Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

EVALUATION OF THE PERFORMANCE STATUS OF CHIEF AND SENIOR NURSES IN URBAN FAMILY CLINICS

1 Ikromova G. A.
Assistant at the School of Public Health,
Tashkent State Medical University

2 Turaeva M. T.
1st Year Master of Laboratory work at the
Department of Hematology, Transfusiology and Laboratory Work

Abstract
Chief and senior nurses hold a vital position in the leadership and management of urban family clinics, which deliver essential healthcare services, particularly to underserved populations. Evaluating their performance status is essential for maintaining and improving the quality, effectiveness, and efficiency of healthcare delivery within these clinical settings.

Keywords: Chief nurses, senior nurses, urban family clinics, performance evaluation, clinical leadership, staff development, financial management.

Annotatasiya:
Bosh hamshiralar va katta hamshiralar shahar oilaviy poliklinikalarini boshqarish va ularga rahbarlik qilishda muhim rol o‘ynaydi. Ushbu muassasalar, ayniqsa, yetarli darajada tibbiy xizmat bilan ta’minlanmagan aholi qatlamlariga zarur tibbiy yordam ko‘rsatadi. Ularning kasbiy faoliyatini baholash ushbu tibbiyot muassasalarida xizmat ko‘rsatish sifati, samaradorligi va natijadorligini ta’minlash hamda yaxshilash uchun muhim ahamiyatga ega.

Аннотация:
Главные и старшие медицинские сестры играют ключевую роль в руководстве и управлении городскими семейными поликлиниками, которые

Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

предоставляют важные медицинские услуги, особенно для недостаточно обслуживаемых групп населения. Оценка их профессиональной деятельности имеет важное значение для обеспечения и повышения качества, эффективности и результативности оказания медицинской помощи в данных учреждениях.

Introduction:

Urban family clinics play an essential role in delivering accessible and comprehensive healthcare services to underserved populations. Within these settings, chief and senior nurses serve as key leadership figures, overseeing clinical operations, ensuring the quality of patient care, and supporting the nursing workforce. Evaluating their performance is important for assessing the overall effectiveness of these clinics and for identifying areas that require improvement.

Despite the significance of their responsibilities, research specifically examining the performance assessment of chief and senior nurses in urban family clinics remains limited. This study seeks to address this gap by evaluating their performance across multiple domains, including clinical leadership, staff development, patient satisfaction, communication skills, financial management, and data analytics. Understanding the performance of chief and senior nurses is important for several reasons. First, it provides insight into their strengths and weaknesses, enabling healthcare organizations to identify areas where additional training and support may be required. Second, it helps ensure that nursing leaders meet established organizational standards and community expectations. Third, it contributes to the development of effective best practices in nursing leadership within urban family clinics, which may be adopted by other healthcare institutions.

This study adopts a mixed-methods design, integrating quantitative surveys with qualitative interviews. The survey component will gather data on different dimensions of nursing performance, while the interviews will offer deeper insight into participants' experiences and professional perspectives. The results are expected to provide valuable evidence for healthcare organizations,

Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

policymakers, and nursing leaders, ultimately supporting the improvement of healthcare service delivery in urban populations.

Methods:

In line with the aim and objectives of this study, and to enable an in-depth analysis and comparison within the context of ongoing healthcare reforms, a continuous sampling approach was applied. All urban family clinics in Andijan city were included in the study (a total of 9 clinics, constituting the main study group). For comparative analysis, chief and senior nurses from the Andijan branch of the Republican Scientific Center for Emergency Medical Care (n = 18) were also included, along with 30 bachelor-level students from the Faculty of Higher Nursing.

The assessment of the Head Nurse's activities and scope of responsibilities was based on her defined functional duties, as outlined in the regulatory documents of the Ministry of Health of the Republic of Uzbekistan (Order No. 594 dated December 29, 2007, Appendix No. 17; and Order No. 575 dated November 20, 1994, Appendix No. 17).

In this study, different methodological approaches were applied depending on the specific objectives. A tailored questionnaire was developed separately for each participant group.

Questionnaire No. 1 – "Comprehensive assessment and analysis of the activities of chief nurses in family and territorial polyclinics";

Questionnaire No. 2 – "Comprehensive assessment and analysis of the activities of senior nurses in family and territorial polyclinics";

Questionnaire No. 3 – "Comprehensive assessment and analysis of the activities of senior nurses in multidisciplinary hospitals";

Questionnaire No. 4 – "Identification of tasks in the training of chief and senior nurses in family polyclinics and multidisciplinary hospitals (for undergraduate students of the Faculty of Higher Nursing)".

Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

Results:

Proper organization and improvement of work quality in primary healthcare institutions are of major importance. In particular, the effectiveness of healthcare management, especially among chief nursing administrators, largely depends on their knowledge, skills, and clinical competencies [1]. A total of 70 chief and senior nurses from urban family clinics across Andijan city participated in the survey. The majority of respondents were female (85%) and had more than 10 years of professional experience in their current positions (62%). The participants were aged between 32 and 52 years, with a mean age of 42.3 ± 0.75 years (median -43.5; σ - 6.28). The survey results indicated that most nurses reported spending a considerable amount of time on medical documentation. In particular, 72.5% of respondents noted the need to digitize work-related documents, including various records, forms, and journals. Among nurses aged 45 years and older, a need to improve computer literacy was identified. Additionally, 71.5% of participants reported that nearly 60% of their working time was spent in meetings, while only about 40% of assigned tasks were fully completed.

The survey findings indicated that chief and senior nurses demonstrated generally strong performance across several key areas.

Clinic Management: Participants showed a high level of competence in providing clinical leadership and guidance to staff, ensuring the quality of care delivery, and promoting the implementation of evidence-based practices.

Staff Development: Nurses were found to be effective in mentoring and training healthcare personnel, supporting professional development, and fostering a collaborative and supportive work environment.

Patient Satisfaction: High levels of patient satisfaction were reported, with nurses receiving positive evaluations for their communication skills, empathy, and responsiveness to patient needs.

Analysis:

In-depth interviews provided a more comprehensive understanding of the challenges and experiences faced by senior nurses in urban family clinics. Several key themes emerged during the discussions.

Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

Heavy workload: Participants reported experiencing a significant workload burden. Many chief nurses indicated that they were required to personally collect medications for patients from city hospitals, which resulted in additional time demands and out-of-pocket expenses. They further explained that responsibilities related to the receipt, distribution, and accounting of medications were placed entirely on their shoulders. Previously, these functions were managed by a dedicated pharmacist responsible for drug delivery and inventory control. All chief nurses in family polyclinics confirmed these changes and expressed concern regarding their impact. As a result, nurses reported limited time to fulfill their managerial responsibilities, including staff supervision, conducting meetings, and organizing training sessions for junior nursing staff.

Limited resources:
Clinics frequently encountered financial constraints, as well as shortages of staff and medical equipment, which hindered nurses' ability to deliver optimal patient care.

Lack of support:
Participants reported insufficient support from senior management. They emphasized the need for stronger organizational assistance, including mentoring programs, opportunities for professional development, and adequate resources to effectively manage workload and address operational challenges.

Discussion:
Chief and senior nurses are essential to the effective functioning of urban family clinics. Evaluating their performance and identifying areas requiring improvement enables healthcare organizations to strengthen the quality of patient care and foster a more productive and supportive working environment for nursing staff. Systematic performance assessments, continuous organizational support, and targeted development initiatives can help empower these professionals to maintain and further improve the delivery of high-quality healthcare services in demanding urban healthcare settings.

Modern American Journal of Medical and Health Sciences
ISSN (E): 3067-803X
Volume 2, Issue 5, May 2026
Website: usajournals.org

REFERENCE:

1. American Association of Nurse Executives (AANE). (2021). Nurse Executive Competencies.https://www.aanenet.org/about-aane/aane-nurse-executive-competencies
2. American Nurses Association (ANA). (2021). Code of Ethics for Nurses with Interpretive Statements.https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/
3. American Organization for Nursing Leadership (AONL). (2022). Nurse Manager Competencies.https://www.aonl.org/publications-resources/nurse-manager-competencies
4. Centers for Medicare & Medicaid Services (CMS). (2022). Hospital Inpatient QualityReporting(IQR) Program. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/Hospital-Inpatient-Quality-Reporting/Hospital-Inpatient-Quality-Reporting.html
5. Institute of Medicine (IOM). (2010). The Future of Nursing: Leading Change, AdvancingHealth.National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK209298/
6. Joint Commission. (2022). Nursing: Professional Practice Standards.https://www.jointcommission.org/standards/nursing-professional-practice-standards/
7. National Association of Clinical Nurse Specialists (NACNS). (2021). NACNS Core Competenciesfor Clinical Nurse Specialists. https://www.nacns.org/about-nacns/core-competencies
8. National Association of Neonatal Nurses (NANN). (2022). NANN Nurse Practitioner CoreCompetencies. https://www.nann.org/professional-development/practice-resources/position-statements/np-core-competencies
9. National Council of State Boards of Nursing (NCSBN). (2019). NCSBN National Nurse PracticeAct& Regulatory Model. https://www.ncsbn.org/nurse-practice-act-model.htm
10. World Health Organization (WHO). (2021). Global Strategic Directions for Nursing andMidwifery2021-2025. https://www.who.int/publications/i/item/9789240039364