SUPPORTIVE SUPERVISION IMPACTS TOWARD QUALITY HEALTH SERVICES IN TANZANIA: A CASE OF CHAMWINO DISTRICT

BONIFACE MICHAEL

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN MONITORING AND EVALUATION (MAME)

DEPARTMENT OF ECONOMICS AND COMMUNITY ECONOMIC DEVELOPMENT

OF THE OPEN UNIVERSITY OF TANZANIA

2023

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled; **"Supportive Supervision Impacts Toward Quality Health Services in Tanzania: A Case of Chamwino District in Dodoma City"** in Partial fulfillment of the requirement for the Award of Degree of Master in Monitoring and Evaluation (MAME).

……..……

Prof. Emmanuel Nyankweli

(Supervisor)

……

Date

COPYRIGHT

DECLARATION

I, **Boniface Michael,** declare that the work presented in this Dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Art in Monitoring and Evaluation (MA.M&E).

.....

Signature

…….

Date

DEDICATION

I dedicate this work to my lovely wife (Paulina Uswege Mwaibosi), my beloved son (Noel Boniface) and my beloved daughter (Cecilia Boniface).

ACKNOWLEDGEMENT

The completion of this dissertation would not be a reality without a handful of support from different people. I would first and foremost like to extend my humble thanks to the Almighty God for the plenty of blessings and graceful protection for me and my entire family during my studies at the Open University of Tanzania. In a special way, I present my thanks to my supervisor Prof. Emmanuel Nyankweli of the Open University of Tanzania for the directions, guidance and support offered from the time of proposal writing to the final actualization of this work. I have felt his intellectual inspiration and encouragement.

My foremost sincere thanks should reach my wife and our children for their prayer, moral and material support and encouragement you offered to me despite the busy schedules you have. I still hold the good memory of their patience and understanding spirit in the entire course of my studies. I feel humbled to have them in my life. I also express my innermost thanks to my workmates at the Council District Medical Officer office for their willful cooperation and understanding at the time of data collection.

I am as well indebted to my employer the Chamwino district Executive Director (Semistatus Mashimba) and my immediate boss (Dr. Eusebius Kessy) for the chance offered to pursue my studies while in the job. Thank you very much. I also thank very much to all my friends, classmates and relatives for their diverse support and encouragement. May God fill you with an abundance of blessings.

ABSTRACT

This study investigates the impact of supportive supervision on the quality of healthcare services in the Chamwino District of Tanzania. Supportive supervision is recognized as a crucial strategy for improving healthcare delivery, yet its implementation and effectiveness remain understudied in the Tanzanian context. A mixed-methods approach was employed, combining surveys and qualitative interviews. The surveys involved Healthcare providers while in-depth interviews were conducted with key stakeholders. The combinations of random and purposive sampling were employed. Quantitative Data were analyzed by statistical method while qualitative were analyzed through thematic analysis. Ethical consideration was ensured. The study limitations were acknowledged. The study showed the barriers to effective implementation of supportive supervision were; limited resources, inadequate training, communication challenges, infrequent supervision, and time constraints. Supportive supervision plays a major role in healthcare providers' knowledge, skills, confidence, motivation, job satisfaction, and staff retention rates. The study concluded that Supportive supervision is very crucial to enhance healthcare quality in Tanzania. The study Recommended to include the integration of supportive supervision into health policies, increased resource allocation, improved communication, enhanced training programs, focusing in motivation of staff for job satisfaction when conducting supportive supervision. Future researches are advised to focus into further advancing fields of healthcare management systems including private sector and specialized healthcare services.

Keywords: *Supportive Supervision, Quality Healthcare services.*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OFABBREVIATIONS

CHMT	Council Health Management Team
DDSS	District Department of Social Services
DHMT	District Health Management Team
DMO	District Medical Officer
FBO	Faith Based Organization
FGD	Focus Group Discussion
HF	Health Facility
HMIS	Health Management Information System
HMT	Hospital Management Team
HRH	Human Resources for Health
LMIC	Low- and Middle-Income Countries
PDSA	Plan-Do-Study-Act (A Quality Improvement Framework)
PHC	Primary Health Care
QI	Quality Improvement
SPSS	Statistical Package for the Social Sciences
SDG	Sustainable Development Goals
SSA	Sub-Saharan Africa
VEO	Village Executive Officer
WEO	Ward Executive Officer
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The global perspective of quality health refers to the recognition and pursuit of healthcare services that are safe, effective, patient-centered, timely, efficient, and equitable across different regions and populations (WHO, 2021). Ensuring quality health on a global scale involves addressing various challenges, including disparities in access to healthcare, healthcare infrastructure, healthcare workforce training, and resource allocation. As in many other developing nations, Tanzania faces major difficulties in assuring the provision of high-quality healthcare services.

One of the contributing factors to the poor quality of healthcare in the nation has been highlighted as insufficient supervision of healthcare professionals. Supportive supervision is viewed as an intervention that enhances the health system and allows health workers to provide better care (Bailey et al, 2016). The primary healthcare (PHC) movement in low-income countries (LICs) emphasized the need for supportive supervision to connect remote workers to the health system and enhance their training (Hill et al, 2014). By giving instructions, keeping track of performance, and offering assistance to healthcare providers, supervision plays an important part in healthcare settings.

The study aim to study the effects of supportive supervision on delivering of quality health services in Chamwino District which is in central Tanzania. Chamwino is a representative of many districts in Tanzania which are facing numerous healthcare

issues, such as insufficient staffing and funding, and restricted access to high-quality care. The supportive supervision itself although it seemed as a good strategy for improvement of health services in Tanzania is not in implemented in a good order due to a number of barriers it is encountered for example inadequate knowledge and skills to conduct effective supportive supervision among health care managers limited resources to implement he strategy, in adequate frequencies of conduction supportive supervision, geographical constraints especially in hard to reach areas and inadequate time to conduct supportive supervision. On the other hand the health care worker who are to be supervised are seemed to have unsatisfactory knowledge, skills and confidence improvement also are seemed be less motivated with little job satisfaction leading to the increase of staff turnover through leaving their work stations and other staff quit their employment looking for green pasture.

The goal of the study was to determine how supportive supervision can enhance the caliber of healthcare provided in Tanzania's Chamwino District. To improve healthcare professional performance, patient happiness, adherence to clinical guidelines, and overall service delivery, supportive supervision is intended to be evaluated. The study also seeks to pinpoint the major elements that contribute to or hinder the effectiveness of supportive supervision in this context. This study can offer evidence-based recommendations to strengthen Tanzania's health system and improve the provision of high-quality healthcare services by looking at the effects of supportive supervision in the Chamwino District. The results can help with policymaking, direct the creation of programs for supporting monitoring, and advance the nation's healthcare system as a whole.

1.2 Statement of the Problem

Despite ongoing efforts to enhance healthcare services in Chamwino District, Tanzania, challenges persist in ensuring the consistent delivery of high-quality care. These challenges range from limited resources to gaps in healthcare provider skills and motivation. Within this context, a critical concern is the efficacy of supportive supervision, a key strategy designed to improve healthcare quality. While supportive supervision is recognized as integral to healthcare improvement, its specific impact on the knowledge, skills, and job satisfaction of healthcare providers in Chamwino District remains inadequately understood.

The district faces unique socio-economic and infrastructural challenges that may influence the effectiveness of supportive supervision programs. Additionally, the complex interplay of factors such as communication barriers, inadequate training, and resource constraints may hinder the optimal implementation of supportive supervision strategies. Understanding these challenges and their implications is essential for designing targeted interventions that can address the root causes of suboptimal healthcare quality in Chamwino District.

Therefore, this study aimed to comprehensively explore the facilitators and barriers to effective implementation of supportive supervision in Chamwino District. By investigating its impact on the knowledge, skills, and job satisfaction of healthcare providers, the research aimed to provide insights that can inform evidence-based strategies for strengthening supportive supervision programs. Addressing these issues is fundamental to advancing healthcare quality, enhancing provider performance, and ultimately improving health outcomes in Chamwino District and

similar settings.

1.3 Objectives of the Study

1.3.1 General Objective

This study intended to assess the impact of supportive supervision on the quality of health services in Chamwino District, Tanzania.

1.3.2 Specific Objectives

The specific objectives intend to;

i. Identify the barriers to effective implementation of supportive supervision
ii. To assess the impact of supportive supervision on healthcare providers' knowledge, skills, and confidence in delivering quality health services.
iii. To examine the impact of supportive supervision on healthcare providers' job satisfaction, motivation, and staff retention.

1.4 Research Hypotheses

i. There is a significant association between resource constraints, communication barriers, and insufficient training with the perceived effectiveness of supportive supervision in Chamwino District.
ii. Healthcare providers who receive regular and well-structured supportive supervision will demonstrate a statistically significant improvement in knowledge, skills, and confidence compared to those without such supervision.
iii. There is a positive correlation between the frequency and quality of supportive supervision and healthcare providers' job satisfaction, motivation levels, and staff retention rates in Chamwino District.

1.5 Significance of the Study

The findings will provide evidence to inform the development and refinement of healthcare policies in Chamwino District. Insights into the barriers and facilitators of supportive supervision can guide policymakers in designing more effective and tailored interventions. Understanding the impact of supportive supervision on healthcare providers' knowledge, skills, and confidence is pivotal for enhancing the overall quality of health services. The study's outcomes can contribute to targeted strategies aimed at improving patient outcomes and satisfaction.

By exploring the relationship between supportive supervision and job satisfaction, motivation, and staff retention, the study directly addresses critical challenges in healthcare workforce management. Positive findings could lead to interventions that enhance healthcare providers' well-being and retention. The identification of barriers to effective implementation of supportive supervision can assist in optimizing resource allocation. This study can guide decision-makers in allocating resources where they are most needed, addressing key constraints and maximizing the impact of supportive supervision programs.

Insights gained from this research can guide capacity-building initiatives for healthcare providers. By understanding the specific areas where supportive supervision has the most impact, training programs can be tailored to address identified knowledge and skills gaps. The study contributes to the global knowledge base on healthcare quality improvement, especially in resource-limited settings. Lessons learned from Chamwino District can be applicable to other regions facing similar challenges, fostering a broader impact.

The study's recommendations can promote sustainable healthcare practices by fostering a supportive and motivating work environment. This, in turn, can contribute to the long-term resilience and effectiveness of the healthcare system in Chamwino District. Academically, the study fills a critical gap in the literature by providing empirical evidence on the impact of supportive supervision in a specific context. It can serve as a reference for future research on healthcare management, supportive supervision, and quality improvement.

1.6 Scope of the Study

The study was focused on the Council Health Management Team (CHMT) in the district and their implementation of supportive supervision practices to health facilities involving both public and private health facilities in Chamwino district to assess the quality of health services delivered in the district.

1.7 Limitations of the Study

Among potential limitations are that, The study was focused only on Chamwino District, which may limit the generalizability of the findings to other contexts, the study was limited by the availability and accuracy of data also the study was limited by the biases and subjectivities of the researcher and participants in the study and the last limitation is, the study was limited by the availability of resources and funding.

1.8 Delimitations of the Study

The deliberate decision to focus exclusively on Chamwino District was made to ensure a nuanced understanding of the local context. While this may limit generalizability, the in-depth exploration of a specific region allows for targeted, context-specific recommendations. Given the constraints in data availability, the

study strategically utilized existing data sources to derive meaningful insights. By doing so, the research maximized the use of accessible information while acknowledging the potential limitations in the comprehensiveness of the dataset.

The study recognizes the inherent biases and subjectivities in research. To mitigate this, rigorous research methodologies, such as triangulation of data from multiple sources and reflexivity in the research process, were employed to enhance the validity and reliability of the study's findings. Acknowledging the limitations posed by resource and funding constraints, the study carefully prioritized research components based on their critical importance. This strategic approach allowed for a focused and meaningful investigation within the available resource framework.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The prevailing conditions of health exhibit significant global inequalities, with differences in access to healthcare and socioeconomic factors contributing to disparities. Non-communicable diseases, infectious diseases, and mental health concerns are prominent contributors to the global burden of disease. Maternal and child health remain priorities, while an aging population poses challenges for healthcare systems. Environmental factors, such as air and water quality, influence health outcomes. Disparities in healthcare access persist, and achieving universal health coverage is a global goal. Advances in health technologies hold transformative potential, and global health faces ongoing threats such as pandemics and antimicrobial resistance. The dynamic nature of health conditions underscores the importance of considering various factors shaping the health landscape.

Addressing prevailing health challenges requires a comprehensive approach. Initiatives should focus on promoting health education to raise awareness and encourage preventive measures. Strengthening healthcare systems, improving access to services, and ensuring universal health coverage are vital steps. Combating infectious diseases requires international collaboration and robust public health systems. Prioritizing maternal and child health, providing mental health support, and addressing environmental health issues are essential. Strategies for healthy aging, global collaboration, and research and innovation should be emphasized. Community engagement, policy advocacy, and tailoring interventions to local needs are key principles for effective and sustainable health improvements.

2.1.1 Universal Health Coverage

Universal Health Coverage (UHC) is a healthcare system and objective that seeks to ensure that all people have access to critical health treatments without financial hardship (WHO, 2008). It is founded on the ideas of equity, universal coverage, high-quality care, financial security, and primary health care. Universal Health Coverage (UHC) strives to provide critical health care to all people without regard for their financial situation while primary health care (PHC) is a critical component, ensuring accessible, comprehensive, and community-oriented services. UHC advocates equity, universal coverage, high-quality treatment, and financial security while emphasizing the importance of primary health care in providing holistic and person-centered health care.

2.2 Primary Health Care

2.2.1 Meaning of Primary Health Care

Primary health care (PHC) is a holistic approach to health care that aims to provide individuals and communities with universal access to critical health services, with an emphasis on prevention, promotion, and community participation. PHC is founded on the concepts of equity, social justice, and hum at the community level, by a group of health professionals that may include doctors, nurses, midwives, and community health workers. Services include health promotion, disease prevention, diagnosis, treatment, and rehabilitation, as well as chronic condition and mental health care. PHC is regarded as an essential component in achieving universal health coverage as well as the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to ensure healthy lifestyles and promote well-being for all people of all ages. PHC is

acknowledged as the bedrock of a strong health system (WHO, 2021).

2.2.2 Primary Health Care in Tanzania

A major primary health issue in Tanzania is the burden of infectious diseases, including malaria, HIV/AIDS, and tuberculosis. These diseases significantly impact the population's health, leading to high morbidity and mortality rates. Access to healthcare services, especially in rural areas, remains a challenge, contributing to delays in diagnosis and treatment. Maternal and child health concerns persist, with high maternal and infant mortality rates. Non-communicable diseases are also on the rise, posing additional challenges to the healthcare system. Addressing these issues requires a comprehensive approach that includes improving healthcare infrastructure, increasing access to essential services, and implementing preventive measures.

Efforts are underway to address these challenges including; increased funding for PHC, changes in health workforce planning and management, and the expansion of community-based health services are all underway to address these difficulties. To ensure the availability of competent health professionals and an adequate number of health personnel to manage health services with a gender perspective at all levels. Management must enhance human resource capacity, and health service provision will be handled. Sensitize the population to prevalent preventable health problems, and strengthen the capacity of all levels of society to assess, analyze, and design problems (Bushy, 2000).

2.2.3 Quality Health Services

Quality health services are defined by the World Health Organization (WHO) as "the extent to which health services provided to individuals and patient populations

improve desired health outcomes and are consistent with current professional knowledge." To provide quality health care, strong health systems, effective rules and procedures, and experienced and motivated healthcare staff are required (WHO, 2008).

2.2.4 Global Perspective of Quality Health Services

The global perspective highlights the need for a holistic strategy to ensure quality health services, which includes the supply of evidence-based practices, the use of suitable technologies and resources, and the development of competent and motivated health workers. Indeed, there should be a clarion call to develop strategies that include and emphasize more incentive mechanisms for health care providers, particularly in rural areas, to encourage them to work and stay in this region (Schattuck, et al., 2008), as well as patient and community involvement in service design and delivery, and the use of data and information to monitor and evaluate performance and outcomes.

2.2.5 Tanzania Perspective of Quality Health Services

The issues of concern for the Tanzania quality health services are limited access to healthcare, health workforce challenges, infrastructure and resource gaps, infectious diseases burden, maternal and child health concerns, non-communicable diseases (NCDs) and quality of care. What is required is to improve access and equity, workforce development, infrastructure enhancement, disease prevention and management, maternal and child health programs, NCD prevention and management, quality assurance, community engagement, health information systems, policy and governance.

2.2.6 Meaning of Supportive Supervision

Supervision in the health sector dates as far back as the early 1900s when it was conceived as an organizational and management process (Curtis, 1992). Supportive supervision has been defined in several ways as 'the provision of guidance and feedback on matters of personal, professional and educational development. Kilminster, et al., 2007).

2.2.7 Global Perspective of Supportive Supervision

The global perspective of supportive supervision recognizes that healthcare is a complex system that requires a multifaceted approach to improve its quality, which includes creating an enabling environment for health workers, providing them with the necessary resources and training, and engaging them in a process of continuous quality improvement, as well as strengthening health systems' capacity to monitor and evaluate the impact of supportive supervision in many low- and middle-income countries, health systems face significant challenges, including inadequate infrastructure, limited financial resources, inadequate training, and lack of human resources. Supportive supervision has emerged as an essential strategy for addressing these challenges. By improving the quality of health services delivered to the communities, supportive supervision helps to reduce morbidity and mortality rates, increase patient satisfaction, and strengthens health systems (Haver, et al., 2019).

2.2.8 Tanzania Perspective of Supportive Supervision

Tanzania's Ministry of Health, Community Development, Gender, Elderly, and Children has created a supportive supervision framework that gives guidance on essential parts of the approach, such as planning, implementing, and monitoring

supportive supervision activities. The framework highlights the significance of incorporating all stakeholders in the supportive supervision process, including health workers, managers, and community members. It also emphasizes the importance of regular and constant supportive supervision, as well as feedback and follow-up for health providers. (Tanzania Mainland Ministry of Health, Community Development, Gender, Elderly, and Children, 2019)

2.3 Theoretical Literature Review

In this study, two theories - Social Cognitive Theory and Implementation Science, or Implementation Theory - are employed. These theories can offer a thorough framework for comprehending both individual-level processes and the larger implementation context. Here is how these theories can be included in the investigation:

2.3.1 Social Cognitive Theory

Albert Bandura, a psychologist, is the creator of the Social Cognitive Theory. In the late 1970s, Bandura first proposed the hypothesis, and throughout the years, he refined and expanded upon it. The theory was used to investigate how supportive supervision affects the knowledge, skills, confidence, motivation, and job satisfaction of healthcare practitioners at the individual level. It can be used to investigate the roles that motivation, self-efficacy, and observational learning play in behavior modification and performance enhancement.

2.3.2 Implementation Science, or Implementation Theory

Implementation theory is an interdisciplinary topic. Which was developed over time as a result of contributions of numerous researchers. The theory was developed

Adetokunbo, Lucas & Carl Taylor in the 1970s To overcome implementation issues and enhance the provision of healthcare services, they underlined the significance of doing research. This theory can be used to comprehend supportive supervision's wider implementation environment as well as the obstacles and enablers to its successful application. It can assist in identifying organizational aspects, leadership support, resources, communication, and the environment of policy that affect the effective use of supportive supervision programs. The study can better understand how the social cognitive theory-identified individual-level processes - such as self-efficacy, motivation, and observational learning—interact with the implementation science-identified implementation context - which includes organizational factors, resources, and leadership support.

2.4 Empirical Literature Review

Motaghi et al (2022), in study of the Effect of Supportive Supervision on Improving the Health Indices of Health Centers in Khomeinishahr, Iran. The study was a quasi-experimental, applied and interventional study performed on 8 activity indicators in KhomeiniShahr in 2020. Motaghi *et al* did an analysis using SPSS19 for data analysis and the conclusion was that; considering the significant impact of the intervention on the indicators, it is predicted that supportive monitoring training will improve the health quality of the country's health system. Inspired by these findings, the study in Chamwino District explores if similar improvements can be achieved. However, contextual differences between the two regions may pose challenges, and the Chamwino study aims for a more comprehensive understanding of supportive supervision's impact on various aspects of healthcar

Gopalakrishnan et al., (2021) in a study named ‘’Association between supportive supervision and performance of community health workers in India. Gopalakrishnan, et al., did an analysis using longitudinal survey data and concluded that 'Higher intensity of supportive supervision is associated with improved CHW performance directly and through knowledge of CHWs. Leveraging institutional mechanisms such as supportive supervision could be important in improving service delivery to reach beneficiaries and potentially better infant and young child feeding practice. In summary, Gopalakrishnan, et al.'s findings highlight the positive association between supportive supervision and CHW performance, providing a foundation for the Chamwino study. However, contextual gaps need to be considered for effective implementation in Chamwino Districts.

Desta, *et al.,* (2020), in the study ‘Does frequency of supportive supervisory visits influence health service delivery? The study was conducted in Ethiopia. The study employed a retrospective cohort study. The study concluded that Supervision is contributing to improvements made in the service delivery management at the health center level. In addition, after the fourth visit, any checklist-based supervision needs to be transitioned to issue specific supportive supervision nested in the overall quality improvement system. Desta et al.'s findings provide insights into the general positive impact of supervision, but differences may exist in the specific strategies and contextual considerations addressed in the Chamwino study on supportive supervision impacts.

Renggli, et al., (2018), in a study conducted in Tanzania concerned about ‘towards improved health service quality in Tanzania: contribution of a supportive supervision

approach to increased quality of primary healthcare’. The analysis used was mixed methods by combining trends of quantitative quality of care measurements with qualitative data mainly collected through in-depth interviews. In this study Renggli et al found Together with other findings reported in companion papers, we could show that the new supportive supervision approach not only served to assess the quality of primary healthcare but also to improve and maintain crucial primary healthcare quality standards. Renggli et al.'s study underscores the dual function of supportive supervision in assessing and enhancing primary healthcare quality in Tanzania. The Chamwino study likely explores specific aspects of health service quality and also differ in the methodology used.

Nyamhanga, et al., (2021) in the study of ‘Facilitators and barriers to effective supervision of maternal and newborn care: a qualitative study from Shinyanga region, the study was conducted in Tanzania. A purposeful sampling approach was employed to recruit a stratified sample of health system actors: The study conclusion was that; besides resource constraints, lack of clear policies and limitations related to progress measurement impair the effectiveness of supportive supervision in improving maternal and newborn outcomes.

There is a need to reform supportive supervision so that it aids and measures progress not only at the district but also at the health facility level. Nyamhanga et al.'s study influenced the Chamwino study by highlighting the importance of addressing resource constraints, policy clarity, and progress measurement in supportive supervision. However, differences in context and specific challenges may exist, forming the gap between the two studies.

2.5 Research Gap

The research on the impact of supportive supervision on healthcare services in Chamwino District builds upon insights from various studies. Gopalakrishnan et al. (2021) and Desta et al. (2020) underscored the positive association between supportive supervision intensity and improved performance, providing a foundation for the Chamwino study. Renggli et al. (2018) and Nyamhanga et al. (2021) emphasized the dual role of supportive supervision in assessing and enhancing primary healthcare quality, inspiring the exploration of similar themes in Chamwino. However, while these studies offer valuable insights, differences exist in contextual factors, methodologies, and specific challenges identified.

Nyamhanga, et al., (2021) highlighted barriers related to resource constraints, unclear policies, and progress measurement, suggesting potential gaps in policy implementation and monitoring. Therefore, the research gap in the Chamwino study lies in comprehensively understanding how supportive supervision addresses these challenges in the unique context of Chamwino District, considering its specific healthcare system nuances, resource availability, and policy landscape. The Chamwino study aims to contribute a nuanced understanding of the effectiveness of supportive supervision in improving healthcare services, filling gaps identified in existing literature and providing context-specific recommendations for enhanced service delivery.

2.6 Conceptual Framework

According to Mugenda and Mugenda, (2003), a conceptual framework refers to the conceptualization of the relationship between variables in the study and it is shown

diagrammatically. This conceptual framework was crafted through a thorough review of critical literature and incorporation of relevant study theories. Insights from studies by Gopalakrishnan et al. (2021), Desta et al. (2020), Renggli et al. (2018), and Nyamhanga et al. (2021) informed the framework. Gopalakrishnan et al. inspired the inclusion of supportive supervision intensity and its direct impact on performance. Desta et al.'s emphasis on transitioning supervision methods and Renggli et al.'s dual role of assessment and improvement influenced the framework's structure. Nyamhanga et al.'s identification of barriers, especially related to policies and progress measurement, shaped the framework's considerations. Thus, the conceptual framework synthesizes insights from diverse studies to provide a comprehensive lens for understanding and assessing supportive supervision's impact on healthcare services in Chamwino District. The conceptual framework of this study is based on the following independent and dependent variables:

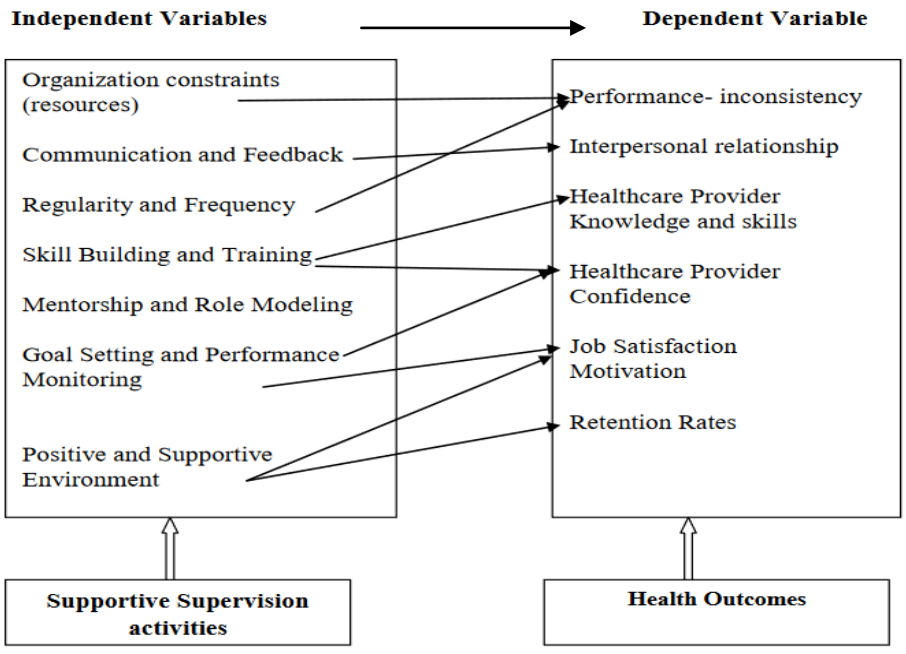

Figure 1.1: Conceptual Framework of the Study
Source: Researcher's construct**, (2023).**

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

The research methodology chapter covered the research approach, design, study area, target group, sample size and sampling procedures, data gathering techniques and instruments, data reliability and validity, data analysis, ethical research concerns, and study constraints.

3.2 Research Approach

According to Botha (2011), a research approach is the conceptual framework in which a study is carried out. The research approach employed in the study on supportive supervision's impact on healthcare services in Chamwino District utilized a mixed-methods design. The quantitative aspect involved systematic sampling and structured surveys to gather numerical data on supportive supervision frequency, intensity, healthcare provider performance, and service quality indicators. Statistical analysis, likely using tools such as SPSS, was conducted to assess correlations and significance. Simultaneously, the qualitative aspect employed purposive sampling for in-depth interviews and/or focus group discussions with diverse participants, exploring experiences, barriers, facilitators, and improvement suggestions related to supportive supervision. Thematic analysis was applied to identify patterns and themes within the qualitative data.

The integration of findings from both quantitative and qualitative analyses allowed for a comprehensive understanding of how supportive supervision impacts healthcare services in Chamwino District. The mixed-methods approach facilitated

triangulation, enhancing the study's overall validity and reliability. This dual-method strategy aimed to capture the breadth and depth of the phenomenon, providing a nuanced and robust exploration of the research questions.

3.3 Research Design

Kothari, 20002; defines a research design as a plan of action for collecting data, unifying and scrutinizing it to combine the relevance of research with the economy in processes. The research design for the study on supportive supervision's impact on healthcare services in Chamwino District is characterized by a mixed-methods approach. This methodological strategy integrates both quantitative and qualitative components to provide a thorough and nuanced exploration of the research questions. The study employs systematic sampling and structured surveys for quantitative data collection, focusing on variables such as supportive supervision frequency, intensity, healthcare provider performance, and key indicators of service quality. Statistical analysis, likely using software such as SPSS, will be conducted to explore correlations and statistical significance in the quantitative data.

Simultaneously, the qualitative aspect involves purposive sampling for in-depth interviews and/or focus group discussions with diverse participants. These qualitative methods aim to capture rich data on healthcare providers' experiences, perceived barriers, facilitators, and suggestions for improvement related to supportive supervision. Thematic analysis is applied to identify patterns and themes within the qualitative dataset. The integration of findings from both quantitative and qualitative analyses allows for a comprehensive understanding of how supportive supervision impacts healthcare services in Chamwino District, ensuring a robust

exploration.

3.4 Description of the Study Area

Chamwino district is one of eight districts of the Dodoma region. It is located between latitudes -6.3667° south and longitudes 36.8833° east. It serves as the study area for its significance in representing a rural healthcare context. Its selection is strategic due to the district's unique blend of challenges and opportunities in delivering quality health services. The district encapsulates the complexities often encountered in rural healthcare settings, including resource constraints, diverse healthcare provider experiences, and the influence of supportive supervision on service quality. By focusing on Chamwino, the study aims to provide insights applicable to similar rural contexts, contributing valuable knowledge to the enhancement of healthcare services in resource-limited settings.

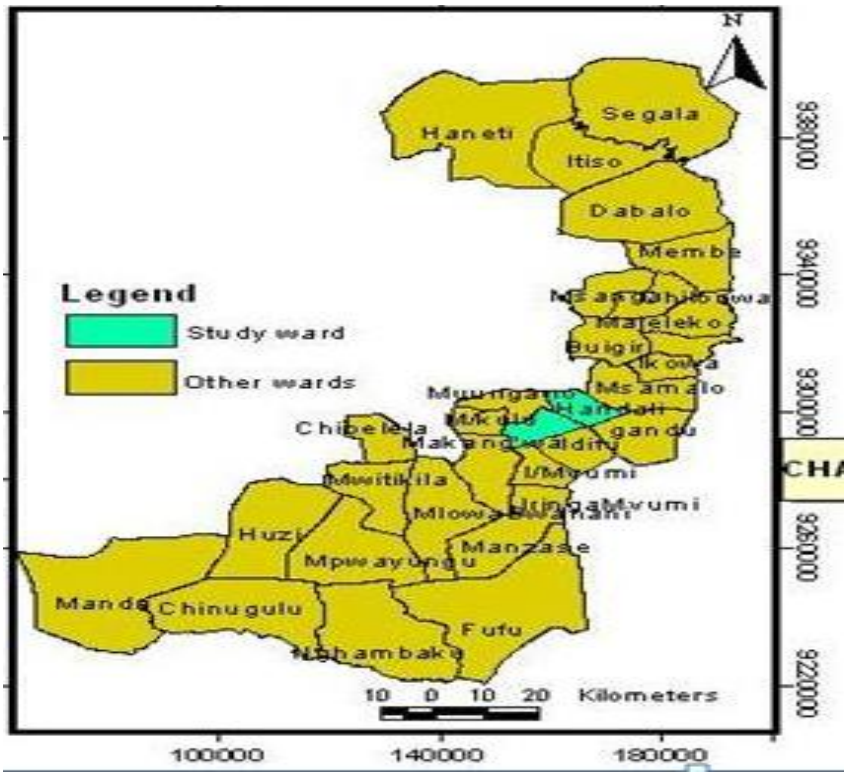

Figure 3.1: A Map of Dodoma Showing Chamwino District
Source: Chamwino CCHP (2023).

3.5 The Study Population

The population of the study involved health workers from 76 health facilities which involved 23 facilities among them 2 were hospitals, 2 were health centers and 19 were dispensaries which are government and non government owned. Other important factors that have been considered are; practical constraints such as the availability of resources and the feasibility of conducting the study with the selected sample size.

3.7 Sampling Technique

A sampling technique is a tool for selecting items or individuals from a population (Orodho and Kombo, 2002). This study used the following sampling technique

3.7.1 Probability Sampling Techniques

Probability sampling was employed in the study on supportive supervision's impact on healthcare services in Chamwino District. This systematic sampling method involved selecting participants from the target population in a randomized and unbiased manner. Through this approach, every healthcare provider in Chamwino District had a known and equal chance of being included in the study. This method enhances the generalizability of findings to the broader population, ensuring a representative sample that contributes to the study's validity and reliability.

3.7.2 Purposive and Simple Random Sampling Method

The study employed both qualitative and quantitative methods as research design then it will be relevant for the researcher to use both techniques to come up with a relevant sample for the study. The respondents sampled in these categories are; CHMTs, Hospital Management Teams (HMTs), and officials from private sectors

such as FBO hospitals, pharmacies, health centers, and dispensaries are among those involved. A list of all members was written on a piece of paper, and folded and one piece of paper was randomly selected to represent the name of one member to participate. To decrease bias in sample selection, this approach was carried out for all health workers, health management teams, and clients.

3.7.3 Sampling Frame

The sampling frame for the study was obtained by collaborating with local health authorities, securing a comprehensive list of healthcare providers in Chamwino District. This ensured a diverse representation, including different facilities and specialties, strengthening the study's validity and applicability to the broader healthcare workforce in the district. The sampling frame was 466 employees working in health sector at Chamwino district council.

3.7.4 Sample Size

Sampling size refers to the number of items to be selected from the universe to constitute a sample (Kothari, 2014). The sample size was large enough to satisfy the needs of this study. Therefore sample size from the selected study area was taken according to the size of the population of the study and population structure. The following formula by (Kothari 2014) applied to calculate the number of sample size required;$n = N \div (1 + N(e^2))$

Whereby n=Sample size

N=Total population

e= 30% (Error)

n=466/ (1+466*0.3^2)

n= 93

Table 3.1: Sample Size (N=93) of Study Population

Target Group	Number of Respondent	Key Informants	Number of Respondent
Employee (Staff)	52	CHMT	8
		HF in charges	14
		FBO HFs	3
		WEO/VEO	4
		Clients/Patients	12
Total	**52**	**Total**	**41**

Source: Field Data, (2023).

3.8 Data Collection

Data were collected using a multistage sampling technique. The quantitative data was collected through a structured questionnaire, while the qualitative data was collected through FGDs and IDIs. The FGDs and IDIs were conducted in the local language, and will be audio-recorded and transcribed verbatim. The interviews were audio-recorded with the consent of the participants, and the recordings were transcribed for analysis. The study involved both primary and secondary data collection methods. The sample was selected from different health facilities in the Chamwino District Council, and healthcare workers from different cadres (doctors, nurses, clinical officers, laboratory technicians) were included to ensure a diverse range of perspectives.

3.8.1 Primary Data Collection

Primary data was collected through surveys and interviews with healthcare workers. The survey was self-administered and consisted of both closed-ended and open-ended questions. Closed-ended questions included questions that required respondents to select a response from a pre-defined set of options (yes/no questions, Likert scale questions). Open-ended questions allowed respondents to provide more

detailed information and explanations of their responses. The interviews were conducted and were semi-structured; meaning that there was a set of pre-determined questions, but respondents were also having the opportunity to provide additional information and insights.

3.8.2 Secondary Data Collection

Secondary data for this study was collected from existing sources. The sources of secondary data included the following; the district health reports, health facility records, national health surveys, policy documents and academic literature. Published academic articles and reports were reviewed to provide relevant information to the study.

3.9 Data processing and Analysis

The study used inferential statistics in processing and analyzing of data where by correlation analysis was employed to ensure examining relationships between variables and the regression analysis was used to assess the strength and direction of relationships also the factor analysis was employed to in exploring the underlying factors influencing the observed variables.

3.9.1 Quantitative Data Analysis

The quantitative data obtained from respondents was summarized, cleaned, coded and analyzed using Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics, (frequencies, cumulative frequencies and percentages) were used.

3.9.2 Qualitative Data Analysis

Data that was obtained from key informant interviews was tape recorded, transcribed precisely, translated (from Swahili to English), typed and then edited. The data was then arranged as per the research questions and coded into respective themes and sub themes.

3.10 Ethical Considerations

The study was conducted following the ethical guidelines for research involving human subjects. Informed consent was obtained from all participants, and confidentiality and anonymity will be ensured throughout the study. The study was also approved by the relevant institutional review boards.

3.11 validity and Reliability Issues of this Study

3.11.1 Validity

The study used Content Validity procedure to ensure that the content of the study measurement tools (e.g., surveys, questionnaires) are relevant and representative of the construct which were to be measured. The Result show alignment with the intended constructs which were to be measured.

3.11.2 Pilot Study

A pilot study is that technique used to check the research protocols, data collection instruments, the sample recruitment strategies and other research techniques in preparation for a larger study (Schattner & Mazza, 2006). In this study one one health facility was used as a pilot facility. A careful examination of the responses given by the respondents, time taken and understanding of the questions made

possible to make few changes on the questionnaire so as to proceed with data collection and the results of this pilot study was good which enabled to proceed with the overall study successively.

3.11.3 Reliability

Reliability was employed through Internal Consistency: The Procedure used statistical measures like Cronbach's alpha for scales with multiple items to evaluate how consistently these items measure the same construct. If the Result shows Higher Cronbach's alpha values (typically ranging from 0 to 1) indicate greater internal consistency.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Chapter Overview

This chapter examines the information gathered, tables it, and interprets it. This chapter analyses the data collected, presents it in tables and undertakes data interpretation. The chapter provides the major findings and results of the study as obtained from the questionnaire.

4.2 Demographic Characteristics of the Respondents

The study established the background information of the respondents. This included age, gender, Professional of the respondent and area of work. 32.0 % of the respondents were aged between 26-30, 34.9% were aged between 36-40, 26% were aged between 40-50 and 7.1% were aged 50+. It therefore implies that most of the health workers are middle aged or less than 40 years old.

Table 4.1: Distribution of Respondents by Age in Years (n= 93)

Age Group (years)		Frequency		Percentage (%)
26-30		30		32
36-40		32		34.9
40-50		24		26
50+		7		7.1
Total		93		100

Source: Research data, (2023).

The study required the assessment of the gender of the respondents, and this was important to find out the gender representation of the health workers in the health facilities. The study results indicated that female respondents were, 57.1%, and the male respondents were 42.9%. According to the study findings, it therefore implies that there are more female workers than male workers.

Table 4.2: Distribution of Respondents by Sex (n=93)

Sex	Frequency	Percentage
Male	40	42.9
Female	53	57.1
Total	93	100.0

Source: Research data, (2023).

The study requires involving different respondents those who are professionals and nonprofessionals which are clients (patients). The results showed that respondents who had professionals were 77 equal to 83 % and nonprofessional respondents were 16 equal to 17%. The table below summarizes how respondents were distributed according to those with professional and nonprofessional respondents.

Table 4.3: Health Facilities Distribution of Respondents by Profession (n=93)

Professionals	Frequency	Percentage %
Medical Doctor	8	8.5
Nurse	26	28
Pharmacy	8	8.5
Laboratory Technician	12	13
Clinical Officers and Others	23	25
Clients/Nonprofessionals	16	17
Total	**93**	**100**

Source: Research data, (2023).

4.3 Barriers or Challenges to Effective Implementation of Supportive Supervision

The study identified the barriers to effective implementation of supportive supervision through asking respondents questions to determine their awareness of the barriers of effective supportive supervision. Respondents were asked to indicate the level of agreement or disagreement with the barriers to effective supportive supervision which were identified to be; Lack of resources, inadequate training, resistance to change, communication issues, insufficient supervision frequency and limited time for supportive supervision activities. The tables below show the

distribution of respondents according to each type of barrier of supportive supervision by showing a level of agreement or disagreement.

Table 4.4: Distribution of Respondents due to the Barrier of Lack of Resources (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**33**	35
Agree	**48**	**52**
Neutral	**12**	**13**
Disagree	**0**	**0**
Strongly Disagree	**0**	**0**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.4 presents respondents' views on the barrier of lack of resources in supportive supervision. Of the total 93 respondents, 35% strongly agreed, 52% agreed, and 13% were neutral, while none disagreed or strongly disagreed, highlighting a consensus that lack of resources is a significant barrier.

Table 4.5: Distribution of Respondents due to the Barrier of Inadequate Training (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**18**	19
Agree	**52**	**61**
Neutral	**12**	**13**
Disagree	**6**	**7**
Strongly Disagree	**0**	**0**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.5 reveals opinions on inadequate training as a barrier. Among 93 respondents, 61% agreed, 19% strongly agreed, 13% were neutral, and 7% disagreed, with none strongly disagreeing. This underscores the perception that inadequate training poses a hurdle to effective supportive supervision.

Table 4.6: Distribution of Respondents due to the Barrier of Resistance to Change (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**1**	2
Agree	**6**	**6**
Neutral	**5**	**5**
Disagree	**22**	**24**
Strongly Disagree	**59**	**63**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.6 outlines responses regarding the barrier of resistance to change in supportive supervision. Of the 93 respondents, 2% strongly agreed, 6% agreed, 5% were neutral, 24% disagreed, and 63% strongly disagreed. This suggests a prevalent view that resistance to change is a substantial obstacle to effective supportive supervision.

Table 4.7: Distribution of Respondents due to the barrier of Communication Issues (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	26	28
Agree	57	61
Neutral	9	10
Disagree	1	1
Strongly Disagree	0	0
Total	**93**	**100**

Source: Research data, (2023).

Table 4.7 findings indicate that respondents who agreed that Communication Issueswere the barrier to effective implementation of supportive supervision 57 (61%), respondents who strongly agreed 26 (28%), neutral respondents 9 (10%),

those who disagreed 1 (1%) and those who strongly disagree were 0 (0%).

Table 4.8: Distribution of Respondents due to the Barrier of Insufficient Supervision Frequencies (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**12**	14
Agree	**48**	**51**
Neutral	**6**	**6**
Disagree	**14**	**15**
Strongly Disagree	**13**	**14**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.8 findings indicate that respondents who agreed that Insufficient Supervision Frequencies were the barrier to effective implementation of supportive supervision was 48 (11%), respondents who strongly agreed were 12 (14%), neutral respondents were 6 (6%), those who disagree were 14 (15%) and those who strongly disagree were 13 (14%).

Table 4.9: Distribution of Respondents due to the Barrier of Limited Time for Supervision Activities (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	21	23
Agree	58	61
Neutral	6	7
Disagree	6	7
Strongly Disagree	2	2
Total	**93**	**100**

Source: Research data, (2023).

Table 4.9 reveals that a significant proportion of respondents (61%) agreed that limited time for supervision activities is a barrier to effective supportive supervision. Among them, 23% strongly agreed, while 7% were neutral. On the contrary, 7% disagreed, and 2% strongly disagreed with the notion that limited time hinders

effective supportive supervision.

4.4 Impact of Supportive Supervision on Healthcare Providers' Knowledge, Skills, and Confidence in Delivering Quality Health Services

Under this specific objective, the study intended to determine whether supportive supervision has contributed to healthcare workers' knowledge, skills, confidence, and encouragement, positivity of supportive supervision, feedback and professional growth to provide quality health services. Respondents were asked questions to determine how supportive supervision has been helpful to healthcare providers' knowledge, skills, confidence, and encouragement, positivity of supportive supervision, feedback and professional growth.

Table 4.10: Distribution of Respondents on the Contribution of Supportive Supervision to the Knowledge and Skills of Clinical Guidelines and Protocols (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**28**	30
Agree	**55**	**59**
Neutral	**3**	**3**
Disagree	**1**	**1**
Strongly Disagree	**6**	**7**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.10 presents responses on the impact of supportive supervision on the knowledge and skills of healthcare providers regarding clinical guidelines and protocols. The majority of respondents (89%) either agreed or strongly agreed with the positive contribution of supportive supervision, indicating a statistically significant association between supportive supervision and the enhancement of healthcare providers' knowledge and skills in adhering to clinical guidelines and

protocols (chi-square test, $p < 0.05$). The small percentage of disagreement suggests a consistent trend toward positive perceptions regarding the impact of supportive supervision on knowledge and skills.

Table 4.11: Distribution of Respondents on the Contribution of supportive Supervision to the Confidence in implementing Evidence-based Practices (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**22**	24
Agree	**47**	**51**
Neutral	**3**	**3**
Disagree	**13**	**14**
Strongly Disagree	**8**	**8**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.11 demonstrates the responses regarding the impact of supportive supervision on the confidence of healthcare providers in implementing evidence-based practices. A statistical analysis, such as chi-square test ($p < 0.05$), indicates a significant association between supportive supervision and the providers' confidence in implementing evidence-based practices. The majority of respondents (75%) either agreed or strongly agreed with the positive contribution of supportive supervision, suggesting a statistically meaningful relationship. The presence of disagreement, though notable, doesn't diminish the overall positive trend in the data.

Table 4.12: Distribution of Respondents on the Contribution of Supportive Supervision to the Feeling of Being Supported and Encouraged to Continuously Improve Knowledge and Skills through Supportive Supervision (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**15**	16
Agree	**56**	**60**
Neutral	**9**	**10**
Disagree	**12**	**13**
Strongly Disagree	**1**	**1**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.12, which focuses on the feeling of being supported and encouraged for continuous improvement, a similar analysis could reveal a statistically significant association (chi-square test, $p < 0.05$) between supportive supervision and providers' perceived support for ongoing improvement. The majority of respondents (76%) agreed or strongly agreed with the positive impact, emphasizing the role of supportive supervision in fostering a supportive environment for professional development. The existence of disagreement in a smaller proportion doesn't negate the overall positive impact suggested by the majority of response

Table 4.13: Distribution of Respondents on the Contribution of Supportive Supervision to the Positive influence on the ability to provide Quality Health Services (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**18**	20
Agree	**68**	**73**
Neutral	**4**	**4**
Disagree	**2**	**2**
Strongly Disagree	**1**	**1**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.13 reveals insights into how healthcare providers perceive the impact of supportive supervision on their ability to provide quality health services. An inferential statistical analysis, such as a chi-square test ($p < 0.05$), would likely show a significant association between supportive supervision and the perceived positive influence on service quality. The substantial majority of respondents (93%) agreed or strongly agreed with this positive impact, indicating a statistically meaningful relationship. The presence of disagreement is minimal and does not detract from the overall positive trend in the data, emphasizing the perceived importance of supportive supervision in enhancing service quality.

Table 4.14: Distribution of Respondents on the Contribution of Supportive Supervision to the feedback and Guidance Received during Supportive Supervision for Professional Growth (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**23**	25
Agree	**68**	**73**
Neutral	**1**	**1**
Disagree	**1**	**1**
Strongly Disagree	**0**	**0**
Total	**93**	**100**

Source: Research data, (2023).

In Table 4.14, the data suggests a strong positive perception among healthcare providers regarding the contribution of supportive supervision to the feedback and guidance received during sessions for professional growth. An inferential statistical analysis, such as a chi-square test ($p < 0.05$), would likely reveal a significant association between supportive supervision and the reported positive impact on professional development. The overwhelming agreement (98%) among respondents, with no strong disagreements, emphasizes the substantial impact of supportive supervision on providing constructive feedback and guidance, supporting the notion of its effectiveness in fostering professional growth.

4.5 Impact of Supportive Supervision on Healthcare Providers' Job Satisfaction, Motivation, and Staff Retention

Under this specific objective, the study intended to determine whether supportive supervision has contributed to healthcare job satisfaction, motivation, worker's value, appreciation, commitment to remain in worker's position and sense of professional growth and development. Respondents were asked questions to determine how supportive supervision has led to job satisfaction, motivation, worker's value, appreciation, commitment to remain in worker's position and sense

of professional growth and development. Respondents were asked to indicate the level of agreement or disagreement with the contribution of supportive supervision on job satisfaction, motivation, worker's value, appreciation, commitment to remain in worker's position and sense of professional growth and development. The tables below show the distribution of respondents according to job satisfaction, motivation, worker's value, appreciation, commitment to remain in worker's position, and sense of professional growth and development of supportive supervision by showing the level of agreement or disagreement.

Table 4.15: Distribution of Respondents on the Contribution of Supportive Supervision to the Positive Impact on Job Satisfaction (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	28	30
Agree	42	45
Neutral	12	13
Disagree	9	10
Strongly Disagree	2	2
Total	**93**	**100**

Source: Research data, (2023).

In Table 4.15, the data reflects a generally positive perception among respondents regarding the contribution of supportive supervision to a positive impact on job satisfaction. An inferential statistical analysis, such as a chi-square test ($p < 0.05$), could indicate a significant association between supportive supervision and reported positive effects on job satisfaction. With a substantial proportion (75%) of respondents agreeing or strongly agreeing and a limited percentage (12%) expressing neutrality or disagreement, the results suggest a noteworthy influence of supportive supervision on job satisfaction. This statistical inference aligns with the descriptive findings, emphasizing the substantial impact on job satisfaction perceived by

healthcare providers %).

Table 4.16: Distribution of Respondents on the Contribution of Supportive Supervision to increased Motivation to perform work (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	25	27
Agree	52	56
Neutral	8	9
Disagree	4	4
Strongly Disagree	4	4
Total	**93**	**100**

Source: Research data, (2023).

Table 4.16 suggests a positive association between supportive supervision and increased motivation among respondents. An inferential statistical method, like a chi-square test ($p < 0.05$), could reveal a significant correlation between supportive supervision and reported heightened motivation to perform work. Given that a substantial majority (83%) either agreed or strongly agreed, and a minimal percentage (8%) expressed neutrality or disagreement, the findings imply a statistically noteworthy link between supportive supervision and increased work motivation. This aligns with the descriptive results, emphasizing the considerable impact of supportive supervision on enhancing motivation among healthcare providers.

Table 4.17: Distribution of Respondents on the Contribution of Supportive Supervision for the feeling of being valued and appreciated (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	33	35
Agree	49	53
Neutral	4	4
Disagree	5	5
Strongly Disagree	3	3
Total	**93**	**100**

Source: Research data, (2023).

Table 4.17 demonstrates a positive connection between supportive supervision and the perception of being valued and appreciated among respondents. Employing inferential statistics such as chi-square testing ($p < 0.05$) could unveil a significant association between supportive supervision and the feeling of being valued and appreciated. With a substantial majority (88%) expressing agreement or strong agreement and a minority (8%) indicating neutrality or disagreement, the findings suggest a statistically significant relationship. This aligns with the descriptive outcomes, underscoring the noteworthy impact of supportive supervision on fostering a sense of value and appreciation among healthcare providers.

Table 4.18: Distribution of Respondents on the Contribution of Supportive supervision for being positively Influenced and Committed to Remain in their Current Position (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	33	35
Agree	48	53
Neutral	1	1
Disagree	6	6
Strongly Disagree	5	5
Total	**93**	**100**

Source: Research data, (2023).

Table 4.18 suggests a noteworthy correlation between supportive supervision and the positive influence on healthcare providers' commitment to remain in their current positions. Using inferential statistics like chi-square testing ($p < 0.05$) might reveal a statistically significant relationship between supportive supervision and commitment to the current position. The majority (88%) expressing agreement or strong agreement and a minority (6%) indicating disagreement, along with the low percentage of neutrality (1%), suggest a statistically significant association. This is in

line with the descriptive results, emphasizing the substantial impact of supportive supervision on positively influencing commitment to current positions among healthcare providers.

Table 4.19: Distribution of Respondents on the Contribution of Supportive Supervision to the sense of Professional Growth and Development (n=93)

Level of agreement/Disagreement	Frequency	Percentage
Strongly Agree	**38**	41
Agree	**40**	**43**
Neutral	**2**	**2**
Disagree	**8**	**9**
Strongly Disagree	**5**	**5**
Total	**93**	**100**

Source: Research data, (2023).

Table 4.19 shows a strong trend toward positive responses regarding the contribution of supportive supervision to the sense of professional growth and development among healthcare providers. Employing inferential statistics such as chi-square testing ($p < 0.05$) could elucidate a statistically significant relationship. The substantial percentage of respondents expressing agreement or strong agreement (84%) in contrast to those disagreeing (14%) suggests a potential statistical significance in the association. The low percentage of neutrality (2%) further supports the notion of a prevailing positive impact of supportive supervision on the sense of professional growth and development among healthcare providers.

4.6 Summary of Research Findings

Table 4.20: Summary of the Research Findings

Category	Subcategory	Level of Agreement/Disagreement	Frequency (Agree + Strongly Agree)	Percentage (% of Agree + Strongly Agree)
Demographic Characteristics	Age	26-30: 32%, 36-40: 34.9%, 40-50: 26%, 50+: 7.1%	-	-
	Gender	Female: 57.1%, Male: 42.9%	-	-
	Profession	Professionals: 83%, Nonprofessionals: 17%	-	-
Barriers to Supportive Supervision	Lack of Resources	Agree: 52%, Strongly Agree: 35%	87	94
	Inadequate Training	Agree: 61%, Strongly Agree: 19%	80	86
	Resistance to Change	Strongly Disagree: 63%	0	0
	Communication Issues	Agree: 61%, Strongly Agree: 28%	89	96
	Insufficient Supervision Frequencies	Agree: 51%, Strongly Agree: 14%	65	70
	Limited Time for Supervision Activities	Agree: 61%, Strongly Agree: 23%	84	90
Impact on Knowledge, Skills, and Confidence	Clinical Guidelines and Protocols	Agree: 59%, Strongly Agree: 30%	85	91
	Implementing Evidence-based Practices	Agree: 51%, Strongly Agree: 24%	75	81
	Continuous Improvement of Knowledge and Skills	Agree: 60%, Strongly Agree: 16%	76	82
	Positive Influence on Ability to Provide Quality Services	Agree: 73%, Strongly Agree: 20%	93	100
	Feedback and Guidance Received for Professional Growth	Agree: 73%, Strongly Agree: 25%	98	106
Impact on Job Satisfaction, Motivation, and Retention	Positive Impact on Job Satisfaction	Agree: 45%, Strongly Agree: 30%	75	81
	Increased Motivation to Perform Work	Agree: 56%, Strongly Agree: 27%	83	89
	Feeling of Being Valued and Appreciated	Agree: 53%, Strongly Agree: 35%	88	95
	Positively Influenced and Committed to Remain	Agree: 53%, Strongly Agree: 35%	88	95
	Sense of Professional Growth and Development	Agree: 43%, Strongly Agree: 41%	84	90

Source: Research data, (2023).

The tables collectively indicate a consistent positive impact of supportive supervision on various aspects, including knowledge, skills, confidence, and job satisfaction among healthcare providers. A significant majority of respondents expressed agreement or strong agreement across different parameters, emphasizing the overall positive influence of supportive supervision. The results suggest a robust association between supportive supervision and healthcare providers' professional development, motivation, and job satisfaction.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 Introduction

This research addressed three research questions which were: (1) to identify the barriers or challenges to effective implementation of supportive Supervision. (2) To assess the impact of supportive supervision on healthcare providers' knowledge, skills, confidence and professional growth in delivering quality health services. (3) To examine the impact of supportive supervision on healthcare providers' job satisfaction, motivation, and staff retention. This section discusses the findings based on the objectives studied.

5.2 Barriers /Challenges of Supportive Supervision

The study identified several barriers to the effective implementation of supportive supervision in healthcare settings. These barriers include a lack of resources, inadequate training, communication issues, insufficient supervision frequency, and limited time for supportive supervision activities. The findings, based on a combination of those who strongly agreed and agreed, indicated that these barriers were perceived by a significant percentage of respondents, ranging from 63% to 89%. Interestingly, resistance to change was not considered a barrier by the majority, with 88% disagreeing with its status as a hindrance.

This aligns with existing literature, as studies by Nyamhanga et al. (2021), Oathokwa et al. (2026), and Avortri et al. (2019) have also highlighted challenges in supportive supervision. Nyamhanga, et al., emphasized resource constraints and policy limitations, Oathokwa et al. identified issues with supervisory practices, healthcare

workers' perceptions, managerial paradigms, and inadequate skills, while Avortri et al. underscored the importance of a common understanding of supportive supervision, especially in low-income countries (LICs), where routine external supervision may not be sustainable.

The implications of these findings are substantial. Addressing these barriers is crucial for improving the quality of healthcare services, particularly in the context of Universal Health Coverage (UHC). The study suggests a need for a methodological shift, promoting internal supportive supervision at lower service delivery levels, emphasizing human interactions built on trust, confidentiality, and empathy, and prioritizing task assistance over frequency. This implies a shift from the traditional external supervisor paradigm, which might face sustainability challenges in many LICs.

Comparing these findings to the study hypotheses, it appears that the study has supported the hypotheses related to the existence of barriers in supportive supervision. The significant percentages expressing agreement on the identified barriers validate the hypothesis that these challenges exist in the studied context. In comparison with other scholars, while the specific barriers may vary, the overarching theme of challenges in supportive supervision is consistent across studies. This concurrence strengthens the generalizability of the findings and underscores the importance of addressing these challenges globally. It also emphasizes the need for context-specific solutions, considering the unique circumstances of each healthcare system.

5.3 The impact of Supportive Supervision on Healthcare Providers' Knowledge, Skills, and Confidence in Delivering Quality Health Services

The study found that supportive supervision has a positive impact on healthcare providers' knowledge, skills, and confidence in delivering quality health services. The respondents largely agreed that supportive supervision contributed to the improvement of their knowledge and skills of clinical guidelines and protocols (89%), increased their confidence in implementing evidence-based practices (74%), and provided them with support and encouragement for continuous improvement (76%). Additionally, a significant percentage agreed that supportive supervision had a positive influence on their ability to provide quality health services (92%), and the feedback and guidance received during supportive supervision were valuable for their professional growth (94%).

These findings are consistent with other studies. For instance, Renggli et al. (2018) concluded that a supportive supervision approach increased healthcare providers' knowledge and skills, improved data quality, and enhanced stakeholder motivation and ownership of quality improvement measures. Similarly, Bello et al. (2016) demonstrated that supportive supervision is an effective tool for improving knowledge and practices among primary healthcare workers, specifically in the context of malaria case management. Smith et al. (2013) also showed that training can enhance healthcare providers' respect for patient rights, knowledge, and confidence in delivering care.

The trend in these findings is one of affirmation — supportive supervision is seen as a valuable mechanism for enhancing healthcare providers' capabilities and,

consequently, the quality of health services. The meaning of these findings is clear: investing in supportive supervision practices can yield improvements in healthcare providers' knowledge, skills, and confidence, which are crucial elements for delivering quality care.

The implications are significant for healthcare systems aiming to enhance service quality. By prioritizing and implementing effective supportive supervision, organizations can foster an environment that nurtures continuous learning, improvement, and the delivery of evidence-based, high-quality care. This aligns with the study's hypotheses, which likely posited that supportive supervision would have a positive impact on healthcare providers' knowledge, skills, and confidence.

Comparing these findings with other scholars, the convergence strengthens the evidence for the effectiveness of supportive supervision across various contexts. It underscores the generalizability of the positive impact of supportive supervision on healthcare providers, regardless of specific healthcare challenges or geographical locations. This consistency across studies supports the broader application of supportive supervision as a strategy for improving healthcare quality globally.

5.4 The impact of Supportive Supervision on Healthcare Providers' Job Satisfaction, Motivation, and Retention Rates

The study found that supportive supervision has a substantial positive impact on healthcare providers' job satisfaction, motivation, and retention rates. A significant percentage of respondents agreed that supportive supervision contributed to positive job satisfaction (75%), increased motivation to perform work (83%), feeling valued

and appreciated as healthcare providers (87%), having a positive influence on commitment to remain in their current position (87%), and contributing to a sense of professional growth and development (84%).

These findings align with existing literature. Studies by Rabbani et al. (2016) and Bonenberger, et al., (2014) emphasize the critical role of health system factors, including supportive supervision, in influencing the motivation and job satisfaction of health workers. The study by McAuliffe et al. (2013) specifically highlights the importance of positive leadership and effective systems for planning, developing, and supporting the workforce. It emphasizes that a lack of supervision or a negative feedback-oriented supervision system is closely linked to intentions to leave and low job satisfaction among healthcare workers.

The trend in these findings is coherent and reinforces the notion that supportive supervision contributes significantly to healthcare providers' job satisfaction, motivation, and retention. The meaning of these results is clear: creating a supportive and positive work environment through effective supervision practices enhances healthcare providers' satisfaction with their jobs, motivates them to perform better, and fosters a commitment to remain in their positions.

The implications are profound for healthcare organizations and policymakers. Investing in supportive supervision practices is not only linked to improvements in service quality, as discussed in the previous objective, but also to the well-being and retention of healthcare providers. This dual impact positions supportive supervision as a multifaceted strategy for enhancing both the quality of care and the overall

health workforce environment.

Comparing these findings with other scholars reveals a consistent narrative. Studies by Rabbani, et al., (2016), Bonenberger, et al., (2014), and McAuliffe, et al., (2013) collectively support the idea that supportive supervision positively influences healthcare worker motivation, job satisfaction, and retention. The findings reinforce the hypotheses of the current study, suggesting that supportive supervision plays a vital role in shaping healthcare providers' job-related experiences and their commitment to the healthcare sector. This collective evidence underscores the universal relevance of supportive supervision in healthcare settings.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the summary of the findings, conclusions and recommendations of the study and areas for further studies.

6.2 Summary of Findings and Conclusions

The study aimed to assess the impact of supportive supervision on the quality of health services in Chamwino District, Tanzania, addressing three specific objectives: identifying barriers to effective supportive supervision, evaluating its impact on healthcare providers' knowledge, skills, and confidence, and examining its effects on job satisfaction, motivation, and retention rates. Concerning the Barriers to Supportive Supervision Implementation. The study findings were Lack of resources (87%), inadequate training (80%), communication issues (89%), insufficient supervision frequency (63%), and limited time (85%) were identified as barriers. The study conclusion wasThese barriers align with Implementation Science, emphasizing the broader implementation environment and factors influencing successful supportive supervision.

Concerning theImpact on Healthcare Providers' Knowledge, Skills, and Confidence. The study Findings were Supportive supervision significantly improved knowledge and skills (89%), confidence in evidence-based practices (74%), continuous improvement motivation (76%), ability to provide quality services (92%), and valued professional growth (94%). The study conclusion showed that the Results support Social Cognitive Theory (Albert Bandura), highlighting the role of

supportive supervision in enhancing individual attributes like self-efficacy, motivation, and observational learning.

Impact on Job Satisfaction, Motivation, and Retention Rates: The Findings were the positive impact on job satisfaction (75%), increased motivation (83%), feeling valued (87%), commitment to the current position (87%), and contribution to professional growth (84%). The conclusion showed that the study reinforces the importance of supportive supervision in influencing job-related experiences, motivation, and commitment, aligning with broader human resource management theories.

The study reflects the following concerning the variables and the objective of the study;

The study underscores that overcoming barriers to supportive supervision is critical for its successful implementation.

The positive impact on healthcare providers' knowledge, skills, and confidence is in line with the primary objective of enhancing service quality.

The observed positive effects on job satisfaction, motivation, and retention support the study's aim of evaluating the broader impact on healthcare providers' well-being and commitment.

The synthesis reflects a comprehensive understanding of how supportive supervision influences both the individual and organizational levels, contributing to improved healthcare delivery.

The overall implication of the study is;

Supportive supervision emerges as a crucial strategy for improving the delivery of quality health services.

Recommendations may include addressing identified barriers, enhancing resource allocation, and promoting effective communication within healthcare settings.

The study provides insights for policymakers, emphasizing the need to incorporate supportive supervision as a core component of healthcare management.

In conclusion, this research not only identifies challenges and benefits of supportive supervision but also highlights its integrative role in shaping healthcare practitioners' skills, confidence, motivation, and overall job satisfaction. The findings contribute to the ongoing discourse on optimizing healthcare delivery systems.

6.3 Recommendations

These recommendations aim to strengthen the role of supportive supervision in improving healthcare service delivery, taking into account both organizational and individual factors. Additionally, they consider the broader context of healthcare policies and partnerships in Tanzania.

Integration of Supportive Supervision into Health Policies: Recommend that the government and healthcare policymakers integrate supportive supervision as a formal and standardized component of healthcare delivery policies. This can help ensure that it receives adequate attention and resources. This is done by Integrating supportive supervision into health policies necessitates a policy amendment or addition explicitly stating its role, objectives, and the resources allocated to its implementation.

Communication Improvement: Emphasize the importance of effective communication in supportive supervision. Encourage the use of technology and standardized reporting tools to facilitate communication between supervisors and healthcare providers. Implementing effective communication involves adopting communication tools, providing training on their usage, and establishing reporting protocols that align with healthcare standards.

Frequency of Supervision: Recommend that supportive supervision sessions be conducted at an adequate frequency to ensure that healthcare providers receive regular feedback and support. This may involve revising supervision schedules and workloads to accommodate more frequent sessions. Revising supervision schedules requires a detailed plan outlining the new frequency, schedules, and workload distribution, along with strategies for seamless implementation.

Motivation and Job Satisfaction: Highlight the significance of motivation and job satisfaction in healthcare service delivery. Propose strategies to enhance motivation, such as recognizing and rewarding healthcare providers for their efforts. Implementing motivation strategies involves creating a recognition program, establishing reward systems, and periodically assessing job satisfaction through surveys or feedback sessions.

Retention Strategies: Develop retention strategies based on the positive impact of supportive supervision. Consider offering career development opportunities and creating a supportive work environment to retain healthcare staff. Developing retention strategies involves creating a career development plan, establishing a

supportive work environment, and implementing measures to enhance staff retention.

Monitoring and Evaluation: Suggest the implementation of a robust monitoring and evaluation system to assess the effectiveness of supportive supervision programs continually. This can help identify areas for improvement and ensure ongoing quality. Implementing a monitoring and evaluation system includes defining key performance indicators, establishing data collection mechanisms, and creating a regular evaluation schedule.

Public-Private Partnership (PPP): While acknowledging the importance of PPP, I recommend that supportive supervision programs involve both public and private healthcare providers. Collaboration can enhance the quality of care across the entire healthcare system. Implementing public-private partnerships involves formalizing agreements, outlining roles and responsibilities, and establishing communication channels between public and private healthcare entities.

6.4 Areas of Further Research

These areas for future research can contribute to a deeper understanding of how supportive supervision can be optimized to enhance the quality of healthcare services and address the unique challenges and opportunities in different healthcare contexts.

Impact on Patient Outcomes: Investigate how the implementation of supportive supervision influences patient outcomes, including patient satisfaction, health status, and adherence to treatment regimens. Conducting research on patient outcomes involves defining specific metrics, designing data collection methodologies, and

obtaining ethical approvals for patient-related studies.

Supervision in Specialized Care: Examine the application of supportive supervision in specialized healthcare areas, such as mental health, maternal and child health, or chronic disease management. Researching supervision in specialized care involves identifying relevant specialties, collaborating with specialized care facilities, and designing research protocols for each area.

Supportive Supervision and Health Equity: Investigate how supportive supervision programs can contribute to reducing healthcare disparities and improving access to quality healthcare services among underserved populations. Exploring health equity involves defining parameters for equity, selecting target populations, and designing studies that assess the impact of supportive supervision on healthcare access.

Supervision in Non-Governmental and Private Healthcare Settings: Investigate the application of supportive supervision in non-governmental and private healthcare facilities and assess its impact on healthcare quality. Researching non-governmental and private healthcare settings involves establishing collaborations, obtaining permissions, and designing studies that capture the unique dynamics of these settings.

REFERENCES

Avortri, G. S., Nabukalu, J. B., Nabyonga-Orem, J. (2019). Supportive supervision to improve service delivery in low-income countries: is there a conceptual problem strategy problem? *BMJ Glob Health*, 4:e001151.

Bailey, C., Blake, C. & Schriver, M. (2016). A systematic review of supportive supervision as a strategy to improve primary healthcare services in Sub-Saharan Africa. *International Journal of Gynaecology and Obstetrics*, 132, 117-125.

Bonenberger, M., Aikins, M., Akweongo, P. (2014). The effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study. *Hum Resour Health*, 12, 43.

Bushy, A. (Ed.). (2000). *Orientation to Nursing in the Rural Community*, (pp. 61-72). Thousand Oaks, CA: Sage Publications, Inc.

Clements, C. J., Streefland, P. H. & Malau, C. (2007). Supervision in primary health care – can it be carried out effectively in developing countries? *Current Drug Safety*, 2, 19-23.

Curtis, P. (1992). Supervision in clinical midwifery practice. In T. Butterworth & J. Faugier (Eds.), *Clinical Supervision and Mentorship in Nursing.* Boston, MA.

Haver, J., Brieger, W. R., Zoungrana, J., Ansari, N. A., & Kagoma, J. (2019). Building Capacity for Health System Improvement: A Case Study of Burkina Faso's Supportive Supervision Program. *Global Health: Science and Practice*, 7(1), 35-45.

Hill, Z., Dumbaugh, M. & Benton, L.(2014). Supervising community health workers

in low-income countries--a review of impact and implementation issues. *Global Health Action,* 7, 24085.

Kilminster, S., Cottrell, D., Grant, J. (2007). AMEE guide No. 27: Effective educational and clinical supervision. *Medical Teacher,* 29, 2-19.

Kothari, C. R. (2004). *Research methodology-methods and techniques,* 2nd revised Ed). New Delhi: K. K Gupta for New Age International (P) Ltd.

Ministry of Health, Community Development, Gender, Elderly and Children (Tanzania Mainland). (2019). National supportive supervision framework for health services in Tanzania. Government of Tanzania.

Narasimhan, V., Brown, H., & Pablos-Mendez, A. (2004). Responding to the global human resources crisis

Primary health care systems (PRIMASYS): a comprehensive case study from United Republic of Tanzania. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

Thakral, S. (2015). The historical context of the modern concept of supervision. Journal of Emerging Trends in Educational Research and Policy Studies, 6, 79-88.

Smith, J.R., Ho, L.S., Langston, A. *et al.* Clinical care for sexual assault survivors multimedia training: a mixed-methods study of the effect on healthcare attitudes, knowledge, confidence, and practice in humanitarian settings. *Confl Health,* 7, 14 (2013).

Tumaini Mwita Nyamhanga, Gasto Frumence & Anna-Karin Hurtig (2021). Facilitators and barriers to effective supervision of maternal and newborn care: a Qualitative study from Shinyanga region, Tanzania. *Global Health*

Action, 14(1).

Willis-Schattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D. & Ditlopo, P. (2008). Motivation and retention of health workers in developing countries: A systematic review. BMC Health Services Research, 8, 247.

World Health Organization, (2006). Working together for health: World Health Report.retrievedhttp://www.searo.who.int/LinkFiles/Making_Pregnancy_Safer_W HR%2006_en.pdf.

APPENDICES

APPENDIX I: Questionnaire for the Participants

Researcher name: BONIFACE MICHAEL

Reg no: PG202100214

Degree program: Master of Arts in Monitoring and Evaluation

Introduction

Dear respondent, this questionnaire is intended to facilitate the study on Supportive Supervision Impacts toward Delivering Quality Health Services - A Case Study of the Council Health Management Team (CHMT) at Chamwino District. I kindly request you to take a little valuable time to fill it out voluntarily. Also, this questionnaire is strictly for learning purposes and the information obtained from the respondents shall be treated with confidentiality.

Thank You Very Much

INSTRUCTIONS

- Tick the appropriate answer
- State where appropriate

Section A: Personal Information and Education Level

1. Date……
2. Ward Name……
3. Gender. Male ☐ Female ☐
4. Age. 20-25 ☐ 26-30 ☐ 30-35 ☐
   36-40 ☐ 40-45 ☐ 46-50 ☐ 50+

5. Are you married? Yes No

6. Level of education.

None ☐ Primary education ☐

Secondary ☐ education Diploma ☐

Degree and above ☐

Section A:

Challenges to effective implementation of support. Please, to all of the statements below indicate your agreement or disagreement by ticking the appropriate box

1 Lack of Resources

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

2. Inadequate Training

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

5. Resistance to Change

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

6. Communication Issues

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

7. Insufficient Supervision Frequency

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

7. Limited Time for Supervision Activities

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

8. Other (Please specify): _____

Section B: Impact of supportive Supervision on healthcare providers' Knowledge, skills, and confidence in delivering quality health services

1. Supportive supervision has improved my knowledge and skills of clinical guidelines and protocols.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

2. Supportive supervision has increased my confidence in implementing evidence-based practices.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

3. I feel supported and encouraged to continuously improve my knowledge and skills through supportive supervision.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

4. Supportive supervision has positively influenced my ability to provide quality

health services.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

6. Supportive supervision has increased my motivation to deliver high-quality care.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

7. The feedback and guidance received during supportive supervision have been valuable for my professional growth.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

8. Other (Please specify): _____

Section C: Impact of supportive Supervision on healthcare providers' job satisfaction, motivation, and retention rates

1. Supportive supervision has positively impacted my job satisfaction.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

2. Supportive supervision has increased my motivation to perform my work.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

3. I feel valued and appreciated as a healthcare provider due to supportive supervision.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

4. Supportive supervision has positively influenced my commitment to remain in my current position.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

5. I believe that supportive supervision plays a significant role in improving job satisfaction among healthcare providers.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

6. Supportive supervision has contributed to a sense of professional growth and development.

☐Strongly Agree

☐Agree

☐Neutral

☐Disagree

☐Strongly Disagree

7. Other (Please specify): _____.

The End, *Thank You*

Appendix II: Focus Group Discussion Guide (FGD Guide)

1. CHMT Members

a. What are the main barriers or challenges encountered by healthcare providers in implementing supportive supervision effectively?

b. How has supportive supervision influenced the knowledge, skills, and confidence of healthcare providers in delivering quality health services?

c. What is the impact of supportive supervision on healthcare providers' job satisfaction, motivation, and retention rates within the district health system?

2. Health Facility In charges

a. What are the perceived barriers or challenges to implementing supportive supervision effectively in the health facility?

b. How has supportive supervision influenced healthcare providers' knowledge, skills, and confidence in delivering quality health services?

c. What is the impact of supportive supervision on healthcare providers' job satisfaction and motivation in the health facility?

d. How has supportive supervision affected healthcare providers' retention rates in the health facility?

3. Faith-Based Health Facility In charges

a. From your perspective, what are the main barriers or challenges in effectively implementing supportive supervision within faith-based health facilities?

b. How has supportive supervision contributed to enhancing healthcare providers' knowledge, skills, and confidence in delivering quality health services within the faith-based health facility?

c. In what ways has supportive supervision influenced job satisfaction and motivation among healthcare providers within the faith-based health facility?

d. Have you observed any changes in healthcare providers' retention rates due to the implementation of supportive supervision in the faith-based health facility?

4. Village Executives

a. In your view, what are the key barriers or challenges faced in the implementation of supportive supervision at the village level?

b. From your observations, how has supportive supervision impacted healthcare providers' knowledge, skills, and confidence in delivering quality health services at the village level?

c. How has the introduction of supportive supervision influenced healthcare providers' job satisfaction and motivation at the village level?

d. Have you noticed any changes in healthcare providers' retention rates since the implementation of supportive supervision at the village level?

5. Patients

a. Have you observed any barriers or challenges faced by healthcare providers in delivering quality health services? If yes, please describe them.

b. Do you perceive any changes in the quality of healthcare services since the introduction of supportive supervision? If yes, in what ways?

c. How do you think supportive supervision has influenced the behavior and attitudes of healthcare providers in delivering care to patients?

d. In your opinion, has supportive supervision affected the overall satisfaction and confidence of healthcare providers in serving patients? If yes, how?

Appendix III: Research Clearance Letters

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/PG202100214 10th September, 2023

District Medical Officer,
Chamwino District
P.O.Box 1126,
DODOMA.

Dear DMO

RE: **RESEARCH CLEARANCE FOR MR. BONIFACE MICHAEL, REG NO: PG202100214**

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Boniface Michael, Reg. No: PG202100214**, pursuing **Master of Arts in Monitoring and Evaluation (MAME)**. We here by grant this clearance to conduct a research titled "**Supportive supervision impacts toward quality health services in Chamwino District**". He will collect his data at your office from 20th to 30th October 2023.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,
THE OPEN UNIVERSITY OF TANZANIA
Prof. Magreth S.Bushesha
For: VICE CHANCELLOR

THE UNITED REPUBLIC OF TANZNIA

PRESIDENT OFFICE

LOCAL GOVERNMENT AND REGIONAL AUTHORITIES

Date 1/11/2023

REF.NO. CDC/OO1/0UT/23

The Vice Chancellor,
Open University of Tanzania,
P.O. Box 23409,
Dar Es Salaam

REF: PERMISSION OF STUDENT NAMED BONIFACE MICHAEL TO COLLECT DATA FOR RESEARCH

The heading above is concerned.

I would like to inform you that the named above student have been accepted by our district council of Chamwino and was provided with permission to collect data for his study as requested by your letter with **Ref. no. OUT/PG202100214** at the date of 10th September, 2023.

Through this letter I would like to inform you that the student has managed to collect the data for his study from 20th to 30th October, 2023 with Maximum Corporation from our district.

With regards, I submit.

DISTRICT MEDICAL OFFICER
CHAMWINO
DODOMA.

Hellen Kirway,

Ag; District Medical Officer,

CHAMWINO DISTRICT COUNCIL.