MOTIVATION AND REWARDS TO HEALTH PROFESSIONALS

MOTIVAÇÃO E RECOMPENSAS AOS PROFISSIONAIS DE SAÚDE

MOTIVACIÓN Y RECOMPENSAS A LOS PROFESIONALES DE ATENCIÓN DE LA SALUD

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ABSTRACT

Users of the public or private health systems are demanding a better quality in the provision of these services. However, health professionals are not recognized as the key link to improve these systems. This theoretical essay aimed to identify and describe the motivational factors and analyze the pay for performance of health professionals. Given the findings, we propose grants to improve care and satisfaction of users and professionals as: a) to recognize good performance to the extent that the effort is expended; b) to allow professionals to self-manage their work; c) to allow challenges and development opportunities as a career plan and compatible position and salary; d) to reward according to the individual motivation; e) to provide adequate infrastructure and working conditions and; f) to provide, financial and non-financial incentives.

Keywords: Variable Remuneration; Motivation; Health Professionals.

RESUMO

Os usuários dos sistemas de saúde, público ou privado vem exigindo uma melhor qualidade na prestação destes serviços. Entretanto, os profissionais de saúde não são reconhecidos como o elo fundamental para a melhoria destes sistemas. Este ensaio teórico teve o objetivo de identificar e descrever os fatores motivacionais e analisar o pagamento por desempenho dos profissionais de saúde. Diante dos achados propomos subsídios para melhoria da assistência e satisfação dos usuários e profissionais como: a) reconhecer o bom desempenho à medida que o esforço é despendido; b) permitir que os profissionais possam autogerir seu trabalho; c) permitir oportunidades de desenvolvimento e desafios como plano de carreira, cargo e salário compatíveis; d) recompensar conforme a motivação individual; e) oferecer infraestrutura e condições de trabalho adequadas e; f) oferecer incentivos financeiros e não financeiros.

Palavras-chave: Remuneração Variável; Motivação; Profissionais da Saúde.

RESUMEN

Los usuarios de los sistemas de salud, públicos o privados están exigiendo una mayor calidad en la prestación de estos servicios. Sin embargo, los profesionales de la salud no son reconocidos como el eslabón esencial para mejorar estos sistemas. El objetivo de este ensayo teórico fue identificar y describir los factores motivacionales y analizar el pago por desempeño de los profesionales de la salud. Dadas las conclusiones, proponemos

DOI: 10.21714/2178-8030gep.v17i1.3534

subvenciones para mejorar la atención y la satisfacción de los usuarios y profesionales, como: a) reconocer el buen desempeño en la medida en que se gasta el esfuerzo; b) permitir que los profesionales puedan autocontrolar su trabajo; c) permitir desafios y oportunidades de desarrollo, como un plan de carrera, cargo y salario compatibles; d) recompensar de acuerdo con la motivación individual; e) ofrecer infraestructura y condiciones de trabajo adecuadas y; f) proporcionar incentivos financieros y no financieros.

Palabras clave: Compensación Variable; Motivación; Profesional de la Salud.

1 INTRODUCTION

The World Health Organization estimated a global shortage of 4.3 million of health workers all over the world, especially in underdeveloped and developing countries (Who, 2006). The loss of financial income of health institutions compromises the functioning and the quality of services provided to the population, especially to the African (Robert, Ridde, Marchal, & Fournier, 2012).

Hongoro and Normand (2006) point out three common problems to the most of developing countries: a) attract professionals to underserved, rural or remote areas; b) large emigration of doctors and nurses and; c) double shift of doctors working in public and private institutions.

In September 2000, the Millennium Development Goals (MDGs) were defined, with representatives of 189 member countries of the United Nations (UN). There are eight goals to be achieved by 2015: 1) to end hunger and poverty; 2) quality basic education for everyone; 3) gender equality and empowerment of women; 4) *reduce child mortality;* 5) *improve maternal health;* 6) *combat AIDS, malaria and other diseases;* 7) quality of life and respect for the environment and; 8) everyone working for development. Of these, three, as can be seen highlighted, are related to the health sector. Thus, the sector began to receive greater global attention because the formulators of public policies are realizing that is not possible to achieve the MDGs if the health worker does not produce high levels of performance (World Health Organization, 2006). To achieve the MDGs, countries and their international partners have made evidence-based policies to improve the access to health care for vulnerable populations (Robert *et al*., 2012).

There is a considerable significance in the relationship between the health status of the population and the country's economic growth, because the first changes the productive capacity of the individuals (Brazil, 2006). In addition, the demand for health services is growing and influenced by factors such as the increase of life expectancy of the population, emergence of new chronic degenerative diseases, increase of violence, increased traffic accidents, among others. Obtaining qualified and motivated human resources is essential for the proper provision of health services (Dieleman & Harnmeijer, 2006; Songstad, Lindkvist, Moland, Chimhutu,& Blystad, 2012) since that managers seek to meet the needs and which factors motivate people, through the understanding of human behavior and the behavior of these people in their workplace (Kumar, 2012). Bärnighausen and Bloom (2009) show that the shortage of professionals has reached critical levels in many places, both in developed and developing countries, to the point of being unable to achieve the health goals of the population in poor and rural communities. Strategies aimed at improving the professional performance are essential to face this shortage of the existing workforce (Dieleman & Harnmeijer, 2006).

The work of health professionals is always physically and emotionally demanding. Often requires making decisions about life and death in a very short time and with limited resources. Professionals are faced with daily challenges that affect them emotionally (Boldor, Bar-Dayan, Rosenbloom, & Shemer, 2012). The

performance of health professionals affects the overall performance of health systems (Ndiaye, Seye, Diedhiou, Deme, & Tal-Dia, 2007). Therefore, these professionals are increasingly recognized as the fundamental link in improving the quality of health services and vital to achieve the MDGs (Dieleman, Gerretsen, & Wilt, 2009, Jaskiewicz & Tulenko, 2012).

Health professionals still face, in public and private systems, various difficulties, and this causes turnover of medical and nursing professionals (Zhao *et al*, 2013) by demotivating factors, as can be seen in Chimwaza *et al*. (2014) study, in which 84 workers indicated as problems: lack of respect, lack of recognition for the effort expended, wage delays and inconsistencies, lack of transparent processes, lack of criteria for promotion and death of patients. In this study, workers surveyed still suggest: equal opportunities; transparent management policies; trained managers with managerial skills; have equipment, supplies and medicines in order to favor the retention of the health team.

In Brazil, currently, the demand for better health care has been placed as a priority, along with the demand for education and security. Public and private managers have invested in strategies that meet the desire of society, but most professionals do not participate effectively in the construction of a better working environment neither agree with the goals, which are imposed and, if there is any reward system, which would be of added value and transparency of the evaluation process and awards.

Workers can achieve the goals and agree with the values expended by their superiors, even if they do not agree with everything that is proposed. However that does not mean increase of productivity, quality service perceived by the user, professional satisfaction, and high performance (Hatzenberger & Carlotto, 2013). Therefore, to recognize the needs of these professionals, by implementing rewards systems, is feasible because add value to the fulfillment of institutional goals, aiming to improve performance, and can also encourage individual motivation and meet the social demands that claim, with urgency, for high effectiveness of health systems.

The federal government launched the More Doctors Program (Brazil, 2013) to supply the demand for professionals in risk areas away from the metropolis, due to the high turnover and absenteeism, leaving the population without medical care in these locations. However, this program, although innovative, did not propose to solve the structural issues of therapeutic supplies, professional recognition, promotion and other rewards systems, patients logistic and safety, so that Brazilian professionals can occupy their place and not just a temporary scenario of three years.

In this context, it is appropriate to know what motivates each employee to reward superior performance properly and that contribute significantly to improving the quality of services. Thus, the aim of this study was to identify and describe the motivational factors, analyze the payment for performance of health professionals and offer subsidies to reward these professionals.

The adopted methodological strategy was a literature review focusing on the main motivational factors for health professionals and studies that showed the effects and results of the application of payment for performance in health in developing and underdeveloped countries. Forty-one scientific articles about the subject were analyzed based on research conducted in several countries, using as database Pubmed, Bireme, Scielo and Ebsco.

The theoretical essay was applied as a methodology for allowing the design of an academic structure susceptible to fragmentation with logic, seeking the construction of the scientific knowledge through deep

reflections between subject and object, besides promoting the link between the production of knowledge subjectively and cause the interdisciplinarity between knowledge (Menegetti, 2011).

2 THEORETICAL FRAMEWORK

2.1 Motivation

Motivation are forces that coming from the inside of a person, which are responsible for active engagement and the intentional targeting of efforts (Deci & Ryan, 2000; Hitt, Muller, & Colella, 2007). It refers to the internal factors of the individual that direct the behavior to the achievement of specific goals and do not depend of skills or external demands (Hitt *et al*., 2007). Therefore, the motivation is intrinsic to the human being.

Bowditch and Buono (2006) define intrinsic motivation as the one in which the individual wants to develop an action by itself and extrinsic as that by which the individual wishes to develop the action because of external stimuli, such as receiving rewards or avoid punishment. In most cases, motivation arises from a need that must be fulfilled, and this, in turn, leads to a specific behavior (Kontodimopoulos, Paleologou, & Niakas, 2009; Lambrou, Kontodimopoulos, & Niakas, 2010). Songstad *et al*. (2012), claim that intrinsic motivation is situational and personal. Armstrong (2007) adds that it is simplistic to only think that the extrinsic factors can motivate in the long term because the reasons are inversely proportional. The intrinsic motivation is that ensures the continuity of professionals in organizations.

Motivation is a controversial topic and shows variations in the organizational field. Bergamini (1997, p. 37) believes that the theories "complement each other and contribute to the design of a more comprehensive view of the human being as such, given the natural complexity that characterizes it". There are several theoretical perspectives that can be classified as exogenous and endogenous or content and procedural (Katzell and Thompson, 1990; Perez-Ramos, 1990).

According to Nohia *et al* (2008) the motivational bases are derived from: the need for acquisition (achievements), attachment (interaction with people and groups), comprehension (to satisfy the curiosity and domination of the world), defense (external threats, opinions, promotion of justice). The necessary organizational support to leverage the motivation refers to reward systems, culture, work designs and performance management, process and resource allocation.

For Aworemi *et al*. (2011), the motivation generates benefits for organizations, as it puts human resources in action, enhances the level of efficiency of the employees, leads to the achievement of organizational objectives, builds friendly relationship, and finally, leads to stability of the workforce.

2.2 The motivation of health professionals

Motivation is one of the factors that influences the practice of health professionals and the quality of service provision (Rowe, Savigny, Lanata, & Victora, 2005; Dielenam & Harnmeijer, 2006).

In a study of Purohit and Bandyopadhyay (2014), performed with doctors, in India, a study with doctors, the intrinsic factors were significantly more priority than extrinsic, such as job security, respect and acknowledgement. It is suggested that managers invest in both intrinsic and extrinsic motivational factors. In the

study, other motivational factors cited were: interesting work, appropriate salary, opportunities for promotion, comfortable and adequate working conditions, do something worthwhile and solid organizational policies.

The Gallais (2010) study showed that the motivation of health workers is crucial and decisive for this sector, as also is the knowledge and skills of these employees. The main motivating factors were: salary, prestige, working conditions. However, the financial rewards are applied to improve the performance and quality of services. The funding is linked to the health centers in a manner consistent with certain results of specific services. The key principles were: decentralization, autonomy and transparency of management (Gallais, 2010).

Chalkley,Tilley, Young, Bonetti, and Clarkson (2010) identified in research with public service dentists in the UK, that intrinsic motivation, professional standards and individual preferences are important financial incentive moderators. Therefore, the motivation should be a concern in the manager's motivational agenda (Kontodimopoulos *et al.*, 2009; Lambrou *et al*., 2010). Thus, the motivational factors for health professionals were identified in the literature (Table 1).

Table 1 – Motivational factors for health professionals

Motivational factors	**Public**	**Private**	**References**
1- Professional recognition	X	X	Mathauer & Imhoff, 2006; Melara,Beccaria, Carta, & Contrin, 2006; Unterweger, Imhof,Mohr, Römpler, & Kubik-Huch, 2007; Willis-Shattuck *et al*, 2008; Peters, Chakraborty, Mahapatra, , & Steinhard, 2010; Prestes *et al*.,2010; Goodwin *et al*.,2010; Chimwaza *et al.*, 2014; Purohit & Bandyopadhyay, 2014.
2 – Achievements / accomplishments	X	X	Melara *et al*, 2006; Kontodimpoulos *et al*., 2009; Lambrou *et al.*, 2010.
3 – Development opportunities	X	X	Melara *et al*., 2006; Willis-Shattuck *et al.*, 2008; Goodwin *et al*., 2010; Peters *et al.*, 2010, Chimwaza *et al.*, 2014; Purohit & Bandyopadhyay, 2014.
4 – Challenges	X	X	Melara *et al*., 2006; Goodwin *et al.*, 2010.
5 – Work environment	X	X	Unterweger *et al.*, 2007; Willis-Shattuck *et al.*, 2008; Peters *et al*., 2010; Chimwaza *et al*., 2014; Purohit & Bandyopadhyay, 2014.
6 - Remuneration	X	X	Willis-Shattuck *et al.*, 2008; Kontodimpoulos *et al.*, 2009; Gallais,2010; Lambrou *et al*., 2010; Chimwaza *et al.*, 2014; Purohit & Bandyopadhyay, 2014.
7 – Co-workers	X		Lambrou *et al.*, 2010.
8 - Job Attributes	X		Lambrou *et al.*, 2010; Chimwaza *et al.*, 2014.

9 - Financial stability	X		Cavalcanti, Padilha, Paulino, & Moreira, 2010.
10 - Affinity with the work in public health	X		Cavalcanti *et al.*, 2010.
11 - Career advancement	X		Ndiaye *et al.*, 2007.
12 - Involvement in the planning process	X		Ndiaye *et al.*, 2007.
13 – Appropriate working conditions	X		Ndiaye *et al.*, 2007; Gallais,2010;Purohit & Bandyopadhyay, 2014.
14 – Work-Life balance		X	Goodwin *et al.*, 2010.

Source: Elaborated by the authors

It is observed in Table 1 that six factors are common to healthcare professionals both from public and private institutions. Among these factors, stands out the importance given to "professional recognition" since it was appointed as an important motivational factor. In this case, the compliment and acknowledgement, made by the supervisor, patients or relatives of patients are the extrinsic motivation necessary to maintain the standard of performance achieved or increase the effort to achieve higher levels of performance. Therefore, the recognition should be used by managers with purpose associated with the expected behavior and performance of the subordinate (Nelson, 2007).

The "achievements / accomplishments" factor encompasses intrinsic needs, such as pride, appreciation, respect and social acceptance (Kontodimpoulos *et al.*, 2009). This supports the Self-Determination Theory in which the action is internally driven. Thus, the individual feels competent and self-determined (Deci & Ryan, 2000; Ryan & Deci, 2000; Ntoumanis, Edmunds, & Duda, 2009).

The "development opportunities" and "challenges" factors, demonstrate that the opportunity of the professional use and develop his / her skills through participation in more challenges, can play an important role in his / her motivation to work (Mathauer & Imhoff, 2006). These factors support the Self-Determination Theory since professionals feel motivated the extent to which there is a satisfactory ability to interact with the environment (Deci & Ryan 2000; Ryan & Deci 2000; Ntoumanis *et al.*, 2009). Therefore, the practices must evolve to better use and exploitation of knowledge and skills of these professionals.

As for the "work environment" factor, Peters *et al.* (2010) argue that organizations should promote a work environment that encourages the autonomy of professionals, thereby improving motivation. This supports the Self-Determination Theory of Deci and Ryan (2000) and Ryan and Deci (2000), because self-management is essential for the development of the work. Appel-Silva, Wendt and Argimon(2010) complement that a self-determined behavior is a psychological health factor.

The "remuneration" factor corroborates the Theory of Expectancy of Vroom (1964), since the motivation is the process that governs the choice of volunteers, alternative and conscious behaviors. Generally, the chosen behavior is the one that translates itself into added value for each person. Thus, much desired rewards have the probability of producing high levels of performance that require great effort to be achieved.

It is observed in Table 1 that, besides motivational factors being very diverse, financial incentives were not highlighted, for only the factor "remuneration" refers to financial incentives. It can be said that, according to the analyzed studies, health professionals feel more motivated by non-financial incentives. Willis-Shattuck et al. (2008) argue that financial incentives alone are not enough to motivate health workers.

The Theory of Two Factors of Herzberg (2003) analyzes the motivation according to the satisfaction of the individual at work. The motivational factors are those that effectively motivate when are present because they generate satisfaction, but if they are not present there will be no great dissatisfaction. They are linked to the contents of position, to the nature of the task and to the duties related to the position itself. The hygiene factors are discussed in the following subsection.

2.3 The demotivation of health professionals

According to Herzberg (2003) the absence of hygienic factors leads to demotivation. These factors refer to the external environment, encompassing the physical and environmental conditions of work, the type of supervision received, remuneration, social benefits, and company policies, among others. Within the line of hygienic factors of Herzberg (2003) the factors that discourage health professionals were identified in the literature (Table 2).

Table 2 - Factors that discourage health professionals

Demotivating factors	**Public**	**Private**	**References**
1- Inadequate infrastructure	X	X	Mathauer & Imhoff ,2006; Melara *et al.*, 2006; Unterweger *et al.*, 2007; Ebuehi & Campbell ,2011; Jaskiewicz & Tulenko, 2012; Chimwaza *et al.*, 2014.
2 - Inadequate implementation of human resource management tools	X		Franco, Bennett,Kanfer, & Stubblebine, 2004; Mathauer & Imhoff, 2006; Chimwaza *et al.*, 2014.
3 - Interpersonal relationship	X		Melara *et al.*, 2006.
4 - Lack of development opportunity	X		Melara *et al.*, 2006; Chimwaza *et al.*, 2014.
5 - Social benefits	X		Melara *et al.*, 2006.
6 – Company policies	X		Melara *et al.*, 2006; Chimwaza *et al.*, 2014.
7 - Physical and environmental work conditions	X		Melara *et al.*, 2006; Chimwaza *et al.*, 2014.
8 - Remuneration	X		Melara *et al.*, 2006; Chimwaza *et al.*, 2014.
9 – Type of supervision	X		Melara *et al.*, 2006.

Source: Elaborated by the authors

The "inadequate infrastructure", identified as demotivating factor for professionals of the public and private sectors, serves as a warning to health institutions, since this factor press professionals to achieve higher levels of performance without necessarily receive organizational support and infrastructure required to perform the work (Jaskiewicz & Tulenko, 2012).

The "inadequate implementation of human resources management tools," identified as demotivating factor, demonstrates that human resources policies have the potential to affect the motivation of health professionals, either positively or negatively, and, therefore, influence the performance of the health system and the quality of service (Mathauer & Imhoff, 2006). Interventions of the Human Resources department (HR) can contribute positively to the performance of health workers if they are performed in a combined, participatory and interactive way (Dieleman *et al*., 2009). This should occur through a balanced package of HR management (Marchal, Dedzo, & Kegels, 2010). Therefore, the payment for performance program should be one of the management tools and not the only one used in organizations, in order to maximize employee performance.

Tables 1 and 2 demonstrate the diversity of motivational and demotivating factors for health professionals. Given the above, it is very important the manager have detailed knowledge of the factors that affect the employee motivation at work. This will allow targeting of appropriate corrective measures and implementation of specific strategies for continuous improvement (Unterweger *et al*., 2007).

The "development opportunity" at work was identified as a motivational factor (Table 1) and its lack as demotivating factor (Table 2). Note, therefore, that professional and personal growth and learning opportunity are very important for the motivation of health professionals.

It is noteworthy that the remuneration was pointed out by professionals as a motivational factor (Table 1) and demotivating factor (Table 2). Hence the importance of analyzing individual motivation in relation to financial incentives.

3 VARIABLE REMUNERATION

Variable remuneration is the variable portion of remuneration linked to the achievement of performance targets and results obtained in a given period (Jensen, Mcmullen,& Stark, 2007). The use of variable remuneration to reward performance has increased in several countries (Scott *et al*., 2011). The payment for performance refers to the variable part of the salary, granted to an individual or to a group, according to the achieved performance. It can help to improve employee performance when applied properly and to encourage individual motivation, for recognize effort and achievement and reward in a concrete way (Organization for Economic Co-operation and Development, 2005).

The payment for performance program can be used as a lever to: (a) introduce more flexible working methods; (b) encourage teamwork; (c) strengthen the focus of information and communication; (d) focus on training policies (Organization for Economic Co-operation and Development, 2005). Its effectiveness depends on the quality and transparency of the evaluation process and the confidence in the program (Organization for Economic Co-operation and Development, 2005; Dahlstrom & Lapuente, 2010). If participants do not perceive fairness in the program, they may not achieve the desired performance by the institution (Witter, Zulfiqur, Javeed, Khan, & Bari, 2011).

The monitoring and measurement of individual performance, especially the conduct of individual performance assessment, require management judgment and audit (Organization for Economic Co-operation and Development, 2005; Eldridge & Palmer, 2009). They should be linked to performance by the team results, in order to stimulate versatility, commitment and collaborative work (Armstrong, 2007). Witter *et al*. (2011) found that health facilities with greater oversight had higher performance. It is noteworthy, therefore, the role of the manager in the successful development of the program and monitoring the frequency of performance assessments.

Regarding the establishment of goals, it should be careful when determining the goal as a target of payment for performance. There is a risk of no longer reflect the broader objective of the system, to just become a measure of the capacity of an organization, to meet the target or making the institution believes that professionals did (Eldridge & Palmer, 2009). This indicate the need of maintain qualitative measures of performance balanced with quantitative measures. Thus, is avoided to neglect important variables, but that are difficult to measure (Eldridge & Palmer, 2009). If the focus concentrate on quantifiable measures, there is a strong incentive to meet only what is easy to measure. In this case, what is difficult to measure is disregarded, although it may be important for the accomplishment of the task (Weibel, Rost, & Osterloh, 2009).

The countries of the European Union (Sweden, Britain, Denmark, Finland, Germany, Lithuania, Estonia, Italy, Slovakia, Hungary, Malta, Spain, France, Belgium and Bulgaria) adopted the remuneration for performance in order to reward individual performance, payment by performance (principle of equity); to increase the attractiveness of public service retaining talented employees; to channel performance by results, performance by salary as a motivating factor, which affects the organizational culture (Demmke, 2007).

Another important point of analysis in the use of payment for performance is that, usually, it is more expensive than it sounds, because it almost always produces hidden costs of rewards, as in the case of the decrease of intrinsically motivated behavior, where it should provide external rewards (Weibel *et al*., 2009).

3.1 Payment for performance in health area

The improvement of health services provided to the population is directly related to the performance of health professionals (Rowe *et al*., 2005). The poor performance is the result of an insufficient number of professionals, the non-compliance with the minimum standards of attention to the health and to the fact that the service is not sensitive to the community and patient needs (Deci & Ryan, 2000). Thus, Dieleman and Harnmeijer (2006), state that interventions should be made by health institutions to provide improved performance. It can be at the macro level (human resources policies, planning, recruitment and training) and / or at the micro level (improve job satisfaction, offer incentives, provide professional development, provide necessary infrastructure for the development of the professional activities like materials, equipment, furniture and security).

According to Stovsky and Jaeger (2008), the payment for performance applied to the health area, has become, today, an important tool for organizational strategy, representing a substantial change in the traditional remuneration system, based on financial incentives. A study involving leaders of municipalities with more than 100 thousand inhabitants points out that 60% of the evaluated cities, members of the Organization For Economic Co-operation and Development (OECD), have some kind of use of incentives as a form of direct or indirect

compensation for health workers. Two thirds of developing member countries has adopted practices related to payment for performance (Oecd, 2005).

The payment for performance objectives in the health sector are in Table 3.

Table 3 - Payment for performance objectives in the health sector

Objetives	References
1- Improve the performance of health systems.	Eldridge & Palmer, 2009; Goodwin *et al.*, 2010.
2 – Promote improvement in the quality of service	Stovsky & Jaeger, 2008; Pearson, Schneider, Kieinman,Coitin,&Singer, 2008; Wynia, 2009; Alshamsan,Majeed, Ashworth, Car, & Millett, 2010; Blustein, Borden, & Valentine**,** 2010; Scott *et al.*, 2011; Kontopantelis *et al*., 2012.
3 - Improve the overall clinical results	Stovsky & Jaeger, 2008.
4 - Increase the availability of services	Witter *et al.*, 2011.
5 – Improve the access to health care	Robert *et al.*, 2012.
6 - Increase accountability	Eldridge & Palmer, 2009.
7 - Increase efficiency, quality and equity of services	Eldridge & Palmer, 2009; Ditterich, Moysés,& Moysés, 2012; Gomes *et al*., 2012.
8 - Benefit and align the interests of professionals, patients and payment sources	Stovsky & Jaeger, 2008; Goodwin *et al*., 2010.
9 - Increase the effectiveness of health development	Witter *et al.*, 2011.
10 - Improve the distribution of human resources for health	Barnighausen & Bloom, 2009.
11 – Support decisions that meet the population's real needs	Ditterich *et al.*, 2012.

Source: Elaborated by the authors

Both in developed and developing countries, the number of healthcare workers is insufficient to achieve the health goals of the population (Who, 2006; Barnighausen & Bloom, 2009). A financial incentive for workforce attraction and return of service are intended to alleviate the shortage of workers in the area and is one of the few "interventions aimed at improving the distribution of human resources for health" (Bärnighausen & Bloom, 2009). According Bärnighausen and Bloom (2009), the financial incentive programs have placed a significant number of health workers in underserved areas in the long run, but the evidences does not allow us to infer that the programs have caused the increase in the supply of health workers to deprived areas.

In the public sector, Dahlström and Lapuente (2010) argue that payment for performance programs are more likely to be implemented in administrations where there is a relative separation between those who benefit from incentives and those who manage the incentives system. Studies by Perry, Engbers and Jun (2009), Bowman (2010) and Weibel *et al.* (2009), show that the payment for performance in the public sector fails or

reaches limited results not motivating people and even generating perverse effects. Stovsky and Jaeger (2008) add that managers should be aware to the rudimentary measures and punitive policy, which cannot improve the quality of clinical results.

Blustein *et al.* (2010) emphasize that hospital performance is associated with the local performance and workforce. Therefore, it is important to pay the good performance according to the local economy (where the health institution is located), seeking, thereby, the socio-economic equity.

3.2 Financial incentives

Kontodimopoulos *et al.* (2009) and Lambrou *et al.* (2010), state that public and private institutions of health care use financial and nonfinancial incentives to motivate your employees. Gomes, Cherchiglia and Carvalho(2012) found that the use of financial incentives can promote, in the long term, increased quality of care and attention to the health of patients.

In research conducted by Unterweger *et al*. (2007), it was identified that, for radiology professionals, are very important the salary increase and additional benefits, such as bonuses and prizes. Studies presented by Witter *et al*. (2011), with health professionals, concluded that there was an increase in performance with the payment for performance program. In seven studies by Scott *et al*. (2011), only one of the financial incentives showed no effect on the quality of care. In the other six, the financial incentives had a positive effect on the quality of care, but modestly. In such cases, it can be inferred that financial incentives positively influence the performance of these professionals. However, in the studies of Peters *et al*. (2010), financial incentives were identified as less important than non-financial incentives.

Scott *et al*. (2011) point out that, financial incentives in health sector should be carefully planned and implemented with caution. Mbindyo (2009) adds that financial incentives should not be ignored, however, the implementation of non-financial rewards are also important.

It appears that financial incentives have positive effects on performance. For this, they are so used to reward superior performance. Thus, managers of public and private health institutions should not ignore the importance of financial incentives to their employees, but in many cases, these may not be the main motivational factor.

3.3 Variable remuneration and motivation

Dieleman and Harnmeijer (2006), state that the motivation and performance are interrelated and that the motivation influences the performance. In research conducted by Dieleman *et al.* (2009), it was found that the delay or non-payment of wages caused decline in personal motivation, negatively influencing performance.

Wynia (2009) states that the payment for performance has a high risk, since financial incentives may generate unethical behavior by setting pecuniary interests as opposed to the high-quality care. Weibel *et al*. (2009) point out that, sometimes, financial rewards negatively impact on individual efforts, since, in many cases, the tasks are already of interest of the individual. And they complement stating that the reward for performance causes cognitive change, strengthening extrinsic motivation and, at the same time, weakening intrinsic motivation. So, it's a challenge for managers administrate the strength of these two opposite effects for the payment for performance promote satisfactory individual efforts. These results support the Self-Determination

Theory which states that the material rewards jeopardize intrinsic motivation (Deci &Ryan, 2000; Weibel *et al*., 2009). This is due to the "causality *locus*" in which the individual ceases to perceive the action as internally guided to feel it externally controlled (Ryan & Deci, 2000).

The insertions of individual financial incentives for health professionals, in the public and private systems, analyzed by Dieleman *et al*. (2009), caused an increase in personal motivation, decreased absenteeism and positively influence job satisfaction and patient satisfaction. But financial incentives are considered less motivating factors for health professionals, as shown in Table 1. Therefore, it can be assumed that health professionals are not being rewarded according to their individual motivations. It is recommended that financial incentives should be always applied in conjunction with the non-financial incentives.

It is important to emphasize that financial incentives influence the motivation of health professionals, either positively or negatively. Therefore, managers should identify in their employees what motivates each one, so that the financial incentive does not discourage them and the rewards programs achieve the desired objectives (Kumar, 2012; Gomes *et al*, 2012).

4 SUBSIDIES TO REWARD THE HEALTH PROFESSIONALS

According to the work of the authors previously mentioned, the following subsidies are presented to reward health professionals:

a) Recognize good performance to the extent that the effort is spent. Supervisors, coordinators or managers should identify the superior performance of their subordinates and practice professional recognition through praise or acknowledgement. Managers should communicate the performance feedback to subordinates more often during the year and propose awards, according to the company policy (Unterweger *et al.*, 2007; Dieleman *et al*., 2009; Mbindyo, 2009).

b) Allow professionals to self-manage their work. Health systems must provide opportunities and encourage the autonomy of professionals in implementing the work, in the competence of their position. Delegate responsibilities aligned to results (performance)(Peters *et al*.,2010).

c) Allow development opportunities and challenges. Managers and health organizations should provide conditions for professionals to develop their skills to the challenges ahead, because it stimulates the motivation and job satisfaction (Melara *et al*., 2006; Goodwin *et al.*, 2010; Peters *et al*.,2010).

d) Reward as the individual motivation. Managers should know what motivates their subordinates and offer incentives according to the interest of professionals (Kumar, 2012; Gomes *et al*. 2012).

e) Provide infrastructure and adequate working conditions. Health organizations should provide a working environment in which the health professional is able to perform his / her jobs safely and provide quality service (Melara *et al*., 2006; Chimwaza *et al*., 2014).

f) Offer, concomitantly, financial and non-financial incentives. Health professionals want varied rewards. Financial incentives are important, but, by itself, does not produce the desired effects. Non-financial incentives also need to be used, because they are relevant to satisfy the needs of professionals. The important thing is that the incentives are perceived as a possible achievement linked to good performance (Scott *et al*.,2011;Witter *et al*.,2011).

g) Health systems should suggest other forms of reward that are used by other companies as: compensation for production, merit; profit and results sharing; payment for skills; shareholding; remuneration by seniority; reward with gifts, clearances, schedule flexibility; qualification incentive; funeral allowance; travels; lunch with the boss, celebrate the anniversary; among others. Never forgetting the recognition for the good work done and provided and respect (Neto & Assis, 2010).

5 FINAL CONSIDERATIONS

The present article had as objective of study to identify and describe the motivational factors, analyze the payment for performance of health professionals and offer subsidies to reward these professionals. For this purpose, a literature review was conducted, focusing on key motivational factors for health professionals and studies that presented the effects and results of the application of payment for performance in health sector, in developing and underdeveloped countries.

Regarding the motivational factors, it was found that, for public and private health professionals, the main factors are: "professional recognition", "achievements / accomplishments", "development opportunity", "challenges", "working environment" and "remuneration". For private health professionals, was also mentioned as a motivational factor the "work-life balance", that probably should also be relevant for public health professionals (Table 1).

For public health professionals, were also appointed as motivational factors "co-workers", "job attributes," "financial stability", "affinity with the work in public health," "career advancement", "involvement in the planning process" and "adequate working conditions ". Although these factors have been suggested in the literature only for public health professionals, possibly also influence the private health professionals (Table 1).

It was found that only one of the motivational factors pointed out by health professionals is linked to financial incentives. Researchers emphasize that financial incentives, especially in the public sector, can cause negative effects on performance. It is therefore important that financial incentives are always tied, in a balanced way, with the intrinsic motivation of each, because the motivation of individuals in work environments should be the basis on which rewards systems will be built. However, as the valence of these incentives differs among individuals, the generalization does not apply. The presented analysis confirms the motivational theories of self-determination and expectancy as demonstrated motivation as individual, intrinsic and contingent, besides confirm that people have different needs, desires and goals (Vroom, 1964; Ryan & Deci 2000;Weibel *et al*., 2009).

The "inadequate infrastructure" was identified as demotivating factor for public and private professionals. For public health professionals were also identified "inadequate application of human resources management tools", "interpersonal relationships", "lack of development opportunity", "social benefits", "company policies", "physical and environmental work conditions ", "remuneration" and "type of supervision"(Table 2).

It was identified that the main subsidies to reward health professionals are: *a)* recognize good performance as the effort is spent; *b)* allow professionals to self-manage their work; *c)* allow challenges and development opportunities as a career plan, compatibles position and salary; *d)* reward according to individual

motivation; *e)* provide adequate infrastructure and working conditions and; *f)* concomitantly provide financial and non-financial incentives (Table1).

In face of the presented subsidies, it is significant emphasizes that health professionals need to realize that more effort will generate superior performance, superior performance achieved will generate a reward and the reward received is desired by the individual (Vroom, 1964). Thus, managers will maximize the way to reward their employees.

The limits for the variable remuneration shall be established by measuring performance, using quantifiable and qualifying indicators in health sector, since only through patient and employee satisfaction, it is not possible perform this measurement. It is necessary the compliance with country's laws regulating the area focusing on the actions in favor of patient safety linked to the worker. Another limitation is that public and private institutions do not enshrine labor rights associated with the work. The implementation of variable remuneration needs to be according to the social context of the professionals, have transparency in the performance evaluation process, and provide decent conditions for professionals to meet the goals.

The variable remuneration shall be a complement of the fixed remuneration, an organization initiative, not of the workers, in order to attract, encourage, manage and develop talents (Neto & Marques, 2004).

The challenges to implement subsidies in public health systems rely on extensive discussions of human resource policies in health sector, in the several spheres of government, with effective participation of workers, class organs and union representation, linked to organizational effectiveness and the provision of quality health.

The results compiled in this article are not conclusive, but point out a direction for managers who need to improve the performance of health professionals and, consequently, of health institutions. Motivation and payment for performance should always be in balance in reward systems of the health sector. Many articles used in the study came from underdeveloped countries and the extracted subsidies apply to both developing and emerging countries as Brazil, because the health issue is complex and does not address the concerns of the majority population.

Artigo submetido para avaliação em 29/03/2015 e aceito para publicação em 24/03/2016

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