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## The Influence of Individual Characteristics, Organizational Factors and Job Satisfaction on Nurse Performance

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### Abstract

Hospitals have professional human resources in various service fields. One of them is a nurse. This study aims to determine the effect of individual characteristics, organizational factors, and job satisfaction on the performance of nurses. This type of research is analytical survey by design (cross sectional). The research sample consisted of 165 nurses with accidental sampling method. This study uses a questionnaire on organizational factors, job satisfaction, and performance. The study was conducted from November to December 2019 at Bunda Thamrin General Hospital. Bivariate data analysis using Chi-square (X<sup>2</sup>) statistical test and multivariate using logistic regression. The results showed that there was an effect ( $p < 0.05$ ) years of service ( $p = 0.02$ ;  $RR = 0.30$ ), supervision ( $p = 0.00$ ;  $RR = 3.83$ ), rewards ( $p = 0.00$ ;  $RR = 5.20$ ), and job satisfaction ( $p = 0.00$ ;  $RR = 8.00$ ) on the performance of nurses. Supervision has an effect of four times ( $OR = 3.76$ ) and job satisfaction has an effect of 10 times ( $OR = 10.36$ ) on the performance of nurses. There was no effect ( $p > 0.05$ ) gender ( $p = 0.55$ ;  $RR = 0.38$ ), age ( $p = 0.29$ ;  $RR = 0.52$ ), education level ( $p = 0.32$ ;  $RR = 1.72$ ), career path ( $p = 0.08$ ;  $RR = 0.41$ ), and marital status ( $p = 0.74$ ;  $RR = 0.73$ ) on nurse performance. Job satisfaction and supervision are variables that have the greatest influence on the performance of nurses. So, it is important for institutions to improve the quality of supervision (increase supervisory competence, determine materials and supervision schedules) and increase job satisfaction (considering motivational and hygiene factors). In addition, it provides appropriate rewards and maintains the nurse's tenure, so that it can improve nurse performance.

**Keywords:** Individual Characteristics, Organizational Factors, Job Satisfaction, Performance

### Introduction

The hospital has professional human resources in various service fields. One of them is a nurse. Nurses are the health care professions with the most frequent and longest duration of interaction with patients, so that the quality of nurse services determines the image or quality of the hospital. Maimun's research at Bhayangkara Hospital Pekanbaru reported a low nurse performance of 53.45 (Fajrillah & Nurfitriani, 2016). Hidayat's research at the Surabaya hospital showed a low nurse performance of 50% (Fajrillah & Nurfitriani, 2016). Both studies show that the performance of most nurses is still not optimal in providing nursing services to patients.

Pinem's research in Medan City showed that the performance of nurses in the inpatient room at Mitra Sejati General Hospital Medan was 61.7%, including the poor category (Manalu, 2019). The results of multiple linear regression showed that the organizational mission variable ( $p = 0.005$ ) had an effect on the nurse's performance.

Performance is the result of the real work of the employee's work that can be measured and in accordance with the standards of his work in an organization. Nurse performance is influenced by several factors. The results of Hutaaruk's research stated that motivation ( $p=0.000$ ), workload (0.037), compensation (0.042), career development (0.002), education ( $p=0.000$ ) had a significant relationship to nurse performance (Hutaaruk et al., 2017). Meanwhile, work climate ( $p=0,059$ ), work ability ( $p=0,135$ ), and years of service ( $p=0,697$ ) did not have a significant relationship with nurses' performance.

Nurse performance is also influenced by organizational factors. Research shows that the success or failure of an organization depends on the performance of nurses or vice versa (Hameed & Waheed, 2011).

Another factor related to performance is job satisfaction. The results of Talasaz's research stated that there was a positive relationship between job satisfaction and performance in Iranian health centers  $p=0.00$  ( $P<0.01$ ) (Gannika & Buanasasi, 2019). High job satisfaction will lead to a higher level of performance as well.

Observations on organizational factors, individual characteristics, job satisfaction and nurse performance become parameters of success in performing nursing care. The success of nursing care not only improves the patient's recovery but also the quality of service and the image of the hospital. Therefore, the researcher determined the formulation of the problem in this study was to determine how the influence of individual characteristics, organizational factors and job satisfaction on the performance of nurses in the Inpatient Installation of Bunda Thamrin General Hospital?

## Methods

This research uses a cross sectional analytic survey research type. The research sample consisted of 165 inpatient installation nurses at Bunda Thamrin General Hospital with accidental sampling. The number of samples is determined based on the slovin formula. This study uses a questionnaire instrument, namely: the organizational factors questionnaire was developed based on the theoretical concept of Gibson, the job satisfaction questionnaire was developed based on the two-factor theory concept from and the performance questionnaire was developed based on the performance theory concept of Gomes(Amin, 2004; Stimpfel et al., 2012).

The study was conducted in November - December 2019 at Bunda Thamrin General Hospital. Data analysis was performed using bivariate data analysis with Chi-square ( $X^2$ ) statistical test and multivariate logistic regression analysis. The set significance value is  $p<0.05$ .

## Results and Discussion

### Individual Characteristics of Nurses

Table 1. Frequency Distribution of Nurse Characteristics (n=165)

Characteristics	n	%
<b>Sex</b>		
Male	7	4,20
Female	158	95,80
<b>Age</b>		
<25 years	12	7,30
25–30 years	91	55,20
31–40 years	56	33,90
>40 years	6	3,60

<b>Educational Degree</b>		
Diploma III	98	59,40
Nurse Profession	67	40,60
<b>Years of service</b>		
≤5 Years	83	50,30
>5 Years	82	49,70
<b>Career path</b>		
Pre Clinical Nurse (Pra PK)	70	42,40
Clinical Nurse (PK)	95	57,60
<b>Marital Status</b>		
Single	121	73,30
Merried	44	26,70
<b>Supervision</b>		
Good	110	66,70
Less Good	55	33,30
<b>Rewards</b>		
Good	147	89,10
Not Good	18	10,90
<b>Satisfaction</b>		
Satisfied	153	92,70
Unsatisfied	12	7,30

Based on table 1: The frequency distribution of nurse characteristics: female nurses are 158 people (95.80%), respondents aged 25-30 years are 91 people (55.20%), the education level of respondents is diploma III as many as 98 people (59, 40%), 5 years of service as many as 83 people (50.30%), PK career path as many as 95 people (57.60%), unmarried nurses as many as 121 people (73.70%), who stated good supervision as many as 110 people (66.70%), who stated that the rewards were good were 147 people (89.10%), and 153 people (92.70%) stated good job satisfaction.

#### Organizational Factors

Table 2. Frequency distribution of organizational factors (n=165)

Variable	n	%
<b>Supervision</b>		
Good	110	66,70
Not Good	55	33,30
<b>Rewards</b>		
Good	147	89,10
Not good	18	10,90

Based on table 2, it shows that there are 110 people (66.70%) stating the supervision is good and 55 people (33.30%) stating the supervision is not good. There are 147 people (89.10%) nurses said the rewards were good and 18 people (10.90%) nurses said the rewards were not good.

### Job Satisfaction

Table 3. Frequency distribution of nurse job satisfaction at Bunda Thamrin General Hospital (n=165)

Variable	n	%
Job satisfaction		
Satisfied	153	92,70
Unsatisfied	12	7,30

Based on the 3 shows that nurses are satisfied with work as many as 153 people (92.70%) and not satisfied working as many as 12 people (7.30%).

### Nurse Performance

Table 4. Nurse performance (n=165)

Nurse Performance	n	%
Good	142	86,10
Not Good/Bad	23	13,90

Based on Table 4 shows that the majority of respondents have good performance as many as 142 people (86.10%).

### The Influence of Individual Characteristics, Organizational Factors and Job Satisfaction on Nurse Performance

Table 5. Influence of individual characteristics, organizational factors and job satisfaction on nurse performance (n=165)

Variable	Nurse Performance				Total		P value	RR	95% CI	
	Good		Not good		N	%			Lower	Upper
	n	%	n	%						
<b>Sex</b>										
Male	5	71,40	2	28,60	7	100	0,25	0,38	0,07	2,10
Female	137	86,70	21	13,30	158	100				
<b>Age</b>										
≤30 years	85	83,30	17	16,70	102	100	0,29	0,52	0,19	1,41
>30 Years	57	90,50	6	9,50	63	100				
<b>Educational level</b>										
Diploma III	87	88,80	11	11,20	98	100	0,32	1,72	0,71	4,18
Nurse profession	55	82,10	12	17,90	67	100				
<b>Years of service</b>										
≤5 years	66	79,50	17	20,50	83	100	0,02	0,30	0,11	0,82
>5 Years	76	92,70	6	7,30	82	100				
<b>Career Path</b>										
Pre Clinical Nurse (Pra PK)	56	80,00	14	20,00	70	100	0,08	0,41	0,17	1,03
Clinical Nurse (PK)	86	90,50	9	9,50	95	100				

<b>Marital status</b>										
Single	103	85,10	18	14,90	121	100	0,74	0,73	0,25	2,11
Married	39	88,60	5	11,40	44	100				
<b>Supervision</b>										
Good	101	94,70	9	15,30	110	100	0,00	3,83	1,53	9,54
Less Good	41	47,30	14	7,70	55	100				
<b>Reward</b>										
Good	131	89,10	16	10,90	147	100	0,00	5,21	1,76	15,35
Not Good	11	61,10	7	38,90	18	100				
<b>Satisfaction</b>										
Satisfied	138	88,90	17	11,10	153	100	0,00	8,00	2,31	27,61
Unsatisfied	6	50,00	6	50,00	12	100				

From table 5: bivariate analysis with chi-square statistical test 2x2 table shows that there is an effect ( $p < 0.05$ ) working period ( $p = 0.02$ ;  $RR = 0.30$ ), supervision ( $p = 0.00$ ;  $RR = 3,83$ ), reward ( $p = 0.00$ ;  $RR = 5.21$ ), and satisfaction ( $p = 0.00$ ;  $RR = 8.00$ ) on the performance of nurses. There was no significant effect ( $p > 0.05$ ) gender ( $p = 0.25$ ;  $RR = 0.38$ ), age ( $p = 0.29$ ;  $RR = 0.52$ ), education level ( $p = 0.32$ ;  $RR = 1.72$ ), career path ( $p = 0.08$ ;  $RR = 0.41$ ), and marital status ( $p = 0.74$ ;  $RR = 0.73$ ) on nurse performance.

#### The Most Influential Factor on the Nurse's Performance

Table 6. The most influential factors on nurse performance (n=165)

Variable	P value	Exp B (OR)	95% CI for Exp (B)	
			Lower	Upper
Years of service	0,00	0,22	0,07	0,69
Supervision	0,00	3,76	1,41	10,03
Satisfaction	0,00	10,36	2,45	43,70
Constanta	1,45			

From table 6: multivariate analysis of logistic regression test: Nurses who have good job satisfaction will 10 times to have good performance compared to nurses who have poor job satisfaction. Nurses who state that supervision is good will be 4 times to have good performance compared to nurses who state that supervision is not good.

#### Age

Based on the results of the study, there was no effect of age on the performance of nurses ( $p = 0.29$ ). In each age group > 80% nurses have good performance. Each age group has the same potential to produce good performance. This may be due to the fact that the respondents are in the age group between 22-45 years which based on theory is the category of early adulthood (21-35 years) and middle adulthood (35-45 years) (Pieter, 2017). This age group is a productive age group where individuals start their careers and seek career stabilization by showing their best performance. This age group is still energetic so that the body is still able to tolerate activities so as to produce good performance without health problems. The fact that at Bunda Thamrin General Hospital more than 80% of nurses in the productive age group and showed good performance, may be the reason why in this study age did not affect the performance of nurses.

The average age of an individual to start his career at the age of 25 years. At the age of 25-30 years a person chooses a field of work, at the age of 30-40 years of career consolidation and at the age of > 40 years there is a career decline followed by a decrease in performance (Karyo,

2016). The results of this study are in accordance with the research of that in the age range of 22-30 years as many as 23 people (59%) showed quite good performance in providing nursing care services (Kusnanto et al., 2009).

### **Sex**

The results of bivariate analysis showed that there was no effect of gender ( $p=0.55$ ) on performance. This may be because there is a very dominant difference in the proportion between female nurses and male nurses, where the number of female nurses is 95.80% and male nurses are only 4.20%. In addition, this may be because the statements in the nurse's performance questionnaire are performance appraisals based on the quantity of work, quality of work, knowledge of work, creativity, cooperation, responsibility and initiative. The effect of gender on performance based on the theory of Ilyas is in terms of working hours where male nurses who have a high family burden will increase their working hours per week compared to female nurses (Mandagi et al., 2015; Sakban et al., 2019).

The number of female nurses is more than male in accordance with data from the Ministry of Health of the Republic of Indonesia that the number of nurses is dominated by women as much as 71%. Male nurses are mostly placed in special rooms that require a lot of extra energy compared to other rooms, such as operating rooms and emergency room installations. At Bunda Thamrin General Hospital, the placement of male nurses is mostly in special units such as the Emergency Room, Surgery Room, and Intensive Care Unit.

The results of this study are in accordance with the research of Tsai et al at the Hospital in Taiwan that there is no difference between men and women in terms of providing innovation in nursing care (Tsai, 2013). Female and male nurses have the same responsibility in providing quality nursing services. There is no difference in treatment or workload difference between women and men (Kambuaya et al., 2016).

### **Educational Degree**

The results of the bivariate analysis showed that there was no effect of education level on the performance of nurses ( $p = 0.32$ ). Nurses with a Diploma III education level and the nursing profession, each showed good performance amounting to  $> 80\%$ , which means that at each level of education the potential is the same for give good performance. This may be because at the Bunda Thamrin General Hospital routine coaching and training activities are carried out both externally and especially internally at the hospital. The training aims to improve the knowledge and skills of nurses. In addition, in this hospital there are many standard operating procedures for each nursing care process and nursing actions that are socialized regularly and periodically so that each nurse has the same knowledge for each nursing care process and nursing action in accordance with the standards set by hospital management. Another thing that might cause the absence of influence of education level on nurse performance is because the performance aspects studied in this study are in accordance with theory relating to work quantity, work quality, knowledge of work, creativity, cooperation, responsibility and initiative (Amin, 2004). Where nurses with Diploma III education level and professional nurses both showed good performance for the seven aspects studied.

The results of this study are in accordance with the survey of the Ministry of Health (2017) that 77.65% of nurses throughout Indonesia have Diploma III education. Nurses with Diploma III education are required to have better clinical skills, have more skills in performing nursing care compared to professional nurses. This study is also in line with research conducted by Purnama, et all (2010) that the level of education is not related to the performance of nurses  $p = 0.36$  ( $p < 0.05$ ).

### **Years of Service**

The results of the bivariate analysis showed that nurses whose working period was >5 years had better performance than nurses whose tenure was 5 years, in other words, there was an effect of tenure on nurse performance ( $p=0.02$ ).

The working period can affect performance because a nurse who has a long working period in a hospital allows the nurse to adapt to the regulations and nursing work methods in the hospital. In addition, the experience of carrying out nursing care and nursing actions, the training obtained during their working period causes these nurses to have better skills to support performance compared to nurses with short tenures.

From the results of the study obtained information that at Bunda Thamrin General Hospital there are internal nursing regulations in the form of nursing policies, nursing service guidelines, standard operating procedures and nursing care standards. All of these regulations become a reference for nurses in carrying out nursing care tasks, nursing actions and nursing administration. This internal nursing regulation is consistently and periodically socialized to all nurses. This nursing regulation is also implemented in the form of a nursing care medical record form or file so that it becomes a guide for nurses in carrying out their duties. Even knowledge of this regulation is periodically evaluated at the time of increasing the nursing career ladder structurally and competence. So that nurses who have had a longer working period have been provided with knowledge about nursing regulations and more experience in practicing these regulations and the implementation of nursing skills which causes these nurses to have better performance than nurses whose tenures are shorter.

The fact shows that the longer you work, the more experience the workforce has. On the other hand, the shorter the tenure, the less experience is gained. Work experience provides a lot of expertise and work skills. On the other hand, limited work experience results in lower levels of expertise and skills. Work experience is the main asset, but not the only one, for someone to get involved in a certain field of work.

The results of this study are in accordance with the opinion of that tenure affects the capacity and level of performance of nurses in inpatient rooms (Stimpfel et al., 2012). Basically, the longer the nurse's working period, the more proficient, have better capacity and ability compared to nurses who have fewer years of service. The expertise approach is carried out by continuing to do the same thing repeatedly so that it can increase expertise in providing nursing action interventions compared to nurses who have fewer years of service. The experience gained during the work period makes senior nurses more confident in taking action on patients because they have been trained longer and are agile.

### **Career Path**

The results of the bivariate analysis showed that there was no relationship between career path and nurse performance ( $p=0.08$ ).

At Bunda Thamrin General Hospital, every nurse has a structural career path and a competency career path. Since the beginning of working as a nurse at Bunda Thamrin General Hospital, all nurses have set a structural career path, starting from the implementing nurse, the nurse in charge of the shift, the head nurse of the room, the head nurse of the section, and the head nurse of the nursing sub-field (head of nursing). The increase in structural career paths is influenced by years of service, performance indicators and is also influenced by competency levels/functional career paths.

The career path studied in this study is the functional career path or the competency level of Clinical Nurses. The competency level of Clinical Nurses (PK) at the Inpatient Installation of



Bunda Thamrin General Hospital consists of Pre-PK, PK I, PK II and PK III levels. There are no nurses who have a PK IV competency level. To get a competency test pass, it is influenced by the level of education, years of service, certification, written exam results, oral exams and practice of competency testing according to the PK level. Before undergoing the competency test, each nurse will receive coaching and training related to nursing care materials and nursing actions that will become the nurse's clinical authority in accordance with the competency level to be addressed. The process of determining nursing competence is called the credentialing process, carried out by the Nursing Committee. After going through the credentialing process, each nurse will have clinical authority in carrying out their work. The existence of this process of coaching and competency testing causes nurses to be required to work according to established standards. This may influence why career paths do not affect performance, because at every level of career paths there are performance standards that must be achieved. Performance standards are measured by individual performance indicators.

### **Marital Status**

The results of bivariate analysis that there is no effect of marital status on the performance of nurses  $p = 0.74$ . Unmarried nurses and married nurses have the same opportunity to show good performance.

In the opinion of the researcher, there is no influence of marital status on the performance of nurses in this study may be due to the performance aspects studied in accordance theory are related to the quantity of work, quality of work, knowledge of work, creativity, cooperation, responsibility and initiative (Amin, 2004). where the performance aspect is not influenced by marital status. Based on the theory of the effect of marital status on performance is that it causes increased responsibility and permanent work to become more valuable and important (Kumajas et al., 2014).

This is in line with the research of marital status is not related to the performance of nurses at Prof Dr. RSJ. V. L. Ratumbusang, North Sulawesi (Gannika & Buanasasi, 2019).

The results of this study contradict the research of that marital status is related to nurse performance ( $p = 0.00$ ) (Kumajas et al., 2014). This study also contradicts the research of Tsai et al that there is a relationship between marital status and the ability of nurses to innovate in nursing care. Nurses who are married, 15 times have the ability to innovate in nursing care compared to those who are not married. A person who is married experiences less turnover and is more satisfied with his job compared to an unmarried person (Liou et al., 2013).

### **Supervision**

The results of the bivariate analysis showed the effect of supervision on the performance of nurses  $p = 0.00$ . The results of the multivariate analysis illustrate that nurses who state that supervision is good will have four times better performance compared to nurses who state that supervision is not good.

This study is in line with the research of at Tugurejo Hospital Semarang which stated that there was a relationship between the supervision of the head of the room and the performance of nurses in the inpatient room (Pebriani, 2016). The head of the room as a supervisor appreciates what has been achieved by the implementing nurse and provides solutions to the problem (Maimun & Yelina, 2016).

Qualitative research conducted found that clinical supervision carried out by supervisors had an impact on the clinical ability of nurses in carrying out nursing care (Bos et al., 2015). During supervision, discussions were held with experienced superiors to solve problems, increase knowledge and develop nursing practice (Brunero & Stein-Parbury, 2008).

Supervision is a routine activity carried out by superiors to ensure the implementation of nursing care runs smoothly according to standards. Supervision is an important part of nursing management, because supervision can solve problems in the organization quickly, so that good performance can be created (Nursalam, 2013).

At Bunda Thamrin General Hospital, supervision activities are carried out routinely every day by supervisors consisting of the head nurse, the head nurse of the installation and the duty manager and the head of the nursing sub-sector. This hospital already has a supervision sheet that contains supervision materials that must be supervised. However, the use of this supervision sheet has not been consistently carried out. In every supervision activity there is a supervisory and coaching function for nurses who are supervised in terms of implementing nursing care, nursing actions and nursing administration. Any potential problems and problems found in each supervision activity are resolved at the same time and reported to the head of the nursing sub-sector.

Nurses who become supervisors in supervision activities do not have special competence requirements as supervisors. If you pay attention, the nurse who is the supervisor in this supervision activity is a managerial nurse, where to reach the managerial nurse career path there are requirements, namely: Minimum Competency Level PK2, minimum 3-5 years of service and have experience as head of the room, have minimum education D3 (for head nurse) and S1 professional nursing education for nurses for installation head nurses, duty managers and heads of nursing sub-sectors. So that managerial nurses who act as supervisors are considered competent to carry out supervisory activities. Competencies possessed by supervisors need to be a concern for the field of nursing services in hospitals. The better the competence of a supervisor, the quality of supervision in improving performance will also be better. The demand for good performance is the reason for the importance of supervision carried out by competent people. <sup>(1)</sup>The competencies that must be possessed by a supervisor are: 1) able to provide clear direction and instructions, 2) able to provide advice, advice and assistance needed by his staff, 3) able to provide motivation to improve the performance and morale of his staff. The importance of knowing when and how supervision will be carried out, 4) supervisors are able to provide training and guidance for their staff, and 5) are able to carry out objective and correct assessments of their staff (Arwani, 2006).

### **Rewards**

The results of the bivariate analysis showed that there was an effect of reward on the nurse's performance  $p=0.00$ . The benefits received by nurses at the Inpatient Installation of Bunda Thamrin General Hospital consist of salaries received every month consisting of basic salary, food allowance and allowances. The basic salary is in accordance with government regulations regarding the provision of minimum wages. In addition, the determination of basic salary also considers the level of education, work experience, certification and level of competence of nurses. The amount of salary received by each nurse is not the same, and is confidential. Salaries are received by nurses regularly and on time at the end of each month. In addition to the monthly salary, nurses also get annual bonuses/incentives. The number of annual incentives received by nurses is determined by considering the achievement of performance indicators, positions, and years of service of nurses. Nurses also receive holiday allowances received during the month of religious celebrations of one time each of their basic salary. In addition, every nurse and all employees also receive health benefits in the form of BPJS Health membership and old age benefits in the form of BPJS Employment membership whose contributions are paid by the company. In the employee satisfaction survey conducted by hospital management in 2019, the level of satisfaction with the compensation variable was

49%. This means that 49% of all human resources at the Bunda Thamrin General Hospital are satisfied with the compensation provided by the hospital management.

The effect of rewards on performance lies in the strength of the award itself which is very effective as a motivator for nurses at work. Rewards will be stronger to motivate nurses along with the journey of nurses in developing themselves and can influence individual perceptions regarding the fulfillment of motivational aspects that come from rewards<sup>(2)</sup>.

Compensation is important for nurses as employees because the amount of compensation reflects a measure of the value of their work among the employees themselves, their families and society. Nurses can carry out their work if they are compensated both financially and non-financially. Good compensation creates job satisfaction for nurses and can improve performance in carrying out nursing care (Arumwanti, 2014).

### **Job Satisfaction**

The results of the bivariate analysis showed that there was an effect of job satisfaction on the nurse's performance  $p = 0.00$ . Nurse job satisfaction is the most influencing factor in performance. The results of the multivariate analysis showed that nurses who had good job satisfaction were 10 times more likely to have good performance compared to nurses who had poor job satisfaction ( $p=0.00$ ;  $OR=10.36$ ).

The results of this study are in line with the research that there is a relationship between job satisfaction and nurse performance at Soewandi Hospital ( $p = 0.00$ ) (Fajrillah & Nurfitriani, 2016). Improved nurse performance due to nurse satisfaction at work will increase patient satisfaction as recipients of nursing care services

Job satisfaction occurs at the level where the work results are accepted by the individual as expected. The more people receive the results, the more satisfied they will be. With the creation of job satisfaction which is a positive attitude made by individuals towards their work, good individual performance will be achieved (Kousar et al., 2018).

### **Conclusion**

There is an influence of individual characteristics (service period), supervision, reward and job satisfaction on the performance of nurses. The variables that most influence the performance of nurses are job satisfaction and supervision. Nurses who have good job satisfaction will be ten times to have good performance compared to nurses who have poor job satisfaction, nurses who state good supervision will four times to have good performance compared to nurses who think supervision is not good.

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