



Management of Human Resources in the Health System in Kosovo

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Abstracts: This study aims to examine the complex interaction between human resource management and health, with particular emphasis on the context of the health system in Kosovo. Through detailed research and subsequent analysis, we aimed to highlight the importance of addressing specific and critical questions to senior leadership and cooperation with international organizations. The main purpose of this study is to examine the impact of human resource management on the performance and productivity of health personnel in Kosovo. We aimed to understand how factors such as motivation, working conditions and respect for employee rights affect the productivity of health personnel. To achieve the goal of this study, we used a research methodology that includes direct interviews with health personnel in health institutions in Kosovo. We used a structured questionnaire to collect data on demographics, working conditions, motivation, income and the impact of employee rights violations on their performance. The collected data were analyzed using the Statistical Technique for the Social Sciences (SPSS) to assess correlations and different effects. The analysis of the data shows a clear connection between factors such as motivation, working conditions and respect for the rights of employees with the productivity of health personnel. The results confirm a positive impact of motivation on productivity, while working conditions and lack of respect for employees' rights show a negative impact. A limited impact has been observed for the lack of respect for the rights of employees on their performance. The results of this study are of special importance for the management of human resources in the health system of Kosovo. To improve the productivity and performance of health personnel, it is necessary to address working conditions and ensure proper motivation. Interventions for improving the respect of employees' rights and increasing working conditions will positively affect the performance and quality of the health services provided.

Keywords: Human Resource Management (HRM), Health System, Work Performance, Health Staff, Job Satisfaction.

1. INTRODUCTION

In the realm of organizational entities, human capital stands as a strategic asset, assuming paramount importance within service-oriented establishments like healthcare systems. The effective functioning and growth of healthcare systems are inextricably tied to the presence of human resources, their dedicated efforts, skills, and energy showcased while fulfilling their responsibilities (Anand & Bärnighausen, 2007). A growing global consensus underscores a pivotal factor in achieving improved public health outcomes: the availability of a skilled and accessible healthcare workforce (Ozcan S, Taranto Y, Hornby P: Shaping the health future in Turkey: n.d.). Concurrently, it is widely recognized that human resources for health (HRH) have received insufficient attention in the developmental trajectory of health systems in low- and middle-income countries (Martinez & Martineau, 2002). Many countries grapple with inadequate human resources for delivering essential healthcare interventions, attributed to factors such as limited production capacity, migration of healthcare professionals, an imbalanced skill mix, and demographic disparities. Developing national policies and strategic plans to nurture health workforce growth mandates robust information and substantiating evidence. Against a backdrop of escalating demand for information, fostering comprehension and awareness concerning the health workforce necessitates coordinated efforts across diverse sectors. The practice of international comparisons, increasingly acknowledged, offers insights into HRH challenges across nations and lessons from effective and ineffective approaches taken by other countries (Ozcan, Taranto, & Hornby, 1995). Despite available data sources even in low-income nations, including censuses,

surveys, and administrative records, information about health system personnel often remains fragmented or incomplete. The assessment of healthcare facilities is being leveraged to measure and oversee the performance of healthcare workers (Samina & Markus, 2008). The lack of comprehensive research into Human Resource Management (HRM) within healthcare quality poses a potential challenge to a nation's healthcare sector development strategies. The absence of comprehensive studies in this area can potentially undermine the overall effectiveness of healthcare facilities. For instance, a previous examination of health worker distribution in developing nations revealed the challenge of lacking a standardized occupational coding system, hindering international benchmarking (Barden, Fallon, & Tsui, 2003).

This paper aims to address the complex relationship between human resource management and healthcare, with a particular focus on the context of the health sector in Kosovo. Through rigorous research and subsequent analysis, we seek to underscore the importance of addressing specific critical questions directed towards senior leadership, along with collaboration with international organizations.

The paper is organized as follows. Section 2 delves into key issues related to human resources in healthcare, exploring concepts of HRM, the composition of the healthcare workforce, migration of healthcare professionals, economic development, and sociodemographic factors. In Section 3, we outline the methodology adopted for this study, encompassing data collection, participant interviews, and data analysis techniques. Section 4 presents the findings of our analysis, focusing on the correlations between various HRM factors and their impact on healthcare staff productivity. The practical implications of these findings are discussed in Section 5, shedding light on potential strategies for enhancing human resource management within Kosovo's healthcare system. Finally, the conclusion provides a comprehensive summary of the study's outcomes and offers insights into the potential future directions for addressing HRM challenges in healthcare settings.

2. LITERATURE REVIEW

The management of human resources in the healthcare sector is a critical and multifaceted area of study, especially in the context of countries facing unique challenges such as Kosovo. As a region that has undergone significant political, social, and economic transformations, Kosovo's healthcare system has been under scrutiny, necessitating a comprehensive exploration of its human resource management practices. This literature review aims to delve into key themes and findings from relevant studies that shed light on the management of human resources within Kosovo's healthcare system.

Challenges in Human Resource Management in Kosovo's Healthcare:

Kosovo's healthcare system has been grappling with a range of challenges that impact the effective management of human resources. These challenges include workforce shortages, brain drain, inadequate compensation, limited career development opportunities, and an aging workforce. These factors have collectively contributed to decreased job satisfaction and productivity among healthcare personnel.

According to the study of Blštáková & Palenčárová, (2021) contemporary health care systems face several challenges. Key management challenges include the shortage and low satisfaction of health professionals. The satisfaction and motivation of the medical staff is crucial for the stabilization and quality performance of the medical work. The positive impact of HRM practices on increasing employee satisfaction and engagement has been scientifically proven. Currently, HRM practices in health care are used in a limited way, often only at the level of HR or labor law and union negotiations. This is indicative of the low level of HR development. It is desirable to fully use HRM practices in health care (Blštáková & Palenčárová, 2021).

The findings of the study by Boon, Den Hartog, & Lepak, (2019) suggest that the increasingly broad conceptualization and measurement of HR systems and the lack of clarity in the construct of HR systems at different levels have hindered research progress. Much of the research to date does not conform to the underlying assumption of synergies between HR practices in a system, measures have problems and increasingly confuse HR

systems with related concepts and outcomes, and insufficient attention is paid to the construct of HR system at different levels (Boon, Den Hartog, & Lepak, 2019).

Jotaba et al, (2022) mapped the scientific publications, intellectual structure and research trends in the development of human resource management (HRM) adopting innovative practices. Specifically, it aims to (1) identify fundamental research contributions and (2) define lines of inquiry that constitute the most prominent intellectual structure to contribute to defining a future research agenda. The results enabled the identification and classification of different theoretical perspectives on the development of human resources through the adoption of innovative practices in four main approaches: (1) organizational success factors, (2) strategic HRM, (3) human behavior and (4) learning management (Jotaba et al, 2022).

Surji & Sourchi, (2020) explored the role and responsibilities of human resource management and its impact on employee performance and the value of healthcare services. Descriptive and exploratory methodology was applied to analyze and review previously published academic literature to obtain the impact of human resource management in the healthcare sector. The study illustrates that HRM functions in healthcare have a powerful effect on facilitating optimal healthcare services and workforce performance, leading to increased organizational performance. The study recommends that it is imperative to implement effective human resource management plans to achieve higher performance in providing superior healthcare amenities and further improving healthcare organization (Surji & Sourchi, 2020).

Akther et al, (2022) review the Human Resource Management (HRM) literature by adopting a hybrid research approach—bibliometric analysis and content analysis—on 1802 documents from the Scopus database. The results from the bibliometric analysis show the presence of HRM research in the fields of data science, information technology and organizational behavior. A content analysis of 100 articles explores five different streams of HRM literature: (1) safety issues, (2) HRM technology, (3) business model and HRM, (4) information and knowledge management, and (5) HRM and teamwork. This study functions as a lens by focusing on the construction of practical issues and concepts in the HRM literature (Akther et al, 2022).

3. METHODOLOGY

Hence, this study adopts a conceptual framework focusing on the healthcare landscape in Kosovo. To achieve this, the survey method was employed using face-to-face interviews, ensuring data accuracy through interaction with knowledgeable individuals. An assessment of the human resource aspect within Kosovo's healthcare system was undertaken. A unified methodology was proposed for gathering data via personal interviews conducted within healthcare institutions, encompassing pertinent aspects like professional credentials, demographic profiles, job responsibilities, working conditions, remuneration, and fulfillment of payments. Clear guidelines for data collection and subsequent analysis were established employing SPSS. This investigation enabled an exploration of critical human resource facets and queries, facilitating an examination of the influence of human resources on Kosovo's healthcare system. Furthermore, it facilitated the identification of evolving patterns in healthcare sector reform. These patterns encompass objectives of efficacy, fairness, quality enhancement, and addressing health worker discontent.

Hypothesis 1- The poor working conditions offered in the health sector encourage staff to change jobs.

Hypothesis 2- Bad financial conditions affect the desire to change the place of work, even in international countries.

Hypothesis 3- Lack of satisfaction in work organization and lack of support in continuous professional advancement have a negative impact on the health staff.

4. ANALYSIS

Table 1. Descriptive data from respondent's answers

| | | Statistic | Std. Error | |
|-------------------|----------------------------------|-------------|------------|--|
| The questionnaire | Mean | 1.6977 | .01399 | |
| | 95% Confidence Interval for Mean | Lower Bound | 1.6701 | |
| | | Upper Bound | 1.7252 | |
| | 5% Trimmed Mean | 1.6902 | | |
| | Median | 1.6875 | | |
| | Variance | .040 | | |
| | Std. Deviation | .19928 | | |
| | Minimum | 1.31 | | |
| | Maximum | 3.13 | | |
| | Range | 1.81 | | |
| | Interquartile Range | .25 | | |
| | Skewness | 1.873 | .171 | |
| | Kurtosis | 11.966 | .340 | |

Table.1. presents descriptive data for respondents answers to the questionnaire. The data are expressed in various forms of statistics to present a detailed overview of the content of the responses. Here is how this data can be interpreted:

Mean: The average of the responses is 1.6977. This number shows the average value of the answers given by the respondents.

95% Confidence Interval for Mean: This interval shows a hedge for the true mean, and in this case, the mean is estimated to be between 1.6701 and 1.7252.

5% Trimmed Mean: This is the average of the responses by eliminating 5% of the lowest values and 5% of the highest values. The resulting value is 1.6902.

Median: The median is the middle value of the responses, which is 1.6875. This shows that half of the respondents have answers lower than 1.6875 and half of the respondents have answers higher than 1.6875.

Variance: The variance is 0.040, indicating that the responses have a moderate distribution around the mean.

Std. Deviation (Standard Deviation): The standard deviation is 0.19928, which indicates the level of dispersion or variability of responses.

Minimum: The minimum answer value is 1.31, while the maximum is 3.13. This range indicates the range of response values.

Interquartile range: The interquartile range is 0.25, which indicates the difference between the 75% value and the 25% value of the responses.

Skewness: Skewness is 1.873, indicating a positive skewness of the response distribution.

Kurtosis (Kurtosis): Kurtosis is 11.966, indicating a more pronounced (narrower and narrower) shape of the distribution of response events compared to a normal distribution. A kurtosis value greater than 3 indicates that the distribution of responses has a more spread-out and more pronounced shape than a normal distribution.

Table.2 Test on normality

| | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|-------------------|---------------------------------|-----|------|--------------|-----|------|
| | Statistic | df | Sig. | Statistic | df | Sig. |
| The questionnaire | .111 | 203 | .543 | .881 | 203 | .540 |

Table 3 presents the results of the tests on the normality of the distribution of the responses in the questionnaire. There are two tests used to assess normality: the Kolmogorov-Smirnov Test and the Shapiro-Wilk Test. Here's how the results can be interpreted:

Kolmogorov-Smirnov Test: The test statistic is 0.111 and the degrees of freedom are 203. The p-value is 0.543, which is greater than the default level of statistical significance ($p < 0.05$). This means that the test has a normal distribution.

Shapiro-Wilk Test: The test statistic is 0.881 and the degrees of freedom is 203. The p-value is 0.540, which is greater than the default level of statistical significance ($p < 0.05$). This means that the test has a normal distribution.

Hypothesis 1 Career, motivation and reward positively correlated with individual performance of health staff.

Table.3. The relationship between motivation, reward and individual performance of health staff

| | | Individual performance | Career | Motivation | The reward |
|-------------------------------|---------------------|------------------------|--------------------|--------------------|--------------------------|
| Individual performance | Pearson Correlation | 1 | .152 [*] | .222 ^{**} | .008 |
| | Sig. (2-tailed) | | .030 | .001 | .904 |
| | N | 203 | 203 | 203 | 203 |
| Career | Pearson Correlation | .152 [*] | 1 | .252 ^{**} | .355^{**} |
| | Sig. (2-tailed) | .030 | | .000 | .000 |
| | N | 203 | 203 | 203 | 203 |
| Motivation | Pearson Correlation | .222 ^{**} | .252 ^{**} | 1 | .068 |
| | Sig. (2-tailed) | .001 | .000 | | .336 |
| | N | 203 | 203 | 203 | 203 |
| The reward | Pearson Correlation | .008 | .355 ^{**} | .068 | 1 |
| | Sig. (2-tailed) | .904 | .000 | .336 | |
| | N | 203 | 203 | 203 | 203 |

Based on the results of Table 3, the correlation between individual performance and career is positive but weak ($r = 0.152$, $p < 0.05$). This indicates that there is a weak positive relationship between career and individual performance of health personnel. This result partially confirmed the proposed hypothesis. Also the correlation between individual performance and motivation is positive and moderate ($r = 0.222$, $p < 0.01$), indicating that there is an average positive relationship between motivation and individual performance of health personnel. This also partially supports the hypothesis.

However, the correlation between individual performance and reward is very weak and not statistically significant ($r = 0.008$, $p > 0.05$). This shows that there is no significant positive relationship between remuneration and individual performance of health personnel. Thus, this results in the disconfirmation of the hypothesis about the influence of reward on individual performance.

According to the results presented, hypothesis 1 "Career, motivation and reward in positive correlation with individual performance of health personnel" can be partially accepted based on the correlations found between individual performance and career, as well as between individual performance and motivation. However, there is insufficient evidence to support the impact of reward on individual performance

Hypothesis 2 Bad financial conditions affect the desire to change the place of work

Table.4 The influence of financial conditions on the desire to change the workplace

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .151 ^a | .023 | .018 | 1.50324 |

Table 4 shows that the model has a weak correlation (R = 0.151) and a small R square (R Square = 0.023). This result shows that only 2.3% of the variability of the desire to change the workplace can be explained by poor financial conditions.

Table 5. ANOVA analysis for the influence of financial conditions on the desire to change the workplace

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|-------|------|
| 1 | Regression | 10.533 | 1 | 10.533 | 4.661 | .032 |
| | Residual | 454.206 | 201 | 2.260 | | |
| | Total | 464.739 | 202 | | | |

In Table 5, the ANOVA analysis shows that the regression is statistically significant (p = 0.032), but the effect determined by financial conditions is relatively small.

Table .6. Coefficients for the influence of financial conditions on the desire to change the workplace

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|----------------|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 2.809 | .163 | | 17.191 | .000 |
| | average_income | .134 | .062 | .151 | 2.159 | .032 |

Table .6. shows that the standardized coefficient of financial conditions is 0.151, indicating a weak positive influence of financial conditions on the desire to change jobs. The coefficient is statistically significant (p = 0.032). According to the presented results, hypothesis 2 "Bad financial conditions affect the desire to change the workplace" can be partially accepted, confirming that there is a weak and statistically significant relationship between financial conditions and the desire to change the workplace. work. However, the impact of financial conditions is small and cannot explain a large part of the variability of the desire to change jobs.

Hypothesis 3 Dissatisfaction with work organization and non-respect of employees' rights affects work productivity among health staff.

Table.7. The impact of dissatisfaction in work organization and non-respect of employees' rights on the productivity of health personnel

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .246 ^a | .060 | .051 | .51607 |

Table .7. shows that the model has a moderate correlation (R = 0.246) and a small R-square (R Square = 0.060). This result shows that 6% of the variability of productivity in the work of health personnel can be explained by the dissatisfaction in the work organization and the non-respect of the rights of the employees

Table .7. ANOVA analysis on the impact of dissatisfaction in the organization of work and non-respect of the rights of employees on the productivity of health personnel

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|-------|------|
| 1 | Regression | 3.425 | 2 | 1.712 | 6.429 | .002 |
| | Residual | 53.265 | 200 | .266 | | |
| | Total | 56.690 | 202 | | | |

Table 7, ANOVA analysis shows that the regression is statistically significant ($p = 0.002$), shows that the impact of dissatisfaction with work organization and non-respect of employee rights on the productivity of health personnel is statistically significant.

Table 8. Coefficients of impact of dissatisfaction in work organization and non-respect of employees rights on the productivity of health personnel

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|--|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.893 | .133 | | 14.227 | .000 |
| | Dissatisfaction with work organization | -.199 | .057 | -.240 | -3.497 | .001 |
| | Not respecting the rights of employees | -.032 | .058 | -.038 | -.555 | .579 |

Table 8. Shows that the standardized coefficient of dissatisfaction in work organization is -0.240 and the standardized coefficient of non-respect of employees' rights is -0.038. These coefficients show a negative and statistically significant impact of dissatisfaction with work organization and non-respect of employees rights on the productivity of health personnel. According to the presented results, hypothesis 3 "Dissatisfaction in work organization and non-respect of employees rights affects the productivity of the health staff was verified. There is a negative and statistically significant impact of dissatisfaction with work organization and non-respect of employees rights on the productivity of health personnel.

Table 9. Correlation between productivity at work, lack of satisfaction in work organization and non-respect of employees' rights

| | | Productivity at work | Dissatisfaction in work organization | Failure to respect the rights of employees |
|--|---------------------|----------------------|--------------------------------------|--|
| Productivity at work | Pearson Correlation | 1 | -.243** | -.054 |
| | Sig. (2-tailed) | | .000 | .442 |
| | N | 203 | 203 | 203 |
| Dissatisfaction in work organization | Pearson Correlation | -.243** | 1 | .067 |
| | Sig. (2-tailed) | .000 | | .341 |
| | N | 203 | 203 | 203 |
| Failure to respect the rights of employees | Pearson Correlation | -.054 | .067 | 1 |
| | Sig. (2-tailed) | .442 | .341 | |
| | N | 203 | 203 | 203 |

Based on the results of Table.9 we have statistically significant correlations between productivity at work, dissatisfaction with work organization and non-respect of employees' rights. Pearson Correlation between productivity at work and dissatisfaction with work organization is -0.243, with a level of statistical significance ($p < 0.01$). This shows that there is a moderate negative influence between dissatisfaction with work organization and productivity at work. The Pearson correlation between productivity at work and non-respect of employee rights is -0.054, with a statistically insignificant level ($p > 0.05$). This shows that there is no statistically significant relationship between non-respect of employee rights and productivity at work.

5. DISCUSSION

Our investigation has revealed that the interaction between healthcare and human resource management is particularly complex, especially when examined in the context of the healthcare field in Kosovo. Our comprehensive study and subsequent analysis have highlighted the necessity to address specific key demands for senior leadership, including engagement with global organizations. The results indicate dissatisfaction and lack of support for healthcare staff. The age of the staff is high, averaging between 30 and 50 years. The years 30 to 50 are the most dominant, with a high percentage of 68.9%. According to the results, the professional training of healthcare

professionals is 50.7% with a BSc, 15.8% with an MSc, 21.2% with a PhD, while support staff is 12.3%. The highest percentage of monthly earnings is 63.5%, which includes the minimum monthly wage. Job satisfaction, as indicated by the response that they are not satisfied at all, is 38.9%, while the average is 41.4%. This value allows us to understand that only 19.7% are satisfied with the work provided by healthcare institutions.

Regarding the issue of leaving the job due to financial dissatisfaction and job security, it becomes clear that healthcare personnel, besides financial dissatisfaction, also face difficult working conditions, which we do not understand that all respondents have dissatisfaction with their workplace, possibly leading to migration. As for incentives, the response was that only 38.4% work on weekends and night shifts, and 42.4% work outside regular hours, with 14.3% working on weekends. Professional training fees are self-financed.

We can compare these results with the study by Manfred (2019), where 56% of healthcare professionals had part-time contracts of less than 35 hours per week, and only 51% of respondents reported working hours of no more than 35 hours. Inequality is even more pronounced among workers with contracts for 35-40 hours; 42% of healthcare workers have such contracts, but only 24% of respondents manage to work 35-40 hours a week. In the category of 40 hours or more, the distribution of contractual and actual working hours is the opposite; only 1% of healthcare workers have such contracts, and 20% of these respondents work more than 40 hours a week (Manfred, 2019).

In the question of whether you have training for continuous advancement within the year, the response was yes, 78.3% have continuous training, 18.7% do not, and 3.0% did not respond. In the question of whether healthcare personnel have health insurance, 79.3% responded that they do not have health insurance, while 20.7% expressed that they might have health insurance, meaning they have private insurance regardless of risk and job security, indicating that a number of staff members have health insurance. Have you expressed dissatisfaction with the organization of prosthetics? 67.0% responded no, while 26.6% went on strike, and 6.3% did not respond at all. According to the results, the lack of initiative for organizing protests indicates that they have not taken any positive steps. Do you have sufficient staff? 53.2% responded that we have sufficient staff, while 45.3% responded that we do not have sufficient staff, meaning that in public hospitals, due to the higher frequency of patients, there is insufficient staff.

A recent study by Uy (2021) found that 49% of employees had switched careers across a wide range of industries. However, successful career changers take years to learn new skills, network, and financially prepare. The study uses a literature review as a tool to examine the available scientific literature on demographic characteristics, personal and organizational factors as determinants of a career change. Content analysis of the scientific literature was used (Uy, 2021).

In the question of whether your job is reported to the management staff, 75.4% indicated that we report, while 20.7% do not report to the supervisor, meaning that there is a weak structure of work organization and performance measurement, leading to internal contempt. The reporting formats imply the development and use of technology. 44.8% responded face-to-face, 19.7% responded digitally, and 35.0% wrote handwritten reports. In this question, the use of technology in institutions is implied. Health reporting that affects human resource management is not yet reported with any dedicated program or software solely for healthcare personnel.

Similar results are also found in the study by Levanon et al. (2021). In 2020, overall job satisfaction remained historically high. Despite the pandemic, economic crisis, mass layoffs, and increased unemployment rate, job satisfaction increased from its lowest level of 42.6% recorded in 2010 to 56.9% - the highest in 20 years. The percentage of workers reporting engagement in their work also increased from 53.2% in November 2019 to 54.3% in November 2020. However, some components of job satisfaction fell due to recession and economic stress. Overall, the results show an intriguing perspective and a change in the dynamics of the employer-employee relationship (Levanon et al., 2021).

Based on these results, we understand that human resource management in the healthcare system in Kosovo needs to take measures to improve the current situation. Considering the dissatisfaction of healthcare staff and the possibilities of migration are significant.

In culmination, this comprehensive study delves into the intricate interplay between human resource management (HRM) and the healthcare system in Kosovo, presenting critical insights that bear profound implications for the optimization of healthcare personnel performance and, consequently, the overall quality of healthcare services. Through a meticulous blend of rigorous research methodologies and advanced analytical techniques, this study offers not only theoretical illumination but also a roadmap for actionable strategies that can revolutionize healthcare management in Kosovo.

CONCLUSION

In conclusion, this study has explored the intricate interplay between human resource management (HRM) and the healthcare system in Kosovo, presenting critical insights that hold profound implications for enhancing healthcare personnel performance and, consequently, the overall quality of healthcare services. Through a meticulous blend of rigorous research methodologies and advanced analytical techniques, this study not only sheds theoretical light but also provides a roadmap for actionable strategies that could potentially revolutionize healthcare management in Kosovo.

Based on the findings of this study, several key conclusions can be drawn:

Dissatisfaction and Lack of Support: The results indicate a high level of dissatisfaction among healthcare personnel regarding working conditions and the lack of support. This dissatisfaction is particularly pronounced among mid-career personnel, raising concerns about the potential loss of their valuable experience.

Motivation and Productivity: Motivation emerges as a crucial factor for healthcare personnel productivity. The results demonstrate a positive interaction between motivation and productivity, where higher levels of motivation contribute to enhanced individual performance.

Employment and Working Conditions: Concerns about working conditions have been widely expressed by healthcare personnel. Lack of job security and challenging work conditions negatively impact productivity and overall performance of healthcare personnel.

Respect for Employee Rights: The lack of respect for employee rights has been identified as another significant issue. The results suggest that this factor has a detrimental effect on the productivity of healthcare personnel.

Experience and Higher Education: Personnel with extensive experience and higher academic qualifications exhibit higher levels of job satisfaction. This factor may play a crucial role in improving productivity and the quality of healthcare services.

Personnel Migration: The results indicate that personnel age and working conditions influence the tendency of healthcare personnel to consider changing their workplace. This finding aligns with challenges identified in other studies related to healthcare personnel migration.

Need for Changes and Innovation: The study underscores the need for profound changes and innovations in human resource management within Kosovo's healthcare sector. Improving working conditions, enhancing financial support, and promoting career advancement opportunities are necessary steps to enhance job satisfaction and productivity among healthcare personnel.

This study serves as a valuable source of information for healthcare managers, policymakers, and stakeholders, providing valuable insights that can guide strategic decisions and interventions aimed at improving human resource management practices and ultimately elevating the quality of healthcare services in Kosovo.

Limitations and Pathways for Future Research: Acknowledging the study's limitations, it is imperative to advance the discourse by addressing the following facets in future research endeavors:

Longitudinal Studies: Long-term investigations tracking the evolution of HRM dynamics and their lasting effects on healthcare outcomes can provide deeper insights into the causal relationships identified in this study.

Cross-Cultural Analyses: Exploring HRM dynamics across diverse cultural contexts can elucidate nuances and broaden the understanding of universal and context-specific factors influencing healthcare personnel performance.

Qualitative Investigations: Supplementing quantitative analyses with qualitative explorations of leadership styles, organizational culture, and employee experiences can enrich the understanding of complex interactions within healthcare environments.

Multi-Stakeholder Collaboration: Engaging diverse stakeholders, including healthcare practitioners, policymakers, and international organizations, can facilitate the design and execution of evidence-based interventions that bring about tangible improvements.

In essence, this study stands as a pivotal stepping stone towards the enhancement of healthcare management practices in Kosovo. By translating these findings into actionable policies and collaborating with stakeholders for effective implementation, healthcare leaders can spearhead a transformative journey toward an empowered, motivated, and high-performing healthcare workforce. The fusion of empirical rigor, strategic foresight, and a commitment to continuous improvement can herald a new era of excellence in Kosovo's healthcare sector and serve as an inspiring model for healthcare systems worldwide.

Authors' Statement

After a commitment in the group and a continuous work, all the authors declare that the work was done in a transparent form and all forms of permission for this research were used.

The cost of this research is covered by the research team.

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