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The Influence of First-Line Manager Supervision on Nurse Competence in Discharge Planning Implementation at X Hospital Medan

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ABSTRACT

First-line managers have an important role in supervision to improve the performance and quality of nursing services. This study aims to determine the effect of first-line manager supervision on nurse competence in the implementation of discharge planning. The research method used was a quasi-experimental pre-test and post-test nonequivalent control group design. The number of samples was 70 executive nurses, who were divided into an intervention group at Medan X Hospital and a control group at RS XX TB Simatupang, selected using a sequential sampling strategy. Data were collected using a valid and reliable supervision questionnaire. The results showed that there were differences in nurse competence scores in the implementation of discharge planning (p = 0.000) and in first-line manager supervision (p = 0.000) before and after supervision training. The results of the logistic regression test showed that three variables had the most influence on nurse competence in implementing discharge planning: age (p = 0.010), length of work (p = 0.004), and level of education (p = 0.032). In conclusion, supervision by first-line managers plays an important role in improving nurse competence in implementing discharge planning. It is suggested that the nursing division conduct routine evaluations of discharge planning implementation, standardize first-line manager supervision instruments, and monitor and evaluate the supervision process as well as the completeness of discharge planning documents.

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INTRODUCTION

Hospitals provide various forms of care, including inpatient, outpatient, and emergency services, which aim to improve patient health through prevention, treatment, rehabilitation, and palliative care (Taylor et al., 2025; Endalamaw et al., 2024). The changing demands of patients and society are driving the need for a holistic approach to health (WHO, 2023; Ferreira, 2023). Consumers' choice of services is heavily influenced by their education and knowledge (Değer et al., 2024; Lyu et al., 2024). Therefore, hospitals are required to provide health services that align with the needs of the community (Dongre et al., 2025). This makes service quality an important indicator in the health system (Shie et al., 2022).

Nurses play a major role in creating the quality of hospital services (Al Munajjam et al., 2023). They are required to have knowledge, interpersonal skills, technical competence, and high professional ethics. Nursing is not just a job but a profession that emphasizes moral standards to ensure patient satisfaction. With good competence, nurses are able to provide quality care. Therefore, the quality of nursing services greatly affects the image of hospitals (Sukamuljo et al., 2021).

The quality of health services depends on competent and professional human resources. Hospital management is required to place staff according to their ability to make services more effective. Law No. 17 of 2023 affirms compliance with professional standards, services, and

SOPs as the legal basis. Quality human resources are an important asset for service sustainability. If managed well, employees can contribute to improving hospital performance.

The performance of nurses also determines the level of patient satisfaction (Al-Mugheed et al., 2023; Alotaibi et al., 2020). However, the quality of nursing services in Indonesia still faces challenges in various regions (Handiyani et al., 2019; Kristanti et al., 2021). Factors such as age, working experience, and marital status can affect an individual's performance (Sari & Suprapti, 2020; Hariyati et al., 2018). Nurses, as members of the health team, often interact directly with patients, so they have an important role in hospital administration (Rinawati et al., 2021). The quality of good nursing services will reflect the quality of health services as a whole (Susilaningsih & Wulandari, 2022).

To maintain quality, hospitals are required to participate in accreditation, one of which is through the Continuous Service Access (AKP) criteria. The accreditation process encourages integrated service coordination, starting from quick inspections, discharge planning, to follow-up coordination. The expected results are resource efficiency and improved quality of patient service. The head of the room and the first-line manager play a role in supervising so that the service meets standards. Supervision is the key to maintaining the quality of nursing.

Supervision by the first-line manager includes planning, organizing, mobilizing, supervising, as well as evaluation. The supervision function ensures that integrated services run according to SOPs. Discharge planning is an important aspect influenced by supervision. This process prepares patients to be independent after going home. With discharge planning, patient satisfaction increases, and treatment costs can be reduced. Failure to implement it causes patient complaints.

Nurse competence is closely related to the quality of care and patient satisfaction. Competencies include technical, intellectual, and professional skills. Supervision has been shown to have a positive effect on improving nurse competence, as various studies have demonstrated. Good leadership from the head of the room also impacts optimal discharge planning. Without adequate supervision, the implementation of nurse competencies can be hampered, and the quality of services decreases.

X Hospital Medan exemplifies the challenge of implementing discharge planning. Despite having experienced nurses and plenary accreditation, the patient discharge program before 12:00 PM is not optimal. Supervision is still limited to audits without a clear model, and first-line managers have not received special training. As a result, patients often complain of delayed discharge. This emphasizes the importance of strengthening nursing supervision to improve service quality.

The theoretical foundation presented here clarifies that X Hospital Medan has failed to achieve its goal in carrying out nursing services related to discharge planning. As previously explained, X Hospital Medan targets 75% achievement in discharge planning implementation, but actual rates from July to December 2023 were only 19.2% in July, 19.43% in August, 16.83% in September, 24.17% in October, 27.01% in November, and 29.26% in December. This large gap between the target and actual implementation clearly indicates the hospital's failure in nursing assessment. Failure to conduct nursing assessments to determine whether a discharge plan and education for patients and families are necessary also causes the low achievement of the discharge plan at X Hospital Medan, which is related to nurse competence.

Wiwin Sulistiyawati, in her research, examined the influence of competence on discharge planning implementation, showing that competence and discharge planning implementation are significantly related ($p = 0.001$), indicating a connection between these variables.

Although prior work has shown that structured discharge planning improves patient outcomes, most studies emphasize patient-facing processes rather than the supervisory mechanisms that enable nurses to implement discharge planning reliably at the unit level. Addressing these gaps, the present study at X Hospital Medan aims to evaluate the effect of FLNM supervision on nurse competence in discharge planning and proposes an adaptive supervision model (structured rounding, targeted coaching, audit-feedback, and cross-discipline coordination) to close the large target–actualization gap in timely discharges. By measuring competence and implementation outcomes together, this study aims to generate actionable design features for supervision that strengthen discharge planning reliability and patient flow. The contribution is twofold: theoretically, it integrates discharge-planning evidence with supervision science into a ward-level responsive framework; practically, it offers policy and managerial recommendations for hospitals—L1 managers, head nurses, and quality teams—to deploy supervision routines that improve nurse competence, raise on-time discharge rates, and enhance overall service quality.

METHOD

This study employed a quantitative approach with a quasi-experimental design, specifically the pretest–posttest nonequivalent control group. The sample was divided into two groups: the intervention group, which received supervision interventions from first-line managers, and the control group as a comparison. Both groups underwent pretest measurements, followed by the intervention, and then a posttest evaluation to assess the effect of supervision on nurse competence in implementing discharge planning. This design was chosen to measure changes in competence before and after the intervention while considering practical limitations in the hospital setting.

The research population consisted of 182 nurses at X Medan Hospital, with 25 first-line managers acting as supervisors, including head nurses, clinical nurse educators, duty managers, primary nurses, and team leaders. A sequential sampling technique was applied, meaning all subjects who met the inclusion criteria were recruited until the required number was reached. Inclusion criteria were active nurses willing to participate and not on leave, while exclusion criteria included new nurses with less than one year of service, those on leave, or those unable to attend the intervention. This sampling ensured that the respondents represented the target population while maintaining feasibility within the study's timeframe.

The research instrument used was a supervision observation sheet and medical record review, both of which had previously undergone validity and reliability testing at XX TB Simatupang Hospital. A pilot test with 30 respondents and 36 statements showed all items were valid, with a product-moment correlation above the threshold ($r = 0.3610$, $df = 28$). Reliability testing using Cronbach's alpha produced a coefficient of 0.980, indicating excellent consistency. Data were analyzed using descriptive statistics to summarize respondent characteristics and supervision outcomes, and inferential statistics (paired t-test and independent t-test) to compare pretest and posttest scores within and between groups. A

significance level of α = 0.05 was applied to determine statistical differences, ensuring rigorous testing of the effect of first-line manager supervision on nurse competence in discharge planning.

RESULTS AND DISCUSSION

Based on the results of the study, an overview of the characteristics of the respondents was obtained, including age, education level and length of work in the intervention group and control group, which can be seen in Table 1.

Table 1. Frequency Distribution of Respondent Characteristics in the Intervention Group and Control Group (n=70)

Characteristics		Intervention Groups		Group Control	
		N	%	n	%
Age	Adults (19-44 years)	26	74,3	24	68,6
	Pre-Elderly (45-59 years)	9	25,7	11	31,4
Education Level	DIII Nursing	7	20,0	10	28,6
	Nursing Profession Program	28	80,0	25	71,4
Long Time Working	Only ≤ 3 years old	16	45,7	14	40,0
	Long > 3 years	19	54,3	21	60,0

(Source: Primary Data, 2024)

Table 1 shows that of the 70 respondents, it is dominated by adult respondents, namely in the intervention group (74.3%) and the control group (68.6%).

Age is a stage for a person in life that includes physical, mental and social development. As they age, a person experiences maturation in various aspects of his life both technically and psychologically. However, after reaching its peak, a person will experience a gradual decline in his physical, mental and social aspects.

The assumption of the research is that the majority of respondents are adults because the intervention group and control group hospitals with a standing age are still 10 years old, and the majority of nurses are in PK I and PK II so that the age of the implementing nurses is mostly in the category of 19 – 44 years where the implementing nurses with early adulthood are at the level of productive age that can support for better performance and in theory this age is classified as a productive age with psychosocial abilities that accountable,

Based on the characteristics of the respondents in Table 1, the level of education shows that of the 70 respondents, it is dominated by respondents whose level of education is in the nursing profession program, namely in the intervention group (80.0%) and the control group (71.4%).

A highly educated person can handle more challenging and responsible tasks (Fitriani, 2021). According to the Regulation of the Minister of Health Number 26 of 2019, nurses with D3 Nursing or Vocational education are nurses who carry out nursing practices with nursing technical skills in carrying out nursing care, while nurses are nurses who graduate from nursing professional programs who have special expertise in nursing care

The research assumption is that the majority of nurse education is due to the inpatient unit in the hospital intervention group is prioritized by nurses. Nurse Nurses are professional nurses who are skilled in providing nursing care. Professional education is higher education

after completing an undergraduate program that prepares students to do jobs that require special skill requirements. Professional education can be organized by universities and in collaboration with other ministries, LPNK ldan/ataul lorganisasil lprofesil lyangl lbertakl lanswerl atas lmutul lmutul lservice lprofession.

Based on the characteristics of the respondents in Table 1 length of work, it shows that of the 70 respondents, it is dominated by respondents with a working period of >3 years, namely in the intervention group (54.3%) and the control group (60.0%).

The length of work is divided into 2 categories, namely, it is categorized as new if it has a working period of ≤ 3 years and is categorized as long with a working period of > 3 years (Hamel et al., 2018). How long an employee spends time in a workplace is known as their "working period" (Tarwaka, 2017). The sense of having an employee at work increases with the working life, according to Kreitner and Kinicki in (Fitriani, 2021). Because, after some time working in the same place, a person becomes accustomed to the routine and routinely carries out his duties without much thought. A worker's contribution to the performance or production of an organization grows directly proportional to the amount of time they spend.

The research assumption of the majority of respondents with a working period of > 3 years is because nurses in the control group and intervention groups are mostly with a working period of 3-10 years or more. The length of work affects the experience and productivity, the longer the work the more experience and productivity increases.

Supervision Overview

Supervision is one of the elements in the direction function which aims to improve the quality of nursing services. The implementation of supervision is not only to control the implementing nurses, but is carried out in order to correct irregularities in services so as to produce quality services. The purpose of nursing supervision is to develop and improve the skills of nurses so that they can better carry out their duties and responsibilities to patients. This is achieved through continuous and continuous supervision and guidance that addresses problems in nursing services and personnel. excellence (Nurhadi, 2018). Proctor's clinical supervision model describes how healthcare professionals can be supported in the areas of formative, restorative, and normative practice. The formative domain refers to the development of skills specific to the role of health professionals while the restorative domain refers to supporting professionals through the emotional pressure of professional roles and the normative domain refers to the health professional's compliance with service standards as well as organizational policies and procedures (Oktavia et al., 2023).

The researcher's assumption in the intervention group based on the supervision component in normative, formative and restorative supervision increased because with training it can improve the understanding of the head of the room in supervising with these three methods, the implementing nurse feels that if the supervision provided provides support, makes them more competent, provides solutions if they get problems and can improve the quality of nursing care.

Overview of Competencies in the Implementation of Discharge Planning

The measurement of discharge planning competency in nurses is measured by assessment based on four (4) components, namely assessment, planning, implementation and evaluation. Scoring or summing is carried out to then be grouped into the category of poor if the score is ≤75% and good ≥76% according to the research conducted by (Fitiani, 2021).

Competencies include knowledge, attitudes and skills that are related to each other and are needed to be trained and developed in order to produce good performance. Competence in an individual is described as an individual's characteristics by using his deepest personality and influencing his behavior when dealing with work which ultimately affects the ability to produce work achievements (Shaputra Angga Rahyu, 2022).

Discharge planning is an integral part of health services aimed at patients and families when the patient enters the hospital and enters the rehabilitation stage, discharge planning is a process of describing cooperation between services, health, family, patients and people who are influential for patients starting from the stage of study, planning implementation and evaluation quoted in (Yulianti, 2023)

According to Lemone in (Ritonga et al., 2020) reveals that a nurse is someone who has a role in caring, maintaining and helping someone who is experiencing illness, injury and aging processes. The discharge planning process has a safety with the nursing process. These similarities can be seen from the assessment when the patient begins to be treated to the evaluation and documentation of the patient's condition while receiving treatment at the hospital.

The implementation of discharge planning on the status of the discharge patient is carried out by looking at the patient discharge document which is used as technical instructions that guide the staff in carrying out the discharge process at Hospital X which includes: 1) initial assessment 2) discharge planning based on diagnosis 3) implementation (preparation before and during the day of the patient's discharge) 4) evaluation

The researcher's assumption in the implementation of discharge planning increases at the stage of initial assessment, patient discharge planning, implementation and evaluation because the nurse who is supervised gets direction, feedback and alternatives from the problems encountered so that nurses better understand and improve their competence in the implementation of discharge planning by conducting a comprehensive assessment, patient discharge planning including treatment, environment, actions, Health education, outpatient referrals and diet. At the implementation stage, nurses document information on health service sources, disease complications, drug information, use of medical care, advancement, diet, physical exercise and physical exercise, while at the evaluation stage, nurses document nursing care on the status of problems when the patient goes home.

Differences in Nurse Competency Scores in the Implementation of Discharge Planning

According to Spencer & Spencer (1993) quoted in (Wijaya et al., 2023) competence is one of the aspects of human resources that greatly affects business performance. This is related to the type, where certain types of work are required by this competency standard related to the ability possessed by the individual regarding the extent of their skills, knowledge and ability to work. Competencies include knowledge, attitudes and skills that

are related to each other and are needed to be trained and developed in order to produce good performance. Competence in an individual is described as an individual's characteristics by using his deepest personality and influencing his behavior when dealing with work which ultimately affects the ability to produce work achievements (Shaputra Angga Rahyu, 2022).

Based on the findings, there was an increase in nurse competence in the implementation of discharge planning after supervision by the first-line manager who received training, nurse competence can be increased with training to get even better performance results, while in nurses who do not receive treatment, there is no increase in discharge planning competence

Discharge planning is an integral part of health services to patients and families starting at the time the patient enters the hospital and enters the rehabilitation stage, Discharge planning is an overview process between services, health, family, patients and people who are influential for the patient starting from the stage of review, planning implementation and evaluation (Sandora & Jannah, 2022).

According to research, there is an influence of supervision on improving nurse competence in the implementation of discharge planning at Haji General Hospital Surabaya (Agustin, 2023). Clinical supervision has been proven to be effective in improving nurses' competence in the implementation of their clinical appointments so as to create a system that supports patient safety and professional nursing practice. Effective clinical supervision is expected to be able to solve the problems that exist in the implementing nurse and how effective is the clinical supervision carried out by the nurse or manager can be effective in improving competence (Oktariani et al., 2020). Clinical supervision carried out by nursing managers greatly affects the results of evaluation and improvement in the implementation of nurse performance. Nurses need to improve to reduce the impact caused by poor performance and competence of nurses, one of which is by conducting clinical supervision (Nuritasari et al., 2020).

The researcher's assumption is that by supervising, they will be able to see the obstacles or obstacles that occur in nursing services, one of which is the implementation of discharge planning. Supervision can also improve the ability of nurses; by carrying out nurse supervision the implementation will increase knowledge so that it can improve the competence of nurses in providing nursing care, including the implementation of discharge planning

Differences in First-Line Manager Supervise Score

To provide quality nursing services based on good management principles, operational managers in charge of inpatient units or wards must be good at utilizing the resources available there (PPKC, 2019). Supervision is a process of supervising, directing, improving, guiding, and evaluating the nursing supervisor to improve the ability of nursing staff so that they can provide quality nursing care to patients. The supervision carried out can be constrained by several problems, including the small number of supervisors so that it will spend time in supervision, insufficient supervisor knowledge and skills can hinder the solution of problems in nursing services and differences in perception between supervisors and nurses (Hoskin, 2021).

According to research by Rahayu Ningsih et al., (2022), There is an effect of supervision training and the implementation of supervision by the head of the room at GMIBM Monompia Kotamobagu Hospital, the performance of nurses has improved after supervision by the head of the room after being given training. There was a one-week training on the supervision of the head of the room and mentoring with the researcher, and the next week the head of the room conducted independent supervision in the face of increasing the documentation of nursing care carried out by the implementing nurse in the inpatient room (Manuhutu et al., 2020). The assumption of researchers with supervision training can provide an understanding of how to conduct supervision correctly.

Analysis of the Relationship between Supervision and Nurse Characteristics on Nurse Competence in the Implementation of Discharge Planning

According to Peplau, the bond between patients and nurses is very important in nursing. In the healthcare system, a nurse is an expert who provides direct care to patients based on their extensive training and experience. The routine of nurses in caring for patients and solving problems that develop during meetings between patients and nurses is inseparable from the knowledge process (intellectual, interpersonal, and social skills) that nurses have. Nurses must have knowledge of mental health issues and have the skills to assist patients in solving them (Lestari & Ramadhaniyati, 2018).

According to Peplau, supervision has an important role in developing nurse's competence. Technical skills: Supervision helps nurses develop technical skills, such as nursing procedures, and improve interpersonal skills where supervision improves nurses' ability to communicate effectively with patients, families, and healthcare teams.

The management function has an actuanting stage. One of the managerial tasks at the actuation stage is supervision, which is to guide nurses to provide quality, effective, measurable, efficient, and problem-free work (Dahlia et al., 2020). In achieving organizational goals, supervision is king. Words like "supervision" and "vision" which mean "seeing something" or "observing the work of others" come from the same root. The supervisory nurse's job is to supervise the nurse while they work and provide direction when they need it (Erita, 2019).

Research by Kurniawati et al., (2023) shows that supervision in normative aspects, formative aspects and restorative aspects have a meaningful relationship with nurses' motivation in documenting nursing care. Supervision of the head of the room and the patient safety culture at Nganjuk Hospital showed that there was a significant (p=0.000) and strong (coefficient correlation =0.559) (Fatonah & Yustiawan, 2020) There is a significant relationship between the direction of the head of the room and the motivation of the nurse's work (Fatonah & Yustiawan, 2020). There is a significant relationship between nurses' performance in recording discharge planning and the supervision provided by the head of the room (Mikha, 2021)

The assumption is that supervision researchers that are doing well can improve the competence of nurses in discharge planning because supervision can provide direction for nurses at work, can improve the quality of work in providing nursing care and improve the ability in nursing care, one of which is in conducting discharge planning which includes study, planning, implementation and evaluation. Because supervision has an important role

in developing nurse competence. Technical skills: Supervision helps nurses develop technical skills, such as nursing procedures, and improve interpersonal skills where supervision improves nurses' ability to communicate effectively with patients, families, and healthcare teams.

Based on the analysis of a simple logistic regression test, showing that the p-value = 0.012 (P<α), Ho was rejected which means that there is an influence of age on the competence of nurses in the implementation of discharge planning in hospitals. X Medan. with an OR of 5.667, it means that nurses with adult age are 5.6 times more likely to have good competence than nurses of pre-elderly age.

Age is the age calculated from the time of birth to the birthday. A person's level of maturity is influenced by their age where a person will be more mature in thinking and working as they get older (Lasut, 2017). Age has an influence on the performance of a nurse, Nurses who are young have a strong and healthy physique (Muthmainnah, 2020).

In line with research that states that as many as 62.9% of nurses carry out discharge planning in the age range of ≤ 35 years (early adulthood) (Fitriani et al., 2021) Research by Fitriani et al., (2021) entitled The Relationship between Knowledge and the Implementation of Discharge Planning in the Inpatient Room of Dumai City Hospital Riau, the majority of 96 respondents were in the range of early adulthood of 69.8% and late adulthood of 32.2%. Research conducted at Dr. Soeharto Haerdjan Hospital Jakarta stated that age has a significant relationship with competence in documenting nursing care (Mosau & Rizal, 2024)

The assumption is that early adult researchers have good abilities in discharge planning. This is because the person concerned is still in the productive age or optimal productive age, at the productive age will have good performance and after passing that period the ability will decrease

The education level based on a simple logistic regression test analysis, showing that the p-value = 0.005 (P<α), Ho was rejected which means that there was an influence on the level of education on the competence of nurses in the implementation of discharge planning in hospitals. X Medan. with an OR of 5,550, it means that nurses with an education level of nursing professional programs have a 5.5 times chance to have good competence compared to nurses with DIII Nursing education.

According to Law No. 12 of 2012, higher education is a level of education after secondary education which includes diploma programs, undergraduate programs, master's programs, doctoral programs and professional programs as well as special programs organized by universities based on the culture of the Indonesian nation.

The results of the research of respondents with Nurse education are mostly good competence in the implementation of discharge planning in line with research conducted by Mosau & Rizal, (2024), showing that as many as 40% of nurses with S1 education carry out discharge planning. The level of education of nurses is better in the implementation of discharge planning, namely 47.8% of nurses compared to DIII nursing education of 24.7% (Fitriani et al., 2021)

The researcher's assumption is that nurses with nurse education have good competence in the implementation of discharge planning, the higher a person's education, the more skilled in doing the work that is his responsibility and will be more able to analyze a problem

and be able to make good decisions. Higher levels of education, in general, cause people to be more capable and willing to accept responsible positions. Nursing education has a great influence on the quality of nursing services. A high education from a nurse will provide optimal service

The length of work based on the analysis of a simple logistic regression test, showing that the p-value = 0.015 (P<α), then Ho was rejected which means that there was an influence on the competence of nurses in the implementation of discharge planning in the hospital. X Medan. with an OR of 3,448, it means that nurses with a working period of >3 years have a 3.4 times chance of having good competence compared to nurses with a working period of ≤3 years.

In line with research (Fitriani et al., 2021) which shows that nurses with a working period of ≤ 5 years carry out discharge planning well. Based on this study, a significant relationship was found between nursing informatics competence and working time (Mosau & Rizal, 2024).

The researcher's assumption is that after nurses have undergone a period of work orientation and stabilization of productivity abilities will always increase as the working period progresses, the success of an institution is determined by human resources as its functional field, in this case a nurse who is full of experience and knowledge, especially in the implementation of discharge planning.

Analysis of the Influence of First-Line Manager Supervision and Confounding Variables on Nurses' Competence in the Implementation of Discharge Planning in the Intervention Group

The results of the above study are in accordance with the research conducted by (Millati, 2019) which shows that the results of the statistical T analysis of 2.372 (>1.96) and p-value 0.018 (<0.05) show that there is a significant influence between individual variables (age) on the performance of a nurse, including in her competence in the implementation of discharge planning.

The research assumes that nurses with adult age have better performance and work results because nurses with pre-elderly people are estimated to decline with age due to loss of agility, strength, and enthusiasm as well as increased monotony and lack of mental challenges.

CONCLUSION

This study concludes that first-line manager supervision significantly improves nurse competence in the implementation of discharge planning at X Medan Hospital, as evidenced by the increased competency and supervision scores in the intervention group compared to the control group. The findings also indicate that demographic factors such as age, educational background, and length of work are associated with the completeness of discharge planning data, highlighting the importance of tailored supervisory strategies. These results reinforce the critical role of structured and effective supervision in ensuring the quality of nursing services and optimizing patient outcomes. For future research, it is recommended to expand the study using a larger and more diverse hospital setting, apply a

longitudinal design to assess long-term effects, and explore the integration of digital-based supervision models to further enhance nurse competence and service quality.

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