

## ORIGINAL PAPER

SATISFACTION WITH SUPERVISION OF HEALTHCARE WORKERS IN RELATION TO  
JOB SATISFACTION AND SELECTED CHARACTERISTICS OF SUPERVISIONEva Janíková<sup>id</sup>, Radka Bužgová<sup>id</sup>

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## Abstract

**Aim:** The aim of the study was to find out whether there was a correlation between satisfaction with supervision and job satisfaction among healthcare workers, and, in addition, whether there is a correlation between satisfaction with supervision and selected demographic data. **Design:** Cross-sectional study. **Methods:** The research sample consisted of staff in healthcare facilities who took care of patients / clients, and underwent supervision (n = 234). The McCloskey / Mueller Satisfaction Scale and Manchester Clinical Supervision Scale questionnaires were used. **Results:** In the case of job satisfaction, a statistically significant correlation was demonstrated between the effectiveness of the provided supervision and level of job satisfaction. When comparing selected demographic characteristics, a significant difference was demonstrated between satisfaction with supervision of psychiatric staff and hospice care staff. No statistically significant difference between the groups of respondents was demonstrated in satisfaction with supervision according to level of education. **Conclusion:** Our research demonstrated a correlation between satisfaction with supervision and job satisfaction. Satisfaction with supervision, in turn, depends on the workplace of the respondents. It is important to further educate staff in this area and promote the benefits of supervision in nursing practice.

**Keywords:** health care, job satisfaction, nursing, supervision.

## Introduction

Job satisfaction is generally defined as an attitude that reflects how one feels about one's job (Adams & Bond, 2000), and results from the interplay of different dimensions / factors relating to work (Mueller & McCloskey, 1990). It is a very topical issue nowadays, due to the persistent shortage of nurses, and can be viewed from many perspectives, relating to nurse turnover, work environment, burnout syndrome, sickness rate of nursing staff, nurse life satisfaction, and also to the quality of care provided by nurses. Generally linked to the motivation and performance of workers, (Zhang & Zheng, 2009) job satisfaction – according to Gurková et al. (2013) – is a significant factor in nurses' decision to leave their workplace.

In their literature review, Lu et al. (2012) state that job satisfaction is closely related to, among other things, working conditions, organizational environment and work stress. Similar results were obtained in a study by Gasparino and Guirardello (2017). A connection between job satisfaction and

quality of care is reported by Murrells et al. (2005). A significant relationship between motivational factors of work environment (according to Herzberg's theory, which forms the basis for tools measuring job satisfaction) and burnout syndrome has been demonstrated, by Ježorská et al. (2014), who mention "workplace climate" and "non-monetary recognition of work" as protective factors against burnout syndrome. Caricati et al. (2014) found that predictors of job satisfaction include the work climate and work commitment / engagement (increased mainly by the internal values of workers). In their literature review, Hayes et al. (2010) identified 44 factors that relate to job satisfaction, which they divided into three groups – intra-personal, inter-personal, and extra-personal. Intra-personal factors include age, education, and individual coping strategies. Interpersonal factors include autonomy, professional relationships, leadership / management, the possibility of further education, supervisory support, etc. Extra-personal factors include salary, workload, resource adequacy etc. Supervision is therefore regarded as a protective factor in relation to job satisfaction.

The connection between supervision and its influence on job satisfaction became the subject of research as early as the 1990s, when Hallberg et al. (1993), in

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an intervention study, found that job satisfaction increased significantly after between six to 12 months of supervision. Similar results were obtained by Butterworth et al. (1999) and Hyrkäs (2005). The influence of supervision on job satisfaction and burnout is the subject of a study by Gonge and Buus (2011) and Koivu et al. (2012), in which a connection between satisfaction with supervision and job satisfaction, and between satisfaction with supervision and burnout syndrome were demonstrated. Thus, supervision can be understood as a tool by means of which it is possible for an employer to support work growth and teamwork, and to improve work organization (Venglářová et al., 2011).

Supervision for healthcare professionals is not yet legally enshrined in Czech law, and therefore its implementation varies in different institutions, if it is performed at all. Supervision has been provided longest in the care of mentally ill patients: i.e., since the second half of the 1990s (Šimek, 2002). In the results of research organized by the Czech Association of Nurses, focusing on the working conditions of health professionals in the Czech Republic, supervision is mentioned (in chapter 5.5: Proposed solutions), briefly explained, and its implementation and realization are encouraged (Czech Association of Nurses [ČAS], 2013). In hospices, supervision is already enshrined in the *Standards of hospice and palliative care* (Association of Hospice Palliative Care Providers, 2016).

Venglářová et al. (2013) characterizes supervision as a process that involves reflection on activities related to professional performance, while L. Southwest (in Bifarin & Stonehouse, 2017) defines supervision as a professional conversation that facilitates reflection through a non-evaluative approach. Supervision includes both the support and strengthening of work competencies, as well as a component of further education. The functions of supervision derive from this, including supportive (restorative) functions, encouraging of education (formative) functions, and accountability (normative) functions (Bifarin & Stonehouse, 2017; Havrdová & Hajný, 2008). The restorative function is an important source of support for emotional experience and the building of confidence; the formative function helps to develop knowledge and skills, critical thinking, and reflection on one's own practice; the normative function helps staff to recognize their own shortcomings in nursing practice (in Bifarin & Stonehouse, 2017). The interconnections between the restorative function of supervision and job satisfaction is evident in the study by Gillet et al. (2018).

Despite the positive effect of supervision on an individual's work, it is somewhat in its infancy in health care. During its implementation, it is necessary to overcome a degree of resistance, particularly to the participation of employees in supervision meetings. Reasons for the non-participation of medical staff in supervision include, among others: administrative overload, well-established routines, low interest of staff in this type of meeting, and previous negative experience of supervision (Světlák & Suchý, 2011).

## Aim

The aim of the study was to determine whether there was a correlation between satisfaction with supervision and job satisfaction among healthcare workers. Other aims were to determine whether there was a correlation between satisfaction with supervision and selected demographic data (education level, workplace).

## Methods

### Design

A cross-sectional study conducted by questionnaire survey. The respondents consisted of workers in medical facilities who took care of patients, and, at the same time, underwent clinical supervision. This specific requirement influenced the choice of facilities. Institutions providing hospice care, faculty hospitals, and inpatient psychiatric departments in the Czech Republic were approached.

### Sample

The research sample consisted of staff in healthcare institutions who took care of patients / clients and underwent supervision. In total, 247 questionnaires were returned (a rate of 60%). From this total, 13 were excluded due to incompleteness of one of the questionnaires (e.g., seven respondents did not complete data on age, one respondent did not complete their education level and job position, two respondents did not complete their marital status, number of children, and employment status, such as full- or part-time, etc.). The final total of respondents was, therefore, 234. The criteria for inclusion in the research were: being subject to supervision, a job description including direct care of patients / clients, and willingness to complete the questionnaire.

The age range of respondents was 22–73 years, and the average age was 41.6 years (Table 1). The majority of the research sample consisted of women (87.2%), with secondary education (51.9%). Over half of respondents were married



The Manchester Clinical Supervision Scale (MCSS) is an instrument that measures satisfaction with supervision. It was developed by E. White and J. Winstanley. The current revised version is the MCSS-26, with 26 items rated on a Likert scale of 0–4. The items are divided into six subscales and three domains (normative, restorative and formative functions of supervision) according to the Proctor model of supervision. The normative domain (control function) consists of the subscales Importance / Value of CS (IMV) and Finding Time (FT). The restorative domain (supportive function) consists of the Trust / Rapport (TR) and Supervisor Advice

/ Support (SAS) subscales, and the formative domain (educational function) consists of the Improved Care / Skills (IMP) and Reflection (REF) scales (Winstanley & White, 2011). A license was obtained from the authors for its use. The MCSS-26 was translated into Czech by two independent translators, from which a final version was created, after comparison of the two translations. The reliability of the Czech version used in the study was in the range of 0.520–0.911 for individual subscales, and 0.796–0.932 for individual domains.

**Table 2** Overview of the facilities

	Without reaction	Rejected research	Negative experience with SPV	Non SPV	Finish SPV	Beginning SPV	Participation in research
<b>Hospices</b> (n = 22)	13	2	1	-	-	-	7
<b>Faculty hospitals</b> (n = 9)	3	2	-	1	1	-	2
<b>Psychiatry</b> (n = 38)	24	-	-	5	2	2	5

SPV – supervision

### Data analysis

The data analysis was partly processed by descriptive statistics using MS Excel (arithmetic mean, median, standard deviation). The NCSS11 program was used to verify the hypotheses. The correlation between supervision and job satisfaction was calculated by (Pearson) correlation coefficient. The ANOVA and Kruskal-Wallis test were used for the analysis of differences in satisfaction with supervision of groups according to selected demographic characteristics. A p-value of less than 0.05 was considered significant.

## Results

### Satisfaction with supervision and job satisfaction

Based on the data obtained, we found that satisfaction with supervision correlated to job satisfaction of healthcare workers (Table 3). In the case of the

second, third, fourth and fifth MMSS factors, a statistically significant correlation was demonstrated in relation to all MCSS subscales. For the first factor (Satisfaction with social relationships and interaction) a statistically significant correlation was demonstrated in only three subscales (IVM, FT, IMP). For the sixth factor (Balance of family and work) a statistically significant correlation was demonstrated in two subscales (IMV, FT). As a result (particularly due to the total score of both instruments used), we can state that the higher the satisfaction with supervision, the higher the job satisfaction.

### Satisfaction with supervision and level of education

Based on the data obtained and total score of the instruments used, we found that level of education did not correlate with satisfaction with supervision. A statistically significant difference was

**Table 3** Correlation between satisfaction with supervision and job satisfaction

	MCSS-IMV	MCSS-FT	MCSS-TR	MCSS-SAS	MCSS-IMP	MCSS-REF	MCSS Total
<b>MMSS F1</b>	0.207***	0.251***	0.094	0.110	0.141*	0.075	0.172**
<b>MMSS F2</b>	0.305***	0.288***	0.217***	0.274***	0.282***	0.262***	0.318***
<b>MMSS F3</b>	0.173**	0.227***	0.175**	0.153*	0.163*	0.147*	0.203**
<b>MMSS F4</b>	0.226***	0.191**	0.181**	0.238***	0.244***	0.174**	0.248***
<b>MMSS F5</b>	0.212***	0.209***	0.177**	0.263***	0.256***	0.217***	0.263***
<b>MMSS F6</b>	0.165*	0.179**	0.110	0.058	0.091	0.058	0.129*
<b>MMSS Total</b>	0.313***	0.331***	0.234***	0.281***	0.295***	0.234***	0.332***

\* $p \leq 0,05$ ; \*\* $p \leq 0,01$ ; \*\*\* $p \leq 0,001$ ; MMSS F1 – Satisfaction with social relationships and interaction; MMSS F2 – Satisfaction with praise and recognition; MMSS F3 – Satisfaction with planning and work time scheduling; MMSS F4 – Possibilities of research; MMSS F5 – Satisfaction with external assessments; MMSS F6 – Balance of family and work; MMSS Total – Total score; MCSS IMV – Importance / Value of clinical supervision; MCSS FT – Finding Time; MCSS TR – Trust / Rapport; MCSS SAS – Supervisor advice / Support; MCSS IMP – Improved care / Skills; MCSS REF – Reflection; MCSS Total – Total score

demonstrated only in relation to the restorative function of supervision, for which respondents with master's education rated supervision more highly than respondents with secondary education (Table 4). Individual groups of respondents were compared with each other (for all MCSS subscales) using the parametric ANOVA test and the non-parametric Kruskal-Wallis test, to ascertain whether there was a significant difference between them. Respondents

with secondary education rated supervision least highly in all subscales of the MCSS and the total score, indicating that they were the least satisfied with it. A statistically significant difference between the evaluation of respondents with secondary and master's education was demonstrated only in the subscales Importance / Value of clinical supervision ( $p = 0.036$ ), Trust / Rapport ( $p = 0.009$ ) and Reflection ( $p = 0.033$ ).

**Table 4** Satisfaction with supervision in relation to level of education

MCSS total score		n	mean	median	SD	p-value
<b>Group</b>	secondary school	121	61.0	66	19.5	0.063
	higher school	28	68.6	65.5	19.0	
	bachelor degree	34	65.6	63.5	17.9	
	master degree	50	69.5	70	18.9	
<b>MCSS Restorative function</b>	secondary school	121	19.5	21	6.9	0.033
	higher school	28	21.9	22	6.3	
	bachelor degree	34	21.9	24	6.5	
	master degree	50	22.5	24	6.4	

MCSS – Manchester Clinical Supervision Scale; SD – standard deviation

#### *Satisfaction with supervision and workplace*

Based on the data obtained, we can see that satisfaction with supervision correlated with respondents' workplace (Table 5). A statistically significant difference was not demonstrated only for the subscale FT ( $p = 0.573$ ). The lowest satisfaction with clinical supervision was shown by respondents who worked in hospices (in all subscales and in total score). Respondents who worked in clinical

departments reported the highest satisfaction with supervision in the subscales Importance / Value of Clinical Supervision, Finding Time, and Trust / Rapport. In the subscales Supervisor Advice / Support, Improved Care / Skills and Reflection, the highest satisfaction was reported by staff in psychiatric units, who also awarded the highest total scores.

**Table 5** Satisfaction with supervision in relation to workplace

Group	n	mean	median	SD	p-value
<b>Hospices</b>	83	58.4	61	21.4	0.002
<b>Clinical departments</b>	66	66.4	67	19.2	
<b>Psychiatry</b>	85	68.9	70	15.5	

SD – standard deviation

## Discussion

Job satisfaction of nurses has been the topic of considerable discussion. In our research, the statistical significance of the relationship between job satisfaction and satisfaction with supervision was demonstrated. We found that as satisfaction with supervision increased, so did job satisfaction. Similarly, Butterworth et al. (1999) found higher job satisfaction among respondents who experienced clinical supervision. In their study, respondents were divided into three groups (community nurses, nurses working in clinical departments, and participants of the Clinical Supervision Evaluation Project – CSEP). A significant difference was found in the score of CSEP participants and nurses from clinical departments regarding internal job satisfaction.

In addition, a significant difference was found between those participating in the CSEP and the other compared groups in terms of external job satisfaction and total job satisfaction scores. The CSEP participants had higher job satisfaction scores, meaning they exhibited higher job satisfaction (on the Minnesota Job Satisfaction Scale). Similarly, in the study by Hyrkäs (2005), respondents with lower MCSS scores (i.e., those less satisfied with supervision) reported low internal and total job satisfaction totals. Hyrkäs et al. (2006) examined individual MCSS scales, among other factors, as predictors of job satisfaction. As a result, the subscale Trust / Rapport was determined to be a predictor of higher internal job satisfaction; the subscales Supervisor Advice / Support, Improved Care / Skills

were determined to be a predictor of higher external job satisfaction; and the subscale Finding Time was determined to be a predictor of internal, external, and total job satisfaction. According to a multivariate analysis by Gonge & Buus (2011), satisfaction with supervision was associated with lower stress, higher job satisfaction, higher vitality, and a lower incidence of emotional exhaustion and depersonalization. Koivu et al. (2012) also demonstrated the positive effect of supervision on job satisfaction. In another study, Gillet et al. (2018) found that the more support a worker perceived from the supervisor, the greater the agreement of their personal values with the values of the institution, and the higher their job satisfaction. This confirms the importance of the restorative function of supervision, which has been evident in previous research, such as the literature review by Sirola-Karvinen & Hyrkäs (2006). The positive influence of supervision on job satisfaction may be due its ability to influence both motivators (e.g., expression of recognition by supervisor, praise from colleagues) and dissatisfactions (supervisor's support of communication between employees, conflict solution, ventilation of emotions, etc.) during supervision, which can positively influence interpersonal relationships, workplace climate, etc.

In our study, no correlation was found between satisfaction with supervision and level of education. In general, we found that respondents with higher levels of education evaluated supervision more highly, but a statistically significant difference was demonstrated only in relation to the restorative function of supervision. In a study by Long et al. (2014), registered nurses showed higher satisfaction with supervision than nursing assistants, and experienced supervision more frequently. Given their job description, we may assume that nursing assistants have a lower level of education than registered nurses, and work under the professional supervision of nurses in the UK. Reasons for this finding may be, for example, nursing assistants' lack of reflection on their own practice during secondary education, and, conversely, the need to focus on specific procedures from several workplaces during further study. The degree of satisfaction with supervision in our group may have been influenced by factors such as a lack of uniformity in the supervision, by the personality of the supervisor (an important factor in supervision), but also by the relatively short history of supervision in the Czech Republic, particularly in nursing.

Regarding the association between satisfaction with supervision and workplace, our study showed a statistically significant difference in satisfaction with supervision among respondents working

in hospice facilities, and psychiatric wards or psychiatric hospitals. Higher levels of satisfaction with supervision in three subscales (Importance / Value of Clinical Supervision, Finding Time, and Trust / Rapport) were also reported by respondents from clinical departments. These departments included departments of surgery, internal medicine, orthopedics, and rehabilitation. In general, foreign studies have tended to focus on supervision of staff in psychiatric units. We may assume that these are departments in which, due to specialization, higher education levels are more common. Most respondents had a specialization (nursing in psychiatry) and psychotherapeutic training. Moreover, psychologists who work as members of a team *de facto* work under the supervision. McLeod (1997) focused on the satisfaction and effect of clinical supervision directly in the field of psychiatry (three groups of respondents from different psychiatric wards). Similarly, Gonge & Buus (2011), examined the effect of supervision on nurses in the field of psychiatric care. The average MCSS score in their sample was 138.2 (using the original MCSS questionnaire with 36 items). Koivu et al. (2012) focused on satisfaction with supervision of staff in clinical departments. In their study, they compared workers who had undergone supervision and those who had not. Other specific departments in which satisfaction with supervision has been the subject of research include oncology departments (Gillet et al., 2018). On the basis of analysis of 26 interviews, Hussein et al. (2019) emphasize the need for quality supervisor support for graduate nurses. Given the topicality of this theme, it would certainly be valid to examine job satisfaction during supervision, or to examine job satisfaction in relation to other factors that may affect it (e.g., satisfaction in personal life).

### **Limitation of study**

The study was limited by the size of the research group, which was affected by the requirement that respondents have experience of supervision. Other limits were the variety of positions held by respondents in the research group, and the lack of uniformity in the supervision they received.

### **Conclusion**

Most studies have reported the influence of clinical supervision on job satisfaction and the factors associated with job satisfaction (work environment, psychosocial work environment). Satisfaction with supervision depends on the workplace and the level of education of respondents. Clinical supervision is not the norm for nurses and other healthcare professionals in hospitals and healthcare services. It



is therefore necessary not only to educate nurses about the possibilities of support and possible benefits of supervision, but also to educate head nurses and the management of the institutions, who could motivate nursing staff to participate in supervision sessions, and who could support the implementation of supervision in each department and the whole hospital. Equally important is the quality of supervisors, who are a vital element in the effectiveness of supervision.

## Ethical aspects and conflict of interest

Prior consent to the research was obtained from each workplace in which data were collected. The questionnaire was anonymous. All respondents were informed of the purpose of the research and its aims. Completion of the questionnaire was voluntary. Licenses were obtained from the authors for the use of both questionnaires.

The authors declare that there was no conflict of interest.

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## Author contributions

Conception and design (EJ, RB), data collection (EJ) data analysis and interpretation (EJ, RB), manuscript draft (EJ, RB), critical revision of the manuscript (RB), final approval of the manuscript (EJ).

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