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Healthcare Workforce Motivation as Crucial Element of Healthcare Reform Success

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Abstract

Health care reforms are initiated in order to improve the quality of care aiming main objective, healthy population. Regardless goals of healthcare reforms, main actors implementing all activities, are the most important element of human resources, professional workers. Human resources are the most important asset of the healthcare system and their motivation has key importance for sectoral reforms. Human resource motivation is the process that assures utilization of employee's, hence either healthcare institution or an employee get most high profit. Primary health care reform started in the year 2007 had financial, organizational and juridical dimensions, which couldn't succeed without the motivation of healthcare personnel in the process. Health Insurance Institute (HII) was found in 1995 as a single purchase in Albania. Active purchasing strategies can drive better quality of care by financial rewarding best practices and improve outcome, and create incentives for providers to be more efficient or more responsive to consumers. This was the key mechanism used by HII in contracting Health Centers (HC) since the beginning of health care reform in primary health care. New financing formula: 85% of fix budget for normal running of HC, 10% of the budget according to the performance of family doctors and 5% of budget based on process indicators in order to measure results of health care in the catchment area of HC. According to Herzberg's hygiene factors, if you address dissatisfying job factors like work conditions, salary, status, and security you may create peace, but not necessarily enhance performance. HC have the right to distribute financial remuneration twice per year to health staff based on financial results, in order to motivate them to provide better quality service. On the other hand sign of working contract between HC on one side and healthcare employ on the other side, tended to make employees feel more secure in working place. Study "HTA in primary health care" mean to research if motivation factors of primary healthcare reform have been successful.

Keywords: healthcare reform, motivation, satisfaction, security.

Introduction

After the Second World War, Albania adopted important features of the Soviet model. Health facilities, hospitals, pharmacies and pharmaceutical factories were nationalized, placed under a national Ministry of Health and governed by compulsory state plans. Health systems were organized by administrative level of government, with vertical hierarchy moving down from national power to the district health departments.

The budget of health facility was passive, in the sense that allocated funds were unable to buy goods freely and were subordinate to plans based on physical indicators.



Demands for goods and services chronically exceeded their supply, thereby generating shortages. Marxist-Leninist political economy influenced the priority ranking of health.

On its notable concepts was that national income was generated by the productive branches of the economy, primarily industry and agriculture, and was consumed by the less important "non-productive sphere", which included health and welfare.

Albania's former Communists were routed in elections March 1992, causing economic collapse and social unrest. Health system suffered a lack of investments and drugs. Health indicators in that time were the worst in Europe: Infant mortality rate: 41.4 / 1000 live birth.

There was no financial institution that could prevent financial ruin of Albanian families from illness financial consequences and play the role of purchaser of health care services for the covered population. In 1995 was found Health Insurance Institute (HII) as a single purchaser in Albania.

Purchasing in health systems refers to the allocation of financial resources (pooled from various collection mechanisms) to providers to obtain the provision of health care services in the benefits package for the covered population. Health care purchasing can be powerful instrument to further health financing policy goals¹.

By 2007, health centers (HC) in primary health care are public entities, autonomous, contracted by HII, financed according to the package of services. HC is managed by Manager and economist that are responsible for the financial and human resource. HC have a bank account in order to do financial payments.

Active purchasing strategies can drive better quality of care by financial rewarding best practices and improve outcome, and create incentives for providers to be more efficient or more responsive to consumers².

After reform started in 2007 HC are financed performance based according to a new formula: 85% of budget was given monthly for normal function of services, 10% was given monthly as performance based (number of visits performed by a doctor per day) and 5% was called quality bonus and measured through 9 indicators, given quarterly to HC.

Results

684 health staff were interviewed from 52 HC in primary health care sector, by which 17.3% were male and 82.7% female, and 42% work in the urban area and 58% in rural. The majority of health staff, 73.4% of doctors and 67.4% of nurses are satisfied with remuneration they get twice per year as a result of good performance (Fig. 1)

¹ Cashin, C., & McEuen, M. (2010). Purchasing of health care services

² Kutzin, J. (2001). A descriptive framework for country –level analysis of health care financing arrangements. Health policy, 56.

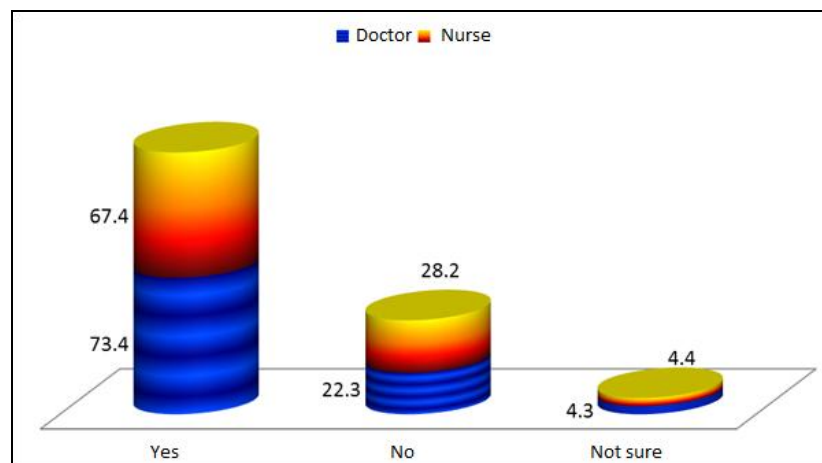


Fig. 1: Satisfaction regarding remuneration

Vast majority of healthcare staff (88%) feel more secure in working place after they have signed working contract between them and health center (fig.2).

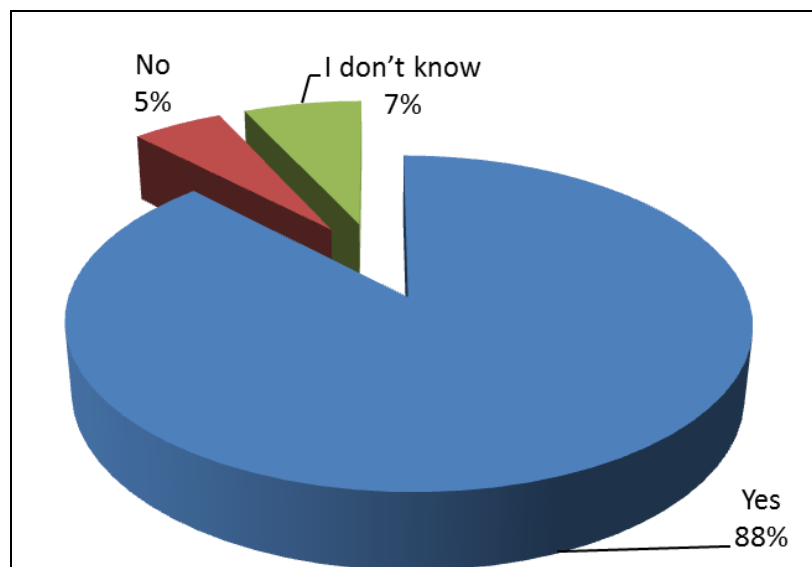


Fig. 2: Healthcare staff security in working place

As consequence of remuneration satisfaction and security in working place, performance in yr.2010 was increased 4% comparing with yr.2008 and increased 7% compared with yr.2009 ($p=0.519$) (fig. 3).

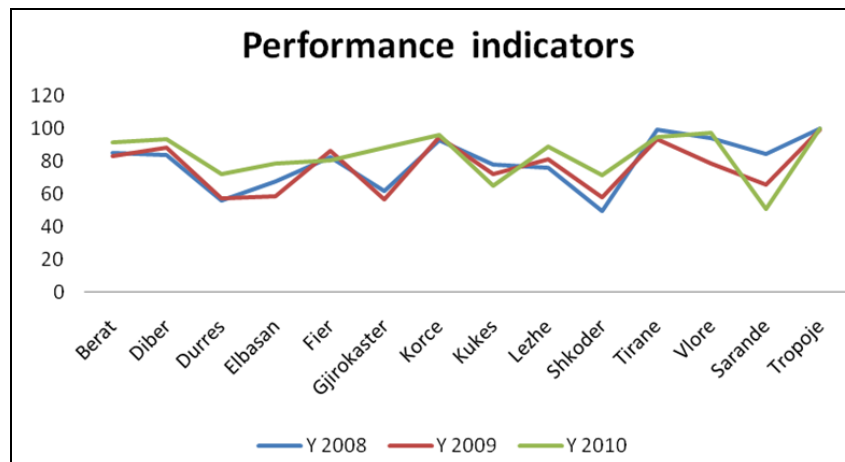


Fig. 3: Performance indicators in years 2008-2010

Conclusions

The new mechanism used for financing HC, based on performance and quality of care indicators, was perceived by health staff as a motivating mechanism, taking in consideration they take twice per year financial remuneration based on output. Healthcare staff is satisfied by financial treatment and more secure because of working contract signed by them and HC manager.

The performance of HC is increased steadily, reflecting the increase of confidence of population to the family doctor. An indicator that measures performance hasn't change calculating way during those years as well, despite HIS used for collecting information affected the accuracy of data, but not level of the indicator.

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