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Nurse's Leadership Challenges in Primary Health Care: A Focus Group Analysis in Albania

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Abstract: For health and care systems to succeed in the future, primary head nurses must demonstrate leadership. A focus group discussion was used to assess the primary head nurses' leadership abilities in 2022 in Albania. The focus group was composed of 12 primary head health care nurses, two men and ten women, with a mean age of 40 ± (SD) years old. Eight participants were charged with the duty of head nurse for more than five years, while seven participants were in the position of paid head nurse for more than five years. The majority of nurses reported they lack a clearly defined, written job description relevant to the position. Additionally, they stated that they lacked a reference work plan based on which to organize and coordinate the associated healthcare service activities. Participants indicated that the role of the head nurse in daily practice is more focused on the work as a service nurse than as a head nurse. The majority of nurses reported having never received training expressly related to their role as head nurses. The most crucial aspects of the head nurse position were efficient planning and organization of work, vaccination, infrastructure improvement, and the effective use of human resources. The results of this study can be used by head nurses in primary healthcare settings to address and deal with problems in their leadership roles. The findings can also be used by policymakers when developing new regulations or guidelines for nursing leadership competencies. In addition to functioning in a crisis situation, nurse leaders have to demonstrate their capacity for effective leadership and transparent communication. In this regard, training is recommended.

Keywords: *Primary health care; nursing; leadership; challenges; focus group; Albania.*

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Introduction

Becoming a more effective leader requires a foundation of both personal and professional development. There isn't a definition, concept, or theory of nurse leadership that is generally recognized. Nursing leadership is the capacity to inspire, motivate, and encourage nursing staff and other healthcare professionals to collaborate in order to realize their fullest potential and advance the organization's objectives. More than ever, the COVID-19 pandemic spotlighted the value of effective leadership in the nursing field. The pandemic challenged the nursing profession to adapt to a healthcare setting that was rapidly changing and getting more complex. Nurse leaders from all nursing levels responded to the new difficulties (Morganelli, 2021). Intelligent nurse leaders need to be competent in both hard and soft skills in order to successfully influence and involve others toward operationalizing goals. Increased productivity, improved employee satisfaction, and fewer staff turnovers are all facilitated by these paired skills. This results in exceptional safety, high-quality care, and positive patient outcomes. Future demands for nurses at all levels to assume a leadership position will increase due to advancements in technology, treatment protocols, the rapidly changing healthcare sector, and global demographics. The nursing profession will continue to be a place where nurses and other healthcare workers will look for leadership. Nursing leadership development is important at all health levels. It should be evaluated critically while providing the nurse leaders with adequate assistance as they carry out their duties (Agyeman-Prempeh et al., 2021). A growing need for professional support, worries about the general quality of services, and a growth in activities unrelated to nursing leadership are just a few of the issues nurse leaders face today. These findings highlighted the rising difficulty of these challenges (Institute of Medicine, 2011). Inconsistent healthcare policy, a communication gap between nurse managers and health care management, and interference with nurse managers' leadership duties are the three subthemes that emerged from another research study in low-to-middle income countries (Nene, 2021). While, being agents of connectivity, nurse leaders, in particular in primary healthcare settings, have the unique opportunity to influence not only their nurse peers but also the rest of the healthcare team. These teams may consist of physicians, pharmacists, medical assistants, receptionists, and administrative personnel. Each of these groups often collaborates with nurses and occasionally seeks direction and counsel from nursing leaders. The development of policies and procedures, workplace quality-improvement initiatives (i.e., looking for

methods to improve processes for better clinical or workplace outcomes), and quality-improvement activities are a few examples of excellent nurse leadership in health care. Participation in regional, national, and international projects, programs, and studies promoting health care is critical for the development of the nursing profession (Tingvoll et al., 2016). In addition, clinical leaders have a clear vision, assist others, give direction to patients and their families, are clinically aware and competent, are effective communicators, are empowered decision-makers, and drive change by providing high-quality and equity (Azar, 2021). Good clinical leaders often possess these qualities: being approachable and open, optimistic, compassionate, consistent, visible in practise, and positive role models (Stanley et al., 2017). The interdependence of leadership and management and integrating leadership competencies into nursing education are among the challenges to developing and providing nursing leadership. Other challenges include addressing the basic orientation of leaders, which is to themselves or to the system; placing more emphasis on the latter; overcoming contradictory messages regarding the value of leadership in the development of the profession and the discipline. Although they are separate concepts, management and leadership are interconnected. A vision, or an idea of where the profession, company, or subset should go and how it should get there, is necessary for leadership, as is the ability to turn that vision into reality (Berry & Black, 2021). Due to limited resources and a high disease burden, leadership and management skills are crucial components of low- and middle-income countries' (LMICs') health care systems. A study addresses the main issues facing health care policymakers, leaders, and managers in LMICs, as well as what they are leading and managing in the latter scenario. It looks at the two main educational and training strategies used to build these capacities as well as the cultural background against which growth occurs, stressing that leadership and management training in LMICs must take into account local traditions. From this perspective, it is suggested that action learning, which has a history of use in LMICs, would be a useful next step (Edmonstone, 2018). The results of another study offered some light on the difficulties facing leaders in a developing country with a diverse culture. The outcomes also demonstrated the need for employing knowledgeable leaders who are able to comprehend, evaluate, and handle such challenging problems (Ghiasipour et al., 2017). While, in LMICs, a lack of healthcare resources may be addressed via advanced practise nurse roles (Scanlon et al., 2019). In considering future employment opportunities for nurses and midwives in relation to the Sustainable Development Goals (SDGs) and universal health coverage regarding the nursing and midwifery workforce, it's crucial to consider gender.

The SDGs can be achieved economically because women currently make up 70% of the global health workforce, according to data from the Global Health Observatory. Three major areas present issues for nursing and midwifery: concept leadership, strategic resilience development, and continuum management of accountability (World Health Organization, 2017). The worldwide scenario calls for nurses with interprofessional leadership abilities to break out of their professional barriers and use their professional judgement to continually uncover, create, and link the threads of effective patient-centered care initiatives. It also calls for implementing the crucial work environment for a highly skilled, patient-focused nursing staff of the future (Solman, 2017).

Aim

The study's aim was to assess the primary head nurses' leadership abilities as well as identify challenges induced by the COVID-19 pandemic and suggestions for future changes.

Methods

Study design

The research conducted was qualitative, empirical, and descriptive, using data from semi-structured focus group discussions with head nurses working in primary health care centers. A "focus group" is a structured group discussion centered on a specific topic that is monitored and possibly guided by a researcher (Bloor, 2001). This approach was chosen because it aims to investigate participants' experiences, beliefs, and attitudes through the use of group processes to provide answers and gain understanding through participants' sharing opinions and challenging one another (Willis et al., 2009). The research team included two female researchers: one specialist family nurse, a Ph.D. candidate with experience conducting studies using qualitative methods, and another associated professor with a Ph.D. degree and experience working in operational, qualitative, and implementation research.

Participants and setting

An invitation with information for participation was sent to different primary health care centres in the south region of Albania explaining the study objectives. The selection of health centres was carried out taking into consideration: 1) geographical features: rural versus urban; 2) typology of health center: basic health centre and 24-hour health center; and 3) availability to participate in the focus group. This purposeful sample procedure was

conducted to bring study participants with diverse backgrounds together, which facilitates group conversations. The targeted study population was the head primary health care nurses. The participants who express eligibility could contact the main researcher by phone or email for further information as well as to define the method of interviewing face-to-face or vs virtual. To everyone's agreement, it was decided that conducting interviews via Zoom video meeting was the more convenient option, and a date to conduct the focus group was proposed. Finally, the focus group was composed of 12 participants, all head primary health care nurses. The nurses were informed about the study, the researchers, and the goal of the project prior to the focus group discussion. With the informed consent given by the participants, the group discussions were recorded.

Data collection

The focus group was held in August 2022, as proposed and accepted by all participants. The primary researcher moderated the focus group discussion, and the other researcher observed, and made notes on the relations, discussion inflow, and atmosphere before asking clarifying questions at the conclusion of the discussions. Participants had 30 minutes in advance to answer closed questions and to express their opinions on open questions. The focus group discussions lasted roughly 90 minutes and were recorded after getting the informed consent of all participants. Finally, each question was discussed, and the researchers independently checked the Zoom recording for accuracy. The semi-structured interview guide questions were developed through desk review and discussions in the research group of the relevant documents regarding the primary health care system and policies in Albania. To test the questions of the interview guide, a prior consultation was made between primary health care nurses and the researchers. The revisions suggested by the consultation were reflected in the final version of the questions. The final version included socio-demographic questions, questions that were specifically related to the position of head nurse in primary care, the challenges faced by them during the pandemic, the needs for education and training related specifically to the position, and suggestions for change. Everything encouraged the participants to talk openly and from personal experience. The meeting was attended by only the nurses from the focus group and two researchers, and the researchers had no previous relationship with the participants.

Data analysis

Following the focus group discussion, data were analysed using qualitative classical content analysis in the manner described for focus groups (Doody et al., 2013). The researchers began the data analysis by reading observational notes taken during the meeting and summary notes written immediately afterwards, as well as listening to the video recording several times and typing the recorded information independently. These methods were chosen to avoid researcher biases, and the analysis of findings is the result of focus group discussions rather than a researcher's reflection. The transcriptions were compared and discussed between the two researchers, and the next step was the organisation of the data by question, theme, category, code, and tabulation. Main groups and subcategories formed from the codes as differences and similarities were identified. The study team repeatedly held consensus discussions, switching between the text's original context and the analysed paragraphs, until a comprehensive understanding of all the emergent categories was reached. Each category was outlined, and phrases that best expressed what was said were chosen to represent the topic. A mixed method of data analysis was used to obtain quantitative information by providing information for each code, as well as qualitative information obtained through a well-defined description of codes. Descriptive analysis was used for the sociodemographic data, and the IBM SPSS Statistics 25 software was used for the analysis of tabulations.

Results

The focus group was composed of twelve head nurses of primary care services in Albania—ten women and two men. The mean age of participants was 40 years, and 7 nurses were in a paid position as chief nurses for 5 years. The sociodemographic data of the focus group is summarised in Table 1.

Table 1. Socio-demographic characteristics of the participants in the focus group

Variable	Frequency (n)	Percentage (%)
Mean age (years)	**40**,16±11,08 Std Dev	
Gender		
Female	10	83,33
Male	2	16,67
Level of education		
Bachelor degree	7	58,33
Master degree	3	25,00
Professional school	2	16,67

Work experience (years)		
≤5	4	33,33
5-10	4	33,33
>10	4	33,33
Experience as a chief nurse in charge of this task? (years)		
≤5	8	72,73
5-10	1	9,09
>10	2	18,18
Experience as a chief nurse (in a paid position) (years)		
≤5	7	58,33
5-10	3	25,00
>10	2	16,67
Health Center location		
Rural	6	50,00
Urban	6	50,00
Health Center type		
Basic Health Center	10	83,33
24 Hour Health Center	2	16,67
How many patients does the centre serve on average per day?		
10-20	2	18,18
20-30	2	18,18
40-50	1	9,09
50-60	1	9,09
70-80	1	9,09
>100	4	36,36
How many nursing staff do you have under your supervision?		
5	2	16,67
5-10	0	0
10-15	5	41,67
15-20	1	8,33
20-25	1	8,33
30-35	1	8,33
35-40	1	8,33
40-45	1	8,33
Which other part of the healthcare sector do you now work in besides your position as a head nurse?		
-Nurse midwife	1	8,33
-Family doctor nurse	5	41,67

-Consultant of the child and the pregnant woman	2	16,67
-Checkup nurse, mother and child consultant, family doctor nurse	1	8,33
-24-hour/emergency nurse	3	25,00

Source: Author's own conception

Table 2 summarises the responses of head nurses in the focus group related to the organisation of work and position of head nurses in primary health care services. As seen by responses, the majority of head nurses (n = 9) do not have a clear written job description document that contains the responsibilities, obligations, and rights related to the position. Also, the head nurses reported that a reference orientation work plan is missing (n = 11). The same scenario is presented for the indicators or guide for compiling the nursing service chart in the primary health care service. Half of the head nurses in the focus group have reported that they have a preliminary plan that outlines the tasks related to the position and is mostly focused on their daily practise and interactions with colleagues. 10 head nurses reported that they do not perform an annual work report that is focused on their work as head nurses in primary health care services. A proper calendar for organising and directing the continuing education of the nursing staff and head nurses is lacking; nine head nurses in the focus group reported that.

Table 2. Questions and answers of participants in the focus group in relation to the work organization and position of head nurses in primary health care service

Questions	**Yes n (%)**	**No n (%)**
1. Do you have a clear (written) description of your job?	3 (25,00)	9 (75,00)
2. Do you have a reference or orientation work plan on which you are based for the organisation and coordination of the activities of the nursing care service as part of your position as head nurse?	1 (9,09)	11 (90,91)

2.a If not, where are you based for the organisation and coordination of the activities of the nursing care service?

Answers	n
There is no basis; I just perform the duty that the director of the health centre assigns to me.	1
We are based on the work plan of the health centre in general.	3
We are based on daily work activity.	2

3. Where do you report regarding the performance of your work duties?

Answers	n
We do not report.	2
The doctor of the service where I work as a nurse and the executive director of the health centre.	3
The health center's executive director.	4

4. Do you have basic documents, or indicators that guide you in compiling the chart of the nursing service in the primary health service?

12 (100.0)

4.a If not, how do you organise your work?

Answers	n
It relies only on the internal organisation and everyone's contacts with the employees.	1
I don't have any supporting documentation; I simply have my daily experience.	1

5. What takes a lot of your time and what is the aspect of your job that you are most focused on?

Answers	n
The activity as a nurse in the health care service where I am engaged.	6
The activities I perform as a chief nurse and community service nurse.	6

6. Do you have a preliminary plan for your work that details your tasks, required supplies, and every other aspect of your role as head nurse?

6 (50,00) 6 (50,00)

6.a. If yes, in which period of the year was this planning done?	**Answers**	**n**
	Kindergarten and school start (September).	1
	At the end of the year, there is no written plan.	1
	1 month before the development of the activities.	1
	Every year beginning.	3
7. Do you perform an annual analysis of your work as a head nurse?	2 (16,67)	10 (83,33)
7.a. If Yes, what are the elements it contains?	**Answers**	**n**
	6 months work	1
	Personal notes from daily practice	1
8. Where is this annual work report presented and submitted?	**Answers**	**n**
	The analysis of the nurse's work is included in the annual analysis of the health center.	1
	It is done on a centralized basis by the directorate.	1
	Health care fund.	1
	To the health centre director	1
9. Do you have an office room in the centre where you work as a head nurse?		12 (100,0)
10. Please include what is missing and what you believe is required for the work to run smoothly and efficiently.	**Answers**	**n**
	Office room and clear job description.	3
	Office room equiped with computer and printer.	1
	Basic materials required to perform the duty of the head nurse.	1
11. Do you have a proper calendar for organising and directing the continuing education of the nursing staff and your own as the head nurse at your health center?	2 (18,18)	9 (81,82)

Source: Author's own conception

Table 3 summarises the responses of the head nurses in the focus group related to the challenges and skills of head nurses in primary health care services. According to the responses, the head nurse's service is primarily focused on their work as a service nurse rather than as a head nurse. According to their findings, patient-nurse communication is effective in primary care, but communication in general could be improved, also the infrastructure, the capacity of staff, and the problem with the shortage of staff. They claimed that being a head nurse entailed and demanded increased responsibility, an unpaid workload, management skills, and orientation abilities. The two biggest challenges facing head nurses are related to the lack of a well-defined status and the required written documents for the role of head nurse. The COVID-19 pandemic poses leadership and organisational skills challenges. Motivation, management, and professional and leadership abilities are the most cited characteristics that a head nurse should have.

Table 3. Questions and answers of participants in the focus group in relation to challenges and skills of head nurses in primary health care service

Questions	**Answers**		**n**
1. Where is the primary care nurse's service most focused, and how is it organized?	Problem/conflict resolution		1
	In organizing work, dividing tasks, collecting information, processing and sending information		1
	More at working as a service nurse than as a head nurse		2
2. From your observations as a head nurse in primary care, what do you think works well for patients and colleagues? What needs to be improved?	Works well	Patient-nurse communication	1
		Willingness to help patients at any time	1
		Quality and accuracy	1
	Need improvements	Infrastructure, capacity and number of staff	2
		Communication in general	1
3. In your opinion, what is the difference in work between being a head nurse and being a primary health service nurse?	More responsibility in the service, unpaid workload, not being recognized by colleagues as a position as it is not specified in the contract		5
	Greater focus on work organization		2
	Management and orientation skills		1
	More responsibility-higher work-related stress		1

4. What are the biggest challenges facing Primary Health Care Head Nurses?	Good work flow without problems with colleagues and patients Lack of well-defined status and the required written documents for the role of head nurse The biggest challenges are related to conflict resolution	1 3 1
5. What recommendations do you have based on your clinical experience for enhancing the function of the primary health service's head nurse and enhancing the standard of care?	Status and trainings Status and training, Documentation and training The head nurse should be chosen by the staff, not appointed by the director	1 1 1
6. Due to the COVID-19 pandemic, what are the most important points for a primary care nurse to fulfil the duties related to his or her job position?	To know how to organize the work Good work management and organization Vaccination Improved infrastructure High workload/ Utilization of human resources – division of duties and roles according to staff qualifications and skills	3 2 2 1 1
7. What are the expectations and needs that nursing staff have of the primary health service head nurse?	None Must be equal and fair with each nurse in the division of duties It must be equal and fair with each nurse in the division of duties, organizing work correctly Communication and professionalism Professionalism	1 3 1 1 1
8. What are the expectations and needs that patients have of the primary health service head nurse?	None None, since they don't even know who the head nurse is Solving the problems encountered as soon as possible	1 4 2
9. What are the expectations and needs that directors have from the head nurse of the primary health service?	Correctness, ability to resolve conflicts, and accurate implementation of assigned tasks Correctness of assigned tasks, providing information in record time, resolving conflicts, and increasing service quality Providing information in record time and resolving conflicts	2 1 2

10. What advice would you give to nurses who are inspiring to become head nurses in primary health care?	Correctness at work, to assume responsibility, to be fair in resolving conflicts, and fair in the division of duties among nurses, to do the work with love and passion.	3
	Correctness at work, to assume responsibility, to be fair in resolving conflicts, and fair in the division of duties among nurses. To do the work with love and passion. Will and desire for work to be communicative with colleagues and patients.	1
	Correctness at work, to assume responsibility, to be fair in resolving conflicts, and fair in the division of duties among nurses. To do the work with love and passion. Motivation and management abilities, professional abilities, and leadership abilities Have a vision.	1
	The will and desire to work. To be communicative with colleagues and patients.	1
	Motivation and management abilities, professional abilities, and leadership abilities. Have a vision.	1

Source: Author's own conception

Discussions

In this paper, a focus group analysis composed of twelve head nurses of primary care services in Albania—ten women and two men—was discussed. The focus group with rural and urban work-based health centres and different work experiences (Table 1) expressed the same challenges (Table 2, Table 3) related to work organization, leadership skills, and motivation to carry out their work as head nurses. This requires more than academic learning or training. The study's findings are consistent with those found in the literature, which revealed that developing leadership qualities in nurses should go beyond purely academic learning or training. The programmes for leaders should aid in the development of leaders' knowledge, abilities, perspectives, confidence, and resiliency (Swanwick & Varnam, 2019). According to Table 3, the written contract for the head nurses, which also should include their tasks and obligations, does not explicitly state their function as leaders and resource allocators. Even though the study participants considered these roles

to be the most important, other studies have also found these head nurse roles to be important. To aid the head nurse's resource allocation, which affects the quality of care delivered, a strong nurse leader should also possess entrepreneurial and managerial abilities (Baxter, 1993). In the study, the majority of the nurses stated that they not have a reference orientation work plan for their position. While the lack of a formal orientation to the leadership roles and a recognized nurse leader to serve as a mentor have both been noted as factors in the experience of supportlessness and exhaustion among head nurses (Waddell, 2018). 10 head nurses in the focus group (Table 2) reported that the preparation of the annual work report is not a practice. A study has found that for nursing leadership, the annual report is a key document that helps in the interpretation and understanding of the needs of the organization, including financial needs related to nursing practice. Additionally, this evaluation establishes their capacity to satisfy the local population's need for healthcare (Smith & Welch, 2021). While annual reports for nurses serve as a record of achievements (Weaver & Ellerbe, 2013). The annual continuing education training plan for the nursing staff and the head nurses is lacking in the majority of cases (n = 9); Table 2. While, learning and leadership are mutually beneficial. True leadership character is demonstrated by one's enthusiasm for learning, which demonstrates drive and dedication to both individual and organisational progress (Raso, 2015). In addition, head nurses' educational leadership fosters nurse communication satisfaction, which improves team effectiveness (Choi et al., 2018). A study, on the other hand, found that a team of professionals within the organisation led by head nurses is required to assess, plan, and evaluate the educational nursing continuing education process (Eslamian et al., 2015). As reported by the head nurses in the focus group, their work is mostly occupied by services related to their role as a nurse and not as a nurse leader (Table 3). The findings are consistent with other studies that found that head nurses felt overburdened with multiple functions and by hierarchical pressure to meet targets, emphasising the need to improve the efficiency of the management role (Vera et al., 2018). In our study, the results revealed that some of the burdensome duties associated with the job of head nurse included the increased demand and responsibility demanded by the directors, patients, and colleagues, the unpaid workload, management skills, and orientation abilities (Table 3). Stress and burnout are concepts that are highly relevant to the workforce in general and nursing in particular. If working conditions for head nurses are improved, the position might become more appealing, which would also help solve the lack of people interested in pursuing administrative positions (Jennings, 2008). Head nurses in the focus group pointed out that communication in general should be

improved, even if patient-nurse communication is something that works well in primary health care. Several studies have found that strong direct effects of communication skills and transformational leadership style of head nurses play a role in job satisfaction (Henderson, 2015; Jankelová & Joniaková, 2021). The shortage of nursing staff as well as their professional capacities and infrastructure were some of the things that should be improved, as reported by the head nurses in the focus group (Table 3). All of the issues mentioned have been documented and supported by additional research, highlighting the need for organisations to apply creativity in fostering an environment that empowers and inspires nurses in order to stimulate and maintain the nursing workforce (Haddad et al., 2022). According to a study (Aydogdu, 2022), one of the many challenges faced by nurses during the COVID-19 pandemic was a lack of human resources. In addition, the COVID-19 pandemic poses leadership and organisational skills challenges, as stated by the head nurses in the focus group (Table 3). To address the challenges brought on by the COVID-19 epidemic, the findings from other research reported that head nurses should call on their expertise, management abilities, social media applications, support from family, friends, and healthcare administrators, as well as their education and training (Phillips et al., 2022). Motivation, management, and professional and leadership abilities are the most cited characteristics that a head nurse should have, as reported by the focus group in Table 3. Leader nurses, as supported by scientific evidence, promote scientific inquiry and advance the specialty by mentoring and contributing to the professional development of others (Brunt & Bogdan, 2022).

Limitations

The generalizability of this study to other head nurses in healthcare settings is constrained by its contextual nature. The lack of research on national leadership roles in primary healthcare, as discovered by the researchers, makes it challenging to describe the data in this context in depth for integration with relevant literature.

Implications of the study

The results of this study can be used by head nurses in primary healthcare settings to address and deal with problems in their leadership roles. The findings can also be used by policymakers when developing new regulations or guidelines for nursing leadership competencies. Also, nursing educators in higher education can benefit from the findings since, to our

knowledge, this is the first study that addresses the head nurses' leadership skills and challenges in Albania.

Conclusions

In addition to functioning in a crisis situation, nurse leaders have to demonstrate their capacity for effective leadership and transparent communication. In this regard, training is recommended. It was emphasised how important collaborative practise, interprofessional education, continual professional development, and outcome-based practise are.

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