

Conference Paper

The Effect of Clinical Model Supervision and Academic Model Supervision on Nursing Care at the Community Health Center of Sukabumi Regency

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Ineffective nursing care at the community health center can, in part, be attributed to the lack of a proper supervision model. Supervision is a management function at the control stage which is carried out to direct nurses to work effectively and efficiently and reduce potential work problems. This study uses a quasi-experimental design with pre-test and post-test, together with a control group design. The aim of this study is to analyze the effect of supervision of the clinical model and supervision of academic models on the nursing service at the community health center in Sukabumi Regency. The sample was comprised of 40 people, and data analysis was performed using the General Linear Model Repeating Measure (GLM-RM). The results indicate that there was an increase in the value of nursing care following the intervention. The author saw that in the control group, although no intervention was carried out, they knew that they were being supervised by their supervisor, so that there was an increase in the value of nursing care, but the value was not as significant as that in the intervention group. Therefore, the study concludes that the academic method of supervision training is very effective in improving nursing care.

Keywords: Supervision of Clinical Models, Academic Models, Nursing Care

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1. Introduction

The professional and personal development of nurses is one of several indicators of the implementation of clinical supervision. Implementation of nursing service will be optimal if nurses are given the opportunity to develop professionalism and reflect on nursing practice that have been implemented as an evaluation effort for improvement. Supervision is a management function at the control stage which is carried out to

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direct nurses to work effectively and efficiently, and reduce potential work problems. Supervision is a very valuable management intervention to achieve goals [1].

According to [2] supervision is an activity with continuous planning, direction, guidance, teaching, observation, motivation, improvement, trust, and evaluation of staff based on the capabilities and limitations of staff. When directing staff, this includes motivating them to undertake clinical activities of nursing care. The system in supervision is carried out by observing the nursing services obtained from the nurses then comparing them with nursing care standards [3]. Supervision in nursing is not just control, but includes the provision of personal circumstances or material needed to achieve the goals of effective and efficient nursing care [4].

Nursing supervision is a process of providing the resources needed by nurses to complete tasks in order to achieve predetermined goals [2]. Based on the statement [5] that Academic clinical supervision is carried out as a transfer of knowledge from a work trip as a supervisor to nurses so that a professional and sustainable capacity building process occurs. This can be seen from the process, academic clinical supervision is a formal process from professional nurses to support and learn so that the knowledge and competence of nurses can be accounted for so that patients are protected and comfortable during their care [6].

Nurses need to start to improve to reduce the impact caused by the lack of performance and competence of nurses, one of which is by conducting clinical supervision. Clinical supervision is oriented to the patient's clinical problem and is carried out by the head of the room the team leader, and the team leader to the executive nurse. Implementation of clinical supervision, for example on the implementation of nursing care documentation, nurse interactions with patients, and implementation of collaborative programs with the health team. Clinical supervision is an important prerequisite for providing quality nursing care.

Clinical supervision this can also improve trust and relationship with supervisor, and the ability to discuss sensitive issues the occur in the workplace. [7] said that clinical supervision can be implemented in a busy environment with minimal human resources. Therefore we need a management function that can provide a process for improving the quality of nursing services. Nursing service management is a process of change or transformation of the resources owned to achieve the goals of nursing service through the implementation of planning, organizing, directing, evaluating and quality control function. One of the management functions is directing in which there are nursing supervision activities. The fact is that nursing supervision in various hospitals has been carried out but it is not optimal. Supervision activities are more on supervisor

activities not on guidance, observation and assessment activities [8]. Clinical supervision is one the factors that affect the achievement of quality indicators of nursing service contributing to reducing the risk that occurs. Therefore, supervision in order to improve nursing management can prevent unexpected events.

The implementation of supervision has a positive impact on improving staff professionalism and accountability. This is reinforced by the fact that supervision is an activity to supervise service quality by supervisors [5]. Nursing care quality assurance activities can be carried out through tiered supervision of staff [9]. Supervision refers to standards as benchmarks for assessing the quality of service provided. Clinical supervision is effective in helping improve the quality of patient care [10].

Nursing clinical supervision is indispensable in the nursing practice setting considering that professional nursing service need to be maintained, monitored, evaluated so that it becomes better. Supervision is a very valuable management intervention to achieve goals, while the expected goals is to improve performance [11]. The clinical supervision model that is most widely used in the nursing profession is the academic model supervision which was popularized by Farington, which consist of three activities, namely educative, supportive, and managerial [12].

The advantage of the academic model of clinical supervision is that it makes it easier for nurses to practice in dealing with related issues, as a means of exchanging ideas or opinions, consistency in implementing existing standards and improving the quality of performance [13]. Clinical supervision has been shown to accommodate peer support and relieve stress for nurses (support function), a means of introducing professional practice responsibility (managerial functions) and the continuous development of knowledge, attitudes, and skills [14, 15]. The results of study [16] and [17] show the lead of the supervisor who received clinical supervision training is proven to improve their ability in clinical supervision activities.

To apply the appropriate supervision model, it is necessary to identify the performance characteristics of employees including the workplace institution, namely the community health center. As for the concern of researchers at the four community health center in the Sukabumi Regency. Namely Ciracap's Community Health Center, Surade's Community Health Center, Jampang Kulon's Community Health Center, and Cimanggu's Community Health Center. They are became focus research is a which is in the shouter area of Sukabumi Regency. The results of interviews conducted by researchers with nurses at Ciracap's Community Health Center obtained information that the level of nursing supervision community health center carried out by officials according to the existing organizational structure during normal working hours, namely

the morning shift. Supervision activities are still carried out situational, namely when there are problems, especially for health service problems in general, whether reported by the head of the room, other nurse colleagues or from patients. Direct supervision carried out specifically for nursing service has not been carried out routinely, and is still oriented to the old paradigm that has not touched on providing guidance, support and managerial. Indirect supervision in the form of reports of irregularities or complaints from patients about nursing service, it is not well recorded and there is no specific book for it document it. For the background and the data obtained, the authors are interested in conducting research on the application of the clinical supervision model and the academic model.

2. Methods

2.1. Research Design

The research design was used quasy experiment with pretest and posttest design control group

2.2. Sample

The sample of this study were nurses at the Community Health Center of Sukabumi Regency which consist of 4 groups and 10 people in each group, so the total is 40 people.

2.3. Instrument

The instrument used in this study was a questionnaire.

2.4. Data Collection Procedures

This research begins by dividing the selected sample into two groups, namely the intervention group and the control group. The intervention group was a group that was given training in the clinical supervision model at Ciracap's Community Health Center and the academic supervision model at Surade's Community Health Center. Then the control group, namely the group that did not receive training at Jampang Kulon and Cimanggu's Community Health Center. The treatment for both of groups was carried

out for one month. To measure the results of training regarding the knowledge of training materials, carried out before training and after training. Assessment of the effectiveness nursing care was carried out four times, namely in the first week before starting training (pre test) and after the implementation of training (post test) in the second, third and fourth week (post test).

2.5. Data Analysis

Data analysis was performed using the General Linear Model Repeat Measure

3. Results

Mean age of the academic intervention group with academic control (mean 45.50 ± 7.09) compared with the academic control group mean (mean 42.90 ± 7.86). The age range of respondents in the two groups is not too far away. Where as in the clinical intervention group (mean 39.20 ± 5.09) compared with a clinical control group (mean 40.36 ± 3.55) It can be seen that the ranges of all groups are almost the same in age range, namely the youngest 27 years old and the oldest 58 years old. The sex description of the academic supervision intervention group was more than 8 people (80.0%), male in the control group, 90 people (90%) in the control group. Where as in the clinical supervision group, both intervention and control were more women namely as many as 8 people (80%). Length of work in the academic intervention group (18.8 ± 7.94) compared with an academic control group (17.54 ± 9.32) which has a work span of 6 to 34 years. Where as in the clinical intervention group (12.00 ± 5.88) than the clinical control group (15.63 ± 6.71) the wider clinical control group with a service life of 9 to 26 years.

For the educational level variable in the academic model supervision intervention group there were more than 6 people with a Diploma level (60.0%), while in the control group there were 5 students (50.0%). About variables Clinical Supervision in the Diploma group, namely 5 people each (50.0%). The distribution results are shown in table 1.

Based on analysis results that the average score of the effectiveness of nursing care in the academic method intervention group increased, while the control group also increased although slightly. The value of the effectiveness of nursing care in the academic intervention group at week 2 was 13.5 and increased at week 3 to 17.2, and increased again at week 4 to 18.8. Where as the control group at week 2 was 8.4 and increased slightly at week 3 to 8.7 and increased again at week 4 to 9.7. The value of

TABLE 1: Frequency Distribution of Respondents Characteristics in the Intervention Group (n = 20) and the Control Group (n = 20)

Variable	Intervention Group		Control Group	
	n	(%)	n	(%)
Academic Supervision				
1. Gender				
Women	4	40	8	80
Men	6	60	2	20
2. Educational stage				
D3	6	60	5	50
S1	4	40	5	50
3. Length of working	N	Mean	N	Mean
	10	18.8	10	17.54
4. Age				
Age in this year	10	45.5	10	42.9
Clinical Model Monitoring				
1. Gender				
Women	9	90	9	90
Men	1	10	1	10
2. Educational stage				
D3	6	60	5	50
S1	4	40	5	50
3. Length of working	N	Mean	N	Mean
	10	12	10	15.63
4. Age	N	Mean	N	Mean
Age in this year	10	39.2	10	40.8

the effectiveness of minimal and maximum family nursing care in the intervention group was higher than in the control group, namely a minimum of 7 with a maximum of 21, compared to a control group of at least 7 with a maximum of 12.

From Table 2. It can be seen that the average score of the effectiveness of family nursing care in the clinical method intervention group has increased, while the control group has decreased. The value of effectiveness of family nursing care in the second week clinical method intervention group was 13.8 and increased at week 3 to 18.4, and increased again at week 4 to 19. While the control group at week 2 was 8.4 and increased at week 3 to 9.3 and decreased at week 4 to 9.2. The value of the minimum and maximum effectiveness of nursing care in the clinical method intervention group was higher than in the control group, namely a minimum of 11 with a maximum of 22, compared to the control group of at least 7 with a maximum of 11. The results of the analysis can be seen in table 2.

TABLE 2: Description of Nursing Care Post-Intervention Supervision of Academic Methods and Clinical Methods of Community Health Center at Sukabumi Regency Health Center (n = 40)

Group	Sunday	Mean	SD	95% CI	Min-Max
Intervention	2nd	13.5	3.17	11.23-15.76	7-10
Academic Method	The 3rd	17.2	3.04	15.02-19.38	12-21
	To 4	18.8	1.81	17.50-20.09	15-21
Control	2nd	8,4	0.96	7.71-9.09	7-10
Academic Method	The 3rd	8.7	1.05	7.94-9.45	7-10
	To 4	9.7	1.25	8,80-10,59	8-12
Intervention	2nd	13.8	1.81	12.5-15.09	11-17
Clinical Methods	The 3rd	18.4	2.87	16.34-20.45	14-22
	To 4	19	2.87	16.34-20.45	16-22
Control	2nd	8.4	0.96	7.71-9.09	7-10
Clinical Methods	The 3rd	9.3	0.94	8.62-9.97	8-11
	To 4	9,2	1.31	8,25-10,14	7-11

The results of the analysis showed that statistically there was no difference in the effectiveness of nursing care with academic model supervision training in both the intervention group and the control group ($p > 0.05$). In the clinical intervention group it was higher (Mean $9.2 + 1.03$) than in the academic intervention (Mean $8.7 + 1.22$). Likewise, the clinical control group scored higher (Average $8.4 + 0.96$) than the academic control (Average $7.7 + 0.95$).

TABLE 3: Results of Analysis of Differences in the Effectiveness of Nursing Care Before Intervention Training for Supervision of Academic Methods and Clinical Methods of Community Health Center at Sukabumi Regency

Group	Mean	SD	Means Different	95% CI	P-value
Academic Supervision	8.6	1.22	0.27	- 0,087 - 2,02	0,07
Intervention Control	7,7	0.95			
Supervision Intervention	9,2	1.03	0,07	-0,14 - 1,74	0,09
Clinical Control	8,4	0.96			

Test results that there are differences in the effectiveness of nursing care in the academic method supervision training between the intervention group and the control group at the 2nd, 3rd and 4th weeks of follow-up. The mean value in the intervention group was greater than that in the control group. At week 2 follow-up the mean was 2.28 and continued at week 3 (2.18) to week 4 90,620. The results of the analysis can be seen in table 4.

In contrast to the first week (pre intervention) where there was no difference between the two groups, Table 4 shows that there were differences in the effectiveness of nursing care in clinical method supervision training between the intervention group and the

TABLE 4: Results of the Analysis of Differences in the Effectiveness of Nursing Care after the Intervention of Academic Method Supervision of Intervention at the Ciracap's Community Health Center and Control at Jampang Kulon's Community health center, Sukabumi Regency

Time	Mean	SD	Means Different	95% CI	P-value
Follow Week 2					
Intervention	13.22	3.23	2.28	2.57-7.07	0
Control	8.4	0.95			
Follow Week 3					
Intervention	17.22	3.23	2.18	6.25-10.79	0
Control	8.7	1.05			
Follow Week 4					
Intervention	18.66	1.87	0.62	7.44-10.49	0
Control	9.7	1.25			

control group at week 2, 3, and weeks 2-4 all. has increased. The mean value in the intervention group was greater than that in the control group. At week 2 the mean value was 4.5 and continued to increase until the third week to 9.1 and increased again in the fourth week by 9.8. P value < 0.05 at week 2 to week 4. This shows that there is a statistically significant difference in the effectiveness of nursing care between the group given the intervention of academic method supervision and the control group. The analysis results can be seen in table 5.

TABLE 5: Results of Analysis of Differences in the Effectiveness of Nursing Care After Intervention Clinical Methods Control at Cimanggu's Community Health Center, Sukabumi Regency

Time	Mean	SD	Means Different	95% CI	P-value
2nd M					
Intervention	13.8	1.81	4.5	3.14-5.85	0
Control	9.3	0.94			
M 3					
Intervention	18.4	2.87	9.1	7.09-11.1	0
Control	9.3	0.94			
Week 4					
Intervention	19	2.16	9.8	8.11-11.48	0
Control	9,2	1.31			

In table 5. Statistically there are differences in the effectiveness of nursing care before and after the intervention of supervision of the academic method (p < 0.05). In the intervention group, it appears that the mean difference at 2 weeks follow-up was 4.6. The mean difference also increased at week 3 of follow-up by 9.2 and at week 4 by 9.8. This increase indicates that the better the value of the effectiveness of family nursing care in the intervention group.

The results of the analysis also showed that there were differences in the effectiveness of the control group nursing care from weeks 1, 2, 3, and 4 which were unstable. However, although there was a statistical difference by week ($p < 0.05$), the difference in mean quality between the first week and the week of follow-up (2 to 4 weeks) appeared to decrease in the group not given the supervised academic intervention method. The mean difference in extended family nursing care at week 2 of follow-up was 0.5 and decreased at week 3 by 0.3 and slightly increased at week 4 by 0.5. The results of the analysis can be seen in table 6 below:

TABLE 6: Results of Analysis of Differences in the Effectiveness of Nursing Care Before and After Intervention of Academic Methods Supervision at Ciracap's Community Health Center and Jampang Kulon's Community Health Center, Sukabumi Regency

Quality Assessment	Mean	SD	Means Different	95% CI	P-value
Intervention Group					
Pre-intervention	9.2	1.03	4.6	-9.2	0
FollowWeek 2	13.8	1.81			
Pre-intervention	9.2	1.03	9.2	-4.42	0
FollowWeek 3	18.4	2.87			
Pre-intervention	9.2	1.03	9.8	-3.45	0
FollowWeek 4	19	2.16			
Control Group					
Week 1	8.9	0,56	0.5	-1.28 – 0.11	0.025
FollowWeek 2	9.4	0,51			
Week 1	8.9	0,56	0.3	-174.76	0.015
FollowWeek 3	9,20	0.63			
Week 1	8.9	0,56	0.5	-2.43	0.005
FollowWeek 4	9.4	0.7			

Statistically, there were differences in the effectiveness of nursing care before and after the clinical method supervision intervention ($p < 0.05$). In the intervention group, it appears that the mean difference at 2 weeks follow-up was 13.46. The mean difference also increased at the 3rd week of follow-up by 24.61 and decreased slightly at the 4th week of 24.31. This increase indicates that the increase in the value of the effectiveness of family nursing care in the intervention group is getting better.

The results of the analysis also showed that there were differences in the effectiveness of the control group nursing care from week 1, 2, 3, and 4 which decreased ($p < 0.001$). The difference in the large mean of nursing care at the 2nd week of follow-up was 5.69 and decreased at the 3rd week by 4.77 and decreased again at the 4th week to 4.39. The results of the analysis can be seen in table 7 below:

TABLE 7: Results of Analysis of Differences in the Effectiveness of Nursing Care Before and After the Academic Model Supervision Intervention at Community Health Center, Sukabumi Regency

Measurement	Mean	SD	Means Different	95% CI	P-value
Intervention Group					
M1	8.7	1.16	4.8	-4.26	0.001
M2	13.5	3.17			
M1	8.7	1.15	8.5	-3.89	0
M3	17.2	3.04			
M1	8.7	1.16	10.1	-3.05	0
M4	18.8	1.81			
Control Group					
M1	7.7	0.95	0.7	-1.18	0.025
M2	8.4	0.96			
M1	7.7	0.95	1	-1.51	0.015
M3	8.7	1.05			
M1	7.7	0.95	2	-2.43	0.005
M4	9.7	1.25			

General Linear Model-Reparized Measure (GLM-RM) analysis was conducted to see any changes or supervision intervention in the academic model and clinical model, at the 2nd, 3rd, and 4th week of follow-up after the intervention. This analysis was also carried out to see changes in nursing care in the control group from week 1 to week 4 of observation.

TABLE 8: Results of General Linear Analysis Model-Repeated Measurement on the Effectiveness of Nursing Care Effect of Clinical Model Supervision Training in the Intervention Group and Control Group at Ciracap's Community health center, Sukabumi Regency

Measurement	Mean	SD	95% CI	Partial Eta Squared	P-value
Intervention Group					
M1	9.20	1.03	8.46-9.94	0.949	0.000
M2	13.80	1.81	12.50-15.09		
M3	18.40	2.87	16.34-20.46		
M4	19.00	2.16	17.45-20.54		
Control Group					
M1	8.40	0.97	7.71-9.09	0.174	0.000
M2	9.3	0.95	8.62-9.98		
M3	9.3	0.95	8.62-9.98		
M4	9.2	1.32	8.26-10.14		

Table. 8 showed that there was an increase in the value of nursing care from before the intervention (week 1) and after the intervention (weeks 2, 3, and 4). The increase in effectiveness was indicated by an increase in the mean value from week 2 (13.80) to

week 3 (18.40) to week 4 (19.0). However, there was an increase in the standard deviation value from 1.03 at the time before the intervention increased to 1.81 in the second week and at the third week to 2.87, then decreased again at week 4 by 2.16. The significance value of 0.00 or $p < 0.05$ and partial square eta of 0.949 indicated that there was a statistically significant increase in the value of nursing care in the intervention group of clinical model supervision.

Then in the control group there was an increase in the value of nursing care from before the intervention week 1 was 9.3, then lasted at week 3 and decreased slightly at week 4 to 9.2. However, the standard deviation increase from 0.97 when pre-intervention increased to 0.95 in the second and third week, and even increased again at week 4 by 1.32. The P value of 0.000 or $p < 0.001$ and the partial eta squared of 0.174 indicated that there was a statistically significant increase in the value of nursing care in the control group of clinical academic model supervision.

TABLE 9: Results of the General Linear Model-Reputed Measure Analysis of the Effectiveness of Nursing Care The Effect of Academic Model Supervision Training on the Intervention Group and Control Group at the Surade's Community Health Center, Sukabumi Regency

Measurement	Mean	SD	95% CI	Partial Eta Squared	P-value
Intervention Group					
M1	8.7	1.16	7.87-9.53	0.879	0.000
M2	13.5	3.17	11.23-15.77		
M3	17.2	3.05	15.02-19.38		
M4	18.8	1.81	17.50-20.09		
Control Group					
M1	7.7	0.95	7.02-8.38	0.690	0.000
M2	8.4	0.96	7.71-9.09		
M3	8.7	1.06	7.94-9.46		
M4	9.7	1.25	8.81-10.29		

Table 9 shows that there was an increase in the value of nursing care in the academic model intervention group from before the intervention (week 1) and after the intervention (weeks 2, 3, and 4). The increase in effectiveness value was indicated by an increase in the mean value since week 2 (13.5), increased to 17.2, and week 4 of observation to 18.8. The standard deviation value from before the intervention (1.16), then increased at week 2 by 3.17 and slightly decreased at week 4 by 1.81. The p value of 0.000 or $p < 0.001$ and partial eta squared of 0.879 showed that statistically there was an increase in the value of nursing care, which means that the supervision intervention of the academic model was significant. Then the control group showed that there was an increase in the value of nursing care in the academic model control group from before the intervention (week

1) and after the intervention. The increase in the value of effectiveness was indicated by an increase in the mean value of pre-intervention (7.7), increased to 8.4 at week 2, increased again to 8.7 at week 3, then children at week 4 of observation to 9.7. The standard deviation value also increased from week 1 to week 4 of observation. The p value of 0.000 or $p < 0.05$ and partial eta squared of 0.690 indicates that there is a statistically significant increase in the value of nursing care in the control group of academic model supervision. The increase in the value of effectiveness was indicated by an increase in the mean value of pre-intervention (7.7), increased to 8.4 at week 2, increased again to 8.7 at week 3, then children at week 4 of observation to 9.7. The standard deviation value also increased from week 1 to week 4 of observation. The p value of 0.000 or $p < 0.05$ and partial eta squared of 0.690 indicates that there is a statistically significant increase in the value of nursing care in the control group of academic model supervision. The increase in the value of effectiveness was indicated by an increase in the mean value of pre-intervention (7.7), increased to 8.4 at week 2, increased again to 8.7 at week 3, then children at week 4 of observation to 9.7. The standard deviation value also increased from week 1 to week 4 of observation. The p value of 0.000 or $p < 0.05$ and partial eta squared of 0.690 indicates that there is a statistically significant increase in the value of nursing care in the control group of academic model supervision.

The effectiveness of differences between the Academic Model Supervision Group and the Clinical Model Supervision group with the control group Academic Model Supervision and Clinical Model Supervision on the effectiveness of nursing care before and after the intervention. Following the 2nd, 3rd and 4th weeks at the Sukabumi District Health Center in 2020. The clinical supervision model at the Ciracap Health Center from the 1st week (mean 9.20) with the 4th week measurement (mean 19.0) continued with the academic supervision model at Community health center Ciracap Week 1 (mean 8.7) with Week 4 measurements (mean 18.8) while the control group for Week 1 clinical supervision (mean 8.4) with the last 4 weeks measurement (mean 9.2) and the control group for the week 1 academic model supervision (mean 7.1) with measurements in the last 4 weeks (mean 9.7).

4. Discussion

4.1. Analysis of Differences in the Effectiveness of Post-Intervention Nursing Care Intervention Methods of Supervision Intervention Academic Methods at Ciracap's Health Centers and Control at Jampang Kulon's Community Health Center, Sukabumi Regency

The results of the analysis show that the clinical supervision ability of the intervention group has a value range of 19-21 with an average value of 20.00 so that an increase in the value of 80.00 is still needed to achieve the maximum value of clinical supervision ability by the room supervisor. This study is in line with research [18] that the results of the analysis of the ability of clinical supervision before being given the Academic Model clinical supervision training in the intervention group and the control group showed poor results.

The results of the author's direct observations regarding the ability of clinical supervision in the intervention group before being given treatment showed that most room supervisors did not comply with the guidelines for clinical supervision, for example: 1) unscheduled, 2) unclear targets, 3) no bait. return, 4) not documented 5) unsustainable, so that clinical supervision cannot provide objective information regarding the implementation of activities based on predetermined standards.

The results of the analysis in the intervention group after being given Academic Model clinical supervision training to room supervisors showed an increase in the average score, so that an increase in value was still needed to achieve the maximum value related to clinical supervision abilities. Although this result did not reach a perfect score, the average value increased from the initial value. Supervisors or officers authorized to supervise must have the ability of clinical supervision of the academic model to develop practical skills and competencies of nurses so as to improve individual and organizational performance.

The author sees that if this is continuously carried out and without any improvement, the quality of services provided by nurses to patients will decrease, therefore it is in accordance with what was stated by [19] that training will increase the mastery of skills and expertise. This shows that the Academic Model clinical supervision training will be effective in increasing the ability of supervisors in conducting clinical supervision.

Supervisors in work require skills in cognitive, affective and psychomotor, this can be achieved by attending education and training. According to the researcher's analysis, room supervisors need to get special education or training to be able to carry out clinical supervision activities effectively because room supervisors need good knowledge, including communication, motivation, guidance, direction, leadership, and experience

so that they can carry out clinical supervision with well and according to purpose. This is evidenced by the results of research [16] and [17] that the head of the supervisor who received clinical supervision training was proven to increase the ability in clinical supervision activities.

The training that is carried out plays an important role for an organization to improve the ability of managers so that they are able to carry out their duties and functions properly [20]. Clinical supervision abilities for room supervisors need to be developed through supervisory training that will improve cognitive, affective and psychomotor abilities so that increased productivity or results will be obtained according to goals. Clinical supervision training provides a good change, this is indicated by a change in the knowledge of the room supervisor after the training with the post test scores getting almost perfect scores with the evaluation of the results of the supervision practice all passed.

Training is an effort to improve technical, theoretical and conceptual abilities as well as employee morale in accordance with the needs of the job or position through education and training [21]. According to [21] education and training are the same as development, namely the process of improving job skills both technical and managerial. One indicator of the success of a training can be seen from the initiative of the trained employees, after attending the training it is hoped that employees can independently do what is taught and try to develop their creativity [22]. Space supervisors who have information need to know the stages of change, namely by providing good information, assistance in implementation,

4.2. Results of Analysis of Differences in the Effectiveness of Post-Intervention Nursing Care Clinical Methods of Intervention Supervision at Surade's Health Center and Control at Cimanggu's Community Health Center, Sukabumi Regency.

The results of the analysis in the control group measured at the same time after the intervention group received training showed that the clinical supervision ability that occurred was not too significant when compared to the initial measurement data because it only experienced an increase in the value of 1.00 from the initial value. This is because the supervisor of the room only gets an implementation guide without any training and assistance in its implementation.

This proves that the training carried out is about clinical supervision of an effective academic model to improve the clinical supervision abilities of room supervisors. As

stated by [23] the training will increase the mastery of skills and expertise. Meanwhile [22] stated that training can help nurses to work well, behave better, and be able to increase self-confidence. In line with Law Number 36 Year 2009 concerning health, it explains that in the development of expertise and authority the quality must be continuously improved through continuous education, one of which is training [24].

The author sees that this shows the need to increase the implementation of clinical supervision of the managerial function of the head of the room to the nurse executing in the success of intervention and control through activities to overcome quality control problems and ensure that nurses follow all policies and various ethics, such as codes of ethics, policies, protocols and guidelines.

The facts show that the implementation of nursing supervision in various health centers is not optimal. Research [6] found that supervision activities were more focused on supervisory activities, not on guidance, observation and assessment activities. In Indonesia, the model of nursing clinic supervision is also unclear as to what it is and how it is implemented in community health center.

The implementation of supervision has a positive impact on improving staff professionalism and accountability. This is reinforced by the fact that supervision is an activity to supervise service quality by room supervisors [5]. Nursing care quality assurance activities can be carried out through tiered supervision of staff [9]. Supervision refers to standards as benchmarks for assessing the quality of services provided. Clinical supervision is effective in helping improve the quality of patient care [10].

4.3. Results of the Analysis of the Effectiveness of Nursing Care with a General Linear Model Effect of Clinical Method Supervision Training in the Intervention and Control Groups at the Community Health Center, Sukabumi Regency.

The results of the narrative of nurses to the author that the reason they rarely complete nursing care documentation is one of the factors because of the lack of supervision, control of nursing care documentation. After the supervision was carried out later there was an increase in the value of nursing care from before the intervention (week 1) and after the intervention (weeks 2, 3, and 4). The increase in the effectiveness value is indicated by an increase in the mean value from week 2, to week 3, and to week 4. However, there was an increase in the value of standard deviation before the intervention increased in the second week and at the third week, then decreased again at week 4. The significance value and square partial eta indicate that there is a

statistically significant increase in the value of nursing care in the intervention group with method supervision clinical. As for the control group there was an increase in the value of nursing care supervision of clinical academic methods.

This is in line with the research results [25] showed that after the application of clinical supervision there was a significant increase with a p value of 0.000, and the average score before clinical supervision was 6.88 to 13.02. Supervision is carried out when the nurse is writing or filling out the documentation so that the supervisor can directly check the results of the documentation by the nurse and provide motivation to complete the documentation. This shows that well-conducted supervision will improve the documentation of nursing care. This condition is also in accordance with the research conducted by [17] who get the results that there is a significant effect of the planning and directing function of nursing supervisors on nursing care documentation.

The results of this study support other research related to the supervision carried out by [26] that the implementation of headroom supervision which is assessed by nurses increases after training. The study confirms that the implementation of good clinical supervision is the retention of knowledge and positive attitudes that are formed after training. Differences in clinical supervision in this study occurred in data collection techniques. Researchers measured the clinical supervision of the head of the room using observation where the clinical supervision component consisting of educational, supportive and managerial had to be carried out as a whole. However, in [26] research, the implementation of supervision activities was measured using a questionnaire based on the perception of nurses.

4.4. Results of General Linear Model-Reputed Measure Analysis on the Effectiveness of Nursing Care The Effect of Academic Method Supervision Training on the Intervention and Control Group at the Community Health Center, Sukabumi Regency.

There was an increase in the value of nursing care in the academic method intervention group from before the intervention (week 1) and after the intervention (week 2, 3, and 4). Then in the control group there was also an increase in the value of nursing care in the academic method control group from before the intervention (week 1) and after the intervention. This is not in line with research conducted by [18] that in the control group that was not intervened in the application of the clinical model of academic supervision there was no significant difference between before and after treatment.

Normatively Supervision is an important part in helping to improve good clinical governance by providing safe and effective health care support, so it is very important to improve the clinical supervision process [27]. This strengthens the research conducted by [10] about the study of the effectiveness of clinical supervision for ward managers, which found that clinical supervision was considered effective and helped improve patient care, and that clinical supervision was considered effective and helped improve patient care.

The author saw that in the control group, although no intervention was carried out, they knew that they were being supervised by their supervisor, so that there was an increase in the value of nursing care, but the value was not significant as happened in the control group. Therefore, the authors see that this academic method of supervising training is very influential on improving nursing care.

5. Conclusion

There was an increase in the value of nursing care from before the intervention and after the intervention. Then in the control group there was also an increase in the value of nursing care in the academic method control group from before the intervention and after the intervention.

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