

## **Results of the assessment of capacity building needs of management team members in DZ in Serbia**

### **1. Introduction**

The present project aims to test the Capitation Payment model in Serbia, in 25 selected primary health care institutions. However, at the time of the start of the project political decisions were not made on the model and its contents and structure.

In the situation analysis it became obvious that the project Term of Reference would need to be interpreted more broadly than seeing Capitation Payment as an end itself or that it would have impact limited to financial management. Consequently, capacities required from the DY management team and others are broader including all main fields of management such as strategic management, human resource management, management of health information etc.

### **2. Subjects and methods**

To get some picture of the current capacities in the selected health care institutions (DZs) we decided to design and conduct a survey that would indicate the current capacities as perceived by the respondents themselves. This method is a rather simple and rapid and hence was considered as feasible for this purpose. Comprehensive gap analysis was not made: gaps between the defined desired competencies (the capacities that should be there) and the competencies actually existing.

Needs assessment was conducted on a sample of 25 Dom Zdravljas that are included in the project "Support to the Implementation of Capitation Payment in Primary Health Care in Serbia". The assessment was conducted via questionnaires and interviews during the months of November and December 2007 in order to assess the subjective level of competence of health professionals for certain management, IT and financial skills. Previous trainings attended, suggestions for future capacity strengthening and their opinions on the capitation payment system were also inquired about. Information on the above mentioned issues are considered as essential to develop a tailor made program that would match as closely as possible to the needs and interests of the participants.

The questionnaires was based on the capacity building assessment form used by the School of Public Health in Belgrade and modified extensively to suit to the needs of the project. The questionnaire was sent out to the management teams (consisting of the director, deputy director for finances, deputy director for legal issues, head nurse, head of department of general practice, head of department of pediatrics and head of department of gynecology) of the 25 Dom Zdravljas. Out of 175 persons who received the questionnaires, 164 have completed and returned it, making the response rate very high (93.7%).

### **3. Respondents**

In the study, 31 males and 133 females took part. The average age was 50 years and average amount of time spent in the current position was 6 years. There were differences between medical and non-medical personnel, with average time spent in current position by the medical staff being 5 years and by non-medical staff (legal and economics personnel) 9 years. This indicates that on average personnel already has decent amount of experience in their posts, and are very familiar with the tasks and roles they are asked to fulfil. However, with the changes in financial system, they might be expected to perform extended duties and take on more managerial functions than before, changing their job description and duties they perform.

With regards to the amount of supervisory duties, the respondents varied according to the positions. Greatest supervisory role lies with the directors of Dom Zdravlja, whose number of supervised persons averages: 657. Head nurse is the second in the amount of supervisory duties, averaging 384 personnel. Head of finance's average of supervised personnel is 81 and head of legal office is 80. Head of gynaecology department on average supervises 31 staff members, head of paediatrics 116 and head of general practice 161 members of the staff. This indicates that supervision, teambuilding, planning, monitoring and feedback are important skills for the management team of DZ.

### **4. Opinions on capitation payment system**

The interviews conducted showed that the management team is keen to participate in the project and switching to the new model of payment. General belief was that the capitation payment will lead to the payment that will be proportionate to the amount and quality of work performed, differentiating the workers from non-workers in financial terms. However, some representatives also raised concern about the acceptance of the capitation payment by the rest of the staff, indicating that the change management and dealing with resistance to change is a topic very relevant for the upcoming transformational period. Persons also indicated a need for a uniform, electronic system of record keeping, which would allow the medical staff (especially nurses) to increase the amount of time spent with patients and decrease time spent on administrative issues.

Attitude to capitation is an important aspect to take into consideration when designing the trainings. Positive attitude of the management team can greatly facilitate the training implementation, while negative attitude can cause great hindrance. Around half of the participants in this study (52%) have a positive attitude to capitation, 2% have negative, while 48% believe they do not know enough about the capitation to form an opinion. Thus, this indicates that a lot of participants have positive attitude and that there should not be major obstacles with this part of the sample; however the results also show that knowledge building with regards to the topic of capitation appears to be an essential training component need of the participants in this study.

### **5. Previous training and type of capacity building preferred**

Participants were asked to state which kind of training they would like to attend. Very few (1%) opted for purely academic training consisting of lectures, while some (14%) opted

for purely practical trainings. Majority of participants (85%) expressed the preference for a mix of both academic and practical training sessions. This finding implies that the best training would consist of brief theoretical overview of topics, followed by practical application of knowledge and skills to situations participants face in their daily working lives.

Participants were inquired about the type and scope of previous trainings attended in order to see what topics and areas participants are already familiar with. There were 57% of participants who had taken part in other trainings in the past, while 43% had never attended them. Those who had experience mostly attended trainings in communication skills, general management skills, total quality management or some other, specialisation-specific seminars.

Many have obtained the training in good practice guidelines in the past, so some have stated that further education on the topic would not be needed (14%), while others (86%) have either not obtained the training in the topic and would like to, or feel that some further information and revision of the guidelines would be of benefit to them.

## **6. Frequency, relevance and perceived level of competencies**

Participants were asked about several management, information technology (IT) and finance skills. Management skills enquired about communication, team building, and planning and prioritizing and human resource management skills. IT skills competencies related to the knowledge of general Microsoft office package, mailing and communication skills and healthcare support software skills. Finance skills included current finance methods and familiarity with the capitation as a form of payment system.

### ***a) Management skills***

- **Communication skills**, such as presentation skills, clarity in communication, passing on information were most commonly used of all skills and were perceived as the most relevant skill. The majority of participants use the skill daily and judge their competence as high. For more detailed information on results, please see Annex A.
- **Teambuilding skills**, such as leading the team, developing team spirit and motivating team members was used daily by the majority of the participants (60%), while a quarter (24%) stated they used it on a weekly basis. This skill was seen as very relevant for their job by the majority of persons (68%) and their competence was judged as high by half of the participants and as medium by 35% of persons.
- **Planning skills**, which relate to topics such as strategic planning, prioritising and change management, are reported to be used daily by half of the participants (52%), while over a fifth of the persons (22%) reported they use the skills monthly. The skill was seen as very relevant by the overwhelming majority of the participants (70%) and their competence was judged as high or very high by the total of 58%. Roughly 37% of the participants judged their competence as average, while only 5% saw their competence as low or nonexistent.

- **Human resources skills**, such as performance evaluations and judging the training needs of staff were reported to be used in various frequencies, mostly daily and monthly (42% and 32% respectively), while 16% said they use the skill on a weekly basis. Overwhelming majority of the participants saw this skill as very important (69%) and 54% judged their competence as high. Only 2% of the participants judged their skill as nonexistent or low, while 30% saw their level of competence as average.

Even though on the whole competence in the management skills was self-rated as rather high and relevant, one needs to be cautious in concluding that further training in these skills might not be needed. One should keep in mind that to be a good manager, communication, teambuilding, planning and HR skills are crucial, and there is always room for revision and improvement of skills already possessed and learning of new skills. Thus, some further training in these areas is definitely advisable, to ensure that the management competency is at the adequate level by all the DZ management team members.

### ***b) Computer skills***

Considering that one of the aims of the health system reform is to increase the efficiency of the system, computerisation and data exchange via computers will become common practice. Thus, besides equipping the Dom Zdravljas with the technical equipment, the staff will need to know how to use the health software package as well as have general computer knowledge such as Microsoft office package and internet and e-mailing skills. In order to explore the subjective level of frequency of use of such skills, their importance and competency, the participants were asked to comment in particular about Microsoft office, communication and e-mailing and health software skills.

- **General IT skills**, which include the knowledge of Microsoft office package were reported to be used daily by more than half of the participants (54%), while a fifth of the participants said they never use the skill (20%). The relevance of the skill was judged as very important by 53% of the participants, while only 5% believed it is rarely relevant or not relevant at all. Thus, some discrepancy between the frequency of use and relevance of the skill was observed. Furthermore, 31% believe they have low competence or no competence at all in general IT skills and only 11% they are excellently skilled. Average skill competence is judged by 44% of the participants.
- **E-mailing and communication skills** were reported to be used daily by 48% of the participants, while 24% said never to use the skill, which is quite similar to general computer skills frequency. The relevance of this skill was seen as very relevant by half of the participants (50%), while the competency was judged as average by 44% of participants. As many as 35% of the participants state that they have either no skill or low skill competence, while only 21% state their skill is high or excellent
- **Computer health software**. While inquiring about the use of computer health software, some similarity with other computer skills was noted: 38% of the staff reported never to use the skill, while 32% said they use it daily. Considering the changes that are going to be underway, the percentage of the persons using the programs daily will drastically increase, since all the medical staff will be asked to input data via computers rather than manually. Concerning the relevance of the

skill, 74% of persons believed the skill to be often or very relevant. With regards to the competency levels, 51% believed they have no skill or low skill, while 33% believed their skill is average. Only 16% believed their competency to be high or very high.

On the whole, self-rated level of the computer skills is much lower than the managerial skills and shows a need for further training for majority of staff. Extensive training in this area is advisable, with the idea that the rest of employees of DZ who will also use computers in their daily work undergo the trainings in this area.

### **c) Finance skills**

Considering that the new payment system will affect the workers of DZ, they were inquired about the knowledge of current financing system and the perceived relevance and level of competence in the new capitation payment system.

- Considering that knowledge of **current finance skills** is not equally relevant for all the positions, there was some discrepancy in results with regards to skill competence. The results show that highest competency is possessed by the directors of DZ and finance directors, who reported their competency as very high on average. On the other hand, the skill competency was assessed quite much lower by nurses and heads of departments, who rated their competency as medium or low on average.

Looking at the overall results, without breaking down the analysis per specialty, 43% of the participants reported to use daily current finance skills, while 27% said never need to use the skill. Over half of the participants (53%) believe the skill to be very relevant, while only 12% indicated that the skill was not relevant or rarely relevant. The competence was judged as average or high by 67% of participants, while 24% had low level or no skill competence at all.

- With regards to the **capitation skills**, similar results were obtained. Highest competence lies in the hands of directors of DZ and heads of finance, however on average they rated their competence as medium to high, while nurses and heads of departments as low.

On the whole, participants judged the relevance of capitation skills as very relevant (60%), while only 7% judged it as not relevant or rarely relevant. 38% of the participants believe they have no skill or low skill level, while 37% think their knowledge level is average. A quarter (25%) believes their skill level is high or excellent.

## **7. Previous trainings**

The amount of trainings received by participants varies depending on the position the person occupies, the topic and the region of Serbia. The results show that most common training topics were in management or in specific specialty topics. On the other hand, least common were financial and computer trainings (with exceptions for the heads of finance and their finance skills trainings).

With regards to the amount of trainings obtained per DZ, there were variations. This is partly caused by the fact that projects are being implemented in Serbia involving trainings of different DZ (e.g. CIDA financed project on PHC management and the city of Belgrade project on basic management). Some DZ have received trainings from two or more projects, some from one project and some not at all. For example, DZs in Belgrade have received trainings covering management topics such as the following: strategic management, total quality management, business management and IT system management. Of the 28 DZ planned to be included in this project, CIDA has included in their training four DZ: Novi Sad, Kragujevac, Uzice, Zejekar, Nis, Kraljevo. The School of Public Health trained all DZ in Belgrade, including the seven planned to be included in this project. Hence, 13 DZ to be included in this project have received management training, while 15 have not.

The difference in management trainings is also apparent between directors and other staff. Most often it was the directors who attended management training, while other participants attended courses and seminars mostly in their area of specialty.

## **8. Capacity building needs**

Participants were asked to express their capacity building needs and wishes for the future. Despite the fact that management competence has been self-rated as highest of all skills, majority of the participants expressed the wish to receive further training in this area. Most commonly cited specific topics included management in health sector, leadership, teamwork and business planning. Communication, especially communicating with difficult team members or communicating bad news was mentioned as needed skill. Some participants wished to obtain skills in helping them deal with stress and stressful situations. Considering that management positions require dealing with different persons with various needs and wants, negotiation and conflict management skills were also cited as needed skills by some respondents.

In summary, it is clear that the weakest competencies seem to be in computer and financial skills, which is not surprising since most of the staff by definition of their work is not required to possess them to a high degree. However, with introduction of the new payment mechanism and computerisation of their work, such skills are likely to become very important. With regards to general management skills, they seem to be higher than the above mentioned finance and computer skills, but since the formation of the management teams and their stronger engagement in implementation of the reform, updating and upgrading of the skills is seen as very useful. If needed, exceptions to the general management training can be made to personnel that have already undergone extensive training in the past, and another employee from the department could be chosen instead.

**Annex A**

**Communication skills**

<i>Frequency:</i>	2% never	74% daily	11% weekly	10%monthly	3% yearly
<i>Relevance:</i>	0% not relevant	0% rarely relevant	3% sometimes relevant	23% often relevant	74% very relevant
<i>Competence:</i>	2% no skill	1% low skill	35% average	52% high skill	10% excellent skill

**Team building skills**

<i>Frequency:</i>	0% never	60% daily	24% weekly	11%monthly	5% yearly
<i>Relevance:</i>	0% not relevant	2% rarely relevant	3% sometimes relevant	27% often relevant	68% very relevant
<i>Competence:</i>	0% no skill	2% low skill	35% average	50% high skill	13%excellent skill

**Planning skills**

<i>Frequency:</i>	0% never	52% daily	23% weekly	19%monthly	6% yearly
<i>Relevance:</i>	0% not relevant	1% rarely relevant	4% sometimes relevant	25% often relevant	70% very relevant
<i>Competence:</i>	2% no skill	3% low skill	37% average	46% high skill	12% excellent skill

**Human resources skills**

<i>Frequency:</i>	1% never	42% daily	16% weekly	32%monthly	9% yearly
<i>Relevance:</i>	0% not relevant	1% rarely relevant	6% sometimes relevant	24% often relevant	69% very relevant
<i>Competence:</i>	1% no skill	1% low skill	30% average	54% high skill	14% excellent skill

**Current finance skills**

<i>Frequency:</i>	27% never	43% daily	14% weekly	3% monthly	13% yearly
<i>Relevance:</i>	4% not relevant	8% rarely relevant	10% sometimes relevant	25% often relevant	53% very relevant
<i>Competence:</i>	11% no skill	13% low skill	38% average	29% high skill	9% excellent skill

**Knowledge of capitation skills**

<i>Frequency:</i>	N/A	N/A	N/A	N/A	N/A
<i>Relevance:</i>	3% not relevant	4% rarely relevant	12% sometimes relevant	22% often relevant	60% very relevant
<i>Competence:</i>	15% no skill	23% low skill	37% average	18% high skill	7% excellent skill

**General computer skills**

<i>Frequency:</i>	20% never	54% daily	18% weekly	5% monthly	3% yearly
<i>Relevance:</i>	1% not relevant	4% rarely relevant	19% sometimes relevant	23% often relevant	53% very relevant
<i>Competence:</i>	12% no skill	19% low skill	44% average	14% high skill	11% excellent skill

**E-mailing, communication skills**

<i>Frequency:</i>	24% never	48% daily	17% weekly	7% monthly	4% yearly
<i>Relevance:</i>	1% not relevant	5% rarely relevant	16% sometimes relevant	28% often relevant	50% very relevant
<i>Competence:</i>	13% no skill	22% low skill	44% average	13% high skill	8% excellent skill

**Computer health software skills**

<i>Frequency:</i>	38% never	32% daily	14% weekly	12% monthly	4% yearly
<i>Relevance:</i>	4% not relevant	6% rarely relevant	16% sometimes relevant	30% often relevant	44% very relevant
<i>Competence:</i>	25% no skill	26% low skill	33% average	10% high skill	6% excellent skill

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