










## Condiciones de trabajo del personal de enfermería en tres instituciones de salud públicas

### Working conditions of nursing staff in three public health institutions

Carmen Lasty Balseiro Almario<sup>1</sup>  Wendy Melina Suasto Gómez<sup>2</sup>  María Adriana Chaparro Sánchez<sup>3</sup>   
Yohoytzin Edgar Tapia Juárez<sup>4</sup>  Nayelli Aguilera Padilla<sup>5</sup>  María Teresa Maldonado Guiza<sup>6</sup>   
María del Rosario Monterrosas Regalado<sup>7</sup>  Araceli Colin Tejeda<sup>8</sup> 

#### Resumen

**Introducción:** Las condiciones de trabajo abarcan todos aquellos aspectos circunstanciales en los que se desarrolla la actividad laboral. Esto incluye tanto los factores del entorno físico donde se realiza el trabajo, como las circunstancias temporales en las que se lleva a cabo. En otras palabras, se refiere a todos los elementos que rodean la labor diaria de los trabajadores. En este contexto, surge la necesidad de investigar: ¿Cuáles son las condiciones de trabajo del personal de enfermería en instituciones de salud públicas en Michoacán, México? Esta pregunta busca explorar y comprender los factores que afectan el desempeño y bienestar del personal de enfermería en esta región, y cómo estos elementos pueden influir en la calidad de los servicios de salud proporcionados.

**Objetivo:** Analizar las Condiciones de Trabajo del personal de Enfermería en Instituciones de Salud Públicas, en Michoacán, México.

**Material y Métodos:** Estudio de carácter cuantitativo, no experimental, transversal, prolectivo, descriptivo y diagnóstico. La variable estudiada fue Condiciones de Trabajo del personal de Enfermería. La población fueron 5112 personas y la muestra 335 profesionales.

**Resultados:** El 83% del personal de Enfermería encuestado tiene la Licenciatura de Enfermería, el 51% manifiestan sobrecarga de trabajo, el otro 51% dicen que faltan insumos para trabajar, el 66% consideran que hay sobrecarga física y mental en el trabajo, el 50% dicen tener inseguridad en el empleo y el 58% consideran que hay conflictos en el trabajo que tratan de solucionar, sin lograrlo.

**Discusión:** El 66% del personal manifiesta que sí hay sobrecarga de trabajo física y mental, lo que se asemeja a la investigación de Orcasitas A. y Ovalle L. cuyos resultados coinciden también con la sobrecarga de trabajo en un 50% de sus entrevistados.

**Conclusiones:** Los profesionales de Enfermería no están satisfechos con las Condiciones de Trabajo que tienen en la SSA, IMSS e ISSSTE. Convendría atender las carencias de insumos, la falta de personal y el salario, para poder garantizar la calidad de atención de los pacientes.

**Palabras clave:** Condiciones de trabajo, Enfermería, Personal, Salud.

Citation: Balseiro Almario CL, Suasto Gómez WM, Chaparro Sánchez MA, Tapia Juárez YE, Aguilera Padilla N, Maldonado Guiza MT, Monterrosas Regalado MR, Colin Tejeda A. Working conditions of nursing staff in three public health institutions. Rev Enferm Neurol. 2023;22(3): pp. 242-253.

Correspondencia: Carmen Lasty Balseiro Almario  
Email: lastybals@hotmail.com

<sup>1</sup>Profesor de Carrera Titular "B" de la FENO UNAM

<sup>2-5</sup>Grupo de investigación del Hospital General Dr. Manuel Gea González.

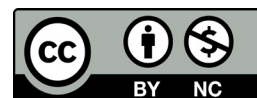
<sup>6</sup>Presidenta de la Federación Mexicana de Colegios de Enfermería.

<sup>7</sup>Profesora de Asignatura "B" de la FENO UNAM.

<sup>8</sup>Pasante de la Licenciatura en Enfermería de la FES Iztacala

Received: August 3, 2023

Accepted: November 11, 2023



## Abstract

**Introduction:** Working conditions encompass all the detailed aspects of the work activity. This includes the factors of the physical environment where the work is performed and the temporary circumstances in which it is carried out. In other words, it refers to all the elements surrounding workers' daily tasks. In this context, the need arises to investigate the following: What are the working conditions of nursing personnel in public health institutions in Michoacán, Mexico? This question seeks to explore and understand the factors that affect the performance and well-being of nursing personnel in this region, and how these elements can influence the quality of health services provided.

**Objective:** To analyze the working conditions of nursing personnel in public health institutions in Michoacán, Mexico.

**Material and Methods:** Quantitative, non-experimental, cross-sectional, prolective, descriptive, and diagnostic study. The variable studied was the working conditions of nursing personnel. The population was 5112 people and the sample was 335 professionals.

**Results:** Of the nursing personnel surveyed, 83% have a Bachelor's Degree in Nursing, 51% report work overload, another 51% say that there is a lack of supplies to work with, 66% feel that there is physical and mental overload at work, 50% say they have job insecurity and 58% consider that there are conflicts at work that they try to solve, without succeeding.

**Discussion:** 66% of the personnel state that there is physical and mental work overload, similar to the research of Orcasitas A. and Ovalle L. whose results also coincide with the overload of work in 50% of their interviewees.

**Conclusions:** Nursing professionals are unsatisfied with the Working Conditions in the SSA, IMSS, and ISSSTE. The lack of supplies, personnel, and salary should be addressed to guarantee the quality of patient care.

**Keywords:** Working conditions, Nursing, Personnel, Health.

## Introduction

For Peiró J.M and Prieto F.<sup>1</sup>, Working Conditions (WC) are all the elements that are located around the work, without being the work itself, with the set of factors that surround it, that is, they are the detailed aspects in which the work activity takes place, both in the factors of the physical environment in which it is performed and in the temporary circumstances in which it occurs. Similarly, for Saltos I. *et al.*<sup>2</sup> WC are defined according to the tasks or activities with the characteristics of the work environment, which may or may not directly

affect organizational results and the quality of care.

Therefore, according to Granero A. *et al.*<sup>3</sup>, it is vitally important to analyze the WC of nursing personnel, since in recent decades the development of the nursing profession has followed a paradoxical development, both globally and locally: on the one hand, training in competencies and material and technological resources for professional performance has improved substantially, while, on the other hand, WC have become harder, more complex and more difficult. This means that while nursing personnel have access to

postgraduate specializations with master's and doctoral degrees, the dynamics of the work have collateral effects on the occupational health of the personnel by maintaining work overload, lack of personnel, lack of time to attend to patients, absenteeism, stress, pressure to complete tasks, shortage of work supplies, which harms the occupational health of the personnel, with lack of recognition of their work and an increase in associated psychosocial risks. This gives the idea that the positive trend of nursing professionals in their professional training contrasts with the negative trend of WC.

In fact, for Orozco O. and López M.<sup>4</sup>, the undesirable effects of WC correspond mainly to: work accidents, occupational diseases, absenteeism, staff turnover, negative organizational climate, etc., which translates into a decrease in the productivity of the institutions and a deterioration in the quality of life of the workers. In other words, deficient WC constitute not only a potential psychosocial risk for nursing personnel but also a decrease in the quality of patient care because WC include variables such as organizational infrastructure, contractual characteristics, supplies, work organization, task demands, negative attitude, physical insecurity and lack of care for the worker's physical, psychological and social health.

According to Mahecha M. and León E.<sup>5</sup> for the International Council of Nurses (ICN), the current WC of nursing are a consequence of the greater demands in clinical services, as a result of the financial policies of the health sector, which have repercussions on the quality of life, with a greater impact on women, due to their condition as "caregivers". This group of caregivers is characterized by being under the supervision and control of bosses and

authorities, with low salaries and a system of 8 to 12-hour rotating shifts with frequent extensions of the working day for extra shifts or double shifts, which is reflected in high physical and psychological workloads and precarious health conditions determined by their working conditions.

Thus, for Zabalegui A.<sup>6</sup> in Pereyra F. and Micha A., the nursing practice is key for society, because these personnel, based on their knowledge and experience, provide the necessary care for the processes of promotion, recovery, and maintenance of health. However, unlike other care occupations, this profession has typical problems that mark a significant level of precariousness. For example: low salaries, multiple jobs, work stress and lack of adequate equipment and infrastructure, which indicate the permanent exposure of these personnel to biological, chemical and physical risks, with musculoskeletal and joint pathologies caused by the physical efforts required by the tasks, by the shortage of nurses and by the work overload, all of which contribute to the decrease in the quality of their services.

## Material and methods

A quantitative, non-experimental, cross-sectional, descriptive and diagnostic study, whose purpose was to analyze the working conditions of nursing personnel in public health hospitals in the state of Michoacán, Mexico.

The variable measured was Working Conditions, which has dimensions and indicators as explained below. The dimensions were: Individual Conditions, Intra-workplace Conditions and Extra-workplace Conditions. Of course, each dimension has its indicators.

For example, for the Individual Conditions dimension, the following were measured: perception of health, level of professional training, work motivation, and self-concept. For the Intra-workplace Conditions dimension, the following were measured: work environment, workload, work inputs, work organization, physical and mental workload, amount of work that is not finished with the shift, occupational risk, cleanliness of the work area, exhaustion and fatigue, work conflicts, and salary. In the Extra-workplace Conditions, the following were measured: quality of life, possession of a house or apartment, means of commuting from home to work, and disabled or unemployed family members. In addition, we measured what the nursing personnel dislike most about WC and what suggestions these personnel propose to improve WC in Michoacán hospitals.

The study was carried out in three stages: in the first, an analysis was made of the state of the art of working conditions in nursing; in the second, the instrument of García J.C. *et al.*<sup>7</sup> developed in Bogotá, Colombia was restructured and validated by expert judgment, with a total of 4 indicators for individual conditions, 11 for intra-workplace conditions and 4 for extra-workplace conditions, in addition to two open-ended questions. In total, there were 19 items for Labor Conditions.

In the case of sociodemographic data, the following were measured: age, work shift, gender, work category, current service, years of service, institutional unit, and State of the Republic where they work. Each indicator generated an item with four closed, structured, Likert-type response options. Also at this stage, the instrument was validated with a Pilot Test of 100 nursing professionals and a Judges' Criteria.

The universe was 7200 general nurses, specialists, and nursing managers. The population was 5112 people, of which 2664 were from the SSA, 1800 were from the IMSS, and 648 were from the ISSSTE. The random sample consisted of 335 nursing professionals from the four work shifts.

In the inclusion criteria, professional nursing personnel from the different work shifts and the public institutions SSA, IMSS, and ISSSTE were taken into account. In the exclusion criterion, Nursing Assistants and Orderlies were taken into account, as well as private and university institutions, and in the elimination criterion, nursing personnel who were on vacation or rest on the days when the survey was applied were taken into account. In the third stage of the collection of information, nurses were contacted and their voluntary participation was requested through Informed Consent by e-mail to carry out the survey through the Google Forms Platform to the telephone devices of each nursing professional reported as part of the Mexican Federation of Nursing Colleges.

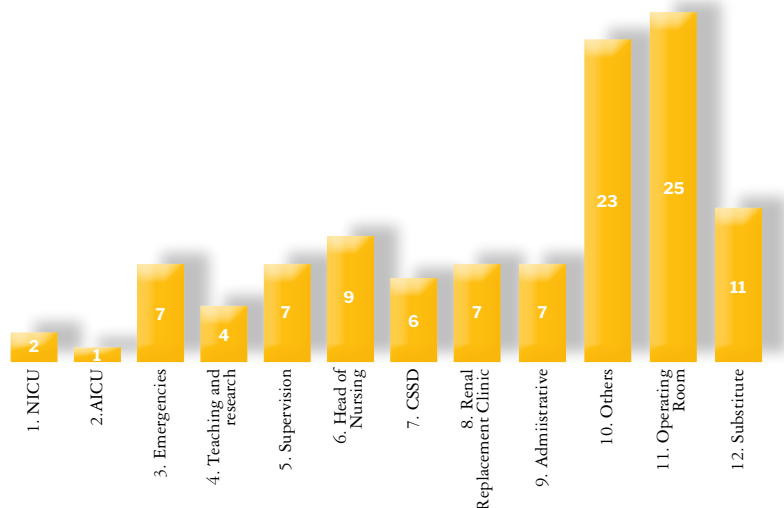
## Results

Regarding Sociodemographic Data, 60% of the nursing personnel surveyed are between 0 and 50 years of age, 48% work the morning shift, 89% are female, 48% are general nurses A, B, or C, 14% are specialists and 16% work in Outpatient Care, 9% in Internal Medicine and 4% in Pediatrics and other services (See *Graph No.1*).

Regarding Individual Conditions, 41% of the personnel interviewed stated that they are in good health, 83% have Bachelor's and Master's Degrees, 24% have Bachelor's Degrees and Specialties and 12% have Doctorates in different

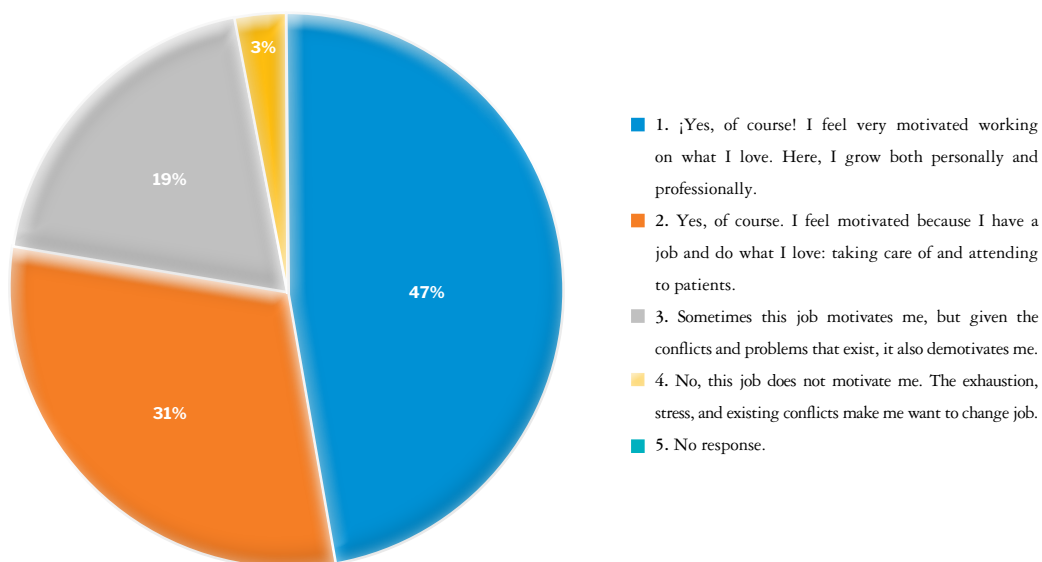
fields. Similarly, 47% are highly motivated to work because they are fulfilled as individuals and professionals, and 51.50% consider themselves to have an excellent self-concept that allows them to project security, responsibility, and individual commitment (See Graph No. 2.).

**Graph 1.** Distribution of nursing staff according to years of service, 2022.



Observations: 25% of the staff work in operating rooms, 11% are service substitutes, 9% in nursing management, 7% in emergency, renal replacement, administrative, and supervisory roles, 6% in the CSSD, and 23% in other services.

**Graph 2.** Distribution according to the motivation of the nursing staff in their work, 2022.

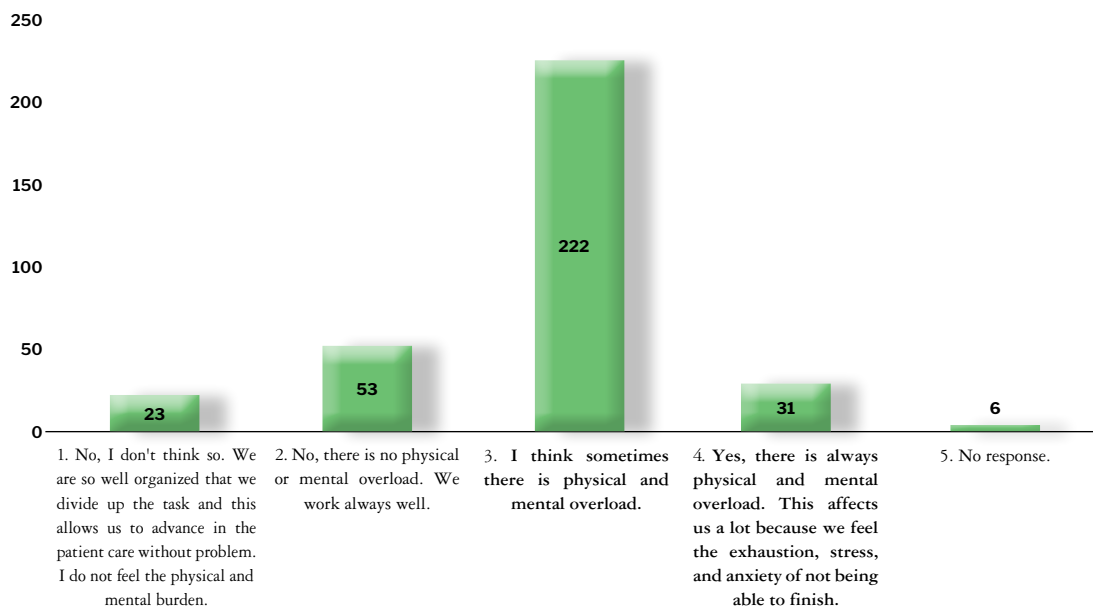


Observations: 47% of the staff are highly motivated because they work in what they like, 30% are also motivated because they like taking care of patients, 19.5% are sometimes motivated, but given the conflicts, they become demotivated and 3% are not motivated by the work because of the fatigue and stress it causes them.

Concerning the Intralaboral Conditions, 47% of the personnel consider that they have a good work environment because the nursing personnel help each other, 51% think that there is an overload of work and this means that they do not have time for anything, 51% believe that there is a lack of resources and supplies for the work, which causes setbacks in patient care, 54% believe that the work

is organized, 66% think that there is an overload of physical and mental work and 23% of the personnel think that they have two jobs because what they earn in one is not enough for anything. In addition, 50% say that there is a medium level of safety because there are occupational hazards in the hospitals, given that the protective equipment they use is not of good quality (See Graph No. 3).

Graph 3. Distribution of the physical and mental workload of nurses at work, 2022.



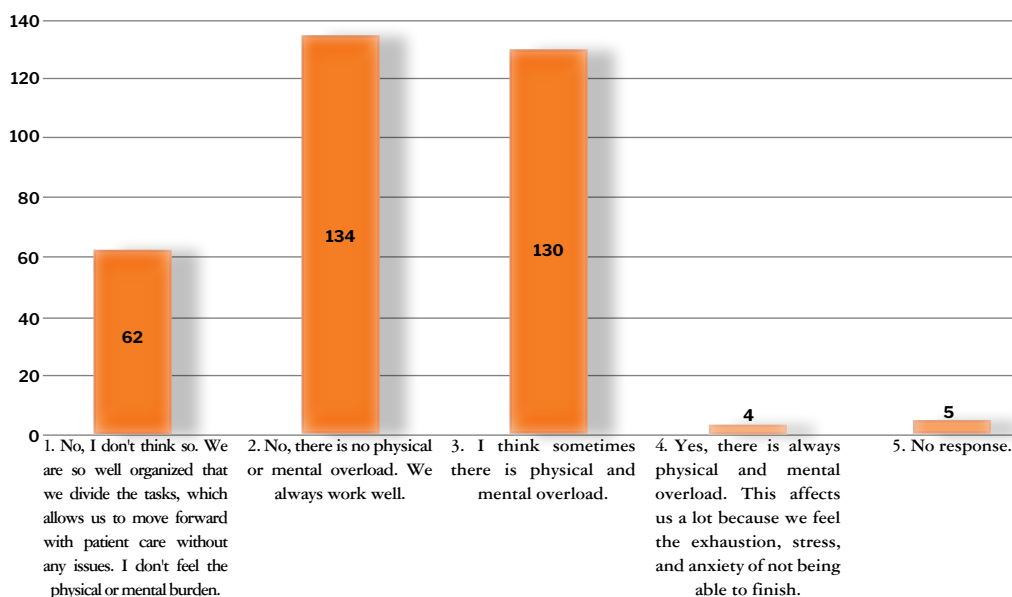
Observations: 66% consider that, yes there is physical and mental overload at work, 7% state that they do not feel the overload, 16% think that there is no overload because they work coordinated, and 9% yes there is overload which harms them a lot because of the tiredness and stress they feel.

Similarly, 58% of the personnel say that their work area is always clean and that they always try to keep it that way, 39% think that they do suffer from fatigue and exhaustion, 58% believe that sometimes there are conflicts that they try to solve for the good of all, and 37% believe that their salary is fair to bad because it is barely enough. (See Graph No. 4).

Regarding the extra-workplace conditions

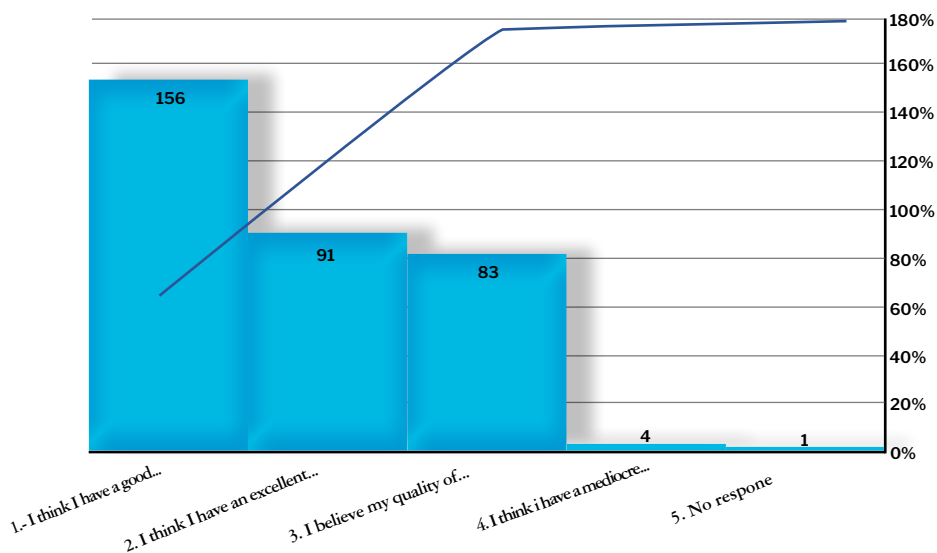
of the nursing personnel, 46.50% consider that their quality of life is good, 38% say that they have their own houses or apartments that they enjoy with their families, 58% say that they travel from home to work by car, although 17% also use public transportation and 38% do not have disabled family members, but do have unemployed family members, so they must help them. (See Graph No. 5).

**Graph 4.** Distribution of burnout and fatigue among nursing personnel, 2022.



Observations: 40% say that they do not have exhaustion or tiredness in the activities they perform, 39% think that, yes they have signs of tiredness and exhaustion, 18% feel good at work because they fulfill their activities and 1.1% say that they are exhausted and that is why they are absent.

**Graph 5.** Distribution of quality of life of nursing personnel, 2022.



Observations: 46.5% believe they have a good quality of life, 27% say they have an excellent quality of life, 25% believe their quality of life is barely fair, and 1% believe they have a mediocre quality of life.

Finally, when asked open-ended questions about what nursing personnel dislike most about working conditions, 26% answered that there is a lack of supplies and resources to work with, 15% that the problem is the salary, 13% the lack of personnel, 10% the injustices, and 8% the working environment. Similarly, proposals suggested by nurses to improve WC include: 21% said they would hire more nurses, 19% said they would increase training, 15% said they would increase salaries, and 7% said they would improve effective communication, among others.

## Discussion

In the Sociodemographic Data, 60% of the nursing personnel surveyed were between 31 and 50 years of age and 89% were female personnel, which coincides with the research of Acevedo S. *et al.*<sup>8</sup> carried out in Buenos Aires, where 65% of the respondents were between 18 and 45 years of age and 68% of the population was also female.

About Working Conditions concerning Individual Conditions, 51.1% of the personnel clearly state that they are professionals with a very good self-image that projects security and individual commitment, which is similar to the results of research by Orcasita A.P. and Ovalle L.<sup>9</sup> carried out in Colombia where 100% responded affirmatively that they also have a very good self-image, which gives an idea that, in terms of self-concept, the nursing personnel have a high concept of themselves as health professionals.

Regarding Intra-workplace Conditions, 51% of the nursing personnel interviewed stated that there are workloads and that they do not have time for anything, which is similar to the research conducted by

Luengo C. and Sanhueza O.<sup>10</sup> in various Latin American countries such as Brazil, Colombia and Cuba, where 45% of the nursing personnel stated that the WC, in general, were adverse. However, 36.3% of the nurses in the United States and Canada and the rest in Europe and Tanzania stated that the WC were adverse and the highest proportion in decreasing order was: work overload, lack of supplies or poor quality of these, unsatisfactory salary, inadequate number of nursing professionals, etc. Of course, all this produces great job dissatisfaction. Similarly, Aspiazó E.<sup>11</sup> also reported that 70% of nursing personnel affirm that there is deterioration in WC in Argentina, due to the extension of working hours and their precariousness. Similarly, regarding salaries, 46% of nurses in Michoacán consider that the salary is more or less good, although 37% of them say that it is barely enough for the basics. These data are contrasted with those of Mesa L. and Romero M.N.<sup>12</sup> who investigated Colombia reporting that there is dissatisfaction with the possibilities offered by remuneration since nurses find that their salary is too low to reach the desired standards of living since they cannot cover the responsibilities of housing, food and clothing for themselves and their families. Similarly, 39% of the staff in Michoacán report fatigue and exhaustion, which is similar to the findings of Gómez W.H.<sup>13</sup> in an investigation carried out in Sincelejo, Colombia. They say that the responsibilities assumed by nursing professionals together with the current working conditions, given the institutional demands, have generated physical and mental exhaustion that translates into wear and tear and tiredness, as a result of the intense work shifts, not only because of the ordinary shifts



and work overload but also because these shifts are increased by two or three hours more, which are used to fulfill the tasks required by the institution. This tiredness and exhaustion of the nursing staff also displaces their personal space and time and causes them to lose the recognition of the human aspect in the working world, since what matters is the fulfillment of the task over the rights of rest, leisure, recreation, and family enjoyment. In addition, excessive workloads lead to illnesses and resignations due to job dissatisfaction and the absence of well-being at work. Now, concerning occupational risk, 50% of the nursing personnel interviewed commented that there is a medium level of safety in the hospitals because the personal protective equipment is not of good quality, which increases the risk of illnesses and contagions. These results are similar to those of Quintana M.O. *et al.*<sup>14</sup> who interviewed 170 nurses from the Secretary of Health of the state of Sonora, stating that for 42.4% of the personnel, the protective equipment was provided frequently, although for 35.9% of the personnel these equipment were rarely or never of good quality, which means that for 74.4% of the personnel they were afraid of becoming infected when attending to patients.

Regarding extra-labor relations, 46.50% of the personnel surveyed stated that they have a good quality of life with their family, although 25% of them consider that their quality of life is only average because they have unmet needs. Contrary to these assertions, the 11 studies developed by Luengo C. and Sanhueza O. 45% of nurses in Latin America and 36.3% in the United States and Canada stated that the WC identified in general were adverse due to work overload, lack of supplies,

lack of clarity in functions, lack of recognition, lack of training, lack of professional autonomy and poor organizational participation, which affects both personal and work quality of life. Similarly, for Leguizamón L.C. and Gómez V.<sup>15</sup> in an investigation carried out on 91 nurses in Bogotá, it was found that for 100% of this personnel, there were deficient WC, due to overcrowding, gases, dangerous environmental conditions, heavy loads to be lifted, work accidents, lack of supplies and excess of patients, etc., which determines the precariousness not only in their work but also in their quality of life.

## Conclusions

SSA, IMSS, and ISSSTE nursing professionals in Michoacán are not satisfied with the limited and adverse WC they have in their hospitals. The main negative aspects found were: the work overload they have, the lack of supplies, the existence of physical and mental overload that harms them because it causes fatigue and stress, the anguish of not being able to finish the tasks, the existing risks of contagion because the protective equipment is of poor quality, the conflicts derived from the work due to the lack of personnel, the salary that is not enough to live with dignity and the lack of recognition.

Despite the above, the nursing staff is motivated every day to continue with their tasks by trying to maintain their health in a state that allows them to function. They study postgraduate specialties in the version of Specialties, Masters, and Doctorates to fully comply with the updating of knowledge and skills for patient care, which allows them to maintain status, project professionalism and

coordinate their work to make a positive and collaborative work environment. Likewise, they organize their work and always keep their patients clean and tidy without taking into account that, although the WC are not always good, they do everything possible to provide quality care. In other words, although intralaboral WC are adverse, nurses give their best to provide quality care.

When nursing professionals were asked what they disliked most about WC, they reported these deficiencies in decreasing order: lack of supplies, lack of personnel, salary, injustice, lack of recognition, difficult work environment, fatigue, stress, and risks. Likewise, the nursing personnel proposed the following to improve WC: increase the number of nurses on the staff, provide the services with supplies, improve salaries, ensure equity and fairness in workloads, value and recognize the work of nurses with incentives, more training, and scholarships at all levels, etc.

Today we know that in the international context, it is recognized that the nursing staff is the most important part of the Health System of any country, however, it does not happen in the National Health System in Mexico. Even though nurses make their best effort to provide quality care to patients, WC are still deficient and even adverse to ensuring the health of the nurses themselves, not only in the physical but also in the psychological and social areas because they are hardly valued and are hardly recognized for the work they do. With all this, nurses must bear within themselves not only the anguish of their patients and families but also the anguish of their own families, regardless of the physical and mental wear and tear and the fatigue that exceeds their capabilities.

Therefore, the care workers who are nurses require today more than ever the valuing of the tasks they perform, when valuing means promoting their development and providing them with a decent job with well-paid health and safety conditions. This could be a challenge due to the current crisis in the health sector due to the increase in the health needs of the population and budgetary restrictions, but it is also an area of opportunity to provide better WC to nurses because it is thanks to the work they perform daily that the patient population and their families can get ahead in the health services.

Although nursing today demands better WC, all institutional management strategies must also be put into practice today to correct the usual omissions, remedy unfavorable deficiencies, and achieve the welfare of the only profession that cares for human beings. Therefore, it is necessary to meet the demands of the nursing staff to provide them with decent work with equity, safety conditions, and human dignity following the international conventions of the International Labor Organization (ILO) so that the nursing staff can provide the specialized and quality care required by the users.

## References

1. **Peiró J.M. y Prieto F.** Tratado de psicología del trabajo Vol I N.1: La actividad laboral en su contexto. Síntesis. Psicología. Madrid, 1996. En Acevedo S y Cols. Condiciones de trabajo del equipo de salud en centros de Atención Privada desde la perspectiva del trabajo Decente. Argentina de Salud Pública. Buenos Aires, 2012; 3 (12): 15-22. Available at: <https://cutt.ly/Eeeu6JJS>. Accessed on: March 10, 2023.

2. **Saltos I. y Cols.** Visibility of working conditions of health staff in Ecuador in pandemic times. Eugenio Espejo. Quito, 2022; 16 (2): 113-156. Available at: <https://doi.org/10.37135/ee.04.14.15>. Accessed on: March 11, 2023.
3. **Granero A. y Cols.** Labor conditions and the meanings of nursing work in Barcelona. Latino Americana de Enfermería. Enfermagem. Barcelona, 2018; 20 (e2947): 1-8. Available at: <https://doi.org/10.1590/1518-8345.2342.2947>. Accessed on: March 3, 2023.
4. **Orozco O. y López M.** Occupational Health Program: Technological Units of Santander. México, 2013; 44 (5). En Saltos I. y Cols. Visibility of working conditions of health staff in Ecuador in pandemic times. Eugenio Espejo. Quito, 2022; 11 (2): 153-158. Available at: <https://cutt.ly/Jeeit8tq>. Accessed on: March 3, 2023.
5. **Mahecha M. y León E.** Health-work conditions of professional nursing teachers connected to formative programmes for nursing assistants. Enfermería Global. Madrid, 2014; 13 (3): 148-159. Available at: <https://cutt.ly/6eeiykN7>. Accessed on: March 12, 2023.
6. **Zabalegui A. En Pereyra F. y Micha A.** The configuration of nursing labor conditions in the Buenos Aires Metropolitan Area: An analysis at the intersection of the gender order and the organization of the health system. Salud Colectiva. Buenos Aires, 2016; 12 (2): 221-223. Available at: <https://cutt.ly/VeeiuTOG>. Accessed on: March 7, 2023.
7. **García J.C. y Cols.** Self-evaluation of the work conditions of nursing high complexity situations. Avances en Enfermería. Julio-Diciembre. Bogotá, 2011; XXIX N° 2: 331-334. Available at: <https://cutt.ly/yeeifeIv>. Accessed on: March 10, 2023.
8. **Acevedo S. y Cols.** Working Conditions of Health Personnel in Primary Care Centers from the Perspective of Decent Work. Argentina de Salud Pública. Buenos Aires, 2012; 3 (12):19. Available at: <https://cutt.ly/BeeimIOL>. Accessed on: April 13, 2023.
9. **Orcasita A.P. Y Ovalle L.** Work conditions of nursing staff at a high complexity clinic in Valledupar. Biociencias. Enero-Junio. Barranquilla, 2019; 14 (1): 83-98. Available at: <https://doi.org/10.18041/2390-0512/biociencias.1.5334>. Accessed on: April 13, 2023.
10. **Luengo C. y Sanhueza O.** Condiciones de trabajo y su relación con la calidad del cuidado y salud del profesional de Enfermería. Medicina y Seguridad del Trabajo. Santiago de Chile, 2016; 62 (248): 368-380. Available at: <https://cutt.ly/XeeiQJAZ>. Accessed on: April 13, 2023.
11. **Aspiazu E.** The labour conditions of care workers in Argentina Reflections based on the analysis of three selected occupations. Trabajo y Sociedad. No. 28. Buenos Aires, 2017: 1-32. Available at: <https://cutt.ly/KeeiRY6Y>. Accessed on: April 13, 2023.
12. **Mesa L. y Romero M.N.** Profesionales de enfermería y cuidado en las condiciones laborales actuales. Investigación en Enfermería: Imagen y Desarrollo. Bogotá, 2010; 12 (2): 55-92. Available at: <https://cutt.ly/TeeiTjdc>. Accessed on: April 13, 2023.
13. **Gómez W.H.** Nursing work conditions in times of COVID 19. Sincelejo, Sucre. Colombia. Horizontes de Enfermería. Sucre, 2022; 33 (2): 191-202. Available at: <https://cutt.ly/xeeiY3co>. Accessed on: April 13, 2023.
14. **Quintana M.O. y Cols.** Perception of the work context of nursing professionals in northwestern

- Mexico during the COVID-19. SANUS ISSN Investigación. México, 2020;(16):1-14. Available at: <https://cutt.ly/deeiUOOq>. Accessed on: April 13, 2023.
15. **Leguizamón L.C. y Gómez V.** Condiciones laborales y de salud en enfermeras de Santafé de Bogotá. International Journal of Clinical and Health Psychology. Enero. Granada, 2002; 2(1); 173-182. Available at: <https://cutt.ly/LeeiI2ei>. Accessed on: April 13, 2023.