



**THE EFFECT OF NURSING SUPERVISION BASED ON PROCTOR'S MODEL ON IMPROVING THE QUALITY OF NURSING WORK LIFE OF NURSES AFTER NURSE ROTATION**

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**ABSTRACT**

Nurse rotation is a process of dynamically replacing scheduled nurses from one department to another. Job rotation can have a negative impact on nurses including feelings of anxiety, anger, fear, frustration, sadness, and nurses must begin to adapt to a new environment where this can reduce nurse satisfaction so that it can reduce the quality of work of nurses in providing nursing care. Objective: To analyze the effect of nursing supervision based on proctor's model on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya. Methods: This research design is a pre-experimental research method one-group pre-posttest design. The sample in this study were 30 nurses who were carried out nurse rotation using total sampling technique. Research data were collected through the QNWL questionnaire. Data were analyzed using the Wilcoxon signed rank test statistical test. Results: The results showed that the results of statistical test analysis with Wilcoxon on the Quality of Nursing Work Life variable (Work life home life, Work design, Work context, and Work world produced a significance value  $< \alpha$  (5% or 0.05). Conclusion: There is a significant effect of nursing supervision based on proctor's model on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya. It is expected that the head of the room to supervise the nurses regularly and scheduled so that they can find out the various problems experienced by nurses, especially regarding the QNWL of nurses so that they can improve the performance of nurses which in turn can improve the quality of nursing care.

Keywords: clinical supervision; nurse rotation; proctor's model; quality of nursing work life

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**INTRODUCTION**

Nurse rotation is a process of dynamically replacing scheduled nurses from one department to another (Alfuqaha et al., 2021). Job rotation can have a negative impact on nurses including feelings of anxiety, anger, fear, frustration, sadness, and nurses must begin to adapt to a new environment where this can reduce nurse satisfaction so that it can reduce the quality of work of nurses in providing nursing care (Pinhatti et al., 2017). Therefore, various factors must be taken into account before making nurse rotations to nurses to avoid their dissatisfaction which has an impact on the quality of work of nurses (Dinis & Fronteira, 2015). Health workers in hospitals who often experience job rotation are nurses. This is because nurses are one of the health workers who have dynamic skills so that they are suitable if they work in any room and are the most health workers working in hospitals (Dinis & Fronteira, 2015). The results of research from Putri & Rahayu (2019), stated that as many as 50% (34) nurses experienced severe stress after nurse rotation, this was due to the heavy workload so that nurses could not adapt. Supported by research from Irawan (2020) on 169 nurses working in the inpatient room, it was found that there was an effect of job stress on nurses' job satisfaction in the inpatient room. Therefore, hospitals need to pay attention to the factors that cause stress in

nurses to avoid a decrease in nurse job satisfaction which impacts the quality of nursing care provided to patients.

Dr. Soetomo Surabaya Regional General Hospital has implemented a nurse rotation system to improve the quality of nurses' work. The results of preliminary studies conducted by researchers found that in December 2022 to January 2023, 30 nurses were rotated to the room consisting of 5 primary nurses (PP) and 25 associate nurses (PA). Researchers also conducted in-depth interviews with 3 nurses who had just been rotated and obtained the results that nurses stated they had to immediately adapt to a new room, adapt to new employees and had to adapt to various drugs and new rules in the room so they felt anxious. Nurse rotation carried out by the hospital certainly has disadvantages and advantages. The advantage of nurse rotation is that it can add to the competence of nurses in a new room so that it can broaden nurses' horizons, while the disadvantage of nurse rotation is that nurses have to adapt to a new room so that it can usually cause anxiety so that it can affect the Quality of Nursing Work Life (QNWL) of Nurses (Hertati et al., 2021). Therefore, nurse rotation can be carried out by the hospital but there must also be solutions provided by the hospital to prevent a decrease in the Quality of Nursing Work Life of Nurses. One method that can be applied to improve the Quality of nursing work life in nurses who have rotated rooms is nursing supervision (Osman A, Elfattah M, 2019). Nursing supervision is a supervisory and coaching activity carried out on an ongoing basis by the supervisor covering nursing service problems, staffing and equipment problems so that patients receive quality service at all times (Nursalam, 2020).

So far, the nursing supervision method applied at RSUD dr. Soetomo Surabaya is 3F (Fair, Feedback and Follow Up) where fair means giving an assessment, feedback means giving feedback and follow up means giving appreciation. This supervision method is very suitable for nurses who have worked for a long time in a room, but this supervision method is not suitable for nurses who have just rotated to the room because there is no method of discussing the problems experienced by nurses and providing support for nurses who have just rotated. Therefore, the researcher proposes a nursing supervision method that can be applied to nurses who have just been rotated, namely by using Proctor's supervision method. The proctor-based supervision model outlines the role of Formative/Educative, Restorative/Supportive, and Normative/Managerial functions in conducting clinical supervision. This proctor supervision model has the advantage of focusing on making clinical supervision available to all nurses, supporting nurses' best practice, meeting nurses' needs, encouraging continuous professional learning and practice development and supporting high-quality patient care (Proctor et al., 1986).

Quality of nursing work life is a concept that describes nurses' perceptions of meeting needs through work experiences in the organization, so that the objectives of the quality of nursing work life can be in accordance with management functions to manage superior human resources along with workers who have their own personal satisfaction with their own fulfillment (Hu et al., 2019). Factors that can affect the Quality of nursing work life are (1) demographic factors including: Age, marital status, educational background, length of service, working hours per day, working hours per week, frequency of night shifts, (2) personal psychological factors, (3) family factors, (4) work factors (5) organizational factors (Hu et al., 2019; Kheiri et al., 2021). Quality of nursing work life is associated with several positive consequences, such as increasing health system productivity and efficiency, improving performance, increasing employee empowerment, and reducing employee turnover. Conversely, poor QNWL leads to increased desire to move, increased stress, which affects the

stability and management of any organization, inhibits workflow within the organization, and is an obstacle to entry into nursing (Salahat & Al-Hamdan, 2022). The purpose of this study was to analyze the effect of nursing supervision based on proctor's model on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya

**METHOD**

The design used in this study was a pre-experimental one-group pre-posttest design method. This research was conducted at Dr. Soetomo Surabaya Hospital on June 1, 2024 to July 2024. The sample in this study were nurses who had been rotated. The sample of this study amounted to 30 nurses who were taken using the total sampling technique. Quality of nursing work life was measured using a questionnaire from (Brooks & Anderson, 2005). This questionnaire consists of 41 questions with 4 dimensions included including: work life home life, work design, work context and work world. The instrument used in this study is valid because the calculated  $r > r$  table and is also reliable because the Cronbach's alpha coefficient result is 0.810. Data were processed and tested with SPSS Windows 25 software, using the Wilcoxon signed rank test statistical test to determine the effect of nursing supervision on improving the quality of nursing work life in post-rotation nurses. The researcher has passed the ethical feasibility test from RSUD dr. Soetomo Surabaya with number 0787/KEPK/IX/2023.

**RESULT**

The characteristics of respondents in this study explain the gender and age of respondents, education, marital status, employment status and income. The results of the analysis of the demographic characteristics of respondents are described as follows:

Table 1.

Distribution of demographic characteristics of respondents in the study of the effect of nursing supervision based on proctor's model on improving the quality of nursing work life of nurses after nurse rotation

Characteristic	Category	f	%
Age	25-30 years	2	6.70
	31-35 years	5	16.7
	36-40 years	16	53.3
	41-45 years	7	23.3
Gender	Male	11	36.7
	Female	19	63.3
Education	Diploma	22	73.3
	Bachelor's degree	8	26.7
Income	≤ 4.725.479	0	0.0
	> 4.725.479	30	100
Length of Work	0-10 years	5	16.7
	11-20 years	24	80
	>20 years	1	3.3

Table 1 shows that out of 30 respondents, most of the respondents 16 (53.3%) were aged 36-40 years. Most of the 19 (63.3%) respondents were female. Most of the respondents 22 (73.3) had the latest D3 education. All 30 (100%) respondents had an income > 4,725,479. Most of the respondents 24 (80%) have 11-20 years of work experience. Table 2 shows that most of the respondents 17 (56.7%) have Work life home life in the moderate category. Most respondents 15 (50.0%) have work design in the good category. Most of the respondents 17 (56.7%) have Work context in the moderate category. Most respondents 13 (43.3%) have Work world in the good category. Table 3 shows that most of the respondents 22 (73.3%) have Work life home life in the moderate category. Most respondents 17 (56.7%) have work

design in the good category. Most respondents 29 (96.7%) have Work context in the good category. Most respondents 17 (56.7%) have Work world in the moderate category.

Table 2.

Quality of Nursing Work Life variables of nurses before supervision intervention based on proctor's model after nurse rotation

Indicator	Category	f	%
Work life home life	Less	5	16.7
	Enough	17	56.7
	Good	8	26.7
Work design	Less	4	13.3
	Enough	11	36.7
	Good	15	50.0
Work context	Less	2	6.7
	Enough	17	56.7
	Good	11	36.7
Work world	Less	6	20.0
	Enough	11	36.7
	Good	13	43.3

Table 3.

Quality of Nursing Work Life variables of nurses after supervision intervention based on proctor's model after nurse rotation

Indicator	Category	f	%
Work life home life	Less	0	0.0
	Enough	22	73.3
	Good	8	26.7
Work design	Less	0	0.0
	Enough	13	43.3
	Good	17	56.7
Work context	Less	0	0.0
	Enough	1	3.3
	Good	29	96.7
Work world	Less	0	0.0
	Enough	17	56.7
	Good	13	43.3

Table 4.

Final Score of Quality of Nursing Work Life of nurses before supervision intervention based on proctor's model after nurse rotation

Category	Pretest	
	f	%
Less	1	3.40
Enough	16	53.3
Good	13	43.3

Table 4, it can be seen that before being given the Proctor's Model-based Supervision intervention, most respondents, namely 16 (53.3%) had Quality of Nursing Work Life in the moderate category, some respondents 13 (43.3%) had Quality of Nursing Work Life in the good category and a small proportion of respondents 1 (3.40%) had Quality of Nursing Work Life in the poor category.

Table 5.

Final Score of Quality of Nursing Work Life of nurses after supervision intervention based on proctor's model after nurse rotation at RSUD dr. Soetomo Surabaya

Category	Posttest	
	F	%
Less	0	0
Enough	5	16.7
Good	25	83.3

Table 5, it can be seen that after being given the Proctor's Model-based Supervision intervention, most of the respondents, namely 25 (83.3%) had Quality of Nursing Work Life in the good category, a small number of respondents 5 (16.7%) had Quality of Nursing Work Life in the moderate category and no respondents 0 (0%) had Quality of Nursing Work Life in the poor category.

Table 6.

Results of Wilcoxon Analysis of the effect of proctor's model-based nursing supervision on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya

Indikator	Statistics	Sig.	Description
<i>Work life home life</i>	-2.236	0.025	Significant
<i>Work design</i>	-2.449	0.014	Significant
<i>Work context</i>	-4.264	0.000	Significant
<i>Work world</i>	-2.121	0.034	Significant

Based on the table above, it can be seen that the results of statistical test analysis with Wilcoxon on the Quality of Nursing Work Life variable (Work life home life, Work design, Work context, and Work world produce a significance value < alpha (5% or 0.05). Therefore, it can be stated that there is a significant effect of nursing supervision based on proctor's model on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya.

## DISCUSSION

### Quality of Nursing Work Life of Nurses before Proctor's Model-Based Supervision Intervention

Before being given the Proctor's Model-based Supervision intervention, most respondents, namely 16 (53.3%) had Quality of Nursing Work Life in the moderate category, some respondents 13 (43.3%) had Quality of Nursing Work Life in the good category and a small number of respondents 1 (3.40%) had Quality of Nursing Work Life in the poor category. Nurses are health workers who always interact 24 hours with patients in the room, so nurses have a significant role in influencing the quality of health services provided to patients (R.A. et al., 2014). The quality of nurses' work life is specifically defined as the extent to which nurses are able to meet important personal needs through their experiences in the organization and the extent to which nurses are able to meet important organizational goals (Li et al., 2022). The quality of nurses' work life requires important attention for healthcare organizations as it affects productivity in achieving optimal care. Therefore, paying attention to nurses' quality of work life (QNWL) is essential for quality healthcare delivery, helps prevent nurse turnover, increases motivation and retention, and improves productivity for nurses and organizations (Ebadi & Tabanejad, 2022).

Nurse rotation can have several negative impacts such as feelings of anxiety, anger, fear, frustration, sadness, and nurses must begin to adapt to a new environment where this can reduce nurse satisfaction so that it can reduce the quality of work of nurses in providing nursing care (Pinhatti et al., 2017). Therefore, according to researchers, hospital management, policy makers, and other responsible officials are advised to strengthen nurses' QNWL so that nurses' productivity and performance can increase, the output of which is patient satisfaction and safety, especially for nurses who are rotated to the room. In this study, it was found that there was a significant relationship between education level, salary, and length of service with nurses' QNWL, and there was no significant relationship between age level and nurses' QNWL analyzed using Spearman correlation. There are various factors that affect nurses' quality of work life (QNWL), including sociodemographic factors such as differences in education level and age. The highest predictors in organizational factors were salary, work

unit, and shift rotation. In terms of psychological factors, work stress, fatigue, family and social support are the most significant predictors that affect nurses' quality of work life (Kheiri et al., 2021; Sibuea et al., 2024). Supported by research from (Raeissi et al., 2019) states that the salary received by nurses, organizational and managerial support, job security, fair promotion policies, and measures to reduce job stress are some of the factors that affect the quality of work of nurses. The results of research from Nursalam et al., (2018) prove that there is a relationship between education level and nurse performance, and there is also a relationship between QNWL and nurse performance. The length of service is not influenced by nurse performance.

Work experience has an influence on nurses' QNWL. That is because high work experience nurses are more quickly adapted to various work-related problems, because they have good skills, able to put themselves in various situations. Experience in work also has a relationship with the level of stress that occurs in nurses (Mutianingsih et al., 2024). Nurses with low quality of work life can have a negative impact on productivity in the workplace. This is evidenced by research from Biresaw et al., (2020), on 461 nurses working in Northwest Ethiopia found that more than half (59.2%) of nurses had a poor quality of work life. Low educational status, working in intensive care units, poor public image, lack of space for rest, and lack of safe drinking water were associated with lower QNWL. Supported by the results of research from Mosisa et al., (2022) which found that almost half of 212 (49.1%) nurses had low QNWL. Monthly income and family dependents and workload were identified as factors associated with nurses' quality of work life.

### **Quality of Nursing Work Life of Nurses after Proctor's Model-Based Supervision Intervention**

After being given the Proctor's Model-based Supervision intervention, most of the respondents, namely 25 (83.3%) had Quality of Nursing Work Life in the good category, a small number of respondents 5 (16.7%) had Quality of Nursing Work Life in the moderate category and no respondents 0 (0%) had Quality of Nursing Work Life in the poor category. Clinical supervision is widely practiced in health and social care professions around the world due to its beneficial impact on patients, health professionals, and organizations (Martin et al., 2017). Clinical supervision, for health professionals, is seen as a process that provides time and opportunity to further develop skills and knowledge for the supervised health worker, in the context of an ongoing professional relationship, usually with an experienced practitioner, or with peers (Martin et al., 2021). The aim of clinical supervision is for the supervised health worker to further improve knowledge and skills regarding the actions of health professionals so that the quality of health services can improve which in turn can improve patient safety and satisfaction (Hudays et al., 2024). This type of supervision involves reflective thinking, and discussions regarding professional development issues, caseloads, clinical issues, and staff interpersonal issues (Martin et al., 2021).

The dimensions that have significant changes before and after proctor's model-based nursing supervision are the dimensions of work life home life and work world as evidenced by the pre-test and post-test questionnaire scores as follows: work life home life dimension pre-test has a value of 5 nurses have less value, 17 nurses have sufficient value and 8 nurses have good value while post-test nurses have a value of 0 nurses have less value, 22 nurses have sufficient value and 8 nurses have good value. Whereas in the work world dimension, the pre-test values are as follows: 6 nurses have less value, 11 nurses have sufficient value and 13 nurses have good value while the post-test nurses have a value of 0 nurses have less value, 17 nurses have sufficient value and 13 nurses have good value. Work life-home life dimensions

are the space between work and home life of a nurse. Work life dimensions include commitment to work, policies regarding holiday schedules. Home life dimensions include the nurse's role in the home, namely as a mother/father or as a child who has a role in caring for parents, or as a spouse (family needs). Therefore, the arrangement of nurses' working hours at the hospital and at home has a relationship with nurses' satisfaction at work. While the dimensions of the work world include the image of the profession, economic issues, job security, concerns of most employees, behavior, and daily life of nurses (Brooks & Anderson, 2005).

Research results from Osman A, Elfattah M, (2019), stated that supervision carried out by nursing managers on 240 nurses has a significant influence on improving the Quality of nursing work life. That is because supervision carried out by the head of the room will provide motivation, guidance and direction as well as facilitate discussions with nurses regarding nurse problems and will focus on solving the problem so as to improve the quality of nursing life in the hospital. In this study, it was found that the restorative function was the most dominant function compared to the other two functions, namely formative and normative so that nurses adapted more quickly in the new room after nurse rotation. In the restorative function, several outcomes that can result from clinical supervision are improving effective coping management in the work environment, increasing nurse motivation so that it can improve the quality of nurses' work (Proctor et al., 1986). Nursing supervision affects nurse performance (Suhadi et al., 2022). Improving the nursing work environment and developing additional training for field adaptation will enhance the ability of entry-level nurses to adapt to the field and, consequently, improve the quality of nursing care (Hwang et al., 2024). The ability of nurse managers, leadership, and nurse support influences the resilience of nurses when working in hospitals, thus influencing nurse performance and reducing their intention to leave the workplace (Park & Jang, 2022).

Good quality of nursing work life will have an influence on improving nursing work services because the scope of work involves interaction with other professions and the environment (Pujiyanto et al., 2017). QNWL is positively correlated with job satisfaction and negatively with intention to leave work. Job satisfaction was negatively correlated with nurse leave. Health managers and policy makers can use the results of this study to implement successful plans and policies to improve nurses' QNWL and job satisfaction. This is because if nurses' QNWL and job satisfaction are good, it can help in improving individual and organizational performance; improving home and work environment; increasing nurses' commitment, and reducing nursing retention (Salahat & Al-Hamdan, 2022).

### **The Effect Of Proctor's Model-Based Nursing Supervision on Improving The Quality of Nursing Work Life of Nurses after Nurse Rotation at RSUD Dr. Soetomo Surabaya**

The results of the statistical test analysis with Wilcoxon on the variables of Quality of Nursing Work Life (Work life home life, Work design, Work context, and Work world produced a significance value  $< \alpha$  (5% or 0.05). Therefore, it can be stated that there is a significant effect of proctor's model-based nursing supervision on improving the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya. Proctor model supervision is an effective clinical supervision because it contains three functions, namely normative function in efforts to develop professionalism; formative function in efforts to develop skills and knowledge; and restorative function in efforts to provide support to nurses (Suryaningsih, 2017). According to Proctor et al., (1986), the clinical supervision model in nursing practice is divided into 3 parts including: Formative/educational: Supervision activities carried out by managers function to develop the skills, abilities, and

understanding of nurses professionally in their clinical practice. Restorative/Supportive: Supervisory activities carried out by managers serve to provide emotional support and build relationships with supervisors to help practitioners deal with the emotional impact of clinical practice. In this function, managers must be able to prevent stress in nurses, managers who supervise must be able to provide solutions to psychological conditions experienced by nurses, so that they do not affect nurses in carrying out their duties.

A supervisor must be able to make his subordinates feel understood, appreciated, so that nurses feel comfortable and open to facing existing challenges. Normative/Managerial: Supervisory activities carried out by managers serve to increase the need for competence and accountability in accordance with professional and organizational standards. Helping practitioners meet clinical governance and risk management agendas and face clinical challenges. Proctor model supervision provides support for nurses, so that it can reduce stress experienced by nurses, increase job satisfaction, and develop professional practice. In addition, Proctor model supervision can improve nurse performance and loyalty in providing excellent nursing care (Rezky et al., 2023). The results of research by Regista Trigantara et al., (2019), on 68 nurses who were supervised using the proctor's model, showed that the normative function focuses on monitoring and evaluation, the formative function focuses on developing knowledge and skills, and the restorative function focuses on encouragement and motivation, so that clinical supervision of the proctor model can be applied as one solution to improve the ability of nurses to provide nursing care. Job rotation helps nurses expand their knowledge and skills, reduce work pressure, reduce training costs, complete new responsibilities and tasks, provide creativity, motivation, visibility, and reduce conflict levels. Nurses who have never had job rotation experience will have impacts including being less motivated in providing nursing care, less competitive, and feeling like they have lost friends if they are rotated to another department (Alfuqaha et al., 2021).

## **CONCLUSION**

The implementation of nursing supervision based on the proctor's model is able to improve the quality of nursing work life of nurses after nurse rotation at RSUD dr. Soetomo Surabaya. In this study, the results showed that the restorative function is the most dominant function compared to the other two functions, namely formative and normative, so that nurses adapt more quickly to the new room after nurse rotation. The dimensions that have significant changes before and after nursing supervision based on the proctor's model are the dimensions of work life home life and work world.

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