Quarterly Integrated Supportive Supervision (QISS) in Hospitals in a Nigerian State[1]

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ABSTRACT

Title: Quarterly Integrated Supportive Supervision (QISS) in Hospitals in a Nigerian State.

Background: QISS is implemented quarterly in hospitals in Enugu State by the Enugu State Hospitals Management Board in collaboration with the Saving One Million Lives (SOML) and the State Ministry of Health.

Objective: To determine the percentage point difference between two Quarterly Integrated Supportive Supervisory visits; to establish an improvement or not in work attendance and number of patients seen by health workers as a result of the QISS visits.

Methodology: A Descriptive Cross-sectional Survey. The health facilities for the study are purposively selected. The different hospital departments/ wards are divided into strata, hospital records/ registers are accessed for the relevant data.

Results: The study reflects the positive effect of QISS on work attendance of health workers, as well as number of patients seen/ attended to by health professionals. There was obviously very significant improvement in work attendance and increase in the number of patients attended to in virtually all the hospitals studied as a result of QISS as would be seen in the tables and figure.

Conclusion: This study revealed a significant increase in work attendance of health workers and number of patients seen in the hospitals studied following QISS visits.

Recommendations: A further research to determine other factors that may have contributed to increase in number of patients seen at facilities may be apt. It is strategic for QISS data inclusion in the State Quarterly Technical Working Group (TWG) Meetings.

INTRODUCTION

Integrated Supportive Supervision (ISS) is a strategic means of improving health-care service delivery on a global level. Quarterly Integrated Supportive Supervision (QISS) is implementation of the ISS on a quarterly basis. When maximally utilized, it could tremendously impact on the capacity and efficiency of health workers in the areas of quality of services provided, number of patients reached and overall quality of health care services provision. It involves inspecting, controlling as well as giving support to health workers, to improve their skills and performance, and ultimately health service delivery.[1]

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Integrated supportive Supervision (ISS) improves the knowledge and skills of peripheral health workers in order to ensure the delivery of quality health services through direct contact with health workers for on-site observation of health delivery processes, reviewing of registers and other documents, immediate orientation of health workers on observed gaps in knowledge and or skills and the provision of documented feedback on issues, challenges and jointly agreed action points. [1,2]

The World Health Organization (WHO) recommends measures that will; ensure quality PHC services for equitable and secure health services at the level of the community. [3] In Nigeria, the performance of healthcare services is poor despite a fair distribution of Health centres across the country. [4] The problem is attributable to a lack of adequate supply chain, patients' financial access to healthcare, infrastructure, drugs, equipment, vaccines, and health worker performance. [4] These concerns translate into reduced health indicators for Nigeria, with the country bearing 10% of global disease burden in a decade and showing little signs of improvement. [5]

The Enugu State Hospitals Management Board in collaboration with the Saving One Million Lives (SOML) Programme and the State Ministry of Health embarked on the QISS in Secondary Health facilities (District Hospitals) spread across the then 7 Health Districts of the State. The Integrated Supportive Supervision (ISS) has a very important element, the On the Job Capacity Building (OJCB); here the health workers are at time of visits updated on global best practices, punctuality and attendance to clinics as well as commitment to responsibilities. Furthermore at the QISS visits, hospital registers and records are checked and necessary guidance afforded. The QISS is actually not a fault finding mission but rather a necessary support and guidance.

The research question remains if QISS has an effect on work attendance of health workers and number of patients attended to/ seen at the various Hospitals of implementation. The outcome to this, whether positive or otherwise could be used to improve the quality of supportive supervision and invariably services offered in Hospitals in Enugu State.

The objective of this study is to determine the percentage point difference between two Quarterly Integrated Supportive Supervision (QISS) visits to establish an improvement or otherwise in services as a result of the QISS visits.

METHODS

This study was a descriptive cross-sectional survey of records containing QISS data following two different QISS visits to the 7 District Hospitals in Enugu State. The hospitals are Enugu-Ezike, Udi, Awgu, Agbani, Nsukka, Enugu, and Isi-uzo District Hospitals. These hospitals are spread in seven different Districts and Local Government Areas of the State. Data analysis was a simple comparative study of the hospital records relating to attendance to work of health workers/ number of patients seen in the hospitals at the QISS visits. The data is represented in tables and a figure.

SAMPLING TECHNIQUE:

Multistage sampling technique was applied in this study. The Hospitals for the study were conveniently/ purposively selected. The hospitals departments/ wards were furthermore divided into strata and data was collected from hospital records/ registers in these strata.

ETHICAL CONSIDERATION

Permission for the study was obtained from the Ethics Committee of the Enugu State Ministry of Health.

RESULTS

The study reflects the positive effect of QISS on work attendance of health workers as well as number of patients seen by health professionals. There was obviously very significant improvement in work attendance and increase in the number of patients attended to in virtually all the hospitals studied as a result of QISS as captured in the tables and figure.

Table 1: Reflects patient's attendance at the different hospitals at the first QISS visit.

Table 2: In Table 2, literarily all the Hospitals had increased number of patients seen by health workers in a subsequent Quarter's QISS.

Table 3: This Table shows the relationship between QISS and presence at work/ punctuality.

Fig. 1: Captures the Percentage spread of patients seen in the seven hospitals of QISS implementation..

DISCUSSION

WHO defines ISS as "a process of helping staff to improve their work performance continuously.[6,7,8,9,10,11,12]

Supportive supervision is a polite way of building the capacity of health staff. It is not a fault-finding mission, rather facilitates problem-solving. Supportive supervision depends on regular supervisory visits to health facilities to build relationships, monitor staff performance, record observations, and provide constructive feed-back. [12] The QISS proved to have contributed to the improvement in attendance to work of health workers and increase in the number of patients seen at the different hospitals of study. This maybe attributable to the OJCB component of the QISS which ensured health workers training alongside the essential records check of the facilities. In support of this are reports in other parts of Africa on the positive effects of supportive supervision on clinical quality, measured by knowledge level of staff, adherence to clinical protocols, and improved record-keeping. [13,, 14] Furthermore, supportive supervision improved worker efficiency in terms of attendance and availability of services as well as increased job satisfaction among workers. [10, 15]

The proper and effective use of data tools is a factor in QISS as most health workers do not have a hands-on to that even after training. A lot of health workers as well exhibit poor attitude to work. All these are issues the QISS attempts to handle. In this study, the visits proved a positive effect on the attitude of health workers to punctuality and work attendance. Researchers in some other studies however gave a report of ISS leading to no significant improvement in health workers knowledge and skills, demotivation, persistence of observed problems and ultimately poor immunization and Malaria program outcomes. [11, 12, 13] Nonetheless, other studies in line with index study prove contrary to this assertion of no improvement with ISS. [14]

The result of Maryse et al, revealed that supervision intervention improves community health workers' (CHW) motivation, while quantitative result stated no significant changes for measures of perceived supervision and inconsistent changes in motivation-related outcomes. [15]

A study done in 2017 concluded that ISS is a key strategy that can help to reduce programming barriers and achieve desired objectives. [16]

CONCLUSION

The findings of this study aptly captures the favourable and positive effect of QISS on health workers attendance to work and increase in number of patients attended to in the clinics. QISS has helped with On the Job Capacity Building (OJCB) which is indeed a form of mentoring thereby filling obvious gaps that impinge on maximal efficiency of healthcare delivery.

RECOMMENDATION

It would be instructive to embed QISS in the 3 levels of healthcare delivery of the primary, secondary and tertiary levels. With the new Enugu State Law signed into Law and operational, an escalation of the QISS visits as well to other levels would be timely and apt.

REFERENCES

1. Bradley J, Igras S. Improving the quality of child health services: participatory action by providers. International J Qual Health Care. 2005;17(5):391-399
2. Snafique SN, Murtala BI, Aminu S. Effect of Integrated Supportive Supervision on the Quality of Health-Care Service Delivery in Katsina State, Northwest Nigeria. Health Services Research and Man. 2019; 6 (4). DOI: 10; 1177/233392819878619.
3. Rowe AK, de Savigny D, Lanata CF, et al. How can we achieve and maintain high-quality performance of health workers in low-resource settings? Lancet (London, England) 2003; 366 (9490): 1026 – 1035. Doi: 10.1016/S0140-6736(05)67028-6.

4. World Health Organization. The World Health Report 2008: Primary Health Care (now more than ever). Geneva, Switzerland: World Health Organization; 2008.
5. Kress DH, Su Y, Wang H. Assessment of primary health care system performance in Nigeria: using the primary health care performance indicator conceptual framework. Health Syst Reform. 2018;2(4):302-318.
6. World Health Organization. Country Coordination and Facilitation Case Studies. 2011. https://www.who.int/workforcealliance/ knowledge/resources/ccfresources/en/. Accessed September 08, 2019.
7. World Health Organization. Training for mid-level managers (MLM) – WHO/ IVB/08.04.2008. https://www.who.int/immunization/documents/MLM_module4.pdf. Accessed February 09, 2019.
8. Bello DA, Hassan ZI, Afolaranmi TO, Tagurum YO, Chirdan OO, Zoakah AI. Supportive supervision an effective intervention in achieving high-quality malaria case management at primary health care level in Jos, Nigeria. Ann Afri Med. 2013;12(4):243.
9. Green A, de Azevedo V, Patten G, Davies MA, Ibeto M, Cox V. Clinical mentorship of nurse initiated antiretroviral therapy in Khayelitsha, South Africa: a quality of care assessment, PLosOne. 2014:9(6):e98389
10. 10. Bradley J, Igras S. Improving the quality of child health services: participatory action by providers. International J Qual HealthCare. 2005;17(5):391-399.
11. 11. Manzi A, Magge H, Hedt-Gauthier BL, et al. Clinical mentorship to improve pediatric quality of care at the health centers in rural Rwanda: a qualitative study of perceptions and acceptability of health care workers. BMC Health Serv Res. 2014:14(1):275
12. Loevinsohn BP, Guerrero ET, Gregorio SP. Improving primary health care through systematic supervision: A controlled field trial. Health Policy and Planning. 1995 doi: 10.1093/heapol/10.2.144.
13. Mangoni RN, Marchant TC, Bygbjerg IC. Improving motivation among primary health care workers in Tanzania: A health worker perspective. Human Resources for Health. 2006 doi:10.1186/1478-4491-4-6.
14. Okwen M, Lewallen S, Courtright P. Primary eye care skills scores for health workers in routine and enhanced supervison settings. Public Health. 2014 doi: 10.1016/j.puhe.2013.10.007.
15. Maryse CK, Fre de rique V, Olivia T, Meghan BK, Aschenaki ZK, Robinson K, Sozinho DN, Kingsley C, Sally T, Miriam T. 2018. Does sup[ortive supervision enhance community health worker motivation? A mioxed-methods study in four African countries. Health Policy and Planning, 2018, 1-11 doi: 10.1093/heapol/czy082
16. Onyire A. The use of Integrated Supportive Supervision (ISS) visits to strengthen family planning service delivery in two selected States of Nigeria. International Journal of Public Health. 2017; (5): 4

DECLARATIONS

Ethics approval and consent to participate
Permission for the study was got from the Ethics Committee of the Enugu State Ministry of Health.

Consent for publication
The Authors duly grant consent for publication.

Availability of data and material
The materials and data for this study is available and retrievable.

Competing interests
There are no competing interests.

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Authors' contributions

Chinedu Idoko authored the manuscript, Obiora Onowu was involved in intellectual update of the manuscript. James Akpeh was involved in intellectual review and update of the manuscript.

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TABLES

Table 1: **Distribution of Patients Seen on 1st QISS Visits**

	HEALTH FACILITIES							
Category of Patients	**Isi-uzo**	**Poly-clinic, Enugu**	**Agbani**	**Enugu-Ezike**	**Nsukka**	**Udi**	**Awgu**	**TOTAL**
Male	15	12	14	36	25	36	4	142
Female	32	21	28	25	30	84	33	253
Pregnant women	-	5	1	3	32	-	-	41
Children 0 – 5yrs	-	9	8	5	7	-	18	47
Adults	-	28	215	45	-	-	-	288
TOTAL	**47**	**75**	**266**	**114**	**94**	**120**	**55**	**771**

Table 2: **Distribution of Patients Seen in Subsequent Quarter of QISS**

Category of Patients	HEALTH FACILITIES							TOTAL
	Isi-uzo	**Poly-clinic, Enugu**	**Agbani**	**Enugu-Ezike**	**Nsukka**	**Udi**	**Awgu**	
Male	24	22	60	45	24	30	4	209
Female	53	36	44	50	33	80	22	318
Pregnant women	-	10	1	6	28	5	-	50
Children 0 – 5yrs	-	26	10	6	3	-	12	57
Adults	-	30	180	49	25	10	19	313
TOTAL	**77**	**124**	**295**	**156**	**113**	**125**	**57**	**947**

TABLE 3: Relationship between QISS visits and improvement of presence at work/ punctuality

Period of Visit	Improved Monitoring Chart Available	Improved Monitoring Chart Not Available
Before QISS Visit	160	149
After QISS Visit	302	158

Fig. 1: Number of Patients seen in a Percentage Representation