

# Operational Managers' Experiences Regarding Supportive Supervision at Primary Healthcare Facilities in the North West Province, South Africa

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## Abstract

A lack of supportive supervision of operational managers is a disturbing phenomenon in the management of primary healthcare facilities in developing countries. The North West province of South Africa is not exempt from a lack of supportive supervision of operational managers. This occurs despite the burden of disease and a high demand for the provision of quality services. The study explored and described experiences of operational managers regarding supportive supervision by local area managers in the facilities of the North West province. Operational managers' perceptions of how supportive supervision can be facilitated effectively were also described. A qualitative, descriptive, exploratory, and contextual study was conducted. The population comprised operational managers who worked for at least one year in the primary healthcare facilities. Purposive sampling was used and fundamental ethical principles underlying the protection of human participants were adhered to. Four semi-structured in-depth focus group interviews were conducted in the four districts of North West. The analysis of data followed Tesch's method of content analysis. The first theme that surfaced concerned the participants' experiences of factors related to compromised critical aspects of supportive supervision. The second theme embodied experiences of factors related to a lack of the qualities and competencies of a supportive supervisor. Perceptions of how effective supportive supervision of operational managers can be facilitated constituted the third theme. Based on the results, it was apparent that supportive supervision of operational managers in primary healthcare facilities should be enhanced.

**Keywords:** primary healthcare; operational managers; supportive supervision; supervision



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## Introduction and Background

The World Health Organization (WHO) and the World Bank (2017, 12) reported supportive supervision as a fundamental aspect influencing adherence to the norms and standards of primary healthcare (PHC) services. The aim of supportive supervision is to help operational managers to improve the quality of the implementation of PHC programmes (Adeyemo 2017, 8; Nkomazana et al. 2016, 10; WHO and the World Bank 2017, 12). In this regard, local area managers should provide supportive supervision to operational managers to ensure that their supervision in the PHC facilities meets the norms and standards of care. Munyewende, Rispel, and Chirwa (2014, 9) and WHO and the World Bank (2017, 12) exposed the negative effects related to a lack of supportive supervision of operational managers. These included poor management of clients during pregnancy and labour (Munyewende, Rispel, Chirwa 2014, 9; WHO and the World Bank 2017, 16). The critical aspects that should be adhered to during supportive supervision visits include jointly identifying and resolving problems, reviewing clinical records, observing clinical practice and giving feedback (Jacobs et al. 2014, 5). The critical aspects suggest that for supportive supervision to be effective, the local area manager and operational manager should cooperate in order to identify and resolve problems. In this study, the operational managers were supervisees to be involved by their supervisors during monthly supportive supervisory visits.

Supportive supervision has benefits for the supervisor, supervisee and the PHC services. Rural health facilities in the United States of America reported that regular supportive supervision encouraged nurses to accomplish work responsibilities because they knew that their work was being observed (Hernandez et al. 2014, 7; Marshall and Fehringer 2013, 3). In Europe, the benefits of supportive supervision included increased adherence to treatment guidelines and improved quality in the management of illnesses (Gera et al. 2016, 12).

Challenges regarding supportive supervision were observed in developing countries (WHO and the World Bank 2017, 12). In Egypt, Kenya, and Nigeria, supervisory visits were reportedly irregular, and supervisors acted like inspectors during supportive supervision visits (Roomaney, Steenkamp, and Kagee 2017, 8). Solving issues identified by both the supervisors and the supervisees was rated as deficient and the supervision was unsystematic and lacked technical support (Hernandez et al. 2014, 5; Whittaker et al. 1998, 11). Perceived disrespect, punitive behaviour and verbal abuse during supportive supervision visits were reported in the three provinces of South Africa, indicating a lack of supportive supervision of operational managers (Nkomazana et al. 2016, 10). Furthermore, the North West province's (NWP) Women's Health Report showed a number of deaths occurring during pregnancy, childbirth and puerperium in PHC facilities (North West Province Department of Health 2018). The findings in the NWP indicate the negative effects and the poor health outcomes that could be due to poor supervision of nurses by operational managers in PHC facilities (Munyewende, Rispel, and Chirwa 2014, 3; WHO and the World Bank 2017, 13).

## Problem Statement

The literature reports a lack of supportive supervision of operational managers in the supervision of PHC facilities (Roomaney, Steenkamp, and Kagee 2017, 12). In the Free State, Gauteng and Western Cape provinces of South Africa, it was found that operational managers seldom received positive feedback or felt appreciated during supportive supervisory visits (Munyewende, Rispel, Chirwa 2014, 11; Roomaney, Steenkamp, and Kagee 2017, 20). This was also observed by the researcher when she was working as a professional nurse at different PHC facilities in the NWP. The researcher observed that operational managers were blamed and reprimanded for poor health outcomes. A study conducted in South Africa reported a need for a specific approach regarding the support of operational managers in the supervision and management of PHC facilities (Daire and Gilson 2014). There is a dearth of literature regarding the enhancement of supportive supervision of operational managers in the North West province of South Africa. Hence, it was necessary to conduct the study in the North West province on operational managers' experiences of supportive supervision.

## The Aim of the Study

The aim of this study was to explore and describe the experiences of operational managers regarding supportive supervision by local area managers in the PHC facilities, and to describe the perceptions of how supportive supervision can be facilitated effectively in the PHC facilities of the North West province.

## Research Objectives

The objectives of this study were the following:

- To explore and describe the experiences of operational managers regarding supportive supervision by local area managers in the PHC facilities;
- To describe operational managers' perceptions of how supportive supervision can be facilitated effectively in the PHC facilities of North West province.

## Design

The study was qualitative in its approach and followed a descriptive, exploratory, and contextual design. The design enabled the participants to explore and describe the experiences of operational managers regarding supportive supervision by local area managers in the PHC facilities. The design allowed the participants to describe their perceptions of how supportive supervision could be facilitated effectively (Polit and Beck 2018, 43).

## Methods

The methods employed focused on the study setting, population and sampling, data collection procedures, data analysis, measures to ensure trustworthiness, and ethical considerations.

### Study Setting

The North West province consists of four district municipalities, each of which is further divided into sub-districts (Municipalities of South Africa 2012). This study was conducted at the PHC facilities located in both rural and semi-rural areas in the four sub-districts of the NWP.

### Population and Sampling

The operational managers were selected to participate because they were responsible for the supervision and general management of the PHC facilities. The reason why they were selected as the interviewees and not the local area managers is because they were in a position to share their experiences of support that would enable them to effectively manage PHC facilities.

### Inclusion and Exclusion Criteria

Operational managers were included in the current study if they had supervisory experience in PHC facilities for at least one or more years, and if they were working in the four sub-districts of the North West province. Operational managers with less than a year's supervisory experience or who were not working in the stated sub-districts were excluded from this study.

### Sample Size and Data Saturation

The number of participants per focus group ranged from five to eight, and 23 operational managers participated in the interviews. Four focus group discussions were conducted from the total population of 61 operational managers. Data saturation was ensured by conducting focus group discussions until the participants reported the same information repeatedly and no new information emerged (Burns and Grove 2015, 22).

### Data Collection and Procedures

The in-depth semi-structured focus group discussions were conducted by the researcher from March 2016 to January 2018 in the four sub-districts of NWP. Consent to use a tape recorder was requested as part of the informed consent to participate in the study from each participant and the interviews were conducted in English. An interview guide of two open-ended questions was used to facilitate the discussions. In this way, the researcher guided the discussions by keeping the group focused on the research questions: "What are your experiences regarding supportive supervision by operational managers?" followed by "How can supportive supervision be facilitated effectively in

the PHC facilities?” Field notes that were documented during the focus group interviews were descriptive, observational, and theoretical (Polit and Beck 2018, 15).

### **Data Analysis**

The study applied Tesch’s eight steps of data analysis (Creswell 2014, 22) as follows. The researcher transcribed the interviews verbatim, and thereafter she repeatedly read all transcribed interviews and field notes. The researcher picked the most interesting and shortest interview and browsed through it to derive the meaning, and thoughts were written in the transcript’s margins. A list of all topics derived from reading the transcripts was made and similar topics were clustered together. These topics were categorised into columns and arranged into major, unique topics and leftovers. The topics were condensed into codes written next to the appropriate parts of the text. Final decisions were made concerning the codes for each category and the codes were arranged in alphabetical order. Descriptive wording of topics was turned into themes. Thereafter, the setting and the narrative of themes were described referring to people, places, and events in the PHC facilities of NWP. Subsequently three themes, categories and sub-categories were presented in a table format and were discussed. The same protocol was used by a co-coder who coded the raw data independently. A meeting was then held to reach consensus, after which the themes, categories and sub-categories were finalised. The last step included interpreting the research findings and comparing them with findings of the existing literature.

### **Measures to Ensure Trustworthiness**

The trustworthiness of this study was ensured by bracketing and applying Lincoln and Guba’s principles for evaluating the trustworthiness of qualitative research, as described by Krefling (1991, 6). In this study, bracketing was achieved by putting aside the researcher’s own values regarding supportive supervision (Tufford and Newman 2012, 85). The principles that were applied were credibility, confirmability, dependability, and transferability. Prolonged engagement was manifested by discussions that lasted for one to two hours and 45 minutes. The data was validated by an external, professional, independent co-coder in qualitative research. The external moderation of the study was conducted by qualitative research experts.

### **Ethical Measures**

The ethical approval certificate (NWU-00249-15-A9) from the North-West University Ethics Committee was received after the approval of the proposal by the Faculty of Agriculture, Science and Technology Research Committee. The Department of Health of the NWP granted goodwill permission to conduct the study. The following principles were applied throughout the study: respect for persons, the principle of beneficence, and the principle of justice (Polit and Beck 2018, 15). In order to limit coercion, two separate meetings were held with the prospective participants. The first meeting was for recruitment and the second was for those who showed interest in participating. The participants who were interested in taking part in the study were given consent forms to

sign before the interviews were conducted. In this regard, voluntary participation was sustained to ensure fairness in selection and treatment. Codes, instead of names, were used during interviews to ensure confidentiality. The participants were told that all the interview materials, e.g. audiotapes and transcripts, would be kept under lock and key. The participants were also assured that the only people who would have access to the audiotapes and interview documents are the researcher and the promoter of this study. It was further explained that raw data would be kept safe for a period of five years after the completion of the whole study (Lin 2009, 15), after which it would be destroyed.

## Research Findings

The total number of operational managers who participated in this study were 23 and their ages ranged from 37 to 58 years. Three participants were males and 20 were females. Eighteen operational managers were permanently employed in the positions while five were in acting positions. Their PHC supportive supervision experience in their current positions ranged from one and a half to 12 years. Their professional nursing experience ranged between eight and 28 years. There were nine operational managers working in PHC facilities that operate for 24 hours and two working in PHCs that operate for 12 hours; the other 12 worked in facilities that operate for eight hours. Three operational managers acted in local area managers' positions at times. The results are reported in the table of themes, categories and sub-categories (see Table 1 below).

**Table 1:** Operational managers' experiences regarding supportive supervision

<b>Theme</b>	<b>Categories</b>	<b>Sub-categories</b>
Factors related to compromised critical aspects of supportive supervision	<i>Operational managers' experience of supportive supervisory visits as negative</i>	Lack of joint problem identification and resolution as evidenced in fault-finding and lack of constructive feedback  Blamed for poor facility performance and supervision
Factors related to a lack of qualities and competencies of a supportive supervisor	<i>Frustrations related to a need for emotional support</i>  <i>Lack of necessary skills to support operational managers</i>  <i>Lack of professional behaviour and lack of respect</i>	Demotivation due to a lack of emotional support  A lack of advocacy due to local area managers' non-assertiveness

<p>Perceptions regarding how supportive supervision can be facilitated</p>	<p><i>Adherence to the principles of supportive supervision</i></p> <p><i>In-service training</i></p> <p><i>Debriefing</i></p>	<p>Regular supportive supervisory visits</p> <p>Observe, practice, and create opportunities for feedback</p> <p>Management leadership skills</p> <p>Professional conduct</p>
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## Discussion

Three broad themes emerged. In terms of the first theme, the participants expressed experiences of factors related to compromised critical aspects of supportive supervision. The second theme relates to the participants’ reported experiences of factors related to a lack of qualities and competencies of a supportive supervisor. The third theme explores perceptions of how effective supportive supervision of operational managers can be facilitated. The themes, categories and sub-categories are discussed.

### Theme 1: Factors Related to Compromised Critical Aspects of Supportive Supervision

The category that emerged from the first theme is operational managers’ experience of supportive supervisory visits as negative.

#### **Operational Managers’ Experience of Supportive Supervisory Visits as Negative**

The participants reported experiences of negative supportive supervisory visits. This experience is summarised in sub-categories, and the first sub-category is a lack of joint problem identification and resolution with local area managers as evidenced in fault-finding and a lack of constructive feedback; second, the participants experienced being blamed for poor facility performance and supervision; and last, they experienced a lack of support from programme coordinators.

#### *A Lack of Joint Problem Identification and Resolution as Evidenced in Fault-Finding and a Lack of Constructive Feedback*

This sub-category emerged in the discussions with operational managers in the four sub-districts and relates to fault-finding and a lack of constructive feedback. The participants expressed a lack of joint problem identification and resolution as evidenced by a focus on fault-finding. This emerged in the four groups. One of the participants in Focus Group Discussion (FGD) B said:

Like neh her last, last visit I felt ... I felt ... should I say embarrassed I felt like I am a stupid you will feel like you don't know what to do, and how to do eeeh ... your own supervision in the clinic because every time people find mistakes.

The same participant continued: “(*holding and showing a blank paper on which the letter H was written*) Is like this paper, neh, you will be saying that you see the black H but you don't see the white part of it. So what I mean is that they are coming for the black spot.”

Another participant had this to say: “last week she came and the clinic was full. She just shouted you know ... just in front of the clients ..., the clinic is full what, what. It is like she will be pinpointing mistakes only that no ... no the clinic is full and it is like your fault or what.”

The local area managers' role is to ensure that operational managers are fully and actively involved in the process of identifying and resolving problems that hinder the provision of service (NDoH 2009, 17; NDoH 2014, 21). The current study discovered that operational managers experienced local area managers as negative and it was evidenced by fault-finding.

In this study, the participants reported that a lack of joint problem identification and resolution contributed to a lack of constructive feedback. This emerged in the four FGDs and it was put differently by the participants. A participant in FGD B said:

I am saying what is the use for somebody to come for supervision and not give you feedback on what she has observed. She will never ever on her own sit down with me and say now the situation is like this, what are your challenges and where can I help you?

A similar experience emerged from FGD D, which was expressed in the following way:

I don't see the benefit from her visits because she rarely discusses what she has observed ... or the way forward immediately after completing a checklist.

The participants in this study reported that constructive feedback was not given to them after problems were identified by local area managers. As prescribed in the PHC supervision guidelines, constructive feedback should be given after every supportive supervision and these should be documented (NDoH 2009, 23; NDoH 2014, 17; Jacobs et al. 2014, 12). Contrary to what is prescribed in the supportive supervision guidelines, operational managers reported that local area managers rarely discussed what they observed, indicating a lack of constructive feedback.



### *Blamed for Poor Facility Performance and Supervision*

Participants in all four sub-districts reported being blamed by the local area manager for poor facility performance and supervision. A participant in FGD C reported being blamed by operational managers:

When coming to the targets because the ... my facility is not reaching the HIV counselling and testing targets, then the local area manager came to my facility and said (*pointing finger to participants one by one*), Keitumetse [not a real name] you are not performing, sister Martha you are not performing, and when you look what led this person not to be able to perform it is because there is no sufficient supportive supervision in all spheres.

A similar experience emerged in FGD A:

There is a campaign you don't perform, everything is put on the shoulders of the operational manager and we will be blamed for all poor performance.

In this study it clearly emerged that during supervisory visits operational managers experienced being blamed for mistakes found by their immediate supervisors. Supervision is the process of guiding, helping, and encouraging staff to improve their performance so that they meet the defined standards of the organisation (Kettle 2015, 7). Contrary to the meaning of supervision, the present study reports that operational managers were not feeling supported and assisted by their supervisors, hence supervisory visits were described as unsupportive and negative.

### **Theme 2: Factors Related to a Lack of Qualities and Competencies of a Supportive Supervisor**

In this study, the participants reported factors related to a lack of qualities and competencies of a supportive supervisor. From this broad theme, the following categories emerged: the first category, experiences of frustration related to a need for emotional support; the second, a lack of necessary skills to support operational managers; and the third, experiences of a lack of professional behaviour and a lack of respect.

#### **Frustrations Related to a Need for Emotional Support**

Experiences of frustration related to a need for emotional support emerged, and are reported in the sub-category of demotivation due to lack of emotional support.

#### *Demotivation Due to a Lack of Emotional Support*

A participant in FGD A stated:

We knock off being disturbed mentally ... emotionally, you come to work being demotivated that's a problem and then we are not called to say ... say what happened here before I can be pinned down, so it is really traumatising.

Another participant in FGD B had this to say:

They can't even motivate us, only prayers are keeping us together otherwise we could be falling apart. It is too much for an individual to be seeing patients, to be seeing problems (*looks angry and sad*).

In this study, the operational managers expressed being demotivated, as evidenced by coming to work and feeling demoralised and going home disturbed psychologically and emotionally. The participants reported thoughts of resigning in 24 hours because of a lack of encouragement from their supervisors. Nkomazana et al. (2016, 9) agree with what was discovered in this study as they found that inadequate support and supervision of primary healthcare workers led to poor motivation, increased staff turnover, and poor patient care. In contrast to the findings of the present study, Panda and Thakur (2016, 12) noted in their study that decreased turnover and improvement in performance were influenced by staff members who were motivated by their supervisors.

### **A Lack of Necessary Skills to Support Operational Managers**

It was discovered that local area managers were lacking necessary skills. The sub-category that supports this finding of a lack of necessary skills is reported as a lack of advocacy due to local area managers' non-assertiveness.

#### *A Lack of Advocacy Due to LAMs' Non-Assertiveness*

A lack of advocacy due to local area managers' non-assertiveness was expressed differently in the four FGDs. A participant in FGD B explained:

Myself I am saying they are forever saying yes they are not assertive, (*looks angry*) and now supportive supervision is suffering because they can't speak for supervision. She will get a phone call ... come and attend a meeting then she will quickly leave what she was doing.

A lack of advocacy due to local area managers' non-assertiveness also emerged in the form of unrealistic deadlines from the senior management. One of the participants in FGD D said:

Every time we get a message today and it will be said that it is wanted tomorrow and when you request her and say can't you tell this people that it is not possible today because of this and that it will be like you are rude to the local area manager.

One of the characteristics of a good supervisor is the ability to advocate for the work of the subordinates (Hisler 2016, 7). It was reported by Hughes (2017, 5) that a supervisor who advocates for the supervisees is regarded as an enabler. The current study revealed

that local area managers failed to advocate for operational managers regarding supportive supervisory visits. In addition, operational managers were expected to respond to unrealistic deadlines because of short notices from the provincial office due to the lack of advocacy and non-assertiveness of local area managers.

### **Experiences of a Lack of Professional Behaviour and a Lack of Respect**

Experiences of a lack of professional behaviour and a lack of respect emerged, as operational managers reported that they were reprimanded and humiliated in front of junior staff members. Participants reported being insulted during joint meetings with other staff members. One of the participants in FGD D said:

To be reprimanded in front of the people you are supervising is painful, it makes you down totally down, even if you want to supervise even the enrolled nursing auxiliary, you think twice and it makes you not to think straight.

Experiences of a lack of respect emerged in FGD A, as the following reveals:

The performance reviews meeting now are like a slaughterhouse. They are always on our heads with insults and that is why the high turnover (*looks sad*).

Another participant in FGD B related the following:

Somebody, a manager, will just use insulting words (*with frowning face*) will just stand there and say you are an operational manager (*with a raised tone of voice*), you are earning a lot of money, on the 15th you will be taking handbags to the bank. You are useless you know, the support staff everybody will be listening to what the manager is saying about us.

One of the competencies of a supportive supervisor is the ability to build a professional working relationship to improve performance (DoH of Republic of Philippines 2012, 18). In this study it was found that insulting words were used by senior managers to address operational managers, which is unprofessional and disrespectful. According to the Constitution of the Republic of South Africa (1996, 4), every citizen must be treated with dignity and respect. The Constitution further emphasises that the rights of everyone need to be protected. The study exposed that the rights of operational managers as citizens of the Republic of South Africa were not protected by senior managers.

### **Theme 3: Perceptions of How Effective Supportive Supervision of Operational Managers Can Be Facilitated**

The participants expressed perceptions regarding how supportive supervision can be facilitated. The categories that emerged from this theme are that local area managers should adhere to the principles of supportive supervision, that there is a need for in-service training and a need for a debriefing. The categories and sub-categories are discussed below.

## **Adherence to the Principles of Supportive Supervision**

The participants indicated clearly that there is a need for local area managers to adhere to the principles of supportive supervision. The sub-categories that emerged are, first, that there is a need for regular supportive supervisory visits; and second, that local area managers need to observe the practice of giving feedback and create opportunities to receive feedback. These sub-categories are discussed below:

### *Regular Supportive Supervisory Visits*

The participants revealed a need for regular supportive supervisory visits. A participant in FGD C had the following to say:

The local area managers should add the clinic supervisory visit as an activity to be accomplished on monthly basis and to be prioritised.

The operational managers indicated that local area managers can support them effectively only when the supervisory visit is included in their monthly schedule and prioritised. Nkomazana et al. (2016, 8) support what was said by the participants of this study as they indicated that supportive supervisory visits should be prioritised at all levels of the health system in Botswana. The findings of the current study regarding a need for regular supportive supervisory visits are similar to the recommendations of the study conducted in Nigeria by Agoro, Osuga, and Adoyo (2015, 1).

### *Observe the Practice of Giving Feedback and Create Opportunities to Receive Feedback*

A need for local area managers to observe the practice of giving feedback and creating opportunities to receive feedback emerged. One of the participants in FGD B had this to say:

If these managers could come and do clinic visit in an acceptable manner, they should not focus on that piece of paper because what they are doing is just ticking on what you are telling them which is not effective.

According to the supportive supervision strategies, the operational managers should be involved in the observation of service delivery so that the process takes place in a supportive and facilitative manner (NDoH 2009, 23). It is also noted that feedback should be given immediately, and corrective measures need to be implemented by both the supervisor and supervisee (NDoH 2009, 22). The provision of feedback is the most significant element that requires good communication skills (NDoH 2017).

## **A Need for In-Service Training**

The need for training in supervisory skills emerged, which is reported in the sub-categories of management and leadership skills, and professional conduct.

### *Management and Leadership Skills*

A need for leadership and management skills emerged in FGD B and it was expressed in the following way:

Generally, our leadership should be improved. Like for example our sub-district manager, she is not only argumentative but too directive, she is so authoritative it is not easy that you can say I am unable to do something.

Another participant put it this way:

So actually, I think we need to be helped on issues of management of employees, or maybe they should train us on how to handle a difficult staff and to train newly appointed operational managers on how to manage the PHC facilities.

The National Department of Health's *Strategic Plan 2015–2020* and National Development Plan 2030 state the aim to fill posts with skilled, competent, and committed employees (NDoH 2015, 32). The need for training in leadership and management skills that emerged in this study could satisfy the mandate stipulated in the strategic plan. Similar to what was found in the present study, Daire and Gilson (2014) showed a need to provide newly appointed facility managers with a formal orientation regarding the management of PHC facilities.

### *Professional Conduct*

A participant in FGD B expressed a need for professional conduct and said the following:

Local area managers, sub-district managers they are to be professional maybe a lot of things could change like general supervision of the PHCs.

Another participant in FGD D expressed it this way: “*Hei* professional attitude, professional attitude is required for all managers.”

One of the values and principles governing public administration in South Africa includes the promotion and maintenance of professional ethics (RSA 2014, 18). This study revealed clearly that the training of managers in professional conduct is a requirement that could enhance supportive supervision in the PHC facilities.

### **A Need for Debriefing**

The participants stated clearly that they need some debriefing and counselling sessions and it was reported as follows:

I really wish that there is this what do we call ... this thing (*response from the group participant ... debriefing*) yes debriefing, we need debriefing because what we are going through is just not making sense to me.

The findings of this study indicate a need for a debriefing for operational managers working in the PHC facilities of the NWP. Consistent with the findings of the current study, the study conducted by Marques et al. (2015, 17) reported a need for therapeutic support of professional nurses.

## Limitations

The study was conducted in the PHC facilities of the four sub-districts of the North West province; therefore, the findings cannot be generalised to other PHC facilities in South Africa.

## Conclusions

The critical aspects of supportive supervision were compromised and this was manifested in experiences of a lack of joint problem identification and resolution. In this regard, local area managers focused more on finding faults instead of involving operational managers in the identification and resolution of problems during supervisory visits. As reported by the participants, local area managers were not creating time for feedback, and operational managers were blamed for poor facility performance and supervision. The experiences of operational managers also suggest that local area managers lacked qualities and competencies of supportive supervisors. This was evident as operational managers reported that they were demotivated, and it was revealed that there was a lack of advocacy due to local area managers' non-assertiveness. A lack of professional behaviour and respect emerged, which shows a deficiency in the qualities and competencies of a supportive supervisor. Based on the findings of the study, supportive supervision of operational managers should be enhanced. This could improve the quality of supervision in PHC facilities, thus improving health outcomes, the quality of provision of services and reducing the burden of diseases.

## Recommendations

Local area and operational managers should be trained in the concept and critical aspects of supportive supervision. This could have an influence on adherence to the principles of supportive supervision during supervisory visits. In-service training should prioritise management and leadership skills, assertiveness, and professional conduct. Supportive supervisory visits by local area managers should be regular. Debriefings of operational managers should be initiated. Further research focusing on local area managers is necessary to obtain a holistic view of supportive supervision in the PHC facilities of NWP.

## Conflict of Interest

The authors declare that they have no conflict of interest.

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