Hacettepe University

Department of Health Management

ANALYZING THE RELATIONSHIP BETWEEN PROFESSIONAL MANAGEMENT AND EMPOWERMENT: A STUDY IN KOSOVA PUBLIC HOSPITALS

Ylfete DRAGAJ ZAJMI

Master's Thesis

Ankara, 2018

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Bu çalışmadaki bütün bilgi ve belgeleri akademik kurallar çerçevesinde elde ettiğimi, görsel, işitsel ve yazılı tüm bilgi ve sonuçları bilimsel ahlak kurallarına uygun olarak sunduğumu, kullandığım verilerde herhangi bir tahrifat yapmadığımı, yararlandığım kaynaklara bilimsel normlara uygun olarak atıfta bulunduğumu, tezimin kaynak gösterilen durumlar dışında özgün olduğunu, Prof. Dr. Yusuf ÇELIK danışmanlığında tarafımdan üretildiğini ve Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Tez Yazım Yönergesine göre yazıldığını beyan ederim.

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ABSTRACT

ZAJMI DRAGAJ, Ylfete, *"Analyzing the Relationship between Professional Management and Empowerment: A Study in Kosova Public Hospitals"* Masters' Thesis, Ankara, 2018.

The purpose of this thesis is; to assess the views of executives and hospital employees on the level of empowerment and professional management in public hospitals in Kosovo. The data needed to achieve the objectives of this research were collected through surveys appropriate for the research purposes on empowerment and professional hospital management. The research was conducted among hospital employees including senior administrators and their assistants, hospital directors and their assistants, head nurses and their assistants and physicians holding administrative positions and other employees with no administrative responsibility. The research was conducted among 274 hospital employees working in 6 regional hospitals and 1 University Hospital in Kosovo. The data collected from this survey were analyzed using the significance test of the difference between the two means (t-test), one-way variance analysis (F test), and correlation analysis. Findings revealed a low professional management level in Kosovo's public hospitals. In an evaluation scale from 1 to 5, in accordance with the work done in health management, a low professional preparation average (2.21) was determined. In the case of employees' empowerment, this study showed that the empowerment level in Kosovo's public hospitals is at satisfying levels (3.76). The results also showed that there is statistically significant relationship between empowerment level and professional management. Since there is a serious lack of statistical data on health care in Kosovo, the findings of this research can be used for various study purposes in the health management field.

Keywords: Professional Management, Empowerment, Public Hospitals, Healthcare Management.

ÖZET

ZAJMI DRAGAJ, Ylfete, *“Profesyonel Yönetim ve Yetkilendirme Arasındaki İlişkinin İncelenmesi: Kosova Kamu Hastanelerinde bir Çalışma”,* Yüksek Lisans Tezi, Ankara, 2018.

Bu tezin amacı, yöneticilerin ve hastane çalışanlarının Kosova'daki kamu hastanelerindeki yetkilendirme ve profesyonel yönetim düzeyindeki görüşlerini değerlendirmektir. Bu araştırmanın amaçlarına ulaşmak için ihtiyaç duyulan veriler, profesyonel hastane yönetimi ve yetkilendirmeye yönelik araştırma amaçlarına uygun anketler aracılığıyla toplanmıştır. Araştırma, üst düzey yöneticiler ve asistanları, hastane müdürleri ve asistanları, başhemşireler ve asistanları ile idari görevleri olan doktorlar ve Kosova kamu hastanelerinde çalışan diğer çalışanlar arasında yürütülmüştür. Anket Kosova'daki 6 kamu hastanesinde ve 1 üniversite hastanesinde çalışan toplam 274 hastane çalışanı arasında uygulanmıştır. Bu anketten elde edilen veriler iki ortalama arasındaki farkın önemlilik test, (t-testi), tek yönlü varyans analizi (F testi) ve korelasyon analizi kullanılarak analiz edilmiştir. Bulgular, Kosova devlet hastanelerindeki düşük profesyonel yönetim düzeyini göstermektedir. 1'den 5'e kadar olan bir değerlendirme ölçeğinde, sağlık yönetiminde yapılan çalışmaya göre, düşük bir profesyonel hazırlık ortalaması (2.21) belirlenmiştir. Çalışanların yetkilendirilmesi konusunda, bu çalışma Kosova devlet hastanelerindeki yetkilendirme seviyesinin tatmin edici düzeyde olduğunu göstermektedir (3.76). Kosova'da sağlık hizmetleri konusunda ciddi bir istatistiksel veri eksikliği olduğundan, bu araştırmanın bulguları sağlık yönetimi alanında çeşitli çalışma amaçları için kullanılabilir.

Anahtar Kelimeler: Profesyonel Yönetim, Yetkilendirme, Kamu Hastaneleri, Sağlık Yönetimi

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SYMBOLS AND ABBREVIATIONS

AUPHA: Association of University Programs in Health Administration

CEO: A Chief Executive Officer

CWEQ-II: Causes of Work Effectiveness II Scale

SPSS: Statistical Package for the Social Science

UNDP: United Nations Development Program

WHO: World Health Organization

INTRODUCTION

In almost every society throughout history, health has become one of the most important social factors. According to society, a high health level is essential for taking steps forward to socially and economically productive lifestyle (Ramanathan, 2005). In the early 20th century, increasing health expenditures, the growing complexity of healthcare services, growing hospitals, increasing employment rates, market failures, globalization of healthcare services, and the need to provide a more comprehensive care for resource constraints in line with developing medical technology, brought up to the agenda the concept of management in health care (Hilsenrath, 2012).

Health care generally refers to the work done for health protection and the treatment of diseases. Health services are all about planned work to protect the health of the people and societies, to treat them when they are sick, to enable the disabled to live without dependence on others, and to raise the health level of the societies (Öztek, 2004). To be able to provide health services effectively, economically, efficiently and in good quality, the health institutions should be managed based on a contemporary sense. Health care workers, from the lowest to the highest level of health care organizations, perform management-related tasks. Qualified staff is needed to provide quality health care to well-organized health institutions in order to meet the public's health needs.

It is the significant part of this research to assess Kosovo's hospitals' management system in terms of empowerment and professional management, in this sense, the concept of hospital employee empowerment is seen as one of the increasing concepts of professional management and empowerment. Management is the art of doing business through others; since a manager is the person who makes other people gets a job done. In order to create a working environment where empowerment is one of the values, the employees are able

to do the best they can, instead of sticking to a mentality that controls and imposes the management role in organizations, it is important to create an environment based on responsibility and support (Blanchard *et al.*, 1998).

The main purpose of this study was to evaluate the relationship between the level of employee empowerment and professional management in public hospitals of Kosovo. To assess how executives at different levels of management and employees perceive the level of professional management and empowerment.

This thesis consists of a total of five chapters. In *the first chapter*, a brief information about Kosovo's healthcare system is provided. *The second chapter* is mainly about professionalization of management, hospital management, history of healthcare management, features of the hospital management etc. *The third chapter* provides information on empowerment. *Chapter four* reviews this thesis' goal and importance. This chapter introduces the research questions and hypotheses. Moving on to the main purpose of this thesis, *chapter five* reviews the analysis of data collected on the survey. A detailed evaluation and comments are provided in findings section. The last chapter presents the part of this thesis in which discussions and conclusions, as well as recommendations, take place.

CHAPTER 1: THE KOSOVO HEALTH SYSTEM

1.1 GENERAL INFORMATION ABOUT KOSOVO

Kosovo is one of the youngest countries in the world. On February 17, 2008, Kosovo declared its independence from Serbia. Kosovo is made up of 38 municipalities and its capital city is Prishtina. Kosovo is a landlocked territory in the Balkan Peninsula, bordered by Albania to the southwest, the Republic of Macedonia to the southeast, Montenegro to the west and the Serbia to the north and east. Kosovo has a surface value of 10.861 km^2 and a population of 1.8 million. Of the total population, 28% are under the age of 15 and half of the population are younger than 28.2 years old. The average population age is 30.2 years (Statistical Yearbook of Republic of Kosovo, 2017). Despite being a small country, Kosovo has many ethnic groups. 92% of the population is Albanian and the other ethnic groups are: 5% Serb, 1.5% Bosnian, 1.5% Turk and other ethnic elements. Based on last demographic estimation of Kosovo's Population, Kosovo's citizens are 96% Muslim, 2.5% Catholic and 1.5% Orthodox (SETA, 2014).

1.1.1 Economic Status

Kosovo belongs to the poorest countries and has the lowest GDP in Europe of € 3,084 per capita, or € 257 a month. The most basic economic problem that the country is experiencing is unemployment. Based on the statistics published in 2017, more than 50% of the population is under the age of 25, where 34.5% lives in the poverty line and12% lives under this border. The unemployment rate, which stood at 30, 9% in 2012, began to decline from 2016 onwards (Statistical Yearbook of Republic of Kosovo, 2017).

1.2. BRIEF HISTORY OF HEALTHCARE IN KOSOVO

The Kosovo Health System needs to be considered together with Kosovo's history. Kosovo has entered a transition period with all state institutions after 1999 until 2008 when it declared its independence and today it continues the process of state consolidation. In order to better understand the Kosovo Health System, the process can be considered as two main periods:

- Kosovo's health system of the former Yugoslavia
- Post-war Kosovo Health System

1.2.1. Kosovo's health system of the former Yugoslavia

The Kosovo Health System was part of the health system of the Federation of Yugoslavia from 1945 to 1989 (Mustafa & Berisha, 2014). The health system in Kosovo, as elsewhere in Eastern Europe, was largely based on the Semashko model of healthcare delivery. The Semashko system of health care was utilized throughout the Soviet Union and Eastern Europe. It centralized decision-making and emphasized specialization of services. The healthcare system succeeded in expanding the provision of healthcare, and Kosovo saw dramatic health improvements: the mortality rate declined from 46 per 1,000 in 1956 to 29 per 1,000 in 1990 (Percival & Sondorp, 2010)

Kosovo had been granted autonomous status within the Republic of Serbia under the 1974 Yugoslav Constitution. In March 1989 this status was revoked by Belgrade, initiating a decade of tension and conflict. The health sector became a natural battleground for the conflict between Kosovo's majority Albanian population and the federal government in Belgrade. The control of the Kosovo health system was taken under control from the Belgrade Ministry of Health and directors and boards of health institutions were forced to report directly to

Belgrade. Pristina University's medical faculty was closed, and the medical training of many students was interrupted (Tolaj, 1999).

Before 1989 inpatient services in Kosovo operated through six hospitals. Primary health care in Kosovo was delivered through large clinics (in Albanian: health houses) in 29 municipalities that oversaw a network of small clinics (*punctas* and *ambulantas*). The healthcare system heavily relied on specialists. Services of primary healthcare were divided among subspecialties by sex, age, and disease type and provided by nurses and general practitioners. Private medical practice was not permitted (Shkoza & Lekiqi, 2012).

During 1990 to 1992, most Kosovar Albanians were dismissed from senior positions and management in all public services. A parallel primary healthcare system was set up from “Mother Theresa Society” which had over 7,000 volunteers and 1,700 doctors with 92 clinics throughout Kosovo, staffed and used by Albanian Kosovars. Private medical practice began to develop. In private houses and in these clinics, a parallel system of medical education was also set up (Zhara & Cucovi, 2015).

In 1999, at the end of the war in Kosovo, the WHO assessed the health needs of Kosovo. The key recommendation was to strengthen and reorganize primary care based on primary, secondary and tertiary care (World Health Organization, 2000). This principle was emphasized in the *Health Policy for Kosovo, 2001*, which recommended that patients should register with family doctors. Each family doctor with two nurses had 2000 patients, and that family doctors should also be personal doctors for first contact, having preventive as well as curative duties and acting as gatekeepers to secondary care (Joint Interim Administrative Structure, 2001).

1.1.2 Post-war Kosovo Health System

With the end of the war in 1999, the parallel “Mother Theresa Network” was virtually abandoned. While most Serbian health professionals fled Kosovo, Albanian health professionals moved back into state health facilities. However, over 90% of the clinics of the parallel “Mother Theresa Network” were destroyed or damaged during the war, and many private clinics of Albanian health professionals had also been damaged. In other side political instability, fragile economic base and poor state management have seriously affected the health sector (Demolli, 2002).

After the war, Kosovo faced a shortage of physicians. The average number of doctors was less than 2,500, 13 doctors for every 10,000 inhabitants (the European average is about 35 doctors per 10,000 inhabitants). Another problem was that many doctors had trained in the parallel system and required skills upgrading (Percival & Sondorp, 2010).

Passing through transition, Kosovo gained to create the healthcare system. It was funded by revenue out of the Consolidated Budget of Kosovo. This budget was a combination of donor funds and locally collected revenue. While the Kosovo health system was in need of improvement, donors flooded Kosovo with billions of Euros of assistance, and the massive influx of resources in the immediate post-conflict period provided essential humanitarian relief and greatly assisted the process of reconstruction. Between 1999 and 2002, donors spent approximately 80 million Euros on the health sector, which represented the second-largest portion of the Kosovo Consolidated Budget (UN Interim Administrative Mission, 2001).

Starting from almost zero, with the assistance from international comity, Kosovo Established Health System and reformed it in continually manner. The main concepts of these reforms - was known also as a vast consultation in order to create a sustainable health system - was summarized in Kosovo's health-policy document, informally known as "The Yellow Book". The Yellow Book outlined an

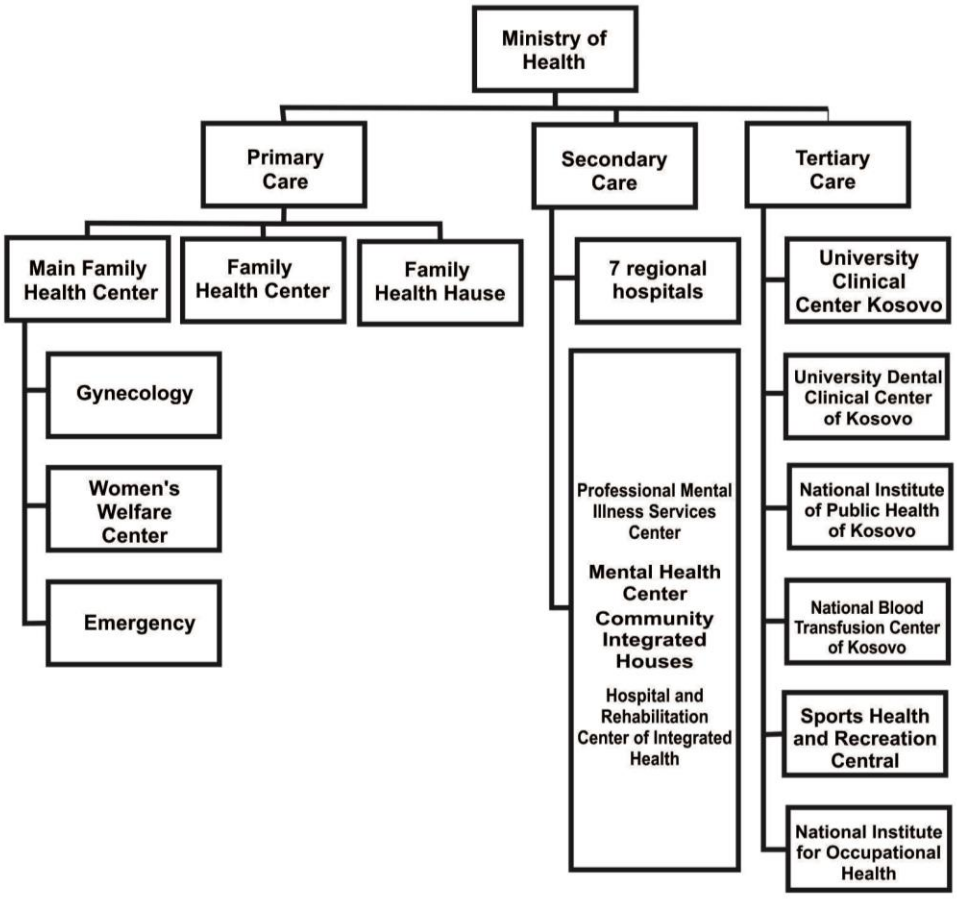
ambitious vision for the health system in Kosovo. The Yellow Book outlined the role of the Department of Health, which later would be transformed into the Ministry of Health. Under the Kosovo health guidelines, it would be responsible for policy, regulation, strategic planning and standard setting, monitoring to ensure adherence to regulations, licensing, human-resource planning, quality assurance, and budgeting (Percival & Sondorp, 2010).

1.2 HEALTH SYSTEM ORGANIZATION AND MANAGEMENT

Numerous of institutions and organizations that belongs to the public and private sector in Kosovo Health System are involved in providing services. According to the law in Kosovo (*Law on Health No. 04-L-125*), the Ministry of Health is responsible for supervising and coordinating these institutions. The Ministry of Health also offers first, second and third level health services in Kosovo in the most common and broadest form.

In Figure 1 the central and provincial organization of the Ministry of Health is presented. Primary health care services are provided by three different institutions, secondary health services are provided by two different institutions and third level health services by six different institutions.

Figure 1. Kosovo' Health System Organization Chart



Source: Bllaca, 2017

1.3 PRESENTATION OF HEALTH SERVICES

According to *Law on Health No. 04-L-125*, all citizens of the Republic of Kosovo have the right to equal access to healthcare and this is a constitutional right. In Kosovo health services are provided by healthcare providers such as hospitals, home and emergency medical services.

According to above mentioned law, health services are organized to be provided in three steps:

- Primary-level health services
- Secondary-level health services
- Third-level health services

1.3.1 **Primary-level health services**

Primary health care services are organized and presented at the municipal level. The Health Directorate under the municipal roof is responsible for regulating, implementing and monitoring public health policies. In all countries primary health care services are offered within the Family Health Center. The total number of institutions providing primary health care in Kosovo is 429. From the total of them, 29 are Family Health Centers, 166 are Family Health Centers and 234 are Family Health Houses (Kosovo Ministry of Health, 2017).

1.3.2 **Secondary-level health services**

Secondary health services are provided within the scope of 7 regional hospitals, and these hospitals provide remedial care services at the outpatient clinic. Professional mental health services have also been integrated into secondary health care services and are provided under the "Community Mental Health Center" in major cities and "Community Integrated Houses" in other cities (Shkoza ve Lekiqi, 2012).

1.3.3 Third-level health services

It is also referred to as tertiary care and is composed mainly by Kosovo University Clinical Center, University Clinical Stomatology Center and Institute, National

Blood Transfusion Center of Kosovo, etc. In addition to specialized professional services, the Faculty of Medicine is involved in lecturing students (Percival & Sondorp, 2010). The Kosovo University Clinical Center continues to provide third-line health services under professional services as part of the Kosovo Hospital and University Clinical Service. Based on descriptions provided in Kosovo Ministry of Health, (2017), the other major national institutes and centers that serve in this level are:

- Kosovo National Public Health Institute
- Kosovo National Blood Donation Center
- National Occupational Health Center
- National Sports and Recreation Health Center
- National Telemedicine Center

1.4 FINANCING OF HEALTH SYSTEM

Financing of health care in the Republic of Kosovo is done according to the combined model of funding through the budget and health insurance system - public and private. The health sector in Kosovo is mainly financed from income tax, fees and co-payments, while payments from private pocket is too high and covers about 40% of the medical costs. From the annual amount of money allocated from the state budget for health in Kosovo, hospitals spend about 51% of those funds, municipalities - 26% and the Ministry of Health for other services spends about 22% (Kosovo Ministry of Health, 2017). It should be clarified that only half of the total health spending is covered by the government budget while the other half is covered by the pocket of the patients at the place where the service is performed.

Health insurances are included in the social insurance category that meets health care costs in case of illness and similar. Health Insurance Act came into force in 2014. According to the Ministry of Health, the legislation was planned to be

implemented in 2015, but it has not been put into practice even though it has entered into force (Kosovo Ministry of Health, 2017).

In the study of the World Bank, social healthcare insurance through taxes on salaries has shown to be unsuitable even though the government of Kosovo has insisted on that option. The main issues related to this, is that the income base pertaining to the insurance financed by income tax is limited to a small formal sector where the possibilities of avoiding contributions are at a high level. Kosovo has a very small formal sector. The avoidance of contribution payment is expected to be high in Kosovo, which means that the social healthcare insurance financed through income tax has a lot of potential of not resulting in additional income for the healthcare sector (Zhara & Cucovi, 2015). .

CHAPTER 2: PROFESSIONAL MANAGEMENT IN HEALTHCARE

In this chapter, some of the basic concepts related to health care professionalization management are elaborated. Among the main concepts are; Professionalization of management, hospital management, history of healthcare management, features of the hospital management etc.

2.1. PROFESSIONALIZATION OF MANAGEMENT

With the professionalization of management, in other words the increasing need for professional managers, it is a fact that many people agree that professionalism has become a way of life. Professionalism, the increase in the level of knowledge and skills, the introduction of working-life arrangements on the basis of objective standards and thus the establishment of licensing, certification system, expansion of the service sector are some of the reasons for creating the professionalization process (Karasu, 2001). To apply a task in a very successful way or to perform any procedure or any sport in its most perfect form is what we call professionalism.

Somebody who is provided with the deserved material income for the job he/she does based on his/her education and experience is also called a professional. Gökçora (2015) asserts, being a professional requires the comprehension of a job's finest details and the ability to apply them. The most important criterion of professionalism is to be able to fulfill the needs of a job in the most perfect way. The key points of the job and the subject, pros and cons are professionally known and taken care of.

Bearing in mind the above definition, the main conditions of being a professional at your job are described as follows (Hayran, 2007):

- Having a special knowledge accumulation, based on theory and research, that requires application skills,
- Having completed an education process recognized by formal structures and in accordance with the admission and specialization standards,
- Being able to have a special field application authority and control own activities, submit actions, have a knowledge-based authority,
- Finding an ethical approach based on social service understanding while providing individual services,
- Having autonomy in other words a self-determination approach.

In addition to accessing high-level expertise, knowledge, skills, attitudes and behaviors, it's the professional's ability to control himself freely, his enthusiasm and respect for his work and his responsibilities towards his colleagues and his community, that mostly affect the standards he will create (Gökçora, 2005). Professionals are required to be able to make their own decisions without being exposed to external pressure by people who are not related to the profession, or to whom they serve.

2.1.1. Professionalization process

Professionalization process is a professionalism ideology composed of values such as expertise, autonomy, loyalty and responsibility that create the basis of jobs and actions. Professionalism is a necessary but not sufficient element to start the professionalization process. Professionalism is a form of behavior. All individuals, from the upper to the lower level workers of the institutions, should adopt this form of behavior. In order for an occupation to become a profession, it has to pass through certain stages. These are listed as follows (Karasu, 2001):

- There must be a full-time field of occupation. In other words, it must be able to fulfill the service and meet the needs of the social structure. For

example, organizational developments constituted nursing as a profession in order to meet medical care treatment expectations.

- The existence of an educational institution based on the criteria of professionalism is required.
- The establishment of the professional body is an important field of application in terms of the completion of the initiatives and deficiencies in clearly defining what professional duties and authorities are and the legal guarantee and protection of the rights.
- Ethical rules supported by laws and designed to regulate the relations of persons with their colleagues and the public within specific frames should be introduced.

2.1.2. Professional Management Features

A business develops in course of time with complexities. With the increasing of complexities, managing the business concern becomes a difficult one. The need of existence of management has increased tremendously. Management is not only essential to business concerns but also essential to Banks, Schools, Colleges, Hospitals, Hotels, Religious bodies, charitable trusts etc. Every business unit has objectives of its own. These objectives can be achieved with the co-operative efforts of several personnel (Ramasamay, 2014). The work of a number of persons are properly coordinated to achieve the objectives through the process of management. Professionalization leads the management executives to increase their knowledge and skills. The reason is that businessmen expects persons having minimum educational qualification. Managerial environment of the future is going to be more challenging requiring a high degree of professionalization from management executives. Trial and error method of managing practices cannot be a success (Ramosaj, 2007). A growing tendency in business requires professionally qualified persons.

Based on the definition provided by Louis Allen (1973), (As cited in Stretton, 2015) professional manager was explained as follows: " A manager …(is) someone who is so placed organizationally that only he has perspective, objectivity, and balance with respect to the varying and sometimes conflicting needs of his subordinates".

Applying professional management to an organization implies selecting a specialized person and expert who will take care of the management of each area. Professional manager for each of the fields is identified by a specialized person and is responsible for the efficiency of that department, who have been appointed must have described the management qualification in the branch for which he/she is responsible. The professional manager should have the ability to analyze the sites and make rational decisions related to business activities. In professional management, managers increase their knowledge and managerial skills by attending conferences and trainings (Hayran, 2007). In professional management, managers use advanced techniques and programs that help in managing managerial problems in a more efficient way. Finally, professional managers have the ability to accept new challenges due to the education and qualification they possess.

Managers need to create an organizational climate in which people can fulfill group goals with the least amount of time, money, materials, and personal dissatisfaction or in which they can achieve as much as possible of a desired goal with available resources. The aim of all managers is that they must be productive. Government and the private sector recognize the need for productivity improvement. Productivity improvement is about effectively performing the basic managerial and non-managerial activities (Fatile, 2014). Productivity implies effectiveness and efficiency in individual and organizational performance. Effectiveness is the achievement of objectives. Efficiency is the

achievement of the ends with the least amount of resources. The achievement the goals and objectives translate also in better performance (Cania, 2014).

Managers cannot know whether they are productive unless they first know their goals and those of the organization. The professional manager is someone who specializes in his/her field and is also interested in other subjects, follows the innovations, has general culture, anticipates the danger and opportunities, takes measures, provides solution to problems that may arise by considering different options, is forward-minded, has a strong decision-making ability, can express his ideas clearly, is a self-confident and objective individual (Boulouta, 2012).

According to Yeniçeri (2006), Professional managers should be able to perform coordination in the institution despite their working level, use time effectively, manage their efficiency in decision making and interpersonal communication, enable individuals to participate in team work, manage stress, provide efficiency in the evaluation of subordinates, manage the crisis in conflict resolution, use the computer effectively, be well-informed, be cold-blooded, sociable, attentive, fair, dynamic, determined, planned, programmed, organized in different situations, have practical intelligence and manage career development

Managers who, instead of constantly sitting in the office, walk around the institution and have the chance to see the right and wrong applications and correct the mistakes made are successful in all areas (Yiyener, 1988; as cited in Bali, 1995). In addition to all of these features, if we have a look at the social characteristics of a professional manager; a professional manager is somebody who gives importance to his physical appearance, has a regular and positive private life, approaches events with an objective point of view, has influence on other people, is creative, is capable of identifying and accepting his own deficiencies and mistakes and is able to correct them (Şahman *et al*, 2008).

Although the health sector is a multi-billion dollar investment area in developing countries, people assigned as managers in this sector are not trained enough to be successful. While the role of doctors and nurses in delivering health services has increased in these countries, the educational training they receive has not shown the same development and the role of the managers is not considered as important as the role of the surgeons, specialists or nurses. However, nowadays, the concepts of hospital management and manager emerge and as these concepts must keep pace with the needs of the era, it is understood that the hospital administrators should also be professionalized. The increase of hospital managers' responsibilities, the increase of health expenditures and the transformation of the health institutions into more complicated structures has a great influence in the understanding of the importance of hospital management and the transition from an administration form where medical and health professionals were dominant to a professional management administration Linnander *et al*, (2017). It has been seen since 1942 that the professional manager started to gain power. This period's prominent feature is the increase of managerial problems. The increase in health expenditures, especially between 1950 and 1980, has increased the power of the professional hospital management, which is the most important reason for the transition from the management style where medical and healthcare professionals were dominant to the professional management structure (Kavuncubaşı, 2000).

Excessive specialization in the field of medicine, the use of new technologies, the uncertainties in decision making in emergencies, the complexity of knowledge about diagnosis and treatment of diseases, deciding on the use of resources and priorities has always forced doctors to become administrators. Even though this topic is known, the curriculum of medical education does not take into account the management subject (Hayran, 2007).

In developed countries the management in hospitals has been rearranged to

keep track of the constantly changing technology. Hospitals are divided into departments and each department is organized like a hospital with its own management unit. The patient care committee provides relations between departments. At the same time, in developed countries, a board called the board of trustees is in charge of the hospital. There are two directorates attached to this board. One of them is the chief physician who is the head of the medical staff and is not involved in any subject related to the management. He is only responsible for the management and coordination of medical subjects. Chief physicians are chosen from amongst all doctors to come to this position (Çatalca, 1987; as cited in Şahman, 2008).

2.2. THE BASIC FEATURES OF HOSPITAL MANAGEMENT

2.2.1. Hospital management

Hospital management is planning, directing, supervising and coordinating the needs and demands of individuals, societies or institutions in order to provide health and medical care in a good environment (Kavuncubaşı, 2000). The point to note here is the use of resources. The more effective and efficient the resources are used in the hospital management, the more successful it becomes. Another feature that makes the dimension of hospitals as a service management important is; to remain uncommented with the technical quality of the service process which is presented to them by the entrants of the production process (Erbas, 2013). The fact that the hospital management have different characteristics from other management also differentiates the hospitals' management and thus determines the framework of hospital managers' qualifications and reveals the need that hospitals should be managed by people trained in health institutions management (Ak & Akar, 1988).

Differences between hospital procedures and other procedures (Sözen & Özdevecioğlu, 2002; Odabaşı, 2001):

- It is impossible to know earlier if health care services will be needed. If needed, these needs must be immediately - without delays and put offs - completed.
- The service is consumed the instant moment it is produced. There is no chance of checking, controlling, researching, delaying or storing.
- The client /patient receiving the service is not aware of the quantity and quality of the service. And cannot easily be informed. So the service is open to suggestions.
- There is no opportunity to choose whether or not to receive the service. The patient immediately wants his/her needs completed.
- Most of the time there is no feedback on mistakes and errors. Time is quite important. Therefore, an error-free service must be provided.
- The psychological background of service receivers directly affects the service. The health concept and satisfaction are relative, meaning they vary from one person to another.
- Health service is the most expensive service in the service production sector.
- Since science and technology are continuous, equal service provision is difficult. The differences among service providers are also affecting this inequality.
- Health services are introduced as complicated by lots of people. These services are hard and complicated.
- Physical conditions, structure of the building, architectural features, usage are different. Cleaning and hygiene rules are more important than in other enterprises.
- Most of the employees are women.
- There exists pluralism. There are many people taking care of a patient's treatment.

- State hospitals have become inefficient as they put social responsibility and continuity over profits. The service cost has increased. Poor quality and customer dissatisfaction have emerged.

Hence, the aim of hospital management is to provide the most convenient and most economical treatment of hospital services for patient care, the aim of the manager is to show that the hospital has become a model institution in every way to other health institutions that have gained great trust and support of the people (Mosadeghrad, 2014). In Kosovo, against investments millions of dollars from external donations and internal investment as a result of mismanagement, the health sector continues to be one of the most underdeveloped sectors. Hospital management in our country –except for a few private hospitals– is applying a completely doctor-centered management approach by using doctors in management stages that concern almost all the medical issues in the world, while getting help in other management stages from professional CEOs (professionals in management, such as in case of profit-making companies) and by providing close communication and interaction among these two administrators, alleviates the burden on doctors, as well as ensures the continuity and benefits of the institution with a professional management aspect.

2.2.2. Professionalization of Hospitals Management

The management of health care organizations is one of the most complex and difficult systems to manage. Depending on the level of development of the country, the knowledge, skills and abilities of managers who play roles at various levels in the management of these complex organizations, which consume resources in large quantities and at increasing rates, change more rapidly than ever. The professionalization of management of healthcare organizations enhances efficiency and helps to ensure the best use of limited resources. As the healthcare portion of nations' GDP continues to increase, the pressure for

enhanced management capacity will continue to grow. In addition, as healthcare management is recognized as a profession, people will be attracted to the profession (Turan, 2011). The profession will have a greater voice in society and will be increasingly relevant to achieve improved patient and population health outcomes.

Yet, healthcare organizations face two key barriers to realizing the benefits of professional management. The first is the lack of adequate management preparation in the training of many healthcare leaders. The second is the fact that the role of healthcare manager is not recognized as a profession in all countries (Leadership Competencies, 2015). Although the healthcare sector has an investment area of billions of dollars in developing countries, people assigned as managers in this sector are little trained to be successful. But nowadays the concept of hospital management and manager emerges and it is understood that these concepts must keep up with the needs of the times and hospital administrators should also be professionalized the understanding of the leadership of the hospital administration and the administration of the medical and health professions as a dominant management, the transition to professional management is the effect of increasing the responsibilities of the administrators in hospitals, increasing health expenditures and turning health institutions into a more complex structure. It has been seen since 1942 that the professional manager started to gain power (Can & İbicioğlu, 2008). The prominent feature of this period is the increase in managerial problems. The problems are so complicated that the ruling doctor and the governing body cannot solve it. As a result of this development, the need for professional management in today's sense has reached noticeable dimensions. The increase in health spending, especially between 1950 and 1980, has increased the power of the professional hospital management, which has been the most important reason for the transition from the dominant management style of medical administration and

healthcare professionals to the professional management structure (Kavuncubaşı, 2000).

Management in hospitals in developed countries has been rearranged to accommodate the constantly changing technology. Hospitals are divided into departments and each department is organized like a hospital with its own management. As discussed by Çatalca (as cited in Şahman, 2008), the patient care committee provides relations between departments. At the same time, a board called the board of trustees in the developed countries is at the head of the hospital. There are two directorates attached to this board. One of them is the chief physician who is the head of the medical staff and does not involve any work related to the administration. Senior is responsible for the management and coordination of medical issues.

2.2.3. Hospital Management Concept

Hospitals are complex organizations offering services in a very dynamic environment. Considering the hospitals' status in the health sector, the complex structure and different characteristics of hospitals, these institutions' professional management is a must. As a result of the above mentioned reasons, the hospital management is born and developed as a different management discipline. We can define hospital management as a group of activities related to systematic and conscious implementation of concepts, principles, theories, models and techniques related to planning, organization, execution, coordination and audit functions, in order to economically, efficiently and effectively achieve the hospitals' goals (Ağırbaş, 2016).

2.2.4. History of Hospital Management

Hospital administration is a new profession worldwide. Priests administered the first hospital because the churches influenced them. Subsequently, the office of the chief physician was established and given full authority in the hospital administration. In general, this practice is still in vain. The healthcare education process, which began in the US in 1910, has been particularly emphasized in the last two decades. The American Academy of Surgeons took the first steps in 1920 with the appointment of an administrator to every hospital in 1920 and the establishment of the School of Hospital Management in 1932. In the 1950s, the hospital management has evolved from developments occur in all areas of the profession (Ak, 1990). It is emphasized that every profession is an expert and that hospital administration is a field that requires expertise.

The best-known area of expertise in healthcare administration is hospital management. The first training programs in this area were started under the name of hospital management. A hospital is required to manage a special education has been noticed in the 1910s in the United States. In 1929 there was no significant improvement until Michael Davis's publication "Hospital Administration: A Career" which will be the turning point of this area. However, the opinions expressed by Davis in this work have been accepted since 1934, and undergraduate hospital management programs have been launched at various universities. This was followed by health care programs and it is reported that for this day there are more than 100 educational institutions in this country that provide health management education (Sarvan, 1994).

The first program at the postgraduate level in the field of health services administration was initiated in 1934 under the name "Master of Hospital Management" at the Postgraduate Business School of the University of Chicago. The founder of this program Michael M. Davis, has worked as a private

consultant in various hospitals and clinics. According to Davis (1984), the healthcare sector's situation could only be changed by offering the information that few people have to everyone. Even if short-term training programs are currently being provided for this field worker, a systematic training should be provided for new entrants to this area and this training should be provided to the university.

In the developed countries, after the Second World War in the disciplines related to this field, great improvements were made in scientific knowledge accumulation. Many universities in these countries have included undergraduate and postgraduate programs in health administration, health care administration and they are responsible for managing the administrators at all levels who may contribute to the country's health systems (Şahman *at al*, 2008). Formal management education founded in 1948 in the United States, the Association for University Programs of Health Administration (AUPHA) was established to guide health management education. Is a global network of colleges, universities, faculty, individuals and organizations dedicated to improving health by promoting excellence in health management education. This organization provides education support not only in the country but also in the international dimension. More than 500 universities and educational institutions are members of this organization, offering close to 160 members of the training program (AUPHA, 2018).

2.2.5. Development of Hospital Management

Until the 1970s, the hospital management had been intertwined with supervision, and the administrators implemented the management according to this understanding by determining supervising of the working process as the main point of management. As a result of the management understanding based on auditing employees' activities, the success employees achieved was based on

fear. Since the 1980s, the leadership model has taken the place of supervision-based management model. During the 1980s, managers adopted the fact that technical skills, administration skills and leadership skills were the key points of effective management. Successful executives who have implemented the leadership model have become managers who can persuade the employees and solve the problem by reflecting their trust and determination, while being able to head for positive results and targets according to the functional approach (Özgen and Öztürk, 1992).

There are important factors contributing to the development of hospital management and the acceptance of it as a profession. These factors are as below mentioned (Kavuncubaşı, 2000):

- Increasing health sector expenditures,
- The existence of a large number of different professional fields covered by health institutions and the complexity of the management process of giving human services to people,
- The spread of health insurance,
- Increasing competition in the health sector,
- The spread of health insurance, the increase in the efficiency and quality of the state and insurance institutions and the increase of their pressure,
- Starting to see health institutions as a service with economic content and getting away from the understanding of accepting them as charitable institutions,
- Considering hospital management as a profession and gradually increasing the knowledge in this area.

2.2.6. Features of the Hospital Management and Managers

The nature of the services provided at the hospitals is planned according to the expectations and needs of all patients, functional units and employees working in different branches. Therefore, it is necessary to have a contemporary management principle among the employees to provide a successful and persuasive interpersonal communication process and functional managers to implement it. Based on Seçim (2011), the existence of conditions that make hospital management special as a function within the healthcare sector and their fulfillment increase the importance of the profession. The first of these conditions is the individualization of the health sector services rendered to the humans. Individual health services are designed specifically for each individual, and this necessity makes the service management more complex. Another feature is that health management, which includes a wide variety of organizations and different branches of specialization, is different from other areas. Health managers have to work in teams and share the responsibilities of healthcare services with physicians, nurses, other health staff, politicians and non-governmental organizations that hold a very important place in the healthcare system. (Johnson, 2005).

It is indispensable that people of different disciplines work in health management in order to provide qualified service to the public. As a result, the contemporary management should go on specializing. Nowadays, the executive type, who knows everything and has the ability to manage all the services alone is history. The secret of success in service and management is that it transfers some, or most, of the powers of senior managers to the specialized subdivisions (Karakılçık, 1994).

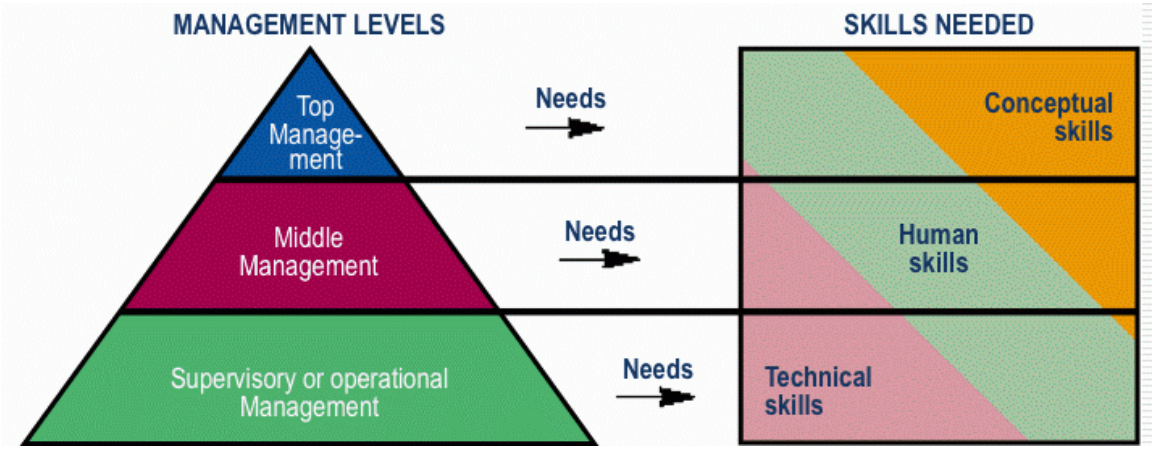
It is understood that hospitals are mostly governed according to business rules, not scientifically governed. The answers to questions very close to one another

are quite different and the managers do not possess enough of the business administration spirit; consequently not being acquainted with the issues related to the institution can be considered as proof that the scientific and modern management principle is not applied in hospitals. The hospital manager has to comply with ethical rules in institutional activities. To behave appropriately according to ethical rules should be seen as a requirement for the duties and responsibilities towards the patients, the institution, the staff, their own profession and the society. Hospital administrators have responsibilities towards many groups, such as society, patients and their families, resources, etc (Kavuncubaşı, 2000). Managers, of their own free will or by force, should work effectively and efficiently to fulfill these responsibilities. This is the reason that the demand for professional hospital managers in the healthcare sector is increasing day by day.

The professional managers are career person who does not necessarily have a controlling interest in the enterprise for which he or she works. Professional managers realize their responsibility to three groups: employees, stockholders, and the public. With expanded technology and more complex organizations, the professional manager became more and more widespread. The professional manager is a trained expert with enough experience to adeptly manage any kind of organization, directs a group of people, but also the material resources and production factors. In other words, what do others accomplish through accomplishment and success. The manager is a cohesive and team spirit-driven organization to reach a group of people for specific purposes (Erol, 2003).

When we examine the necessary conditions in a professional hospital manager as technical skill, interpersonal skills, conceptual skill; The ability to use work-related knowledge, tools and techniques is a technical skill. Conceptual skills mean that there is sufficient knowledge about management and finance. When we list these concepts in order of importance according to the ranking in the management, we can make a ranking like in figure 2.

Figure 2. Skills needed for different levels of management



Source: Katz, R. L. (1974).

The professionalization of hospitals' management is a time-consuming process that must take place from senior management to first level management. To be aware of the awareness that the senior physician, the hospital director, the executive board, the professionalized senior management adheres to the mission and the culture of the institution to the hospital staff, the responsibility of the hospital resources to provide financial management i.e. the division of labor by performing the transfer of authority and the purpose of the institution is to serve human health, it is necessary for the hospital to impose its service quality to the highest limits and to apply it from the top to the bottom (Gökçora, 2005). Even though some doctors, who are trained in management and contemporary business administration, are capable of managing health institutions as professional managers, they cannot quit their profession to take full responsibility in management. Whereas management is not an additional job, it is a profession (Hayran, 2007).

Professional hospital managers, in order to get less tired, should develop strategies that provide an active information flow and knowledge sharing and an effective authority transfer implementation to ensure the collaboration of hospital

personnel in budgeting, planning and marketing activities (Walper, 1995). In a study conducted by Hayran (2007), the differences between management and medicine have been tried to be revealed. When we touch on the differences between the administrators and the doctors, the differences as shown in Table 1 arise.

Table 1. Differences between Administrators and Administrative Doctors

Managers	**Physicians Manager**
They have knowledge on lots of fields	They are specialists
They supervise individuals	They are not being supervised
They make up the rules	They don't like rules
They deal with different groups of people	They deal with patients
They make rational decisions	They make individual decisions
They are realistic	They are idealists
They represent the institution	They represent themselves
They give importance to cost control	They don't like cost control

Source: Hayran, (2007)

As we have mentioned above, the duties of a professional senior management composed of a chief physician, a hospital director, a board of directors are as follows:

- Professional managers should provide an effective organizational structure to the hospital.
- Again, professional managers must adopt the mission, philosophy and culture of the organization to hospital employees.
- Professional managers should be informed about the environmental issues, public policy and their effects on the hospital as well as the needs of the management profession.

- Professional managers should give financial responsibility to hospital resources.
- Higher level management must be aware of the vital importance of human resources in the organization.

CHAPTER 3: EMPOWERMENT

3.1. EMPOWERMENT

In today's global world, where competition is felt intensely, businesses need to provide quality and fast service so that they can outperform their competitors on gaining a competitive advantage in the market. The advanced equipment, new technology, good marketing strategy, excellent customer services and many other elements can be the factors to build up for the advantages. Organizations are trying to benefit from the entrepreneurship and creativity of their employees through the empowerment of personnel in order to gain competitive advantage (Ugboro & Obeng, 2000). However, human resource is the most important assets of an enterprise and its success, failure depends on their qualifications and performance. Organizations need to be able to capture continuous success in today's rapid change process, to improve their activities, to ensure their employees' commitment to management, and to successful implementation of management techniques. The empowerment approach in organizations has also emerged as one of the new management techniques (Kaymakçı & Babacan, 2014).

Today, human being is one of the most important capital and the most valuable factor in organization at the same time the most critical assets. Organizations need to empowered creative employees to survive in the complex and challenging environment (Saremi, 2015). Employees as a basic pillar of organizational development plays an important key role within the framework of its group and organizational activities. Employees as a basic pillar of organizational development play an important key role within the framework of its group and organizational activities. Empowerment empowers the workers encouraging them to take control of the operating situation and revise it as necessary to meet or improve upon the expectation (Griffith, 1995).

Empowerment arises from voluntary sharing of resources and opportunities that facilitate change that will come. Authorization is a dynamic structure; it changes over time; it is a continuous situation; more or less people have authorization; and includes people, groups, organizations and societies in many different levels (Çelik *at al*, 2010). For a person who feels self-empowered, the organization's goals are being adopted. The staff feels self-worth and thus their tutoring is also increasing. Rapid decision-making is provided through empowerment, training and development, making more accurate decisions and using staff initiative. It is very important that a sense of trust can be formed between the staff and the manager (Gümüştekin & Emet, 2007).

3.1.1. Empowerment definition

There are many definitions of employee empowerment in the literature, defining what it is and what it should be and concerning many aspects like behavioral, relational and psychological. However, there is not a common definition with an agreement on. Empowerment is the process of empowering decision-makers in an organization through collaborative, sharing, training and teamwork, and developing employees (Vogt & Murrel, 1990). Empowerment is a brief concept that includes both positive personal abilities and dynamic interaction with the individual and the environment (Pelit, 2011). According to a research by Menon (1995), greater empowerment results in higher motivation, higher job satisfaction, lower job stress, greater involvement and organizational commitment. The concept of empowerment, in many management literature, is handled in conjunction with participatory management techniques receiving, authorizing or sharing power (Conger & Kanungo, 1988).

3.2. THE IMPORTANCE OF EMPOWER EMPLOYEES

Since 1990, the studies with the title "employee empowerment" has exploded "the term can be used to describe both the individual aspect of the concept as well as the organizational one" (Sullivan, 1994). Employee empowerment is a fundamental managerial tool that firms need to remain competitive in today's marketplace (Bennis, 1998). Moreover, employees are given authority and the freedom to make decisions, which encourage them to discover and use their full potential. Having more control over their own jobs is the main driving force of empowerment that encourages growth and better productivity (Dobre, 2013). In other words, employee empowerment collapses the gap between managers and employees by increasing the authority and responsibility of the employee and flattening the organizational structure. It is a management style that gives employees the authority to make independent decisions when required and encourage them to use their skills and knowledge to react to changing market situations and customer requirements (Khan *et al*., 2014).

One of the most common means of motivating the workforce in the modern era is for managers to offer greater levels of empowerment to their employee. In some organizations the issue of empowerment has become an important aspect of human resource management whereby added value and competitive advantage can be gained from allowing works greater autonomy in decision making (Chiles & Zorn, 1995).

Essentially, empowerment is about presenting employees with an opportunity to be more enterprising and delegating power and authority to them to facilitate benefit outcomes. One of the most commonly cited reason for implementing an empowerment policy is the effect it has on worker moral and motivation. Very often workers will feel a greater affinity with what the organization is trying to

achieve if the management demonstrate trust in them by proffering greater responsibility (Combe, 2014).

In today's work environment, empowered teams can help keep a company one step ahead of the competition because they are innovative, often resolve customer problems on the spot, and develop products and services better suited to the customer's needs (Bodner, 2005)

3.3. ADVANTAGES AND DISADVANTAGE OF EMPLOYEE EMPOWERMENT

Many organizations try to engage staff potential by empowering their employees. Still, there are some of the disadvantages when it comes to empowering employees attains for increased participation and when there are many people involved in decision making, the process certainly slows down. Inputs and feedback starts discharging from each side. It takes time to verify the correctness of measurements which means that decision making will be slowed down. Empowerment cause many positive result for the company like, faster response to customer, communication and teamwork, employees participate in creating their own goals; increased employee contribution; increased respect among employees secondary to teamwork; increased power equals lower truancy and better productivity; employees have more satisfying work; an increased intensity of competence among employees secondary to cross- training; less conflict with administration and managers; fewer middle management positions means reduced cost to the company. Employees are more likely to agree with changes if they participate in decision making (Elnaga & Imran, 2014).

According to Baltaş (2001), General advantages of empowerment and involvement are,

- to increase job satisfaction and provides effective team work

- to increase employee participation and reduces turnover rates.
- to increases trust in the organization
- to reduce absenteeism degree
- to cause productivity and profitability
- to reduce conflict as employees will more likely agree with changes if they can get involved in the decision making process
- to give organizational managers more time to do significant work (to fulfill functions such as vision, strategy determination, creative decisions to make a difference)

In the other side, based on Elnaga & Imran (2014) disadvantages of empowerment are:

- Misuse of the newly obtained power by the employees
- Managers may not want to share power with someone they look down upon
- Managers scared from losing their own jobs and special chances in the system, empowerment is for team workers - employees that do not appreciate team success or choose to concentrate only on individual success are likely to be indifferent or even to resist
- Some employees may not be trained enough to make good business decisions
- Too much responsibility on some employees
- Increased time in groups or committees can be distracting and take time away from regular job.

Successful empowerment will increase the workers' productivity, and will enable them to improve themselves by determining the authority and responsibilities of subordinates who are responsible for the results of their work. Thanks to efficiency increase, cost reduction and more importantly shortening of decision-making procession organizations provided by empowerment, it is possible to

easily adapt to rapidly changing external environmental conditions. Empowerment can be understood as an extension of authority transfer (Akçakaya, 2010).

However, empowerment has a broader meaning than authority transfer. In authority transfer, the leader, who is responsible for the result of the work, transfers his/her right to his/her subordinates on the assumption that he/she can reach better results or because he/she considers it necessary. In empowerment, the person who is doing the job should be encouraged to use his/her experience and knowledge, seek the opportunities, make the necessary decisions and change the attitude towards work; in other words be encouraged to become the owner of the job he/she does (Koçel,2005).

CHAPTER 4: METHOD OF RESEARCH

4.1. PURPOSE AND IMPORTANCE OF THE RESEARCH

The concept of health is not only an individual need and right but also a very high share in the national economy; requires efficient and efficiently use of resources in health services. The issue of delivering health care services in the best way is predicated on the concept of hospital management in the healthcare sector.

It is the main goal of the hospital management to qualitatively, timely, effectively and efficiently meet the patients, relatives and hospital employees' expectations, by putting advanced diagnosis and treatment opportunities to use and without allowing medical errors, during the time the hospitals are providing health services. A hospital's success is not measured calculating the number of patients and the profits obtained; instead it should be evaluated based on the patients' benefits provided by the health services and their satisfaction rates. Due to its diversity and close relation to human life, hospital management is a field with certain characteristics in terms of management. While the wrong decisions made by managements other than hospitals result in low production and economic loss the wrong decisions made by the hospital administration can lead to deterioration in the health quality of the individual and the society and even cause significant loss to patients' lives (Turan, 2004)

The purpose of this thesis is; to assess the views of executives and hospital employees on the level of empowerment and professional management in public hospitals in Kosovo. It is expected that the results of this thesis will lead to arise the following questions for hospital managers and hospital management field in Kosovo hospitals and universities:

- What are the thoughts of employees of hospitals in Kosovo on empowerment and professional hospital management?
- Do the views of hospital employees on the level of empowerment and professional management differ according to demographic characteristics of the participants?

4.2. POPULATION AND SAMPLE

The data required to accomplish the objectives of this thesis were collected through questionnaires that are suitable for the research purposes on professionalization and empowerment in hospital management.

The research was conducted among hospital employees whose distribution by their occupations was provided in Appendix B. It was tried to reach whole hospital employees without a sampling. Of total 9892 hospital employees (ASK, 2017) in 7 public hospitals, 274 hospital employees agreed to participate to this study voluntarily were included in the sample of this study. The data were collected using face-to-face interviews.

Of 274 participants, the respondents are 8.0% from Ferzaj Regional Hospital, 8.0% from Gjilane Regional Hospital, 15.0% Mitrovica Regional hospital, 19.7% Peje Regional Hospital, 21.9% from University Clinical Center of Kosovo, 7.3% Gjakova Regional Hospital “Ise Grezda" and 20.1% Prizeren Regional Hospital (Table 2).

Table 2. Distribution of Participants by Hospitals

Hospitals	**f**	**%**
Ferizaj	22	8.0
Gjilan	22	8.0
Mitrovice	41	15.0
Peje	54	19.7
QKUK	60	21.9
S.P."Ise Grezda" - Gjakove	20	7.3
S.P. Prizeren	55	20.1
Total	**274**	**100.0**

4.3. DATA COLLECTION TOOL

A data collection tool with three sections was used to collect data in this study. The first section consists of questions about personal information, the second section includes "Work Effectiveness and Empowerment Level" and the third section focuses on "Implementation of professional management in hospitals".

The modified version of Health Professionals' Causes of Work Effectiveness II Scale (CWEQ-II) was used to measure the level of empowerment. This questionnaire consists of 19 items that measure the 6 components of empowerment (opportunity, information, support, resources, formal power, and informal power), and a 2-item global empowerment scale which is used for construct validation purposes. Items on each of the six subscales are summed and averaged to provide a score for each subscale ranging from 1 (I strongly

disagree) and 5 (I totally agree). These scores of the 6 subscales are then summed to create the total empowerment score (score range: 6-30). Higher scores represent higher perceptions of empowerment. The validity and reliability of this questionnaire were studied by Çelik and others, and they concluded that this questionnaire was valid and reliable to use among healthcare personnel in Turkey (Çelik *at al*, 2010). In the third section, 21 questions were asked to assess the level of professionalization of the management. 5-point Likert scale was used to measure the dimensions of professionalization of the management in the questionnaire. In this scale; "Absolutely I do not participate = 1, I do not participate = 2 I agree very little = 3, I participate = 4, I absolutely agree = 5" (Şahman *at al*, 2008). Two questions were excluded from the original questionnaire since the fact that these questions were not appropriate for public hospitals. Higher means were interpreted as better professional management.

The reliability of data collection tools used in this study was measured by using Cronbach's Alpha coefficients and the estimated coefficients were given in the below Table 3.

Table 3. Reliability Measures of Data Collection Tools

Dimensions	**Cronbach's Alpha**
Access to opportunities	.813
Information Access	.828
Getting support	.861
Access to resources	.793
Formal power	.812
Informal power	.595
General empowerment	.855
Overall CWEQ	.882
Professional Management	.782

As seen from the table only informal power dimension of CWEQ questionnaire had less than preferred 0.70 while all other dimensions had higher cronbach's alpha score. Considering these scores, it can be concluded that data collection

tools have a potential to produce reliable results in this study (Laschinger *et al*., 2009; Laschinger *et al*., 2013; Lautizi *et al*., 2009; Wong & Laschinger, 2013).

4.4. DATA ANALYSIS

SPSS 13 (Statistical Program for Social Sciences) package program was used in analyzing data. In statistical evaluation of data, the significance test of the difference between the two means (t-test), one-way variance analysis (F test), and correlation analysis were used. The homogeneity of variances were tested by using the Levene's test, and appropriate t and p values were used according to the results of the Levene's test.

4.5. STUDY HYPOTHESES

There are three main hypotheses of this study that will be tested for the purposes of this study that were mentioned before. Although the differences by demographic characteristics of participants in terms of six dimensions under CWEQ were provided in tables, total empowerment score that was the sum of means of six dimensions of CWEQ and the mean of 19 questions in Professional management questionnaire were taken into account in deciding whether the hypotheses were accepted or rejected. These hypotheses are:

Hypothesis 1: The views of participants of this study on the level of empowerment are different by their demographic characteristics. The following sub-hypothesis will be tested for hypothesis 1.

H1.a: There is a statistically significant difference among the views of male and female participants in terms of total empowerment score.

H1.b: There is a statistically significant difference among the views of married and single participants in terms of total empowerment score.

H1.c: There is a statistically significant difference among the views of occupation categories (physicians versus nurses and other hospital employees) participants in terms of total empowerment score.

H1.d: There is a statistically significant difference among the views of participants working in surgical and other clinical and administrative departments in terms of total empowerment score.

H1.e: There is a statistically significant difference among the views of participants with administrative responsibility and non-administrative responsibility in terms of total empowerment score.

H1.f: There is a statistically significant difference among the views of participants working in daily and rotating shifts in terms of total empowerment score.

H1.g: There is a statistically significant difference among the views of participants' age categories in terms of total empowerment score.

H1.h: There is a statistically significant difference among the views of participants' education categories in terms of total empowerment score.

H1.i: There is a statistically significant difference among the views of participants having different working experience in health sector in terms of total empowerment score.

H1.j: There is a statistically significant difference among the views of participants having different working experience at the same institution in terms of total empowerment score.

Hypothesis 2: The views of participants of this study on the level of professional management are different by their demographic characteristics. The following sub-hypothesis will be tested for hypothesis 2.

H2.a: There is a statistically significant difference among the views of male and female participants on the level of professional management.

H2.b: There is a statistically significant difference among the views of married and single participants on the level of professional management.

H2.c: There is a statistically significant difference among the views of occupation categories (physicians versus nurses and other hospital employees) participants on the level of professional management.

H2.d: There is a statistically significant difference among the views of participants working in surgical and other clinical and administrative departments on the level of professional management.

H2.e: There is a statistically significant difference among the views of participants with administrative responsibility and non-administrative responsibility on the level of professional management.

H2.f: There is a statistically significant difference among the views of participants working in daily and rotating shifts on the level of professional management.

H2.g: There is a statistically significant difference among the views of participants' age categories on the level of professional management.

H2.h: There is a statistically significant difference among the views of participants' education categories on the level of professional management.

H2.i: There is a statistically significant difference among the views of participants having different working experience in health sector on the level of professional management.

H2.j: There is a statistically significant difference among the views of participants having different working experience at the same institution on the level of professional management.

Hypothesis 3: There is a positive and statistically significant relationship between the level of professional management and the dimensions of CWEQ and total empowerment score.

CHAPTER 5: FINDINGS

In this chapter, the results of data analyses were provided. Analyzing the data compiled from the participants' answers, and statistical data was presented with regard to the professional management and empowerment levels in public hospitals in Kosovo.

5.1. DESCRIPTIVE FINDINGS

Table 5 shows the distribution of the characteristics that identify the participants in the research. When the table was examined, it turned out that 62.41% of the participants was female; 87.23% were married; 71.43% were working at internal medicine and other administrative departments. It was found that 45.99% of participants have a working period of 19 years and less than 64,2% of them have been working at the institution for 19 years or less; 52.9% have managerial duties and 54.38% worked in rotational shifts.

Table 4. Descriptive Characteristics of the Respondents

Demographic Variables	n	%
Gender		
Male	103	37.59
Female	171	62.41
Marital Status		
Married	239	87.23
Single	35	12.77
Age		
39 and under	79	28.83
40-49	53	19.34
50-59	95	34.67
60 and higher	47	17.15
Working Experience		
19 years and less	126	45.99
20-29 Years	58	21.17
30 Years and more	90	32.85
Working Experience at The Same Institution		
19 Years and less	176	64.23
20-29 Years	36	13.14
30 Years and more	62	22.63
Education		
High school	94	34.31
Undergraduate	108	39.42
Graduate	72	26.28
Occupation		
Nurses	218	79.56
Other Professionals	55	20.07
Missing	1	0.36
Working Department		
Internal and administrative departments	195	71.43
Surgical departments	78	28.57
Working Shift		
Daily	125	45.62
Rotating	149	54.38
Administrative position		
Yes	145	52.90
No	129	47.10
Total	**274**	**100.00**

5.2. FINDINGS ON EMPOWERMENT

Table 5 contains descriptive statistics on empowerment. The means, minimum and maximum scores on the items under six dimensions and general empowerment as well as total empowerment score were provided. The mean of three items measuring "Access to Opportunities" dimension was found to be 4.23 meaning relatively better access to opportunities in their hospitals. The mean scores of other dimensions were 3.48 for "Information Access Levels", 3.67 for “Receiving Support", 3.62 for "Access to Resources”, 2.78 for "Formal Power", and 3.82 for "Informal Power". The mean score for general empowerment measured with two items was found to be 3.76. The average total empowerment score was found to be 21.60 which is slightly higher than the medium value 18.00 between minimum 6.00 and maximum 30.00.

Table 5. Descriptive Statistics Health Professionals' Causes of Work Effectiveness II Scale (n = 274)

Factors	**Min**	**Max**	$\overline{X}$	**SD**
Be open to innovation	1	5	4.22	0.95
Having chance to gain new knowledge and skills	1	5	4.26	0.84
Be able to use all the knowledge and skills you have	1	5	4.21	0.84
Access to Opportunities	1.33	5	4.23	0.75
Current status of the hospital	1	5	3.47	0.86
The values of the hospital top management	1	5	3.51	0.90
The objectives of the hospital's senior management	1	5	3.45	1.05
Information Access Levels	1.33	5	3.48	0.81
Specific information about things you do well	1	5	3.60	0.99
Specific recommendations to make your work better	1	5	3.59	0.97
Useful tips or suggestions for problem solving	1	5	3.83	0.95
Receiving support	1	5	3.67	0.86
The appropriate time to make the necessary bureaucratic jobs	1	5	3.46	0.96

Table 5. Descriptive Statistics Health Professionals' Causes of Work Effectiveness II Scale (n = 274) (Continue)

Appropriate time to fulfill work requirements	1	5	3.62	0.98
Factors	**Min**	**Max**	$\overline{X}$	**SD**
Temporary help when needed	1	5	3.78	1.01
Access to Resources	1	5	3.62	0.82
Awarding of a work-related innovation	1	5	2.55	1.25
The amount of flexibility at work	1	5	2.85	1.15
The amount of visibility of my work-related activities within the organization.	1	5	2.94	1.28
Formal power	1	5	2.78	1.05
Collaboration with other hospital staff on patient care	1	5	4.07	0.86
Being the source to be solving the problems that your managers face.	1	5	3.81	0.86
Being a resource to solve the problems faced by your colleagues	1	5	3.88	0.88
Receive ideas from non-physician health workers such as physiotherapists, OTs and dietitians	1	5	3.55	1.07
Informal power	1.5	5	3.82	0.62
Generally, the current work cycle empowers me to succeed in an effective manner	1	5	3.76	1.07
In general, I think that my workplace is an empowering workplace	1	5	3.76	1.13
General empowerment	1	5	3.76	1.03
Total Empowerment Score	**13.75**	**30.00**	**21.60**	**3.32**

Table 6 compares the mean scores of dimensions of CWEQ and total empowerment score by gender of participants. It was found that male participants more agreed to have higher levels of access to opportunities and information while female participants thought that they had higher levels of receiving support, access to resources, formal power, and they are more empowered. Female participants had also higher general empowerment compared to male participants. The results also showed that female participants had slightly higher total empowerment score than male participants, but the

difference is not statistically significant (p>0.05). Based on this finding, it is concluded that hypothesis with the numbered H1.a was rejected.

Table 6. Work Effectiveness by Gender of Participants

VARIABLES	GENDER				Statistical Evaluation	
	FEMALE (n = 274)		MALE (n = 103)			
	$\overline{X}$	SD	$\overline{X}$	SD	t	p
Access to Opportunities	4.18	.736	4.29	.770	1.128	.260
Information AccessLevels	3.43	.759	3.54	.881	1.055	.293
Receiving support	3.72	.827	3.58	.898	-1.277	.212
Access to Resources	3.65	.847	3.56	.784	-.792	.420
Formal power	2.85	1.07	2.65	.991	-1.526	.121
Informal power	3.80	.639	3.84	.586	.459	.646
General empowerment	3.81	1.03	3.66	1.01	-1.153	.247
Total empowerment score	**21.67**	**3.28**	**21.50**	**3.39**	**-0.413**	**.681**

Table 7 shows the mean scores of CWEQ and total empowerment score based on participants' age. It was found that those aged 40-49 had higher access to opportunities than the participants in the other age groups and there was a statistically significant difference (p<0.05). Based on the participants' age, there was no statistically significant difference between access to information and resources, formal power, informal power, general empowerment (p>0.05). The results revealed that hospital employees of 39 years old and younger have higher levels of *access to* information, access to resources, formal power, informal power, general empowerment compared to other groups. Hospital workers aged 50-59 have lower levels of access to resources than other groups. It is also clear that hospital employees of 60 years old and older have lower levels access to opportunities, receiving support, formal power, informal power, general

authorization, than other workers' groups. The results also indicated that the differences among the total empowerment scores of participants in different age categories were not statistically significant (p>0.05), and the hypothesis H1.g should be rejected.

Table 7. Hospital Employees' Job Effectiveness Levels Based on Their Age

VARIABLES	**Age**									
	39 age and under (n = 79)		**40- 49 age** (n = 53)		**50- 59 age** (n = 94)		**60 age and upper** (n = 47)		**Statistical Evaluation**	
	$\overline{X}$	SD	$\overline{X}$	SS	$\overline{X}$	SD	$\overline{X}$	**SD**	**F**	**p**
Access to Opportunities	4.00	.942	4.52	.628	4.32	.679	4.08	.679	**6.51**	**.000**
Information Acces	3.43	.848	3.45	.817	3.52	.783	3.47	.797	.168	.918
Receiving support	3.61	.914	3.91	.850	3.61	.863	3.63	.711	1.719	.163
Access to Resources	3.67	.801	3.72	.787	3.47	.858	3.70	.815	1.605	.189
Formal power	2.64	.980	3.03	.1.06	2.81	1.15	2.66	.856	1.677	.172
Informal power	3.86	.637	3.87	.585	3.78	.592	3.72	.675	.976	.404
General empowerment	3.93	.876	3.58	1.14	3.7	1.04	3.77	1.08	1.352	.258
Total empowerment score	**21.2**	**3.76**	**22.5**	**3.08**	**21.5**	**2.77**	**21.30**	**2.77**	**1.80**	**.146**

The mean scores of CWEQ dimensions and total empowerment score by participants' education levels were provided in Table 8. It was found that the hospital employees who had graduated from high school had higher levels of receiving support, access to resources, access to information, formal power and general empowerment than the other groups and there was a statistically significant difference between these variables according to educational level (p<0.05). It is interesting to see that the hospital workers with graduate level

education (master, PhD or residency degrees) had lower levels of receiving support, access to resources, informal power compared to other groups. The results showed that total empowerment score of participants with high school education was statistically significant ($p<0.05$) and higher than the scores of participants with university and graduate level of education. This findings indicated that the hypothesis with numbered H1.h should be accepted.

Table 8 Hospital Employees' Job Effectiveness Levels Based on their Education Levels

VARIABLES	**Education**							
	High school (n = 93)		**University** (n = 108)		**Graduaded** (n = 72)		**Statistical Evaluation**	
	$\overline{X}$	SD	$\overline{X}$	SD	$\overline{X}$	SD	**F**	**p**
Access to Opportunities	4.20	.684	4.19	.853	4.31	.662	.581	.560
Information access levels	3.62	.781	3.26	.823	3.47	.756	**6.426**	**.002**
Receiving support	3.98	.833	3.47	.793	3.56	.869	**10.40**	**.000**
Access to Resources	3.91	.823	3.54	.749	3.35	.824	**10.95**	**.000**
Formal power	3.02	1.02	2.51	1.02	2.85	1.03	**6.375**	**.002**
Informal power	3.87	.672	3.76	.565	3.84	.625	.952	.387
General empowerment	4.17	.920	3.52	1.04	3.55	.980	**12.88**	**.000**
Total empowerment score	**22.63***	**3.08**	**20.76**	**3.26**	**21.54**	**3.36**	**8.487**	**.000**

*: This score is significantly higher than other scores of two categories.

Table 9 shows the mean scores of dimensions of CWEQ and total empowerment score by participants' marital status. Married participants were found to have higher levels of access to opportunities than singles, and a statistically significant difference was also found ($p<0.05$). While analyzing the table it is noticeable that single participants have higher levels of receiving support, access to resources, formal power, informal power, general empowerment than their married co-workers. However, married participants stated that they had higher (21.69) but

not statistically significant (p>0.05) total empowerment score than single participants. According to this finding the hypothesis with numbered H1.b was rejected.

Table 9. Hospital Employees 'Work Effectiveness Levels Based on Their Marital Status

VARIABLES	**Marital Status**						**Statistical Evaluation**	
	Married			**Single**				
	n	$\overline{X}$	SD	n	$\overline{X}$	SD	**t**	**p**
Access to Opportunities	239	4.28	.725	35	3.85	.817	**3.19**	**.002**
Information Access Levels	239	3.48	.801	35	3.43	.858	0.31	.754
Receiving support	239	3.66	.855	35	3.70	.873	-.228	.820
Access to Resources	239	3.64	.792	35	3.47	1.01	.922	.268
Formal power	239	2.80	1.07	35	2.64	.839	.968	.388
Informal power	239	3.80	.630	35	3.91	.538	-.931	.301
General empowerment	239	3.74	1.03	35	3.87	1.00	-.702	.479
Total empowerment score	**238**	**21.69**	**3.33**	**35**	**21.04**	**3.25**	**1.08**	**.281**

Table 10 shows the mean score of CWEQ dimensions and total empowerment score by participants' occupations. Nurses and other hospital employees were found to have higher levels of access to resources than physicians, and a statistically significant difference was also found (p<0.05). After an overall analysis of the table, it is concluded that the physicians have lower levels of receiving support, formal power, and informal power than other participants. However, based on the statistical evaluation, it was determined that there is no statistically significant difference between the above mentioned dimensions of CWEQ according to participants' occupations (p>0.05). The findings also indicated that nurses and other participants relatively higher total empowerment

score (21.62) compared to physicians (21.49), and the mean differences in terms of total empowerment score was found to be statistically insignificant (p>0.05). Based on this finding, the hypothesis with numbered H1.c was rejected.

Table 10. Hospital Employees' Job Effectiveness Levels Based on Occupation

VARIABLES	Occupation				Statistical Evaluation	
	Nurses (n = 218)		Other Professions (n = 55)			
	$\overline{X}$	SD	$\overline{X}$	SD	t	p
Access to Opportunities	4.20	.786	4.30	.599	-.839	.402
Information Access Levels	3.44	.815	3.60	.768	-1.334	.186
Receiving support	3.69	.863	3.58	.833	.851	.397
Access to Resources	3.68	.823	3.36	.789	2.675	**.010**
Formal power	2.76	1.03	2.83	1.103	-.391	.697
Informal power	3.82	.635	3.81	.555	.170	.865
General empowerment	3.81	1.04	3.54	.929	1.850	**.**086
Total empowerment score	**21.62**	**3.37**	**21.49**	**3.15**	**.250**	**.803**

Table 11 shows the mean scores of CWEQ dimension according to the participants' working departments. It has been determined that participants who are in internal medicine and other departments have higher access to opportunities and formal power than other groups working in surgical departments, but they also have lower level access to resources, informal power and support receiving levels. It is clear that the surgical department's staff has lower levels of access to opportunities, access to information and formal power compared to other group. However, based on the statistical evaluation, it was determined that there was no significant difference according to working departments in terms of total effectiveness score (p>0.05), and this finding revealed that the hypothesis with numbered H1.d should be rejected.

Table 11. Hospital Employees' Job Effectiveness and Professional Management Levels Based on the Departments' Status

VARIABLES	Department				Statistical Evaluation	
	Internal and administrative departments (n = 195)		Surgical department (n = 78)			
	$\overline{X}$	SD	$\overline{X}$	SD	t	p
Access to Opportunities	4.22	.738	4.23	.667	-.051	.959
Information Access Levels	348	.769	3.47	.904	.071	.947
Receiving support	3.64	.816	3.74	.953	-.833	.437
Access to Resources	3.60	.786	3.66	.918	-.548	.609
Formal power	2.77	1.04	2.79	1.06	-.109	.914
Informal power	3.80	.593	3.86	.679	-.699	.511
General empowerment	3.74	1.01	3.78	1.06	-.288	.778
Total empowerment score	**21.54**	**3.24**	**21.77**	**3.54**	**-.516**	**.606**

Table 12 shows the mean scored of CWEQ and total empowerment score according to administrative position. It has been determined that participants who are in a administrative position have higher access to information and access to opportunities than their co-workers who are not in administrative positions and a statistically significant difference was also found ($p<0.05$). Also it has been determined that participants who are in a administrative position have higher receiving support, informal power, access to resources and general empowerment than their co-workers who are not in administrative position. On the other hand, it is noticeable that participants who are in administrative positions have lower formal power than those who are not in management positions. However, based on the statistical evaluation, it was determined that there is a statistically significant difference ($p>0.05$) between total empowerment scores of participants having an administrative position (22.09) and not having

any administrative position above mentioned variables according to the administrative position (21.04). According to this finding it was concluded that the hypothesis with numbered H1.e should be accepted.

Table 12. Hospital Employees' Job Effectiveness Levels Based on the Administrative Position

VARIABLES	Administrative Position						Statistical Evaluation	
	Yes			No				
	n	$\bar{X}$	SD	n	$\bar{X}$	SD	**t**	**p**
Access to Opportunities	145	4.34	.602	129	4.09	.869	**2.863**	**.005**
Information Access Levels	145	3.62	.793	129	3.31	.794	**3.253**	**.001**
Receiving support	145	3.74	.871	129	3.58	.832	1.151	.121
Access to Resources	145	3.63	.840	129	3.60	.808	.348	.728
Formal power	145	2.86	1.04	129	2.68	1.03	1.440	.151
Informal power	145	3.87	.630	128	3.76	.603	1.353	.177
General empowerment	145	3.80	1.01	129	3.70	1.03	.727	.468
Total empowerment score	**145**	**22.09**	**3.23**	**128**	**21.04**	**3.34**	**2.653**	**.008**

Table 13 compares the mean score of CWEQ and total empowerment score according to participants' working shifts. It has been determined that participants who are working in daily shift have higher access to opportunities, access to information and receiving support and a statistically significant difference was also found ($p<0.05$). However, it is noticed that employees working in a rotating shift basis have lower levels of access to information, receiving support, access to resources, formal power and general empowerment. However, based on the statistical evaluation, there was a statistically significant difference ($p>0.05$) between total empowerment score of participants working in daily shifts (22.16)

and the score of others working in rotating shifts (21.14). This finding revealed that the hypothesis with numbered H1.f should be accepted.

Table 13. Hospital Employees' Job Effectiveness Levels Based on the Working Shifts

VARIABLES	Working Shifts						Statistical Evaluation	
	Daily			Rotating				
	n	$\overline{X}$	SD	n	$\overline{X}$	SD	t	p
Access to Opportunities	125	4.32	.626	149	4.14	.833	**1.909**	**.057**
Information Access Levels	125	3.64	.790	149	3.33	.797	**3.244**	**.001**
Receiving support	125	3.81	.834	149	3.55	.859	**2.492**	**.013**
Access to Resources	125	3.71	.842	149	3.54	.803	1.740	.084
Formal power	125	2.89	1.03	149	2.68	1.04	1.710	.088
Informal power	124	3.76	.696	149	3.87	.543	-1.542	.133
General empowerment	125	3.74	1.02	149	3.76	1.03	-.196	.845
Total empowerment score	**124**	**22.16**	**3.12**	**149**	**21.14**	**3.42**	**2.545**	**.011**

Table 14 compares the mean scores of CWEQ dimensions as well as total empowerment score by hospital employees' working experience in years in health sector. It was determined that hospital staff that have been working for 19 years or less had lower levels of access to opportunities than other groups; and hospital employees who have been working for 20-29 years had lower formal power levels compared to other groups. After a comprehensive examination of the table, it is determined that the hospital employees who have been working for 20-29 years have lower levels of access to information, receiving support, access to resources, informal power and general empowerment than the other groups. Hospital workers who have been working for more than 30 years have higher general empowerment levels than other groups; but their access to opportunities and formal power levels are lower. There was no statistically

significant difference (p>0.05) between total empowerment scores of participants having different working experience in health sector. Based on this finding, the hypothesis with numbered H1.i was rejected.

Table 14. Hospital Employees' Job Effectiveness Levels Based on Their Working Period

VARIABLES	Working Period						Statistical Evaluation	
	19 years or less n = 126		20-29 years n = 58		30 years or more n = 90			
	$\overline{X}$	SD	$\overline{X}$	SD	$\overline{X}$	SD	**F**	**p**
Access to Opportunities	4.15	.888	4.38	.571	4.22	.619	1.864	.157
Information AccesLevels	3.46	.849	3.44	.726	3.52	.804	.203	.816
Receiving support	3.73	.871	3.48	.881	3.70	.807	1.882	.154
Access to Resources	3.65	.783	3.47	.835	3.66	.869	1.208	.300
Formal power	2.79	1.04	2.77	1.06	2.75	1.04	.038	.962
Informal power	3.85	.609	3.78	.548	3.80	.677	.373	.689
General empowerment	3.79	1.00	3.59	1.03	3.80	1.05	.920	.400
Total empowerment score	**21.67**	**3.53**	**21.34**	**3.08**	**21.68**	**3.18**	**.225**	**.798**

Table 15 shows the means scores of CWEQ dimensions and total empowerment score by hospital workers' working experience at their institutions. Hospital employees that have been working at the same institution for 30 years or more have higher levels of access to information, receiving support, access to resources, formal power and general empowerment compared to other groups and there was a statistically significant difference (p<0.05). Hospital employees that have been working for 20-29 years have lower levels of receiving support and informal power, compared to other groups. It was noticed that hospital employees that have been working for 19 years or less have higher levels of access to opportunities and informal power than other workers' groups. The

results showed that there was no statistically significant difference between the level of access to opportunities and informal power according to the hospital staff's working period in the hospital (p> 0.05). The findings also showed that those participants who have 20-29 years working experience at the same institution had lower (19.96) and statistically significant difference (p<0.05) compared to other participants in other groups. This result indicated that the hypothesis with numbered H1.j should be accepted.

Table 15. **Hospital Employees' Job Effectiveness Levels Based on Their Working Periods at the Institution**

VARIABLES	Working Periods at the Institution							
	19 years or less n = 176		20-29 years n = 36		30 years or more n = 62		Statistical Evaluation	
	X	SD	X	SD	X	SD	**F**	**p**
Access to Opportunities	4.21	.821	4.38	.474	4.17	.654	.1.025	.360
Information Access Levels	3.49	.799	3.02	.765	3.68	.765	**8.139**	**.000**
Receiving support	3.70	.822	3.11	.1.00	3.90	.717	**10.99**	**.000**
Access to Resources	3.59	.801	3.35	.854	3.84	.826	**4.37**	**.014**
Formal power	2.82	1.04	2.36	.996	2.88	1.04	**3.46**	**.033**
Informal power	3.84	.595	3.72	.520	3.83	.731	.552	.576
General empowerment	3.78	.947	3.18	1.16	4.00	1.05	**7.968**	**.000**
Total empowerment score	**21.68**	**3.35**	**19.96***	**3.45**	**22.33**	**2.85**	**6.187**	**.002**

*: This score is significantly lower than other scores of two categories.

5.3. FINDINGS ON PROFESSIONALIZATION OF MANAGEMENT

Table 16 shows the descriptive statistics on 21 items measuring professionalization level of management in Kosovo's hospitals. The mean scores on 21 items changed from minimum 0 and 4. Among 21 items, item 2 "Control and management are handled only by family and certain groups and people" had the lowest mean (1.37), while item 16 "Management is trying to adopt teamwork and team spirit concepts" had the highest mean (2.88). The overall mean score on total 21 item was found to be 2.21. Considering the highest score is 4, higher score means higher professionalization of management. The results might indicate that professionalization level is relatively lower in Kosovo hospitals according to participants of this study. These results also indicate that managers express relatively not positive thinking in the direction of professionalism.

Table 16. Distribution of Responses to Reporters Related to Professionalization of Management (n = 274)

Expressions	**Min**	**Max**	**Mean**	**SD**
1. Managers who are trained in the management field, have professional knowledge, experience, and are professionalized in the hospital management field are wanted.	0	4	2.51	1.16
2. Control and management are handled only by family and certain groups and people.	0	4	1.37	0.78
3. In our hospital tasks are clearly described and distributed.	0	4	2.32	1.31
4. I do not consult anyone while taking decisions that concern the hospital.	0	4	1.59	1.05
5. Managers' performance is evaluated in order to improvethe management's activity, experience and efficiency.	0	4	1.99	1.39
6. There is often conflict and incompatibility in the hospital's upper and lower management and these are frequently manifested as personal, familial, or boss-manager problems.	0	4	1.51	1.32
7. Conflicts that occur in hospital management or between employees are solved by management using strict rules or force or they are sometimes not even considered.	0	4	1.68	1.32
8. Hospital management is concerned with staff, and gives importanceto communicationand creation of environments where they can express their complaints or requests.	0	4	2.31	1.34
9. Each department is managed by people with a proper education in management and specialized in their fields.	0	4	1.80	1.31
10. In hospital management, conditions such ascompetence, knowledge, skills, competition, performance etc. are taken into account for the promotion of specialists and managers.	0	4	1.99	1.40
11. Management is also trying to provide manager training within the hospital.	0	4	2.30	1.45

Table 16. Distribution of Responses to Reporters Related to Professionalization of Management (Continuation)

12. Hospital management keeps track of all the management and other professional issues developments and innovations.	0	4	2.53	1.45
13. Managers are given the opportunity to improve themselves in terms of professional management.	0	4	2.36	1.43
14. Management organizes rotations, in-service training and certificate programs in order to eliminate the training and experience differences between employees who perform the same or similar tasks.	0	4	2.15	1.39
15. Hospital management takes the necessary measures to ensure that serial and transparent information flow.	0	4	2.13	1.43
16. Management is trying to adopt teamwork and team spirit concepts.	0	4	2.88	1.03
17. The management staff is being chosen according to working positions.	0	4	2.30	1.40
18. A doctor who has received training in professional hospital management should be in charge.	0	4	2.47	1.33
19. Professional hospital managers should manage the hospital. They do not have to be doctors.	0	4	2.86	1.25
20. Measures have been taken to ensure management's compliance with business ethics and norms.	0	4	2.64	1.31
21. Management is being audited.	0	4	2.71	1.30
Overall average	**0.76**	**3.62**	**2.21**	**0.56**

Table 17 compares the mean scores of professionalization of management in Kosovo hospitals by the participants' descriptive characteristics. Table indicates that those participants who have been working for 20 to 29 years at the same institution, are with higher education, and are working at rotating base have not a good viewpoint about the professionalization of management compared to other participants in other groups, and the differences among the mean professional management in terms of working experience at the same institution, education level and working shifts were found to be statistically significant ($p<0.05$). According to these findings the hypotheses with numbered H2.f, H2.h and H2.j were accepted. However, based on the statistical evaluation, it was determined that there is no significant difference according to the gender, marital status, occupation, working department, administrative position, age and working experience in health sector in terms of the views on professionalization management ($p>0.05$). According to these results, the remaining sub hypotheses under main hypothesis 2 were rejected.

Table 17. Hospitals' employees' viewpoint about Professional Management

Professional Management		**n**	$\overline{X}$	**SD**	**t/F**	**p**
Gender	Female	171	2.23	.571		
	Male	103	2.17	.550	-1.701	.272
Marital Status	Married	239	2.20	.573	-.943	.347
	Single	35	2.29	.478		
Occupation	Nurses	218	2.23	.566	.856	.271
	Other Professionals	55	2.15	.556		
Department	Internal and administrative departments	195	2.23	.556	.951	.659
	Surgical department	78	2.16	.581		
Administrative Position	Yes	145	2.22	.544	.442	.816
	No	129	2.19	.584		
Working Shifts	Daily	125	2.28	.518	**-2.355**	**.019**
	Rotating	149	2.17	.494		
Age	39 age and under	79	2.19	.554	2.201	.088
	40- 49 age	53	2.38	.588		
	50-59 age	95	2.13	.418		
	60 age and upper	47	2.21	.610		
Education	High School	94	2.35	576		
	Univesity	108	2.13	.528	**4.331**	**.014**
	Graduate level	72	2.15	.569		
Working Period	19 years or less	126	2.27	.566		
	20-29 years	58	2.12	.461	1.734	,179
	30 years or more	90	2.18	.609		
Working Periods at the same Institution	19 years or less	176	2.24	.562		
	20-29 years	36	1.97	.421	**3.914**	**.021**
	30 years or more	62	2.27	.562		

Based on the correlation analysis' results (Table 18), it was noticed that the correlation (0.021) between professional management and access to opportunities was positive and statistically insignificant. In this case it can be concluded that there is no statistically significant relationship between professional management and access to opportunities. This implies that professional management does not have a significant impact on opportunities

access. The correlation coefficient (0.261) between professional management and information access levels is positive and statistically significant at the level 0.000. This means that the better the professional management enables more access to information. The third CWEQ dimension – receiving support – has a high positive and significant correlation coefficient (0.368) with professional management. This means that the better the professional management, the more opportunity to receive support.

The variable of access to resources has a high positive and statistically significant correlation coefficient (0.297) with professional management. This implies that the better the professional management, the more access to resources. The results also show that there is statistically significant relationship between professional management and formal power (0.302), informal power (0.379), general empowerment level (0.462), and total empowerment score (0.404). The findings on the significant and positive relationship between total empowerment score and professional management indicated that hypothesis 3 should be accepted.

Table 18. Correlation between Professionalization of Management and Dimensions of Empowerment Level and Total empowerment Score

	Professional management **Correlation**	**p**
Access to Opportunities	0.021	.724
Information Access Levels	.261**	.000
Receiving support	.368**	.000
Access to Resources	.297**	.000
Formal power	.302**	.000
Informal power	.379**	.000
General empowerment	.462**	.000
Total empowerment score	**.404****	**.000**

The results of hypothesis tests can be summarized as are described in the below table 19:

Table 19. The Summary of Hypothesis Tests

	Accepted	Rejected
Hypothesis 1		
H1.a		✓
H1.b		✓
H1.c		✓
H1.d		✓
H1.e	✓	
H1.f	✓	
H1.g		✓
H1.h	✓	
H1.i		✓
H1.j	✓	
Hypothesis 2		
H2.a		✓
H2.b		✓
H2.c		✓
H2.d		✓
H2.e		✓
H2.f	✓	
H2.g		✓
H2.h	✓	
H2.i		✓
H2.j	✓	
Hypothesis 3	✓	

6. DISCUSSION AND CONCLUSIONS

The main purpose of this study was to assess the views of executives and hospital employees on the level of empowerment and professional management in public hospitals in Kosovo. The data for this study were collected with a questionnaire composed by three sections; the first section was about respondents' personal information, the second section was about the measuring empowerment level of respondents, and the third section was about determining the level of professional management. The validity and reliability of "The modified version of Health Professionals' Causes of Work Effectiveness II Scale (CWEQ-II)" that was used to measure the empowerment level were studied by Çelik *at al* (2010), and it was concluded that this questionnaire was valid and reliable to use among healthcare personnel in Turkey. The third questionnaire section which was about level of professional management was used in the study of Şahman *at al* (2008).

Empowerment is the indispensable element of the management process. The fact that the superior chooses more authority requests and the subordinates fewer responsibilities, constitutes the basic problem of our work. The tendency of managers to take all the decisions themselves is one of the obstacles in the managerial sense.

In this thesis, it was found that the mean scores of the 6 components of general empowerment that are opportunity, information, support, resources, formal power, and informal power were found to be as "Access to Opportunities" ($\overline{X}$ = 4.23), "Informal Power" ($\overline{X}$ = 3.82) "Receiving Support" ($\overline{X}$ = 3.67) and "Access to resources" ($\overline{X}$ = 3.62). These components have the highst score in descriptive statistics on empowerment and are in line with Kanter's (1993) theory of structural empowerment. As it is describe in Laschinger & Finegan (2005), Kanter`s theory offers guidance for managers interested in creating structures that support employee access to the information, support and resources necessary to optimize engagement in their work and achievement of their work goals.

The results of this thesis concerning the “Access to Opportunity” and “Informal Power” are consistent with Opportunity and Informal Power variables from the researchers conducted by Laschinger & Finegan (Laschinger & Finegan 2005, Laschinger *et al*, 2003, Laschinger *at al* 2006). Components like “Receiving Support” and “Access to resources” are in line - with a slight superiority over the average - with previously mentioned articles. The other research whose results are consistent with this thesis findings is conducted by Matthews at al, (2006).

On the other side, the research conducted in Turkeys’ Hospitals by Çelik *et al*, (2010), shows the different results concerning the components who are the most determinants of general empowerment from the findings of this thesis. Expect the Access to Opportunity which is in line with the findings of this research, the other components such as Informal Power, Receiving Support and Access to Resources are not consistent. In this case, the hospitals employee in Kosovo have higher levels of receiving support, access to resources and informal power than their counterparts in Hospitals of Turkey. According to Çelik’s research (2010) the results can be changed based on the place and culture of the conducted research.

This thesis also tried to find whether demographic characteristics of the respondents might be a significant factor in determining the level of empowerment level and professional management in Kosovo Public Hospitals, and the findings were discussed by considering the results of previous studies.

Administrative position: It was determined that there is a statistically significant difference ($p>0.05$) between total empowerment scores of participants having an administrative position (22.09) and not having any administrative position (21.04). This finding of the research is consistent with research findings of Çelik *et al*, (2010).

Age: It was found that those aged 40-49 had higher access to opportunities than the participants in the other age groups. But in case of other components, t*he* results revealed that hospital employees of 39 years old and younger have higher levels of *access to* information, access to resources, formal power, informal

power, general empowerment compared to other groups. In the research conducted by Suominen *at al* (2001) it was reported that the experience of empowerment was stronger in the older than in the younger age group.

Education: The results of this research showed that total empowerment score of participants with high school education was statistically significant ($p<0.05$) and surprisingly higher than the scores of participants with university and graduate level of education. The results of this study indicate a low level of empowerment of this category of employees in relation to their co-workers with high school. Based on the research conducted by UNDP (2014) it turned out that family favors (nepotism) and political interference are some of the causes that prevent the creation of a professional managers' framework in Kosovo. There is not the same situation in Turkeys hospitals based on the research conducted by Çelik *at al* (2010). The hospitals employees that have a graduate level of education compare to the other groups the access to resources and information as well as to informal power is higher.

Occupation: the findings of this research indicated that nurses and other participants have relatively higher total empowerment score (21.62) compared to physicians (21.49), and the mean differences in terms of total empowerment score was found to be statistically insignificant ($p>0.05$). Interestingly, nurses and other participants reported statistically significant and higher score for access to resources compared to physician participants in this research. Despite the vast research done, it wasn't found any research appropriate to compare the results of this study about occupation.

Working shift: Based on the statistical evaluation, there was a statistically significant difference ($p<0.05$) between total empowerment score of participants working in daily shifts (22.16) and the score of others working in rotating shifts (21.14). In the other hand, the research conducted by Çelik *at al* (2010) brings up the arguments that according to the statistical evaluation, there was no significant difference between these variables ($p>0.05$).

Working Periods at the Institution: Hospital employees that have been working at the same institution for 30 years or more have higher levels of access to information, receiving support, access to resources, formal power and general empowerment compared to other groups and there was a statistically significant difference ($p<0.05$). The findings of this research on the working period at the same institution are not consistent with the research findings of Çelik *et al*, (2010).

The results of this study support the idea that empowerment has an impact in increasing the work performance of hospitals employee. As Laschinger & Finegan (2005) based on Kantar's views on power, describes "power is "on" when employees have access to lines of information, support, resources, and opportunities to learn and grow. When these "lines" or sources of power are unavailable, power is off and effective work is impossible. These lines of power are sources of structural empowerment within the organization".

Recently, a progressively increased need for professional managers in health institutions is noticed. Applying advanced management techniques and keeping pace with the needs of time are some of the reasons why a professional manager is demanded.

Health management, in general, is a new field and has started to be applied for a long time, especially in developed countries. In Kosovo's public hospitals, according to the findings of this thesis, generally has a low level of professional management. The overall mean score in total 21 item was found to be 2.21. These results indicate that managers express relatively not positive thinking in the direction of professionalism. These results support Fişek's (1968) contention (as cited in Sarvan, 1995) that "today the most faced problem in the healthcare management in developing countries is the fact that the administrative physicians does not accept the health management as science". It has been observed a difference in mean score compared to the same study conducted in Turkey by Gölgeçi (2013). This overall mean score was found to be 3.67. This scores indicate that the managers in Kosovo's hospitals express relatively a low level of positive thinking about professional management compared with their counterparts in Hospitals in Turkey.

According to our analysis, the participants who have been working for 20 to 29 years at the same institution, are with higher education, and are working at rotating base have not a good viewpoint about the professionalization of management compared to other participants in other groups. Regarding to this issue, the Gölgeçi's (2013) study presents different statistical results. In this study conducted in Turkey, the participants with graduate level have relatively a good viewpoint about the professionalization of management. According to the same study, the participants who have almost the same working experience (21 years and more) have relatively a good viewpoint about the professionalization of management. This viewpoint differs from the participants in Kosovo's hospitals. The results showed above indicates a relatively not a good viewpoint of hospitals employee in Kosovo regarding the professional management compared to hospitals employee in Turkey. During the questionnaire conducting process is noted a dilemma of doctors and other staff members who have a managerial position concerning the professional management, mainly because of the potential risk of their actual position. Kosovo belongs to the group of developing countries and the allegation in this regard is supported be Fişek's contention (1968).

Giving the responsibility of hospital management to doctors, who have spent long years on health education and are not specialized in the management field, prevents them from performing their own profession and also leads to failure in the management process. This is why health management should consist of professional managers properly trained in health management and management sciences. Physicians and management should be separated from each other in hospitals and physicians should accept hospital management as a science.

Despite the efforts made by the management of University of Pristina, due to lack of academic staff, there is still no specific health management department in University of Pristina or in any other Public University in Kosovo. Establishing the health management department means at the same time 'enforcing' the onset of the professional management application of professional management in public hospitals in Kosovo. Engaging in the healthcare managers 'professional training

will indirectly affect the increasing quality of health services. However, we do not intend to say that doctors cannot manage the hospital, but training on business, accounting, economics, personnel management, psychology and sociology should be mandatory. Until now, it has always been argued and does not investigate the answer of the question "whether it should be a manager doctor or a professional manager". No matter who the manager is, managers must be professionalized.

The vast majority of public hospitals and other health institutions in Kosovo is managed by doctors with a degree in medical sciences. It is well-known that medical departments do not educate management staff and economic departments do not train doctors. So, just as a doctor specialized in the medical field would be required to treat a patient, a hospital should also be managed by a manager graduated in Healthcare Management.

During the time that there is no professional staff in health management to replace the medical staff that currently is being in charge, doctors holding managerial positions in public hospitals should be offered trainings in this field during this transitional phase. According to the findings of the research, (Table 17; items 11 and 13) there is a low level of provision of training in the field of management for current managers of public hospitals in Kosovo. It is reasonable to expect that when hospital managers are graduated in Health Management Program or have pursued trainings in hospital management to be more acceptable for the hospital's staff.

RECOMMENDATIONS

Through this thesis, some of the weaknesses and problems of professional management and empowerment faced by public hospitals in Kosovo have been achieved. Based on the findings of the research, some other recommendations were listed below:

✓ Hospitals should be managed by managers who have degree in healthcare management or at least have received training in the field of healthcare management.

✓ In order to achieve a professional management, a clear division of duties and responsibilities should be done, which would increase efficiency, eliminate conflicts and increase accountability.

✓ Hospital management should organize trainings for managers of different levels in order to increase the level of skills and knowledge about the application of professional management.

✓ Management should ensure that management policies and practices are fair and that no employee right has been violated. These provide equal opportunities in developing and advancing them through the organization of training, courses and rotation application between employees the same level.

✓ To achieve a proper professional management application, it is important that management ensures a streamlined and transparent information.

✓ In order to train health managers in this sense, universities in Kosovo should provide programs on health care. The most important task in this regard falls to the Minister of Education, Science and Technology.

✓ During deployment of the management personnel on duty in the hospital must be defined criteria which require applicants to be graduated in health Manager. However, even if the manager will be a doctor, he or she must be trained in the fields of business administration, accounting, economics, personnel management, psychology and sociology.

✓ Employees should be empowered

✓ The empowerment of employees who work for a longer time in the same institution compared to those who work for a shorter time is one of the findings of this research. Hospital workers should have equal opportunities in empowerment.

✓ Employees should be encouraged to develop their knowledge and skills and should be hired to work appropriately for their knowledge skills.

✓ Employees who are younger than 39 years old are mostly the generation of employees who are professionally prepared after the war in Kosovo - some of them outside of Kosovo. In order to maintain the balance between age groups in access to opportunities, information and other variables of empowerment, cooperation should be established.

✓ Hospital workers who are graduated (master, PhD or residency degrees) should have more empowerment in Public Hospitals in Kosovo.

✓ The level of empowerment of employees should be equal regardless of their occupation, in terms of receiving support, formal and informal power, and so on. From the results of this thesis turned out that that the physicians have lower levels of receiving support, formal power, and informal power than other participants.

✓ Employees who hold administrative positions in the hospital are generally more empowered than their co-workers who do not hold an administrative position. The results of this research show the lack of delegation of authority by those who hold managerial positions to their subordinates. Based on this, for subordinates of all levels in public hospitals in Kosovo should be created more space for access to opportunities, information etc.

✓ Employee performance estimates should be timely and employees should be notified of the results.

✓ A professional manager should be guiding and advisory and offer his ideas to solve the problems that subordinates face.

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APPENDIX-A: QUESTIONNAIRE

DEAR-PARTICIPANT

This survey was prepared for the purpose of "Analyzing the Relationships between Delegating the Authority and Professional Management of Public Hospitals in Kosovo".

All responses to this scientific quality research will be kept entirely confidential. In the survey do not write anything that makes your identity or your name known. For this reason, please trust the confidentiality of the survey and give the most sincere answer. From now on, we are grateful for the answers you give and for your valuable contribution to this research.

Researcher: Ylfete Dragaj Zajmi

e-mail: ylfete.d.zajmi@gmail.com

FIRST PART: PERSONAL INFORMATIONS

Gender: ( ) Male ( ) Female

Yearof birth: 19__

Education ( ) Higher School ( ) Bachelor

( ) Master orPhD ( ) Medicine Specialisation

Occupation … .....

Working Hospital .....

Working Departmant ….. .....

The total of working period.....

The working duration in this Hospital .....

Marital status: ( ) Married ( ) Singel

Managerial position ( ) Yes ( ) No

The way of workingat hospital ( ) Daily ( ) Guardianship

( ) Daily and Guardianship

( ) other

PART TWO: CONDITIONS THAT IMPACT ON EFFECTIVENESS IN WORK (WORKING)

EXPLANATION: Below are listed terms that affect the conditions that affect the effectiveness at work. For each of the following statements (expressions) the number options are given. Please circle (numbers within rubrics) depending on the level of your agreement.

In your current job, how do you think you possess the qualities (features) listed below?

		Not at all	←	A little bit	→	A lot of
1	Be open to innovation	1	2	3	4	5
2	Having chance to gain new knowledge and skills	1	2	3	4	5
3	Be able to use all the knowledge and skills you have	1	2	3	4	5

In your current work, how much can you get the information about the topics listed below?

		Not at all	←	A little bit	→	A lot of
1	Current status of the hospital	1	2	3	4	5
2	The values of the hospital top management	1	2	3	4	5
3	The objectives of the hospital's senior management	1	2	3	4	5

In your current job, how much support do you have on the topics listed?

		Not at all	←	A little bit	→	A lot of
1	Specific information about things you do well	1	2	3	4	5
2	Specific recommendations to make your work better	1	2	3	4	5
3	Useful tips or suggestions for problem solving	1	2	3	4	5

In your current work, how much can you reach the resources listed below?

		Not at all	←	A little bit	→	A lot of
1	The appropriate time to make the necessary bureaucratic jobs	1	2	3	4	5
2	Appropriate time to fulfill work requirements	1	2	3	4	5
3	Temporary help when needed	1	2	3	4	5

Instead of your current work, how do you possess the features listed below?

		Not at all	←	A little bit	→	A lot of
1	Awarding of a work-related innovation	1	2	3	4	5
2	The amount of flexibility at work	1	2	3	4	5
3	The amount of visibility of my work-related activities within the organization.	1	2	3	4	5

In your current job, how much are you possessing the opportunities listed below according to the activities you have accomplished?

		Not at all	←	A little bit	→	A lot of
1	Collaboration with other hospital staff on patient care	1	2	3	4	5
2	Being the source to be solving the problems that your managers face.	1	2	3	4	5
3	Being a resource to solve the problems faced by your colleagues	1	2	3	4	5
4	Receive ideas from non-physician health workers such as physiotherapists, OTs and dietitians	1	2	3	4	5

In general, rather than your current work, how much do you agree with the topics listed below with regard to delegating responsibilities?

		I do not agree at all ⟷				I completely agree
1	Generally, the current work cycle empowers me to succeed in an effective manner	1	2	3	4	5
2	In general, I think that my workplace is an empowering workplace	1	2	3	4	5

PART THREE: Applying professional management to Kosovo's public hospitals

EXPLANATION: Below are the terms related to the application of professional management in hospital management process. For each of the following statements (expressions) are given options agree - disagree. Please enter the tick (within the rubrics) depending on the level of your agreement.

		I never agree	I do not agree	Neutral	I agree	I totally agree
1	Managers who are trained in the managementfield, have professional knowledge, experience, and are professionalized in the hospital management field are wanted.					
2	Control and management are handled only by family and certain groups and people.					

3	The hospital owner and his/her relatives can also be in charge of the important units and hospital administration, if they are professionally trained for the position.					
4	Since our hospital is established as a family institution, our boss is at the same time the manager.					
5	In our hospital tasks are clearly described and distributed.					
6	I do not consult anyone while taking decisions that concern the hospital.					
7	Managers' performance is evaluatedin order to improvethe management's activity, experience and efficiency.					
8	There is often conflict and incompatibility in the hospital's upper and lower management and these are frequently manifested as personal, familial, or boss-manager problems.					
9	Conflicts that occur in hospital management or between employees are solved by management using strict rules or force or they are sometimes not even considered.					
10	Hospital management is concerned with staff, and gives importanceto					

	communicationand creation of environments where they can express their complaints or requests.					
11	Each department is managed by people with a proper education in management and specialized in their fields.					
12	In hospital management, conditions such ascompetence, knowledge, skills, competition, performance etc. are taken into account for the promotion of specialists and managers.					
13	Management is also trying to provide manager training within the hospital.					
14	Hospital management keeps track of all the management and other professional issues developments and innovations.					
15	.Managers are given the opportunity to improve themselves in terms of professional management.					
16	Management organizes rotations, in-service training and certificate programs in order to eliminate the training and experience differences between employees who perform the same or similar tasks.					

17	Hospital management takes the necessary measures to ensure that serial and transparent information flow.					
18	Management is trying to adopt teamwork and team spirit concepts.					
19	The management staff is being chosen according to working positions.					
20	A doctor who has received training in professional hospital management should be in charge.					
21	Professional hospital managers should manage the hospital. They do not have to be doctors.					
22	Measures have been taken to ensure management's compliance with business ethics and norms.					
23	Management is being audited.					

APPENDIX-B: DISTRIBUTION BASED ON OCCUPATIONS

Occupations	Frequency	Percent	Valid Percent
Anesthesiologist	2	0.7	0.7
Lawyer	1	0.4	0.4
Chief Physician	19	6.9	6.9
Chief Physician-gynecologist	2	0.7	0.7
Chief Physician-neonatologists	1	0.4	0.4
Chief Physician-pediatrician	1	0.4	0.4
Surgeon	4	1.5	1.5
Dermatologist	4	1.5	1.5
Midwife	17	6.2	6.2
Pharmacist	1	0.4	0.4
Physiotherapist	1	0.4	0.4
Hematologists	1	0.4	0.4
Nurse	191	69.7	69.7
Gynecologist	5	1.8	1.8
Cardiologists	3	1.1	1.1
Neurologist	4	1.5	1.5
Orthopedics	3	1.1	1.1
Pediatrics	3	1.1	1.1
Psychologist	5	1.8	1.8
Pulmonologist	2	0.7	0.7
Manager	3	1.1	1.1
Total	**274**	**100.0**	**100.0**

APPENDIX-C: PERMISSION TO USE QUESTIONNAIRE 1

Sayın Ylfete DRAGAJ ZAJMI,

"Hastanelerde Çalışan Sağlık Personelinin Yetkilendirilme (Empowerment) Seviyesini Belirleyen Faktörler ve Yetkilendirilmenin Sağlık Personelinin Rol Çatışması, İş Tatmini, Tükenmişlik ve Örgütsel Adanmışlık Düzeyleri Üzerine Olan Etkisinin Ölçülmesi" isimli çalışmamızda geçerlilik ve güvenilirlik çalışmasını yapmış olduğumuz "Sağlık Çalışanlarının İş Etkililiğini Etkileyen Durumlar" isimli anketi araştırmanız sonucunda kaynak göstermeniz koşulu ile kullanmanızda herhangi bir sakınca yoktur.

Çalışmanızda başarılar dilerim.

Prof. Dr. Yusuf Çelik

APPENDIX-D: PERMISSION TO USE QUESTIONNAIRE 2

Sayın Ylfete DRAGAJ ZAJMİ,

"Özel Hastanelerde Yönetimin Profesyonelleşmesinin, Kurumsallaşma Süreci Üzerindeki Etkisini Belirlemeye Yönelik Alan Çalışması" isimli çalışmamızda, hastane yöneticilerinin yönetimde profesyonelleşme ve kurumsallaşma hakkındaki görüşlerini ortaya çıkarmak için geliştirmiş olduğumuz ölçeği çalışmanızda kaynak göstermeniz koşulu ile kullanmanızda herhangi bir sakınca yoktur.

Başarılar dilerim.

Doç. Dr. Oğuz IŞIK

APPENDIX-E: ETHICS COMMISSION FORM FOR THESIS

Tarih: 26.06.2018 16:31
Sayı: 35853172-300-E.00000104791
E.00000104791

T.C.
HACETTEPE ÜNİVERSİTESİ
Rektörlük

Sayı : 35853172-300
Konu : Ylfete DRAGAJ ZAJMİ Hk.
(Etik Komisyon İzni Hk)

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 31.05.2018 tarih ve 12908312-300/00000075628 sayılı yazınız.

Enstitünüz Sağlık Yönetimi Anabilim Dalı yüksek lisans programı öğrencilerinden **Ylfete DRAGAJ ZAJMI**'nın **Prof. Dr. Yusuf ÇELİK** danışmanlığında yürüttüğü **"Kosova Kamu Hastanelerinde Hastane Yöentiminin Profesyonelleşmesi ve Yetki Göçerimi Arasındaki İlişkinin İncelenmesi"** başlıklı tez çalışması, Üniversitemiz Senatosu Etik Komisyonunun **5 Haziran 2018** tarihinde yapmış olduğu toplantıda incelenmiş olup, etik açıdan uygun bulunmuştur.

Bilgilerinizi ve gereğini rica ederim.

e-imzalıdır
Prof. Dr. Rahime Meral NOHUTCU
Rektör Yardımcısı

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APPENDIX-F: MASTER'S THESIS ORIGINALITY REPORT

HACETTEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
MASTER'S THESIS ORIGINALITY REPORT

HACETTEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
HEALTH MANAGEMENT DEPARTMENT

Date: 24/09/2018

Thesis Title : ANALYZING THE RELATIONSHIP BETWEEN PROFESSIONAL MANAGEMENT AND EMPOWERMENT: A STUDY IN KOSOVA PUBLIC HOSPITALS

According to the originality report obtained by myself/my thesis advisor by using the Turnitin plagiarism detection software and by applying the filtering options checked below on 24/09/2018 for the total of 81 pages including the a) Title Page, b) Introduction, c) Main Chapters, and d) Conclusion sections of my thesis entitled as above, the similarity index of my thesis is 17 %.

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I respectfully submit this for approval.

Date and Signature
24.09.2018

Name Surname: Ylfete DRAGAJ ZAJMI
Student No: N14128292
Department: Health Management
Program: Health Management

ADVISOR APPROVAL

APPROVED.

Prof. Dr. Yusuf ÇELİK
(Title, Name Surname, Signature)

HACETTEPE ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
YÜKSEK LİSANS TEZ ÇALIŞMASI ORİJİNALLİK RAPORU

HACETTEPE ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
SAĞLIK YÖNETİMİ ANABİLİM DALI BAŞKANLIĞI'NA

Tarih: 24/09/2018

Tez Başlığı: PROFESYONEL YÖNETİM VE YETKİLENDİRME ARASINDAKİ İLİŞKİNİN İNCELENMESİ: KOSOVA KAMU HASTANELERİNDE BİR ÇALIŞMA

Yukarıda başlığı gösterilen tez çalışmamın a) Kapak sayfası, b) Giriş, c) Ana bölümler ve d) Sonuç kısımlarından oluşan toplam 81 sayfalık kısmına ilişkin, 24/09/2018 tarihinde şahsım/tez danışmanım tarafından Turnitin adlı intihal tespit programından aşağıda işaretlenmiş filtrelemeler uygulanarak alınmış olan orijinallik raporuna göre, tezimin benzerlik oranı % 17'dir.

Uygulanan filtrelemeler:

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2- ☒ Kaynakça hariç
3- ☐ Alıntılar hariç
4- ☒ Alıntılar dâhil
5- ☒ 5 kelimeden daha az örtüşme içeren metin kısımları hariç

Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Tez Çalışması Orijinallik Raporu Alınması ve Kullanılması Uygulama Esasları'nı inceledim ve bu Uygulama Esasları'nda belirtilen azami benzerlik oranlarına göre tez çalışmamın herhangi bir intihal içermediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

Gereğini saygılarımla arz ederim.

Tarih ve İmza
24.09.18

Adı Soyadı: Ylfete DRAGAJ ZAJMI
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DANIŞMAN ONAYI

UYGUNDUR.

Prof. Dr. Yusuf ÇELİK
(Unvan, Ad Soyad, İmza)