

## *The challenges of nurse management at the University Clinical Center of Kosova*

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### **Abstract**

The role of the nurse manager is complex and requires advanced skills when communicating with patients and their families, nurses, doctors, other health and allied workers as well as superiors. This paper analyzes the challenges of nurse management at the University Clinical Center of Kosovo. The authors interviewed 30 senior nurse managers. Although in a large percentage (90%) are a part of a planning for the future in respective clinics, nurse managers were never involved in writing treatment protocols. The majority of the managers reported absolute or partial intrusion of the hospital management and doctors in performing their daily duties. Paid leave as an award and change of the assignment as a penalty, are the only instruments in the hand of nurse managers to motivate or sanction nurses. Almost half of the managers do not know how their performance is evaluated by the superiors, while every fourth of the nurse managers do not agree with the evaluation. Majority is satisfied with the public image of the profession. The difficulties that nurse managers are facing are mainly linked to the poor definition of their position and roles, but also at the poor exercise of the delegated competencies.

**Keywords:** *Management, Nurse, Challenges, Role, Kosovo*

### *Introduction*

Beside a number of health system reforms in Kosovo as well as the commitment of almost all after war governments to consider

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health sector as a priority, the system is not in its best days. Low budget for health, not very clear development policies, low quality services and miss-coordination among different level of performance have made system to be not functional and below the expectation of both – patients and health workers. Understandable, of the nurses as well, which, due to a low income and ingratitude for the profession are leading the list of the disappointed.

Being a manager in health, especially to manage nurses in this situation, is a challenge. Interaction with patients and their families, nurses and physicians, maintenance and other workers and superiors at the same time requires special skills and attitudes. They are, however insufficient, if not grounded with a proper definition of the responsibilities and competencies associated with nurse manager position. Only when special skills and clearly defined responsibilities and competences are brought together, only then the preconditions for a good performance of a nurse manager are set.

Unfortunately, for a variety of reasons, the role of the manager, his or her responsibilities and competencies are not adequately clear. Despite the fact that the Law on health has been approved in Parliament<sup>163</sup>, the Chamber of the Nurses has been put in place and its statute has been approved<sup>164</sup>, these issues, except for the position of the Director of Nursing at the University Clinical Center of Kosovo<sup>165</sup>, are not made clear. Job description for the nurse managers does not exist in the written form.

As a result, problems like little or not involvement at all in the process of planning the future of the clinics they are manager in,

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<sup>163</sup> Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Prishtina 2013.

<sup>164</sup> Parliament of Kosovo. *Law on health*. Prishtina 2012.

<sup>165</sup> Ministry of Health. *Statute of the Chamber of Nurses, Midwives and Allied Health Professionals*. Prishtina 2016.

exclusion in the process of writing treatment protocols for patients they treat, intrusion of the superiors and doctors while exercising their daily duties, very few tools to motivate or penalize nurses, have made nurse management in Kosovo very difficult. Furthermore, overload with non nursing duties (drugs and medical supply, medical technique and technology, linen and furniture, coordination with nurses and doctors, maintenance and cleaning personnel) added to these difficulties. Not adequate professional and unionist organization of nurses also. There is no doubt therefore that the entire position of the nurse manager should be redefined.

Skills are not always something you are born with. They should be learned. The number of “learned” nurse managers, those with the management school, unfortunately is low. This may be the reason, why, although present in almost all management bodies, nurse managers failed to create the appropriate space for them.

This paper aims to evaluate the position of the nurse manager at the University Clinical Center of Kosovo, and, bearing in mind that this is the largest health institution in the country, the position of the nurse manager in Republic of Kosovo and suggest measures to improve it.

## ***Methodology***

This paper represents the outcome of an interview/survey designed specially to assess the involvement of the nurse managers in the development policies of the respective Clinics, participation in writing treatment protocols for patients, the intrusion of the superiors and doctors in exercising daily duties, load of the managers with non nursing duties, tools available for motivation or punishment of the subordinate and the perception about the public reputation of the profession. Part of the

questionnaire dealt with professional and unionist organization of the nurses and satisfaction with the evaluation of nurse manager's performance made by their superiors.

Thirty nurse managers of the clinics and departments of the University Clinical Center were interviewed. The interview was anonymous. We suppose the anonymity guaranteed the objectivity of the results. The time for an interview was around 10 minutes. Acquired data were analyzed using SPSS 22.0.0.0 program.

## ***Results***

The average management period for thirty respondents was 24.19 years.

When asked if they know what are the competencies and responsibilities of the position they exercise, all managers (100%) responded positively, although none had the job description in written form.

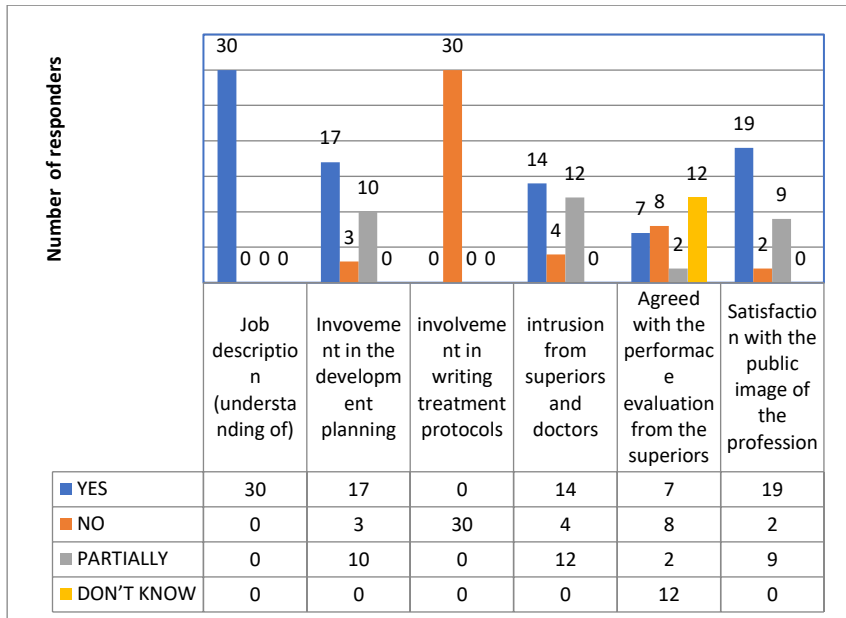
Although, involvement in writing a development plan for the Clinic they are managers in, is a part of their sense of job description, in 3 cases (10%) nurse managers were not involved in all in the planning and in 10 (33.33%) were involved partially. In another 17 cases (56.67%) the involvement was full. None of the managers were a part of the team that designed treatment protocols (Chart and Table 1).

Asked if they have the tools in place to reward nurses they manage with, for their good performance, 26 managers (86.66%) responded positively. The other four (13.33%) responded negatively. On the other hand, 28 (93.33%) managers said they can penalize nurses for their poor performance, while 2 (6.66%) respondents have denied this possibility.

The majority of the managers (26 or 86.66%) reported intrusion of their superiors and doctors while exercising their daily competencies and responsibilities. Of them, 14 (46.66%) found intrusion to be complete and 12 (40%) that the intrusion was partial.

Half of the nurse managers (15 or 50%) do not know how their performance is perceived by the superiors. Eight nurse managers (26.66%) think that their performance was incorrectly evaluated by the superiors in contrast to 7 (23.33%) who agree with the evaluation.

*Graf and table 1. Job description, involvement in planning the development of respective clinics and writing treatment protocols for patients. Intrusion from superiors and doctors in daily management, satisfaction with the performance evaluation from the superiors and satisfaction with the public image of the profession*



Asked whether they are happy with the public image of the profession, 19 (63.33%) nurse managers said they are happy with it and 2 (6.66%) that are not happy with it. Nine responders (30%) said they are only partially happy with the public image of the profession.

## ***Discussion***

In their daily work, nurse managers interact dynamically with nurses, doctors of different specialities, social workers, technical service workers, maintenance and cleaning personnel as well with the patients and their families. To be able to perform well on this duty, nurse managers should demonstrate the combination of the qualities in leadership, clinical expertise and business. None of these qualities is not enough alone. Only the combination of them can make possible for a person to full fill the complex duty of the management of a unit or team of the health professionals (Whitehead, 20010). In an ideal situation, a successful manager will be able to find balance between the need to stand for professional standards and challenges of low budgeting, the pressure of the hospital administration, of the patients and their families as well of the public opinion and politics<sup>166</sup>.

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<sup>166</sup> International Council of Nurses. *Scope of Nursing Practice and Decision Making Framework Toolkit*, ICN, Geneva 2010.

Canadian College of Health Service Executives. *General Managerial Competencies*. Ottawa 2002.

Canadian Nurses Association. “*Nursing Leadership in a Changing World,*” Nursing Now. Ottawa 2005.

Care, W. and Udod, S. “*Perception of First-Line Managers. What Competencies are needed to fulfill This Role?*” Nursing Leadership Forum, 2003 Spring; 7(3):109-15.

Health Organization Change Group. “*Implementing change: the crucial role of middle managers.*” Health Organization Studies Research Group. Alberta 2004.

Role of the Registered Nurse in Clinical Management Positions. Association of the registered nurses of Newfoundland and Labrador. *Position statement*. St John’s 2005.

There are several standards of good managerial practice that are in place in the majority of nurse association that we are going to discuss in the Kosovo context. A part of these standards like situation assessment, problem identification, anticipation of the events, planning, implementation and evaluation, are standards associated with the role of the manager in general. Some others are more specific. These are involved in writing development strategies for the institution and treatment protocols for the patients.

Manager that we studied, the one at the University Clinical Center of Kosovo, has rights and duties in this field that he or she does not exercise. Although is an equal member of the executive bodies<sup>167</sup>, professional councils<sup>168</sup> and professional colleges<sup>169</sup>, all of the bodies that plan and implement the development strategies and build up practice standards, and although having responsibilities for this issues sanctioned with the Statute of the Chamber of Nurses of Kosovo<sup>170</sup>, manager at the University Clinical Center of Kosovo is not always involved or has only partial involvement in writing them. It is even worst when it comes to writing treatment protocols were none of the mangers was involved at all.

The Intrusion of the superiors and the doctors, found to be a problem for the majority of the nurse managers (87%) in the light of inadequate definition of the rights and duties and the lack of the written job description is a serious problem. For almost half (46.66%) interviewed nurse managers this intrusion was substantial.

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<sup>167</sup> Statute of the University Clinical Center of Kosovo. Article 13. Parliament of Kosovo. Prishtina 2013.

<sup>168</sup> Ibid, Article 18.

<sup>169</sup> Article 21.

<sup>170</sup> Statute of the Chamber of Nurses, Midwives and Allied Health Professionals. Article 3. Prishtina 2016.

When adding the limitation in tools to reward subordinate nurses for their good job or penalize them for the bad one, the situation becomes even more complex. These tools, reward – declared to be in hand about 86.66% of the nurse managers and penalty – declared to be in hand of 93.33% of them, exclusively have to do with the right to give a paid days leave or to change their work assignment. Increase in salary, career advancement or others reward means, were not reported as options, similarly like decrease in salary, dismissal from work that are not reported as penalties.

Every fourth manager (26.66%) in our survey is not happy with the evaluation of their performance done by superiors while the half of them (50%) does not know whether the evaluation was positive or negative. Only seven managers (23.33%) have agreed with the evaluation of their performance done by supervisors.

Managers are also not very happy with the public perception of the profession of the nurse – more than every third (11 or 36.66%). Of them, nine (30%) are only partially happy with the image presented.

Traditionally at the positions of the nurse managers in our country “prominent” or “senior” nurses were appointed, although they never learned the basic concepts of management. When bearing in mind that this was the criteria for the appointment of other managers, or the majority of managers, at the University Clinical Center of Kosovo the situation can be considered quite complex.

Our institutions are in need for managers with the qualifications beyond their “work experience” and “respect” from the other staff members, the one with education in management in general and in health particularly. Especially, due to the fact that management does not mean only managing people, but has to do with the quality of the service, management of the drugs and



medical supplies, activities related to the market, technology and information.

Leadership is the ability to demonstrate skills while exercising the position of the manager of the organization. Leadership is an integral part of the manager's position when serves the purpose of achieving organizational goals. However, Leadership is not management.

Skills required to manage, as well as skills required to lead, are not skills you are born with. They are rather skills to be learned.

## ***Conclusion***

There is no doubt that the nurse in Kosovo today is not a nurse of few years ago. Changes are multi-dimensional, but can be roughly divided in changes at the health system, changes at the educational system and the changes of the nurses themselves.

Determination to set up a health system based on the European mode, with an advanced role for the nurses, has made room for nurses to attain the managerial position at health institutions and produce position like of the director of the nurses in the department of nursing within the Ministry of health. Nowadays there aren't important boards of bodies with no nurses in them.

Unfortunately, as it was shown from the study, presence of nurses in these bodies does not show the influence they have in them. This has to do with all managers' roles including involvement in writing development strategies, quality control and direct management. This has to be changed.

The second set of changes is related to the change in the education level of nurses. While before the War in Kosovo and immediately after the War, the number of nurses with bachelor degree was very low, today we speak of three digit numbers if not more. Education has changed the quality of the services provided

and has improved the position of the nurse in public. Doctors and nurses, now with university degree, became partners in the joint mission of taking care for the patients. This partnership, which is beyond the traditional one where nurse is only to enforce orders of the doctor and not the participant in making them, however is not fully implemented. As we learned from the survey intrusion of the doctors in the daily work of the nurses is still substantial. This has to be changed as well.

The third set of changes is the change in the way nurses think of themselves. This aspect is crucial for all other changes. For the change to be complete there is a need for better professional organization of the nurses. This did not happen yet. The Chamber of the Nurses of Kosovo is still striving for its place in the system and unionist organization is focused on the protection of the rights of the nurses rather than the advancement of them. Professional organization in associations like Association of the nurses in urology and dialysis, Association of the nurses in gynaecology and neonatology is very rare. As a result, involvement of the nurses in writing management protocols and controlling the quality of the medical services is marginal. This has to be changed also.

Our study is a reflection of the problems that nurses are facing today, seen from the perspective of the nurse managers. It does not include the reflection of nurses themselves, doctors, nurse manager superiors and of the general public. Further studies are needed to complete the frame and we encourage them.

## ***Bibliography***

Association of the registered nurses of Newfoundland and Labrador. *Role of the Registered Nurse in Clinical Management Positions. Position statement*. St Johns, 2012.

Canadian College of Health Service Executives. *General Managerial Competencies*. Ottawa 2002.

Canadian Nurses Association. *Nursing Leadership in a Changing World. Nursing Now*. Ottawa 2005.

Care, W. Dean, and Sonia A. Udod. "Perceptions of first-line nurse managers. What competencies are needed to fulfill this role?." In *Nursing leadership forum*, vol. 7, no. 3, pp. 109-115. 2002.

Health Organization Change Group. *Implementing change: the crucial role of middle managers*. Alberta 2004.

International Council of Nurses. *Scope of Nursing Practice and Decision Making Framework Toolkit*, ICN, Geneva 2010.

Parliament of Kosovo. *Law on health*. Prishtina 2012.

Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Prishtina 2013.

Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Article 13. Prishtina 2013.

Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Article 18. Prishtina 2013.

Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Article 21. Prishtina 2013.

Parliament of Kosovo. *Statute of the Hospital, Clinic and University Service of Kosovo*. Article 18. Prishtina 2013.

Ministry of Health. *Administrative Order 08/2015 for clinical protocols and guidelines*. Prishtina 2015.

Ministry of Health. *Statute of the Chamber of Nurses, Midwives and Allied Health Professionals*. Prishtina 2016.

Ministry of Health. *Statute of the Chamber of Nurses, Midwives and Allied Health Professionals*. Article 3. Prishtina 2016.

Ministry of Health. *Statute of the Chamber of Nurses, Midwives and Allied Health Professionals*. Article 9. Prishtina 2016.

Ministry of Health. *Statute of the Chamber of Nurses, Midwives and Allied Health Professionals*. Article 3. Prishtina 2016.

Whitehead, Diane K., Sally A. Weiss, and Ruth M. Tappen. *Essentials of nursing leadership and management*. FA Davis,,2010.