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Development of the Salary Structure for an IPS with a Focus on Cancer Promotion and Detection

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Abstract: *This article develops the design of a technical salary structure based on the points-based valuation method, applied to an organization in the health sector in Bogotá. The study integrates an organizational diagnosis, the preparation of a standardized functions manual, the quantitative assessment of positions using weighted factors and the comparison with salary references of the national market of the health sector. The results show salary gaps in operational positions compared to the sectoral average and greater alignment at strategic levels. Based on these findings, a salary structure by bands is proposed, with criteria of internal equity and external competitiveness, accompanied by recommendations for its gradual and sustainable implementation. The model developed contributes to strengthening human talent management, improving organizational transparency and optimizing the allocation of resources in entities in the health sector.*

Keywords - *Salary scale, compensation, internal equity, human talent management, points assessment*

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I. Introduction

The strategic management of human talent is a fundamental element for the sustainability of organizations in the health sector. In highly regulated and competitive environments, proper salary structuring not only impacts staff motivation and retention, but also directly influences operational efficiency and the fulfillment of institutional objectives.

In the Colombian context, health sector institutions face challenges related to the retention of qualified personnel, the control of operating expenses, and the need to maintain technically coherent organizational structures in the face of a more dynamic labor market. In this scenario, the absence of formalized salary systems can lead to internal inequities, staff turnover, and misalignment between responsibilities and remuneration.

From the perspective of industrial engineering and organizational management, the construction of a salary structure must be based on objective methodologies that allow the position to be assessed according to its level of responsibility, strategic contribution and required training. It is also essential to articulate this assessment with standardised function manuals and external market references in order to ensure sectoral competitiveness.

The central purpose of the article is to design and propose an equitable, technical and sustainable salary structure, aligned with both the internal requirements of the organization and the conditions of the labor market in the health sector. The proposal seeks to reduce salary gaps, strengthen organizational transparency and be able to establish methodological bases that are replicable in different entities that have similar characteristics.

This study integrates four technical components developed within the framework of a degree project: organizational diagnosis, assessment of positions by points, standardization of the functions manual and salary comparison with market references. The central purpose is to design an equitable, technical and sustainable salary structure, aligned with the internal and external demands of the Colombian health sector.

II. Methodology

Study applied with a quantitative and descriptive approach: (i) documentary collection and internal surveys; (ii) assessment by points; (iii) standardization of profiles; (iv) comparison with the national salary survey (ACRIP). The main inputs are the four technical reports of the project.

From this methodological approach, the steps to execute and finalize the objectives of this project were developed sequentially. Initially, a survey was designed with a series of questions such as: Age, seniority, academic preparation, salary remuneration, responsibilities, among others. This process was the basis for analyzing, studying, preparing and presenting a methodology in each specific objective, as the main one we

carried out a detailed diagnosis of the current salary structure by making a SWOT matrix where the ideology was to examine the internal value chain through a positive or negative evaluation based on a list of questions that were posed in order to really conclude that they were strengths, weaknesses, opportunities and internal threats in the IPS.

Once the information and analysis of the SWOT matrix was collected, a research study was carried out where we analyzed through the survey and face-to-face visits to the headquarters the jobs of each employee, in this objective an assessment or assignment of points by positions was developed, where it began by elaborating a table of factors evaluating physical effort, responsibilities, mental effort, impact on the results of the organization, experience, measurement of knowledge and autonomy in decision-making, this was the basis for making the weighting table, with these results the table of assignment of maximum – minimum ranges was obtained, the grades to be evaluated for each position and the linear regression formula was obtained, The final step presented with the aforementioned information was the assessment of each position, adding the points of each question, managing to identify the total value of the process for each employee surveyed.

Finally, finally, a new manual of functions was presented based on the format of the entity and a comparative structure of internal salaries and those of the market for each position was delivered, the data was consulted through the ACRIP (Colombian Federation of Human Management), where the above, similar and below remunerations that exist in the health sector market were evidenced.

These objectives will allow the entity to make decisions in the organization of its organizational structure and salary in order to update its policies, functions and internal responsibilities to give it better growth and equitably balanced order in its operational and administrative processes.

Points Assessment

Six evaluation factors were used to evaluate the positions: responsibility, economic, importance of direct results in the organization, experience, mental effort and physical conditions. Each of these factors was previously weighted according to its level of relative impact within the organizational structure, establishing a weighting table that allowed assigning specific weights to each variable.

Subsequently, for each position, differentiated grades were determined according to the levels of demand associated with each factor. The total score of each position was calculated using the expression:S_t

$$S_t = \sum_{j=1}^{6} (P_j \cdot G_{ij})$$

where is the weighting of the factor and the degree of the position in that factor. The operating range used was 100–5000 points, with threshold mapping for salary bands. These thresholds facilitated the hierarchical grouping of positions and served as the technical basis for the proposed salary structure. $P_j jG_{ij}$ i

III. Results

The diagnosis identified a formal hierarchical structure, but with functional overlaps; absence of a formal evaluation system; and a salary distribution where most of the staff is concentrated in low to medium ranges (see Table 1). SWOT: organizational strengths and opportunities for alliances; weaknesses in compensation and evaluation; threats by rotation.

Table 1. Internal wage distribution (SWOT analysis)

	POSITIVES	**NEGATIVES**
INTERNAL FACTOR	**STRENGTHS** 1. The IPS has a formalized organizational chart that establishes clear hierarchies and functions 2. There are differentiated departments that allow a clear division of labor (human management, health, logistics, etc.)3. Each position has its responsibilities defined, which facilitates the management of human talent 4. Despite the challenges identified, many employees express their positive impact on the organization and their commitment to the IPS mission 5. The organization offers different salary ranges depending on the position and experience, which can help with talent retention in some cases 6. The application of surveys and this diagnosis show that there is a willingness to identify problems and work on solutions	**DEBILIDADES** **1**. There is no standardized compensation system based on objective criteria, which generates wage inequities 2. Several employees perform functions in addition to their official responsibilities, which can affect efficiency and lead to demotivation 3. There is no formal mechanism to measure staff performance and link it to incentives or improvements4. Positions with similar responsibilities were identified without clear differentiation, which can lead to inefficiencies5. No clear strategies for internal training or promotion have been identified, which can affect talent retention

EXTERNAL FACTOR	**OPORTUNIDADES** **1**. Increase in prevention and early detection campaigns, which may generate more demand for specialized services 2. Possibility of alliances with EPS, clinics and government entities to expand coverage 3. The lack of a defined salary scheme provides an opportunity to create an equitable salary structure, improving staff satisfaction 4. Implementing a compensation system based on job evaluation can optimize talent retention 5. Linking assessments with incentives and professional training will strengthen organizational growth 6. Digital tools can be implemented to improve the management of human talent and patient services7. IPS has the opportunity to consolidate its image as a leader in cancer prevention and early detection in Bogotá 8. Possibility of generating agreements with government and private entities to improve resources and financing9. Access to state support programs to strengthen the services offered	**AMENAZAS** **1**. If salaries are not adjusted according to responsibilities and functions, staff may choose to migrate to other institutions 2. Improper assignment of roles without tracking mechanisms can lead to rework 3. Additional administrative and health requirements can increase costs and bureaucratic processes 4. There are other clinics, EPS, and foundations that offer similar services, which can make it difficult to attract patients and donations 5. Organizations with greater resources can attract skilled professionals with better salary offers 6. The IPS relies heavily on donations and agreements, which can lead to financial instability 7. Reduced funding by public or private entities can affect the growth and maintenance of services

The SWOT analysis shows that the organization has important structural strengths, such as a formalized organizational chart, clearly defined departments, and general responsibilities assigned by position, which helps to provide a solid and adequate basis for the implementation of improvements in human talent management. The commitment to the institutional mission to identify internal problems constitutes strategic assets for the strengthening of the organization.

Significant weaknesses related to the absence of a standardized compensation system, the lack of formal performance appraisal are identified. in the external environment, there are possibilities for growth through alliances and strengthening; however, the threats associated with competition due to financial dependence and talent reinforce the need to consolidate an equitable and sustainable structure where organizational competitiveness and stability can be guaranteed.

The combined weights table and score thresholds allow positions to be classified into seven grades (I–VII). As a maximum score of 5000 and a minimum of 100 were also assigned, strategic positions achieved higher scores (director, deputy director, Headquarters); the auxiliaries and operatives obtained lower scores.

Table 2. Factor Weightings, Score Thresholds, and Point Assessment

Factor	**Standard deviation**	**1/Standard deviation**	**Optimal weighting**	**Optimal weighting %**	**Estimated weighting %**	**PO*PE %**	**Combined weighting**	**Combined weighting %**
Economic Responsibility of the Organization	1,2	0,85	0,17	17%	17%	2,83%	0,17	17%
Importance of Direct Results in the Organization	1,2	0,83	0,16	16%	17%	2,76%	0,17	17%
Academic Preparation	1,0	0,99	0,19	19%	20%	3,86%	0,20	20%
Experience	1,2	0,80	0,16	16%	17%	2,66%	0,17	17%
Mental Effort	1,2	0,85	0,17	17%	15%	2,50%	0,15	15%
Physical conditions	1,3	0,79	0,15	15%	14%	2,16%	0,14	14%
Total	**7,1**	**5,1**	**1,00**	**100%**	**100%**	**16,78%**	**1**	**100%**

The weighting table significantly establishes the weight of each factor used in the assessment and analysis of jobs by means of an assignment of points, expressed in percentage terms according to their impact on the organization. This matrix allows for the establishment of comparable criteria between the positions that have been evaluated and serves as a reference for the technical structuring of the salary scale.

Table 3. Score thresholds

Factor	**Combined weighting %**	**Maximum score**	**Minimum score**
Economic Responsibility of the Organization	17%	850	17
Importance of Direct Results in the Organization	17%	850	17
Academic preparation	20%	1000	20
Experience	17%	850	17
Mental Effort	15%	750	15
Physical Conditions	14%	700	14

In this stage, the score threshold table was prepared using the combined weighting previously obtained. For each factor, the maximum and minimum values were calculated by multiplying their weighting percentage by the extremes of the scale (5000 and 100 points). For example, for a weighting of 17% a maximum of 850 (0.17 × 5000) and a minimum of 17 (0.17 × 1000) were obtained. Based on these values, the grades were defined by means of an arithmetic progression, which allows establishing objective intervals for the assignment of scores and the subsequent structuring of the salary bands.

Table 4. Degrees and arithmetic progression

Factor	Grade I	Grade II	Grade III	Grade IV	Grade V	Grade VI	Grade VII	Arithmetic progression
Financial responsibility of the Organization	17	183	348	514	679	845	1011	165,6
Importance of Direct Results in the Organization	17	183	348	514	679	845	1011	165,6
Academic Preparation	20	215	410	605	800	995	1190	195,0
Experience	17	183	348	514	679	845	1011	165,6
Mental Effort	15	161	307	453	599	745	891	146,0
Physical Conditions	14	150	286	423	559	695	831	136,2

The grade table presents the classification of each factor starting from grade one which was obtained from the weighting matrix, grades two to seven of each factor were calculated as follows: Grade I + 165.6 = 183 which means that, to obtain the result of the current grade, the previous one is added by the arithmetic progression of the factor.

Table 5. Points Assessment

Position	**Points**
Head of Human Resources	2906
OSH Lead Professional	1961
Nursing Assistant	1133
Integral Service Assistant	1201
Accounting Assistant	1016
Pharmacy Regent	1580
Deputy Commercial Director	3051
Marketing Professional	2195
Nurse pyd	1931
Administrative Assistant	1094
Nursing Assistant	1434
Accountant	2789
Head of Systems	1970
Billing Coordinator	2768
Integral Service Assistant	1377
Administrative Assistant	1210
Admission Assistant	597
Nurse	2087
Comprehensive Health Services Assistant Nurse Practitioner	987
Administrative Assistant	1757
Nursing Assistant	490
Integral Service Assistant	1377
Administrative Navigator	1405
Nursing Assistant	1103
User Support	1298
Quality and Patient Safety Coordinator	1405
Admission Assistant	1571
Integral Service Assistant	597
Head of Healthcare Support	2194
Director	2448
Integral Service Assistant	3304
Accountant	1094
Biomedical and Infrastructure Coordinator	2477
Nursing Assistant	1660

The points assessment table was made based on the sum of the points assigned in each grade for each position or job position, these points allow the positions to be objectively compared with each other and constitute the necessary basis for their classification, facilitating the definition of the functions and salary ranges and internal coherence of the salary structure.

The comparison with the ACRIP showed that several operational positions receive salaries below the sectoral average; Professional and managerial positions are aligned or above average. Positions with mismatches between internal score and current salary were identified, which shows the need for adjustments.

This is of vital importance in the different companies not only in the health sector, but also manufacturing, construction and others, the assignment of responsibilities, seniority, impact of the organization's results, academic preparation and among others, plays a fundamental role in establishing these salary structures promoting talent retention, work environment and peaceful equity. For this reason, this type of study is carried out in comparison with current remuneration and those of the market so that the entity can make the best decisions based on the proposal presented.

Table 6. List of positions and current salary (extract).

Position	**Total Points**	**Current Salary**
Administrative Assistant	490	$ 1,800,000.00
Admission Assistant	597	$ 1,423,500.00
Intake Assistant 2	597	$ 1,423,500.00
Comprehensive Health Services Assistant	987	$ 1,800,000.00
Accounting Assistant	1016	$ 1,450,000.00
Administrative Assistant 2	1094	$ 1,800,000.00
Integral Service Assistant	1094	$ 1,800,000.00
Administrative Navigator	1103	$ 2,000,000.00
Nursing Assistant	1133	$ 1,800,000.00
Integral Service Assistant 2	1201	$ 1,800,000.00
Administrative Assistant	1210	$ 1,800,000.00
Nursing Assistant 2	1239	$ 1,423,500.00
Nursing Assistant 3	1298	$ 1,423,500.00
Integral Service Assistant 3	1377	$ 1,800,000.00
Nursing Assistant 4	1377	$ 1,423,000.00
Aux Integral Services	1405	$ 1,800,000.00
User Support	1405	$ 1,800,000.00
Nursing Assistant 5	1434	$ 1,423,500.00
Quality and Patient Safety Coordinator	1571	$ 5,000,000.00
Pharmacy Regent	1580	$ 2,300,000.00
Biomedical and Infrastructure Coordinator	1660	$ 4,000,000.00
Nurse Practitioner	1757	$ 3,000,000.00
Nurse pyd	1931	$ 3,000,000.00
OSH Lead Professional	1961	$ 2,900,000.00
Head of Systems	1970	$ 2,900,000.00
Nurse	2087	$ 3,000,000.00
Integral Service Assistant 4	2194	$ 1,800,000.00
Marketing Professional	2195	$ 2,650,000.00
Head of Healthcare Support	2448	$ 4,350,000.00
Counter 1	2477	$ 5,000,000.00
Billing Coordinator	2768	$ 3,300,000.00
Counter 2	2789	$ 5,000,000.00
Head of Human Resources	2906	$ 4,800,000.00
Deputy Commercial Director	3051	$ 6,000,000.00
Director	3304	$ 18,505,500.00

IV. Proposal

Based on the scores and the external comparison, five salary bands are proposed: Operational, Technical, Professional, Coordination and Management. Each band has minimum, middle, and maximum range (defined by score-derived thresholds and aligned with ACRIP).

Table 7. Salary band proposal

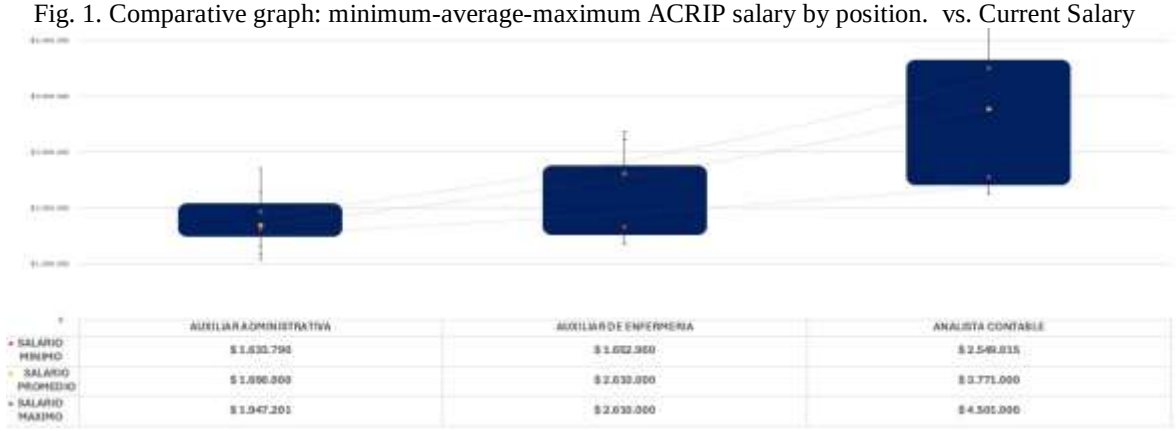
Charges	**Minimum Wage**	**Average Salary**	**Maximum Salary**
Integral Service Assistant/Biller	$1,300,000	$ 1,700,079	$2,394,000
Customer Service Assistant	$1,300,000	$ 1,700,079	$2,394,000
Integral Service Assistant	$1,300,000	$ 1,700,079	$2,394,000
Administrative Assistant	$ 1,633,790	$1,690,000	$ 1,947,201
SST Professional	$ 1,659,700	$ 3,763,229	$ 3,924,830
Admission Assistant	$ 1,662,960	$2,610,000	$2,610,000
Nursing Assistant	$ 1,662,960	$2,610,000	$2,610,000
Administrative navigator	$1,690,000	$ 1,745,124	$ 2,477,328
Pharmacy Regent	$2,000,000	$2,500,000	$ 2,828,056
Contract Professional	$ 2,109,477	$ 2,810,248	$ 3,394,316
Assistant to management and presidency	$ 2,354,007	$4,163,460	$4,840,625

Accounting Analyst	$2,549,015	$3,771,000	$4,501,000
Billing and scheduling coordinator	$ 2,636,859	$ 2,636,859	$ 3,319,666
Systems Manager	$2,722,000	$ 3,124,683	$5,500,000
Marketing Professional	$ 2,848,927	$ 4,590,019	$ 4,954,656
Nurse	$ 3,240,880	$ 4,558,990	$5,399,659
Biomedical and Infrastructure Coordinator	$3,469,550	$3,499,900	$ 4,961,950
Quality and Patient Safety Coordinator	$4,276,000	$5,125,000	$ 6,057,720
Head of Human Talent and OSH	$4,300,000	$ 8,290,153	$ 8,290,153
Deputy Commercial Director	$4,823,000	$ 6,672,213	$ 8,051,316
Accountant	$ 4,954,656	$ 4,954,656	$ 4,954,656
Head of Care Support	$4,506,981	$ 4,954,950	$5,303,214
Medical Director	$7,426,000	$8,928,000	$10,750,000
General Manager	$10,103,500	$16,900,000	$24,595,735

This information shows the significant differences between current salaries and the reference salary ranges of the health sector at the national level.

- In several operational and auxiliary positions, the current salary is below the average sectoral salary, and even close to or below the market minimum shown by ACRIP
- Professional positions, managers and managers are more aligned with market ranks, with current salaries that are within or close to the sectoral average
- Positions are identified in which the current salary is not directly proportional to the valuation score, suggesting mismatches between the internal structure and the external references

Fig. 1. Comparative graph: minimum-average-maximum ACRIP salary by position. vs. Current Salary



The general analysis shows that the current salary structure presents variations and misalignments with the health sector market, especially in positions of lower hierarchical level such as (Assistants and Managers). This situation can generate risks associated with turnover, demotivation, a bad environment and difficulty in retaining or attracting talent to the organization.

Although there is a salary progression according to the increase in points per position, not all current salaries are within the ranges defined by the National ACRIP, which affects external equity. In contrast, the alignment observed in strategic positions reflects a more competitive compensation policy at these compensation levels above the current market.

Overall, the results show the need to make gradual adjustments to close salary gaps without compromising the financial sustainability of the organization.

The implementation of the salary structure must be carried out progressively, ensuring organizational coherence and financial sustainability. A scheme in 3 stages is assumed:

Initial adjustments

Prioritize positions with salary gaps greater than 15% compared to the average that occurs in the sector, especially at operational and auxiliary levels. The objective of this is to take them at least to the minimum range that is evident in the market, reducing risks of turnover and demotivation.

Structural alignment

Adjustments will be made gradually in order to consolidate the correspondence between the scores obtained in the assessment by points and the salary band assigned. In this phase, the institutional salary policy will be formalized and the model will be requested with the staff.

Consolidation and review

A continuous and comparative review with market consolidation data (ACRIP) is proposed, adjusting weights and salary bands where necessary. Performance appraisal will be progressively integrated as a complement to the system.

V. Discussion

This research allowed the integration of a diagnosis, standardization of profiles, the technical assessment of positions and a comparative analysis more focused on the current market, generating a structural vision of compensation in an organization in the health sector. These results reveal an internal coherence in the hierarchy of positions, but also show external gaps that require strategic intervention [1]

The organizational diagnosis shows that, although there is a formal hierarchical structure, there was no technical system to support the salary allocation. This coincides with what has been proposed in previous studies on salary structures in organizations, where compensation tends to evolve in a reactive and non-strategic way. Therefore, the institutional problem is both one of design and governance in human management.[2]

The application of the point assessment method constituted the technical axis of the study. The correspondence between scores and characteristics of the position (responsibility, training and autonomy) corroborates the validity of the instrument applied. Positions with a higher level of responsibility, academic demand, and autonomy obtained higher scores, previous studies argue that structured weighting reduces subjectivity and improves transparency in salary allocation; . However[3][4], technology alone does not resolve imbalances if it is not articulated with budgetary and market policies.

When contrasting the internal results with the references that can be found in the market reported by ACRIP, an internal salary progression was identified according to the increase in points, several assistants and operational positions present a significant gap with respect to the market average. This indicates a gap between internal equity and external competitiveness. Studies on the wage structure show that below-market wages increase turnover and erode the perception of fairness; [5] .[6][7][8]

On the other hand, the development of a manual of functions made it possible to strengthen the structural consistency of the system. The homogenization of sixteen profiles made it possible to eliminate overlaps and clarify ;. In addition, comparative experience suggests that the lack of clear profiles leads to operational inefficiencies; . [9] [10][11][12]

From one of the strategic perspectives, the integration between the functions manual and the technical assessment consolidates a more robust basis for good human talent management. However, the real impact of the wage structure will depend on its gradual implementation and financial sustainability; . Immediate adjustments without some budget planning could compromise institutional stability; therefore; The phased implementation plan turns out to be relevant. [13][14][15]

Another important aspect in the discussion is the need to be able to articulate the salary structure with a formal system for performance evaluation. While the point assessment can measure the value of the position, it does not measure individual performance. The absence of this differentiation can limit the motivational effect of the system. The literature on salary policies highlights the importance of linking fixed compensation (points-based structure) with components that are variables associated with performance and results. [16][17]

In addition, in the health sector, pay gaps have direct implications on the quality of service and staff retention; therefore, the periodic updating of salary bands and their comparison with external references is an essential practice to mitigate risks (Health Organization/Institution). Overburden without proportional recognition, on the other hand, increases adverse effects on organizational health and turnover, as the CCOO report warns.[18][19]

Finally, the study shows that the integrated application of industrial engineering tools in human talent management allows generating solutions to complex organizational problems. The systematic comparison with the market ranks and continuous updating of the model allows us to sustain the relevance of the proposed system and contribute to the institutional positioning (Miranda) The proposed model not only responds to a need for salary ordering, but also constitutes a methodological guide that can be replicated in other organizations in the health sector with similar characteristics. [20][21]

In summary, the discussion confirms that the assessment by points is a technically valid instrument; however, its effectiveness depends on three critical factors such as articulation with performance systems, periodic updating and alignment with the market. The proposal presented allows progress towards a more sustainable and equitable salary structure, although this consolidation requires continuous monitoring and institutional commitment.

VI. Conclusions

This study allowed the structuring of a technical salary proposal based on a comprehensive approach, which led to a combination of an organizational diagnosis, quantitative assessment of positions, standardization of the functions manual and comparison with references from the health sector market.

The study confirms that the application of industrial engineering tools in the management of areas such as human talent allows to transform processes that are traditionally administrative into controllable and measurable strategic systems.

The methodology developed can be replicated in organizations in the health sector, contributing to strengthening organizational transparency and institutional sustainability, with characteristics similar to those presented in the IPS.

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