

# Percepción de la atención de enfermería y satisfacción laboral en un Hospital de Seguridad Social

*Perception of nursing care and job satisfaction in a Social Security Hospital*

*Percepção dos cuidados de enfermagem ea satisfação no trabalho no Hospital  
Segurança Social*

**DOI:** <http://dx.doi.org/10.23913/ricsh.v6i11.119>

**Ma. Martha Marín Laredo**

Facultad de Enfermería de la Universidad Michoacana de San Nicolás de Hidalgo, México  
[marthita\\_marin@yahoo.com.mx](mailto:marthita_marin@yahoo.com.mx)

**Claudia G. Álvarez Huante**

Facultad de Enfermería de la Universidad Michoacana de San Nicolás de Hidalgo, México  
[klauz\\_3@hotmail.com](mailto:klauz_3@hotmail.com)

**Josefina Valenzuela Gandarilla**

Facultad de Enfermería de la Universidad Michoacana de San Nicolás de Hidalgo, México  
[josefina\\_vgandarilla@yahoo.com.mx](mailto:josefina_vgandarilla@yahoo.com.mx)

## Resumen

Las instituciones de salud en México miden la calidad de su atención a través de diversos parámetros, uno de ellos es la percepción de los profesionales de enfermería. La satisfacción laboral del personal de enfermería es un factor que los gerentes de los servicios de salud deben tomar en cuenta, ya que en gran medida determina que los usuarios hospitalizados perciban calidad en la atención.

El objetivo del presente estudio es correlacionar la calidad de la atención que perciben los usuarios hospitalizados con la satisfacción de los profesionales de enfermería del Hospital General “Vasco de Quiroga” del ISSSTE, en Morelia, estado de Michoacán. Para tal efecto se utilizó el método no experimental, descriptivo correlacional, transeccional y de campo, con un

muestreo no probabilístico por conveniencia. Asimismo, se aplicó un cuestionario a 90 enfermeras y 70 pacientes y se utilizó el instrumento SERVQHOS- E. de Barragán y Manrique, que después de ser piloteado dio una confiabilidad de .947, mientras que para los profesionales de enfermería se aplicó el cuestionario de Font-Roja con una confiabilidad de .709 en alfa de Cronbach. Los resultados fueron los siguientes: según 44.0 % (31) de los pacientes, el personal de enfermería manejó su equipo de trabajo (baumanómetro, estetoscopio, aspirador de secreciones, entre otros) *como me lo esperaba*; para 31.0 % (22), *mejor de lo que me esperaba*, y para 30.0 % (21), *como no me lo esperaba*. El personal de enfermería debe mostrar interés por hacer que la estancia del paciente sea lo más agradable posible. Con respecto a la satisfacción laboral con sus jefes, los profesionales de enfermería dijeron que percibían: “ambiente tenso entre directivos y operativos de enfermería”; 32.0 % (29) dijo no estar *ni de acuerdo ni en desacuerdo con ellos*; 29.0 % (26) dijo estar *en desacuerdo* y 22.0 % (20) estar *de acuerdo*. El resto de las opciones de respuesta fueron otras. En la dimensión satisfacción por el trabajo, 71.0 % (64) de las enfermeras encuestadas manifestó que se encuentra *muy de acuerdo y de acuerdo con el trabajo* que realiza. En conclusión, las usuarias manifestaron que el equipamiento, las señalizaciones y el estado de las habitaciones *es mucho mejor* de lo que esperaban, es decir, que el hospital contaba con lo necesario. Asimismo, los pacientes manifestaron que los profesionales de enfermería se interesan por hacer su estancia agradable, solucionar las problemáticas que les competen, infundirles confianza y ser amables, y que todo ello fue *mejor de lo que esperaban y mucho mejor de lo que esperaban*. Por otro lado, 3 de cada 10 enfermeras sufre estrés laboral y un tercio del total mencionó que el exceso de trabajo no les permite llevar a cabo sus actividades con calidad. Con respecto al ambiente laboral entre jefes y subordinados dijeron que lo perciben algo tenso, mientras que 3 de cada 10 refirieron que el salario que perciben no coincide con su carga laboral. Aunque la conclusión es que algunas enfermeras se sienten insatisfechas laboralmente, el paciente hospitalizado sigue percibiendo calidad en el cuidado que recibe.

**Palabras clave:** calidad, cuidado enfermero, ambiente laboral.

## Abstract

Mexico health institutions measure the quality of your care through several parameters, one of them is the perception of nursing professionals. The job satisfaction of nurses is a factor that the managers of health services should take into account, since largely determines that hospitalized users perceive quality of care.

The objective of the present study is to correlate the quality of care that perceive users hospitalized with the satisfaction of nurses in General Hospital "Vasco de Quiroga" ISSSTE, in Morelia, Michoacán. The method was used for this purpose non experimental, descriptive correlational, transactional and field, with a non-probabilistic sampling for convenience. Also, a questionnaire was applied to 90 nurses and 70 patients and used the instrument SERVQHOS-E. by Barragan and Manrique, who after being piloted gave reliability of. 947, while for nurses applied questionnaire Font-red with a reliability of.709 on Cronbach's alpha. The results were as follows: according to 44.0% (31) of the patients, the staff of nursing managed his team (sphygmomanometer, stethoscope, secretion aspirator with vacuum cleaner, among others) *as expected*; to 31.0% (22), *better than expected*, and 30.0% (21), *not expected*. Nurses must show interest by making the patient's stay as pleasant as possible. With respect to job satisfaction with their bosses, nurses said they perceived: "tense atmosphere between managers and nurses"; 32.0% (29) said *Neither agree nor disagree* with them; 29.0% (26) said to *Disagree* and 22.0% (20) *Agree*. The rest of the response options were "other". In the dimension of satisfaction for the work, 71.0% (64) of the nurses surveyed said that they *Strongly Agree* and *Agree in accordance with the work* being done. In conclusion, users stated that equipment, signs and the State of the rooms is *much better* than expected, i.e., that the hospital had the necessary. In addition, patients expressed that nurses are interested in make your stay enjoyable, solve the issues that matter to them, give them confidence and be nice, and that this *was better than expected* and *much better than expected*. On the other hand, 3 of every 10 nurses suffering work-related stress and one third of the total mentioned that overwork does not allow them to carry out their activities with good quality. With regard to the working environment between bosses and subordinates said that they perceive it somehow tense, while 3 of every 10 referred to the salary they receive does not match their workload. Even if the conclusion is that some nurses feel job dissatisfaction, hospitalized continues receiving good quality care.

**Key words:** quality, Nursing Care Services, work environment.

## Resumo

Instituições de saúde no México medir a qualidade do seu atendimento através de vários parâmetros, um dos quais é a percepção de enfermeiros. A satisfação no trabalho do pessoal de enfermagem é um fator que os gestores de serviços de saúde devem ter em conta, como em grande parte determina que os pacientes hospitalizados percebem a qualidade do atendimento.

O objetivo deste estudo é correlacionar a qualidade do atendimento recebido pelos usuários hospitalizados com a satisfação de enfermeiros do Hospital Geral "Vasco de Quiroga" ISSSTE em Morelia, estado de Michoacán. Para este efeito foi utilizado o co transeccional e campo descritivo método experimental não, com uma amostra de conveniência probabilístico. Um questionário de 90 enfermeiras e 70 pacientes aplicada e instrumento Barragan SERVQHOS- E. Manrique e foi utilizado depois de ser pilotado deu uma fiabilidade de 0,947, enquanto que para as enfermeiras questionário foi aplicado font-Red 709 com confiabilidade em Cronbach. Os resultados foram como se segue: 44,0% (31 pacientes), enfermeiros dirigiu sua equipa (esfigmomanómetro, estetoscópio, aspiração de secreções, etc.) como esperado; para 31,0% (22), melhor do que eu esperava, e 30,0% (21) e não esperava isso. Enfermeiros devem mostrar interesse para tornar a estadia do paciente o mais agradável possível. Em relação à satisfação no trabalho com seus chefes, as enfermeiras disseram que percebida "clima tenso entre a administração e enfermagem operatório"; 32,0% (29) disse que não era nem concordo nem discordo com eles; 29,0% (26) disse que discordou e 22,0% (20) de acordo. As outras opções de resposta eram outros. Em satisfação no trabalho dimensão, 71,0% (64) dos enfermeiros pesquisados declarou que foi fortemente concorda e concordam com o trabalho realizado. Em conclusão, os usuários afirmaram que o equipamento, sinais e estado dos quartos é muito melhor do que o esperado, ou seja, que o hospital precisava. Os pacientes também relataram que os enfermeiros estão interessados em fazer a sua estadia agradável, resolver os problemas que lhes dizem respeito, inspirar confiança e ser gentil, e que isso era melhor do que o esperado e muito melhor do que o esperado. Por outro lado, 3 em cada 10 enfermeiros sofrem de stress relacionado com o trabalho e um terço do total mencionado que o excesso de trabalho não permitir que eles realizem suas atividades com qualidade. Em relação ao ambiente de trabalho entre chefes e subordinados eles disseram que perceberam um pouco tenso, enquanto 3 dos 10 informou que o

salário que eles recebem não corresponde à sua carga de trabalho. Embora a conclusão é que alguns enfermeiros estão insatisfeitos com seus empregos, em regime de internamento ainda percebido a qualidade do atendimento que você recebe.

**Palavras-chave:** qualidade, de cuidados de enfermagem, ambiente de trabalho.

**Fecha Recepción:** Julio 2016

**Fecha Aceptación:** Diciembre 2016

---

## Introduction

The nursing staff represents more than 50.0% of human resources in health institutions, so the factors that affect your job performance is a priority. In this way, hospital units can execute strategies to achieve job satisfaction and generate an optimal attitude of service which is reflected in the working environment and quality in patient receives (García, M. et al., 2007).

Nursing still shows some deficiencies in its goal of providing quality care and wellness.

## Quality of health care

The concept of quality in the area of health is quite general, abstract and double profile: objective and subjective. Its multiple dimensions are influence of cultural factors and the people who hold the power.

Avedis Donabedian defined in 1980 to the quality of care as "that one hoped that can give the user the maximum and most complete well-being, after rating the balance of gain and loss that can accompany the process in all its parts". In 1989, the International Organization for Standardization (ISO) has defined quality as: "The degree in which the characteristics of a product or service meet the objectives why it was created" (quoted at Net, À and Suñol, R. s/f). Donabedian believes that the quality of care is a property of medical care that can be achieved to varying degrees.

## *Components of quality care*

According to Donabedian, there are three components of the quality of care that should be taken into account:

1. The technical component: is the science and technology application in the management of the problems of the person, so that yields maximum benefit without increasing its risk.
2. The interpersonal component: is based on the assumption that the relationship between the people should follow the norms and social values that govern the interaction of individuals in general. These rules are modified in part by the taught ethical professionals, as well as the expectations and aspirations of each individual.
3. Aspects of comfort: are all the user interface elements that provide more comfortable care (Net, À and Suñol, R, s.f).

Based on this analysis, many authors have postulated the dimensions of quality, one of which is the one that H. Palmer refers to:

1. Effectiveness: ability of a given procedure or treatment in its actual application to achieve the proposed objectives.
2. Efficiency: provision of a maximum of comparable units of care per unit of resources used.
3. Accessibility: ease with which assistance can be obtained in the face of economic, organizational, cultural, and other barriers.
4. Acceptability: degree of user satisfaction with regard to care.
5. Professional competence: ability of the professional to better use his / her knowledge in order to provide care and satisfaction to users (Palmer, H. citado en Net, À y Suñol, R, s.f).

In 1993, the regional office of the World Health Organization (WHO) for Europe, together with the Danish health authorities, formulated a proposal for the continuous improvement of quality in health care, which covered the following aspects:

1. A definition of quality and the main components of health care.
2. Identification of the main actors, responsibilities and activities at all levels of the health care system of a country.
3. The essence in the continuous improvement of the quality, that is to say, to use the best results of the attention from:
  - a) The experiences of patients.
  - b) Local level activities, which should be part of the daily work of all staff (Racoveanu, N. T. y Staehr, Kirsten, 1995).

Vanormalingen (1996) reports that the quality of medical care has five main elements: a) professional excellence, b) efficient use of resources, c) minimal risk to the patient, d) high degree of satisfaction and, E) final impact on health. However, the quality of health is not reduced to them, since it necessarily implies the integration of elements of a technical nature and also of objective and subjective processes; All this as a whole results in the satisfaction of users and the efficiency of the health institution (Massip, C et al., 2008).

It is understood by good quality the care or the service that meets the established requirements and, given the available knowledge and resources, that satisfies the aspirations to obtain maximum benefits with minimum risks to the health and well-being of patients. Therefore, good quality health care is characterized by the following: a high degree of professional competence; Efficiency in the use of resources; The minimum risk for patients; User satisfaction; And a favorable effect on health (Racoveanu, N. T. y Staehr, Kirsten, 2013, p. 159).

These elements are met if health professionals know and use them in a constructive way in the following areas:

The structure, or the way in which care is organized, in terms of economic conditions, management, personnel, equipment, facilities and information systems.

The process, which includes the skills of providing information and providing services for prevention, diagnosis, treatment and rehabilitation of patients.

The results, ie the effects of care on the health and well-being of patients, the degree to which they are satisfied and the effectiveness in the use of resources.

Therefore, the quality of healthcare is defined in the following terms: quality of care means giving the most adequate response to the needs and expectations of users of health services, available human and material resources and level of development To achieve the maximum degree of possible satisfaction development, both for the user and for the professionals and at the most reasonable cost. (Moreno, A., 2005).

### **Quality of nursing care**

There are numerous studies with negative results regarding the poor quality of nursing care and patient satisfaction. Most affirm that nursing care has significant deficiencies and therefore needs to be improved.

The current elements available to provide quality nursing care are insufficient, as inconsistencies continue to occur, such as: inadequate delivery and shift receipt, discontinuity of care, poor attention to the health needs of patients, increase in The rates of adverse events attributed to nursing, lack of communication between the interdisciplinary team, lack of information and patient orientation about the procedures to perform, lack of attention to the call, and even that the patient does not get to know the service in which Is hospitalized and recognize the nursing staff who cares for him because he does not show up with him. All of the above ends up generating dissatisfaction (Borré, Y. M. and Vega, Y., 2014).

The task of nursing in health institutions is the direct, continuous and permanent care of people in situations of illness. Therefore, providing quality is a process whose goal is to achieve a high level of excellence in the provision of care and user satisfaction. To achieve this, it is necessary to take into account that presence, permanence, continuity and contingency are specific and distinctive conditions of such care, which constitute central inputs of health care, with which it is possible to provide protection, comfort And support that do not threaten the integrity of the people in care (Lenis, V., Manrique, A. and Fred, G., 2015).



The quality of care has become an area of interest to researchers and managers of health companies because it impacts on the performance and costs of business. When the needs of the users and their expectations are exceeded, the prestige of the institutions increases and the quality of the services provided; The contact with the nursing staff must be permanent and progressive as it is a key point in the assessment of care and, consequently, in the quality of care (Barragán J.A., Pedraza Y.D., Rincón M.R., 2013).

### **Work satisfaction**

Many nurses work in very complex environments where they provide care to critically ill patients, face daily emotional conflicts such as suffering and death, care for infectious diseases, fear of getting pricked and infected with HIV or hepatitis C, as well as industrial conflicts, such as overload Lack of equipment and / or materials, and inadequate physical areas. In some hospital services nursing professionals face highly stressful situations because the patient's life is at constant risk. Nursing is a particularly stressful profession, as it affects the health and job satisfaction of its professionals, and implies a lot of responsibility, as well as lack of autonomy and authority in making decisions. As a profession, it must adapt to rapid technological changes, the reduction of retributions and stimuli of different kinds, inadequate external physical conditions, poor interpersonal relationships and family-work overlap.

Studying job satisfaction involves a complex aspect that not only encompasses innate activities of the nursing professional, such as gender, age or degree of studies, but also the work environment, such as recognition, group work or the possibilities of promotion (Tapia, H. et al., 2009, pp. 21-25).

Frederick Herzberg conducted studies to determine what factors in an employee's work environment originated from satisfaction or dissatisfaction, finding that the factors that cause job satisfaction were different from those causing dissatisfaction. In order to explain it he developed the theory of hygiene motivation, where he called "satisfactory factors" and "hygienic" to unsatisfactory. He formulated the theory of the two factors to better explain the behavior of people at work and raised the existence of two factors that guide the behavior of people (De Andrade et al., 2012). Many authors define job satisfaction as a multidimensional construct and indicate that the following dimensions: satisfaction with supervision, company, co-workers,

working conditions, career progression, promotion prospects , Wage, subordinates, job stability, type of work, amount of work, personal development, overall extrinsic satisfaction and overall intrinsic satisfaction (Bravo, Peiró and Rodríguez, in Berrios, P. et al. , 2006, p.5).

For a first group of authors, job satisfaction refers to an emotional state, feelings or affective responses.

For Muchinsky (2000, p.238) it is "the degree of pleasure that the employee derives from his work." In this way, they affirm that a worker feels satisfied with his work when from it experiences feelings of well-being, pleasure or happiness. On the other hand, Bravo et al. (2002) define it as "an attitude or set of attitudes developed by the person towards his / her work situation" (Navarro, E. et al., 2010).

There is sufficient evidence in the literature that shows that institutions of the highest quality in health services are called magnetic because they have obtained certification or accreditation from this perspective, achieve social recognition and foster nursing professional satisfaction (Hernández , A. and Zárate RM, 2011, pp. 25-32).

### **General Objectives**

Correlate the quality of care perceived in hospitalized users with the satisfaction of nursing professionals of the General Hospital "Vasco de Quiroga" of the ISSSTE, in Morelia, Michoacan state.

### **Specific objectives**

To relate the sociodemographic and institutional factors of patients: age, gender, marital status, educational level, service, shift and hospital stay days, with the quality of the nursing care they receive.

Contrast the sociodemographic and labor factors of nursing personnel: age, gender, marital status, academic preparation, institution where they work, shift, work category, seniority in the institution and assigned service, with the nursing professionals' job satisfaction.

## **Method**

Investigation of non-experimental, descriptive, comparative, transectional and field type. Non-probabilistic sampling was used for convenience. Previous informed consent was a questionnaire to 90 nurses and 70 patients of the General Hospital "Vasco de Quiroga" of the ISSSTE, in Morelia, Michoacan state.

To collect the information, the survey technique was used and the Font-Roja questionnaire for job satisfaction (Núñez E., Estéves G., Hernández P. and Marrero C., 2007) was used as an instrument, which was modified for the purposes Of the present investigation. The modified instrument was structured with new dimensions: job satisfaction, work-related stress, professional competence, work pressure, professional improvement and job recognition, interpersonal relationship with bosses, extrinsic status characteristics, job monotony And influence of the environment. There were 28 items, of which five reagents were eliminated because of their low saturation, with 23 items with Likert-type scaling, ranging from 1 (lower degree of satisfaction) to 5 (higher degree of satisfaction). The Font-Roja questionnaire used in this study included the sociodemographic and labor factors of nurses, such as: age, gender, marital status, academic preparation, institution where they work, shift, job category, seniority in the institution and service Assigned. Pilot test was carried out with nursing staff of a hospital that had similar characteristics to the object of study. The alpha reliability of Cronbach was .709.

To identify the quality of nursing care perceived by hospitalized users, the instrument of Barragán and Manrique (2010) was used, who made an adjustment to the original SERVQHOS questionnaire called SERVQHOS-E., which is used specifically to evaluate the quality Perceived with respect to nursing care. This instrument has a reliability of 0.96 in the measurement of the quality construct perceived in nursing care, especially in aspects related to treatment, trust, staff preparation and individualized care. The instrument was piloted in a hospital with characteristics similar to the object of study, with a reliability of Cronbach's alpha of .947 and two dimensions: objective quality of the nursing service with four reagents (equipment technology, the appearance of nursing staff , Signage for orientation and the condition of the rooms) and the subjective quality of the nursing service with 12 reagents with Likert-type scaling. The sociodemographic factors of the patients and of the institution were added to the questionnaire: age, gender, marital status, level of schooling, occupation, service, shift and hospital stay days.

**Results**

**Table 1.** Sociodemographic variables of patients.

VARIABLE	F	(%)
<b>Edad (años)</b>		
20-25	4	5.7
26-30	11	15.7
31-35	14	20.0
36-40	13	18.6
41 y más	<b>28</b>	<b>40.0</b>
<b>Estado civil</b>		
Soltero(a)	10	14.3
Casado(a)	<b>36</b>	<b>51.4</b>
Viudo(a)	11	15.7
Divorciado(a)	6	8.6
Unión libre	7	10.0
<b>Escolaridad</b>	<b>26</b>	<b>37.1</b>
Primaria	11	15.7
Secundaria	7	10.0
Preparatoria	5	7.1
Nivel técnico	18	25.7
Licenciatura	3(4.3)	4.3
Otro		
<b>Turno</b>		

Matutino	<b>51</b>	<b>72.9</b>
Vespertino	16	22.9
Nocturno	1	1.4
Jornada acumulada	2	2.9

Source: 70 cuestionarios aplicados a pacientes hospitalizados

**Table 2.** Institutional variables related to hospitalized patients.

VARIABLE	F	%
<b>Turno</b>		
Matutino	<b>51</b>	<b>72.9</b>
Vespertino	16	22.9
Nocturno	1	1.4
Jornada acumulada	2	2.9
<b>Días de estancia hospitalaria</b>		
1-3	<b>41</b>	<b>58.6</b>
4-6	20	28.6
7-9	3	4.3
10 y más	6	8.6

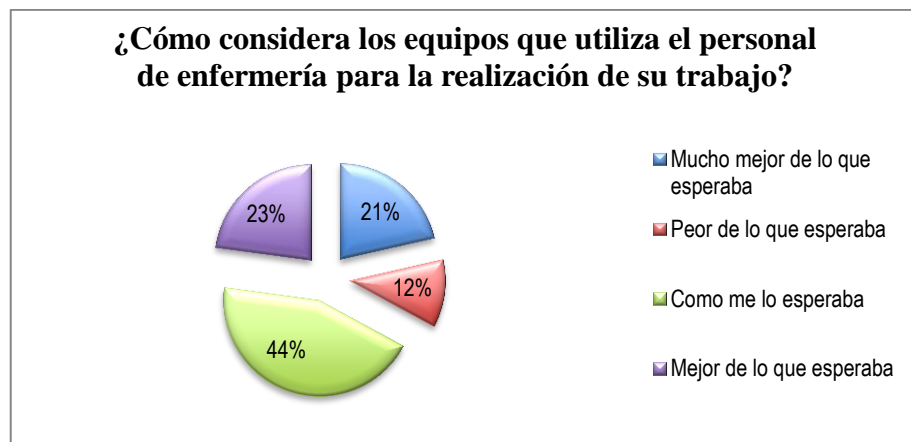
Source: 70 cuestionarios aplicados a pacientes hospitalizados

The main results on perceived quality in nursing care are:

**Tangible aspects**

With respect to the way in which the hospitalized user considers the equipment (baumanometer, stethoscope, aspirator of secretions, etc.) used by the nursing staff to perform their work, 44.0% (31 patients) stated that it was as expected, 23.0% (16 patients) who was better than expected and 21.4% (15 patients) who was much better than expected; The remaining percentage was placed in other items (Graph 1).

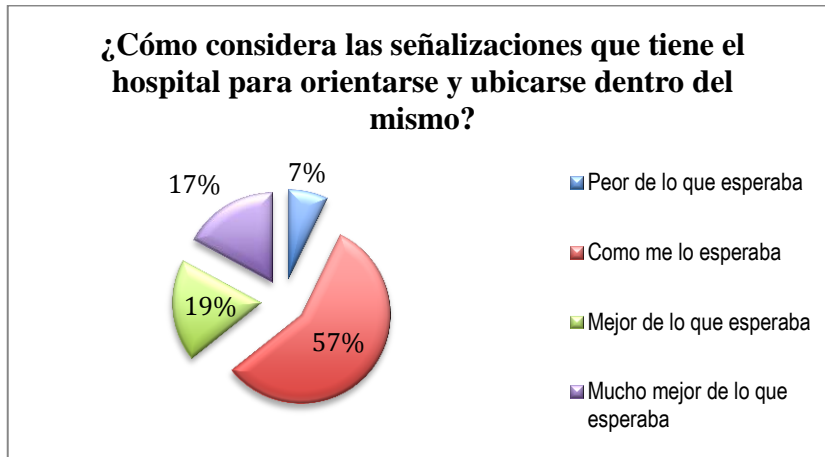
**Graph 1**



Source: 70 cuestionarios aplicados a pacientes hospitalizados

57.0% (40 patients) responded as I expected, 19.0% (13%) of the patients were hospitalized for laryngectomy, Patients) said better than expected and 17.0% (12 patients) much better than expected (Graph 2).

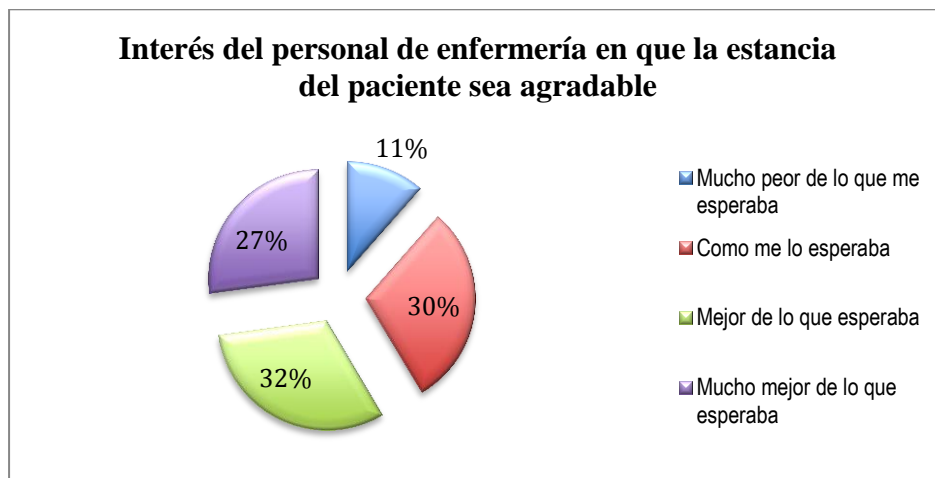
**Graph 2**



Source: 70 cuestionarios aplicados a pacientes hospitalizados

In the subjective quality dimension of the nursing service the results were: the nursing staff is interested because, as far as possible, their stay is pleasant. In this regard, 31.0% (22) commented better than expected, 30.0% (21) said as I expected and 27.0% (19) much better than I expected. The remainder chose other response options (Graph 3).

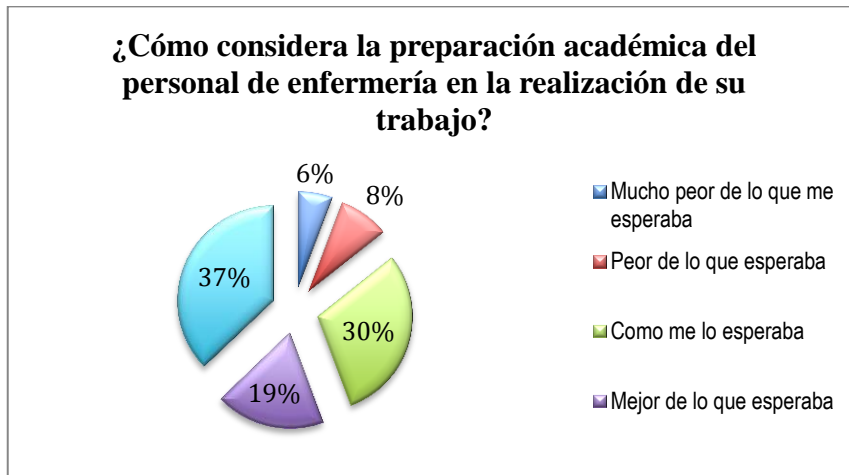
**Graph 3**



Source: 70 cuestionarios aplicados a pacientes hospitalizados

Regarding what the patient considers about the academic preparation of the nursing staff to perform their work, 37.0% (26 patients) said that it was much better than I expected, 30.0% (21 patients) that was as I expected, While the remaining percentage chose other options (Graph 4).

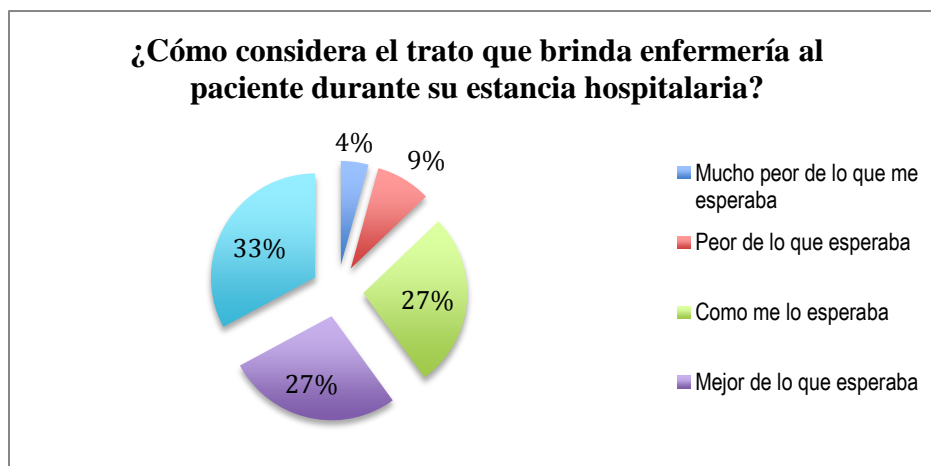
**Graph 4**



Source: 70 cuestionarios aplicados a pacientes hospitalizados

Regarding the nursing treatment provided to the patient during his hospital stay, 33.0% (23) responded much better than he expected, 54.0% (38) commented as I expected, and better than I expected, while the The rest chose other options (Graph 5).

**Graph 5**

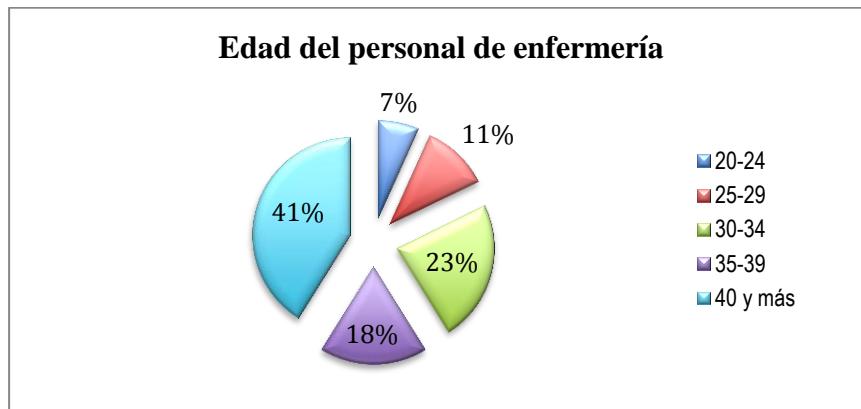




**Sociodemographic and occupational profile of nursing professionals**

As for the age of the nursing staff, 18.0% (16) said that they are between 35 and 39 years old, and 41.0% (37) who are over 40 years of age, the rest were located in other groups (Graph 6) .

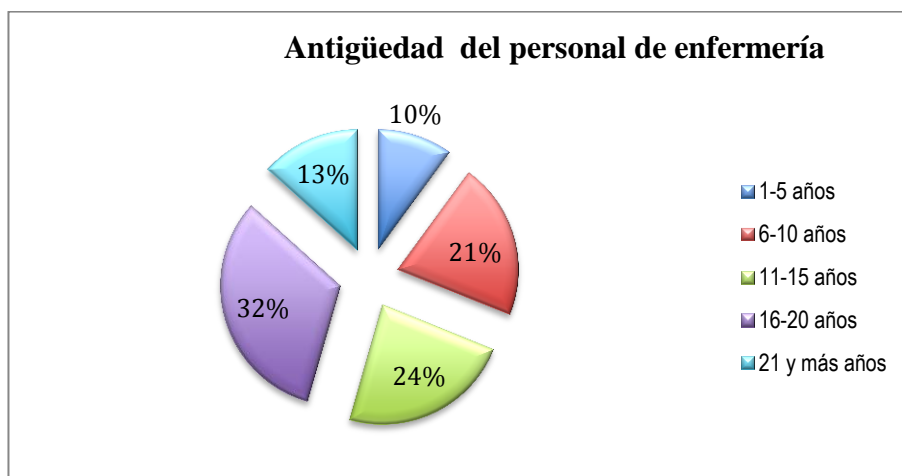
**Graph 6**



Source: 90 cuestionarios aplicados al personal de enfermería.

In the seniority of the nursing staff at the health institution, 55.0% (49) is 15 years old and 45. 0% (41) is over 16 years old (Graph 7).

**Graph 7**

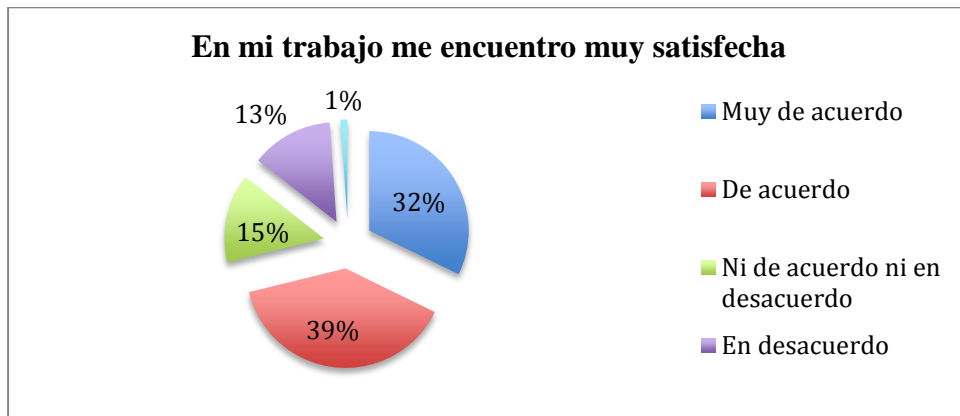


Source: 90 cuestionarios aplicados al personal de enfermería

**Variables of job satisfaction of the nursing staff**

In job satisfaction, 71.0% (64) of the nurses surveyed said that they agreed very much and agreed with their work (Graph 8).

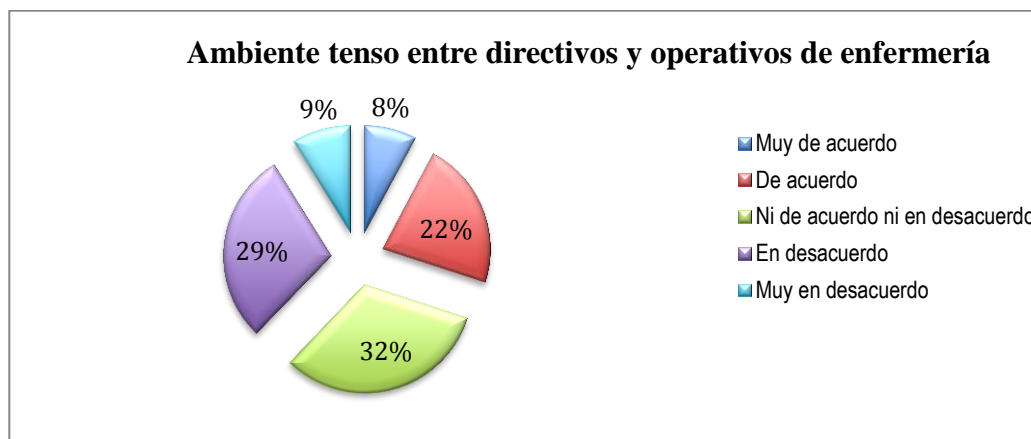
**Graph 8**



Source: 90 cuestionarios aplicados al personal de enfermería

Regarding the interpersonal relationship dimension with the bosses and the variable "tense environment between managers and nursing operatives", 32.0% (29) said that they neither agree nor disagree, 29.0% (26) said they disagree and 22.0% (20) agreed, while the rest chose other responses (Graph 9).

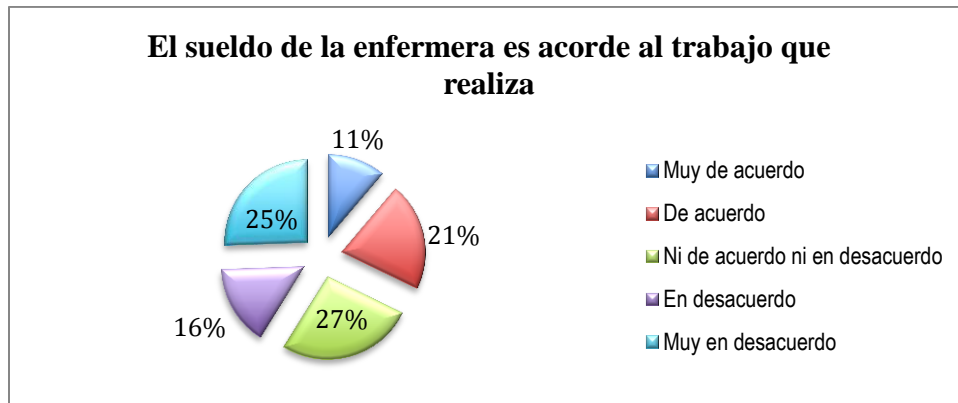
**Graph 9**



Source: 90 cuestionarios aplicados al personal de enfermería

In the extrinsic characteristics of the status, the question was whether the nursing salary is adequate according to the work being done, here 27.0% (24) responded that they neither agree nor disagree, 25.0% (23) said they strongly disagree And 21.0% (19) agreed, the rest chose other options (Graph 10).

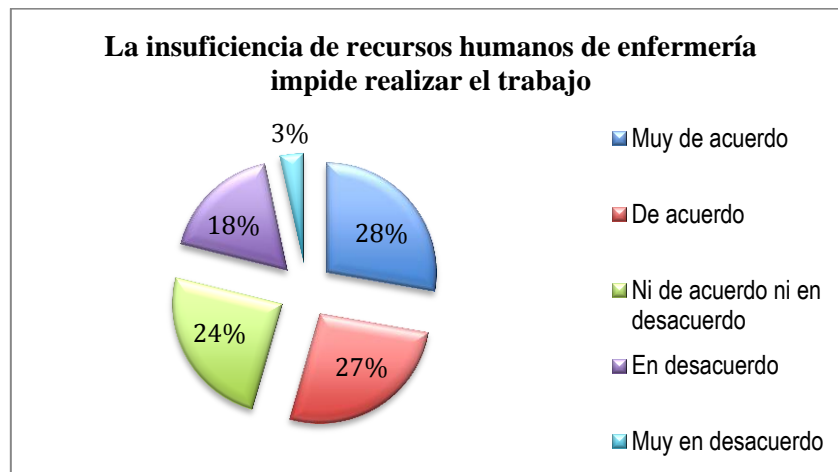
**Graph 10**



Source: 90 cuestionarios aplicados al personal de enfermería

In the influence of the environment, "the inadequacy of nursing human resources prevents me from developing my work", 28.0% (25) responded very strongly, 27.0% (24) agreed and 24.0% (22) neither agreed nor Disagreement, the rest responded differently (Graph 11).

**Graph 11**



Source: 90 cuestionarios aplicados al personal de enfermería

After applying the association of variables by chi square, the following statistical significance was obtained:

**Table 3**

<b>Asociaciones</b>	<b>Significancia</b>
El personal de enfermería atiende las necesidades físicas, psicológicas y espirituales de los pacientes <b>vs</b> la disposición del personal de enfermería para brindarles atención durante su estancia hospitalaria.	.000
El personal de enfermería informa a los pacientes sobre los cuidados o actividades a realizar <b>vs</b> la manera como considera las señalizaciones en el hospital: baños, escaleras, salidas de emergencia, etcétera.	.000
La manera como considera los equipos que utiliza el personal de enfermería para realizar su trabajo (tecnología) <b>vs</b> la rapidez del personal de enfermería para conseguir lo que necesita el paciente.	.000
La preparación del personal de enfermería <b>vs</b> las señalizaciones que se tienen en el hospital: baños, escaleras, salidas de emergencia, etcétera.	.000
La manera como considera las señalizaciones en el hospital: baños, escaleras salidas de emergencia, etcétera <b>vs</b> la disposición del personal de enfermería para atender al paciente durante su estancia hospitalaria.	.000

## **Discussion**

The present study aimed to correlate the quality of the perceived care of the hospitalized users with the satisfaction of the nursing professionals of the General Hospital "Vasco de Quiroga" of the ISSSTE in Morelia, Michoacán. On the other hand, García, M. et al. (2007) report that knowing the needs that influence their work performance is a priority that allows hospital units to execute strategies that offer nurses those elements that contribute to improve their work performance, along with a service attitude that reflects the Quality of care and work environment. The results show that there is a minimum percentage of nursing professionals with job dissatisfaction and that patients perceive quality in care.

According to Moreno, A. (2005) definition of quality of care, this responds more adequately to the needs and expectations of the users of health services, with the human and material resources available to them and the Level of current scientific development, which allows them to achieve maximum satisfaction at the most reasonable cost. It was observed that the needs and interests of patients with human resources (nursing staff) and materials (equipment) were met, and that a high percentage of nursing professionals were satisfied with the work.

Bravo, Peiró and Rodríguez (Berrios, P. et al., 2006, p.5) report that some of the aspects of job satisfaction are: company, co-workers, working conditions, career progress, Promotion prospects, salary, subordinates, stability at work, type of work, amount of work, personal development, extrinsic satisfaction and overall intrinsic satisfaction. All of this agrees with the results obtained in this research, where the majority of nurses reported being satisfied on some of the extrinsic and intrinsic factors.

## **Conclusions**

More than half of the patients under study are between 30 and 40 years of age, most of whom attended basic education and some of the upper level. Three quarters of the interviewees belong to the morning shift and more than half take from one to three days in hospital, enough time for them to assess the quality of the nursing care they receive.

With regard to tangible factors, users stated that the technology, equipment, signage, condition of the rooms and the appearance of the nursing staff were much better than they expected, ie that the

hospital has everything Necessary to provide care.

As for the intangible factors, the patient said that he was better than he expected and much better than he expected, as well as that the nursing professionals are interested in making your stay pleasant, receive information about the care or activities that you They will perform, solve the problems of their competition, inspire confidence and be kind. He also said that they have the necessary academic preparation, that their treatment was much better than they expected and that they understand their physical, psychological and spiritual needs.

With regard to nursing professionals, it was observed that almost half are forty or more years of age, 7 out of 10 are licensed in nursing, nearly half are part of the basic staff and is contracted with the category of general nurse and Is more than 16 years old. Seven out of 10 nurses said they strongly agree and agree with their work, 2 in 10 said they agree that their work is not recognized, 3 out of 10 suffer from work-related stress, and the minority commented that they do not feel Be able to work. A third mentioned that overwork does not allow him to perform his activities with quality, and a considerable number stated that he has little opportunity to learn to do new things related to his profession. The work environment between bosses and subordinates perceived something tense, 3 in 10 said that the salary they receive is not according to their workload. On the other hand, some nurses said they do not perceive monotony at work, while a certain group does not perform services rotation due to their age, seniority, health problems or other reasons. Finally, insufficient human resources prevent them from developing their work adequately.

All of the above can lead us to affirm that some nurses suffer from job dissatisfaction, in spite of which the hospitalized patient continues to perceive quality in the care he receives.

## Bibliography

- Barragán, J y Manrique, Fred. ( 2010). *Validez y confiabilidad del Servqhos para enfermería en Boyacá, Colombia*, 28 (2). Recuperado de <http://www.revistas.unal.edu.co/index.php/avenferm/article/view/21376/22431>
- Barragán JA, Pedraza YD, Rincón MR. (2013). *Calidad percibida Calidad percibida de la atención de enfermería por usuarios hospitalizados*, 31(2), 187-193 . Recuperado de <http://www.scielo.org.co/pdf/rfnsp/v31n2/v31n2a04.pdf>
- Berrios, M. P, Agosto, J.M y Aguilar, M.C. (2006). Inteligencia emocional percibida y satisfacción laboral en contextos hospitalarios. Un estudio exploratorio con profesionales de enfermería. *Index Enferm*, 15 (54). Recuperado de [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1132-12962006002200006](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962006002200006)
- Borré, M, Lenis, C y González G. (2014). Utilidad del cuestionario SERVQHOS-E para medir calidad percibida de la atención de enfermería. *CES Salud Pública*, 5 (2), 127-136. Recuperado de [https://www.google.com.mx/search?client=safari&rls=en&q=Utilidad+del+cuestionari+o+SERVQHOSE+para+medir+calidad+percibida+de+la+atencio%CC%81n+de+enfermeri%CC%81a&ie=UTF-8&oe=UTF-8&gfe\\_rd=cr&ei=9\\_IV9i\\_LMnCqAXz5aO4Aw](https://www.google.com.mx/search?client=safari&rls=en&q=Utilidad+del+cuestionari+o+SERVQHOSE+para+medir+calidad+percibida+de+la+atencio%CC%81n+de+enfermeri%CC%81a&ie=UTF-8&oe=UTF-8&gfe_rd=cr&ei=9_IV9i_LMnCqAXz5aO4Aw)
- Borré, Y. M. y Vega, Y. (2014). Calidad percibida de la atención de enfermería por pacientes hospitalizados. *Ciencia y Enfermería*, XX (3), 81-94. Recuperado de [http://www.scielo.cl/pdf/cienf/v20n3/art\\_08.pdf](http://www.scielo.cl/pdf/cienf/v20n3/art_08.pdf).
- De Andrade, S; Torres, B; Ocampo, G y Alcalá E (2012). *Teoría de la Motivación–Higiene de Herzberg*. Universidad Simón Bolívar de Caracas. Recupeado de <http://prof.usb.ve/lcolmen/Trabajo-Grupo1-seccion-02.pdf>
- Hernández, A y Zarate R.M.(2011). Hospital magnético: Escenario ideal que garantiza calidad del cuidado y la satisfacción laboral en enfermería. *Revista EnfermeríaUniversitaria ENEO-UNAM*, 8 (2), 25-32. Recuperado de <http://www.medigraphic.com/pdfs/enfuni/eu-2011/eu112e.pdf>

- García, M, Lujan, M.E y Martínez, M.A (2007) . Satisfacción laboral del personal de salud [ versión electrónica] *Rev Enferm Inst Mex Seguro Social*,15 (2), 63. Recuperado de <http://www.medigraphic.com/pdfs/enfermeriaimss/eim-2007/eim072b.pdf>
- Lenis, V, Manrique, Ab y Fred, G.(2015). Calidad del cuidado de enfermería percibida por pacientes hospitalizados en una clínica privada de Barranquilla; *Aquichan*,15 (3): 413-425. DOI: 10.5294/aqui.2015.15.3.9 Recuperado de [http://www.scielo.org.co/scielo.php?script=sci\\_abstract&pid=S1657-59972015000300009](http://www.scielo.org.co/scielo.php?script=sci_abstract&pid=S1657-59972015000300009)
- Massip, C, Ortiz, Rosa M.; Llantá, M.C, Peña, M, Infante, Idalmis. (2008). La evaluación de la satisfacción en salud: un reto a la calidad. *Revista Cubana de Salud Pública*, 34, (4) 1-10 .Recuperado desde <http://www.redalyc.org/articulo.oa?id=21419854013>
- Moreno, A ( 2005). La calidad de la acción de enfermería. *Enfermería Global*, 6 (1),2.Recuperado de <http://revistas.um.es/eglobal/article/viewFile/522/536>
- Navarro, E, Linares y Montana, A. (2010).Factores de Satisfacción Laboral Evocados por los Profesionales de la Construcción en la Comunidad Valenciana (España). *Revista de la Construcción*, 9 (1) , 4-19. Recuperado de [http://www.scielo.cl/scielo.php?script=sci\\_arttext&pid=S0718-915X20100001000](http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0718-915X20100001000)
- Net, À y Suñol, R (s/f). La calidad de la atencion. Recuperado de [http://www.coordinadoraprofunds.org/docs/214/rosa\\_sunol.pdf](http://www.coordinadoraprofunds.org/docs/214/rosa_sunol.pdf)
- Núñez, E, Estéves, G, Hernández, P y Marrero, C. (2007). Una propuesta destinada a complementar el cuestionario Font-Roja de satisfacción laboral. *Gac Sanit.*,21(2):136-41. Recuperado de [http://www.scielosp.org/scielo.php?script=sci\\_arttext&pid=S0213-91112007000200008](http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0213-91112007000200008)
- Racoveanu, N. T. y Staehr, K.(1995). Tecnologia para el mejoramiento continuode la calidad de la atencion sanitaria. *Foro Mundial de Salud*, 16, 158. Recuperado de [http://apps.who.int/iris/bitstream/10665/53791/1/WHF\\_1995\\_16\\_n2\\_p158-165\\_spa.pdf](http://apps.who.int/iris/bitstream/10665/53791/1/WHF_1995_16_n2_p158-165_spa.pdf)



Racoveanu, N. T. y Staehr, K. (2013) Calidad de la atención. Tecnología para el mejoramiento continuo de la calidad de la atención sanitaria. *Foro Mundial de la Salud* (16), Recuperado de [http://apps.who.int/iris/bitstream/10665/53791/1/WHF\\_1995\\_16\\_n2\\_p158-165\\_spa.pdf](http://apps.who.int/iris/bitstream/10665/53791/1/WHF_1995_16_n2_p158-165_spa.pdf)

Tapia, H, Ramírez, C e islas, E. (2009). Satisfacción laboral en enfermeras del hospital de oncología Centro Medico Nacional siglo XXI IMSS, *Revista Enfermería Universitaria ENEO-UNAM* . 6. (4), 22. Recuperado de <http://www.medigraphic.com/pdfs/enfuni/eu-2009/eu094d.pdf>