



OPTIMIZING THE ROLE AND FUNCTION OF MANAGERS IN TIERED SUPERVISIONAT

Ruri Wulandari^{1*}, Enie Novieastari¹, Hening Pujasari¹, Sri Herny Wigiarti²

¹Faculty of Nursing, Universitas Indonesia, Universitas Indonesia, Jl. Prof. DR. Sudjono D. Puspongoro, Pondok Cina, Beji, Depok, Jawa Barat 16424, Indonesia

²Harapan Kita Children and Mother Hospital, Jl. Letjen S. Parman No.Kav. 87, Slipi, Palmerah, Jakarta Barat, Jakarta 11420, Indonesia

*ruri.wulandari@ui.ac.id

ABSTRACT

Supervision is an active and continuous process aimed at ensuring that employees carry out their duties and responsibilities optimally in accordance with applicable standards, through monitoring, guidance, and performance evaluation activities, both directly and indirectly. At Jakarta Barat x Hospital, the implementation of tiered supervision in the General Outpatient Installation still faces several challenges, such as the suboptimal involvement of head nurses in the supervision process and the lack of standardized evaluation instruments. This study aims to optimize the implementation of tiered supervision by designing a daily work plan for head nurses and developing applicable and measurable supervision tools. The method used is a case study approach through a pilot study. The study involved 16 nurse respondents, with data collected through questionnaires, interviews, and observations. The data were analyzed qualitatively and descriptively using a fishbone diagram for problem analysis, followed by priority setting, POA formulation with the POSAC approach, and implementation guided by Kotter's eight-step change theory. The results show that systematic implementation of tiered supervision can enhance compliance with standard operating procedures, improve team communication, and ultimately raise the quality of patient care services. This optimization is expected to serve as a pilot model for strengthening the role of head nurses as frontline supervisors in nursing care units. The optimization of tiered supervision through structured daily work plans for head nurses and the development of measurable supervision tools significantly improves adherence to standard operating procedures, enhances team communication, and strengthens the overall quality of patient care. This approach not only clarifies the managerial role of head nurses as frontline supervisors but also provides a scalable model that can be replicated in other nursing units to ensure consistent, high-quality supervision and service delivery.

Keywords: head nurse; outpatient care; service quality; tiered supervision

How to cite (in APA style)

Wulandari, R., Novietasari, E., Pujasari, H., & Wigiarti, S. H. (2026). Optimizing the Role and Function of Managers in Tiered Supervisionat. *Indonesian Journal of Global Health Research*, 8(2), 21–28. <https://doi.org/10.37287/ijghr.v8i2.656>.

INTRODUCTION

Hospitals, as healthcare service institutions, carry a significant responsibility to provide safe, high-quality, and continuous care. To achieve this, hospitals must be managed professionally and effectively by human resources who possess a comprehensive understanding of managerial principles. According to Marquis and Huston (2021), management functions include planning, organizing, staffing, actuating, and controlling. These five functions must be applied consistently and continuously, either sequentially or simultaneously, with supervision at every stage of implementation. Within the nursing management function, supervision is part of the *actuating* stage and plays a role in guiding nurses to work effectively and efficiently in accordance with established standards, while also contributing to the prevention of work-related risks and problems.

One important indicator of nursing service quality is nursing care documentation. Documentation serves as a communication strategy that produces written records of patient data, clinical decisions, interventions, and patient responses in health records (Perry et al., 2021). Nursing documentation serves as a crucial medium for information exchange among healthcare professionals, thereby supporting continuity of care (Tamir et al., 2021). In addition, accurate and timely nursing

documentation contributes significantly to maintaining the quality of nursing care and enhancing patient safety (De Oliveira & Peres, 2021).

Nursing care documentation also directly affects the quality of nursing care. Noorkasiani., et al (2015) The study results indicate that 47.4% of nursing documentation practices are classified as good, while 57.2% of nurses complete nursing documentation comprehensively. Damanik et al. (2019) found that the average accuracy of nursing documentation did not reach 76,7%, The accuracy of nursing care documentation has not yet reached an optimal level, indicating the need for continuous training programs to enhance documentation quality. One contributing factor is insufficient supervision by head nurses (Manuhutu et al., 2020). Supervision is an active and continuous process aimed at ensuring staff perform their duties and responsibilities optimally according to applicable standards, through monitoring, mentoring, and performance evaluation, both directly and indirectly (Marquis & Huston, 2021). Tiered supervision clinic conducted by nursing managers contributes to effective patient care management and the delivery of safe nursing practice (Dahlia et al., 2020). The sustainability of tiered supervision depends heavily on the active involvement of nurses at all levels, from senior management to line managers and frontline staff. In addition to the role of personnel, the timing of supervision is a crucial factor in improving efficiency and outcomes. Optimal supervision is implemented both individually and in groups, considering appropriate duration and frequency (Habibi et al., 2025). This study aims to analyze the relationship between *tiered supervision* and the *quality of nursing care documentation* as an indicator of *service quality* in hospital settings, with a particular focus on the role of the *head nurse* in managing, organizing, and ensuring effective *outpatient care* through the application of professional nursing management principles.

METHOD

This study employed a pilot project methodology conducted at the General Outpatient Installation of a hospital in West Jakarta from May 27 to June 30, 2025. The process began with problem identification, problem analysis, priority setting, development of a Plan of Action (POA), implementation, and evaluation. The validity test was conducted by asking respondents to assess whether the developed instrument was easy to understand and use. The results showed that 100 percent of the respondents stated that the instrument was very easy to use. The number of respondents was 16 nurses. Data were collected using questionnaires, interviews, and observations. After data collection, problem analysis was conducted using a fishbone diagram. Subsequently, problem priorities were established, and the POA was formulated using the POSAC approach, followed by implementation, evaluation, and follow-up planning. The change process was guided by Kotter's eight-step change theory, which included creating a sense of urgency regarding the importance of supervision for improving service quality, forming a supportive team comprising head nurses, clinical instructors, and team leaders, developing goals and strategies for supervision implementation, communicating and socializing the plan to all staff, promoting success through active encouragement by head nurses, sustaining change through continuous monitoring, and integrating tiered supervision into the unit's organizational culture.

RESULT

Based on interviews with the nursing service team, several insights regarding supervision were obtained. Currently, supervision is conducted by the nursing service team on a monthly schedule: "At present, we, the nursing service team, routinely carry out supervision once a month." However, interviews with the head nurse revealed that tiered supervision had not been conducted: "I have not conducted tiered supervision for my staff because I am unsure which instrument to use." Likewise, staff members reported that supervision by the head nurse was not yet implemented, although supervision by the nursing service team was ongoing.

Observations carried out from June 2–5, 2025, indicated that nursing documentation was incomplete. Specifically, subjective and objective patient data were missing, nursing diagnoses

were not derived from patient data, and the implementation of nursing interventions was not documented. Questionnaire results from outpatient nurses demonstrated that the majority of respondents had a positive perception of the importance of nursing documentation evaluation conducted by the head nurse. Among respondents, 46% strongly agreed, 39% agreed, and 15% disagreed regarding the evaluation of nursing documentation by the head nurse. After data collection, problem analysis was conducted using a fishbone diagram (PO SAC approach). This approach helped identify root causes of the issues observed in supervision and documentation practices, informing the development of priorities, action plans, implementation strategies, and follow-up evaluations aimed at optimizing tiered supervision and improving the quality of nursing care.

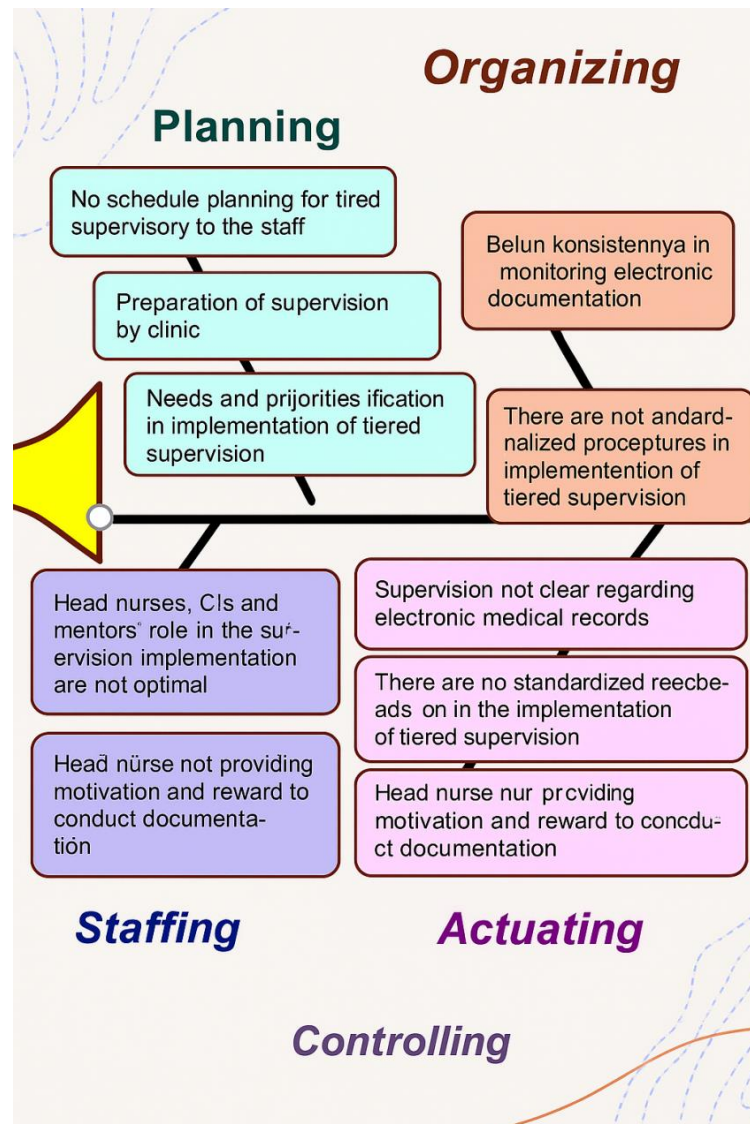


Figure 1. Diagram *Fishbone*

Planning, there was no prior schedule for tiered supervision, supervision instruments were not available, and the identification of needs and priorities for supervision implementation was not optimal. Organizing, monitoring of electronic documentation evaluation was inconsistent, and there were no standardized procedures for conducting tiered supervision. Staffing, the roles of the head nurse, Clinical Instructor (CI), and mentors in supervision were not fully optimized, and commitment to supervision implementation was suboptimal. Actuating, supervision was not specific to electronic medical record documentation, there was no constructive or directed feedback during tiered supervision, and the head nurse had not provided motivation or rewards for documentation compliance. Controlling, monitoring compliance with Standard Operating

Procedures (SPO) for nursing services was not optimal, and there was no monitoring of the number of supervisions conducted by the head nurse, resulting in insufficient timely corrective actions.

Based on the fishbone diagram problem analysis, the key issue identified was the suboptimal directing function of the head nurse in implementing tiered supervision. Problem-Solving: Plan of Action (POA). The solution involved developing a Plan of Action (POA) using the head nurse management functions via the POSAC method (Planning, Organizing, Staffing, Actuating, Controlling). The planning function included creating a daily work plan spreadsheet for the head nurse, which could be monitored directly by the installation head and nursing department. The spreadsheet contained the POSAC-based daily work plan, including schedules for direct and indirect supervision. Supervision was conducted using supervision instruments developed based on the unit's existing SPOs. Supervision instruments for both direct and indirect supervision were prepared. Implementation at this stage involved coordination among the nursing service team, head nurse, and CI. Team leaders were also involved to provide input on the instruments to ensure usability and practicality. A schedule was made to trial tiered nursing supervision: the head nurse supervised staff, the CI supervised Katim, and Katim supervised their respective teams. The trial used direct supervision with instruments delivered via Google Forms. The head nurse conducted socialization sessions with staff regarding tiered supervision and assigned responsibilities to team leader 1 and team leader 2. Socialization was carried out face-to-face during unit conferences, attended by 90% of staff. During this phase, the head nurse ensured that the daily work plan trial was user-friendly and could serve as a daily work reference. Both the head nurse and team leader tested direct supervision using the newly developed instruments.

DISCUSSION

Supervision at Hospital is carried out by the nursing committee and the nursing service work team. Supervision is conducted periodically on a routine basis; however, supervision performed by the unit heads has not been implemented optimally. The unit heads stated that the suboptimal supervision is due to the lack of instruments available for conducting supervision. Daily work plans for unit heads have been standardized but do not yet include a daily supervision schedule. Therefore, this program began by creating a daily work plan for unit heads in the form of a spreadsheet that can be directly monitored by the head of the installation and the nursing division. This spreadsheet is prepared daily by the unit head before starting work and serves as a reference for performing their duties. The daily work plan is structured according to management functions, starting from planning, organizing, staffing, directing, to controlling, and includes a daily supervision schedule for the unit head, both direct and indirect. Supervision instruments were developed based on the Standard Operating Procedures (SPO) existing in the unit and were pilot-tested.

According to Marquis and Huston (2021), the success of service management highly depends on the application of five main management functions: planning, organizing, staffing, actuating (directing), and controlling. These functions need to be executed in an integrated and consistent manner to ensure that managerial activities are effective and sustainable. When one function, particularly actuating, is poorly implemented, it directly reduces the effectiveness of supervision and weakens the development of nursing staff. The findings of this study indicate that the management functions of unit heads, especially in the aspects of planning and controlling, have not been running optimally. The absence of a daily work plan and irregular supervision schedules result in sporadic and undocumented supervision activities, developing a daily work plan for unit heads based on the POSAC approach is an important innovation to strengthen managerial functions. The POSAC approach helps unit heads integrate all management components, from activity planning, role allocation, resource organization, team direction, to controlling supervision outcomes. This aligns with the American Nurses Association (2016), which states that nurse leadership is not solely

focused on administrative oversight but also encompasses the ability to manage strategy, quality, and human resources holistically.

Nursing supervision plays a critical role in improving the quality of nursing care documentation. Observations revealed that most nursing care documentation was incomplete, including subjective and objective data recording, nursing diagnosis determination, and intervention documentation. This is consistent with Damanik et al. (2019), who reported that the accuracy of nursing documentation remains insufficiently complete. Nursing documentation reflects the quality and standard of nursing care, which can be evaluated through the accuracy and completeness of the recorded data (Ginting & Harahap, 2019). According to In the Republic of Indonesia Law Number 17 of 2023 concerning Health, Article 274 concerning the obligations of medical personnel and health workers to provide health services in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics as well as patient health needs and is required to make and keep records and/or documents regarding examinations, care, and actions taken.

The lack of clear guidelines or standardized operating procedures (SOP) for nursing documentation poses another significant barrier. The main factor affecting incomplete documentation is insufficient supervision by unit heads (Manuhutu et al., 2020). According to Setiawan et al. (2019), nursing supervision encompasses three main dimensions: administrative, educational, and supportive. Administrative supervision focuses on compliance with standards, reporting, and completeness of documentation; educational supervision aims to enhance clinical competence; while supportive supervision provides motivation and emotional support to nurses. Through effective supervision, head nurses can conduct direct coaching, deliver constructive feedback, and ensure staff adherence to standard operating procedures (SOP).

Additionally, questionnaire results showed that most implementing nurses had a positive perception of the importance of unit head supervision for nursing documentation, with 85% of respondents agreeing or strongly agreeing. This indicates psychological readiness among staff to receive supervision, suggesting that tiered supervision programs have high potential for success if supported by appropriate instruments and a consistent implementation system. Pilot testing of tiered supervision using Google Form-based instruments demonstrated effectiveness in speeding up monitoring and increasing involvement of unit heads and team leaders. This supervision model also supports principles of time efficiency and reporting accuracy. Integrating Kotter's change theory into the supervision program also provides a solid foundation for successful organizational change. The eight steps of Kotter's model, such as creating a sense of urgency, forming a change team, and reinforcing a new culture through continuous monitoring, foster active engagement of all parties. Thus, tiered supervision evolves beyond an administrative activity and becomes part of the organizational quality culture in nursing.

CONCLUSION

The residency program was conducted over 2 weeks, 5 days at West Jakarta Hospital, using a pilot study approach. Data were collected through interviews, observations, questionnaires, and document reviews. Assessment of the role and functions of nursing management identified three issues, from which one priority problem was selected: the suboptimal implementation of tiered supervision by unit heads in the outpatient department. The priority issue was addressed by developing a plan of action. The plan of action was designed based on management functions, including planning, organizing, staffing, directing, and controlling. It began with creating a daily work plan for the unit head, developing direct and indirect supervision instruments based on the hospital's SOP, and then socializing the results to all staff. The instruments and daily work plan developed for the unit head were implemented in a pilot test with the unit head, clinical instructor (CI), and team leader, and subsequently evaluated to assess their effectiveness and suitability for

practical use. The evaluation indicated that the daily work plan and supervision instruments were highly helpful for the unit head in structuring daily activities, including scheduled supervision, and that the supervision instruments were easy to use and effective in practice.

REFERENCES

- Ayele, S. (2021). Attitude towards documentation and its associated factors among nurses in Hawassa City, Ethiopia. *SAGE Open Nursing*, 7.
- Balang, D., Yusuf, A., & Mulyadi, N. (2017). Persepsi perawat tentang profesionalisme dalam praktik dokumentasi keperawatan. *Jurnal Keperawatan Indonesia*, 20(3), 145–153. <https://doi.org/10.7454/jki.v20i3.554>
- Brown C., A. ; W. (2021). Compliance in nursing documentation and its impact on clinical communication. *Journal of Clinical Nursing* , 15(4), 215–224.
- Dahlia, A. I., Novieastari, E., & Afriani, T. (2020). Supervisi Klinis Berjenjang Sebagai Upaya Pemberian Asuhan Keperawatan yang Aman Terhadap Pasien. *Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan*, 8(2), 304–312. Retrieved from <https://jdk.ulm.ac.id/index.php/jdk/article/view/368>
- De Oliveira, N. B., & Peres, H. H. C. (2021). Quality of the documentation of the nursing process in clinical decision support systems. *Revista Latino-Americana de Enfermagem*, 29. <https://doi.org/10.1590/1518-8345.4510.3426>
- Dewi, R., & Pujasari, H. (2021). Hubungan supervisi kepala ruangan dengan kelengkapan dokumentasi asuhan keperawatan. *Jurnal Ilmu Keperawatan Indonesia*, 4(3), 144–152.
- Habibi, A., Pratiwi, A. M., Wahidin, M., Martini, T., Raidanti, D., Latipah, S., & Zuhrotunnida, M. (2025). Optimalisasi supervisi berjenjang secara sistematis dan terstruktur di Rumah Sakit X. *Jurnal JKFT Volume 7*.
- Hartati, Y., et al. (2019). Faktor-faktor yang memengaruhi kepatuhan perawat dalam dokumentasi asuhan keperawatan di rumah sakit. *Jurnal Keperawatan Indonesia*, 22(2), 78–85.
- Huber, D. L. (2014). *Leadership and nursing care management* (9th ed.). Elsevier.
- Kasaye, M. D. (2022). Medical documentation practice and associated factors among health workers at private hospitals in Ethiopia. *BMC Health Services Research*, 22.
- Kemntrian Kesehatan Indonesia. (2023). *Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan*. Lembaran Negara Republik Indonesia Tahun 2023. <https://jdih.kemkes.go.id>
- Ginting, D., & Harahap, Y. W. (2019). Hubungan Kemampuan Supervisi Kepala Ruangan Dengan Pelaksanaan Dokumentasi Asuhan Keperawatan. *Jurnal Keperawatan Dan Fisioterapi (JKF)*, 1(2), 36–41. <https://doi.org/10.35451/jkf.v1i2.162>
- Lindsay, M. R., & Lytle, K. (2022). Implementing Best Practices to Redesign Workflow and Optimize Nursing Documentation in the Electronic Health Record. *Applied Clinical Informatics*, 13(3), 711–719. <https://doi.org/10.1055/a-1868-6431>
- Manuhutu, F., Novita, R. V. T., & Supardi, S. (2020). Pendokumentasian asuhan keperawatan oleh perawat pelaksana setelah dilakukan pelatihan supervisi kepala ruang di Rumah Sakit X, Kota Ambon. *Jurnal Ilmiah Perawat Manado (Juiperdo)*, 8(01), 171–191. <https://doi.org/10.47718/jpd.v8i01.1150>
- Marquis, B. L., & Huston, C. J. (2021). *Leadership roles and management functions in nursing: Theory and application* (9th ed.). Wolters Kluwer Health
- Mohammed, T. R., Hussein, N. A., & Mohammed, S. M. (2020). *Evaluation of quality of nursing documentation in surgical wards at Baghdad teaching hospitals*. *Medico-Legal Update*, 20(2), 1040–1045. <https://doi.org/10.37506/mlu.v20i2.1566>
- Noorkasiani, N., R, G., & Maryam, S. (2015). Faktor-Faktor yang Berhubungan dengan Kelengkapan Dokumentasi Keperawatan. *Jurnal Keperawatan Indonesia*, 18(1), 1–8. <https://doi.org/10.7454/jki.v18i1.391>
- Nurfanita, A. B., & Sinulingga, C. D. (2025). Strategi intervensi untuk meningkatkan pengetahuan, supervisi, dan kepatuhan guna menghasilkan dokumentasi asuhan keperawatan yang baik:

- Literature review. *Masker Medika*, 12(2), 424–436.
<https://doi.org/10.52523/maskermedika.v12i2.703>
- Nursalam. (2014). *Manajemen keperawatan: Aplikasi dalam praktik keperawatan profesional* (Edisi 4). Salemba Medika.
- Perry, A. G., Potter, P. A., & Ostendorf, W. R. (2021). *Clinical nursing skills & techniques* (9th ed.). Elsevier. <http://evolve.elsevier.com/Perry/skills>
- Setiawan, A., Keliat, B. A., Rustina, Y., & Prasetyo, S. (2019). The effectiveness of educative, supportive, and administrative cycle (ESA-C) clinical supervision model in improving the performance of public hospital nurses. *KnE Life Sciences*, 4(15), 41–56. <https://doi.org/10.18502/cls.v4i15.5734>
- Suhartini, T. (2023). Implementasi Standar Diagnosis Keperawatan Indonesia Berdasarkan Aspek Motivasi Kerja, Beban Kerja, Supervisi, Model Kepemimpinan Dan Organisasi, Fasilitas Layananan Terhadap Pendokumentasian Asuhan Keperawatan. In *Jurnal Keperawatan Muhammadiyah* (Vol. 8, Issue 2). <http://journal.um-surabaya.ac.id/index.php/JKM>
- Sumartini, D. (2021). Prinsip-prinsip pendokumentasian asuhan keperawatan. *Jurnal Ilmiah Keperawatan Medisurg*, 11(2), 75–83.
- Tamir, T., Geda, B., & Mengistie, B. (2021). Documentation practice and associated factors among nurses in harari regional state and dire dawa administration governmental hospitals, eastern ethiopia. *Advances in Medical Education and Practice*, 12, 453–462. <https://doi.org/10.2147/AMEP.S298675>

