

## MANAGEMENT OF NURSING SERVICES IN PRIMARY HEALTH CARE IN KOSOVO

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### ABSTRACT:

**Management is defined as a set of processes oriented to planning, budgeting, organizing, staffing, control and problem solving. Managers provide a holistic approach to the functioning of health care programs and organizations, where strong leadership and managerial practices strengthen organizational capacity and deliver quality services and sustainable improvements. Management and leadership are an important part of the same work and both are needed to succeed in healthcare organizations. Most health managers are trained health professionals (doctors, nurses and pharmacists) who rarely have any training or experience before being offered a managerial position. New managers often may not be well prepared for their new responsibilities and roles and may be expected to acquire managerial capacity by learning on the job or through the training courses offered. And the main basis of this research is to get accurate statistics on primary health management in Kosovo.**

### DEFINITION OF MANAGEMENT:

Management is defined as a set of processes oriented to planning, budgeting,

organizing, staffing, control and problem solving. Managers offer a holistic approach to the functioning of healthcare programs and organizations, where strong leadership and managerial practices strengthen organizational capacity and deliver quality services and Sustainable Improvements Management and leadership are an important part of the same work, and both are needed to succeed in healthcare organizations. Most health managers are trained health professionals (doctors, nurses and pharmacists) who rarely have any training or experience before being offered a managerial position. New managers may often not be well prepared for their new responsibilities and roles and may be expected to gain managerial capacity by learning on the job or through the training courses offered. The scope of work of nursing managers is well documented and usually involves health services. Work aspects include:

- Management of health services (planning, monitoring workload and quality of services)
- Resource management (personnel, budget, medicines, equipment, facilities and information)
- Managing stakeholder affairs (external relations, partners, community members, service users and cross-sectoral collaborators).

While the scope of work in general is broad, in many settings managers' decision-making in healthcare institutions is narrow. Typically, they are characterized by responsibility for the implementation of administrative regulations and standard operating procedures and for achieving the objectives arising from the highest levels of the health system (local, regional or national). When it comes to first-tier nursing managers, they often do not allocate the budget, are not involved in setting the goals of the organization, and cannot hire their own staff.

- Administrative and technical accountability is often enhanced by multiple authorities, namely national, provincial / regional levels. In this centrally controlled environment, there may be little incentive or support for managerial initiatives and innovations that would improve managerial decision-making responsibilities. Nursing leadership is defined as the process of engaging in decision-making related to actions taken in the face of complex, unexplored or dangerous circumstances present in situations for which there is no standardized solution. In general, leadership is described as a process of one person influencing others to achieve the goal. Nowadays, nurse leaders are located in all positions and in all health organizations. These roles can be administrative, managerial, educational, as well as impacts on outpatients. As healthcare structures become more accepting and less hierarchical, leadership has transitioned to become more about influencing others than about the position the individual holds. The nurse leader plays an important role in healthcare. This individual defines every health organization and can be seen as its backbone. The quality of patient care, as well as the success of staff recruitment and retention, remain key. Over time, the strength of nursing leadership will be what determines the success or failure of the organization. Competent leaders have a positive impact on the work environment, staff retention, patient safety and

service quality outcomes. Leadership competencies, when effectively taught and integrated into nursing practice, influence nursing leadership skills and practices.

In recent decades there has been a significant international increase in the measurement of competencies and performance in healthcare. Health organizations, finding themselves in a difficult environment, are looking for greater creativity and productivity to grow their services. Health workforce competencies are considered crucial for planning and delivering high quality healthcare according to market principles in health service delivery and given the rapid development of care technology. Health In management theory and practice, health organizations are known as the most complex units to manage. Health service managers play an important role in leading the organization and are responsible for hundreds of millions of employees, facilities and equipment worth millions of euros and for the quality of healthcare services. Measuring managerial competencies is important for continually improving health care, identifying and implementing best management practices, and developing appropriate plans for training health managers.

Successful leaders, whether in health care or business, create and communicate a vision and create a healthy environment where all employees understand the vision. The powers of managers and managers, regardless of the environment, have similar characteristics. Three characteristics that leaders need for effective strategic thinking are (Austin 2013):

- Willingness to create a new mindset
- Ability to transform ideas into sustainable actions, and
- Being at ease in a changing environment.

Strategic thinking and planning cannot be minimized in the organizational climate, where declining resources require short- and

long-term focus, flexibility and adaptability. One of the biggest barriers to conflict resolution is the way a leader behaves regardless of the area of professional experience. If a health care leader agrees to such behavior, the end result results in poor patient outcomes and low organizational performance. An effective way for health care leaders to remove constraints on best practice is to eliminate these behaviors, avoid models of egocentric behavior and attitude toward the true self. Leaders practicing an authentic leadership style demonstrate the mastery of four components of leadership: self-awareness, relational transparency, balanced scrutiny, and internal moral perspective. Erskine, co-author of a quantitative study, describes how healthcare executives create positive change in their organization by using various quality improvement tools to reduce medical errors and improve organizational efficiency. Senior leaders have consistently emphasized that successful implementation of continuous improvement programs occurs when all levels of the organization share responsibility for improvement strategies. Competent nurse managers are knowledgeable about creating effective teams that share responsibility for a change. Group orientation methods can improve team effectiveness and increase team competencies in patient care. Healthcare organizations discovered different methods to reduce medical errors. Two groups of nurses were oriented using different methods. The first group individually oriented while the second group trained in the group. After the evaluation, the second group showed a high level of performance.

#### **MANAGERIAL COMPETENCIES IN NURSING:**

Competence is defined as the technical skills, knowledge and attitudes required to perform a job. Managerial, financial and human resources competencies, service delivery, patient orientation and communication are

essential in achieving organizational goals. In complex health systems, health care managers require additional competencies to enhance the effectiveness of general management functions, such as planning, management, coordination, and control. This is because managerial competencies are important for patient care and continuous improvement of the quality of health services, while competent managers play a key role in implementing health reforms.

There is important literature on describing, identifying, classifying and measuring the most appropriate competencies for managers, including managers of nursing. Some authors have suggested that nurse managerial competencies should include communication, team building, planning, prioritizing, problem solving, performance, and health program and resource management, especially financial management. Change management and community collaboration are other essential competencies required at other managerial levels. Some studies have used 360-degree assessment to determine basic competencies for physicians and nursing managers. The 360-degree approach encompasses individual self-esteem in key areas of performance, ratings from their subordinates, and direct reports to colleagues. These assessments are intended to increase the number of individuals, awareness of their competencies and how those competencies are viewed by others. Respondents are encouraged to list their areas of competence for further training. This method is increasingly being used in public health, where healthcare managers are evaluated by their supervisors, subordinates, or even patients.

Ongoing evaluation of nursing managers' competencies is associated with strengthening health systems, staff retention and job satisfaction. Competency assessments enable managers to enhance the skills needed to perform complex tasks in healthcare

organizations. Studies of managerial competence have focused on hospital managers and there is a dearth of studies focusing on the competencies of nursing managers in clinics and primary health care. A qualitative study in South Africa on the competencies of nursing managers concluded that reintegration success relies on skills and knowledge in health service planning, organization, change management and leadership, conducting health needs assessments, community and baseline statistics to interpret health information. Assessing the competencies of nursing managers is important in determining their training needs and comparing the performance of equipment in the PHC. Competent managers facilitate implementation of health care reforms by ensuring staff participation and managing organizational change. The requirements of the nurse manager role are challenging and some managers are neither competent nor prepared for their role. The competencies of the healthcare leader are constantly changing because the leader is dynamic and influenced daily by the ever-changing world of healthcare. Competent nurse managers influence the work environment, and according to The American Organization of Nurse Researchers suggest that nurse managers play an important role in keeping nurses at work and the quality of care provided. Nurse managers should be competent not only in assessing the quality and safety of services, but also in building trust between staff for the development and cultivation of appropriate nursing care practices. Competent and empowered nursing managers help create a positive work environment and serve as role models for future leaders by facilitating the recruitment and retention of nurses. Ongoing planning by competent nurse leaders is an important factor in healthcare executives (AONE), extremely competent leadership is essential to providing exceptional patient care. The use of nursing manager competency

development programs helps to plan and cover the number of nursing manager vacancies. Using this program helps nursing managers experience growth in leadership and progress in their organizations. Nursing leaders can also assist in development management competencies for nurse staff, creating the next generation of competent nurse leaders. Nurses, who are the largest group of healthcare workers, play an essential role in healthcare reform, providing direct patient care and influencing management practice and policies. Advancing nursing education and developing competencies are key strategies for achieving many objectives. Wilkinson and co-workers indicated that Evidence-Based Practice (EBP) is more likely to exist in organizations where nursing leaders and managers are EBP supporters, have positive attitudes, and possess the knowledge and skills needed to implement of the EBP. Jennings collaboratively reviewed 140 papers and identified leadership and management competencies. Leadership competencies were divided into categories that include personal attributes, interpersonal skills, thinking skills, vision, communication, change initiation, health care knowledge, and management and business skills. Management categories in addition to leadership categories include human resource management and information management. Similarities have been found between the Jennings competency categories with associate and those found from previous studies. The ability of nurse managers to obtain and maintain competencies that reinforce their practice was Pallay's goal, which surveyed 420 senior managers with a self-administered 51-question competency questionnaire, of which seven competencies were developed, including self-management, control, health, organization, human resource management, planning and ethical competencies, which formed the basis for

programs based on the development of management competencies.

The five core competencies created for nursing leaders are:

- Building communication and relationships
- Knowledge of the healthcare environment
- Leadership
- Professionalism, and
- Business skills

#### **RESEARCH RESULTS AND METHODS:**

The primary purpose of this paper was to evaluate the managerial skills from the perspective of managers and nurses in primary health care in Kosovo.

The secondary goals were:

- Identify differences in the assessment of managerial skills between nursing managers and nursing staff
- Examine the differences between nursing managers who use a managerial model and those who do not use a managerial model
- To test the relationship between managerial experience and managerial skills.

#### **RESEARCH QUESTIONS:**

- Are there differences in the assessment of managerial skills between nursing managers and nursing staff?
- Are there differences between nursing managers who use a managerial model and those who do not use a managerial model?
- Is there a link between managerial experience and managerial skills?

Assumptions

H1: There is a statistically significant difference in the assessment of managerial skills between nursing managers and nursing staff.

H2: There is a statistically significant difference between nursing managers who use a managerial model and those who do not use a managerial model.

H3: There is a significant positive relationship between managerial experience and managerial skills.

Material and methods

It is a quantitative cross-sectional design study.

#### **PARTICIPANTS:**

The research was attended by 300 nursing managers and nursing staff who were selected by random sampling in Primary Care in Kosovo (Main Family Medicine Centers - MFMCs and Family Medicine Centers - FMCs).

Instrument

The research data were collected with the 360-degree Competency Evaluation Instrument. This instrument was developed after reviewing the literature by Byleveld with a collaborator. The 360 degree evaluation of managerial competencies is selected to increase the responsibility of nursing managers for their managerial skills and how these skills are seen by others in this case from the nursing staff working with them and reporting to them.

The version of the instrument used in this paper consists of 5 dimensions related to the daily tasks of nursing management. These dimensions are:

- Communication (4 questions) examines whether the nurse manager listens attentively to the concerns of others, writes reports, and should be able to share ideas with nursing staff and other stakeholders in the department.
- Leadership and management (6 questions) assesses whether the nursing manager is visionary, implements health authority plans, and knows when to consult with others about the organization's strategic objectives.
- Staff management (8 questions) examines aspects of staff management and their opportunities for advancement.
- Planning and prioritizing (5 questions) contains the dimensions of information management, prioritizing tasks and identifying community health needs.

• Troubleshooting (6 questions) asks if the nurse manager monitors the work environment for risks that may affect staff and patients, manages emergencies and takes corrective action on risks and potential. Each of the responses is measured on a 10-point scale, from 1 (low skills) to 10 (high skills). Cronbach's alpha coefficient was 0.90 for all instrument questions in English, implying high reliability problems.

**PROCEDURES:**

Implementation of the questionnaire was obtained with permission from MFMCs in Kosovo. Participants (nursing managers and nursing staff) were informed in advance of the purpose of the paper and were assured of their right to voluntary participation, anonymity and confidentiality.

The self-administered questionnaire was implemented in two forms, one for nursing managers and the other for nursing staff. Data were collected during 2018/2019.

**Analyzing data**

Analysis of the collected data was done with the Statistical Package of Social Sciences (SPSS, 24). Results for continuous variables are presented with mean and standard deviation, while for categorical variables frequency and percentage. The difference between groups was tested by t-test. Correlation between variables was analyzed through correlation, where  $p < 0.05$  was considered statistically significant.

**RESULTS:**

**Demographic results:**

The mean age of the nurses participating in the study was  $50 \pm 9.3$  years. According to the age group less than 35 years of age had 55 participants (18%), from 36-45 years were 74 participants (25%), from 46-55 years were 78 participants (26%) and in the age group of 56-65 were 93 (31%) participants (table 1).

Table 1. Distribution of participants by age group

Age group	Number	Percentage (%)
< 35 years	55	18%
36-45 years	74	25%
46-55 years	78	26%
56-65 years	93	31%
Total	300	100%

There were 234 female participants (78%) and 66 male participants (22%) (table 2).

Table 2. Distribution of participants by gender

Gender	Number	Percentage (%)
Female	234	78%
Male	66	22%
Total	300	100%

Nursing managers were 75 participants (25%) and of the nursing staff 225 participants (75%), (table 3).

Table 3. Distribution of participants by job position

Position	Number	Percentage (%)
Nursing manager	75	25%
Nursing staff	225	75%
Total	300	100%

There were 264 participants (88%) with high school, and only 36 (12%) with college or faculty (table 4).

Tabela 1. Shpërndarja e pjesëmarrësve sipas nivelit të shkollimit

Schooling	Number	Percentage (%)
High School	264	88%
Collage/Faculty	36	12%
Total	300	100%

Up to 20 years of experience as a nurse were 12 participants (4%), from 21-30 years were 150 participants (50%) and with over 30 years of experience as a nurse were 138 participants (46%), (table 5).

Table 5. Distribution of participants by work experience

Experience as a nurse	Number	Percentage (%)
<20 years	12	4%
21-30 years	150	50%
>30 years	138	46%
Total	300	100%

40 participants (53%) with managerial experience less than 10 years, while 35 participants (47%) with over 10 years of managerial experience (table 6).

Table 6. Distribution of participants by experience as a manager

Experience as a manager	Number	Percentage (%)
<10 years	40	53%
>10 years	35	47%
Total	75	100%

There were 189 participants (63%) from FMCF, while 111 participants (37%) from FMCs (table 7).

Table 7. Distribution of participants by job

Work place	Number	Percentage (%)
QKMF	189	63%
QMF	111	37%
Total	300	100%

According to the managerial model implementation, 243 research participants (81%) (reported that managers used a managerial model, versus 57 participants (19%) who reported that managers did not use

a managerial model they served during work (table 8).

Table 8. Distribution of participants according to managerial model

Managerial model	Number	Percentage (%)
With managerial model	243	81%
Without managerial model	57	19%
Total	300	100%

### SURVEY RESULTS:

Concerning the evaluation of managerial skills by job position, the result shows that there is a statistically significant difference between nursing managers and nursing staff since the p value <.000 is less than .05 at the 95% confidence level. This indicates that the first working hypothesis (H1) is validated, which states that there is a statistically significant difference in the assessment of managerial skills between nursing managers and nursing staff (table 9).

Table 9. Difference in the evaluation of managerial skills by job position

Job position	Managerial Skills	DS	p
Nursing Manager	221.88	21.142	.000
Nursing staff	132.00	24.115	

### DS-standard deviation; p-significance (p <.05)

There was no statistically significant difference between the group of nursing managers who used a managerial model and the group of managers without a managerial model since the p value <.211 was greater than .05 at the 95% confidence level. This result does not speak in favor of the second hypothesis of the

paper (H2) which assumes that there is a statistically significant difference between nursing managers who use a managerial model and those who do not use a managerial model (table 10).

Table 10. Difference in evaluation of managerial skills according to managerial model

Managerial model	Managerial skills	DS	p
With managerial model	157.73	46.192	.211
Without managerial model	140.69	41.794	

**DS-standard deviation; p-significance (p <.05)**

The correlation result indicates that managerial skills increased with increasing managerial experience (r = .362). This result proves that the third hypothesis (H3) confirms that there is a significant positive correlation between managerial experience and managerial skills (table 11).

Table 11. Relationship between managerial experience and managerial skills

Relationship between managerial work experience and managerial skills	r	p
	.326*	0.07

The correlation is significant at the 0.01 level; r-correlation; p-significance (p <.05)

The communication dimension of the managers with the highest average was assessed by the managers' ability to communicate the specific objectives of the managerial program to the nursing staff (M = 8.06), while the lowest average was listening to the concerns of the nursing staff (M = 7.18). The group of nurses also rated their managers

highest in communicating the specific objectives of the managerial program for nursing staff (M = 5.48) and the lowest average in sharing ideas for improving services between managers and nursing staff (M = 4.22).

In this dimension, the biggest difference between managers and nurses was in sharing ideas with managers about improving services along with department nurses (table 12)

Table 12. Evaluation of communication skills

Communication	Managers		Nurses		Difference
	M	DS	M	DS	
Listen carefully to the concerns of staff in the department	7.1 8	1.9 8	4.5 5	2.1 4	2.63
Share ideas for improving services along with department nurses	7.2 9	1.8 3	4.2 2	1.8 7	3.07
Able to communicate specific objectives of the managerial program to the nursing staff	8.0 6	2.0 4	5.4 8	1.9 9	2.58
Able to inform community representatives of all relevant issues related to the work of the department	7.2 9	2.2 0	4.9 8	2.2 4	2.31

Within the leadership and management dimension, participants from the management group rated their contribution to the highest average that the risk of infection in patients in the department to be very small (M = 7.94) and to implement their vision for improving health. rated it with the lowest average (M = 7.24). While the group of nurses rated the managers' highest willingness to implement health



authorities' plans (M = 5.51) and the lowest average, the managers' respectful treatment of patients and their families (M = 4.45) and precisely this point is the biggest difference between managers and nurses (table 13).

Table 13. Assessment of leadership and management skills

Leadership and management	Managers		Nurses		Difference
	M	DS	M	DS	
They can implement their vision for improving health	7.2	1.9	5.3	2.1	1.89
They are able to implement the plans of the health authorities	7.4	2.1	5.5	2.0	1.90
Consult with department employees before making strategic decisions	7.5	2.2	4.9	1.7	2.63
They treat patients and their families with respect	7.5	2.0	4.4	1.7	3.14
Encourage nursing staff to show a caring attitude towards patients	7.2	1.9	5.2	2.1	2.05
Contribute that the risk of infection in patients in the department is very small	7.9	1.9	5.2	2.0	2.69

In staff management, managers rated the highest average possession of an effective system to manage nursing staff shortage (M = 7.94) and the lowest average contribution that nursing staff were constantly trained to perform their professional duties (M = 7.94). 6.68). Nurses rated their managers highest on staff oversight through effective performance

management for achieving the goals of the health care system (M = 5.82) and lowest on possessing an effective system to manage the lack of nursing staff in the department. (M = 4:51).

The biggest difference in managers 'and nurses' ratings was in having an effective system to manage the shortage of nursing staff in the department (table 14).

Table 14. Assessment of staff management skills

Staff management	Managers		Nurses		Difference
	M	DS	M	DS	
Able to evaluate patient care programs	7.76	2.25	5.73	1.91	2.03
Contribute to the continuous training of nursing staff to perform their professional duties	6.68	2.17	5.41	1.68	1.27
Contribute to the nursing staff being familiar with what is expected of them at work	7.12	1.99	5.69	1.72	1.43
Supervise staff through effective performance management to achieve the goals of the healthcare system	7.71	1.89	5.82	1.63	1.89
They are able to delegate their work to the nursing staff in an emergency	7.29	1.82	5.29	1.40	2.00
Possess an effective system to manage the shortage of nursing staff in the department	7.94	1.85	4.51	0.96	3.41
Provide constructive feedback to nursing staff	7.59	2.12	4.53	0.92	3.06
Monitor individual performance in response to a given task	7.24	1.92	4.55	1.67	2.69

Table 15. Evaluation of skills in planning and prioritizing

Planning and prioritizing	Managers		Nurses		Difference
	M	DS	M	DS	
Utilize department performance statistics to motivate financial and human resources	7.29	2.23	4.57	1.85	2.53
Involve all stakeholders in identifying the needs that are most important to improve department performance	7.59	1.77	4.76	1.59	3.02
They always perform the most urgent tasks first	8.12	1.54	4.51	1.35	3.61
Follow tasks and priorities according to the agenda	7.76	1.79	4.63	1.22	3.14
They generally protect the interests of the department	8.11	1.65	4.35	1.41	3.76

Within the planning dimension, managers' prioritization and performance of tasks are rated with the highest average (M = 8.12) and the lowest average using job statistics to motivate financial and human resources (M = 7.79). Whereas nurses rated the involvement of all stakeholders in identifying the needs that are most important to improve the performance of the department (M = 4.76) and the lowest average of protecting the interests of the department by the nurses. of nursing managers (M = 4.35). The difference between managers 'and nurses' ratings is seen in the protection of departmental interests (M = 3.76), (table 15).In assessing problem-solving skills, managers rated the highest average identifying key causes in the department (M = 8.29) and the lowest average calmness and content in emergency situations (M = 7.88). While nurses rated the highest average of managers' contribution to

conflict resolution among staff (M = 5.10) and the lowest average monitored work environment for safety issues that may affect staff and patients (M = 4.67) and at this point there is a greater difference between managers and nurses (table 16).

Table 16. Assessment of problem solving skills

Troubleshooting	Managers		Nurses		Difference
	M	DS	M	DS	
Monitor the work environment for safety issues that may affect staff and patients	8.24	1.60	4.67	1.57	3.57
Stay calm and restrained in emergency situations	7.88	1.83	4.82	1.46	3.06
Implement remedial action in cases of non-compliance with the current situation	8.12	1.49	4.96	1.94	3.16
Can resolve conflicts between staff	8.06	1.78	5.10	2.60	2.96
Can identify the main causes of problems in the department	8.29	1.68	5.06	2.18	3.23
Gather enough information before solving a problem	8.06	1.91	4.94	2.24	3.12

### CONCLUSIONS:

After analyzing and discussing the results of managerial skills assessment from the perspective of managers and nurses we can conclude that significant differences were found in the evaluation of managerial skills by job position, while no differences were found in the evaluation of managerial skills by using the model. Management Managers' work experience has been shown to have a positive

relationship with the development of managerial skills. Managers' communication skills as one of the most important dimensions in nursing management have been evaluated by both managers and nurses. Thus managers listen carefully to the concerns of the nursing staff, share with them ideas for improving services, are able to communicate specific objectives of the nursing staff management program, and inform community representatives of all relevant issues related to their work.

The results showed that nursing managers have high to average skills in staff management, by evaluating patient care programs according to Occupational Standards, contributing to nurses being continuously trained to perform their professional duties, knowledgeable, supervising staff through effective performance management to achieve the goals of the health care system, delegate their work to nurses in emergencies, implement an effective system to manage nursing shortages, provide constructive feedback to nurses, and monitor individual performance in response of a particular job.

Planning and prioritization is strongly supported by the use of job statistics to motivate financial and human resources, with the involvement of all stakeholders in identifying the needs that are most important to improving performance. The results showed high managerial skills in performing urgent tasks, following tasks and priorities according to the agenda, and generally protecting the interests of the department.

Troubleshooting as an important managerial task is accomplished through monitoring the work environment for safety issues that may affect staff and patients, staying calm and restrained in emergency situations, implementing corrective actions in cases of non-compliance. undertaking the current situation, resolving conflicts between staff, identifying the

root causes of problems and gathering sufficient information before resolving a problem.

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