Supervision, the Key to Success With Aides

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AFTER health aides have been adequately trained, then what? Are they equipped to fend for themselves in their designated role? What about supervision? How does one supervise health aides? Does their supervision differ from the supervision of others? What kind of supervision and what amount of supervision are required? These and similar questions come to mind when one seriously considers employing aides in a health agency.

Good supervision, like good training, contributes more to the continued successful performance of the agency and the aides than perhaps any other single factor. The following assumptions proceed from some rather basic ideas about supervision. I have outlined the essential concepts of supervision, stated how often they should be applied, suggested the techniques that should be used, and have briefly discussed the results. A definition of supervision follows these assumptions.

Assumptions About Supervision

Few experiences in the supervision of health aides are documented. Most agencies employing aides do not employ large numbers of them. Also, some aides work part time. As a result, supervisory responsibilities take on added dimensions in planning, communication, and coordination of efforts.

Most professionals in health agencies have had a rather limited experience in supervising on a day-to-day basis. Professional preparation for supervision is not often a curricular requirement nor is it offered in many degree programs. Training professionals to be supervisors is a valuable expenditure for agencies and staffs using health aides.

Community health aides usually are recruited from poverty minorities and disadvantaged groups. Therefore, health professionals must consider special needs when supervising them. No single technique of supervision is suitable for all situations. Supervisory styles should relate not only to situations but to personalities.

Organizational climates can cause problems or prevent them. Too often relatively healthy and mature persons are consigned to work in situations that force them to be dependent, subordinate, and submissive. As a result, only their surface abilities are scratched.

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Communication is an essential part of supervision, but communication does not happen until the recipient of the message understands, accepts, and acts on the message. Communication is a two-way process.

Participation in planning, setting goals, and delineating tasks most often heightens enthusiasm for completing the task, coheres the group, and adds satisfaction to the job.

A knowledge of principles related to change increases the supervisor's understanding of problems in the supervisory process. Application of these principles leads to more effective performances by the aide and the employing agency.

Supervision Defined

Supervision is a process whereby one person uses the resources of one or more other persons in such a manner as to obtain optimal fulfillment of the expectations held by his organization, the persons supervised, and himself. Supervision can be thought of as a strategy for accomplishing work effectively through joint efforts. From this definition the major concepts of supervision can be identified as follows:

1. Supervision is a process—an ongoing series of interactions aimed at accomplishing a goal. This description implies continuing effort through which participants are able to communicate needs and understanding of themselves in order that their work experiences may be effective as well as pleasant.

2. The supervisor uses the resources of other persons; therefore he is aware of their differences and similarities. He accepts and recognizes the fact that his co-workers have skills and competencies unique to the tasks ahead. In addition, he has the particular responsibility for continued development of his co-workers' abilities and skills.

3. Optimal fulfillment of expectations held by the organization, the supervisor, and those supervised implies clarification of tasks, planning, joint participation, and communication. Contacts with staff should be made periodically and in an orderly manner. Optimal fulfillment of expectations further implies the need for a suitable work climate in which there is freedom to fail and room to develop mutual trust and cooperation.

4. Supervision can be thought of as strategy, which implies the need for planning and evaluation—participatory as opposed to manipulative planning and diagnostic and prescriptive evaluation rather than punitive.

5. Supervision enhances the accomplishment of a task through joint efforts, implying the need for participation in delineating tasks. Further, this concept implies a developmental process wherein each participant grows in the performance of his tasks and in his ability. In addition, it underscores the need for a secure work climate in which people can function well.

These concepts are presented to establish a framework for the kind of supervision thought to be most useful in accomplishing interactional tasks within a social system. This framework is the reverse of a picture one normally may have of a top sergeant or a foreman in an industrial plant, where tasks are more absolute and concrete. Supervision in each social system is quite different. The findings of many studies substantiate these five assumptions concerning supervision as netting the most effective results, though they may be difficult to implement.

The following ideas are considered essential to successful supervision. They should be reviewed carefully and practiced. They are applicable equally in supervising aides, volunteers, or a professionally trained staff.

Understanding People

The supervisor who knows himself and takes the time to understand others will quickly establish a set of assumptions on why people work. Maslow (1) suggested that individual needs evolve in the following manner: Survival→safety or security→love and belonging→prestige and self-esteem or self-worth→self-actualization. Each need operates in all of us, perhaps at different degrees at various stages of our development, but all are there regardless of whether one is an aide, an executive director, or a health officer.

Maslow suggested that many problems arise in organizations and supervisory processes because the work does not engage fully emerged higher motives and the system forces people to work for relatively lower motives. He further suggested that the following variables account for failure to engage higher motives.

HIERAQCHICALLY IMPOSED ISOLATION. Aides may not be permitted meaningful upward communication.

DIRECTIVE (NONGROUP-CENTERED) LEADERSHIP. Where aides are not asked to participate in planning and other activities, feelings of low self-esteem may result. If aides are made to feel that they have nothing to contribute, a major source of communication is blocked.

ISOLATION OF RESPONSIBILITY AND ACCOUNTABILITY. The aides may be led to believe, during what I call punitive-type evaluation, that they have been unsuccessful because of personal shortcomings. In the evaluation, determine what the aide has accomplished. Why? What was not accomplished? Why? What is the best procedure to try next? These are key questions to answer when doing a diagnostic, prescriptive evaluation.

Maslow's variables (1) are closely supported by Argyris' findings (2) from studies of organizations. Miles (3) compared three supervisory frameworks:

Traditional

People dislike work
They work only for money
Few are capable of self-control or self-direction

Human Relations

People want to feel important
They want to be recognized
They want to be consulted

Human Resources

People want to contribute
They can exercise broad self-direction and self-control
They represent untapped resources

Evidence compiled in a variety of settings is most supportive of the assumptions followed in the human resources framework, where the tasks are highly people oriented or interactional, such as general health education and, particularly, the activities of aides. As a supervisor, under which set of assumptions would you prefer to work?

Work Climate

The supervisor's understanding of himself and other people guides him in establishing a work climate based on the assumptions that I have suggested. Forming assumptions often is an unconscious process; for this reason I sug-gest that supervisors review and examine their supervisory style.

The work climate found to be most effective in an interactional system such as health education is one in which the workers are functioning to their fullest capacity. In such a climate, mutual trust, team cohesiveness, freedom to fail, and listening-responding supervisors are paramount characteristics. The climate is supportive rather than defensive. For example, Gibb (4) compared these climates and suggested that they are often under the supervisor's immediate control, with a direct relationship to the reactions of the worker. A modified form of Gibb's comparison follows:

Defensive	*Supportive*
Evaluation: judgmental	Descriptive: these are the facts
Controlled: limited problem	Exploratory: problem solving
Strategic: manipulative	Spontaneity: direct
Neutrality: who gives a hoot	Caring: acceptance
Superiority: big daddy	Equality: each contributes
Certainty: never questions	Tentative: others' points of view

The climate that is chosen and fostered by the supervisor will affect most often the degree of commitment of the aides and the fulfillment of their tasks. As a supervisor, which climate interests you?

Communication

Organizational objectives of health agencies usually are focused on reducing or eradicating specific diseases that cripple or kill large numbers of people. To meet these objectives, organizations develop special programs of services and education for needy populations to increase their awareness of diseases, attendant problems, and preventive actions that can be taken. Health aides have been introduced into such programs because of their significant ability to reach sectors of populations that others have not been able to reach. This ability is the special contribution of the aides and the validation for their employment.

Closely related to understanding is communication. Studies of communication show that many people, particularly those in supervisory or managerial positions, fail to use the princi-

ple of feedback. Other studies show that some people frequently do not listen to or hear the message. Some persons think they have communicated when they have said or written something that is perfectly clear to them.

In the communications industry, one barrier to communication is referred to as "noise in the system," or static. In any organization, if communication is impeded, supervision also is impeded. One should be constantly aware of "static" and employ the principle of feedback to assure that messages sent are received. Applying the principles of change and understanding yourself and others will reduce communication barriers.

The effective supervisor develops keen "listening" skills in order to hear messages and act upon them. Not all the messages received can be acted upon because of program or agency limitations, yet a constructive response is necessary if the channels of communication are to be kept open and the goals of the agency are to be reached. Two-way communication removes the "oracle aura" of the supervisor and helps to insure a supportive work climate.

Do you practice two-way communication? In the framework of supervision that I have recommended as being most effective with aides, your assumptions, understanding of self and others, and implementation of a supportive climate should include two-way communication.

Health aides are brought into health programs precisely for their skills and ability to communicate with specific populations, then to communicate, in return, the populations' needs to the agency. The aides and the populations they work with have values and needs that may differ from those of the agency and the supervisor. These values and needs influence the acceptance of program goals. Therefore, communication between the aides and others is critical in accomplishing agency goals.

Other Crucial Areas

Conflicts over the role of aides, cooperation between the aides and others on the staff, and traits and style of the supervisor are additional areas of concern. Conflicts and cooperation are directly influenced by the supervisor to the degree that he emphasizes them.

Conflicts. Conflicts may occur among staff workers over the role of aides because the aides are relatively new, untried, and therefore suspect, because most workers in contact with aides have had several years of professional training in their specialty and find it threatening or difficult to see the value of the aides' contributions, because of initial misconceptions and little understanding of persons with different lifestyles from those the health professionals generally work with, or because of confusion and ambiguity concerning the contributions and responsibilities of the aides and supervisors in significant aspects of the program.

Cooperation. Cooperation among staff workers is achieved best, preferably in behavioral terms as suggested previously, when job specifications are clearly defined and understood, and when agreement is swift on the methods of achieving goals and performing tasks. Personal cooperation is evidenced by degree of understanding these roles, appreciation of the important contribution each person makes in accomplishing the goals of the program, and recognition that people have personal similarities and goals.

Supervisory traits and styles. Much has been said and written about the peculiar traits and styles of supervisors. Several studies that were focused on comparisons of physical stature resulted in vague and somewhat meaningless observations. Traits that are most important to the agency are ability of the person selected, his knowledge of the job to be performed, his ability to communicate with co-workers—based on knowledge of the principles of change and motivation—and his ability to effect a working climate that encourages team cohesiveness, mutual trust, and continued development of those he supervises. In summary, the following minimal values are important:

Accepting and recognizing health aides as persons and as co-workers
Helping aides understand the expectations that can be met
Helping aides understand priorities and obtaining mutual agreement on them
Willingness to delegate authority and responsibility
Willingness to accept authority and responsibility
A clear understanding of the realistic limits of delegation

Adequate interpretation of the aides' activities to the staff and volunteers

Interpreting and understanding agency limitations

Frequent conferences centered on the aides' activities

Procedures that encourage and develop the abilities of the aides

As previously stated, no one supervisory style is superior in every situation. Implicit in this statement is the suggestion that supervisors avoid superficiality or dishonesty in adopting a personality that is not their own when supervising others. Knowing yourself and what effect you have on people is important to successful supervision. You should be frank, open, and genuine in your relations with others, superiors as well as subordinates, and set a pattern for the development of those for whom you are responsible. The following excellent supervisor-aide relationship has been suggested by Rogers (5):

If I can create a relationship, characterized on my part by a genuineness and transparency, in which I am my real feeling . . . by a warm acceptance of and prizing of the other person as a separate individual . . . by a sensitive ability to see his world and himself as he sees them. . . . Then the other individual in the relationship . . . will experience and understand aspects of himself which previously he has repressed . . . will find himself becoming better integrated, more able to function effectively . . . will become more similar to the person he would like to be . . . will be more self-directing and self-confident . . . will become more of a person, more unique and more self-expressive . . . will be more understanding, more acceptant of others . . . will be able to cope with the problems of life more adequately and more comfortably.

I believe that this statement holds whether I am speaking of my relationship with a client, with a group of students or staff members, or with my family or children.

It seems to me that we have here a general hypothesis that offers exciting possibilities for the development of creative, adaptive autonomous persons.

Applying Direct Supervision

How often should you supervise directly? Obviously, the need varies with the task, the ability of the aide, the length of time the aide has been employed, and the ability of the supervisor to develop the aide. One framework for applying supervision is a chronological sequence: orientation, weekly meetings, quarterly planning and evaluation, and a long-range view.

Orientation. Essential factors in job satisfaction, resulting in accomplishment of the goal, consist of introduction of the aides to other staff members and full information about the agency, the aides' role in the agency, their procedures and job benefits—at least those recognized initially—expectations about the aides' performance of the tasks, the techniques of communicating and reporting, and where and when the aides should seek help from staff members. This information is only part of the briefing that a new employee should receive during the orientation period.

Too often we overlook the importance of orientation, either because as a longtime employee information concerning the work is so ingrained that it does not seem important or we never received adequate orientation ourselves. Orientation is a highly important introduction to the work setting. The procedure requires direct supervision for as long a period as it takes to fully acquaint the aide and the agency with each other. Orientation can and should be interspersed with other work activities, but supervisors must not overlook it and should periodically confirm that the aides understand their duties. Some work procedures are covered during training, but this factor does not reduce the need to reinforce training with on-the-job orientation.

Weekly meetings. Meetings with the aides initially should be held before or after weekly staff conferences. In addition to reviewing day-to-day operations and performances, expectations can be stated, questions can be resolved, and success in completing tasks can be emphasized. Meetings allow direct two-way communication that may not be possible at other times; they also serve as sessions for planning from past performance and for next week's expectations. A synopsis of each weekly meeting is valuable. It can be a focal point for study as well as a continuing documentary of growth and experience.

Quarterly planning and evaluation. Near the end of the first quarter of employment, the aides' relationship with the supervisors is fairly well established. Appropriately, the aides can begin to plan their own activities for the second quarter. In at least one project, the aides developed their plans with minimal guidelines

Practices for Supervisors of Aides

1. Establishing goals

a. Have specific goals been established for each person reporting to you?

b. Have established goals been kept up to date?

c. Have goals been set that require "stretching" to reach?

2. Delegating duties

a. Have you been willing to take risks in allowing the health aides to perform in their own way?

b. Have you listened only to the recommendations of the aides and not to their problems?

c. Have you delegated without "abdicating"? Do you properly balance the amount of supervision required?

3. Acknowledging performances

a. Have you given timely praise and recognition for jobs well done?

b. Can the aides be sure of receiving timely and appropriate discipline when it is deserved?

c. Are discussions of performance with the aides carried out in a matter-of-fact and business-like manner? Are you specific in expressing your opinions?

4. Providing assistance

a. Do you give timely assistance by reviewing the plans of the aides?

b. Have you encouraged the aides in difficult undertakings?

c. Have you made suggestions and given other assistance when needed?

5. Rewarding results

a. Have aides who produced results been rewarded financially, without exception?

b. Have the best qualified aides been promoted, without exception?

c. Is there a procedure and a policy, known to the aides, for relating rewards to results?

6. Understanding the aides

a. Do you know the aspirations and ambitions of each aide?

b. Do you know the more important motivations of each aide?

c. Have you demonstrated a genuine concern for each aide?

7. Informing the aides

a. During contacts with the aides in the past 2 weeks, did you consciously endeavor at any to teach them?

b. Are your contacts with the aides scheduled or random?

c. Are your contacts with the aides developmental? Do you take advantage of these contacts to manifest a personal interest?

8. Developmental experiences

a. Do you keep in mind for each aide the next one or two developmental experiences you want him to have?

b. Have you deliberately planned at least two developmental experiences for each aide in the last 6 months?

c. Have you and the aide mutually agreed on a plan of action, either on the present job or a future job?

9. Two-way confidence

a. Have you developed an effective working relationship with each aide, without exception?

b. Can serious differences of opinion be expressed without hostility or anxiety?

c. Do your aides believe that you have full confidence in them?

10. Effective planning

a. Do you find that as a part of your weekly supervisory duties you make notes and plans, anticipating the next annual planning schedule?

b. Do you find that as a part of your annual planning schedule you and the aides plan follow-up action of an informal nature?

c. Can you recall at least one instance for each aide when an effective weekly conference paid off later in the annual sessions, and vice versa?

11. Group sessions

a. Have you regularly scheduled group meetings with the aides that you use, at least in part, for development of others on the staff?

b. Have the aides reported their goals to the entire staff?

c. Have the aides presented progress reports on goals for the benefit of the entire staff? on a regular basis?

12. Improving the conferences

a. Have you consciously made an effort to improve one or more fundamentals of the weekly conferences?

b. Do you keep up to date on new techniques for weekly conferences as one way of preparing for more difficult conferences?

c. Have the weekly conferences improved in the last 12 months?

from the supervisor. The guidelines included a statement of objectives in measurable behavioral terms, procedures that would be followed, time schedules, and methods for evaluating accomplishments. These guidelines served as a framework for plans that the aides developed through their knowledge of the population with whom they were working and their training and experiences within the agency during the first quarter.

Activities of the aides should be so structured as to encourage full freedom in exercising judgment. In consultation with the supervisor, their plans should be explored for approval, modification, or revision. This consultation is an excellent opportunity for learning and evaluating experiences to date. At the end of the second quarter, evaluations can be highly measurable. The evaluation procedure should not be threatening or punitive.

Long-range review. Like quarterly procedures in some respects, the long-range review (annually or semiannually) permits planning based on experience and changes in the aides and in the community. Priorities normally would be reset at this point. With information brought to the attention of the agency by the aides and with increasing development of the aides, long-range planning can be significant for the community and for the agency. The activities of the aides in health education work is now more effective because of their actual knowledge of problems in the community as opposed to problems outsiders thought existed.

The selected bibliography is a guide to further information on supervision. Mahler's suggested supervisory practices (p. 785), modified in this paper, also may be helpful.

Results of Supervision

The effectiveness of supervision can be determined (quarterly and annually) from accomplishment of the established objectives. It also can be determined by satisfaction of the employees and such variables as working habits, absenteeism, and loyalty to the program. In addition, the results of good supervision should include increased education in health care and additional services for the populations who need them most, greater understanding between the people served and the serving agencies, and

more free time for the supervisor to expend his professional talents in the areas that he has neglected.

Other, less formal benefits attained are upward mobility of the aides—educationally, socially, and financially; increased awareness by aides of the health status of the hard-to-reach groups; increased concern on the part of professionals for the needs of others; increased acceptance of a program; and improved health behavior and standards.

REFERENCES

(1) Maslow, A.: Motivation and personality. Harper, New York, 1954.
(2) Argyris, C.: Personality and organization. Harper, New York, 1957.
(3) Miles, R.: Human relations or human resources. Harvard Bus Rev 43: 148–163, July–August 1965.
(4) Gibb, J. R.: Defense level and influence potential in small groups. *In* Leadership and interpersonal behavior, edited by L. Petullo and B. M. Bass. Holt, Rinehart and Winston, Inc., New York, 1961, pp. 66–81.
(5) Lynton, R. P., and Pareek, U.: Training for development. Dorsey Press (a division of Richard D. Irwin, Inc.), Homewood, Ill., 1967.

SELECTED BIBLIOGRAPHY

Arnold, M. F.: Ambiguity in the role of the health educator. Health Education Monograph Series No. 12. Society of Public Health Educators, Rye, N.Y., 1962.

Bennis, W. G., and Philip, E. S.: The temporary society. Harper & Row, New York, 1968.

Bennis, W. G.: Post-bureaucratic leadership. Trans-Action 6: 44–61, July–August 1969.

Blau, P. M., and Scott, W. R.: Formal organizations. Chandler Publishing Co., San Francsico, 1962.

Brown, M.: Effective supervision. The MacMillan Co., New York, 1960.

Burby, R. J.: An introduction to basic supervision of people. Addison-Wesley Publishing Co., Inc., Reading, Mass., 1966.

Callan, L. B.: Health education aide trainee project, Public Health Rep 84: 459–464, May 1969.

Callan, L. B.: Changes in perception of selected concepts that accompany differing leadership treatments. Doctoral dissertation. Arizona State University, Tempe, May 1967.

Coffey, H., and Golden, W. P., Jr.: Psychology of change within an institution. *In* Inservice education; 56th yearbook of the National Society For the Study of Education, edited by N. B. Henry. University of Chicago Press, Chicago, 1957.

Costello, T. W., and Zalkind, S. S.: Psychology in administration. Prentice-Hall, Inc., Englewood Cliffs. N.J., 1964.

Haire, M.: The concept of power and the concept of man. *In* Social science approaches to business behavior, edited by G. Strother. Dorsey Press (a division of Richard D. Irwin, Inc.), Homewood, Ill., 1967.

Kent, J. A., and Smith, C. H.: Involving the urban poor in health services through accommodation: The employment of neighborhood representatives. Amer J Public Health 57: 997–1003, June 1967.

Lateiner, A.: Modern techniques of supervision. Lateiner Publishing Co., New York, 1965.

Likert, R.: New patterns of management. McGraw-Hill, Inc., New York, 1961.

Luft, J.: Group processes. The National Press, Palo Alto, Calif., 1963.

Mathews, B. P.: Administrative climate: Its implication for health educators. Health Education Monograph Series No. 12. Society of Public Health Educators, Rye, N.Y., 1962.

Mayshark, C., and Shaw, D. D.: Administration of school health programs. C. V. Mosby Co., St. Louis, 1967.

McGregor, D.: The human side of enterprise. McGraw-Hill, Inc., New York, 1960.

Parker, J. C.: Making a work situation into a learning experience. Health Education Monograph Series No. 18. Society of Public Health Educators, Rye, N.Y., 1964.

Rapaport, L.: The role of supervision in professional education. Health Education Monograph Series No. 15. Society of Public Health Educators, Rye, N.Y., 1963.

Ratoosh, P.: Decision making in small groups. Health Education Monograph Series No. 13. Society of Public Health Educators, Rye, N.Y., 1962, pp. 3–17.

Reiff, R., and Riessman, F.: The indigenous nonprofessional. Monograph Series No. 1. Community Mental Health Journal, New York, 1968.

Van Dersal, W. R.: The successful supervisor in government and business. Harper, New York, 1962.

Zander, A.: Influencing people in the face-to-face setting: Research findings and their application. Health Education Monograph Series No. 13. Society of Public Health Educators, Rye, N.Y., 1962, pp. 18–24.

Tearsheet Requests

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U.S. Birth Rate Up

Births increased and marriages continued to climb in the United States in 1969, according to the National Center for Health Statistics, Health Services and Mental Health Administration. Births totaling 3,571,000 in 1969, about 2 percent higher than in 1968, broke the downward trend which began in the early 1960's. Marriages in a 10-year climb reached 2,146,000, the second largest number on record and 4 percent more than in 1968.

The birth rate in 1969 rose to 17.7 births per 1,000 population in 1969, marking the first annual increase since 1956–57. However, the fertility rate of 85.8 births per 1,000 women 15–44 years of age was virtually unchanged from the 1968 level—85.7.

The rise in the birth rate in 1969 resulted primarily from an increase in the number of women in the childbearing ages rather than from an increase in the rate at which women bear children. Although the 1969 data cannot be fully interpreted until the more detailed final tabulations are available, birth rates for women in some groups undoubtedly continued to fall during 1969. The estimated total births for 1969 is smaller than that which would have occurred if the 1968 rates for all age groups had prevailed throughout 1969.

Presently the number of young women is rising rapidly as a result of the high-level birth rate during the late 1940's and the 1950's. The number of women at ages 20–29, when fertility rates are highest, rose 4 percent between 1968 and 1969 and will increase another 23 percent by 1975, according to projections prepared by the U.S. Bureau of Census. The projected changes in the number of young women will thus tend to continue the rise in the annual numbers of births, even if the age-specific birth rates do not increase.

The increase in marriages began in 1959 and gained momentum after 1962, when the marriage rate began to climb. In 1969 the marriage rate was 10.6 per 1,000 population. This was an increase over 1968 of approximately 3 percent, less than the rise between 1967 and 1968, but similar to the annual increases observed during the period 1962–67. The continuing rise in marriages reflects the growing number of young men and women at ages where marriages are most frequent.