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# ANALYSIS OF THE RESULTS OF A MEDICAL AND SOCIOLOGICAL SURVEY OF HEALTHCARE PROVIDERS ON MOTIVATIONAL COMPONENT OF ENSURING THE HEALTHCARE QUALITY

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## ABSTRACT

**The aim:** To identify the main motivational components of improving the healthcare quality in health care providers in Sumy.

**Materials and methods:** The study involved data obtained from 187 doctors working in primary health care institutions, inpatient and outpatient departments of health care institutions in Sumy, during September–November 2020. The study used systematic, bibliosemantic approaches, comparative and statistical analysis, and logical generalization. The obtained data were processed and statistically analyzed with Google Forms and Microsoft Excel 2010 Windows.

**Results:** The analysis of data received from the surveyed group of respondents showed that 83 doctors (44.39%) have 11–15 years' work experience, 51 people (27.27%) – 6–10 years, 40 people (21.39%) have up to 5 years of work experience and 13 people (6.95%) – more than 15 years. Most doctors (114 people (60.96%)) work for one position, 39 people (20.86%) work for less than one, while 34 people (18.18%) work for more than one position. The number of doctors who indicated that they were mostly overworked during the working day was 123 (65.77%), another 46 (24.60%) indicated that they were overworked during the working day correspondingly to their workload at occupied position, and 18 respondents (9.63%) answered that they were not fully loaded. At the same time, 91.98% of people indicated that the actual amount of their salary does not correspond to the workload, and there is no financial stimulation system for medical care quality increasing (87.70% of responses).

**Conclusions:** The study showed that the healthcare facilities where the respondents work do not have an effective system of staff motivation for work quality (79.14% of responses). It was found that doctors are ready to work harder and better for additional pay, despite the high level of workload (88.24% of responses), and consider it necessary to introduce an effective stimulation system to improve the quality of medical services (96.79% of responses).

**KEY WORDS:** healthcare quality, health care provider, healthcare institution, healthcare quality management

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## INTRODUCTION

The main issue of preserving and progressive development of health care today is ensuring the quality of the medical sector, which is related to the general aspects of the process of improving the management of professional activities of medical personnel, at state, regional and local levels. A major problem in many countries, including Ukraine, is low supply of healthcare workers, especially in rural areas, due to low motivation to work in the healthcare sector. The priority policy direction of many countries until 2030 involves development of human/medical resources for healthcare institutions. For example, China has proposed a partnership strategy for communities and the health care system (HCS), namely: joint ownership and program development, joint supervision and constructive feedback, a balanced package of incentives, both financial and non-financial, and a practical monitoring system that includes HCS data [1, 2].

The problem of improving the incentive system for healthcare providers is of relevance, as this approach can boost the work of healthcare professionals and increase their efficiency. Today, in most municipal and even private healthcare institutions, healthcare providers are paid based on a single salary scale, including all additional payments. This type of remuneration is fixed and therefore does not depend on the quality and content of medical services provided, so healthcare providers receive a fixed salary even if they have not completed a certain amount of work. This situation indicates that the remuneration system fails to fulfill one of the most important functions of stimulating highly efficient work and improving the quality of medical care (QMC) [3, 4].

Methods, techniques, and tools of motivating have undergone a long evolutionary way. For many years, the model of physical coercion to work was dominant, followed by the models of economic necessity and

incentives based on productivity. Motivation of health care staff is closely related to the process of encouraging professionals to work through the formation of behavioral motives to achieve personal goals and goals of health care institution, as motivation process involves the use of interdependent categories in a certain sequence: needs of health care workers – their interests – motives for professional activity – actions [5, 6].

Today, it is necessary to improve the mechanism of incentives and psychosocial environment for healthcare providers in healthcare institutions to ensure they perform their professional duties with high quality. From the management level there should be moves to provide support and financial incentives to healthcare workers due to the constant increase in their workload, high level of responsibility, difficulties in the work process, and presence of stressful professional factors, which leads to emotional, mental, and nervous tension, “burnout”, and risk of losing health while performing their professional duties. The experience of management in medical field shows that the traditional methods of the system for assessing the motivational orientation of healthcare providers no longer meet the needs of the management apparatus [7, 8].

The relevance of developing a high-quality system of healthcare providers' motivation in healthcare institutions contributes to identification of effective tools and incentives to impact the behavior of healthcare providers to achieve their own goals and the goals of the healthcare facility [9]. However, despite many studies in this area, the problem of healthcare providers' motivation has not been solved in Ukraine. Despite the obvious economic, social, and organizational feasibility, the problem of motivation remains a priority for the state to overcome in the healthcare sector.

## THE AIM

To identify the main motivational components of improving the healthcare quality in health care providers in Sumy.

## MATERIALS AND METHODS

The study involved doctors working in primary health care institutions (PHIs), inpatient and outpatient units of health care institutions in Sumy, during September-November 2020. A total of 187 respondents took part in the survey. The questionnaires were reviewed and approved by the Academic Council of the Educational and Research Medical Institute of Sumy State University. The study used a systematic and bibliosemantic approaches, comparative and statistical analysis, and logical generalization. Using the functions of Google Forms and Microsoft Excel 2010 for Windows, the data were processed and statistically analyzed.

## RESULTS AND DISCUSSION

The healthcare providers who participated in the survey were divided into professional groups, depending on their place of work: specialized doctors, who work in outpatient departments – 73 people (39.04%), specialist doctors, working in inpatient departments of therapeutic profile – 54 people (28.88%), general practitioners-family doctors (GP-FD) – 45 people (24.06%), specialist doctors working in inpatient departments of surgical profile – 15 people (8.02%) (Table I).

When distributing the respondents by work experience in healthcare system, it was found that 83 people (44.39%) have 11-15 years' work experience, 51 people (27.27%) – 6-10 years, 40 people (21.39%) – up to 5 years, and 13 people (6.95%) – more than 15 years.

Most of the surveyed doctors (114 people (60.96%)) work at on position, 39 people (20.86%) work for less than one position, 34 people (18.18%) work for more than one.

As per the survey results, most doctors indicated that they were overworked during the working day (123 people (65.77%)); another 46 people (24.60%) indicated that they were loaded correspondently with workload of their position during the working day, and 18 respondents (9.63%) said that they were not fully occupied. It should be noted that all doctors who indicated that their workload was less than the full-time, work in inpatient departments of HCFs. Among the doctors who, in their opinion, are overworked, the vast majority work in outpatient departments – 68 people (55.28%) and in primary healthcare institutions – 44 people (35.77%). Only 11 people (8.94%) working in inpatient departments reported being overworked. These data confirm that many healthcare services are provided in outpatient settings, particularly at the level of primary care centers, which requires more material, technical and human resources.

The survey showed that 56.68% of respondents are satisfied with material and technical support and working conditions at the workplace; at the same time the share of respondents who were dissatisfied with existing working conditions equaled 43.32%. At the same time, healthcare providers who do not have a certification category or have the second category are less satisfied with their working conditions than healthcare providers with first or higher certification category.

Almost all doctors (91.98% of responses) indicated that the actual amount of their salary does not correspond to the workload, and only 8.02% of the surveyed doctors are satisfied with their salary.

Analyzing the answers to the question “Do you receive a surcharge for increasing of quality of medical service?”, it can be stated that there is almost no system of financial incentives for doctors for quality medical care: 164 people

**Table I.** Distribution of respondents by professional groups and place of work (in absolute numbers and %)

No	Group of doctors by professional distribution	Number of respondents in absolute value (persons)	Number of respondents in relative value (%)
1	2	3	4
1	General practitioners-family doctors (GP)	45	24.06%
2	Physicians who work in the polyclinic departments	73	39.04%
3	Physicians who work in the therapeutic inpatient departments	54	28.88%
4	Physicians who work in the surgical inpatient departments	15	8.02%
5	In total	187	100%

(87.70%) gave a negative answer, only 23 people (12.30%) said that they received a surcharge for high quality work. All surveyed healthcare providers with less than 5 years of work experience did not receive any additional payments for quality of work at all to be mentioned.

Despite the high level of doctors' workload, most of respondents (165 people (88.24%)) answered the question "Are you willing to work more for an additional payment?" positively. Only 22 people (11.76%) said they did not want to perform extra work for payment.

The study identified the motivating factors of respondents that made them choose a doctor carrier (the question with multiple choice). The answers received show that more than half of the respondents (57.75%) chose their profession because they want to benefit and help people; 41.18% of respondents said they work as doctors because of their professional interest; 31.55% of people – to feel needed by people; 25.13% of people – to help treat their family and friends; 29.95% of people – to obtain material benefits; 24.6% of people mentioned social status, stable job, and public respect for the profession as motivating factors.

Despite the low level of material satisfaction in respondents, the majority (139 people (74.33%)) are not ready to change their profession to another with higher salary; 48 people (25.67%) would like to change their profession to receive higher payment. Respondents with more years of working experience (11 years and more) are more likely to be neither ready nor willing to change their profession (19.79%) than respondents with less than 10 years of experience (50.80%).

To the question "In your opinion, does the healthcare institution where you work have a system of motivation for medical staff?" 148 people (79.14%) answered negatively, only 19 people (10.16%) confirmed the existence of a motivation system, and another 20 people (10.70%) indicated that this system exists partially.

According to healthcare providers, the main incentives to improve QHC are (multiple answers were possible): financial (73.26%), respect of patients and society in general (51.87% of answers), well-established teamwork and moral satisfaction from work (47.05%), opportunities for professional and career growth

(35.83%), and recognition and respect from management (6.42% of answers).

The survey demonstrates that almost all doctors (181 people (96.79%)) believe that effective mechanisms for motivating the provision of QHC should be introduced.

The data obtained during our study proves that healthcare providers are positive for implementation of an effective incentive system to improve QHC, yet all they agree that at present moment the motivational component is practically absent in Sumy healthcare institutions. It has been established that regardless of work experience and place of work, one of the main motivational factors for health care providers is moral satisfaction from work and gaining respect from society. Thus, despite the low level of salaries, the main priorities for medical staff have been and remain the principles of humanism and ethics.

## CONCLUSIONS

1. The survey of healthcare providers showed that the vast majority (164 people (87.70%)) does not receive additional payments for quality work. In addition, 79.14% of respondents noted that the hospitals where they work do not have effective system of staff motivation for the quality of medical care.
2. It was found that a large scale of doctors (139 people (74.33%)) are not ready to change their profession to another with higher payment, even given a low level of their material satisfaction.
3. It was found that the respondents are ready to work more and better for additional pay, despite the high level of workload, namely 165 people (88.24%) are ready for this. In addition to material incentives, doctors mentioned moral satisfaction from work (47.05% of responses) and respect from patients and society as a whole (51.87% of responses) as important motivational factors for improving the quality of care.
4. The survey has shown that almost all healthcare providers (181 people (96.79%)) consider it necessary to introduce an effective system of motivation at the level of healthcare institutions to improve the quality of care.



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### Conflict of interest:

*The Authors declare no conflict of interest.*

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