision was facilitation and support from supervisor towards their tasks, and the second was relationship with supervisor.

Bordin (1983) & Kaiser (1992) stated that supervisory relationship is important in supervisory process because it can provide safe environment for supervisee development and for open communication. Holloway (1992) also said that supervisory relationship is important because it can influence and be influenced by many factors in the supervisory context. Ladany (2004), Falender&Shafranske (2010) in Callicott (2011) found that supervisory relationship was determinant factor that crucial for supervision effectiveness, because good supervisory relationship can reduce the tendency of holding information. Thus, investment in building supervisory relationship is worth those results.

Dialogue and Shared Meaning in Supervisory Relationship

Midwifery supervision in ENT is implemented by direct or line manager. This is cause big discrepancy in power and authority between supervisor and supervisee. Besides, the multi ethnicity of ENT people (with many tribes such as Timorese, Rotenese, Sabunese, Sumbanese, Alor and Flores) is potential for the occurrence of prejudice among ethnic or religious group. Those two conditions are a challenge for supervisor to engage in a prompt dialogue and develop shared meaning in supervisory relationship. Thus, it is assumed that focusing on improving dialogue and shared meaning could build a better supervisory relationship in midwifery supervision.

Palomo et al. (2010) developed questionnaires to measure the supervisory relationship, categorizing types of supervisory relationship into facilitative type and evaluative type. Facilitative type consists of three components which are safe-base, structure and commitment. Evaluative type also consists of three components, namely reflective practice, role-model and feedback. Initial findings revealed that from supervisee' perspective, safe base component was the most important factor in developing supervisory relationship (Palomo, Beinart& Cooper, 2010).

To provide safe base environment, dialogue and shared meaning are considered as core components in supervisory relationship. Theycan influence each other in the process of supervisory relationship development. However, each component can also directly influence the supervisory relationship, as described in this picture.

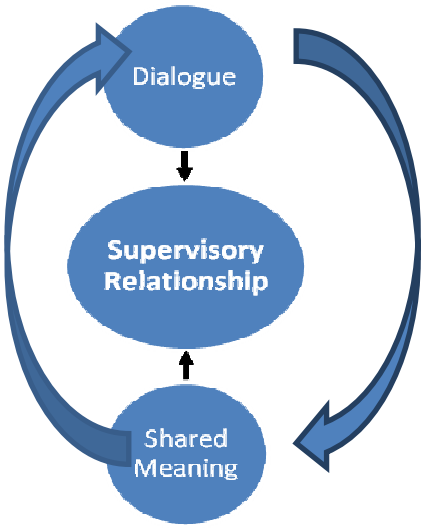

Figure 1. Dialogue and Shared Meaning in Building Supervisory Relationship

Supervisor who using dialogue in an appropriate way, will create safe environment for supervisee, so that s/he will start sharing their thinking or opinion, and thus will open a way for positive

supervisory relationship. Further on, a good and prompt dialogue will increase an existing shared meaning into the higher level, through digging more deeply into each individual's assumptions and valuesto develop deeper shared meaning.

On the contrary, supervisor's effort in providing clarity and explanation regarding various aspects in supervision will diminish supervisee's anxiety towards supervisory process and creating trust towards their supervisors. Besides, the development of shared meaning between supervisor and supervisee will encourage more active dialogue along with the increasing of mutual trust and feeling safe in the supervisory process.

In ENT context of multi ethnic community with different language, tradition and culture, it is keen to have misunderstanding in communication which potential to raise conflict. Kaiser (1997) mentioned that in multicultural institution, there are many factors such as non-verbal cues, values or norms, which can be perceived differently and thus, create big misunderstanding. Therefore shared meaning is assumed as one of important factor to minimize those misunderstanding and potential conflicts. Shared meaning can be defined as 'mutual understanding and agreement'. The main component in shared meaning is clear and transparent communication; ensure that messages that communicated will be the same as messages received.

In supervision context, the first thing in building shared meaning is that the two parties must ensure the same understanding regarding the objectives and aspect of supervision. This means that specific objectives should be details and in accordance with the situation and needs of each supervisee, including increase knowledge and skills and supervisee empowerment. Meanwhile, shared meaning in the aspect of supervision mainly includes aspects related to supervisee's performance and how the performance assessment will be done.

Kaiser (1997) stated that commitment will be higher if supervisee is more involved in determining structure and content of supervision. Levy (1973) and Buckingham & Coffman (1999) mentioned that one of important issue in supervision is that staffs understand their tasks and in what basis they will be evaluated. Thus, having shared meaning in these two areas could lead to more effective midwifery supervision.

Besides, shared meaning also include common understanding regarding responsibility and expectation of supervisor and supervisee, how is the supervision process implemented (frequency, duration, when and where the supervision take place), boundary in supervisory process, and issues related to documentation and confidentiality.

I assumed that building shared meaning will create trust; therefore trust is not separate as different component in supervisory relationship. Feeling safe that is one element of trust, can be developed through active involvement in the process of building shared meaning. In this case, supervisor and supervisee should explore and identify their expectation clearly, so as their assumptions and beliefs that related to individual or organizational context. The clearer assumptions, beliefs and expectations could be identified, the bigger chance that relationship could be started in a positive way.

Another core element in supervisory relationship is dialogue (Hyrkas, 2002). An appropriate dialog can build trust and minimize or solve the existing conflict if it could create an openness to discuss individual assumptions, prejudice, beliefs or values. Dialogue is assumed to be able to increase self-awareness and facilitate the reflective practice process. Supervisor transform their knowledge in a different levels in line with the needs of each supervisee, in a way that inviting supervisee to participate in dialogue (Severinsson, 2001).

Isaac (1999) in Bonadona (2002) defined dialogue as "a way to think and to reflect together". Through dialogue we can be more aware about hidden assumptions we received from our cultural and psychological characteristic. Marquardt (2004) in Tuck (2008) also mentioned that dialogue needs an open climate and respecting each other, so that all parties could get the same opportunity to participate and provide information freely. Within supervisory context, dialogue is mainly aim to increase supervisee's participation, minimize potential of miss-understanding, increase self-awareness and reflective practice that lead to new ideas or intervention. To be able to achieve these goals, dialogue should be based on equality and openness.

Equality in dialogue is crucial since there is power difference between supervisor and supervisee that could generate resistance for openness. Equality is showed by respecting each other, not interrupting one another in the dialogue, and can accept the dissent. When supervisees feel like equally treated, it encourages openness in dialogue, showed by willingness to share their opinion and admit mistakes. Isaacs (1999) &Senge (1990) in Grill et al. (2011) mentioned that dialogue in workplace will increase understanding among staffs, and also between staffs and their leaders. Schein (1993) and Wilhelmsson&Doos (2002) also found that by engaging in appropriate dialogue, supervision session can promote learning climate for staffs, and increase staff's participation to create a good working climate.

CONCLUSION

We had discussed two core component of supervisory relationship: dialogue and shared meaning. In theory, the use of appropriate dialogue and the development of shared meaning will contribute to better supervisory relationship. However, thorough evident is needed to explore that relationship. Further research is also required to determine the effect of good supervisory relationship for improving performance and service quality. Besides, supervisory relationship involve supervisor and supervisee, thus individual contribution should be considered if a complete understanding of factors related to good supervisory relationship is expected.

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