SECTION 4. SOCIAL MEDICINE

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4.1 The impact of healthcare system reform on professional motivation and job satisfaction of medical personnel in the context of post-pandemic recovery and preparedness for future challenges

One of the key issues in the strategy of improving the quality of medical care (MCQ) is the creation of an effective motivational system of medical personnel (MPs). Motivation of MPs has a direct or indirect impact on the efficiency and productivity of their work, as well as the quality, safety and accessibility of medical services. Without satisfied MPs, the health care system will not function, and national and global healthcare development plans will not be achieved [50, 51].

Successful management of a healthcare facility (HCF) and human resources management must take into account the values, needs of the MP and be based on the most effective and efficient methods of motivating employees. Therefore, one of the main competencies of HCF managers is the ability to identify the needs of the MPs and their leading motives [52, 53].

The World Health Organization (WHO) Global Strategy on Human Resources for Healthcare clearly emphasizes the importance of directing the efforts of health facilities managers to improve the working conditions of healthcare workers, create a system of rewards in HCF, and provide opportunities for their continuous career and professional growth in order to optimize the use of limited resources, particularly in emergency situations, and increase motivation to improve the work of healthcare workers and prevent the loss of qualified specialists in healthcare [54, 55].

According to official WHO forecasts, by 2030, the healthcare systems of European countries will experience a global staffing crisis - about 40% of healthcare workers will leave their jobs in healthcare due to low salary, dissatisfaction with working conditions and insufficient incentives. The shortage of health workers will amount to more than 10 million people, and internal and external migration will exacerbate the imbalance in the provision of human resources to the healthcare system

[54, 56]. The COVID-19 pandemic has shown that the shortage of health workers and, as a result, their excessive workload, fatigue and exhaustion lead to an increase in the level of professional burnout, chronic stress and job dissatisfaction, which, in turn, poses a threat to the health of the population and the effective operation of the health systems in emergency situations [57].

Modern changes in healthcare, caused by demographic shifts, the growth of chronic diseases, threats of pandemics and other emergencies, the development of medical technologies, create increasingly complex tasks and challenges for MPs. Therefore, an effective motivation system should be comprehensive and include not only material motivation factors, but also intangible ones. Approaches to intangible motivation are aimed at satisfying the psychological and emotional needs of MPs: recognition and praise, a sense of importance and necessity, opportunities for professional development and self-realization, creating a safe and comfortable working environment, support and mutual assistance in the team [58, 59].

The concept of professional motivation refers to the personal resources of healthcare workers and remains an important area of research for scientists in the field of healthcare management. The importance of studying this issue lies in the consequences of influencing the behavior of health care workers, on which the development and competitiveness of HCF depends [60, 61].

According to the Self-Determination Theory (SDT), based on a set of motives and goals that activate behavior, professional motivation is classified as extrinsic and intrinsic motivation [62]. Extrinsic motivating factors include receiving economic rewards for participating in activities and achieving favorable results or avoiding unfavorable consequences. Intrinsic motivation refers to activities for pleasure and recognition, that is, it is an opportunity to gain new experience, acquire new knowledge and expand the use of one’s abilities, as well as to feel one’s importance and need in society. As studies show, the effectiveness of extrinsic motivators in promoting long-term satisfaction and a positive attitude of MPs towards work is relatively lower compared to the influence of intrinsic motivators [63, 64, 65].

Today, the healthcare system faces numerous challenges, including securing qualified personnel, optimizing internal processes, and adapting to rapidly changing working conditions. Effective human resource management in healthcare includes not only the selection and proper training of personnel, but also their motivation and the creation of conditions for maintaining HR [66].

To increase the efficiency of personnel in modern HCF, an important aspect is the implementation of effective motivational approaches and technologies that allow optimizing personnel management processes, making them more transparent and flexible, which will positively affect the overall productivity and level of employee satisfaction. However, in the Ukrainian healthcare system, there remains a large number of unresolved issues regarding the implementation of a motivation system for MPs in HCF based on an integrated approach. There is also a lack of comprehensive scientific research devoted to the study and implementation of effective motivational approaches in healthcare facility and personnel management, the study and justification of the leading motivational factors that influence the attitude of MPs to work in emergency situations and post-pandemic recovery.

The aim is to analyze the impact of healthcare system reform on professional motivation and job satisfaction of medical personnel in the context of post-pandemic recovery and readiness for future challenges based on the results of a medical and sociological survey.

Materials and methods. When conducting a medical and sociological cross-sectional study, the following methods were used: systematic approach, sociological (questionnaire), comparative and statistical analysis, logical generalization. The form of the study was an online survey, which involved creating a questionnaire “Survey of healthcare providers on the motivational component of ensuring the quality of medical care” and distributing it among the target audience using Google Forms functions, conducting the survey, processing and summarizing the results, forming a report and conclusions. The questionnaire was reviewed and approved by the Academic Council of the Educational and Scientific Medical Institute of Sumy State University. The error of the study did not exceed 5%.

The study was attended by 272 respondents who gave their voluntary consent to the collection, processing and generalization of their data. The target audience of the study included 154 doctors and 118 nurses working in outpatient and inpatient departments of HCF in Sumy. Among them, 80 men (29.4%) and 192 women (70.6%), who have worked in HCF for 3 to 15 years. The proportion of doctors with work experience of up to 5 years is 31.2%, nurses - 17.8%; with work experience of 6-10 years - 22.7% of doctors and 15.3% of nurses, with work experience of 11-15 years - 10.4% of doctors and 11.0% of nurses; 35.7% of doctors and 55.9% of nurses have worked in health care for more than 15 years. The distribution of respondents' answers is presented in Table 1.

Table 1.

Distribution of respondents by work experience in Healthcare (in absolute values and relative values (%))

	Up to 5 years		6-10 years		11-15 years		More than 15 years		Total	
	abs. value	%	abs. value	%	abs. value	%	abs. value	%	abs. value	%
Specialist doctors	48	31.2	35	22.7	16	10.4	55	35.7	154	100
Nurses	21	17.8	18	15.3	13	11.0	66	55.9	118	100

The vast majority of respondents indicated that their level of employment at the workplace is one rate – 95 responses from doctors (34.9%) and 91 responses (33.5%) from nurses. 49 doctors (18.0%) and 18 nurses (6.6%) work more than one rate. The remaining 19 medical workers (7.0%) work less than one rate. However, the survey showed that the actual level of workload of most medical workers during one work shift does not correspond to the level of employment and is 1.5-2 times higher – 159 responses (58.5%). That is, medical workers believe that they work in conditions of overload without additional pay.

MPs are dissatisfied with the level of salary and believe that their actual remuneration does not correspond to the workload and is lower – 239 responses (87.9%), of which 135 responses were from doctors (49.6%) and 104 responses were from nurses (38.2%). It should be noted that with increasing work experience of MPs, their demands for remuneration decrease, that is, they become more inclined to get used to the actual salary. If among young MPs with work experience up to 5 years, 90.1% of people are dissatisfied by their salary, then with work experience of 11-15 years – 57.7% of people, and with work experience of more than 15 years – 47.4% of people.

Analysis of the responses received showed that the incentives for MPs in the form of additional remuneration (bonuses) for the quality of professional duties is unsatisfactory at the level of HCF. Only 45 people (16.5%) responded that they periodically receive bonuses for the quality of medical services, of which 33 respondents are doctors (12.1%) and 12 respondents are nurses (4.4%), that is, nurses receive additional material incentives less often than doctors. It should also be noted that respondents with work experience of up to 5 years do not receive additional material incentives at all for the quality of medical services.

Only 73 respondents (26.8%) are fully or partially satisfied with working conditions. Accordingly, 167 respondents (61.4%) are partially or completely dissatisfied with working conditions in the health care institution they work for, and 32 respondents (11.8%) indicated that they find it difficult to answer this question.

During the scientific study, we asked healthcare providers, “Why did you choose to work in the healthcare sector?” (Respondents could choose up to three answer options). The main motives and expectations when choosing a healthcare profession for respondents were internal motives: the desire to benefit society – 95 responses from doctors (61.7%) and 55 responses from nurses (46.6%), professional interest – 75 responses from doctors (48.7%) and 45 responses from nurses (38.1%), public recognition and social status – 44 responses from doctors (28.6%) and 29 responses from nurses (24.6%), the opportunity to help their family and friends – 46 responses from doctors (29.9%) and 31 responses from nurses (26.3%), a sense of need for society

– 36 responses from doctors (23.4%) and 27 responses from nurses (22.9%). External material motives when choosing a profession in the form of the prospect of receiving a decent and stable salary also became one of the motivating factors for respondents: 28 responses from doctors (18.2%) and 17 responses from nurses (14.4%). The distribution of responses from specialist doctors is presented in Figure 1 and the distribution of responses from nurses is presented in Figure 2.

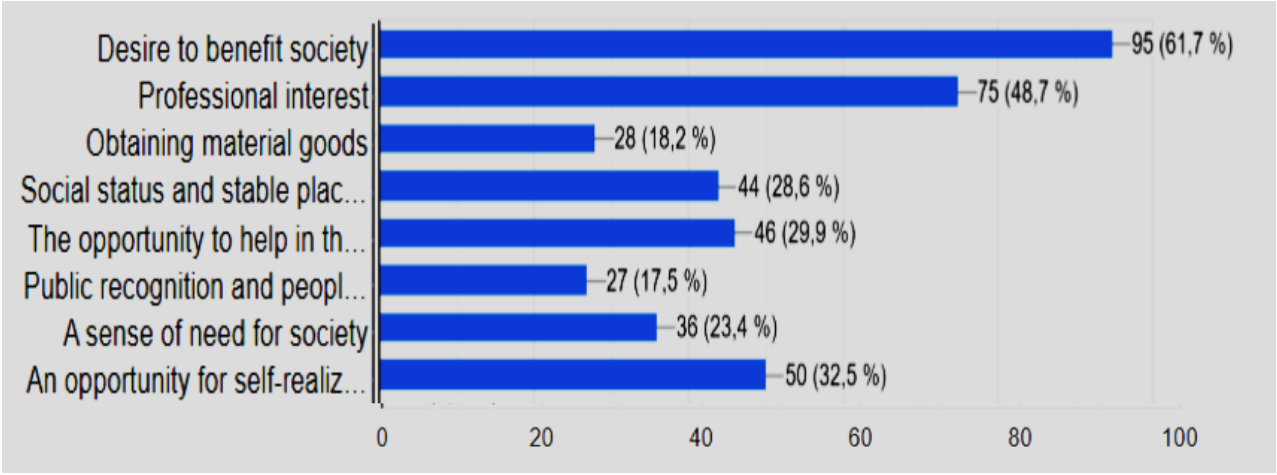

Figure 1. Distribution of Specialist doctors' responses to motivational factors for choosing a medical profession (in absolute values and relative values (%))

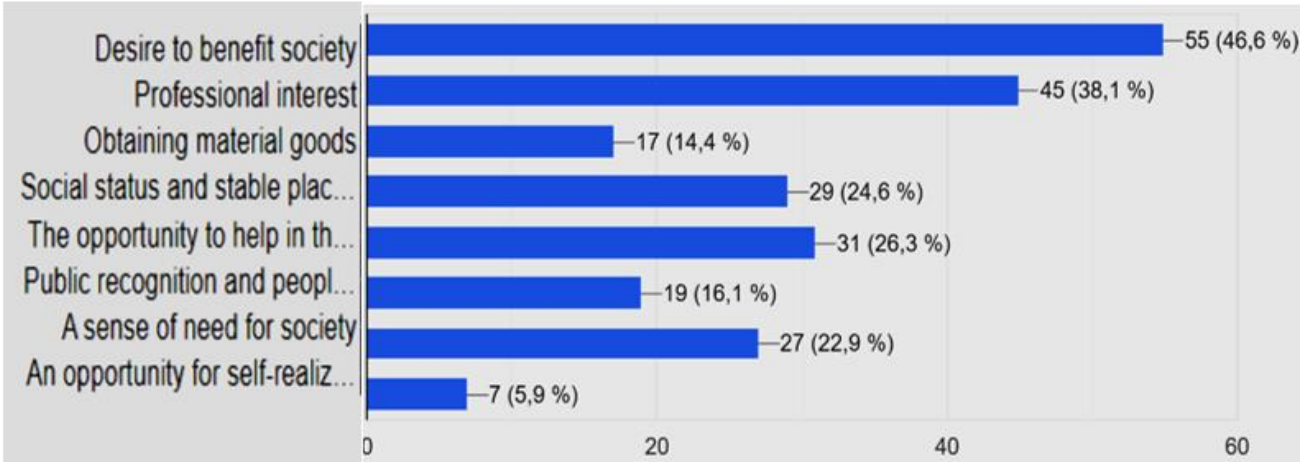

Figure 2. Distribution of Nurses' responses to motivational factors for choosing a medical profession (in absolute values and relative values (%))

Despite the fact that the choice of a profession in the healthcare sector did not meet the expectations of the respondents, most of them would not agree to change their profession if they received a higher salary – 180 respondents (66.2%). 92 respondents

(33.8%) would agree to change their profession to a higher-paid one, among whom the majority are MPs with less than 10 years of work experience.

During the survey, respondents were asked the question "Do you think there is a system of motivation for medical workers in the health care facility you work for?" Every second respondent gave a negative answer about the absence of a motivation system - 134 answers (49.3%). 101 respondents (37.1%) were unsure of their answers and answered "rather yes". It may indicate only a partial implementation of the motivation system in the health care facility management. Only 39 respondents (14.3%) were confident in the existence of a motivation system in the health care facility.

Almost all respondents (265 people (97.4%)) answered that they consider it necessary to implement an effective motivation system at the level of HCF to improve the quality of medical services provided to patients and increase the satisfaction of MPs with their work. In their opinion, the main incentives for MPs to improve the quality of medical services today are: moral satisfaction from work and teamwork (73.9% of responses), material incentives (59.0% of responses), respect from patients and recognition from society as a whole (44.2% of responses), self-realization and the opportunity for professional development (31.2% of responses), recognition and respect from health care facility management (16.6% of responses). Respondents had to choose up to three answers from the proposed ones.

It should be noted that moral satisfaction and material incentives, respect and recognition from society are priorities for MPs regardless of their length of service. However, the importance of leadership recognition and professional development gradually diminishes with increasing length of service in the healthcare system. The distribution of MPs answers is presented in Table 2.

Table 2.

Distribution of medical personnel answers by groups of motivational incentives for improving the quality of medical services and length of service (relative value %)

	Incentives				
	Moral satisfaction	Financial incentives	Professional and career growth	Respect from patients and society	Management recognition
Work experience up to 5 years	48.4	48.7	55.0	26.6	16.3
Work experience of 6-10 years	37.7	94.8	33.1	55.9	6.5
Work experience of 11-15 years	61.0	60.4	21.4	22.1	4.6
More than 15 years of experience	52.0	74.7	18.1	73.4	1.3

The study conducted at the regional level showed that in the context of healthcare system reform, post-pandemic recovery and socio-economic challenges, we face risks of human resource shortages and outflow of medical personnel due to dissatisfaction with working conditions and the practical absence of an effective system of motivation in healthcare facilities. All this, in turn, affects the quality of medical services, effectiveness, safety and accessibility of medical care for the population, as well as the competitiveness of the healthcare facilities themselves. It was found that medical personnel note the importance and necessity of implementing a motivation system in healthcare facilities. The data obtained showed that in addition to material incentives, the most important for medical workers are internal moral incentives: job satisfaction, teamwork, a sense of need and importance, respect from society and management.

Despite the fact that our respondents have a high level of workload, they are ready to work better if they receive a decent salary and create decent working conditions.

The study was carried out within the framework of the research work «Socio-economic recovery after COVID-19: modeling the implications for macroeconomic stability, national security and local community resilience» (state registration number: 0122U000778).