



Original article

Condiciones de trabajo de los profesionales de enfermería en un hospital de segundo nivel en la Ciudad de México

Working conditions of nursing professionals in a second level hospital in México City

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Resumen

Introducción: La visibilización de las condiciones de trabajo de los profesionales de enfermería en México resulta necesaria para mejorar algunos aspectos.

Objetivo: Analizar las condiciones de trabajo de los profesionales de enfermería en un hospital de segundo nivel en la Ciudad de México.

Material y métodos: Estudio de carácter cuantitativo, no experimental, transversal, prolectivo, descriptivo y diagnóstico. La variable medida fueron las condiciones laborales de enfermería. El universo fue de 530 profesionales de enfermería y la muestra de 200.

Resultados: En cuanto a las “condiciones intralaborales”, 56.50% del personal sí cuentan con los recursos e insumos necesarios para trabajar, y 57.50% afirman que el sueldo es relativamente bueno; sobre las “condiciones extralaborales”, 56% manifiestan tener una buena calidad de vida. Lo que más disgusta al personal es en un 27% el ambiente de trabajo, en un 18% las injusticias y en un 15% la falta de personal.

Discusión: 82% del personal de enfermería mostró desgaste físico y mental en el trabajo, lo que es semejante al 80% de los profesionales de enfermería en Colombia que tienen una sobrecarga laboral que afecta su calidad de vida.

Conclusiones: Los profesionales de enfermería tienen condiciones laborales de buenas a excelentes. Sin embargo, es necesario atender la sobrecarga de trabajo y el agotamiento físico y mental con diversas estrategias, como contratar más personal para mejorar el cuidado de los pacientes.

Palabras clave: condiciones de trabajo, enfermería, salud de trabajadores.

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Abstract

Introduction: Making the working conditions of nursing professionals in Mexico more visible is necessary to improve some aspects.

Objective: To analyze the Working Conditions in Nursing professionals in a second level Hospital, in Mexico City.

Material and Methods: Quantitative, non-experimental, cross-sectional, prolective, descriptive and diagnostic study. The variable measured was nursing working conditions. The universe was 530 nursing professionals and the sample was 200.

Results: Regarding “*intra-work conditions*”, 56.50% of the personnel do have the necessary resources and supplies to work, and 57.50% state that the salary is relatively good; regarding “*extra-labor conditions*”, 56% state that they have a good quality of life. The most disliked aspects are the working environment (27%), injustices (18%), and lack of personnel (15%).

Discussion: 82% of the nursing staff showed physical and mental stress at work, which is similar to the 80% of nursing professionals in Colombia who have a work overload that affects their quality of life.

Conclusions: Nursing professionals have good to excellent working conditions. However, work overload and physical and mental exhaustion need to be addressed with various strategies, such as hiring more staff to improve patient care.

Key words: working conditions, nursing, workers' health.

Introduction

Given that nursing personnel are in charge of caring for users or patients in their health-illness process, it is important to know how they are doing it and whether the working conditions are adequate or inadequate. This applies both to their individual physical and mental health, job satisfaction and work environment, as well as to their self-concept and the expectations generated about these aspects. Similarly, it is also necessary to know the intra-work conditions in terms of ventilation, recognition, work overload, injuries, risks of contagion, protective measures and other relevant aspects during patient care. In addition, it is necessary to identify extra-occupational conditions such

as the quality of family life, which includes the suffering of illnesses among its members, in order to have a comprehensive picture of how nurses are performing their functions and to know whether targeted actions are required to improve their work situation.

Theoretical framework

Acevedo *et al.*¹ define work as the interaction with the environment through which goods and services necessary for living and satisfying needs are obtained. For Peiró and Prieto,² working conditions are a determining factor in the health-disease processes of the population, since they constitute, in a broad sense, any aspect of the circumstances in which the work activity

is carried out, that is, all those elements that are situated around work.

The health sector is an important area of employment for health professionals in all countries. In this regard, Brito *et al.*³ estimate that there are currently 35 million employees in this sector globally and 9 million in the Americas region, for whom the main challenge is to provide quality health services with high productivity, reduced costs and broad coverage.

Nursing professionals are an important part of the health sector and represent up to more than 60% of a hospital's staff. Their main function is care, which is why they are called "care workers". According to Pereyra and Micha,⁴ nursing is an eminently female profession in which activities that contribute to the health of individuals, the development of cognitive skills and the physical and emotional care of people are performed. Therefore, it is a key and irreplaceable service for the care of patients in hospitals, community centers and various agencies of the health system.

According to Saltos *et al.*⁵, despite the importance of nursing professionals in the health sector, research on their working conditions reveals work accidents, occupational diseases, absenteeism, negative organizational environments, etc., which translate into a decrease in the productivity of the institutions and a deterioration in the quality of life of the workers. For example, a study conducted by the National Association of Nurses of Colombia (anec) in 2001 and reported by García Ubaque *et al.*⁶ found a deterioration in the living and working conditions of nurses due to the forms of contracting and nonparticipation in the hierarchical organization of the institutions.

Likewise, according to Canales *et al.*⁷ nursing professionals play an essential role in hospital and primary care services; however, there are also problems in their working conditions, related to psychosocial risks, work overload, long working hours, rotating shifts, night work without rest, frequent changes of service and stress due to the management of critical situations and deaths. These factors are even more worrisome if we consider that the effects of these work environments on the health of nursing personnel have been scarcely studied. Granero *et al.*⁸ analyzed the working conditions of nursing professionals in Spain by means of a survey of 1,760 hospital workers. The results show negative aspects of these conditions: excessive care pressure, overload of tasks, lack of personnel, lack of supplies, stress and emotional exhaustion, and worsening working conditions.

This situation has caused nursing personnel to reflect on their difficult working conditions and the low quantitative perception they receive in salary, which has sometimes led to abandonment of the profession due to the great dissatisfaction produced by the social environment of the work.

Material and methods

A quantitative, non-experimental, cross-sectional, prolective and descriptive study, the purpose of which was to analyze the working conditions of nursing professionals in a second level hospital in Mexico City. The variable measured was working conditions based on three dimensions: "individual conditions", which measures the individual and personal aspects of the nurses with the indicators of health

perception, professional training, motivation and self-concept; “*intra-work conditions*”, which refers to the conditions of the hospital area where the nurses provide their services and which is measured with the indicators of environment, overload, resources and supplies, organization, physical and mental workload, multi-employment, safety and risks, cleanliness of the area, exhaustion and fatigue, conflicts and salary; and that of “*extra-work conditions*”, which is specific to the family environment of nurses outside the hospital and is measured with the indicators of quality of life, home ownership, travel time and disabled family members.

The study was carried out in three stages. In the first stage, an analysis of the state of the art of working conditions was carried out. In the second stage, the instrument was designed, taking as a reference the “*Instrument of working conditions of nursing personnel in highly complex services*”, developed in Bogotá by García Ubaque *et al.*⁶ and validated through expert judgment. Based on the three dimensions mentioned (“*individual conditions*” with 4 indicators, “*intra-work conditions*” with 12 indicators and “*extra-work conditions*” with 4 indicators) the instrument was formed with closed and structured Likert-type response items. In addition, the reliability of the instrument was validated with a pilot test and the criteria of five judges. Finally, in the third stage the instrument was applied using Google Forms for the professional nursing personnel.

The universe consisted of 530 nurses and the sample consisted only of professional personnel with sufficient criteria to evaluate working conditions. The sample was 200 nursing professionals, which constituted 37.73% of the universe. The inclusion criteria took into account the hospital’s professional nursing staff from all shifts, while the exclusion criteria included non-

professional nursing staff and orderlies, and the elimination criteria included professionals who did not want to collaborate in answering the instrument even though they met the inclusion criteria.

This research was conducted from March to July 2022.

Results

Regarding sociodemographic data, 32.50% of the nursing staff is over 41 years old, 60% of the respondents are from the night shift, 79.80% are female and 42% are general nurses A, B or C, who are in various services of the hospital.

In relation to “*individual conditions*”, 51% feel in good health, 31.50% have undergraduate and postgraduate specialty studies, 45% are highly motivated to attend and care for their patients, 57% have a self-concept of security, responsibility, commitment and respect as nursing professionals (Figure 1).

With respect to “*intra-work conditions*”, 56% consider that the work environment is good because they help each other, 59% say that sometimes there is a workload that consumes all their time, 56.50% say that most of the time they have the necessary resources and supplies to work, 65% say that their work is well organized in favor of patients, 62% say that there is physical and mental overload, 59% have only one job and could not attend another, 36% say that there is job security because they have personal protective equipment, 67% consider that their work area is always clean, 44.10% believe that they do have signs of fatigue and exhaustion, 48.50% say that sometimes conflicts arise that they try to solve for the welfare of all, and 57.50% say that the salary they receive is good (Figure 2 and 3).

Figure 1. Motivation of nursing staff in a second level hospital in Mexico City

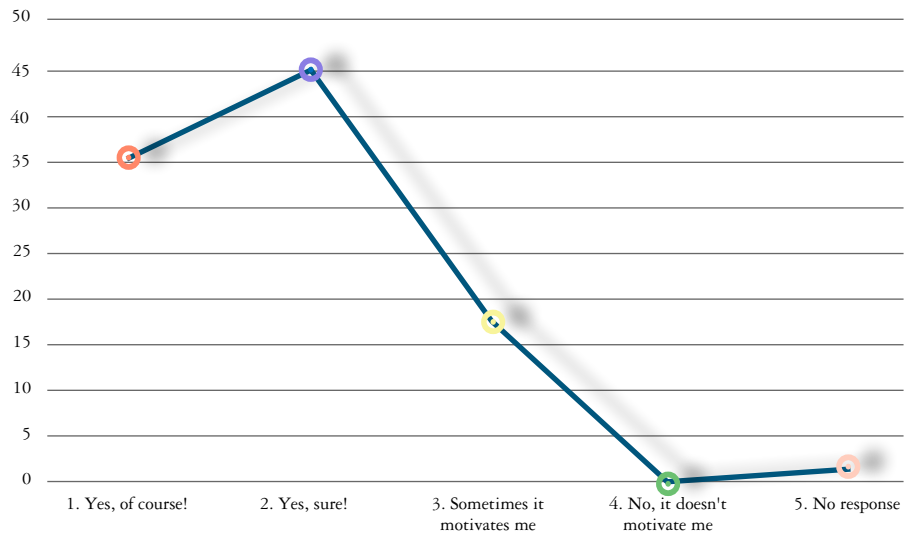


Figure 2. Workload of nursing staff in a second level hospital in Mexico City

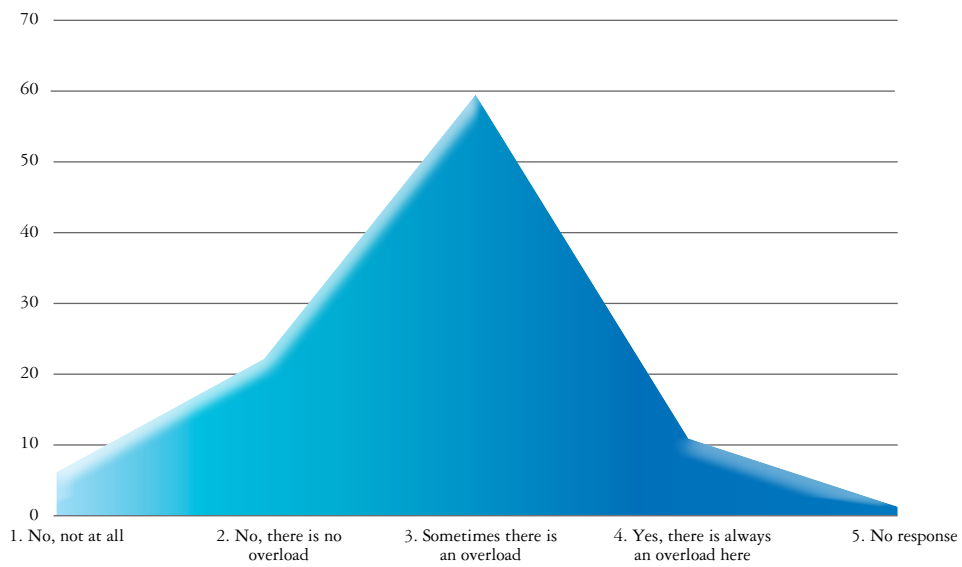
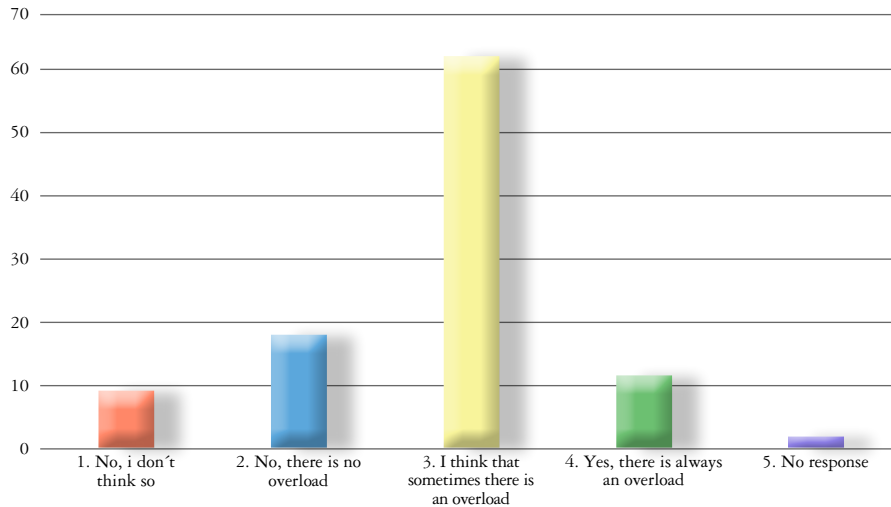


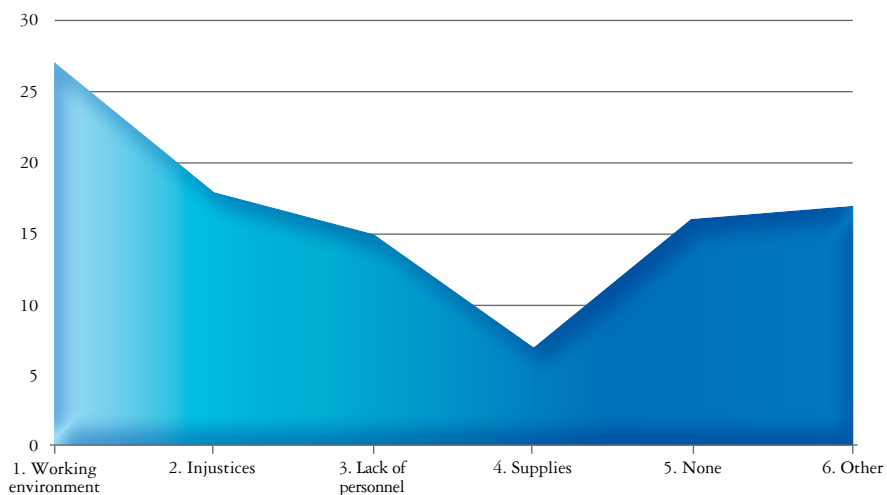
Figure 3. Physical and mental workload of nursing staff in a second level hospital in Mexico City



Likewise, with regard to “*extra-occupational conditions*”, 56% of the nursing professionals consider that they have a good quality of life, 29.50% have their own house or apartment where they live with their family, 39.50% commute one hour to the hospital and another 39.50% commute two hours, and 40% do not have disabled family members, although they do have unemployed family members.

Finally, what nursing staff dislike most about their working conditions is the work environment (27%), injustices (18%) and lack of personnel (15%). For these reasons, 31% of the staff recommend effective communication, 14% the hiring of more staff and 12% the creation of improvement programs. (Figure 4).

Figure 4. What nurses dislike most about working conditions in a second level hospital in Mexico City



Discussion

According to the sociodemographic data, 79.50% of the nursing personnel surveyed were female, which is similar to the study by Campos *et al.*⁹ conducted in Lima, which reported 86% females out of 112 nurses. Similarly, 50.50% of the personnel are general nurses, and 31.50% have a bachelor's degree and postgraduate specialty, a level of professional qualification similar to that recorded in the study by Aspiazú¹⁰ conducted in Buenos Aires, which reported 70% of nursing workers with a technical and professional qualification level.

In relation to “*intra-work conditions*”, 56% of the nursing staff said that the work environment is good because they all help each other to perform and finish the tasks, similar to what was found in the research of Orcasita and Ovalle¹¹ in Colombia, who reported that 94% of 171 nursing professionals have a good working environment with ventilation and lighting, which is not subject to sudden changes in temperature and is comfortable. As for the amount of work in the hospital, 59% of the personnel stated that sometimes there is an overload of work that consumes all their time, which seems to be a common denominator in nursing work in Latin America. Malvárez and Castrillón¹² observed that a characteristic of nurses' work in that region is the overload of work with frequent changes of service, psychological effects and precarious working conditions. Likewise, 62% of the personnel surveyed stated that they also have physical and mental overload at work, in addition to the excessive demands that nurses impose on themselves. This is similar to the data reported by Mesa and Romero,¹³ who consider that 80% of nursing professionals in Colombia have a significant burnout caused by the workload that

affects their physical and mental health, and consequently their quality of life. On the other hand, 57.50% of the personnel stated that their salary is relatively good, although they sometimes have to find another job. This aspect contrasts with the research of Manrique *et al.*¹⁴ conducted in Colombia, where 14 nursing professionals were surveyed and 35% expressed job dissatisfaction due to the low salaries they receive.

Regarding “*extra-work conditions*”, 56% of the personnel surveyed stated that they have a good quality of life, 29.50% have their own house or apartment and 39.50% travel to the hospital by public transport. These data differ from those presented by the International Council of Nurses (ICN) as pointed out by Mahecha and León,¹⁵ who report more demanding working conditions in clinical services every day, as a result of the financial policies of the health sector that affect the quality of life of workers, with a greater impact on women due to their social status as caregivers.

Conclusions

The nursing professionals of the second level hospital have good to excellent working conditions, due to the positive atmosphere and the motivation they feel for their work, their self-concept, the sufficiency of supplies, the work organization in the shifts, the cleanliness and order in the care of patients, the salary and their good quality of life.

However, there are some aspects that need to be corrected or improved, such as the work overload of the staff and the physical and mental exhaustion they report. This can be achieved with various strategies that allow for increasing the number of contract staff, improving communication among all and making the work

of caring for patients more equitable.

It is also necessary to address the requests and suggestions of the nursing personnel in terms of staffing, creation of various effective communication programs, thus ensuring better working conditions and preventing job dissatisfaction, which will inevitably have an impact on patient care and nurses' overall health.

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