Necessary level of skills and abilities of family physicians from decision-makers’ perspective in transitional Kosovo

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Abstract

Objective: The aim of this study was to assess the necessary level of abilities and competencies of family physicians from the decision-makers’ perspective in Kosovo, a post-war country in the Western Balkans.

Methods: Our study was conducted in May–July 2013 and included a nationwide representative sample of 100 decision-makers operating at different primary health care institutions or public health agencies in Kosovo (63 men aged 48.6 ± 5.5 years, and 65 women aged 46.2 ± 5.7 years). A structured self-administered questionnaire was employed aiming to assess the necessary level of skills, abilities and competencies of family physicians in Kosovo regarding different domains of the quality of health care. The questionnaire included 37 items organized into six subscales/domains. Answers for each item of the tool ranged from 1 (“novice” physicians) to 5 (“expert” physicians). An overall summary score (range: 37–185) and a subscale summary score for each domain were calculated for each participant. Cronbach’s alpha was used to assess the internal consistency of the instrument, whereas Mann-Whitney’s U-test was employed to assess sex-differences in the mean values of the summary score of 37-item instrument and the summary scores of each of the six subscales.

Results: The internal consistency of the whole scale (37 items) was Cronbach’s alpha = 0.92. The summary score of the 37-item instrument was higher in men than in women (162.3 ± 17.9 vs. 156.1 ± 17.5, respectively, P = 0.071). The subscale scores were all higher in men than in women, a finding which was borderline statistically significant for the “patient care and safety” domain only (33.4 ± 4.4 vs. 32.0 ± 4.0, respectively, P = 0.057). There was a weak correlation between the overall summary score of the tool and the work experience of decision-makers (Spearman’s rho = 0.234, P < 0.001).

Conclusion: In the context of Kosovo, this study provides important evidence on the expected skills and competencies of family physicians from the decision-makers’ viewpoint. Future studies in Kosovo should compare our findings related to the necessary skills and competencies vis-à-vis the actual self-perceived skills and competencies of family physicians.

Key words: abilities, competencies, decision-makers, family physicians, primary health care, skills

Słowa kluczowe: kompetencje, lekarz rodzinny, podstawowa opieka zdrowotna
Introduction

In previous studies, we have argued that family physicians and general practitioners are currently facing increasing demands due to mounting and complex patients’ expectations, as well as fast changing technological and scientific developments [1, 2]. Hence, worldwide, health care professionals are more and more expected to provide higher quality health care services. However, different restrictions and limitations within the health care systems may lead to competency gaps for health care professionals [1]. Based on these considerations, especially in the past decade, quality improvement and performance evaluation have become fundamental issues in health care practice [1, 2] and, as such, quality improvement needs to be included at all levels of medical education and in all aspects of health care service provision [1]. From this point of view, medical students at all teaching and training levels should not only obtain medical knowledge in the course of their studies, but should also attain skills, abilities and competencies in the areas of quality improvement and quality assurance [3].

In primary health care including family medicine or general practice (depending on the specific characteristics of organization of health care systems in different countries), quality of health care is a multifaceted domain which includes a wide range of health professionals’ focus and scope of work such as a comprehensive approach to health care provision, management skills, community orientation, problem-solving skills and abilities, as well as an individual-centered approach to health care services [1, 4].

Therefore, competencies in quality improvement are vital for primary health care professionals in order to improve continuously patient care. To meet this end, precise roles, abilities, skills and competencies at all training/expertise levels for medical doctors including also continuing medical education have been defined and developed [5]. Such roles and competencies have been even classified in specific frameworks in the USA, in Canada and in Europe [5–8]. Furthermore, models of abilities, skills and competencies are also considered a useful tool for self-assessment of primary health care physicians and general practitioners committed to practice-based learning [1, 9, 10] who want to improve their health care practices, analyze their clinical experience, plan improvement strategies, and determine a supposed improvement integrating knowledge, skills and abilities into the routine daily practice [1, 10].

Nonetheless, data on the content and outcomes of teaching quality improvement topics within the medical curricula in European countries are scarce to date. This is especially the case for the countries of Southeast Europe including the Albanian-speaking countries.

In this context, the aim of our study was to assess the necessary level of skills, abilities and competencies of family physicians from decision-makers’ perspective in Kosovo, a transitional post-war country in the Western Balkans which became independent from Serbia only five years ago.

Methods

Study population

A representative nationwide sample of 100 decision-makers (overall mean age: 47.7 ±5.7 years) operating at different primary health care institutions or public health agencies in Kosovo was interviewed in May–July 2013 (63 men aged 48.6 ±5.5 years, and 65 women aged 46.2 ±5.7 years). All decision-makers were sent an official invitation letter where the aims and procedures of the survey where explained in detail.

In this nationwide representative sample of 100 decision-makers in Kosovo (63 men and 37 women), median age was 47 years (interquartile range: 44–51 years) (Table I). Overall, the median duration of working experience in decision-making was 5 years (interquartile range: 3–10 years). Thirty-three percent of the interviewees worked in Pristina, the capital city of Kosovo. Thirteen percent of participants were directors of primary health care centers, 30% were coordinators of different health care programs and projects, 23% were health managers at different primary health care institutions or public health agencies, 27% were involved in training and educational activities in Family Medicine, and the remaining 7% operated in other mid-level managerial and administrative positions pertinent to primary health care institutions (Table I).

Data collection

An international instrument was developed with the support of the European Community LifeLong Learning Program aiming to assess the level of skills, abili—