



RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn1410>**Effect of Dialogue Focused Supervisory Relationship In Cross-ethnic Supervision To Enhance Midwife's Performance****Idawati Trisno*, Fendy Suhariadi**, Widodo J. Pudjirahardjo***

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ABSTRACT

Midwife's performance at Primary Health Care (PHC) still not optimal, slacken the effort of reducing maternal death. Unavailability of doctor at PHC placed greater responsibility on midwife, thus improving midwife's performance is crucial. Midwife's performance influenced by ability, motivation, and supervision. Cross-ethnic supervision combined with line manager supervision, fit in the development of dialogue focused supervisory relationship (DFSR) in midwifery supervision. This study aimed to analyse the effect of DFSR on midwife's performance, and the relationship between cross-ethnic supervision and DFSR. This research used cross-sectional design. Using random sampling techniques, 113 pairs of midwives-supervisors working in PHC at Kupang city and Kupang district were obtained. Data analysed using regression analysis. The findings were: (1) quality of DFSR affecting midwife's performance improvement, with quality of dialogue give strongest influence, (2) good quality supervisory relationship decrease midwife's performance, and (3) cross-ethnic supervision didn't have significant relationship towards DFSR. The development of DFSR as a new construct and evident of the relationship between DFSR and midwife's performance is a novel in this study. To enrich this finding, future research should use longitudinal design and with different type of respondent. Study in exploring factor in cross-ethnic supervision that may influence DFSR also suggested.

Keywords: Midwife's performance, Dialogue focused supervisory relationship, Cross-ethnic supervision

INTRODUCTION

Background

Midwife's performance at Primary Health Care (PHC) in East Nusa Tenggara (ENT), a rural province of Eastern Indonesia, still not optimal, and remains challenge to the effort of reducing maternal death. This condition was evident from Indonesia Ministry of Health data and research result of AIPMNH, showing the low score on normal delivery performance (65%), low coverage of emergency obstetric care (36%), and many cases of emergency obstetric (30%) and pre-referral care (46%) that still not managed appropriately to the standard of care (Kemenkes, 2012 & Trisno, et al., 2015). Client using midwifery care at PHC was also complaining about midwife's performance. Researcher interviewed some of those clients, and found that unfriendly attitude of midwife, unresponsiveness towards client's need, and lack of perceived competence was among those complaints. If that condition is neglected, it may reduce people trust to seek care at PHC, and seek for traditional birth attendant instead of. Midwife's performance becoming more crucial since availability of general doctors at PHC is very limited with ratio 5 doctors for every 100,000 people (Dinkes NTT, 2015). It placed midwife as the most birth attendant in ENT (75.9%), thus low performance of midwife in birth attendance can affect in reducing quality of midwifery services and increasing maternal death.

Problem in midwife's performance in ENT has been assumed to be influenced by ability, motivation, and ineffective midwifery supervision at PHC. Study on midwife's retention of knowledge and skill in ENT revealed that more than 40% knowledge and skill still lower than the standard (AIPMNH, 2014). Low motivation is affected by culture and work ethic of ENT people which is too relaxed; tend to slow, and less sensitive to the environment. Researcher assumed that this condition needs effective supervision intervention to reach high performance behaviour. Bosch-Capblanch & Garner (2008) mention the benefit of supervision in increasing health care performance; however which component gave the strongest influence still unknown.

Other findings from several researches also highlighted the importance of supervision for improving performance. Fort & Voltero (2004) analysed factor influencing performance of maternal health care provider in Armenia, and found that competence, rewards and performance feedback given by supervisor had strong association with performance of antepartum and postpartum care. Hawkins & Shohet (2012), and Hyrkäs (2002) mentioned that clinical supervision can improve professional skills, so did Severinsson (2001), who mentioned that benefit of clinical supervision was to increase professional development through increasing self-awareness.

Midwifery supervision in ENT had been conducted since 2010 as part of Indonesia national health program, yet the impact on midwife's performance still not obvious. Findings from previous study on supervision mentioned that supervision effectiveness is influenced by input, process, and supervisory feedback. Supervisory input includes supervisor characteristic, supervisee characteristic, and organizational characteristic. Supervision method, supervisory relationship, frequency and duration are part of supervisory process (Donohue, 2001). Whilst supervisor and supervisee characteristic indeed affecting supervision, researcher argued that supervisory relationship is the crucial factor in ENT. This assumption based on the collectivist culture on NTT people, whose valuing relationship with their significant others including their supervisors, and even sacrifices their own interest if it would disturb the relationship (Ho & Nesbit, 2009; Hofstede, 2011). Thus, developing good supervisory relationship is expected to better achieve supervision output which is increased ability and improved performance. This argument supported by Lawler (2015), who highlighted the importance of supervisory relationship for effective supervision. He also mentioned the account of trust and meaning in the development of supervisory relationship.

The importance of supervisory relationship lies on its role in providing safe environment for open communication between supervisor and supervisee and also for supervisee development. Bordin (1983) first introduced supervisory relationship concept in terms of supervisory working alliance, consist of three aspects namely mutual agreement, task clarity and bond. According to Bordin, togetherness, attention and trust will affect the bond between supervisor and client. Kaiser (1997) described supervisory relationship as factor influencing the supervisory process and its goal. The essence of supervisory process is accountability, and this can only be implemented effectively within good supervisory relationship that consist of three components, which are: power & authority, shared meaning and trust. Kaiser assumed that because there is difference in power and authority, supervisor should be more active in developing shared meaning and trust in the supervisory relationship. Another perspective was put forward by Holloway (1995), explaining supervisory relationship as a container for ongoing dynamic process between supervisor and supervisee, with the final goal is to increase knowledge, skill and supervisee empowerment. In this model, the essence lies in the importance of authority and the degree of supervisee involvement, which assumed will be changing as time goes by, and its effect on supervisory relationship development.

The latest model on supervisory relationship developed by Beinart (2004), which emerged as a need to explore factor that can predict supervisory relationship quality. Beinart's qualitative study find out that satisfaction to supervision, relationship between supervisor and supervisee, and feeling supported by supervisor are the main supervisory relationship quality that considered most effective by supervisee. The core element of this model is that relationship (boundary and trust) should be facilitated first before the function of supervision (education and evaluation) can be achieved (Cliffe et al., 2016). Based on Beinart's model, Palomo (2010) developed measurement tool to examine the supervisory relationship quality, which is Supervisory Relationship Questionnaire (SRQ). She introduced the six components of supervisory relationship in the SRQ, namely: safe base, structure, commitment, reflective education, role-model, and formative feedback; and discovered that safe base gave the highest contribution in the formulation of supervisory relationship quality.

Safe base is a condition in which supervisee feel safe to openly discuss problems they are facing in their daily works, and to share their ignorance or mistake without any fear of being judged by supervisor. Trust is the foundation of safe base. There should be mutual trust between supervisor and supervisee, and in the context of building trust, cross-ethnic supervision could be challenging. ENT is a province consists of many tribes or ethnics, with 5 biggest tribes of Alor, Timor, Sabu, Rote, and Flores, that conflict could easily happen when negative assumption has emerged. Besides, midwifery supervision in ENT was implemented by line manager, thus different in power and authority may also become challenging in the development of good supervisory relationship. Researcher argued that focusing dialogue in supervisory relationship can enhance supervision effectiveness to increase midwife's performance at PHC. Even though the importance of dialogue in building trust and minimizing the emerging conflict had been stated by Hyrkäs (2002), however this concept still lack of substantial evident. Dialogue in this research refers to the method or dialogue' process, not in the content of dialogue. The essence of the dialogue' process is equality and openness between the two parties.

Purpose

The aim of this study was to analyse the effect of dialogue focused supervisory relationship on improving midwife's performance, and to analyse the relationship between cross-ethnic supervision and the development of

dialogue focused supervisory relationship. Thus, our research question was: (1) Was dialogue focused supervisory relationship affecting midwife's performance improvement?, and (2) Was cross-ethnic supervision impair the development of dialogue focused supervisory relationship?

METHODS

This was an observational analytic research, using cross-sectional design. Data collection was done between January - May 2017, and research finished in September 2017. Population was midwives working at 4 PHC in Kupang city, and 9 PHC at Kupang district. Total number of midwives were 141 midwives, consist of 128 implementing midwives, and 13 midwife's supervisor, made up the population size of 128 supervisory dyads. Inclusion criteria for implementing midwives were: 1) not on leave or sick when the interview took place, 2) has been working at PHC at least 1 year, 3) had performed normal delivery care in the last 6 months, and 4) had received midwifery supervision within last year. Whilst inclusion criteria for midwife's supervisor was: had implemented midwifery supervision at PHC within last year.

Respondents who met the inclusion criteria were 121 supervisory dyads, this number considered as total research population. Since the population size was not quite big, researcher decided to use maximal sample size, which is total population minus 1. Excluded population determined using random sampling technique. So at the end we had 120 supervisory dyads as the sample size.

Data was collected once through interviewed with the respondents, which were data regarding: (1) respondent's characteristic, (2) midwife's perception on dialogue focused supervisory relationship, and (3) supervisor's assessment on midwife's contextual performance. Data regarding midwife's task performance was obtained from patient's record during the last 6 months period.

Dialogue focused supervisory relationship was measured using self-developed questionnaire, consist of 19 questions in three subscales: dialogue (6 questions), feedback (5 questions), and supervisory relationship quality (8 questions). This questionnaire has a rating scale from 1 (strongly disagree) to 4 (strongly agree). Hence, the dialogue focused supervisory relationship has three subscale scores that range from 1 to 4, with higher score reflecting better quality of dialogue focused supervisory relationship.

Midwife's performance consisted of contextual performance and task performance. Contextual performance was measured using modified questionnaire from Greenslade & Jimmieson (2007), consist of 7 questions with a rating scale from 1 (never) to 4 (almost always). The questions reflecting three aspects of contextual performance, namely support to coworkers, support to clients, and support to the organizations, with higher score means better contextual performance.

Midwife's task performance was assessed through patient's record, during the last 6 months period prior to the survey. Guideline used for the assessment was a modified normal delivery supervision check list developed by Indonesia Ministry of Health (2008), consist of 16 items in three aspects: technical delivery care, informed consent, and reporting & recording. Score indicated percentage of compliance to normal delivery standard of care, ranging between 0 (very poor) and 100% (good).

Questionnaires about dialogue focused supervisory relationship and midwife's contextual performance had been pilot testing in 17 supervisory dyads who had similar characteristic as the respondents. Internal validity for each item questionnaire was assessed with Pearson correlation. If corrected item - total correlation has bigger value than r tablevalue, the item was considered valid. R table value for sample size 17 with significancy level 0.05 is 0.412. Reliability of these questionnaires had also been tested and results indicated an acceptable reliability for dialogue ($\alpha = 0.85$), feedback ($\alpha = 0.81$), supervisory relationship quality ($\alpha = 0.89$), and contextual performance ($\alpha = 0.77$). The validity and reliability testing resulted in 26 valid and reliable item questionnaires.

Regression analysis was performed to analyse effect of dialogue focused supervisory relationship on midwife's performance improvement, and also whether cross-ethnic supervision would affect the development of dialogue focused supervisory relationship.

RESULTS

Descriptive Statistics of the Respondents

Of all questionnaires obtained from 120 supervisory dyads participated in this survey, only 113 were complete and can be analysed, thus giving the response rate of 94.2%. Respondents consisted of 14 supervisors who supervised 113 implementing midwives that shaped those 113 supervisory dyads. Of the 113 implementing midwives, the mean age was 36 years range from 23-54 years, most working at PHC for more than 15 years (44.2%), and 91.2% had education level of bachelor degree and higher. Whilst of the 14 supervisors, the mean age was 40 years range from 35-49 years, 83.3% had been working at PHC for more than 20 years, and all 100% had bachelor and higher degree.

With regards to the ethnic group, supervisory dyads consisted of different ethnic, made up from combination of the 5 ethnic groups in ENT. Table 1 showed the composition of supervisory dyads based on their ethnicity.

Table 1. Ethnic composition across the supervisory dyads at PHC in ENT, 2017

Ethnic	Frequency	Percentage
Same ethnic	16	14.2
Different ethnic, consist of:		
Alor – Timor	14	12.4
Alor – Flores	15	13.3
Alor – Sumba	3	2.7
Alor - Sabu	2	1.8
Rote – Flores	10	8.8
Rote – Alor	5	4.4
Rote – Timor	5	4.4
Rote – Sabu	2	1.8
Timor – Flores	13	11.5
Timor – Sabu	5	4.4
Flores – Sabu	11	9.7
Sumba – Flores	1	0.9
NTT ethnic – outside NTT	11	9.7
Total	113	100.00

Table 1 revealed that most supervision was cross-ethnic supervision (85.8%), only 14.2% were from the same ethnic group. This probably affected the development of dialogue focused supervisory relationship, further analysis had been done and the result will describe in the next section.

Descriptive Statistics of Dialogue Focused Supervisory Relationship and Midwife’s Performance

Dialogue focused supervisory relationship was described from three aspects, namely quality of dialogue, feedback, and quality of supervisory relationship. Dialogue in this study referred to the mechanism or process in dialogue, not the content of dialogue. We measured the quality of the dialogue process from the supervisee perspective on collegial relationship and mutual respect showed by the supervisors. Collegial relationship reflected through not interrupt each other, both parties could talk and listen in proportional way, and also feeling safe in admitting mistakes.

Feedback was measured from its content (feedback sign and its specificity and clarity) and the way of giving it (when to give, regular or incidental). Whilst supervisory relationship quality was measured from safe base and reflective education component. Safe base consisted of collaboration, not judgmental, respect and safety. Reflective education referred to the ability of supervisor to merge theory into practice, encouraged midwife doing reflective practice and finding their learning needs, and showed concern for midwife’s feeling and anxiety.

The description of dialogue focused supervisory relationship in the perspective of implementing midwife showed in Table 2.

Table 2. Quality of dialogue, feedback and quality of supervisory relationship based on the perspective of implementing midwives at PHC in ENT, 2017

Criteria	Quality of Dialogue		Feedback		Quality of Supervisory Relationship		Dialogue Focused Supervisory Relationship*	
	Freq	%	Freq	%	Freq	%	Freq	%
Very Poor	1	0.9	1	0.9	0	0	0	0
Poor	10	8.8	14	12.4	6	5.3	13	11.5
Good	70	61.9	64	56.6	72	63.7	72	63.7
Very Good	32	28.3	34	30.1	35	31	28	24.8
Total	113	100	113	100	113	100	113	100

*Note: Generally, dialogue focused supervisory relationship is good if >80% midwives perceived supervisor have good dialogue focused SR, and poor if less than 60% supervisor have good dialogue focused SR

Table 2 revealed that most implementing midwives considered their supervisors having good quality supervisory relationship, giving good feedback, and conducting good quality of dialogue with them. Overall score also pointed out that 88.5% midwives perceived their supervisors as having good dialogue focused supervisory relationship, which meant that generally, dialogue focused supervisory relationship in midwifery supervision at PHC was good.

Midwife’s performance measured in two aspects, which were task performance and contextual performance. Contextual performance was assessed by the supervisors, while task performance was assessed through historical observation of patient’s record by the researcher. Description of each type of performance could be seen in Table 3. Using confirmatory factor analysis, the two aspects of performance could form 1 factor with eigen values of 1.305 and total variance cumulative of 65.3% (KMO =0.500). Thus, we sum up the result to gain the score of overall midwife’s performance, which also displayed in Table 3.

Table 3. Task performance and contextual performance of the implementing midwives at PHC in ENT, 2017

Criteria	Task Performance		Contextual Performance		Overall Performance	
	Freq	%	Freq	%	Frequency	Percentage*
Low	15	13.3	6	5.3	2	1.8
Average	36	31.9	32	28.3	18	15.9
Good	43	38.1	37	32.7	59	52.2
Very Good	19	16.8	38	33.6	34	30.1
Total	113	100	113	100	113	100

Table 3 showed that midwife’s task performance mostly average and good, while the contextual performance mostly good and very good. More than 80% midwives was assessed as having good overall performance, both from the result of subjective assessment by their supervisor and from objective assessment by reviewing patient’s record. Thus, in general midwives at PHC in ENT was considered having good performance.

Dialogue Focused Supervisory Relationship and Midwife’s Performance

Regression analysis was done to assess the relationship between dialogue focused supervisory relationship and midwife’s performance. Results of ANOVA test showed a statistically significant relationship with p value = .000, standardized beta coefficient = 0.468, and adjusted R square = .212. This meant that 21.2% midwife’s performance improvement was affecting by dialogue focused supervisory relationship.

Further analysis was done to investigate which component of dialogue focused supervisory relationship give the biggest influence on midwife’s performance. Table 4 represented result of T test on those variables.

Table 4. Effect of dialogue, feedback, and supervisory relationship (sr)’ quality on midwife’s performance at PHC in ENT, 2017

Dependent Variable	Independent Variables	Coefficient beta	p value	Conclusion
Midwife’s performance	Dialogue	.564	.000	Significant
	Feedback		.177	Not significant
	SR’ Quality	-.337	.000	Significant

From the three components, dialogue gave the biggest influence on midwife’s performance improvement as 56.4% and significancy level of p=0.000. On the contrary, supervisory relationship quality gave negative influence of 33.7%, which means that the better the SR’ quality the poorer the midwife’s performance. Table 4 also revealed that feedback has no significant effect on improving midwife’s performance.

To enhance the importance of dialogue in affecting midwife’s performance, we analysed relationship between quality of dialogue and midwife’s performance, using regression analysis with dummy variable. The result showed in Table 5.

Table 5. Effect quality of dialogue on midwife’s performance at PHC in ENT, 2017

Dependent variable	Independent variable	Coefficient beta	p value	Conclusion
Midwife’s performance	Very poor quality dialogue		.084	Insignificant
	Poor quality dialogue	-.400	.000	Significant
	Very good quality dialogue	.202	.019	Significant

Since quality of dialogue was categorical data, we made a series of dummy variable resulted in 4 new variables according to the category. Of all 4 dummy variables, only 3 variables were analysed, as seen in Table 5. The fourth variable which is ‘good quality dialogue’ was used as baseline to interpret the result.

There was negative significant difference between good quality and poor quality dialogue on midwife’s performance, poor quality dialogue could reduce 40% of midwife’s performance. There was also positive significant difference between good and very good quality dialogue, using very good quality dialogue could improve 20.2% midwife’s performance. However, no significant difference obtained between good and very poor quality dialogue, maybe this because only 1 sample showing very poor quality dialogue (table 2). Having bigger sample size may reveal the different effect significantly.

Cross-ethnic Supervision and Dialogue Focused Supervisory Relationship

Since most supervisory dyads were consist of different ethnic group, we took further analysis to investigate whether the cross-ethnic supervision could influence the development of dialogue focused supervisory relationship. First, we performed cross tabulation analysis between ethnic difference and quality of dialogue focused supervisory relationship (DFSR), and the result described in Table 6.

Table 6. Dialogue focused supervisory relationship based on ethnic difference of supervisor-supervisee at PHC in ENT, 2017

Ethnic	Quality of dialogue focused supervisory relationship						Total	
	Poor		Good		Very Good		Freq	%
	Freq	%	Freq	%	Freq	%		
Same ethnic	1	6.3	10	62.5	5	31.3	16	100
Different ethnic	12	12.4	62	63.9	23	23.7	97	100
Total	13	11.5	72	63.7	28	24.8	113	100

Table 6 indicated a potential relationship between ethnic difference and quality of the DFSR. The cross-ethnic supervision has poor quality of DFSR twice much compared to supervision in the same ethnic group. On the contrary, the same ethnic group has higher percentage of very good DFSR.

Then, we performed regression analysis using dummy variable to assess whether the relationship of cross-ethnic supervision and dialogue focused supervisory relationship was significant. Ethnic difference was nominal data, and a set of dummy variable contained of 2 categories was developed, namely same ethnic and different ethnic. Result of regression analysis show no significant different between same ethnic and different ethnic of supervisory dyads on dialogue focused supervisory relationship (p value = .298).

DISCUSSION

The purpose of our study was to investigate the relationship between dialogue focused supervisory relationship and midwife’s performance improvement, and whether cross-ethnic supervision affecting the development of dialogue focused supervisory relationship. We contribute to the extent literature by proposing dialogue focused supervisory relationship as a new construct of supervisory relationship in midwifery supervision, and examining the relationship between dialogue focused supervisory relationship and midwife’s performance.

This new construct find evident in the result of present study, that dialogue focused supervisory relationship has positive effect on midwife’s performance improvement, with component of dialogue giving the biggest influence. This result in line with Hyrkas (2002) statement, that dialogue can build trust dan important in building supervisory relationship. Grill et al. (2014) also mentioned findings from several researchers, that dialogue can enhance learning environment for workers and increase staff’s involvement. Besides, dialogue can also minimize misunderstanding between leader and their followers (Grill, Ahlborg Jr, & Wikström, 2014; Hyrkäs, 2002).

Developing dialogue focused supervisory relationship will increase midwife’s performance. ENT people which is a collectivist community, stressing the importance of relationship with their significant others. This condition make the development of dialogue focused supervisory relationship within supervisory dyad could encourage midwife to perform better. However, multi ethnic condition in ENT society also raise challenge in building good supervisory relationship, thus adding the dialogue component as a focus in supervisory relationship is also meant to build trust and create safe environment in midwifery supervision.

In terms of feedback quality itself, the present finding shows no significant effect on midwife’s performance. This finding not correspond with previous studies which generally mention the importance of feedback in supervision. Ryan in Shao & Skarlicki (2009) found that feedback if given in a proper way will

increase self-awareness and encourage personal development. The necessity of performance feedback to maintain performance brought up by Donohue (2001), he also discovered that feedback given right after the observation will increase individual learning (Donohue, J.J., 2001). Ford & Voltero (2004) also found a strong association between performance feedback giving by supervisor and performance of antepartum and postpartum care.

Lizzio, Wilson & Que (2009) discovered that critical feedback can cause tension and defensive behaviour of the supervisee, especially if given in the early stage of supervision. Critical or constructive feedback should be given within a safe relationship and based on trust. Midwifery supervision in Kupang city and Kupang district maybe still in the early stage of supervisory relationship development, so the trust seems to be minimal. In the condition with lack of trust, feedback could be less effective if midwives feel inconvenient. As a result, midwife unwilling to follow up feedback with behavioural change that may improve performance. In this case, dialogue is necessary as a media in building trust.

The third component in dialogue focused supervisory relationship is the quality of supervisory relationship itself. Many findings from previous research pointed out the relationship between supervisory relationship quality and performance, better quality of supervisory relationship will increase staff's performance. Good quality of leader member exchange has positive effect on task performance, organizational citizenship behaviour, and satisfaction with supervisor (Michael, 2014). This present finding reveals a contradictory phenomena. Supervisory relationship quality has significant negative effect on midwife's performance. This mean that the better the quality relationship between supervisor and midwives, the poorer the midwives' performance. Researcher suggest that this unexpected finding may has its root in the collectivist characteristic of ENT society, who puts high value in the interpersonal relationship.

That condition is susceptible to boundary violation, which mentioned by Bond & Holland (2010) as one of the challenge in supervisory relationship. But if Bond & Holand talking about supervisor that cross the boundary and put supervisee in a harm, in this case not supervisor but supervisee who cross the relationship boundary. That is to say, until certain level a very good relationship with the supervisor precisely misused by the midwives, so that they even do whatever they want and unwilling to put effort to perform better, assuming that supervisor won't rebuke them.

Other possibility that can happen is the presence of dual relationship, which is a condition that besides relationship as supervisor and supervisee, both individual also have other relationship as colleague, friend or relatives. The danger and impact of dual relationship was mentioned quite often in counselling and psychotherapy literatures. Scaife (2001) stated that one of its impact is collusion toward poor practice. Townend et al. (2002) studied phenomena of dual relationship and find that, if supervisor-supervisee have collegial relationship in other work or organization, this condition can cause inconvenient in discussing individual performance. However, if the relationship more personal like as a friend, this turn out not to affect supervision. (Townend, M., Iannetta & Freeston, M., 2002). In collectivist society like NTT, it is rather difficult if not impossible to separate personal relationship from professional relationship. Thus, supervisors having dual relationship like friendship relationship with midwife their supervised, usually have higher level of tolerance against weakness or mistakes made by the midwife. This lead to supervisor seldom or never giving constructive feedback so that midwife's performance cannot be improved or even decreased.

Supervisory relationship quality in this study was mainly assessed from safe-base and reflective education aspect. Safe-base means creating safe climate for supervisee to be able freely discussing issues emerged in their works. Whilst reflective education is a condition which enable supervisee to learn from clinical practice that already happened. Lizzio et al. (2009) study three component of supervisory relationship, namely support, openness, and challenge. Support means facilitate the emergence of situation which make supervisee feel safe and eventually create trust, thus support is similar to the safe-base component in present study.

Lizzio find out that too much support may hamper supervision effectiveness if not accompanied with other supervisory component. For example, when supervisor really want to be considered as supportive, they can be too permissive and fail to discuss crucial issues like supervisee' competency or performance (Lizzio et al., 2009). That condition may also happen in present study, supervisor become too permissive because they want to be considered as kind and supportive, thus neglecting performance issues in midwifery supervision.

Respondents of the present study was origin from several ethnic, either ethnic from ENT or from other parts of Indonesia outside ENT. Most of the supervisory dyads are origin from different ethnic group. This so called cross-ethnic supervision make up specific challenge in supervision process, particularly in developing dialogue focused supervisory relationship. Burchard et al. (2014) in his study regarding cross-ethnic supervision in South America, mention that cultural difference between supervisor and supervisee influence feedback mechanism in supervision. Burchard's study was a qualitative study, involving 17 supervisors from 6 difference ethnic (Burkard, A.W., Knox, S., Clarke, R.D., Phelps, D.L., Inman, A.G., 2014). As feedback mechanism is one of the important element of dialogue focused supervisory relationship, therefore cross-ethnic supervision may also influence the development of supervisory relationship. Cross tabulation in present study (table 6)

shows that cross-ethnic supervision has poor quality of dialogue focused supervisory relationship two times higher than those who are in the same ethnic supervision.

However, this finding is still too early to determine the significant relationship between cross-ethnic supervision and dialogue focused supervisory relationship. Although there is an indication of that relationship, regression analysis did not show significant relationship between the two variables. Further study need to be done to explore this issue.

CONCLUSION

The present study provided a new construct called dialogue focused supervisory relationship, and empirical test of its relationship on midwife's performance. Our results demonstrate a strong influence of dialogue focused supervisory relationship in improving midwife's performance. Of the 3 components of dialogue focused supervisory relationship, the quality of dialogue process has the highest contribution to midwife's performance improvement. The other component, which is quality of supervisory relationship, influence midwife's performance in negative way, means that good quality of supervisory relationship in certain level will decrease midwife's performance. We propose 2 mechanism to explain this phenomena, which is through the effect of boundary violation and dual relationship that emerged in the supervisory relationship. We conclude that without dialogue and feedback, good quality supervisory relationship could hamper midwife's performance. Next conclusion is, cross-ethnic supervision may have strong association towards dialogue focused supervisory relationship, however this relationship still lack of statistical evident.

Considering the cross sectional design of this study, we suggest future research could have longitudinal design to have better result particularly in the measurement of objective performance through direct observation. Respondents in present study is quite homogenous (midwives at PHC), it will be interesting to test the relationship of dialogue focused supervisory relationship and performance in different sample characteristic. Besides, future study also could be done in exploring factor in cross-ethnic supervision that may influence dialogue focused supervisory relationship and staff performance.

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