

THE ROLE OF THE CONTINUOUS PROFESSIONAL EDUCATION FOR HEALTHCARE PROFESSIONALS IN KOSOVO

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ABSTRACT

Given the current situation in Kosovo, health remains a key point that requires intervention. Hence the Continuous Professional Education is a process which involves defining the criteria, evaluation and implementation of changes. The purpose of the research was to assess the opinions of the specialists related to Continuous Professional Education in strengthening the healthcare in Kosovo, through introducing and analyzing the need for CPE as a factor in strengthening the cooperation between the three levels of health care in Kosovo. The research was carried out during the period June-December 2014, in Prishtina, Gjakova and Gjilan. A number of 138 healthcare professionals were interviewed (109 females and 29 males), from three levels of the healthcare. The outcome of the research shows that in our healthcare institutions the first ranked on the list is the use of personal authority (power) with 989 points, second ranked in the list we have the professional expertise with 898 points, while as third factor is listed the professional reward with 856 points. The findings in the research show a sensitive aspect to be connections, obligations and the role-position of the professional. The application of CPE and strengthening of the collegial cooperation are steps that help identify problems in the healthcare system. In order to achieve this there is a need to continuously follow, to study and apply modern approaches in the field of education. Thus, a proposal for the leaders at central and local level of the healthcare system is: To strengthen the cooperation and implementation of CPE; Implement the standards and Law on health; Set up special mechanisms to minimize the risks and professional errors; Respect the professional status and salary increase; Management the Human resources and working environment.

Keywords: CPE, healthcare professionals, healthcare institutions, health care, managers.

INTRODUCTION

To know the history of continuing education (CE) in the health professions is to understand its present state. Professional development, critical thinking and ability to solve problems are the main intent on today's education and professional training process. The essence is: to transform the working environments in the appropriate levels, where instead of providing information, to cultivate the culture and skills for finding the information, independent research, and discussion of issues in different point of views, analyse, problem identification, to jointly work in solving them. According to publications from the National Institute of Public Health in Kosovo, Department of Health Statistics in Pristina, on the healthcare personnel in Kosovo in public sector, for 30 municipalities, according to the status published in Series 5: Social Statistics-Health Statistics 2011, Kosovo has a total of 13,573 employees: physician = 2,546 (18.75%); dentist = 366 (2.69%); pharmacist = 30 (only 0.22%); physiatrist = 14 (12:10%); nurse = 7155 (52.71%); healthcare associates = 96 (0.70%) and non-medical staff= 3,366 (24.79%). The data presented above does not include the personnel of the preclinical institute, personnel in private institutions and the personnel of six municipalities with serb community.

CPE is a process which involves defining the criteria, performance evaluation and implementation of the changes, at the same time stands as a professional imperative for every

health professional as well as a precondition for improving the quality of health care. CPE aims to maintain and develop the competencies (knowledge, skills and attitudes) and organization of work (team building, leadership and management). The needs assessment should be the starting point for CPE, however, needs differ from institution to institution and from one professional to another. Based on this, there are three different sources from which health professionals can be developed in: the professional, research and academic field. It is known that health care providers tend to emphasize "educational" goals while policymakers generally focus on discretionary purposes where the performance can be measured. For starting a successful cooperation among colleagues and providing a continuation of the same does not suffice: a good program, adequate roadmap and advantageous evaluation instruments, but certain conditions need to be met in order to make the working process a fruitful and valuable experience for participants. These conditions have to deal with: a) Information and preparation of colleagues / institution; b) Characteristics of groups for cooperation among colleagues; and c) structural and organizational prerequisites. Based on the above mentioned elements, an important task lies with the CPE activity / program, to be designed in order to gradually work towards increasing the experience and methodology, towards the change and progress in practice and the autonomy of the group, always based on Code of Ethics. Throughout the entire recorded history and in reality in every part of the world, being health professionals such as doctor, dentist, psychologist, nurse, midwife, etc., means something special. Independent research, discussions of issues in different point of views, analysis, problem identification, communication and dialogue are the main intent to enable the joint work in groups and in recognition of the role of the healthcare professional.

During the past decade, accreditation organizations, institutes, and foundations have increasingly focused on competencies and criteria to strengthen the standards for health professional education, including CE. In 2001, the Accreditation Council for Graduate Medical Education (ACGME) issued requirements for addressing four new competencies for physician training: practice-based learning and improvement, systems-based practice, professionalism, and interpersonal and communication skills (Kokemueller & Osguthorpe, 2007). In 2003, the IOM expanded this concept to "all programs and institutions engaged in the education of health professionals" by listing five core competencies: provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics (IOM, 2003). In 2006, the ACCME expanded CME criteria to include: improving professional practice, gathering data for program-based analysis, and separating CME from commercial activities to restrict the degree of collaboration between physicians, CME providers, and pharmaceutical companies (Kokemueller & Osguthorpe, 2007). These variances in educational goals, with numerous organizations endorsing a range of educational competencies, create an overall lack of consistency that could potentially undermine efforts to align health care education goals with health care practice goals to improve performance and patient care (ACICBL, 2012).

This research aims to assess the views of the healthcare professionals related to the CPE role in strengthening the healthcare services in Kosovo, as well as to analyze the needs in fostering cooperation within healthcare sector. Furthermore, the research can be an encouraging factor in developing and identification of the views on education, cooperation and other needs in the healthcare sectors. This point of view may help in determining healthcare priorities, identifying efficiently through the interviews with healthcare professionals in one hand, and client/patient in the other hand. The overall objective of the study is to recognize and analyze the CPE as a factor in enhancing the cooperation among the three levels of the healthcare in Kosovo, and the needs assessment and interventions through training/educational activities; Reviewing the

communication skills among colleagues; and critical assessment of the current situation and finally influence the others regarding changes. The main questions were oriented in two directions: 1) which is the opinion of the healthcare professionals about the CPE and cooperation among colleagues in the three levels of healthcare in Kosovo? and 2) Which are the ways to influence people and events aiming to improve and enhance the cooperation?

METHODOLOGY

The study sample

The study is based on the collection of numerical data from a total of 138 health professionals, who have voluntarily completed and submitted the assessment questionnaires. Participants in this study were representatives from the three levels of health care. The reason was to cover all regions, with the aim of identifying, analyzing and describing the current cooperative status in all levels of the healthcare systems in Kosovo. The study was conducted during the period from June to December 2014. The sample selection was multiple, furthermore in order to represent an adequate number of healthcare personnel in this study, a division in three regional centers was done: Pristina, Gjilan and Gjakova, based on two main criteria: 1) Access to healthcare professionals (the selection is determined by the percentage of health care professionals in the health systems, and based on the healthcare strategy); and 2) Representation of three healthcare levels.

Instruments and data collection

The data collection is carried out through anonymous questionnaires based on three measurement instruments: Instrument 1 - personal data (5 questions); Instrument 2 - ways to influence the people and events (12 questions) and written assessment (30 questions). Instrument 1 – reflects the data on age, sex, region, title, place of work. Representatives of the three levels of the healthcare in 7 workshops/assessment meetings were: Primary Healthcare 47.5% participants; Secondary Health Care 34.6% participants and Tertiary Healthcare 17.9% participants. The study has involved a total of 138 healthcare professionals (females 79%, males 21%). The age group of the participants was: 17 – 26 years (18.5%); 27-36 years (23.8%); 37 – 46 years (39.9%); 47-56 years (16.6%); and 57-66 years (1.2%).

The procedure of data analysis

All the collected data were analyzed as a whole, while maintaining absolute reliability and always based on ethical principles. Data processing and analysis is carried out through computer software: Microsoft Excel, Microsoft Word and SPSS. The data analyzing process is presented through: frequency, percentage, tables and graphs presented in written.

RESULTS

The understanding and exploitation of the professional authority and influence at the work place based on the ways for exploiting the authority among professionals in the Healthcare Institutions where they work are reported in points (figure 1).

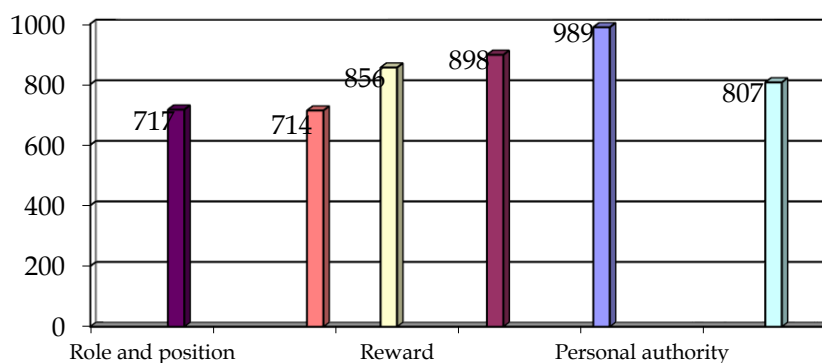


Figure 1. – Exploitation of the professional authority at the work place

From the findings obtained through this research it is observed that the most sensitive point of the research is: the obligation, the role and position of the healthcare professional. Warning about the consequences and the suggestion through written reports often is considered as not favorable, therefore, the role or a high position within the organization may not be impressive, considering that their role in decision making is rather small. This study shows the importance that healthcare professionals have with regard to his/her role by enabling the discussion of the possible options through work meetings in strengthening and enhancing the inter-colleague cooperation at Institutional level, proper management, achievement of results and improvement. Based on the data obtained, it results that in our working environments still we use the personal authority/power, the professional expertise is ranked second which reflects the reliance in knowledge, credibility and work experience, while as third factor on list we have the rewards.

The results from the third Instrument – reflects the contentment of professionals regarding the implementation of training (educational) activities, the role of EVP on one side and the environment and working conditions on the other. The study includes various subjects related to education, basic ideas and is a good guidance for health professionals. Professionals have great interest, but they must have the accessibility, the possibility to discuss and suggest. This results from the fact that some of the professionals, who are in management positions, do not push this process forward, so the majority of health professionals stated that they should be constantly updating their knowledge through CPE activities.

Table 1: Contentment of the Professionals with the Working Environment and Conditions

Are you content with:	Not at all		Slightly content		Content		Very content	
	f	%	f	%	f	%	f	%
The environment of the Institution where you work?	11	8	17	12.3	64	46.4	46	33.3
Respect and equal treatment in your institution?	36	26.1	38	27.5	34	24.6	30	21.8
The level of communication and consent obtained from your institution's leadership?	36	26.1	38	27.5	34	24.6	30	21.8

Decision-making on behalf of disabled patients by colleagues in your institution?	44	31.9	41	29.7	39	28.3	14	10.1
Trust the clients/patients have on you?	11	8	10	7.2	85	61.6	32	23.2
Relations among colleagues?	25	18.1	20	14.5	42	30.4	51	37
Professional mutual relations among three levels of the healthcare?	38	27.5	49	35.5	29	21	22	16
Reports of unethical dangerous actions undertaken in your institution?	58	42	53	38.4	16	11.6	11	8
Cooperation among client/patient – healthcare staff?	20	14.5	17	12.3	58	42	43	31.2
Persistence on resolving conflicts in your institution?	41	29.7	40	29	43	31.1	14	10.2
The responsibilities and privileges of health professionals in your institution?	29	21	39	28.2	44	31.9	26	18.9
Responsibilities towards oneself?	10	7.2	12	8.7	72	52.2	44	31.9
With yourself when it comes to accomplishment of your goals?	5	3.6	7	5.1	77	55.8	49	35.5

Reference: f – frequency; % - percentage

The findings show that the contentment of the healthcare professionals is not favorable, since 42% of what professionals are not pleased with mutual relations among colleagues, cooperation with other institutions and the working environment. From the analyzed data regarding contentment with the working environment and conditions, the outcome shows that there is a significant difference at the regional level ($X = 37.87$, $p < .01$).

DISCUSSION AND CONCLUSIONS

The implementation of CPE and consolidation of the cooperation among colleagues helps identify numerous problems associated with professional aspect and the healthcare. In order to achieve this, we must to ensure that health professionals change constantly and stay updated in response to the demands of time in order to improve quality in professional care. The study shows the fact that in our working environments personal authority still is utilised more than the role and the position of the healthcare professional, therefore:

- "The assessment of needs and changes required for development" is more than necessary. This is achieved through the cooperation and support, the position of the professional, providing working conditions, updating of knowledge through CPE, replacement of some persons in the area of management and the growth, promotion and exchange of experiences between the three levels of health care.
- "Design the concept that would be further developed during the implementation in working cycle" is one of the challenges that professionals face. The problem lies in the environment where they work, working conditions, lack of cooperation and support by the management, lack of stimulation (salaries), lack of cooperation among colleagues,

- non-implementation of the acquired knowledge and unjust systematization in working positions.
- "Were the methods learned and results of critical appraisal transferred into practice?" - this is a problem faced by healthcare professionals themselves, by managerial staff, considering that so far no initiatives were taken and there is no willingness of the institution itself to implementation and control the work efficiency.
 - "Activities that should be required to provide quality services" must have a clear definition of the status aimed to be achieved and the way of movement from one status to another. To have accurate information, based on protocols of work (considering that there are no such) and implement various activities through education and health promotion.
 - "The creation of efficient working teams / groups for the implementation of changes" could organize a better job, to identify and meet the needs, to play a role in improving working conditions, planning new activities, professional assessment, increased cooperation and quality, have impact and become advisers to management for a genuine communication, respect for others, growing responsibilities and better working conditions, including incentives.

Managers of the central and local level of the healthcare should continuously monitor and implement modern achievements in the field of education and management; strengthen cooperation and implementation of the CPE, health standards and law; to respect the professional status, salary growth and human resource management, environment and working conditions.

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