

The evaluation of additional payments during COVID-19 in Turkey: A qualitative study

Pandemic and additional payments

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Abstract

Aim: The study aimed to determine healthcare professionals' perceptions and attitudes towards additional payments made from working capital due to the pandemic.

Material and Methods: In the study, focus group interviews were made via snowball sampling method in order to identify the views of the healthcare professionals about the additional payment from the indicated ceiling and to find out what kind of perception developed as a result of this evaluation (injustice, burnout, etc.).

Results: When the answers given to these questions were examined, it was seen that the healthcare professionals stated that not enough additional payments were given to them. Additional payments are made to employees by hospitals, but delays have occurred at the point of making additional payments due to the pandemic, and such a perception has emerged as a result of late payment of these additional payments.

Discussion: The working capital is not fairly distributed among healthcare professional, and shifts are exceeding 24 hours, which causes unpaid labor, and also, the assignments of healthcare personnel in COVID-19 clinics and intensive care units are not made fairly. Also, a stable additional payment to the wages should be made instead of working capital payments. Finally, the lack of wage peace among healthcare personnel is also a nature that will weaken the fight against the pandemic.

Keywords

Working capital; COVID-19; Healthcare professional

DOI: 10.4328/ACAM.20644 Received: 2021-04-06 Accepted: 2021-04-29 Published Online: 2021-04-30 Printed: 2021-05-01 Ann Clin Anal Med 2021;12(5):577-581

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Introduction

The Ministry of Health has been continuously fighting against pandemics since March 11, 2020, when the first patient was diagnosed with COVID-19. Unlike the increase in the number of deaths due to pandemic in many countries with developed healthcare systems worldwide, Turkey has proven itself internationally in the fight against the virus, and it is also supported with the statement of the European Region Director of the WHO, Kluge: "A reduction of more than in cases and deaths detected in Turkey is an extraordinary achievement." (available at: <https://www.hurriyet.com.tr/dunya/dsoden-turkiyenin-COVID-mucadelesine-ovgu-olaganustu-bir-basari-41562210>). Due to the COVID-19 pandemic, the Ministry of Health announced in the official gazette on April 9, 2020, that in order to carry out the fight against COVID-19 effectively and comprehensively, it was decided to make additional payments according to the ceiling rates, which will be determined by the ministry, to the personnel working in the facilities affiliated to the Ministry of Health mentioned in the above-mentioned official gazette dated 04.03.2020 and numbered 31058, for the said personnel for three months, effective from 01.03.2020. (available at: https://dosyamerkez.saglik.gov.tr/Eklenti/37085,COVID-19-pandemisi-nedeniyle-ek-odeme-usul-ve-esaslaripdf.pdf?0&_tag1=5B606BDBE7C1C9B547350A7B2FF7340A5826118D). The aim was both to increase patient satisfaction as a result of increased quality and effectiveness in the services, and to increase personnel satisfaction through the working capital payments made to the personnel [1].

Based on the updated regulation of the Official Gazette dated March 4, 2020, and numbered 31058 on "Additional Payments to Personnel Working in Health Facilities Affiliated to the Ministry of Health," the rates, procedures, and principles of additional payments to be made based on working capital were determined according to many factors determined by the ministry such as the titles, duties, working terms and periods of the personnel, their contribution to the service, their performance, the examinations, education, and training, as well as research activities, examinations, surgeries, general medical (anesthesia and interventional procedures) procedures, special medical procedures, giving international healthcare services, and efforts, were made to provide quality services, improve them and encourage efficient service provision (available at: <https://www.resmigazete.gov.tr/eskiler/2020/03/20200304-4.html>).

However, it was seen that the ministry's decision regarding the increase in the working capital, along with some deficiencies, was mentioned by both the national press and national non-governmental organizations and by the healthcare professionals performing the services (available at: <http://www.saglikksen.org.tr/haber/9036/saglikksen.org.tr-https://www.dw.com/tr/yo%C4%9Fun-bak%C4%B1m-hem%C5%9Firesine-tavandan-ek-%C3%B6deme-20-tl/a-53463930>.-https://www.ttb.org.tr/kollar/COVID19/haber_goster.php?Guid=d0aed23e-7bee-11ea-a12d-7aee3f6e69c5). The first from the mentioned complaints is that the additional payment ceiling for physicians is set at 100%, while subsidiary health personnel are paid from the bottom. Also, assistant healthcare professionals

such as medical secretaries, cleaning staff, caretakers were not included in this decision. Moreover, there are also issues such as deprivation of healthcare professionals from the working capital income for the days that they are considered on leave due to getting sick when working in COVID-19 clinics and intensive care units. In addition to these complaints, the family physicians' payments, who were the first units that many people referred to on the first days of the pandemic, were not even on the agenda. Increasing complaints and the separation of staff caused this issue to be reviewed by the ministry. Thus, it was decided to make an additional three month-payment due to the COVID-19 pandemic to the family physicians and family health personnel as of August 1, 2020, with the "Regulation Amending Family Medicine Payment and Contract Regulation." With this change, it was decided to make an additional payment of 3000 TL to family physicians and to pay no more than 850 TL to family health personnel. It can be seen that, although the regulations aim to cover all healthcare professionals with additional payment, healthcare professionals do not get what they want exactly, and allegations of discrimination between personnel come up. Even though making additional payments to family physicians was decided with the said regulation, there is an additional payment response from family physicians' associations for these practices (available at: <https://www.sozcu.com.tr/2020/gundem/aile-hekimlerinden-ek-odeme-tepkisi-cezalandiriliyoruz-6024001/>).

Material and Methods

In the study, participants selected from the same population were reached via snowball sampling method, and their perceptions of working capital were tried to be revealed via online interviews because of the pandemic. Focus group discussions with the participants were held via the Zoom program (<https://zoom.us/download>). Online video calls were used as the interview method due to the pandemic. Also, the study's data were collected via an online questionnaire method between 20-28 August 2020. Ethics approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Istanbul Arel University. In the study, however, focus group interviews were made with 18 professionals. In qualitative research, the sample size is not determined before the study, and the sample size increases until similar answers are obtained from the interviewees [2]. In the study, the participants chosen from the same population were reached via snowball sampling method, and their perceptions of working capital were tried to be revealed via online interviews because of the pandemic. Since the answers were repeated, there were no more interviews with the participants.

Results

In the first part the study, 100 healthcare professionals were involved. The majority of the participants (61%) stated that they worked 24 hours or more and 61% of the participants answered the question "Do you believe the assignments made to the COVID-19 units are fair?" that the assignments were not fair. After this, interviews were done with 18 volunteer healthcare professionals from different duties. Interviews were done with 9 nurses, 2 doctors, 1 midwife, 3 medical secretaries, 2 cleaning staff, 1 security staff (Table 1). Since

the answers were repeated, there were no more interviews with the participants. The answers were noted since the participants did not allow any voice or video recordings. The interviews of each participant lasted about 10-15 minutes. The answers to the following 5 fundamental questions were investigated in this study.

Could You Indicate Your Opinions about the Ministry of Health's Decision on Additional Payment to the Healthcare Professionals during Pandemic?

When the answers given to these questions were examined, it was seen that the healthcare professionals stated that no additional payments were given to them. Additional payments are made to employees by hospitals, but delays have occurred at the point of making additional payments due to the pandemic, and such a perception has emerged as a result of late payment of these additional payments. Moreover, the participants also stated that the additional payments are not enough, and they are not distributed fairly; therefore, they also complain about these issues.

According to the participant,

I see this to be a positive but insufficient application. Also, determining the additional payments as 3 months is not right, since healthcare professionals are always at risk...

According to another participant;

Of course, it is a good thing to make an additional payment to the healthcare professionals who show great devotion and sacrifice, but the payments should be made without any distinction to all healthcare professionals (without title discrimination or any other kind of discrimination).

Do You Believe that the Working Capital Revenues are Fairly Distributed during the Pandemic?

Almost all of the participants gave the same answer to this question. The participants do not believe that working capital payments are distributed fairly.

According to the participant,

The working capital payment is absolutely and never fairly distributed. We, the nurses, who work at the forefront, do not deserve the least working capital coefficient.

To another participant,

I definitely do not think this is fair. The coefficient gap between the specialist doctor and the assistant healthcare personnel is a huge injustice. If they want to be fair, they should ensure that cleaning, security, automation personnel, and personnel working other additional units also benefit from the additional payment taking into account the laborers' rights. Healthcare service is teamwork. Do only doctors give healthcare services?

Another participant states,

I don't believe that it is distributed fairly. Everybody suffers from this extraordinary situation, so everybody needs to be paid equally, regardless of the unit. I can even say that the additional payment is given to only doctors.

What Are Your Opinions About Paying or Not Paying Additional Payments to the Healthcare Professionals Who Caught COVID-19 on Their Duty for the Days They Are on Sick Leave?

Healthcare professionals who work with great devotion, can sometimes get epidemic diseases while helping individuals to regain their health. It is known that some healthcare professionals who actively take part in the treatment of

COVID-19 have passed away or enter quarantine after being diagnosed with COVID-19. It is asked the participants if additional payments are given during this period, and they said they have no additional payments during these quarantine periods. In addition, some participants indicated that this should be regarded as a work accident, and the procedures should be applied accordingly.

According to the participant,

Healthcare workers caught with COVID-19 while working should receive additional payments on their days off. For an employee who is already putting his life at risk, this is nothing.

Another participant states,

Additional payment is given on days off, but as healthcare professionals, we don't understand why it is not regarded as a work accident.

Could You Indicate Your Opinions about the Effects of Additional Working Capital Payment Made during Pandemic on Work Motivation?

Various factors can be listed among motivation factors. One of these factors is the effect of the increase in the workers' revenue. Although the healthcare professionals indicate that the additional payments are not distributed fairly, it is clear that these additional payments are a source of motivation. As a matter of fact, healthcare professionals stated that additional payments increased their motivation to work.

The participant states:

Working capital payment can be beneficial for the motivation if it is distributed fairly, but provided that it is distributed fairly.

According to another participant,

The benefit of the additional payments to the motivation is definitely a lot. If I didn't get any payment, worked longer, and had the risk of getting an epidemic (COVID-19), why would I work? I wouldn't want to go to work. Like everyone, I think like this. If there is no additional payment, productivity also decreases.

Would You Request a Permanent Wage Increase in Your Salary Instead of Working Capital?

Participants stated that a fixed payment to the salary would be better instead of additional payments since additional payments are made in 3-month periods and are temporary.

According to the participant:

We should get our salary fixed in the same way as soldiers or police officers, and this should be reflected in our retirement because now there is a full salary debacle.

Another participant said:

Of course, I would, because the working capital is in no way distributed equally; instead, it would be fairer to raise all healthcare professionals' salaries. The working capital should be abolished; instead, salaries should be raised, and working conditions should be improved. Everything will be better for us, healthcare professionals, if this happens.

Another participant states:

Additional payments are problematic as their current status. Also, the fact that they are not reflected in the retirement is complete nonsense because a tax reduction is made from the money paid. I want 3600 additional indicators to be implemented, our additional payments to be reflected on retirement, branching out in the profession, nepotism to be

prevented, and giving importance to merit.

According to another participant:

I don't think that any payment will be made on time since the working capital payments are not clear and the payment has not been made regularly and sufficiently in the last 3-4 years. Therefore, the combination of salary increases, salary, and fixed additional payment will make us feel more secure so that we can make plans more comfortably with the amount that we are paid. We won't have to deal with the stress of whether we get additional payment this month or not.

Table 1. Demographic Data of Participants Participating in Qualitative Research

Variables	Total Number	Percentage (%)
Gender		
Male	8	100
Female	10	
Marital Status		
Married	16	100
Single	2	
Educational Status		
Undergraduate	10	100
High School	6	
Masters	1	
PhD	1	
Duty in the Hospital		
Nurse	10	100
Minimum Wage Worker	6	
Doctor	2	
Total Experience in the Sector		
4-6 years	2	100
7-10 years	5	
10 years and more	11	

Discussion

In their study, Kavas and Develi found that there were long shifts with the pandemic, only physicians working capital revenue increased in terms of working capital, there was no fair system for additional payments, and professionals with chronic diseases were made to work in COVID-19 clinics and intensive care units [3]. Yüncü and Yılan determined in their study that healthcare professionals did not receive any additional satisfying payment or reward [4]. These results are consistent with the results of the study. The nurses had problems such as having no additional payment, obligatory unpaid leaves, and not getting paid for overtime during the pandemic. The announcement by the Republic of Turkey Ministry of Health that additional payments will be made from the ceiling (100%) for the personnel working in the places where services are provided within the scope of the COVID-19 pandemic has caused expectations among nurses as well as other healthcare workers. However, there have been cases such as making no payments or incomplete payments at university hospitals, differences in payments between institutions and within the institutions, and the deduction of administrative leaves from working hours due to flexible working. These issues with the

payments shook nurses' belief in justice, caused frustration and anger, and affected the work peace and tranquility. Payments based on working capital, performance, etc., which the Turkish Nurses Association has been fighting against for years, stood out as a serious example of injustice during pandemic [5]. Çakır and Sakaroğlu investigated the perception that occurred when the waging peace among employees cannot be achieved due to additional payments from working capital [1].

In their study, Güvenç and Baltacı stated that healthcare workers do not receive a reward for their efforts despite the increase in occupational risks and working hours in this process; unfortunately, the working capital is paid from the ceiling for a period that does not include all the healthcare professionals, assistant healthcare professionals couldn't benefit from the facilities such as free accommodation and transportation, additional payments during the pandemic, giving different rights to the personnel working in the same risky environment affects the peace in the working environment and the burnout of the assistant healthcare professionals (Güvenç R, Baltacı E. COVID-19 ve Sağlık Çalışanlarının Ruh Sağlığı; Türk Tabipleri Birliği COVID-19 Pandemisi Altıncı Ay Değerlendirme Raporu/ COVID-19 and Mental Health of Health Workers; Turkish Medical Association's COVID-19 Pandemic Sixth Month Assessment Report. 2020;349-54). Also, they reached the results that making the additional payments to the healthcare professional, not through the salary system but working capital, causes inequality between colleagues and disruption in the perception of "getting what they deserve."

The healthcare workers in our study think that the additional payment should not be limited to 3 months. Also, they stated that the additional working capital payments are insufficient, and a fair distribution should be made among all healthcare professionals with removing title differences. The healthcare professionals stated that the working capital payments are not distributed fairly, and in fact, the reason for this is that the distribution according to the title prevents fair distribution among other assistant healthcare professionals. Also, the fact that other technical workers in the hospital do not benefit from this payment creates a more problematic situation in terms of fair share. The healthcare professionals also stated that they did not receive any payment during this period, and this situation should be considered as a workplace accident (Healthcare professionals are in despair due to workload, low wages, increased number of patients, and unfavorable working conditions Işıksan, V. Çalışanlarda tükenmişlik sendromu, akciğer kanserinde destek tedavisi. TÜSAD Eğitim Kitapları Serisi/ Burnout syndrome in employees, supportive treatment in lung cancer. TÜSAD Education Books Series. 2016; 366-91). As a result of the study, it is detected that while the additional payment made to the healthcare professionals affect their motivation positively, the unfair distribution of the payments among the professionals affects their motivation negatively. Additionally, the study concluded that a fixed payment to the salary would be better than additional payments because there has been a gradual decrease in the working capital revenues. Since there is no equal distribution, healthcare professionals want a fixed payment to their salaries so that they can feel more secure in terms of payment.

As a result, it was found that the working capital is insufficiently and unfairly distributed among the healthcare professionals or never given at all. It is also found that the assignments of the healthcare professionals to the COVID-19 clinics and intensive care units are not fair. In addition to these results, a fixed payment should be made to the salaries instead of working capital revenue, and the salary agreement between the healthcare professionals can be achieved.

Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

Animal and human rights statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

Funding: None

Conflict of interest

None of the authors received any type of financial support that could be considered potential conflict of interest regarding the manuscript or its submission.

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How to cite this article:

Mehmet Emin Kurt, Cuma Çakmak, İsmail Biçer. The evaluation of additional payments during COVID-19 in Turkey: A qualitative study. *Ann Clin Anal Med* 2021;12(5):577-581