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

USAID Local Health System Sustainability Project (LHSS)

Task Order I, USAID Integrated Health Systems IDIQ

December 2022

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared with support from the Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ.

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.

Submitted to: Scott Stewart, COR
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USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended citation: Hernández, Nelson, Alejandra Castillo, Tatiana Díaz, Marisol Torres, Alba Falkonerth Rozo, Pedro Hernández, Diana Restrepo, Luis Salamanca, Viviana Arias. The USAID Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. December 2022. *Financial and Non-Financial Incentives Model for Health Workers in Colombia.* Rockville, MD: Abt Associates.

ACRONYMS

PHC	Primary Health Care
CHIP	Finance and Public Financial Information Consolidator
COPASO	Occupational Health Peer Committees
DAFP	Administrative Department of the Public Function
EAPB	Benefit Plan Management Company
FI	Financial Incentives
NFI	Non-financial incentives
FINFI	Financial and non-financial incentives
IPS	Health Care Provider
LHSS	USAID Local Health System Sustainability Project
MSPS	Ministry of Health and Social Protection
OECD	Organization for Economic Cooperation and Development
SGSSS	General Health and Social Security System
HRH	Human Resources for Health
USAID	U.S. Agency for International Development
PAIS	Comprehensive Health Care Policy

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1. INTRODUCTION

Colombia's General Health and Social Security System (SGSSS) employs a comprehensive health care model to guarantee the fundamental right to health and achieve favorable health outcomes for the population. As part of its objectives, the USAID Local Health System Sustainability Project (LHSS) supports SGSSS stakeholders to strengthen this comprehensive health care model. One of the fundamental elements of this model is the implementation of Financial and Non-Financial Incentives (FINFI) to improve the quality of life and performance of human resources for health (HRH).

Regardless of the organizational, financing, and operational models of health systems, HRH play a foundational role in the success of these systems. The role of HRH in organizing, managing, and delivering resources, institutions, services, knowledge, and technology furthers efforts to realize the fundamental right to health. The efforts of HRH also promote the improvement of health outcomes and increased access to health services among target populations (MSPS, Política Nacional de Talento Humano en Salud, 2018).

An adequate incentive structure is essential for any health system to function properly. Incentives can regulate the interests of public and private stakeholders. Almost all health systems have incentive systems that aim to improve the quality, efficiency, and effectiveness of the interventions of HRH and institutions operating within the system. These incentives may include payments to professionals for services, payments to outpatient and inpatient providers, or payments to insurers (MSPS, 2016).

HRH working in primary health care are the targeted group in this proposal for the development of effective incentives oriented towards competency-based management. These incentives will enhance the dignity of HRH and improve their availability, quality, and distribution (MSPS, Resolución 2626 de 2019, 2019). In Year 2 of the project's implementation, LHSS Colombia conducted a study on health workers' stress and fatigue (October 2020-September 2021). That study demonstrated the need to create a scheme of incentives or benefits targeting health workers, beyond those provided by the employment relationship (salary, bonuses, and vacations) (LHSS, 2021).

This document describes problems identified within the health system that precipitated the development of this incentive scheme. It also provides a description and technical analysis of the proposed FINFI models, analyzing their technical, political, and legal viability. Finally, this document draws conclusions and recommendations that will help decision-makers to implement the proposal. This proposal includes three annexes: Annex 1 describes the policy and legal framework for FINFI models; Annex 2 outlines further details for implementing the proposed FINFI models; and Annex 3 contains the proposal for a plan and an implementation roadmap for the FINFI model. The annexes are available in Spanish.

1.1 Scope of the proposal

This proposal presents a FINFI model for HRH that defines a basic package of incentives and a general roadmap for implementation that involves different technical, regulatory, decision-making, and coordination mechanisms. The FINFI model aims to contribute to and complement the implementation of different SGSSS public policies and processes to strengthen the management and development of HRH.

1.2 Description of the problem

In the Colombian health system, three diverse, interconnected markets are fundamental for understanding HRH: the education, labor, and services markets (Ruiz Gómez & Matallana, 2008). To design HRH policy and strategy in a segmented and decentralized health system like that of Colombia, it is essential to understand the

interdependent relationships of markets and their agents. In decentralized health systems with autonomous institutions and intersecting regulatory and market elements, a centralized human resources planning model is not feasible.

Several studies in Colombia, including the *Study of Risk Factors Associated with Stress and Fatigue of Health Workers* (LHSS, 2021), recognize burnout, the feeling of physical insecurity, poor work conditions, the lack of recognition or existence of incentives, the high demand for health services (mainly emergency services), and structural aspects of the health system as primary problems that affect the ability of professionals to excel in their jobs.

1.3 Objectives

GENERAL

Develop a proposal for a FINFI model for HRH that contributes to strengthening the performance of primary health care providers within a comprehensive healthcare model. Likewise, it aims to contribute to improving health outcomes and achieving an appropriate geographical distribution of HRH to enhance professional and personal development, capacity, quality, retention, and the dignity of HRH.[1]

SPECIFIC

- Describe the principal Financial Incentives (FI) for HRH, the mechanisms for their operation and intended impacts and results.
- Describe the Non-Financial Incentives (NFIs) for HRH, outlining the mechanisms for their operation and the expected impacts and outcomes.
- Conduct a FINFI prioritization exercise based on the previous discussions and territorial analysis with several health system stakeholders. This exercise will also review national and international experiences in implementing FINFI models for HRH.
- Perform a technical, legal, and public policy analysis on the viability of implementing the FINFI proposals.
- Propose a general implementation plan to guide decision-makers on delivering FINFI models.
- Create recommendations to strengthen the application and implementation of the FINFI model.

[1] Considering that the FINFI Model proposal aims to contribute to developing public health policies, it may apply to any public or private institution and to any health worker regardless of their educational level (auxiliary, technical, technological, professional) or type of stakeholder. Each institution will be able to analyze the incentives that best fit its mission within the framework of the SGSSS.

2. METHODOLOGY

The following processes were essential in preparing the FINFI model.

2.1 Analysis of national and international experiences in incentive implementation

Objective: Perform a benchmarking exercise of models and practices related to implementing FINFI models for health workers at the national and international levels. This exercise facilitated he identification of lessons for preparing a proposal that will be applicable to Colombia within the framework of the SGSSS. This exercise also identified transferable elements from other models that served as benchmarks for the design of the structure, operation and viability of the incentives model for HRH in Colombia.

2.2 Territorial interviews and co-creation workshops

Objective: Conduct FINFI co-creation and analysis meetings at three management levels: macro, institutional, and micro. Each level involved the participation of the following stakeholders:

Macro-management

Ministry of Health and Social Protection (MSPS) departments, academic health faculty unions, professional health associations or guilds, EAPB associations, Benefit plan management companies (EAPBs), health professional associations, the Pan American Health Organization, and territorial and district health directorates.

Institutional-Management

This level involved intermediate-level management institutions that implement activities related to mobilization, technical training and education, social and population analysis, and defining and implementing public policies. This level includes insurers, health care providers, and universities.

Micro-management

Individual HRH from health service providers, territorial entities, and EAPBs.

2.3 Development of the financial and non-financial incentive model proposal

Objective: Develop a FINFI model for HRH and a roadmap for implementation considering the criteria and technical elements of the processes described above.

The following activities were critical in developing this process:

- Discussion and definition of content
- Analysis and development of thematic areas
- Discussion and analysis of the technical and legal viability
- Analysis and development of the implementation plan
- Discussion and development of conclusions and recommendations

3. STRUCTURAL ELEMENTS OF A FINANCIAL AND NON-FINANCIAL INCENTIVE MODEL

The first stage collected stakeholders' perceptions of the problems with the management of HRH. These stakeholders identified modalities of hiring and salary allocation as the primary issues because these are factors that structurally impact the working conditions of workers and disincentivize high performance.

From a legal perspective (Annex 1), the constitutional guarantee of minimum rights and standards at work addresses contracting modalities and salary allocation. This principle establishes the conditions of decent and fair work, which in the case of HRH is a key element for guaranteeing the right to health according to the Health Statutory Law (MSPS, 2015).

3.1 Contracting modalities

The National HRH Policy (MSPS, 2018) documents various types of labor relationships in the sector, establishing, for example, the varying modalities for hiring medical specialists. Some of these forms of labor relations or contracting fail to ensure decent work conditions, discourage workers, and affect their performance in patient care.

Outsourcing and the various contracting modalities used in the sector also hinder the implementation of incentive systems. For example, in the case of public sector workers, norms dictate that administrative career staff and temporary workers should have access to wellness and incentive plans. Due to the use of outsourcing, however, only thirty to forty percent of workers in public health institutions have access to such incentives, despite the resources being available and the existence of administrative acts to develop incentive programs (MSPS, 2014).

3.2 Salary allocation

One recurring proposal involves the definition of legal parameters for determining service fees or salary scales by profession and occupation as mechanisms to improve the general salary conditions of the sector. Similarly, another proposal is to define differentiated wages based on certain conditions that impact the effectiveness of the health system, which include:

- Salary for rural areas or zones with a dispersed population[2]
- Salary for territories with a shortage of professionals

These initiatives would impact the structure of the health system by adequately remunerating workers, dignifying working conditions, and enforcing the minimum labor guarantees for health workers performing their activities under special conditions. Additionally, they serve as an incentive for attracting and retaining HRH.

[2] For example, Decree 1894 of 1994 establishes differential salaries for generalist physicians, nurses, nursing assistants, and health promoters, corresponding to local health posts, health centers, and hospitals in rural areas with high salary dispersion.

4. DESCRIPTION AND TECHNICAL ANALYSIS OF THE INCENTIVE PROPOSALS

This proposal responds to the primary problems and needs that HRH identified during interviews and territorial meetings regarding:

- Contracting modalities
- Salary allocation
- Social devaluation
- Lack of skills-based training
- Lack of schedule flexibility
- Overwork
- Lack of recognition or compensation for postgraduate studies.

This chapter includes the description and technical analysis of 29 FINFI proposals that may be considered as strategies to address the above challenges. These proposals are grouped into areas and each incentive is analyzed based on its content and scope. Annex 2 complements this information, containing details on the incentives, their description, the implementation mechanisms, the target population, and the expected effects.

4.1 Financial incentives

Organizations worldwide use financial incentives to motivate teams and human resources to exceed expectations or to participate in tasks or activities that employees do not usually perform. Financial incentives are monetary rewards that recognize when employees perform beyond their required duties. Companies can implement a series of financial incentives depending on the work environment and the type of company (Historia de la Empresa.com, n.d.).

Financial incentives must respond to mutual needs and benefits for organizations and employees. Likewise, these incentives should meet requirements including being beneficial over the long term and targeting a specific group identified within the entity. Finally, the cost of all aspects of the incentive package should be considered (financial, human, technological, and time) (Chiavenato I., 2011).

As indicated above, the consultations with stakeholders at the regional level indicate that the most important financial incentives for the health, administrative, and managerial workers include performance bonuses, scholarships for education, and employment with full benefits. The words commonly associated with FI are bonuses, salary, recognition, remuneration, and scholarships.

In order of importance, this process identified three primary types of FI: i) labor contract with full employment benefits, ii) direct economic benefits (salary, bonuses), and iii) indirect (payment for studies, supplementary health insurance plans (*medicina prepagada)*, other insurance policies, housing, etc.).

4.1.1 Description of financial incentive proposals

The thirteen FI are grouped in areas and categorized as direct and indirect. The former corresponds to benefits granted directly to workers through their salary or additions to their salary. The latter refers to personal and family benefits provided indirectly to HRH.

DIRECT FINANCIAL INCENTIVES

AREA 1: BONUSES

A bonus is a reward given to the worker for achieving a specific goal and is usually delivered through monetary bonuses, gift cards, or other means. It is an additional amount paid to the worker for achieving goals or results, either individually or at a group or company level (Gerencie.com, 2022).

Bonuses are based on the idea that an individual will be motivated to exert a high level of effort if they believe that it will lead to better performance, which will be valued and rewarded with benefits such as bonuses, salary increases, or a promotion, and that achieving these goals will increase in some way the personal satisfaction of the employee (Gibson *et al*., 2009, cited by Guzmán & Olave, 2004).

Team or group performance incentives may be implemented in several ways. Firstly, by establishing a production criterion for a specific working group and paying incentives to members if the group exceeds this criterion; secondly, by establishing a production criterion for the final results of the group as a whole; and thirdly, by choosing a criterion for measuring the group's performance over which the group has control. This definition applies to both FI and NFI.

AREA II: DIFFERENTIAL ALLOWANCE

The differential allowance is addressed to individuals working in special labor conditions, which are distinct from those of typical workers. This allowance may target health workers in rural areas, areas that are difficult to access, and dispersed areas or regions with special conditions, such as unsafe conditions.

Another aspect that constitutes an incentive for employees is recognizing the employees' effort in acquiring skills and knowledge that contribute to their expertise and performance. It is important to note that this incentive is not based on the employee's performance but on the employee's capabilities and skills acquired through experience and knowledge. This incentive mainly evaluates the employee's value to the organization (Gómez, n.d.).

These factors justify the design of a differential allowance strategy to improve the retention, availability, and competency of HRH according to their respective environments (urban, rural, dispersed rural) as determined in the comprehensive healthcare policy.

INDIRECT FINANCIAL INCENTIVES

AREA III: EDUCATION AND RESEARCH

The incentive to access higher education is effective in organizations as it promotes high levels of performance, improves the work environment, and increases the satisfaction of stakeholders and users of the system including employers, workers, administrators, and the general community (MSPS, 2016).

Similarly, the National HRH Policy (2018) points out that continuous training programs are necessary to develop essential competencies for those working in health institutions and providing health services in accordance with the Comprehensive Health Care Model and the Ten-Year Public Health Plan. Accordingly, Research and Development is essential for developing science-based sectors in Colombia such as the health sector.

AREA IV: FINANCIAL SUPPORT AND OTHER BENEFITS

These indirect incentives aim to improve the quality of life of workers and their families through personal or collective benefits. These benefits include:

a) Supplementary health insurance plans
b) Payment for various other insurance policies
c) Redeemable benefits for goods and services
d) Agreements with businesses to provide employees with goods and services, among others.

Accordingly, the FI proposals are organized to facilitate the analysis of their implementation, implications, and execution mechanisms.

4.1.2 Structuring financial incentives

The 13 financial incentives are categorized as direct or indirect and are divided into four groups as follows.

Table 1. Description of the proposed financial incentives

Category	Area	Financial incentive	Description
DIRECT	1. Bonuses	1.1. Individual performance	Recognizes the individual performance of health workers for achieving individual goals and objectives.
		1.2. Achieving collective goals and collective performance	The following criteria define this incentive: • A specific work group has performance goals and its members receive compensation upon exceeding the established indicator. • The group as a whole must achieve the established performance goals. • The work group and the institution select the performance measurement criteria, which the group may control.
	2. Differential allowances	2.1. Location and geographical conditions	Addresses HRH working in areas of the country that are difficult to access, dispersed, rural, or have other challenging conditions.
		2.2. Experience and knowledge	Recognizes through allowances the years of experience and knowledge the employee has in a specific area. This recognition demonstrates the importance of individual achievements in achieving collective results.
INDIRECT	3. Education and research	3.1. Funding for continuous training	Invests in the Institutional Plan for Continuous Training to complement, update, improve, renew, or deepen knowledge, skills, techniques, and practices, enabling workers to improve their performance, thus improving the provision of healthcare services.
		3.2. Funding for higher education	Promotes partial financing of higher education for health workers according to the needs of the Comprehensive Health Care Model and the territory, and establishes agreements to promote the retention of the worker in the entity for a specific period of time, ensuring that the knowledge is put into practice.
		3.3. Research funding	Contributes to solving regional health problems through partial financing of interdisciplinary research projects.
	4. Financial support and other benefits	4.1. Loans or credits for goods and services	Provides economic assistance to workers through an organization's internal financing systems to acquire housing, goods, and services.
		4.2. Wellness programs	Develops wellness programs that promote workers' quality of life according to their expectations and organizational needs. This incentive could be financial or non-financial.
		4.3. Special financial support: supplementary health insurance, other insurance policies, insurance, health	Provides financial support to workers to acquire life or property insurance policies, supplementary health insurance, and complementary health plans.

Category	Area	Financial incentive	Description
		services, other services	
		4.4. Financial support for transportation or relocation	Provides financial support for transportation or relocation to places where staff deliver their services.
		4.5. Tax incentives	Offers tax exemptions for HRH working in areas with limited access and rural areas.
		4.6. Financial support for the education of children and spouses	Educational aid supporting primary, secondary, and higher education, and work or human development training for workers' children and spouses.

Source: Prepared by the authors.

4.1.3 Expected results

Table 2 presents the relationship between the FI and their expected results, considering that an incentive can contribute to multiple results.

Table 2. Expected results from implementing the FI.

Financial incentive	Attract and retain HRH.	Improve the quality of services	Improve coverage in rural and dispersed areas	Improve effectiveness of health services	Increase the sense of belonging	Strengthen knowledge of HRH	Train HRH on required skills	Workers' well-being and motivation
Individual performance bonuses	✓	✓		✓				
Bonuses for meeting goals and collective performance	✓	✓		✓				
Allowances by location and geographical conditions	✓		✓					
Allowances for experience and knowledge	✓				✓	✓		
Funding for continuous training	✓	✓		✓			✓	
Higher education funding	✓	✓				✓		

Financial incentive	Attract and retain HRH.	Improve the quality of services	Improve coverage in rural and dispersed areas	Improve effectiveness of health services	Increase the sense of belonging	Strengthen knowledge of HRH	Train HRH on required skills	Workers' well-being and motivation
Research funding	✓	✓		✓	✓	✓		
Loans or credits for goods and services	✓				✓			✓
Wellness programs	✓	✓			✓			✓
Specific financial support: health and other insurance, health services, other services	✓				✓			✓
Financial support for transportation and relocation	✓	✓	✓		✓			✓
Tax incentives	✓				✓			✓
Financial support for the education of children and/or spouses	✓				✓			✓

Source: Prepared by the authors.

Annex 2 includes additional information on the proposed FI, such as a detailed description of their design and guidance for implementation.

4.2 Non-financial incentives

4.2.1 Description of non-financial incentive proposals

The proposal of the 16 NFI is organized into four areas as described below.

AREA I: HEALTHY WORK ENVIRONMENTS

In 2010 the World Health Organization (WHO) published the *WHO Healthy Workplace Framework and Model*, outlining essential elements for employees and employers to consider for developing work environments that promote workers' health, safety, and well-being.

The MSPS's *Healthy Workplace Environment* determines standards adaptable to the specific needs of the human resources in each territory. Its implementation not only improves the health of workers, but it also improves

productivity, work motivation, work culture, job satisfaction, and general quality of life (MSPS, *Entorno Laboral Saludable como incentivo al THS*, 2016).

AREA II: WORK-LIFE BALANCE

According to the Organization for Economic Cooperation and Development (OECD), finding the right work-life balance is challenging for all workers. Families are the most affected by this challenge. The ability to successfully balance work, family commitments, and personal life is vital to the well-being of family members. Governments can promote a better balance by encouraging supportive and flexible work practices that will allow parents to achieve a better work-life balance.

The benefits of considering family-friendly policies in the workplace include improved performance, worker retention, worker productivity and well-being, promotion of gender equity, enhancement of the organization's reputation, and regulatory compliance. Accordingly, this area addresses the following issues:

- *Work schedule:* An essential consideration for work and personal balance is the number of hours a person works. Long working hours can harm personal health, compromise safety, and increase stress (OECD).
- *Time dedicated to leisure and personal care:* The more people work, the less time they will have to devote to other activities, such as self-care or leisure. The quantity and quality of leisure time are fundamental to workers' overall well-being and can generate additional physical and mental health benefits (OECD).
- *Work places harmonized with family life:* Help balance and improve work and family life.

AREA III: RECOGNITION

Robbins, S. (2004), cited by Cepeda, S. *et al.* (2015), mentions two types of recognition: informal and formal. Informal recognition is a simple, immediate, low-cost system to reinforce employee behavior. The manager can implement this recognition with minimum planning and effort and may consist of, for example, an acknowledgment card, an email, or an unexpected public recognition.

Himelstein, in Joglar, K. (2014), outlines that "*before implementing a recognition program, it is necessary to think about the objective of such acknowledgment:*

- *Express appreciation*
- *Recognize value*
- *Encourage workers*
- *Compensate for overtime work*
- *Recognize the achievements of a work team*."

These objectives influence the structure of:

- *Individual recognition*: Expresses interest, approval, and appreciation for a job well-done, aiming to reward and motivate employees, stressing performance and productivity and fostering a commitment to the success of the organization.
- *Group recognition:* Aimed at groups of employees that share responsibilities and demonstrate the ability to create and innovate by proposing new or better ways to develop the goods and services offered by the organization to impact a population.

AREA IV: CONTINUOUS TRAINING

The EAE Business School (2021) defines continuous training as the constant development of skills and knowledge in response to changes in the workplace. Therefore, the company's function is to create an environment that helps its staff to constantly learn and grow. This learning process allows workers to be more productive and valuable for the organization and helps the company create a highly skilled and engaged workforce.

Knowledge management,[3] defined as the process of "implementing actions, mechanisms, or instruments aimed at generating, identifying, capturing, valuing, transferring, appropriating, analyzing, disseminating, and preserving knowledge to strengthen the management of entities, facilitate innovation processes, and improve the provision of goods and services to their value groups," is a critical aspect of training (DAFP, *Manual Operativo del Modelo Integrado de Planeación y Gestión*, 2021).

Continuous training is necessary in two areas:

- *Professional and occupational development*: Correspond to the technical skills required to develop, and improve human resources in their position or area.
- *Development and strengthening of soft skills*: Refers to the attitudes and abilities that enable people to perform their work effectively in emotional and interpersonal terms. It includes teamwork, problem-solving, negotiation and reconciliation, time management, change management, leadership, and communication.

4.2.2 Structuring non-financial incentives

The 16 non-financial incentives are divided into four areas and 12 sub-areas as follows.

Table 3. Description of Proposed Non-financial Incentives

Area	Sub-area	Non-financial incentive	Description
1. Healthy work environments	1.1. Physical work environment	1.1.1. Healthy workplace environments	Workplaces (internal and external) with physical and environmental conditions that ensure safety, inclusion, equity, and sustainability. Workplaces will also provide options to access goods and services, thus promoting the well-being of workers.
	1.2. Psychosocial work environment	1.2.1. Psychosocial support services	This service supports HRH in situations impacting internal or external occupational or psychological factors that cause tension or distress. This support involves psychological first aid, emotional support, and referral to psychosocial primary care services.
		1.2.2. Healthy, inclusive, and differential coexistence	Deliver a workspace and an organizational culture that promotes and guarantees healthy, inclusive, and differential coexistence as a competitive advantage in the sector.
		1.2.3. Spaces for recognition on special occasions	Activities to celebrate or recognize special occasions for people to generate a sense of belonging, companionship, and trust within the organization.
	1.3. Self-improvement resources at work	1.3.1. Transformation and promotion of healthy habits	Create a work environment that promotes healthy eating, hygiene, and exercise habits to prevent and control chronic diseases.
	1.4 Community involvement	1.4.1. Social context of the workplace	Provide adequate working conditions with respect to social context to minimize risks and contribute to the worker's health.
		1.4.2.	Contribute to the care and conservation of the environment by promoting sustainable practices at work, with family, and in the community.

[3] Knowledge is a set of experiences, expertise, values, information, perceptions, and ideas creating a specific mental structure in people to assess and incorporate new ideas, information, and experiences.

Area	Sub-area	Non-financial incentive	Description
		Environmental sustainability programs for the environment and the organization	
2. Work-life balance	2.1 Work schedules	2.1.1. Structure of work days	Establish adequate, defined, and flexible working hours according to what is possible and needed in the community.
	2.2 Time dedicated to leisure and self-care	2.2.1. Availability of social services	Information on the availability of social services that workers can access in response to their needs
	2.3 Workplaces that accommodate family life	2.3.1. Strengthening family ties and involvement in the work environment	Deliver a workspace protecting and prioritizing workers' roles in their family environment.
3. Recognition	3.1 Individual recognition	3.1.1. Recognition for results	Structure recognition schemes to reward workers for achieving results that comply with organizational principles (rest day for additional work, among others).
	3.2 Group recognition	3.2.1. Recognition for achievements at the group level	Recognition or group distinctions for proposing initiatives to achieve institutional objectives and exceed expected results.
4. Continuous training	4.1 Professional and occupational development	4.1.1. Research or knowledge initiatives on priority issues	Generate knowledge to meet the needs of target groups and reaffirm citizens' trust in the management of territorial entities.
	4.2 Development and strengthening of soft skills	4.2.1. Personal skills to improve healthcare services	Develop and strengthen soft skills as a key skill in labor, personal, and family environments. This learning process encourages the establishment of successful relationships with patients, colleagues, and managers.
	4.3 Cross-cutting initiatives to advance continuous training	4.3.1. Access to education and training programs	Create virtual spaces to learn and update knowledge within the health sector and motivate workers to achieve positive results.
		4.3.2. Educational scholarships	Provide access to educational scholarship opportunities on topics related to the organizational mission, with or without a formal agreement.

Source: Prepared by the authors.

4.2.3 Expected results

A motivated worker is a more productive worker. Initiatives implemented by companies to motivate workers at their jobs are well received and positively perceived by health workers. This positive perception impacts and improves the sense of belonging within the company, reduces absenteeism, and increases employee commitment (ACRIP, 2021).

Agudelo *et al.* (2021) outlined that healthy environments contribute to workers "*feeling better and healthier, which translates into:*

- *Decreased absenteeism*
- *Reduced presenteeism, namely, attending work sick and not performing as when the employee is healthy*
- *Greater motivation*
- *Improved productivity*
- *Easier contracting processes*
- *Lower staff turnover*
- *Transmission of a positive image of a company conscious of the health of its workers.*"

Implementing NFI results in attracting and retaining HRH (14 NFI) and improving quality (11 NFI) and service coverage in rural and difficult to access areas (3 NFI) and generally (2 NFI). It improves effectiveness of services (2 NFI), increases the sense of belonging (2 NFI), improves the work environment (2 NFI), strengthens knowledge (2 NFI), and training (1 NFI), and improves well-being, and motivation (1 NFI).

Table 4 shows the expected results of NFIs, considering that an incentive may contribute to multiple results.

Table 4. Expected results of implementing the NFI

Non-Financial Incentives	Attract and retain HRH	Improve the quality of services	Improve coverage in rural and dispersed areas	Improved effectiveness of health services	Increase the sense of belonging	Improve the work environment	Strengthen knowledge of HRH	Train HRH on required skills	Worker well-being and motivation
Healthy workspace environments	✓		✓						✓
Psychosocial support services	✓	✓							
Healthy, inclusive, and differential coexistence	✓	✓							
Spaces for recognition on special occasions	✓					✓			✓
Transformation and promotion of healthy habits	✓	✓							
Social context of the workplace	✓		✓						
Environmental sustainability programs for the organization and environment		✓			✓				
Structure of work days	✓	✓							✓
Availability of social services	✓	✓	✓						
Strengthening family ties and involvement in the work environment	✓				✓				✓
Recognition for results	✓	✓		✓					
Distinctions for achievements at the group level				✓					✓
Research or knowledge initiatives on priority issues	✓	✓					✓		
Personal skills to improve healthcare services	✓	✓				✓			
Access to education and training programs	✓	✓					✓	✓	
Educational scholarships	✓	✓					✓		✓

Source: Prepared by the authors.

Annex 2 includes additional information on the proposed NFI, such as a detailed description of their design and guidance for implementation.

5. Viability of the proposed incentives

This section describes the results of the FINFI model viability analysis from a public policy perspective and a technical perspective based on ease of implementation and expected impact. It also presents the legal viability of implementing these incentives based on the existence and/or need to develop or adjust the legal and regulatory framework. The FI and NFI are presented separately in the viability analysis, which will serve as an input for decision-making regarding implementing the proposed options.

5.1 Viability from a public policy perspective

Table 5 describes the viability considerations of the FINFI proposals from a public policy perspective.

Table 5. Viability analysis of FI from a policy perspective

Incentive	Viable		Considerations	
	Yes	No	HRH policy	Comprehensive Healthcare Policy (PAIS)
BONUSES FOR: • Individual performance • Collective results • Experience and knowledge	X		Contributes to the fulfillment of the following strategies: 1. Improved equitable and balanced distribution of health workers at regional, urban, and rural environments and care levels. 2. Improved conditions for professional practice and the comprehensive development of HRH.	Contributes to the fulfillment of thematic area number four of the policy: Management, planning, and improvement of HRH working conditions at the national and territorial level.
EDUCATION, TRAINING, AND RESEARCH • Funding for higher education • Financing of continuous training • Research funding	X		Contributes to the fulfillment of the following strategies: 1. Effective human resources for the health needs of the country. 2. Training aligned with the population's needs, development, and health system objectives. 3. An increased equitable and balanced distribution of health personnel at regional, urban-rural, and care levels. 4. Improved integration of training processes and institutions with health services and communities.	Contributes to enforcing thematic areas two and four of the policy: 2. HRH Training 4. Management, planning, and improvement of HRH working conditions at the national and territorial levels
FINANCIAL SUPPORT AND OTHER BENEFITS • Direct loans or credits • Insurance Policies • Wellness for HRH • Supplementary health insurance • Financial support for the education	X		Contributes to the fulfillment of the following strategies: 1. Improved equitable and balanced distribution of health workers through regional, urban, and rural areas and care levels. 2. Improved conditions for professional practice and the comprehensive of development of HRH.	Contributes to the fulfillment of thematic area number four of the policy: 4. Management, planning, and working conditions of HRH.

Incentive	Viable		Considerations	
	Yes	No	HRH policy	Comprehensive Healthcare Policy (PAIS)
of children and/or spouses				

Source: Prepared by the authors.

Table 6. Viability analysis of NFI from a policy perspective

Incentive	Viable		Considerations	
	Yes	No	HRH policy	Comprehensive healthcare policy (PAIS)
HEALTHY WORK ENVIRONMENTS • Physical environment • Psychosocial environment • Self-improvement Resources • Participation of the company in the community	X		**Contributes to the implementation of the following strategies:** 1. Effective human resources according to the health needs of the country. 2. Improved conditions for professional practice and the comprehensive development of HRH.	**Contributes to the fulfillment of thematic area number four of the policy:** 4. Management, planning, and working conditions of HRH.
WORK-LIFE BALANCE • Work schedule • Time dedicated to leisure and self-care • Workplaces that accommodate family life • Compensatory time	X		**Contributes to the fulfillment of the following strategies:** 1. Improved conditions for professional practice and the comprehensive development of HRH	**Contributes to the fulfillment of thematic area number four of the policy:** 4. Management, planning, and working conditions of the HRH.

Incentive	Viable		Considerations	
	Yes	No	HRH policy	Comprehensive healthcare policy (PAIS)
RECOGNITION • Individual • Group	X		**Contributes to the fulfillment of the following strategies:** 1. Increased integration of training processes and institutions with health services and communities. 2. Effective human resources according to the health needs of the country. 3. Improved conditions for professional practice and the comprehensive development of HRH.	**Contributes to the fulfillment of thematic area number four of the policy:** 4. Management, planning, and working conditions of HRH.
CONTINUOUS TRAINING • Occupational Professional Development • Development and strengthening of soft skills • Development of continuous training	X		**Contributes to the fulfillment of the following strategies:** 1. Effective human resources according to the health needs of the country. 2. Deliver training in line with the population's needs and the development, and objectives of the health system. 3. Improved equitable and balanced distribution of health workers across regional, urban-rural, and care levels. 4. Increased integration of training processes and institutions with health services and communities. 5. Improved conditions for professional practice and the comprehensive development of HRH.	**Contributes to fulfillment of thematic areas number one, three, and four of the policy:** **Training of human resources for health.** 1. Standardization of HRH with the comprehensive healthcare and service provision scheme. 3. Strengthen the capacity of HRH for territorial planning and health management. 4. Management, planning, and working conditions of HRH.

Source: Prepared by the authors based on the previous definition of FINFI for HRH.

Accordingly, the degree of viability of the FINFI model for HRH from a public policy perspective is high since it contributes significantly to the different thematic areas and strategies of relevant public policies. Incentives aimed at supporting formal and continuous training processes contribute the most to implementing these health policies and, therefore, to achieving health care outcomes.

5.2 Technical viability

The FINFI technical viability analysis assessed each incentive based on its **ease of implementation and expected impact.** The following paragraphs describe the results of the assessment**:**

5.2.1 Analysis of the technical viability of financial incentives

Table **7** shows the evaluation results for the 13 proposed FI. The highest viability scores correspond to funding of continuous training, differential allowances by location and geographical conditions, bonuses for achieving collective goals and collective performance, and wellness programs. FI with intermediate scores include the financing of higher education, differential allowances for experience and knowledge, financial support for transport, loans or credits for goods and services, individual performance bonuses, and special financial support: supplementary health insurance, other insurance policies, health services, and other services. The incentives with the lowest viability score include tax incentives, economic support for the education of children and spouses, and research funding.

Table 7. Consolidated results of the technical viability for FI

Incentive	Rating
1. Bonuses	
1.1. Individual performance	7.5
1.2. Achieving collective goals and collective performance	9.1
2. Differential allowances	
2.1. Location and geographical conditions	9.3
2.2. Experience and knowledge	8.4
3. Education and Research	
3.1. Financing continuing training	9.6
3.2. Higher education funding	8.5
3.3. Research funding	4.8
4. Financial support and other benefits	
4.1. Loans or credits for goods and services	7.5
4.2. Wellness programs	9.1
4.3. Special financial support: policies, insurance, health services, other services	7.3
4.4. Financial support for transport or transfers	8.1
4.5. Tax incentives	6.5
4.6. Financial support for the education of children and spouses	6.0

Source: Prepared by the authors.

The consolidated results compared on a 10-point scale ("1" being the least viable incentive and "10" being the most viable) establish the order of technical viability importance as follows: (1) differential allowances, (2) bonuses, (3) education and research, and (4) financial support and other benefits.

5.2.2 Analysis of the technical viability of non-financial incentives

Table **8** summarizes the assessment results for the 12 proposed NFI. The highest scores correspond to time dedicated to leisure and self-care, the operation of workplaces that accommodate family life, professional and occupational development, programs for the development and strengthening of soft skills, and continuous

training programs. The lowest scores include the provision of self-improvement resources at work, actions to establish positive psychosocial work environments, and community involvement.

Table 8. Consolidated results of the technical viability assessment per NFI subarea

Incentive	Rating
2.2 Time dedicated to leisure and self-care	10.0
2.3 Workplaces that accommodate family life	10.0
4.1 Professional and occupational development	10.0
4.2 Development and strengthening of soft skills	10.0
4.3 Cross-cutting initiatives to advance continuous training	10.0
1.1. Physical work environment	9.8
3.1 Individual recognition	9.6
3.2 Group recognition	9.3
2.1 Work schedules	9.1
1.3. Self-improvement resources at work	8.5
1.2. Psychosocial work environment	8.3
1.4 Community involvement	8.0

Source: Prepared by the authors.

The consolidated results on a 10-point scale indicate that, as a whole, the NFI areas related to recognition and continuous training had the highest scores when the three criteria were combined. In contrast, healthy work environments and work-life balance had the lowest scores, although all four areas scored above eight.

5.3 Legal viability

The primary regulatory categories relevant to implementing incentives are as follows:

- **Social benefits.** Defined as: "*payments by the employer to the worker directly or through social security institutions (...). These payments differ from wages as these are not a direct remuneration for services rendered, and differ from compensation as these do not repair damages caused by the employer*" (DAFP, 2020).
- **Wellness plans and incentives**: Tools for human resources management that entities, specifically those hiring health workers, may adopt. Hiring entities define requirements and rules for accessing these tools, and the entity shall allocate resources to guarantee their implementation and financing.
- **Other regulatory sources:** Regulations addressing other matters that establish parameters on working conditions, for example, those related to safety and health at work, which contain provisions promoting workers' physical, emotional, and mental well-being. These regulations may provide a legal foundation for some of the proposed NFI.

5.3.1 Criteria Specification

Based on the elements described above, this assessment identified five levels for legal viability and applied them to the proposed FI and NFI. The existence or not of a legal basis for each proposal was crucial in determining the legal viability of each of the proposed incentives.

5.3.2 Analysis of legal viability of financial incentives

A 5-point scale was used to assess the legal viability of the FI (see Annex IV). The analysis found that the FI with ratings of four or five were the most viable, considering that FI with these ratings have a legal basis in existing laws or regulations, and that their implementation is primarily dependent on the willingness of the health provider management.

The financing of education and research received a rating of three, as this incentive requires the support of the health provider management, building relationships with research entities through agreements or partnerships, and participating in competitions or programs offered by these entities.

The least viable incentives, with a score of one or two, includes tax incentives or differential allowances, which would require issuing national regulatory frameworks to permit allowances, or in the case of tax incentives, rules that allow differential treatment of workers in the sector.

Table 9. Legal viability rating for FI

Financial Incentives	Rating
1. Bonuses	
1.1. Individual performance	4
1.2. Achieving collective goals and collective performance	4
2. Differential allowances	
2.1. Location and geographical conditions	1
2.2. Experience and knowledge	1
3. Education and Research	
3.1. Funding for continuing training	2
3.2. Higher education funding	3
3.3. Research funding	3
4. Financial support and other benefits	
4.1. Loans or credits for goods and services	5
4.2. Wellness Programs	4
4.3. Special financial support: supplementary health insurance, other insurance policies, health services, other services	5
4.4. Financial support for transportation or transfers	3
4.5. Tax incentives	1
4.6. Financial support for the education of children and spouses	3

Source: Prepared by the authors.

5.3.3 Analysis of legal viability of non-financial incentives

Table 10 features the legal viability rating for NFI, according to the scale explained above.

Table 10. Legal viability rating for NFI

Non-financial incentives	Rating
1. Healthy Work Environments	
1.1. Physical work environment	4
1.2. Psychosocial work environment	4
1.3. Self-improvement resources at work	4
1.4 Community involvement	2
2. Work-life balance	
2.1 Work schedule	3
2.2 Time dedicated to leisure and self-care	2
2.3 Workplaces that accommodate family life	2
3. Recognition	
3.1 Individual recognition	2
3.2 Group recognition	2

Non-financial incentives	Rating
4. Continuous training	
4.1 Professional and occupational development	2
4.2 Development and strengthening of soft skills	2
4.3 Cross-cutting initiatives to advance continuous training	3

Source: Prepared by the authors.

The NFI with the highest legal viability were those related to healthy work environments, which have a legal basis in occupational safety and health standards. Consequently, these incentives may be implemented jointly with workers through Joint Occupational Health Committees (COPASO).

5.3.4 Consolidated results

The legal viability analysis determined that the FI had an average viability score of 3.0 and the NFI an average score of 2.5. The incentives with high and very high legal viability scores include:

- Healthy work environments
- Bonuses
- Financial support and other benefits

Table 11 shows the consolidated results, which demonstrate that seven of eight of the proposed FI and NFI were rated below four, and only one had a rating of four or five. This distribution indicates that it is necessary to review, adjust, and develop a legal framework to implement the proposed incentives.

Table 11. FI Average rating according to the proposed thematic areas

Description	Rating Average
NON-FINANCIAL INCENTIVES	**2.5**
1. Healthy work environments	3.5
4. Continuous training	2.3
2. Work-life balance	2.3
3. Recognition	2.0
FINANCIAL INCENTIVES	**3.0**
1. Bonuses	4.0
4. Financial support and other benefits	3.5
3. Education and research	2.7
2. Differential allowances	1.0

Source: Prepared by the authors.

5.3.5 Required regulatory modifications

Any modification to the regulatory framework with the goal of implementing HRH incentives should include mechanisms to:

- Determine the conditions or requirements to access the incentive and specify its characteristics, amount, or calculation formula — for FI.[4]

[4] As an example, this process reviewed Decree 521 of 2010 issued by the Ministry of Education. This resolution regulates incentives for teachers and educational directors of State educational establishments located in areas with access problems.

- Determine the source of funding for the incentive. In the case of the Ministry of National Education, the Ministry allocated specific funds to finance training incentives. Annual or biannual calls are made for interested parties to participate or compete to access such resources.[5]
- Identify the specific needs of the territorial entities and healthcare providers pertaining to human resources, quality improvements, or capacity to deliver services.
- Reach the worker directly with the incentive and prevent the contractor or employer from redirecting the incentive.
- Ensure resources are allocated effectively, which could include semi-annual reports that document how the workers benefit from the incentives.

6. RECOMMENDATIONS

6.1 Implementing financial and non-financial incentives

The entire package of proposed incentives is a high priority. However, the following recommendations can facilitate implementation:

- The results of the viability exercises concerning FI emphasize the need to prioritize bonuses and financial support as feasible incentives. For NFI, continuous training programs and programs to strengthen work-life balance are most feasible.
- The next criteria for implementing incentives should be cost. Institutions should start implementing incentives that require lower investments of resources.
- Continuous training is an NFI that contributes to the motivation and retention of HRH. Institutions can select topics of interest for health workers and develop trainings through consultancies or partnerships with universities and other educational institutions, among others.
- Education and research are an FI that generate a significant impact on the quality of care and motivation of HRH, especially in rural areas.
- Institutions should continue the progressive implementation of other FI and NFI through ongoing sectoral and cross-sectoral management processes and continuous territorial support.

WHERE TO START?

The following is a summary of steps that institutions can take to begin implementing FINFI. Additional guidance is available in Annex 3: Implementation Plan:

- It is necessary to **prioritize incentives** within three categories, according to HRH preferences of each institution: 1. Scope (rural, dispersed rural, urban) 2. Type of provider (primary or complementary) 3. Type of HRH activity (clinical, administrative, community, among others).
- Identify the incentives that will generate the highest positive impact on the quality, distribution, adequacy, and well-being of HRH.
- Identify the incentives that are most technically, legally, and financially feasible to implement.
- Identify and analyze possible funding sources and define mechanisms and pathways to access such sources at a national and territorial level.
- Develop national and territorial action plans for implementation.

[5] The following call was gathered as an example: *Continuous training for in-service educators of official educational institutions* – BID: https://web.icetex.gov.co/es/-/fondo-formacion-continua-para-educadores-en-servicio-de-las-instituciones-educativas

HOW TO SUSTAIN FINFI?

The following recommendations can strengthen the sustainability of FINFI mechanisms:

- Develop processes to evaluate the effectiveness and use of resources spent through different sources of health financing at the territorial level, with the aim of optimizing resources to mobilize funds to invest in FI and NFI for health workers. The CHIP system and the Single Territorial Form (FUT) may be used for this optimization.
- Develop political and social engagement processes that demonstrate the need for implementing FINFI. These processes are vital in leveraging resources from national and international sources to implement the incentives.
- Include a budget for financing the implementation of FINFI in the annual calculation of the Capitation Payment Unit.

6.2 Recommendations according to health system actor

The following recommendations were derived from the technical analysis and the results of the viability assessment.

MINISTRY OF HEALTH AND SOCIAL PROTECTION

- HRH incentives should be included among the SGSSS incentives, in order to ensure they are harmonized and well-coordinated.
- Prioritize the retention of health workers who provide services in dispersed and special areas. This retention will rely on a package of measurable and monitorable incentives that lead to the consolidation of a long-term strategy combining retention and attraction of HRH.
- Compile evidence by investigating the impacts of incentives, which will serve as the basis for the implementation and scaling of the model, adjusting for the context of different territories.
- Conduct a regulatory mapping to identify the legal provisions related to the management and development of human resources that system stakeholders do not comply with or often misinterpret. This mapping aims to avoid misclassifying basic rights for health workers as incentives, such as a decent wage and overtime pay, among others.
- Establish mechanisms that require stakeholders to implement incentives such as those established in the model.
- Establish mechanisms to increase the salaries of professionals completing their compulsory social service, as low salaries have become a source of demotivation for students, disproportionately impacting the availability of health professionals in rural and difficult to access areas.
- Monitor the performance of HRH incentives through the HRH Observatory to improve their implementation.

DEPARTMENTAL/DISTRICT HEALTH ENTITY

- Implementing an incentive model requires political support and will, which shall be accompanied by dialogue and consultation with involved stakeholders and organizations.
- Cross-sectoral coordination is central to guaranteeing an equitable distribution of HRH, since this requires matching territorial health care needs with the labor and educational supply. Collective decisions must be made and joint projects developed for comprehensive development of HRH.

- It is necessary to survey the territories to identify each territory's particular needs with respect to the implementation of the FINFI.
- It is necessary to design and implement incentives that promote the creation of multidisciplinary health teams throughout the country. It is also vital to perform population density analysis vis-a-vis the number of health professionals.

HEALTHCARE PROVIDERS

- Health provider institutions should designate time for staff to dedicate to education and research.
- Well-being benefits and activities for workers are limited to those hired under an employment contract, which effectively excludes contractors. It is critical to search for mechanisms that extend well-being benefits to all workers.
- The "compensatory days" incentive should be strengthened because it is relevant to workers' performance and well-being.
- Technical and financial support for vocational training is one of the primary incentives for rural areas. It is essential to encourage and strengthen the distribution of professionals in rural areas by expanding access to training and education for local residents. It is also vital to promote skills' certification for all health professionals.
- Develop indicator-based productivity models that are built upon basic income and all social allowances. This model motivates staff and can be profitable for institutions.
- Develop a strategy to manage the availability of information for making evidence-based decisions on HRH incentives. For example, conduct periodic surveys on recruitment modalities, monitoring of FINFI, and the impacts of incentives.

6.3 Strengths and limitations of the analysis

The strengths of the analysis include the following:

- The constant support from the MSPS headed by the Directorate of Human Resources for Health. This support facilitated developing a proposal that recognized the need for public policy that would contribute to addressing challenges identified within the framework of the SGSSS.
- The widespread participation of nursing guilds and associations was significant, and it demonstrated the importance of empowering these associations to advance professional and labor rights.

This process encountered methodological limitations that restricted the scope of the information collected in the co-creation spaces, which were the basis for designing the FINFI incentives model:

- *Time:* The times scheduled for workshops and interviews and the time constraints of healthcare staff due to their work schedules.
- *Lack of conceptual understanding*: In some situations, participants were not familiar with concepts related to worker incentives. For some participants, the difference between legal/ institutional responsibilities and incentives as additional tools to improve the wellbeing and performance of the worker was not readily apparent.

7. CONCLUSIONS

The proposed FINFI model is a product expressly requested by the MSPS's Directorate of Human Resources for Health, which participated actively in the co-creation and dissemination activities. The annexes of this proposal were shared with the Directorate.

The FINFI model will be sustainable to the extent that it aligns with the implementation of public HRH policy and the Comprehensive Healthcare Policy. It is vital to develop cross-sectoral coordination activities where all sectors recognize the incentive plan and are willing to implement interventions to bring it to fruition. It is necessary for each institution to develop an action plan that establishes objectives, activities, and goals in the short, medium, and long term and to develop a monitoring and evaluation system at the national level (see Annex 3).

This FINFI model aims to strengthen the comprehensive healthcare approach by improving workers' well-being, which will impact the implementation of policies and strategies in the sector and facilitate achieving institutional and population-level objectives for health care. As such, this model is a fundamental input to strengthen HRH public policy with an emphasis on primary healthcare.

Furthermore, the national government expressed its interest in reorganizing the human resources in charge of PHC by creating multidisciplinary teams that operate in the country's most remote areas. These teams will benefit from training on skills that promote comprehensive health care delivery and respond to the realities faced by all people living in Colombia, including the migrant population, returnees, and host communities.

LHSS Colombia has supported the national government in developing multiple strategies that promote or improve the well-being of health workers. This support has provided diverse mechanisms that lead to better health care quality and outcomes for patients. This collaborative work has created opportunities to replicate this process in several institutions and has been disseminated in important forums to reach stakeholders who can benefit from these strategies.

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ANNEXES