Strategy For Developing And Motivating Health Cadres To Improve Their Performance And Achieve Health Goals In The Health Sector In Saudi Arabia

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1. Introduction

(Achieving health goals in provinces and the country, a strategy with detail specification on motive/development tools is proposed at various demographic levels. This elaborate strategy with necessary assignments, tasks, and activities will be supportive in organizing a specific and actionable approach for these tasks.

1.1. Background of the Health Sector in Saudi Arabia

Saudi Arabia has witnessed rapid social and economic changes over the past several decades, launching the comprehensive development of effective public health services and access to health care. Saudi Arabia's health care system relies heavily on government intervention and is primarily funded by taxation of excessive oil revenues. The access to health services is extensive and in accordance with international standards. Despite these healthy indicators, reforming the health sector has become one of the main priorities for the Saudi government. More than 70 years of rapid and largely unsupervised expansion of the health sector have resulted in disorganized and inefficient service provision. Major changes in the organization, management and financing of health services are required (Saeed et al., 2022).

The health system in Saudi Arabia consists of three different sectors: the Ministry of Health, the Other Government Healthcare

Sector, and the Private Healthcare Sector. Although there have been some studies on the healthcare demand and trends, none investigated the healthcare human resources in respect to the different seeking behavior and to explore the demand for healthcare human resources in Saudi Arabia. Saudi Arabia is unique due to its own culture, religious beliefs and increasing changing social structure resulting from globalization and fast economic development. These characteristics may potential impact the needs and utilization of healthcare human resources. Understanding the Saudi's behavior of seeking healthcare human resources can thus provide valuable information for the government to appropriately plan and fulfill the healthcare human resources allocation (Alnowibet et al., 2021).

1.2. Importance of Developing and Motivating Health Cadres

The health cadre means the totality of healthy human resources in one society. There is a strong relationship between health and human beings' productivity and development. Problematic health cadres with ample production potential but a lack of human resources quality, in terms of both quantity and quality, lead to the disability or weakness of human resources in every society's various social activities, especially economic development. On the other hand, investing in human resources development by training and education is a strategy for progress. Hence, the challenge of developing health cadres is significant and important to every society, and it warrants consideration.

A strategy of developing and motivating health cadres aims to improve the performance of health cadres so that they can achieve health goals, activities, and objectives. The health goals and objective are to enhance the health situation of the population, especially in poor nations. Therefore, this strategy is also aimed at improving the health status of a society (Brooks, 2015). Along with developing health cadres, motivating them to work effectively and efficiently is vital so they can achieve their maximum potential. Different health workers have a diverse background with different degrees of motivations and considerations regarding personal demands and voluntary activities and provide different health services. A strategy to develop and motivates health cadres, thus, respects this diversity and assists them in productively discharging their duties.

Besides, developing and motivating health cadre is also conducive to developing, encouraging, and enhancing a cooperative attitude among health cadres. They require working together to enhance the health situation of the population as well as health status and human resources development (Manafa et al., 2009). Hence, the strategy of developing and motivating health cadre also encourages health workers to work collectively. A health cadre is also to be conducive to a mutual understanding of societies and the health bureaucracy, as well as improving health services utilization, equity, efficiency, acceptability, and appropriateness of medical interventions while discharging its duties.

2. Current Status of Health Cadres in Saudi Arabia

Demographic and Distributional Characteristics of Health Cadres in Saudi Arabia

Saudi Arabia is a country located in the Middle East; it is the largest country in Western Asia, comprising most of the Arabian Peninsula. This country has several demographics; starting with the total population which reached approximately 35 million people in 2021. The labor market in this country is heavily influenced by age and education, with a very young population and government funded education from kindergarten to higher education. Healthcare professionals have a significant impact on the population, as this is a service that affects everyone. In Saudi Arabia, there were approximately 300 thousand physicians and nurses in the year of 2019. Moreover, about 1/3 of the health workforce in Saudi are Saudi nationals (Alnowibet et al., 2021). The ministry of health (MOH) reported that by 2030, the KSA will need between 1.64 and 3.05 physicians and nurses for every 1000 population to provide health services.

Skills and Qualification of Health Cadres in Saudi Arabia

The skill profile of the health workforce in Saudi Arabia shows a low percentage of health workers with post-basic qualifications. This could be resulted by several factors such as government driven campaign to send more health workers to work abroad with better compensation than those afforded in Saudi (Kuo Lin et al., 2021). The National Transformation Program aims to increase the accessibility and quality of health care services delivered by the MOH and its affiliated hospitals. A comprehensive understanding of the health workforce and long-term projections of health labor

market are essential in response to these workforce planning imperatives. In the year of 2019, Saudi Arabia's KSA health labor market experienced a rapid growth in both the supply and demand of physicians and nurses due to the expansion of health services. The MOH's employment approach mainly targeted international recruitment. Since foreign workers dominate the health workforce in the KSA, understanding the dynamics of the expatriate-sending labor market is critical.

2.1. Demographics and Distribution

To achieve the performance goals outlined in the Ada'a Health program, health cadres must play an essential role in its implementation. Health cadres encompass various disciplines with at least a university degree or diploma in health or medical science, including physicians, nurses, pharmacists, medical technicians, and more. The status of health cadres in Saudi Arabia's health sector is influenced by various factors such as their number, distribution, demographics, job types, health faculties, and periodic rotation. Understanding the status of health cadres in the health sector is the initial and critical element in developing health cadres to implement the Ada'a Health program (Saeed et al., 2022.

Health cadres form the largest portion of the health workforce. The health cadre workforce in the health sector must be sufficient in number and distributed across health facility types to achieve health sector performance goals. Also, health cadres form the largest part of human resources in the health sector to improve health sector performance (Alnowibet et al., 2021). The welfare of health cadres in the health sector directly impacts the performance of the health sector. Job and job-type distribution empowerment are vital for improving health cadre workforce welfare and increasing performance in the health sector. The current job type of health cadre workforce distribution must be assessed to develop and implement strategies and programs aimed at improving the performance of the health sector. Moreover, health cadre improvement programs should consider demographic characteristics, including gender, age, education level, experience, monthly salary, and career level.

Health cadres are not uniformly employed in health facilities according to population distributions. Disparities in employment relationships and job types influence the welfare status of health cadre workforces in the health sector. In addition, job types are

linked to other health cadre characteristics such as age and gender, exerting an impact on health cadre workforce welfare and health sector performance goals (Saeed et al., 2022).

2.2. Skills and Training Levels

The domain of competency development in Saudi Arabia would involve an examination of the current skills and training levels of the health cadre in the health sector. The study would identify the current competencies of the health cadre in the health sector. Cadre personnel education backgrounds would be described, and some background information on cadre personnel would be provided, such as age, gender, marital status, and work experience.

Examining Skills and Training Levels. Compulsory and optional health trades skill training courses, divided into different training levels, were undertaken by health cadre personnel. upgrade of health cadre personnel performance in the health sector and to tackle the issues of these compulsory training courses needed. The questions on the study objectives were stated in the questionnaire on a five level scale. Results found that the levels of health cadre personnel training were poor on all health trade skills except 'food safety' and 'food processing hygiene practices', which were rated moderately. Moreover, the compulsory and optional skill training courses undertaken by the health cadre personnel were at the low level to the good level (Alnowibet et al., 2021).

Current Competencies of Health Cadre. Good health depends on environmental hygiene and safe food. World Health Organization emphasized on health and nutrition education to promote appropriate hygiene, dietary behaviors, and food safety practices within a community. Significant proportions of populace are unaware of health trades skill knowledge. Only few cadre personnel possess liking and knowledge on food safety, hygiene, and sanitation on water, food, personal, kitchen, as well as disposal. The cadre personnel undertake no awareness seems to have any effect in improving the knowledge of the aspect under study. It appears that mass education interventions for the community on their proper health trade skill required (Kuo Lin et al., 2021). Educational background and experience of the cadre personnel would be mentioned.

3. Key Challenges in Developing and Motivating Health Cadres

Cadres of health professionals are considered the backbone of the health system and its continued service delivery. Unfortunately, many health sectors face difficulties in the development and motivation of these cadres. At the Ministry of Health in Saudi Arabia, the development and motivation of health cadres is a top priority that has challenges. The health cadres development committee has worked on several strategies over the years, but it still faces obstacles that hinder the achievement of health goals. This paper identifies these challenges in the process of developing and motivating health cadres and their responses. There are many definitions of health caders as human resource and national asset, public health operation-holding workforce, etc. (Manafa et al., 2009). Health caders are one or more professional categories of equivalently trained health workers practicing in a uniform context of care delivery, considered the backbone of the health system and its continued service delivery. The maximum efficiency of a health cadre is a prerequisite for reaching the health goals and targets as healthy people, productive workforce, and a world free of poverty. In Saudi Arabia, the health cadre consists of public and private sectors of various health professions. Health cadre professionals during the paid time conduct most of the activities specified in their health roles and tasks. After leaving the paid time, the same health caders become the health cadre of other professions outside the health sectors like the insurance, real-estate, and humanitarian fields widening the gap of access to health services and coverage. Many of health cadre up-scaling programs are offered by the health sector but most of these health professionals are accepted onto positions in other sectors (N. Jaeger et al., 2018). The development and motivation of health caders is one of the health sectors top priorities under the umbrella of the health cadre development committee. Several strategies have been planned and implemented for long years by different responsible committees but still, many challenges/obstacles hinder the development and motivation of health caders. To shed light on this national priority issue, in-depth interviews and brainstorming sessions have been conducted with the key health cadre development and motivation stakeholders. Some of the identified challenges in the development and motivation of health caders include lack of financial and non-financial resources, health cadres heavy workload, and lack of senior management commitment.

3.1. Resource Constraints

Resource constraints are any limitations or shortages by businesses that can hinder them from performing at their full capabilities. Constraints can be classified in various forms such as financial, capital, hardware or material, labor, machine or equipment, technology, and repair or maintenance shortages. All of these constraints can become important hurdles to be addressed by healthcare organizations. Understanding the impact of these limitations may put the healthcare organizations in a better position to deal with them effectively (Alnowibet et al., 2021). In the context of Saudi Arabia, the development and motivation of health cadres to achieve health goals in the health sector will be affected by one or more of these resource limitations. Hence, the health cadres will not be able to reach their fullest, resulting in some of the health goals not achieved, and this represents the main concern.

3.2. Workload and Burnout

Workload generally refers to the total volume of work performed by an employee, a group of employees, or an organization (Bawakid et al., 2017). It can be defined in terms of the number of work tasks, the number of working hours, work demands, and work responsibilities. Motivation is affected by rewards, both intrinsic and extrinsic, the contents of which vary across cultural settings. Studies indicated that workload and burnout can affect the motivation of health cadre groups in a multi-cultural healthcare system precisely the health caders, doctors, nurses, and community health workers. Health cadre groups in the Ministry of Health Saudi Arabia have heavy workload due to many factors. The factors are: the increasing burden of diseases affecting their productivity due to increased fatality, complication, and disability; the Vision 2030 programs demanding and allocating too many jobs and duties, while the supply of health cadres remains unchanged; easy access and growing mystery of health care service utilization causing inefficiency in staff patient/time utilization and unmet patient expectations of the service; and malpractice issues which heighten legal time-consuming bureaucratic workloads.

Regarding the performance of health caders, heavy work demands remain an impediment to improving both the quantity and quality. At any point in time there are many people on treatment. This rather than a new cohort of patients entering the treatment

system for the first time each year, as is often assumed in the analysis of treatment demand, has implications for motivation and performance management. Doctors' workload affects the quality of care of health services in terms of prescription behavior, diagnosis, treatment choice, review, and follow-up. Burnout or mental health problem is said to develop as a person's work demands or responsibility increases and as the working condition becomes heavy or difficult (Qattan, 2017). Both work-related stress and burnout have impact on the level of job satisfaction and the job performance of health cadres.

4. Best Practices in Developing Health Cadres

Health systems rely on competent, skilled health cadres as the foundation for effective service provision. However, due to various factors, developing and motivating caders has been challenging in many countries. Saudi Arabia's effort to reform and enhance the healthcare sectors to improve the Kingdom's performance in terms of population health coverage and social health outcomes provides a good opportunity to develop a strategy to overcome existing challenges and ensure health cadres reach their maximum competency levels. This includes the provision of administrative, clinical, and socio-behavioral competencies. This report aims to design a strategy for developing and motivating health cadres to improve their performance and enhance the achievement of health goals in the health sector in the Kingdom of Saudi Arabia.

There are efforts from several countries regarding best practices to develop health cadres. These best practices are examined in terms of specific interventions along with the support system required for the successful implementation. There are different types of interventions to develop health cadres. Continuous/professional development programs are one of the interventions to develop health cadres, especially at the clinical level, and are implemented in several countries, including Saudi Arabia. Brazil is also one of the countries implementing such programs and sharing its experience, which might be beneficial to Saudi Arabia. In addition to continuous learning programs, Brazil provides a mentorship/coaching initiative for health professionals to enhance the impacts of the learning programs. This seems an innovative approach to exchanged experience from Brazil to Saudi Arabia that might be considered.

4.1. Continuous Professional Development Programs

Health is a significant aspect of quality of life in every society. Every country, large or small, is aware of this and is working towards developing its health sector using modern technology and healthcare practices. Health is also an important element in the economic development and socio-economic growth of mankind. Every government tries to control diseases caused by poverty, backwardness, ignorance, and royalty (Odeh et al., 2021). Thus, the global journey towards achieving health for all finds a clear expression in the target year 2000 for global EPI coverage. The expanded program of immunization (EPI) in Saudi Arabia aims to reduce mortality, morbidity, and disability due to vaccine-preventable childhood diseases. The United Nations Children's Fund (UNICEF) operates as a supplementary fund in areas including public awareness campaigns, examination of all aspects of health services, and provision of basic services to improve the health caders in developing countries. The World Health Organization (WHO) is responsible for coordinating all health-related activities in developing countries under the Health for All strategy by the year 2000. In this regard, several global actions have been taken to provide all tools of health services to further develop the health sector, trained health staff, and epidemiologists to reduce possible mortality due to EPI preventable diseases (Kurtović et al., 2021

). Presently, there are more than 100 countries, including Saudi Arabia, with all aspects of health problems. Many actions have been taken to reduce the existing gap in health services in developing countries, such as providing a package of health services in a format that is easily perceived by unsophisticated rural people.

4.2. Mentorship and Coaching

Mentorship and coaching play a crucial role in the overall development and motivation of health cadres. It enables health professionals to reflect on their past work, discover new possibilities for action, and learn more about their work and the health system. One of the effective ways to enhance performance is to adopt continuous mentorship and coaching interventions (Manzi et al., 2017). In the proposed strategy, mentorship and coaching will be used to recruit health cadres and emphasize the major objectives, priorities, and health goals of the health sector in Saudi Arabia. Through facilitated meetings, health professionals

will discuss issues regarding the activities of the health sector and the health system. They will also be assured about the opportunities offered by the government to enhance health care provision and health conditions in the community. Some of the experienced and motivated health professionals will be identified and invited for training on mentorship and coaching. After training, opportunities will be provided for mentorship and coaching of health cadres for consideration of performance-enhancing actions. Implementation of this strategy will be monitored and evaluated on a regular basis (quarterly and annually) at the health sector level.

Mentorship and coaching have always been the core component of enhancing the overall performance of health cadres through continued professional development. Effective interventions for strengthening health systems and improving health services in the population also include a systemic approach through integrating mentorship and coaching. Mentorship and coaching interventions were reported to foster skills and quality of practice over a long period, demonstrating sustainability and benefits not only to the individuals directed but also to the broader health system. In all projects, there was evidence that supported the understanding that mentorship and coaching were also vehicles of change and contributed to various results by supporting health system performance, improving community health, and enhancing health system capacities.

5. Motivational Strategies for Health Cadres

The strategy aims at ensuring health cadres are motivated to improve their performance and thereby contribute to achieving the health goals of the health sector. Motivation is considered to be a significant element of job satisfaction. Without it, health cadres may not be satisfied with their jobs and may display demotivating behaviors such as absenteeism, low morale, poor performance, indifference, and loss of interest in job which may be reflected by poor health status and lack of attendance to scheduled activities (Brooks, 2015). There are several ways to commend health cadres upon their good performance. Positive feedback, recognition, reward, interest in their achievements, and financial or material incentives are some of them. In a health sectors context, the recognition could be verbal commendation, letter of appreciation, awards and medals, and promotion (Manafa

et al., 2009). Likewise, raising salaries, providing safe transport, free meals, sending health cadres for further training, and giving them care allowances are other strategies of motivation. These strategies also need to be supported by occassional follow-up supervision. Some health cadres indicated that the areas of motivation as described above were poorly implemented in the health sector. On-the-job training is also crucial because it is only through continued practice that health cadres remain competent and gain confidence. Therefore, arranging external follow-up training is important for those health cadres who had poor performance in within-job training evaluation measures. At the level of health facilities, it is important to create a conducive work environment by creating a strong mutual relationship between supervisors and health cadres, and improving the office space, sanitation, and other work facilities.

5.1. Recognition and Rewards

Recognition and rewards are one of the most common motivational strategies used in organizations. They are designed to acknowledge exemplary performance or achievements, including external acknowledgment and declarations of appreciation (Brooks, 2015). There is a stream of research examining the relationship between recognition and rewards and the performance of health cadres. For example, the amount of recognition or reward received has been found to stimulate the motivation of health cadres and their positive feelings, thereby boosting their performance and participation (Aduo-Adjei et al., 2016). Recognition and rewards boost health cadres' encouragement to accomplish better performance and meet health goals. It also promotes establishment and enhancement of good communication and interaction between managers and health cadres. By recognition and rewards, other health cadres would strive to improve their performance to be rewarded. Health cadres who receive recognition or rewards would exert efforts to sustain the acknowledgement and maintain their projects, roles, and position.

Recognition of health cadres' contribution to health programs should be documented and shared with broader health management and health cadre organizations to acknowledge and appreciate efforts. Suitable ways of recognition can include public declarations by senior health managers, publishing success stories,

providing evidence of contributions on drug donations, gifts, or grants, and displaying photos at major national health events. Health cadres typically prefer non-monetary types of recognition. Only Myanmar recognizes health cadres with honor sheets, certificates, badges, or trophies. Health managers should capitalize on this motivational factor to strengthen recognition efforts. The manager of health cadres' organization should ensure that health cadres in the health program are recognized or rewarded for their achievements. Health cadres can be recognized or rewarded with certificates of appreciation, congratulatory letters or memos, pictures published in mass media, or other means of acknowledgement. Local health managers can also consider health cadres with higher salaries, salary raises, bonuses, allowances, gifts, or promotions.

5.2. Career Progression Opportunities

Steps will be taken to allow health cadres employed in positions covered by the pay structure option to move into higher positions. These positions will remain unfilled for a minimum of three years from the date of the decision. Health cadres with a recognized Bachelor's degree in health from a Saudi university, or equivalent from a recognized university, and who have worked for at least three years in the same position may be allowed to move to vacant higher positions (at a maximum of two promotions) within the pay structure option. All decisions must comply with the recruitment policies and procedures of the Government of Saudi Arabia. Other positions may be included later based on a cost-benefit analysis (Kumar, 2016).

In addition, some health cadres will be allowed to move from other pay structure options into health cadre covered by this pay structure option. Health cadres employed in pay structure options, who are transferred from health positions to other pay structure options (and vice versa), and who are promoted or demoted by a maximum of two positions, will retain their current salaries and allowances in the new position. Pay increases will be based on the new position, but the new salary will not exceed the maximum salary in the new position. Pay increases and increments will be frozen until the salary in the new position exceeds the new maximum salary. Starting salaries of new entrants into the cadre covered by this pay structure option will be determined based on the position they will fill. A Confirmation of Service will be issued

after three months of employment, following a satisfactory probation period (Manafa et al., 2009).

6. Role of Leadership in Motivating Health Cadres

The leadership approach plays a significant role in the motivation of health cadres. Effective communication is essential for motivating employees. KSA health cadre members should be made to feel secure to enable them to discuss their personal habits, fears, plans, and goals. Leadership needs to take time to develop effective communication skills that are personable and approachable. There should be open-door policies that encourage discussion. Trust should be fostered by adopting practices to cultivate integrity, honesty, and openness, which will enhance the effectiveness of communication, subsequently motivating staff. An important leadership issue is the setting of clear expectations for performance. Employees need to be advised about the performance expected from them and the appropriate procedures for doing the job. Health cadre staff in KSA healthcare settings are expected to understand how their work contributed to the overall goals of the department and organization (A. Algarni et al., 2018).

Expectations need to be practical, within the control of the health cadre, attainable, and achievable. They should also be regularly reviewed. Employees should be continually informed of how they are progressing in meeting performance targets. High-performing employees should be recognized for their particular achievements. Conversely, those not achieving targets should be advised what action needs to be taken. Clarifying performance expectations is particularly important when an employee is transferred from one job to another or one type of department to another. A lack of clarity regarding performance expectations negatively affects motivation. Employees may feel they have no control over their work and are being treated as virtual 'units of production' rather than individuals able to make a unique contribution to the department and organization (Brooks, 2015).

6.1. Effective Communication

Effective communication is one of the main issues that can promote motivation and engagement among health cadres at health facilities and in turn maximize existing basic health services to accomplish health goals and objectives. All health cadres in the health sector in Saudi Arabia should be aware of the multifaceted advantages of effective communication and better understand the

communication process. According to (Pouragha et al., 2020) , effective communication is a two-way process that ensures the mutual understanding of messages exchanged between the sender and receiver. Therefore, good, on-going, and effective communication is vital in all aspects of health systems. Effective communication creates a supportive environment where health cadres become more involved in decision-making processes and contribute more confidently and constructively to improving health systems and health service delivery. This promotes motivation and engagement among health cadres, all of which help to improve overall performance. Health planners and authorities may therefore need to examine factors that contribute to the ongoing and effective communication process to maximize the advantages of effective communication for improved performance of health service delivery.

6.2. Setting Clear Expectations

Research shows that many organizations do not provide a job description for a person when he/she is employed. A job description is a crucial document in the employment contract of any individual holding a job. Job description is a detailed account of the role and the responsibilities of a particular job and in the same vein, it sets forth the management expectations of such an incumbent (A. Algarni et al., 2018). Setting a job description also has an additional benefit of setting a career path for the individual. Nowadays, when there is heavy competition in the job market, many organizations have employment policies regarding a promotion or a career advancement. It is well known in the literature of human resource management, as long as job description exists for all job positions in a company, an incumbent might expect his/her promotion or advancement on such position if and only if he/she meets the prerequisites or qualifications required for accepting such a job position. The prerequisites or qualifications are stipulated in human resource management documents known as job descriptions.

Cadres in the health sector can be motivated through clear expectations, meaning they can be made aware of their job description. On the other hand, conversely, when there is no clear, transparent, detailed, and specific expectation either from the job incumbents or from the management side, a havoc would occur in the company creating a chaotic work environment with numerous

adversities (Brooks, 2015). There would be a deep feeling of injustice and unethical behaviors in the organizations when the employees are channeled towards a course of action in one way or another without justifying its logic. It is not only important to have a job description but it is also an organizational obligation to provide every person in a job position with a particular job description.

7. Case Studies of Successful Health Cadre Development Strategies

Case Study of Hospital X

Hospital X has successfully implemented a program to build and motivate health cadres to improve their performance and achieve health goals. The focus of the program is on employing a group of qualified and motivated health cadres in a mentored environment that provides them with the skills, knowledge, and experience to achieve the desired level of competence to work independently in the health system. There are two distinctive features of this program: 1- A cluster of health cadres in one facility to provide a mentored environment and to deliver on the job training; and 2- Focus on a skill-based training curriculum to guide the mentors in developing the competencies of the health cadres. The anticipated results of this program include development of health cadres that attain the level of competence required by the health system, motivation and retention of health cadres with high potential and capacity to carry out the health goal, and provision of a sustainable mentoring and professional development system for the health cadres. The promise of a motivated health cadre is the need for a well-designed incentive system of recognition and rewards for performance and involvement of the health cadres in the program design and deliberation of the recognition and rewards system.

Case Study of Clinic Y

Another technique that would be useful in the Saudi health-care system is the use of a recognition and rewards system. Clinic Y is a government clinic that employs physicians with a D.O. degree and uses a recognition and rewards system to motivate the health cadre and transform the clinic into a primary health care provider in a competitive market. A key feature of the system is the active involvement of the health cadre in developing the recognition and rewards system. The involvement created a sense of ownership

and commitment and increased the probability that the recognition and reward system would be implemented and properly utilized. As a result, the health cadre initially agreed to forgo wage raises for the implementation of the system. Other features of the system are the formation of a health cadre committee that recommends on the design and implementation of the system, monetary and nonmonetary recognition and rewards, and multi-perspective performance measures received from the supervisors, patients and peers. The attraction of the health cadre is closely linked to the health system provided, hence a more competitive salary system is insufficient to keep the health cadre in the health system. This impacts the degree of health cadre development efforts on the part of the health system.

7.1. Hospital X: Implementation of a Mentorship Program

Hospital X is a large public hospital in a metro city of Saudi Arabia with 400 beds and over 3000 employees. Improvement in performance and measurement of effectiveness to achieve health goals became highly focused since Vision 2030. Developing and motivating health cadres was considered an effective strategy to improve health performance. However, with rapid expansion in infrastructure and health technology, there were no training programs for most of the health cadres. A mentorship program was selected to fill this gap, improve performance and create a motivational environment. The concept of mentorship is a partnership between the mentor and the mentee whereby the mentor provides experience, guidance and support to the mentee. Developing and motivation of health cadres through a mentorship program was a new concept for this hospital. The standards of implementation were designed based on the frameworks and global partnership for health professionals' development. Local factors related to health cadres restraints in position, experience and roles were analyzed. Priorities of health cadres were identified through a needs' assessment survey. Matching mentors and health cadres were applied based on similarity in needs. Pilot groups were run for health cadres in departments with more health cadre groups. Several interventions were designed based on global best practices. Monthly meetings between mentors and health cadres were conducted to establish supportive relationships for eight months and maintain the new roles. After mentoring, most health cadres improved core competency in both self-evaluation and supervisor ratings compared to pre-evaluation (+ 0.55 SD, + 0.70

SD respectively P <0.0001). Hospital X has become an exemplary role model for developing and motivating health cadres to improve their performance and achieve health goals in the health sector of Saudi Arabia (Manzi et al., 2017).

7.2. Clinic Y: Recognition and Rewards System

This case study explored how Clinic Y utilized recognition and rewards systems to develop and motivate health cadres in the primary health care sector in Saudi Arabia. The study involved observation and interviews with four employees and three supervisors, and used expectations theory developed by Locke and Latham to analyze its findings. Results revealed that Clinic Y effectively used various types of rewards and recognition, resulting in regular acknowledgment of outstanding performance. Employees reported a willingness to exert extra effort in their work, and supervisors held high expectations for staff performance. Rewards distribution was fair and equitable, and health cadres felt they were being treated fairly within the clinic and in relation to other clinics. Seen as an investment in human resources, diversity in rewards and recognition strategies stimulated good performance and strengthened employees' desire to remain in the clinic (Brooks, 2015).

Clinic Y has several unique and remarkable characteristics. Founded more than fifteen years ago as a primary health care unit, it was upgraded to a clinic and health center in 1996. Due to the population size and continuing growth, future upgrading to a comprehensive health center providing more services was planned after the analysis period. While other Health Facilities Department clinics were larger and older, none received formal recognition awards or prizes for good performance. However, efforts to promote performance and motivate employees were conducted, mainly through health supervisors' personal initiatives. Clinic Y would be an ideal case to study the factors behind its outstanding performance and successes in diversifying development programs, motivation expertise, and strategies for health cadres.

8. Evaluation and Monitoring of Health Cadre Development Programs

A thorough evaluation and monitoring of health cadre development strategies is crucial in order to determine how successful cadre training, motivating and developing related policies are in achieving the desired health outcomes set by the

Ministry of Health (MoH). Evaluation provides a basis for accountability and transparency since public funding for health cadre development will always come under scrutiny in terms of what has been achieved and for whom. This is of particular importance if health cadre development policy seeks to engender a sense of ownership and influence cadres wider development in health as a socio-economic activity (Huicho et al., 2010).

Monitoring involves other processes like looking for corrective action so that problems do not delay or derail implementation. Monitoring is seen as being more concerned with everyday professionalism and self-regulation within a cadre rather than development teams adapting blindly to pre-set rules (Bahadur Qazi, 2016). A range of monitored indicators, both quantitative and qualitative, provide a basis for decision making, as well as being used to inform outside parties about cadre development progress and achievements. A prerequisite for setting up a monitoring system is a comprehensive analysis of the current situation, for instance in terms of cadre health training quality and availability, more than just production figures and ratios.

8.1. Key Performance Indicators

A key performance indicator (KPI) is a measurable value that demonstrates how effectively a company is achieving key business objectives. Organizations use KPIs at multiple levels to evaluate their success at reaching targets. High-level KPIs may focus on the overall performance of the enterprise, while low-level KPIs may focus on departments, projects, and individual employees (Burlea-Schiopoiu & Ferhati, 2020). The KPIs are defined as specific objectives established by the organization based on its vision and strategy, which are then converted into measurable elements to assess the level of achievement. A well-structured KPI system should include at least quantitative and qualitative KPIs (QKPI and RKPIs, respectively) related to patients, processes, and resources used (A. Algarni et al., 2018). This section emphasizes the significance of KPIs and the need to design robust KPIs to assess the effectiveness and impact of developing and motivating health cadres in the health sector in Saudi Arabia.

8.2. Feedback Mechanisms

The rapid development of health cadres at the various levels of health care in the Kingdom of Saudi Arabia demands careful and continuous assessment of the status of health cadre development

programs. Continuous assessment involves the collection of information or data, the analysis of this information and the taking of appropriate action to ensure the implementation of corrective measures or adjustments. Thus, feedback mechanisms are required to provide information on the health cadre development program. HEALTH FEEDBACK is defined as the inclusion of mechanisms that help fight the forces of inertia, obsolescence and operational decay in the implementation of health cadre development programs; mechanisms such as regular progress reporting aimed at informing stakeholders of what has happened and what may be coming next, the communication of health cadre development information to various parts of a system, systems analysis which explores the relationship of the current employment of health cadres with likely future developments in health care demand, and expert and peer reviews (Angioletti et al., 2022). This feedback is an ongoing effort to analyse and reconsider the plans and performance of health cadre development programs. It encourages health cadre development proposal sponsors to provide better data and assumptions, and it helps to promote accountability in the implementation of health cadre development programs.

Several actions could be taken to develop feedback on health cadre development processes. These actions could be carried out by governments, health cadre implementing agencies and the health cadre development fund. They indicate which aspects should be systematically explored to uncover health cadre development implementation problems or unwanted effects. The responses generated by each action can then serve as a basis for modifying the proposal on health cadre development (David Kaye et al., 2014). Fungibility mechanisms refer to those financial systems. In general, spending on health care can have an important influence on health system performance and health status improvement, yet this influence depends very much upon the manner in which such spending is translated into inputs and performance. So, fungibility in the health sector entails the kinds of behaviours and practices which can transfer funds anywhere throughout the health system, and thereby observations in one area will much less be informative about resource adequacies in another area. However, its relevance and degree vary greatly across countries depending on their public/private culture mix and on the overall health system structure and development.

9. Future Directions and Recommendations

A strategic direction for the future development and motivation of health cadres should be formulated. The goal of the strategy is to further develop the health cadres, motivate them to give their best, improve their performance, and achieve the health goals successfully. This will help the health sector achieve the goals set out in the Saudi Vision 2030 and the Ministry of Health vision. There is a need to employ best practices with regards to developing and motivating health cadres. Countries like the UK, Australia, Canada, France, the USA, and Singapore have invested heavily in using technology in developing and motivating health cadres in the public and private sectors. Saudi Arabia, through the deployment of its 5G strategy, is well-positioned to take advantage of technology in developing and motivating health cadres.

The health sector in Saudi Arabia should collaborate with academic institutions in the country to find a holistic solution for the health cadre's problems. There is a need to research and study the problems of health cadres in the health sector. A commitment to developing and motivating health cadres is highly desirable from the Ministry of Health. There is a need for strict implementation. Personnel holding key positions in the Ministry of Health should be selected based on competency and experience in the health sector and not on the number of years spent in the ministry.

9.1. Investment in Technology and Innovation

Future strategies to develop and motivate health cadres, improve their performance, and achieve health goals in the health sector in Saudi Arabia should include investment in technology and innovation. Developing an interactive system for exchanging ideas and best practices in a simple and smooth manner among health cadres is necessary to facilitate the sharing of innovative solutions that can improve health project performance and meet health goals. Modern approaches in academia, the private sector, and other countries can be applied to the health sector, including brainstorming sessions that create innovative solutions to problems in a specific time frame, providing incentives like recognition and special awards to innovating cadres, and the establishment of an observatory for innovative solutions in health that includes all health problems in the country and possible solutions that can be shared and collaborated on nationally and globally. The establishment of an observatory for innovative

solutions to health problems is the best practice globally (Alnowibet et al., 2021). Moreover, artificial intelligence and big data in health systems, health occupations, and health project performances are still underutilized in Saudi health systems and should also be adopted to improve efficiency and optimise resources (M. Alghamdi et al., 2021).

9.2. Collaboration with Academic Institutions

(Alnowibet et al., 2021)

Academic institutions can provide programs in anticipated areas of development and improvement and significantly advance the capabilities of the workforce with routine training and development (Al-Mohaithef et al., 2020). These programs can offer assistance in incorporating information technology in health systems, promoting sharing of superior experiences, and establishing networks and partnerships with other advanced health institutes. Additionally, it can incorporate prior successful training programs or workshop experiences.

10. Conclusion

The discussion has presented a strategy for developing and motivating health cadres to improve their performance and achieve health goals, with a focus on the Saudi Arabian context. The discussion highlighted the importance of developing health cadres as an essential organizational resource in the health sector to meet health goals. The strategy emphasized investing in the development of new cadres in the health workforce, with a clear focus on the work needed, the required investment in training, supervision, and further support, and the system in place to ensure the health cadres' development for high-quality health services. In parallel, motivation plans for health professionals, particularly young professionals, were recommended to increase their motivation in the health workforce, including: (a) different working conditions depending on the context of health cadres, (b) a diverse and flexible plan for recognition awards and prizes based on health cadre needs and expectations, and (c) a supportive environment to improve health cadre motivation in health services.

The implementation of the recommended strategy requires collaboration with different stakeholders at the national level, including policymakers with a clear vision and commitment to provide funding for the activities needed, health planning

directors, human resources directors, training directors, financial support directors, and researchers in developing and evaluation action plans. HoD are key stakeholders in developing supportive action plans with clear activities, timeline, and responsible person/s to follow up on the implementation. In addition, the health cadre themselves can act as an effective driver to improve their situation with the support of other stakeholders.

10.1. Summary of Key Findings

Healthcare Human Resources: Trends and Demand in Saudi Arabia

As part of its Vision 2030, The Kingdom of Saudi Arabia is facing a demand for skilled human capital across sectors that would necessitate a restructuring of the economy, with public investments to promote women's employment and encourage private sector job creation (Alnowibet et al., 2021). Along with other growing sectors, the healthcare sector is expected to witness significant economic diversification and broader employment opportunities. Nevertheless, developing a robust healthcare human resource (HR) system faces myriad challenges: insufficient workforce numbers; maldistribution between sectors and regions; inadequately skilled, recruited, and retained staff; poor compliance to policies; and health labor market distortions. Such concerns create uncertainty about workforce needs and new policies, eroding the system's capacity to respond.

Motivation and Retention of Physicians in Primary Healthcare Facilities: A Qualitative Study From Abbottabad, Pakistan

Inclusion of actions for motivation and retention of physicians at primary healthcare (PHC) facilities in the human resource for health (HRH) strategy of the province; Improvement of basic facilities for physicians and their families; Revision of remuneration packages and provision of necessary equipment and medicine in the health facilities; Promotions of physicians in PHC facilities need to be based on transparent appraisals and evaluations; Adequate trainings and continuous learning opportunities for the physicians. Policies for human resource for health (HRH) need to be participatory and must include public perspectives. Communities can be included to participate in the development of satisfactory workplace and living environment for the health providers. Lack of motivation among healthcare staff affects their satisfaction and retention and results in their migration to urban health facilities or

affluent countries. Financial incentives are important for motivation but are not the only factor responsible for the lack of motivation (Masoom Shah et al., 1970). This study aimed to identify factors affecting retention and motivation of physicians working in basic health units (BHUs) and prioritize important factors for recommendations for strategies to improve retention and motivation of physicians.

10.2. Implications for Policy and Practice

(Saeed et al., 2022)

References:

Saeed, A., AlShafea, A., A, F., AlQadi, T., & Bin Saeed, A. (2021). Patients' Opinions Toward Healthcare Quality and Improvement in Aseer Health: A Cross-Sectional Study. ncbi.nlm.nih.gov

Alnowibet, K., Abduljabbar, A., Ahmad, S., Alqasem, L., Alrajeh, N., Guiso, L., Zaindin, M., & Varanasi, M. (2021). Healthcare Human Resources: Trends and Demand in Saudi Arabia. ncbi.nlm.nih.gov

Brooks, A. (2015). Entry-level Health Care Services Employee Motivation and Performance. [PDF]

Manafa, O., McAuliffe, E., Maseko, F., Bowie, C., MacLachlan, M., & Normand, C. (2009). Retention of health workers in Malawi: perspectives of health workers and district management. ncbi.nlm.nih.gov

Kuo Lin, T., A. Bruckner, T., Alghaith, T., M. Hamza, M., Alluhidan, M., H. Herbst, C., Alghodaier, H., Alamri, A., Saber, R., Alazemi, N., & X. Liu, J. (2021). Projecting health labor market dynamics for a health system in transition: planning for a resilient health workforce in Saudi Arabia. ncbi.nlm.nih.gov

N. Jaeger, F., Bechir, M., Harouna, M., D. Moto, D., & Utzinger, J. (2018). Challenges and opportunities for healthcare workers in a rural district of Chad. [PDF]

Bawakid, K., Abdulrashid, O., Mandoura, N., Bin Usman Shah, H., Ibrahim, A., Mohammad Akkad, N., & Mufti, F. (2017). Burnout of Physicians Working in Primary Health Care Centers under Ministry of Health Jeddah, Saudi Arabia. ncbi.nlm.nih.gov

Qattan, A. (2017). The Effect of Work-Related Stress and Burnout on Nursing Performance and Job Satisfaction: a Study of Hospitals in Saudi Arabia.. [PDF]

Odeh, M., Alkhader, E., McCloskey, A., Aljabra, R., Al-sharayri, M., Al-Noimi, F., Alarmooti, M., & Alzu'bi, M. (2021). Postgraduate pharmacist development- an evaluation of Jordanian pharmacist experiences to inform and shape an evidence-based professional development policy. ncbi.nlm.nih.gov

Kurtović, B., Gulić, P., Čukljek, S., Sedić, B., Smrekar, M., & Ledinski Fičko, S. (2022). The Commitment to Excellence: Understanding Nurses' Perspectives on Continuous Professional Development. ncbi.nlm.nih.gov

Manzi, A., R Hirschhorn, L., Sherr, K., Chirwa, C., Baynes, C., & Koku Awoonor-Williams, J. (2017). Mentorship and Coaching to Support Strengthening Healthcare Systems: Lessons Learned Across the Five Population Health Implementation and Training Partnership Projects in sub-Saharan Africa.. [PDF]

Aduo-Adjei, K., Emmanuel, O., & Forster, O. (2016). The Impact of Motivation on the Work Performance of Health Workers (Korle Bu Teaching Hospital): Evidence from Ghana. [PDF]

Kumar, S. (2016). Nurses and Their Career Promotion in National Health Care System of Pakistan: A Conceptual Study. [PDF]

A. Algarni, N., Patrick, M. L., Ahmed, A. A., & Hamad, R. (2018). Identifying factors influencing the leadership performance of Saudi's healthcare sector. [PDF]

Pouragha, B., Keshtkar, M., Abdolahi, M., & Sheikhbardsiri, H. (2020). The role of communication skills in the promotion of productivity of health human resource in Iran: A cross-sectional study. ncbi.nlm.nih.gov

Manzi, A., R. Hirschhorn, L., Sherr, K., Chirwa, C., Baynes, C., & Koku Awoonor-Williams, J. (2017). Mentorship and coaching to support strengthening healthcare systems: lessons learned across the five Population Health Implementation and Training partnership projects in sub-Saharan Africa. ncbi.nlm.nih.gov

Huicho, L., Dieleman, M., Campbell, J., Codjia, L., Balabanova, D., Dussault, G., & Dolea, C. (2010). Increasing access to health

workers in underserved areas: a conceptual framework for measuring results.. [PDF]

Bahadur Qazi, A. (2016). Role of Monitoring and Supervision to Improve Health Service Delivery in Basic Health Units of Punjab, Pakistan. [PDF]

Burlea-Schiopoiu, A. & Ferhati, K. (2020). The Managerial Implications of the Key Performance Indicators in Healthcare Sector: A Cluster Analysis. ncbi.nlm.nih.gov

Angioletti, C., Pinnarelli, L., Colais, P., Angelici, L., de Mattia, E., Davoli, M., Giulio de Belvis, A., Agabiti, N., & Acampora, A. (2022). Audit and Feedback in the Hospitals of the Emergency Networks in the Lazio Region, Italy: A Cross-Sectional Evaluation of the State of Implementation. ncbi.nlm.nih.gov

David Kaye, A., J Okanlawon, O., & D Urman, R. (2014). Clinical performance feedback and quality improvement opportunities for perioperative physicians. ncbi.nlm.nih.gov

M. Alghamdi, S., S. Alsulayyim, A., S. Alqahtani, J., & M. Aldhahir, A. (2021). Digital Health Platforms in Saudi Arabia: Determinants from the COVID-19 Pandemic Experience. ncbi.nlm.nih.gov

Al-Mohaithef, M., Begum Javed, N., ME Elkhalifa, A., Tahash, M., Chandramohan, S., Hazazi, A., & Elsheikh Mohammed Elhadi, F. (2020). Evaluation of Public Health Education and Workforce Needs in the Kingdom of Saudi Arabia. ncbi.nlm.nih.gov

Masoom Shah, S., Zaidi, S., Ahmed, J., & Ur Rehman, S. (1970). Motivation and Retention of Physicians in Primary Healthcare Facilities: A Qualitative Study From Abbottabad, Pakistan. [PDF]