















Quality of care and work stress in the “Wichanzao” Maternal and Child Center - The Hope

Calidad de atención y estrés laboral en Centro Materno Infantil “Wichanzao”- La Esperanza

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Abstract

This research aims to determine the quality of care perceived by patients and the level of work stress in health personnel at the “Wichanzao” Maternal and Child Health Center - La Esperanza. According to the qualitative methodology, two tests were used for data collection, under the survey technique: the Hamilton Test and the Health System User Satisfaction Survey, applied to 80 health workers and 360 patients, respectively. It was found that 78.8% of health personnel present moments of bad mood and 56.3% of them, poor quality of sleep. This implies that a significant percentage of patients (45%) perceive the quality of care in said establishment as “regular”. Finally, it was concluded that the higher levels of stress experienced by workers in the health sector, the lower levels of satisfaction, and therefore, lower quality perceived by patients regarding the care received.

Keywords: Medical staff, patient, “Wichanzao” Maternal and Child Center, work stress.

Resumen

Esta investigación tiene por objetivo determinar la calidad de la atención percibida por los pacientes y el nivel de estrés laboral en el personal de salud en el Centro de Salud Materno Infantil “Wichanzao” – La Esperanza. Según la metodología cualitativa, para la recolección de datos se emplearon dos test, bajo la técnica de encuesta: el Test de Hamilton y la Encuesta de Satisfacción de Usuario del Sistema de Salud, aplicados a 80 trabajadores de salud y a 360 pacientes, respectivamente. Se encontró que el 78,8% del personal de salud presenta momentos de mal humor y el 56,3% de ellos, mala calidad de sueño. Ello implica que un importante porcentaje de pacientes (45%) perciba la calidad de la atención en dicho establecimiento como “regular”. Finalmente, se concluyó que a mayores niveles de estrés experimentado en los trabajadores del sector salud, menores niveles de satisfacción, y por ende, menor calidad percibida por los pacientes respecto a la atención recibida.

Palabras clave: Personal médico, paciente, Centro Materno Infantil “Wichanzao”, estrés laboral.

INTRODUCTION

The mental well-being of health personnel is an aspect of the healthcare process that is little seen but very frequently intervened when it comes to the interaction between health professionals and patients. This being so, it is a factor that has an essential influence on the quality of care that the patient receives, especially in terms of the waiting time it takes to enter the office to start a medical consultation and the quality of treatment by the health personnel who perform the intervention.

In this context, the accelerated pace of life of each individual in an environment in which the nature of work and emotional, psychological, cognitive, and behavioural reactions have been modified causes stress. According to the Government of Mexico (2015), stress can originate in care workers from the responsibility for human life, ethical or legal conflicts, and the uncertainty involved in treating and diagnosing the patient.

Additionally, among other important factors that trigger stress in healthcare workers are personality traits (introversion and neuroticism), excessive workload, a hostile environment, insufficient support or a decrease in the perception of support. Also, the quality of sleep, with sleeping less than 6 hours, is considered a risk factor. This significantly influences the presence of burnout or work stress: in Europe, Asia and America, a prevalence of 51% was obtained in the Maslach questionnaire, applied to physicians residing in different countries of these continents (Navinés et al., 2021).

For the case of South America, in Brazil, Tenório Correia da Lopes et al. (2017) state that the study conducted found a high prevalence of depressive symptoms (36.3%) and of possible major depression (16%), this is related to the type of work performed by primary health care workers (study sample), where 20% provide a job of high work pressure and 30% of a passive job.

With respect to the arrival of the COVID-19 pandemic, the levels of stress and alterations in mental well-being among health personnel increased due to the emotional exhaustion that it entails and the optimism in relation to the situation (which was low in countries with high

Emotional exhaustion and optimism in relation to the situation (which was low in countries with high death statistics) are essential factors (Özdemir & Kerse, 2021).

This is reflected in the review by Monteiro et al. (2021) that, after the coronavirus pandemic, the medical team showed a high prevalence of mental distress such as stress (73.4%), depression (50.7%) and anxiety (44.7%), in addition to insomnia (36.1%). On the other hand, they point out that mental disorders in health teams significantly increased their prevalence, especially among those who worked close to infected patients, compared to other areas.

Specifically, in Wuhan, such a scenario also took place; immediately after the onset of the COVID-19 pandemic and the expansion of cases, out of 994 healthcare staff members, including doctors and nurses, 34.4% of them presented mild disorders, 22.4% moderate disorders and 2% severe disorders, negatively affecting their mental health and work performance (Kang et al., 2020).

Furthermore, according to the Information of the General Council of Official Colleges of Psychologists (INFOCOP, 2021), they point out that it is necessary to raise the problematic scenario that involves the absence or decrease of mental well-being in health sector workers, mainly stress, negatively influencing the interaction with their patients, thus reducing the quality of care and leading to desertion by patients, caused by reluctance to go to health facilities, which is explained in order to avoid repeating that bad experience during care. All this leads to a decrease in interventions, especially preventive ones, exposing the population to the risk of increasing the incidence and prevalence of various diseases that are currently under control.

The World Health Organization (WHO, 2022) defines quality of care as the degree to which health services increase the probability of obtaining optimal health outcomes. It is based on the evidence-based knowledge of professionals, which is fundamental to achieving universal health coverage. In addition, universal quality assurance must be based on warmth, good treatment and kindness in care beyond evidence-based medicine.

In other words, the quality of care is based on behaviour, a characteristic that meets the needs of the users who are linked to the service, in this case, the patients who use a hospital centre. However, it should be borne in mind that each patient has a different concept, and each one is free to make a critical judgment regarding the way he/she is cared for. Patients can express their judgment through observations, surveys or suggestions, making known their criticism about the care received by the Hospital or Health Center.

In this sense, the mental health of workers acquires excellent importance since, as the Andean Health Organization (s.f) postulates, when they are constantly exposed to significant stress caused by cases that require daily attention, as well as in cases in which the working conditions in which they perform such activities within the health sector are not adequate, they may develop disorders that affect their health and mental well-being, and therefore, that the quality of care decreases.

Such is the case reflected in the results obtained according to Rojas Díaz (2020): the quality of nursing care in the Neonatology service of the Víctor Lazarte Hospital - Trujillo is closely related to the job satisfaction of the health professionals who provide this service, both at a general level and in each dimension of care.

Within the contextual framework of this type of situation, which constitutes a severe problem, Cantor et al. (2021) mention that it is necessary to constantly evaluate and monitor the mental well-being of health personnel: levels of anxiety and depression, satisfaction with their working conditions and way of working, exposure to tense environments and stress, negative emotions caused by external factors, as well as to determine the possible cause of any psychological/mental discomfort diagnosed in this population group. Therefore, by means of appropriate information-gathering techniques and instruments for the detection of cases of health personnel with problems that have a negative impact on their mental well-being (such as, for example, a survey or test), it will be possible to know the absolute magnitude of the problem. The implications of not intervening entail being able to correctly evaluate the problem and determine the best way to intervene to generate a change in favour

of achieving improvement.

In view of this, a question is posed: How is the quality of care perceived by patients and the level of stress among health workers at the Wichanzao - La Esperanza Maternal and Child Health Center?

The general objective is to determine the quality of care perceived by patients and the level of stress of medical personnel at the "Wichanzao" Maternal and Child Health Center - La Esperanza: To statistically characterize the levels of satisfaction and levels of stress experienced by patients and health personnel, respectively, at the "Wichanzao" - La Esperanza Maternal and Child Health Center for receiving medical care; to evaluate the quality of care, based on the levels of satisfaction perceived by patients attending the Center, and to measure the levels of stress experienced by the medical personnel working at the Center.

Based on this, the variables taken into account for the present research are the level of work stress in health personnel as independent and the quality of care as dependent, elaborating on the following hypothesis: "The level of stress of health personnel is strongly associated with the quality of care perceived by patients."

METHOD

The present study was conducted using qualitative methodology. The variable "work stress" was considered independent and was measured using the Hamilton test, applied in the professional area of Psychology (Cobos Lemus, 2017) and the variable "quality of care" was considered dependent and was dimensioned in efficiency and communication, waiting time, valuation of the treatment received and courtesy in the attention, the instrument used for its measurement was the Health System User Satisfaction Survey (Department of Health and Consumption of the Government of Aragon, 2010).

Both instruments consist of 5 questions, with a score from 1 to 4 for each question (Hamilton test) and from 1 to 5 (Health et al.), and have

been adapted to the research. On the other hand, these instruments are already standardized.

Taking as a sample 80 representatives of health personnel of any speciality working in any of the areas and 360 representatives of patients attending the “Wichanzao” Maternal and Child Health Center - La Esperanza, a simple random probability sampling was applied, choosing randomly (at random), both health professionals and patients, to respond to the corresponding instruments, until completing the respective sample size, having a local geographical coverage (district of La Esperanza).

In addition, the following criteria were taken into account for inclusion:

- Males and females between 18 and 60 years of age, health professionals from all areas (doctors, nurses, nutritionists, psychologists, dentists, obstetricians, administrative staff), working at the “Wichanzao” - La Esperanza Maternal and Child Health Center for at least 1 month and willing to participate in the evaluation (independent variable).

- Males and females between 30 and 45 years of age, residing in the “Wichanzao” sector, attending and undergoing check-ups at the “Wichanzao” - La Esperanza Maternal and Child Health Center, with a previous clinical history at the said institution and willing to participate in the evaluation (dependent variable).

For the analysis of both samples (80 health sector workers and 360 patients of the “Wichanzao” Maternal and Child Health Center), based on the data obtained with the instruments described above, descriptive statistics were used using the following measures and methods:

1. Frequency tables: Used to determine the frequency with respect to the items.
2. Measures of Central Tendency: The median and mode have been calculated, with respect to the data obtained, according to each item.
3. For the graphical representation of the data obtained, bar charts, pie charts and bar and line charts (combined) were elaborated.

RESULTS

Sample 01: Health personnel (80)

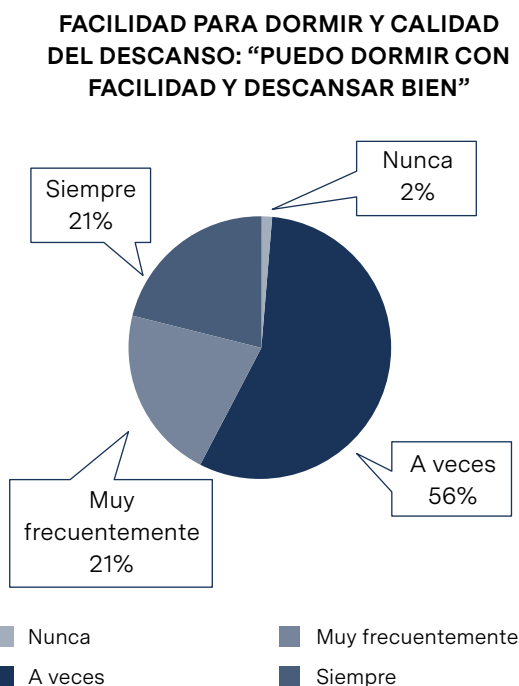
Determination of occupational stress in health workers who work at the Maternal and Child Health Center “Wichanzao” - La Esperanza.

The attached tables and figures show frequency distributions, percentage frequencies and their corresponding median and mode values, obtained according to the responses of health personnel.

It is highlighted that 40 out of 80 health sector workers who work at the “Wichanzao” Maternal and Child Health Center (50%) consider that sometimes they tend to feel more anxious than usual and feel that everything is going well. Nothing wrong can happen, tending to pessimism. In addition, 63 of them (78.8%) consider that sometimes they get angry quickly and have moments of bad mood.

Figure 1 shows graphically how easy it is for health personnel working at the “Wichanzao” Maternal and Child Health Center to fall asleep.

Figure 1
Ease of falling asleep among health sector workers. There is a tendency towards poor sleep quality.



Measurement of levels of occupational stress experienced by health workers working at the Maternal and Child Health Center “Wichanzao” - La Esperanza.

Table 1 shows that, in general, health personnel working at the “Wichanzao” Maternal and Child Health Center experience a moderate level of work stress. This was obtained according to the following aspects: levels of anxiety, thoughts (optimism/pessimism) and frequency of experiencing physical symptoms.

Table 1
Stress levels in health personnel, in 3 aspects: anxiety levels, thoughts (optimism/pessimism) and physical symptoms.

Frequency/ recurrence	Anxiety levels	Thinking (optimism/pessimism)	Physical symptoms
Never	11 (13,8%)	6 (7,5%)	15 (18,8%)
Sometimes	40 (50%)	40 (50%)	40 (50%)
Very Often	27 (33,8%)	20 (25%)	24 (30%)
Always	2 (2,5%)	14 (17,5%)	1 (1,3%)
Total	80 (100%)	80 (100%)	80 (100%)

Note: results based on the answers given by the health personnel in the Hamilton test applied.

Sample 02: Patients (360)

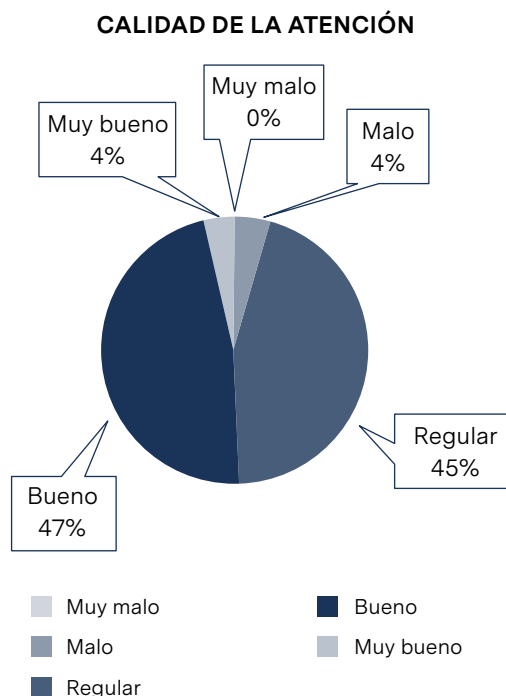
Determination of the quality of care perceived by patients at the “Wichanzao” Maternal and Child Health Center - La Esperanza

The following tables and figures show the frequency distributions, percentage frequencies and their corresponding median and mode values, obtained according to the responses of the patients who come to the health facility.

The results highlight that, out of 360 patients, 272 (75.6%) consider getting a medical appointment moderately easy. In addition, 286 of them (79.4%) think that the waiting time to receive care is regular.

Figure 2 shows graphically the quality of care perceived by patients after receiving medical attention.

Figure 2
Ease of falling asleep among health sector workers. There is a tendency towards poor sleep quality.



Evaluation of the quality of care, based on the levels of satisfaction perceived by patients who come to the “Wichanzao” Maternal and Child Health Center - La Esperanza to receive medical care.

Table 2 shows that, in general, patients attending the “Wichanzao” Maternal and Child Health Center consider the quality of the health care received to be good.

The quality of health care received is good. This was obtained based on 3 criteria: ease of obtaining a medical appointment, level of satisfaction with the care received and return to receive further care with the same staff.

Table 2

Levels of quality of care perceived by patients, taking into account 3 aspects.

	State of Mind	Sleep quality	Quality of care
Frequency/ recurrence	Bad mood "sometimes": 63 (78,8%)	I can sleep easily and rest well "sometimes": 45 (56,3%)	The quality of care is "good": 169 (46,9%)

Note: results based on the answers given by patients in the Health System User Satisfaction Survey.

Determination of the quality of care perceived by patients and work stress in health personnel of the Maternal and Child Health Center "Wichanzao" - La Esperanza.

Table 3 describes how a relationship has been established between the levels of stress experienced by health personnel and the quality of care perceived by patients attending the "Centro de Salud Materno Infantil Wichanzao" health facility, based on the following aspects:

mood and ease of sleep/rest (levels of stress in health personnel), and the quality of care perceived by patients.

It is worth noting that although 46.9% of the patients who visit this facility report that the quality of care received is "good", there is another significant percentage (45%) of patients who report that the quality of care received is "fair", indicating that it is not at the expected level.

Table 3

Relationship between the levels of stress experienced by health personnel and the quality of care perceived by patients at the "Wichanzao" maternal and child health center.

Frequency/ recurrence	Ease of getting a medical appointment	Level of satisfaction with the care received	Return to receive new care with the same staff.
Not at all Easy/ Not at all Satisfied/ Definitely not	7 (0,2%)	0 (0%)	0 (0%)
Difficult/ Not at all satisfied/ Would not do so	27 (7,5%)	45 (12,5%)	24 (0,7%)
Moderately Easy/ Satisfied/ Not Sure/ Not Sure	272 (75,6%)	270 (75%)	23 (0,6%)
Easy/ Fairly Satisfied/ Would do	52 (14,4%)	40 (11,1%)	295 (81,9%)
Very Easy/ Very Satisfied/ Definitely Yes	2 (0,06%)	5 (1,1%)	18 (0,5%)
Total	360 (100%)	360 (100%)	360 (100%)

DISCUSSION

A previous study by Becerra et al. (2021) found high levels of stress in health workers in Peru (73.6%). In addition, a poor general mental health status was found in 51.7% of workers in this sector. They also highlight that in contexts such as the COVID-19 pandemic, health professionals are seriously affected since the prevalence of poor mental health has increased to very high levels. The professions that presented the highest rates of mental/emotional distress were Medicine, Nursing and Midwifery. Therefore, they are those occupational sectors in the health service that had the highest-burden during this period.

It should also be mentioned that, for their part, Muñoz del Carpio Toya et al. (2019) reported that, in Arequipa - Peru, 42.5% of participating physicians presented mild emotional exhaustion, 29.9% moderate and 27.6% severe. On the other hand, regarding the presence of burnout syndrome, according to severity level, 1.1% suffered from this condition in a mild form, 92% in a moderate form and 6.9% in a severe form.

These findings, in comparison to the levels of stress experienced by the health personnel of the Maternal and Child Health Center "Wichanzao", are considered "moderate" to "severe",

which are considered "moderate" based on the results obtained: a relatively high frequency of discomfort due to physical symptoms (50% "sometimes" and 30% "very frequently"), recurrently high levels of anxiety (50% "sometimes" and 33.8% "very frequently"), and thoughts tending to pessimism.

It should also be noted that 75.6% of patients seen at the "Wichanzao" Maternal and Child Health Center reported that it was "moderately easy" to get a medical appointment, and 75% were "satisfied" with the care and treatment received at that facility, reflecting, in both cases, difficulties in reaching truly satisfactory and optimal levels of care.

On the other hand, a study by Zafra Tanaka et al. (2015) revealed that the level of dissatisfaction of patients who attended a first-level care facility regarding the ease of getting a medical appointment was 55.3%, and regarding satisfaction after the care received, 32%. All this indicates that a poor quality of care is perceived

with respect to the intervention received.

In addition, Ramírez Castillo (2019) points out that high levels of stress in health personnel prevent providing a good quality of care to patients, especially in aspects such as the effectiveness of treatment, humanized treatment, professionalism and personalized care.

Based on the results obtained, this analysis coincides since the level of stress experienced by the health personnel working at the "Wichanzao" Maternal and Child Health Center, considered moderate, influences the fact that a significant percentage of patients at this facility report that the quality of care received or health intervention performed is "fair" (45%), despite the fact that, in general, the quality of care at the facility is considered to be "good".

According to the analysis carried out by Del Valle Solórzano (2021) on the nursing staff of the Neonatology Service of a hospital in Ecuador, some of the main factors that trigger stress are work overload, the shortage of personnel and equipment available during shifts and the effort involved in carrying out health interventions, causing, in addition, fatigue and a mental load that directly affects the quality of care provided to their patients.

In relation to this, based on research conducted in Colombia by Sarsosa and Charria (2018) under a descriptive study and with a qualitative approach, the results show that of the total staff studied, a total score of 21.6 was identified under their standards; representing a high level of occupational stress, i.e., there is a high prevalence and frequency of physiological and intellectual symptoms. In addition, it has been shown that this interferes with the work environment, which translates into a reduction, from the patient's perspective, of the quality of the health intervention received. On the other hand, the present study has also shown that higher levels of work-related stress lead to a lower quality of care perceived by the patients who come to the health facility.

Likewise, according to the results of the research conducted by Echeverría et al. (2019), 90% of the population studied suffered from work stress, impairing their work performance and, therefore, the results obtained with patients (perceived satisfaction and quality of care). These data indicate and reaffirm that, in any context and

case, the levels of occupational stress, as well as the factors that may cause it, in the different health professionals, significantly affect the performance of these personnel during the health service and care, also affecting the patient's perception of the quality of care, in relation to the treatment received and the experience left by the medical intervention. On the other hand, the present research confirms these results.

CONCLUSIONS

The results of the present study showed that the mental well-being of personnel has an impact on the levels of satisfaction of health system users: the higher the levels of stress experienced by health sector workers, the lower the levels of satisfaction, and therefore, the lower the quality perceived by patients with respect to the care received.

With respect to the levels of satisfaction of patients who come to receive care at the "Wichanzao" Maternal and Child Health Center, a significant percentage of patients (75%) were satisfied with the health care/intervention received, compared to 12.5% who indicated that they were not very satisfied. Likewise, 46.9% of patients rated the quality of care at the facility as "good. However, 45% of patients rated it as "fair".

It is concluded that health personnel working at the "Wichanzao" Maternal and Child Health Center experience moderate levels of stress, according to the following aspects evaluated: high levels of anxiety (33.8% feel anxious very frequently), mood (78.8% have moments of lousy mood "sometimes"), thoughts: optimism/pessimism, frequency of physical symptoms (30% feel discomfort very frequently due to head, neck and back pain) and ease in falling asleep (56.3% manage to get a good night's rest "sometimes").

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