



FINANCIAL AND NON-FINANCIAL INCENTIVES MODEL FOR HEALTH WORKERS IN COLOMBIA

ANNEX 3. IMPLEMENTATION PLAN

USAID Local Health System Sustainability Project (LHSS)

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The USAID Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will strengthen local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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I. ANNEX 3. IMPLEMENTATION PLAN FOR FINANCIAL AND NON-FINANCIAL INCENTIVES (FINFI)

In general terms, an implementation plan is understood as a process that outlines the steps to achieve a shared goal or objective. The implementation plan for the FINFI model for Human Resources in Health (HRH) is established based on the PDCA cycle, which serves as a framework for addressing and solving problems. The methodological sequence within the framework of the public management cycle was used as a reference.

The primary goal of this implementation plan for the FINFI model in HRH is to create a broad roadmap that will guide the country, specifically the Ministry of Health and Social Protection (MSPS). It outlines the processes, steps, and activities required for intersectoral management, institutional coordination, and other necessary actions to facilitate the adoption, alignment, and adjustment of the FINFI model within various institutions across the General System of Social Security in Health (SGSSS), both at the national and territorial levels. This plan is rooted in the following principles:

- Identifying key elements in the implementation.
- Recognizing key actors and sectors, categorized by levels of management, with which coordination processes at both national and territorial levels must be established to effectively implement the FINFI model.
- Defining the implementation roadmap by levels of management and establishing implementation steps that allow for gradual and sustained activities.
- Defining the main activities to be carried out during the implementation steps.
- Generating proposals for key performance indicators to monitor and track the progress of FINFI model implementation.

2. KEY ELEMENTS FOR THE IMPLEMENTATION OF THE FINFI MODEL

In the long run, healthcare systems play a critical role in consistently and sustainably implementing interventions that continually enhance the health conditions of the population and the well-being of healthcare workers. To achieve this, it's essential to establish processes and mechanisms that transform policy guidelines into tangible tools and activities with real impact on the ground.

In this context, there are five fundamental elements considered vital in implementing the FINFI model in HRH:

2.1 Intersectoral Coordination

Interinstitutional cooperation and coordination are indispensable for advancing public health. Achieving meaningful and impactful outcomes for the country requires collaborative planning and organization of programs and projects, building trust-based relationships among various sectors, the strong commitment of actors and institutions, and shared conceptual frameworks in healthcare that align with the goals of

public health (Marín Gloria, Gómez Andrés, Lozano Tatiana, 2018). As mentioned earlier, the successful application of a detailed intersectoral coordination process involving sectors such as education, labor, finance, and public service is fundamental to ensuring the feasibility of implementing FINFI for HRH.

2.2 Institutional Readiness

This sets the stage for the necessary political and institutional conditions to facilitate a participatory approach at the sectoral, intersectoral, and cross-sectoral levels. It ensures the active involvement of all sectors and key stakeholders in carrying out the FINFI model for HRH.

2.3 Social Mobilization

This focuses on motivating various institutions and social organizations, including HRH associations, to increase their engagement in implementing the IFYNF model for HRH.

2.4 Territorial Mobilization

This encompasses a series of processes and actions to be executed within specific territories. Its purpose is to translate action plans into practical, on-the-ground activities for implementing the IFYNF model for HRH. This includes activities such as awareness campaigns, information dissemination, educational initiatives, communication efforts, and the provision of technical assistance.

2.5 Continuous Evaluation

The ongoing, regular, and permanent evaluation processes serve to identify potential risks associated with activity implementation in a timely manner. They also facilitate the development of continuous improvement plans that strengthen both institutional and national-level processes.

3. IMPLEMENTATION METHODOLOGY: ACROSS MANAGEMENT LEVELS

In the proposed plan, the implementation process of the IFYNF model is divided into three management levels: macro, mid, and micro. Each level specifies the stakeholders involved in the activities and outlines the management objectives at the national and territorial levels.¹

Here's an overview of each management level

3.1 Macro-Management

Intersectoral coordination and cooperation are seen as interconnected processes that require technical support and political will at all decision-making levels. These processes gradually develop through the management and execution of public health actions. Implementing programs and projects fosters diverse relationships and helps identify and construct the identity of actors with similar or divergent interests² (Molina Marín, Ramírez Gómez, Oquendo Lozano, 2018).

¹ This approach is aligned with the technical proposal of the FINFI project.

² Molina Marín, Ramírez Gómez, Oquendo Lozano, 2018, Cooperación y articulación intersectorial e interinstitucional en salud pública en el modelo de mercado del sistema de salud colombiano.

At this level, the focus is primarily on strategic activities with the aim of **intersectoral coordination**. It involves institutions responsible for developing and managing national public policies. In the context of the IFYNF model, this level defines the actions, decisions, and processes necessary for implementation.

The goal at this management level is to establish a coordinated work plan among sectors, with clear responsibilities and timelines. Together, they must define key performance indicators to track progress toward the proposed objectives, as well as the implementation mechanisms and potential sources of funding.

Below, we describe the actors involved in this phase, the objectives of coordination, and the relationships with HRH development policies and strategies.

Table I. Actors at the Macro-Management Level

Actors	Coordination Objectives	Relationship with HRH Development Policy and Strategies
Ministries of Health and Education	<p>This process is necessary to coordinate management at the national level related to:</p> <ul style="list-style-type: none"> • Update of THS training programs. • Supply and demand studies within the framework of the SGSSS. • Mechanisms to expand education in rural areas. • International educational exchanges. • Research funding. 	Adequate and responsive human resources in line with the country's health needs.
Ministries of Health, Labor, and Internal Revenue	<p>This process is necessary to coordinate management at the national level related to:</p> <ul style="list-style-type: none"> • Physical work environments • Psychosocial work environment • Personal resources at work. • Bonuses / differential allowances, Salary / Fees • Pay for performance • Differentiated payments by location. • Financial support to workers • Social welfare 	Improved conditions for professional practice and the comprehensive development of human resources in health.

Source: Prepared by authors based on FINFI thematic blocks for HRH and HRH policy, MSPS, 2018. LHSS 2022

2. Institutional-Management

This level involves a tactical management process that includes institutions operating at an intermediate management level. These institutions are responsible for tasks such as mobilization, technical development, analysis of social and population situations, and contributions to the formulation and implementation of public policies.

The aim of this level is to foster dialogue, consensus-building, and the formulation of collective strategies. It also involves establishing territorial management nodes to implement and oversee the FINFI model

Table 2. Actors at the Institutional-Management Level

Actors	Coordination Objectives	Relationship with HRH Development Policy and Strategies
Universities	<p>This process is necessary to coordinate territorial-level management related to:</p> <ul style="list-style-type: none"> • Implementation of continuous education processes. • Discussion of curricula based on Primary Health Care (PHC). • Expansion of primary care provider practice settings. • Implementation of certification/recertification mechanisms. 	Greater integration of training processes and institutions with health services and communities.
Academic and Professional Associations	<p>This process is necessary to align the implementation of the IFYNF incentive model through activities involving social mobilization, action plan development, and the establishment of regional nodes responsible for various oversight and territorial management functions. I</p> <p>It's also important to jointly discuss topics related to certification/recertification mechanisms with universities.</p>	Ethical, responsible and self-regulated practice of health professions and occupations.
National HRH Council	Considering that the National Council of Human Resources in Health is an advisory body to the National Government, providing ongoing consultation on policies related to the development of human resources in health, the objective is to establish continuous discussion and monitoring processes for the implementation of the FINFI Model.	Ethical, responsible and self-regulated practice of health professions and occupations.
National Training Service (SENA)	<p>This process is necessary to coordinate territorial-level management related to:</p> <ul style="list-style-type: none"> • Implementation of continuous education processes. • Strengthening technical training with a PHC focus. 	HRH that is responsive to the country's health needs.

Source: Prepared by authors based on FINFI thematic blocks for HRH and HRH policy, MSPS, 2018. LHSS 2022

3. Micro-Management

This level presents an operational management process involving institutions engaged in territorial management and population care that directly impacts the community.

The objective of this level of management is to generate processes of technical assistance and territorial support, including the definition of work plans and the formation of leaders and management groups that promote the implementation of the FINFI model at the institutional level.

Tabla 3. Actors at the Micro-Management Level

Actors	Coordination Objectives	Relationship with HRH Development Policy and Strategies
Territorial Health Entity	Establish a technical assistance, socialization, and awareness process to develop an institutional work plan for implementing the IFYNF model for administrative healthcare personnel related to: <ul style="list-style-type: none"> • Promotion of education and training. • Social well-being, healthy work environments. 	Improved conditions for professional practice and the comprehensive development of human resources in health.
Benefit Plan Management Company (EAPB)	Establish a technical assistance, socialization, and awareness process to develop an institutional work plan for implementing the IFYNF model for administrative healthcare personnel related to: <ul style="list-style-type: none"> • Promotion of education and training. • Social well-being, healthy work environments. 	Improved conditions for professional practice and the comprehensive development of human resources in health.
Primary and Complementary Provider ³	Establish a technical assistance, socialization, and awareness process to develop an institutional work plan for implementing the IFYNF model for administrative healthcare personnel related to: <ul style="list-style-type: none"> • Healthy work environments • Work-life balance • Acknowledgments • Continuing education • Performance bonuses/ bonuses, Salary / remuneration. • Differentiated payments • Social well-being 	Improved conditions for professional practice and the comprehensive development of human resources in health.

Source: Prepared by authors based on FINFI thematic blocks for HRH and HRH policy, MSPS, 2018. LHSS 2022

³ Para el prestador primario de la zona rural, es importante combinar incentivos financieros y no financieros haciendo énfasis en los bonos y primas por ubicación, así como en el acceso a la educación, estos incentivos son fundamentales para la motivación y retención del THS en zonas apartadas.

4. IMPLEMENTATION ROADMAP⁴

To establish the implementation roadmap for the FINFI model in HRH, it's important to grasp two fundamental concepts: **healthcare management and healthcare planning**.

*The **management concept** involves a series of actions aimed at improving the living conditions of a specific population within a given territory. In essence, comprehensive public management entails the continuous coordination of processes, including planning, execution, monitoring, evaluation, and accountability for actions undertaken by the State (MSPS, 2015).*⁵

*The **planning concept** comprises a set of interconnected processes that guide actions in formulating, implementing, monitoring, evaluating, and controlling various health plans or projects (MSPS 2015).*⁶

The implementation roadmap for the FINFI model is divided into three stages, each with a series of steps, objectives, activities, and outcomes. These stages should remain adaptable to evolving political and institutional dynamics in line with the guidelines of the new government.

4.1 Stage I. Planning and Institutional Preparedness

The institutional preparedness phase involves the Ministry of Health's preparations to initiate the implementation of the FINFI model for HRH at both national and territorial levels. The primary objective of this phase is to establish the necessary political and institutional conditions to ensure a participatory and intersectoral implementation of the model. It also aims to align with the objectives set forth in the HRH policy and the PAIS. This process comprises three steps:

- **Step 1. Creating political and institutional conditions.**
- **Step 2. Defining resources for implementing the FINFI model.**
- **Step 3. Mobilizing institutional actors.**

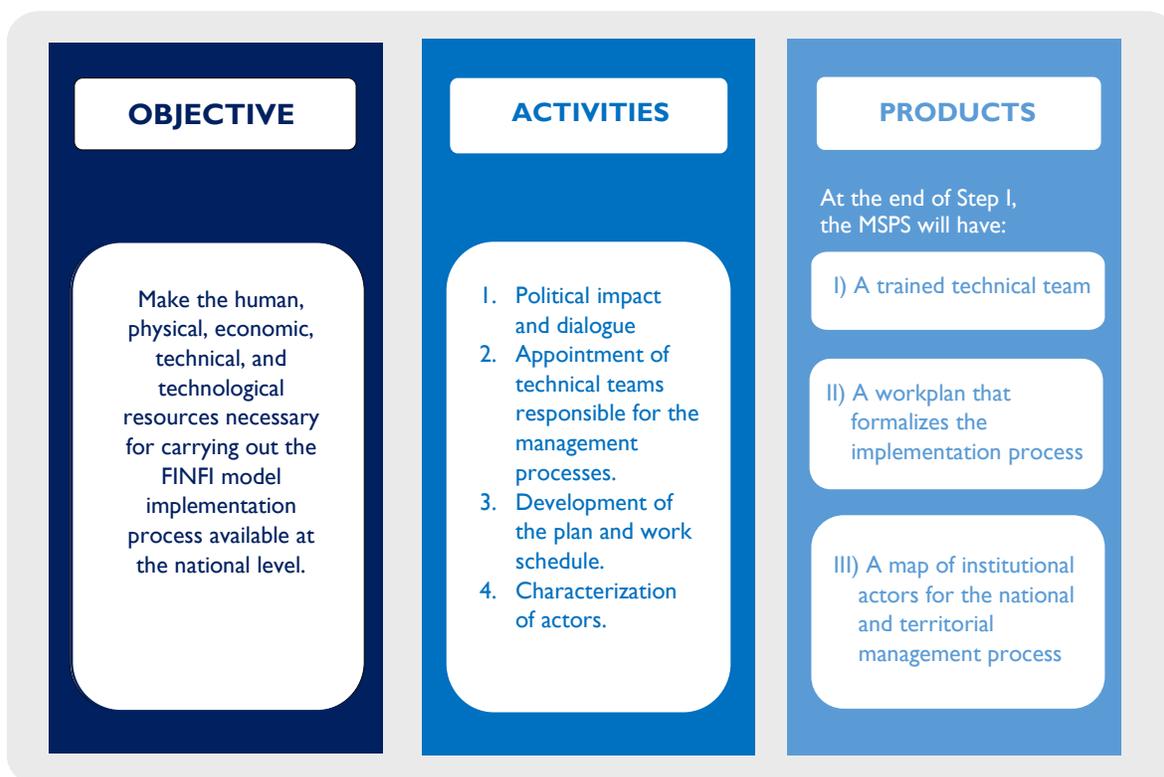
Each step is detailed in the following figures.

⁴ In the framework document of the FINFI model, the criteria for financial sustainability and funding sources are defined.

⁵ Technical and methodological guidelines of the "Pase a la Equidad" strategy, MSPS 2015.

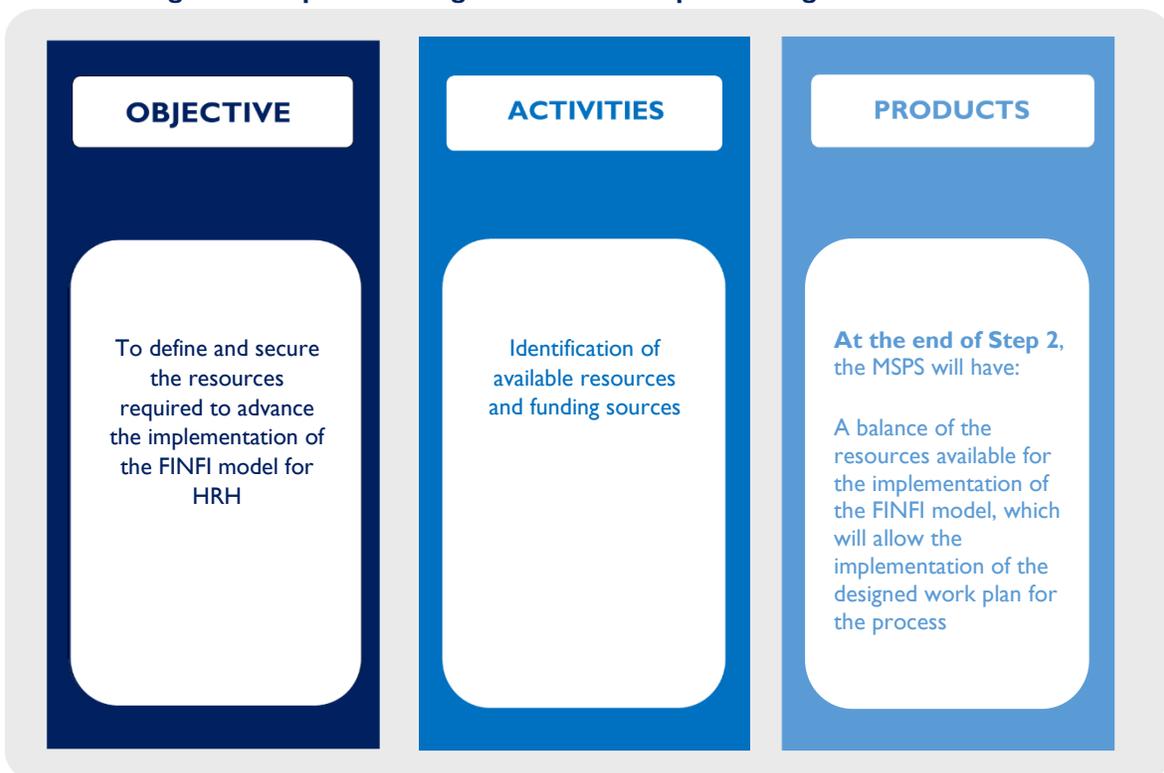
⁶ Technical and methodological guidelines of the "Pase a la Equidad" strategy, MSPS 2015.

Figure 1. Step I: Creating political and institutional conditions



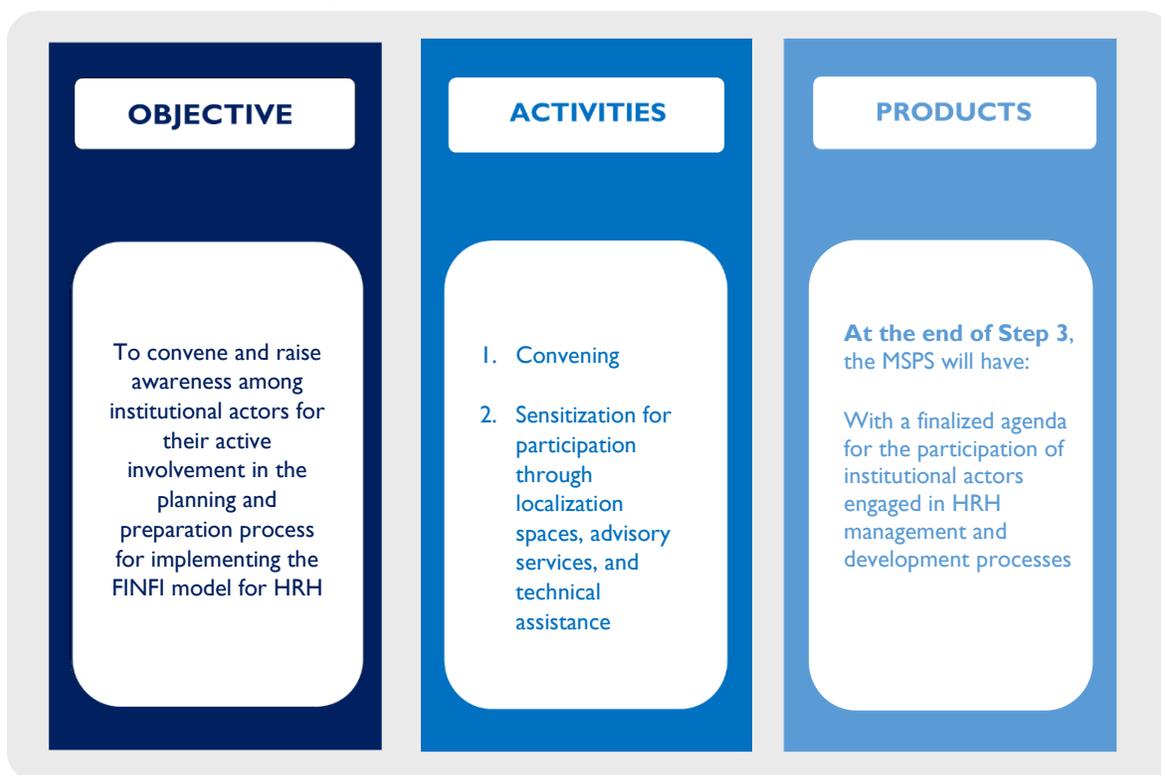
Source: Prepared by authors, 2022.

Figure 2. Step 2: Defining resources for implementing the FINFI model



Source: Prepared by authors, 2022.

Figure 3. Step 3: Mobilizing institutional actors



Source: Prepared by authors, 2022.

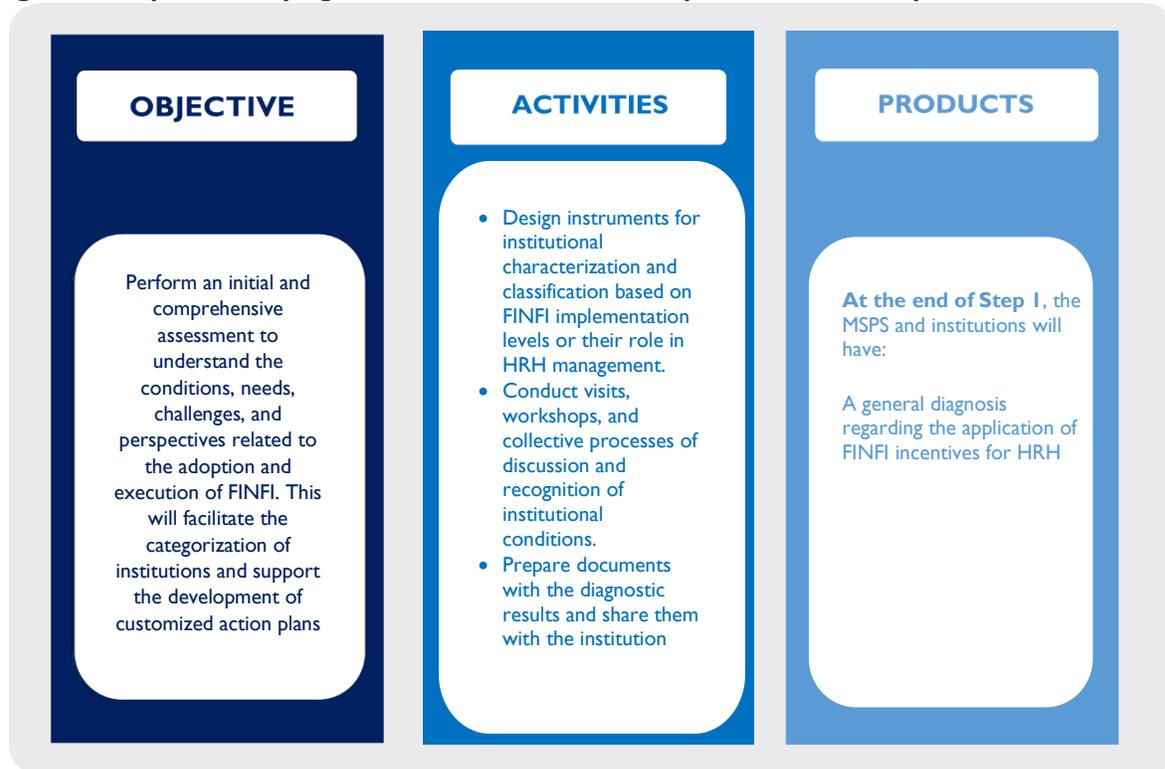
4.2 Stage 2. Operational Management

Operational management is the process by which institutional recognition and classification actions are taken concerning the implementation of FINFI for HRH (diagnosis). It also includes the development of an action plan that outlines intervention strategies, tasks, responsibilities, timelines, expected outcomes, required resources, and more. This stage consists of two steps.

- **Step 1: Identifying institutional conditions and positions in the implementation of FINFI.**
- **Step 2: Formulating the institutional action plan.**

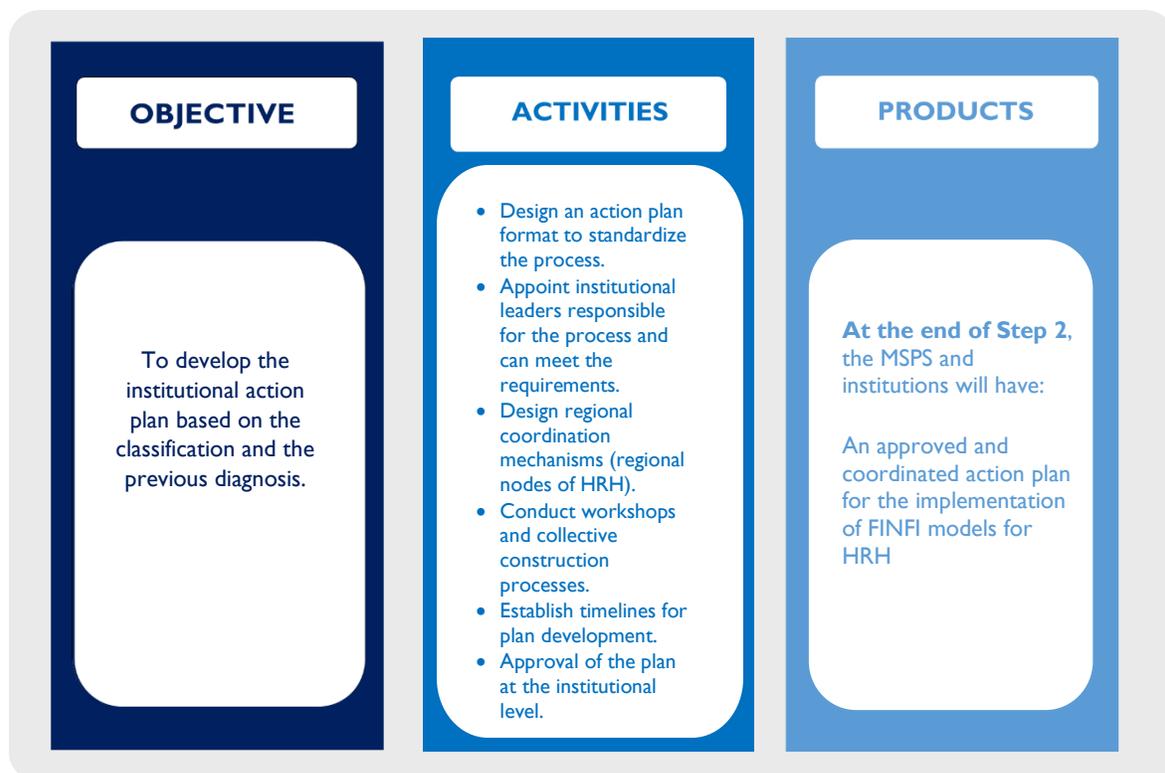
The following graphs provide detailed descriptions of each step:

Figure 4. Step 1: Identifying institutional conditions and positions in the implementation of FINFI



Source: Prepared by authors, 2022.

Figure 5. Step 2. Formulating the institutional action plan



Source: Prepared by authors, 2022.

4.2.1 Cross-Cutting Stage – Advisory and Technical Assistance

Technical assistance is an interactive and cross-disciplinary process. It involves the collaborative development, analysis, and adaptation of knowledge, skills, and abilities by stakeholders from the MSPS, as well as public, private, and social/community organizations. This process aims to enhance their performance and ensure effective implementation of health policies, plans, programs, and goals (MSPS 2013).⁷

In line with this, this stage defines technical assistance as a cross-cutting process to be carried out throughout the implementation of the FINFI model for HRH. Different actors may be responsible for it, depending on their level of management and their roles in HRH management and development.⁸

4.3 Stage 3. Monitoring and Evaluation

The Monitoring and Evaluation (M&E) strategy is grounded in Title VI of Resolution 1536 of 2015 from the MSPS. *This framework defines the Monitoring and Evaluation System (MES) as a collection of procedures that employ control dashboards to track the attainment of formulated objectives and goals. It aids in health-related decision-making at the national, departmental, and municipal levels, and measures the management and outcomes of different territories.*

Based on the M&E strategy, the objective of performance measurement in implementing the FINFI model for HRH is twofold and interrelated:

1. Institutional Management
2. Technical Efficiency and Effectiveness

4.3.1 Institutional Management

This aspect measures the institutional readiness of actors to implement and manage the FINFI model at the national or territorial level. It does so by establishing process indicators. This component aims to facilitate several conditions:

- Participation of actors and institutions in the preparedness and planning processes.
- Actors and institutions with a formulated and approved action plan.

4.3.2 Technical Efficiency and Effectiveness

This component measures the progress of proposed goals and objectives by comparing actual achievements with scheduled ones for each reporting period. It establishes outcome indicators to gauge efficiency. To measure this efficiency, we propose employing a results framework and a set of indicators that track the achievement of established objectives. Below, you'll find suggested relevant tracer indicators to commence the FINFI implementation process:

⁷ Unified Regional Technical Assistance Model for the Implementation of the Public Health Decennial Plan (PDSP) 2012 - 2021

⁸ The construction of the implementation roadmap for the FINFI model for HRH draws upon the MSPS's "PASE la Equidad en Salud" Strategy as a reference source. This strategy is developed within the Comprehensive Health Planning Process, understood as "the set of interrelated processes linked to the Integrated Planning and Management Model, which enables the definition of actions for the formulation, implementation, monitoring, evaluation, and control of the Territorial Health Plan."

Table 4. Proposed Indicators

Effects – Results	Associated Incentives and Types		Indicator
Attract and Retain HRH	FI	<ul style="list-style-type: none"> • Individual performance • Goal achievement and collective performance • Differential allowances based on location and geographic conditions • Differential allowances based on experience • Funding for continuous education • Higher education funding • Research funding • Loans or credits for goods and services • Wellness programs • Special financial support: insurance, health services, and other services • Financial support for transportation or transfers • Tax incentives • Financial support for the education of children and/or spouses 	<ul style="list-style-type: none"> • Hiring or engagement time • Employee turnover rate • Retention rate • Organizational tenure index • Percentage of HRH benefiting from incentive programs • Percentage increase in resources allocated and paid as incentives
	NFI	<ul style="list-style-type: none"> • Healthy workplace environments • Healthy, inclusive, and differential coexistence • Spaces for recognition on special occasions • Transformation and promotion of healthy habits • Social contexts of the workplace • Structure of workdays • Availability of social services in the territory • Strengthening family ties and involvement in the work environment • Recognition for results • Research or knowledge initiatives on priority issues • Personal skills to improve healthcare services • Access to education and training programs • Educational scholarships 	
Improve the Quality of Services	FI	<ul style="list-style-type: none"> • Individual performance • Goal achievement and collective performance • Funding for continuous education • Higher education funding • Research funding • Wellness programs • Special financial support: insurance, health services, and other services • Financial support for transportation or transfers 	<ul style="list-style-type: none"> • Indicators for Health Quality Monitoring - Resolution 256 of 2016 of MSPS.
	NF	<ul style="list-style-type: none"> • Psychosocial support services • Healthy workplace environments • Healthy, inclusive, and differential coexistence • Transformation and promotion of healthy habits • Environmental sustainability programs for the environment and the organization • Structure of workdays • Availability of social services in the territory • Recognition for results • Research or knowledge initiatives on priority issues • Personal skills to improve healthcare services • Access to education and training programs • Educational scholarships 	

Effects – Results	Associated Incentives and Types		Indicator
Improve coverage in rural and dispersed areas	FI	<ul style="list-style-type: none"> Differential allowances based on location and geographic conditions Financial support for transportation or transfers 	<ul style="list-style-type: none"> Coverage indicators in the National Rural Health Policy (PNSR), MSPS
	NFI	<ul style="list-style-type: none"> Healthy workplace environments Social contexts of the workplace Availability of social services in the territory 	
Improved Effectiveness of Care	FI	<ul style="list-style-type: none"> Individual performance Goal achievement and collective performance Research funding 	<ul style="list-style-type: none"> Criteria defined for the Improved Effectiveness of Care proposed in the Primary Provider Habilitation Standards – Framework for Primary Care in Colombia, MSPS 2018*
	NFI	<ul style="list-style-type: none"> Recognition for results Distinctions for achievements at the group level 	
Increase the Sense of Belonging	FI	<ul style="list-style-type: none"> Differential allowances based on experience Research funding Loans or credits for goods and services Wellness programs Special financial support: insurance, health services, and other services Financial support for transportation or transfers Tax incentives Financial support for the education of children and/or spouses 	<ul style="list-style-type: none"> Measurement of workplace environment in the variable of sense of belonging Workers who received bonuses for experience and knowledge Number of research projects funded by the entity Workers provided with transportation to provide health services, received financial incentives for loans or credits, insurance policies, health services, beneficiaries of tax incentives, and received financial support for children or spouse Coverage in environmental sustainability programs and satisfaction Coverage in family activities and satisfaction
	NFI	<ul style="list-style-type: none"> Environmental sustainability programs for the environment and the organization Strengthening family ties and involvement in the work environment 	
Improve the Work Environment	NFI	<ul style="list-style-type: none"> Spaces for recognition on special occasions Personal skills to improve healthcare services 	<ul style="list-style-type: none"> Measurement of workplace environment Percentage of organizations-institutions with approved wellness plans Coverage of institutional continuous training plans
Strengthen Knowledge of HRH	FI	<ul style="list-style-type: none"> Differential allowances based on experience Higher education funding Research funding 	<ul style="list-style-type: none"> Workers who received financial support for higher education or accessed educational scholarships through partnerships. Workers who received bonuses for experience and knowledge. Number of research projects funded by the organization or through strategic partnerships. Training and education activities. Coverage of training and education activities.
	NFI	<ul style="list-style-type: none"> Research or knowledge initiatives on priority issues Educational scholarships Access to education and training programs 	
Train HRH on Required Skills	FI	<ul style="list-style-type: none"> Funding for continuous education 	<ul style="list-style-type: none"> Designed and executed institutional plans for continuing education Partnerships established for the development of institutional plans for training. Coverage, satisfaction, and impact of institutional plans for continuous education.
	NFI	<ul style="list-style-type: none"> Access to education and training programs 	

Effects – Results	Associated Incentives and Types		Indicator
Worker Well-being and Motivation	FI	<ul style="list-style-type: none"> • Loans or credits for goods and services • Wellness programs • Special financial support: insurance, health services, and other services • Financial support for transportation or transfers • Tax incentives • Financial support for the education of children and/or spouses 	<ul style="list-style-type: none"> • Percentage of institutions with wellness plans incorporated into a FINFI control board for the HRH. • Wellness plans designed and executed • Percentage change in spending on wellness and motivation programs for HRH. • Partnerships established for the development of wellness programs. • Changes in the coverage of wellness programs. • Satisfaction with wellness program activities. • Number of impact studies and analyses of HRH wellness programs. • Workers who received distinctions for successful experiences. • Workers who were provided with transportation to provide health services, received financial incentives for loans or credits, insurance policies, health services, beneficiaries of tax incentives, and received financial support for children or spouses. • Organizational climate measurement. • Psychosocial risk measurement
	NFI	<ul style="list-style-type: none"> • Distinctions for achievements at the group level 	

**This information is more readily found under the Spanish name of: Criterios definidos para la Resolutividad en la propuesta de Estándares de Habilitación de las RISS - Documento Marco de la Atención Primaria en Salud de Colombia*

(<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PSA/prestador-primario-servicios-salud.pdf>)

Source: Prepared by authors, 2022.

BIBLIOGRAPHY

Academia Nacional de Medicina de Colombia. (2020). Investigación Colombiana en Salud. Recuperado de: <https://anmdecolombia.org.co/wp-content/uploads/2020/04/Investigaci%C3%B3n-colombiana-salud.pdf>.

ACRIP Nacional. (2021). Salario emocional: ¿cómo puedo aplicarlo en mi empresa? Recuperado de: <https://www.acripnacional.org/salario-emocional-como-puedo-aplicarlo-en-mi-empresa/>

Agudelo, E., Parra, A., Quinto, M., Ruiz, J. (2021). Propuesta de intervención en entornos laborales saludables en el marco de la promoción de la salud en contextos de trabajo extramural. Recuperado de: [file:///C:/Users/gloria.bravo/Documents/Nueva%20carpeta%20\(2\)/DOCUMENTOS%20APOYO/Experiencias%20ELS.pdf](file:///C:/Users/gloria.bravo/Documents/Nueva%20carpeta%20(2)/DOCUMENTOS%20APOYO/Experiencias%20ELS.pdf)

Avella, A. y otros. (2020). Impacto de los Programas de Bienestar en las Organizaciones de la Ciudad de Bogotá. Recuperado de: https://alejandria.poligran.edu.co/bitstream/handle/10823/2120/TRABAJ_1.pdf?sequence=1&isAllowed=y

Castaño Ramón. (2015). Mecanismos de Pago en Salud Anatomía Fisiología y Fisiopatología. ECOE Ediciones.

Cepeda, S., Salguero, O., Sánchez, Y. (2015). Reconocimiento: herramienta que refuerza el desempeño de los trabajadores. Trabajo de Investigación. Recuperado de: [file:///C:/Users/gloria.bravo/Documents/Nueva%20carpeta%20\(2\)/DOCUMENTOS%20APOYO/Reconocimiento.pdf](file:///C:/Users/gloria.bravo/Documents/Nueva%20carpeta%20(2)/DOCUMENTOS%20APOYO/Reconocimiento.pdf)

Chiavenato, I. (2011). Administración de Recursos Humanos, Novena edición, México, D.F. McGraw-Hill Interamericana Editores, S.A.

EAE Business School. (2021). Formación continua: concepto y beneficios. Recuperado de: <https://retos-directivos.eae.es/formacion-continua-concepto-y-beneficios/>

Guzmán, P., Olave, S. (2004). Análisis de la Motivación, Incentivos y Desempeño en Dos Empresas Chilenas. Universidad de Chile. Recuperado de: https://repositorio.uchile.cl/bitstream/handle/2250/108320/guzmanl_p.pdf?sequence=3

InfoJobs (2020). 1 de cada 4 empresas contempla reducir las contrataciones en el corto plazo. Recuperado de: <https://nosotros.infojobs.net/prensa/notas-prensa/1-de-cada-4-empresas-contempla-reducir-las-contrataciones-en-el-corto-plazo>

Joglar, K. (2014). Motivación y reconocimiento. México D.F. Recuperado de: <http://biblio.upmx.mx/tesis/148492.pdf>

Malagón, A. La Importancia del Sistema de Compensaciones e Incentivos en la Motivación de los Trabajadores. Universidad de la Sabana. Recuperado de: <https://intellectum.unisabana.edu.co/bitstream/handle/10818/4512/131033.pdf?sequence=1&isAllowed=y#:~:text=La%20implantaci%C3%B3n%20de%20un%20sistema,el%20desempe%C3%Bo%20en%20cada%20%C3%A1rea.>

Monroy, D. (2019). Bienestar laboral, su influencia en el empleado y lo que representa en las organizaciones. Universidad Militar Nueva Granada. Recuperado de:

<https://repository.unimilitar.edu.co/bitstream/handle/10654/35888/MonroySuarezDeicyViviana2019.pdf?sequence=1&isAllowed=y>

OPS, OMS. (2017). Informe Final 29.a Conferencia Sanitaria Panamericana y 69.a Sesión del Comité Regional de la OMS para las Américas, realizadas en Washington, D.C. EUA. Recuperado de: https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=43814-csp29-fr-e-814&Itemid=270&lang=en

Organización Panamericana de la Salud & Organización Mundial para la Salud. (2015). Desarrollo de esquemas de incentivos para la retención - Fidelización del personal de salud en áreas rurales y de difícil acceso. Recuperado de: https://www.observatoriorh.org/sites/default/files/webfiles/fulltext/2015/5_esquemas_incentivos_rhus2015_oras_ops.pdf

Organización Panamericana para la Salud & Organización Mundial para la Salud. (2022). Cómo atraer, captar y retener al personal de salud en zonas rurales, remotas y desatendidas. Recuperado de: https://iris.paho.org/bitstream/handle/10665.2/55873/9789275324721_spa.pdf?sequence=1&isAllowed=y

Sardinha L., Cuzatis, L., Dutra, T., Tavares, C., Dantas, A., & Antunes, E. (2013). Educación permanente, continuada y de servicio: desvelando sus conceptos. *Enfermería Global*, 12(29), 307-322. Recuperado en 30 de agosto de 2022, de http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412013000100017&lng=es&tlng=es.

Sierra, E. (2016). Análisis de las Ventajas y Desventajas de las Estrategias de Incentivos, Compensación y Beneficios y su Impacto en las Organizaciones. Recuperado de: <https://repository.unimilitar.edu.co/bitstream/handle/10654/15608/SierraRodriguezEfrain2016.pdf?sequence=1>

Sosa-Cerda OR, Cheverría-Rivera S, Rodríguez-Padilla ME. Calidad de vida profesional del personal de enfermería. *Rev Enferm IMSS*. 2010;18(3):153-158.

Tejada, J. Ferrández, E. El impacto de la formación continua: claves y problemáticas. Grupo CIFO, Departamento de Pedagogía Aplicada, Universidad Autónoma de Barcelona (España). Recuperado de: <https://rieoei.org/historico/deloslectores/4362Tejada.pdf>

Toledo, E. (2013). La Importancia de la Investigación en Salud. *Salud en Tabasco*, vol. 19, núm. 1. Secretaría de Salud del Estado de Tabasco Villahermosa, México. Recuperado de: <https://www.redalyc.org/pdf/487/48727474001.pdf>

UNICEF y UNGC. Lugares de trabajo compatibles con la vida familiar. Recuperado de: <https://www.unicef.org/media/85521/file/UNICEF%20UNGC%20Lugares%20De%20Trabajo%20Compatibles%20Con%20La%20Vida%20Familiar%20.pdf>

Urichima, Y. (2019). Plan de incentivos no financieros como herramienta para el mejoramiento de la productividad. Recuperado de: <http://repositorio.unemi.edu.ec/bitstream/123456789/4873/1/Urichima%20Rivera%20Yolanda%20Beatriz.pdf>

MSPS. (2016). Estrategia de Incentivos. Obtenido de Ministerio de Salud y Protección Social: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/TH/1.estrategia-tarea-todos-incentivos-minsalud.pdf>

Villa, L y Díaz L. (2019). Balance entre vida familiar-laboral y el bienestar psicológico de colaboradores pertenecientes a diferentes organizaciones de la ciudad de Cali de acuerdo con la modalidad de trabajo. Recuperado de:
https://repository.icesi.edu.co/biblioteca_digital/bitstream/10906/87050/1/TG02691.pdf

Werther By Davis K. (2008). Administración de recursos humanos. El capital humano de las empresas. Sexta Edición. México: McGraw-Hill/Interamericana Editores, S.A. de C.V