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Artículos Científicos

Calidad de vida laboral en personal de enfermería de un hospital privado en Yucatán

Quality of work life in nursing staff at a private hospital in Yucatán

Qualidade de vida no trabalho em pessoal de enfermagem de um hospital privado em Yucatan

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Resumen

Desempeñarse en el área de servicios de salud no es fácil, ya que los profesionales que ahí laboran están expuestos a situaciones de crisis y desgaste emocional. El presente trabajo tuvo como objetivo analizar la calidad de vida laboral del personal de enfermería de un hospital privado del estado de Yucatán. La investigación fue con un enfoque cuantitativo, el diseño no experimental, descriptivo de corte transversal y correlacional. La muestra estuvo conformada por la plantilla de personal de enfermería del hospital estudiado, integrada por 84 profesionales, de los cuales 72 fueron mujeres y 12 hombres, con una media aritmética de 33 años, el 51.19% solteros, en su mayoría con escolaridad de carrera técnica y menos de 10 años de antigüedad laboral. Se les aplicó el instrumento de medición de Calidad de Vida Laboral denominado ProQOL 5. Este instrumento está conformado por tres subescalas, satisfacción por compasión (SC), síndrome de quemado (SQ) y estrés por trauma secundario (ETS), correspondiendo 10 reactivos a cada una de ellas, con medición de tipo Likert de 5 puntos siendo: 1 = Nunca, 2 = Rara vez, 3 = Alguna vez, 4 = A menudo y 5 = Frecuentemente. En estudio previo en México, Mendoza, García y Serna (2014) realizaron análisis factorial confirmatorio y modelos de ecuaciones estructurales para su validación obteniendo un coeficiente de alfa de Cronbach de .75.

En general los resultados señalan que un importante número del personal se ubica en niveles altos de satisfacción por compasión y bajos en síndrome de quemado y estrés por trauma secundario. De las variables sociodemográficas estudiadas únicamente la escolaridad resultó ser un factor diferenciador en relación con el síndrome de quemado. Así mismo se encontró, concordante con la literatura, que el síndrome de quemado tiene una relación directa con el estrés por trauma secundario, aunque muy baja en el hospital estudiado.

Palabras clave: Calidad de vida laboral, burnout, satisfacción por compasión, estrés, hospital, enfermería.

Abstract

Performing in the health services area is not easy, since the professionals who work there are exposed to situations of crisis and emotional exhaustion. The objective of this work was to analyze the quality of work life of the nursing staff of a private hospital in the state of Yucatan. The research was done with a quantitative approach, non-experimental, descriptive cross-sectional and correlational design. The sample was made up of the nursing staff of the studied hospital, participating 84 professionals, of whom 72 were women and 12 men, with an arithmetic mean of 33 years old, 51.19% single, the majority with technical career education level and less than 10 years at work. The Work Quality of Life measurement instrument called ProQOL 5 was applied to them. This instrument is made up of three subscales, compassion satisfaction (CS), burn syndrome (BO) and secondary trauma stress (STS), corresponding to 10 items each one, with a 5-point Likert-type measurement, being: 1= Never, 2= Rarely, 3= Sometimes, 4= Often y 5= Very often.

In a previous study in Mexico, Mendoza, García and Serna (2014) carried out confirmatory factor analysis and structural equation models for validation, obtaining a Cronbach's alpha coefficient of .75.

In general, the results indicate that a significant number of staff are located at high levels of satisfaction due to compassion and low levels of burn syndrome and stress from secondary trauma. Of the sociodemographic variables studied, only schooling level turned out to be a differentiating factor in relation to burn syndrome. Likewise, it was found, consistent with the literature, that burn syndrome has a direct relationship with stress from secondary trauma, although very low in the hospital studied.

Keywords: Quality of work life, burnout, satisfaction with compassion, stress, hospital, nursing.

Resumo

Atuar na área de serviços de saúde não é fácil, pois os profissionais que trabalham lá estão expostos a situações de crise e exaustão emocional. O objetivo deste trabalho foi analisar a qualidade de vida no trabalho da equipe de enfermagem de um hospital privado do estado de Yucatán. A pesquisa foi realizada com abordagem quantitativa, não experimental, descritiva, de corte transversal e correlacional. A amostra foi composta pela equipe de enfermagem do hospital estudado, composta por 84 profissionais, sendo 72 mulheres e 12 homens, com média aritmética de 33 anos, 51,19% solteiros, a maioria com formação profissional. técnico e com menos de 10 anos de idade. Aplicou-se o instrumento de medida de Qualidade de Vida no Trabalho denominado ProQOL 5. Esse instrumento é composto por três subescalas, satisfação com compaixão (SC), síndrome de queimadura (SQ) e estresse secundário ao trauma (ETS), correspondendo a 10 itens a serem cada um, com uma medição do tipo Likert de 5 pontos, sendo: 1 = Nunca, 2 = Raramente, 3 = Algum dia, 4 = Frequentemente e 5 = Frequentemente.

Em um estudo anterior no México, Mendoza, García e Serna (2014) realizaram análise fatorial confirmatória e modelos de equações estruturais para validação, obtendo um coeficiente alfa de Cronbach de 0,75.

Em geral, os resultados indicam que um número significativo de funcionários está localizado em altos níveis de satisfação devido à compaixão e baixos níveis de síndrome de queimadura e estresse secundário ao trauma. Das variáveis sociodemográficas estudadas, apenas a escolaridade se mostrou um fator diferenciador em relação à síndrome de queimadura. Da mesma forma, verificou-se, de acordo com a literatura, que a síndrome da queimadura tem uma relação direta com o estresse secundário do trauma, embora seja muito baixa no hospital estudado.

Palavras-chave: Qualidade de vida no trabalho, desgaste, satisfação por compaixão, estresse, hospital, enfermagem.

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Introduction

It is a fact that people who work spend approximately a third of their time in the workplace, so the health of employees is an essential requirement both for family stability and for the productivity and economic development of organizations. Therefore, having adequate working conditions provides opportunities for personal development, protection against physical and psychosocial risks. In addition to the above, it can also improve social relations, the self-esteem of workers and positively affect their health (Secretary of Labor and Social Security, STPS, 2017).

According to Segurado and Agulló (2002), studying the quality of work life allows identifying areas of improvement in working conditions and reducing the psychosocial effects of workers.

In the case of the health organizations, Sibbald, Enzer, Cooper, Rout and Sutherland (2000) point out that the quality of the services provided in them is directly related to the satisfaction and quality of work life of the professionals that comprise it, therefore these represent its main asset.

In particular, nursing personnel collaborate in health promotion, patient care in different situations in which they find themselves, be it mild or critical and even terminal situations, working autonomously or collaboratively (World Health Organization, WHO, 2015). These characteristics of their activities mean that their quality of life can be affected. Since 2015, the same WHO pointed out that nursing is a profession that would have increasing relevance in the response of health systems to the future epidemiological conditions of populations, which has now become a reality with the Covid pandemic. -19.

Given its importance both at the family and organizational level, the carrying out of various studies that, as in this case, explore or deepen their knowledge is justified. Due to the above, the present study aimed to analyze the quality of working life of the nursing staff of a private hospital in the state of Yucatan.

Development

Conceptual aspects

According to the Quality of Life Group of the World Health Organization (WHOQOL), quality of life is understood as "the individual perceptions about their position in life in the context of culture and systems of values in which they are living in relation to their goals, expectations, standards and concerns "(WHOQOL, 1998, p.551). This definition presents the complexity of the term quality of life since it considers the cultural, social and environmental context, which differ in the different economic, socio-cultural spheres, and between the individuals themselves.

According to the European Foundation for the Improvement of Living Conditions (2002), the quality of work life is a multidimensional construct, made of interrelated factors, which is associated with job satisfaction, job involvement, job security, productivity, health, development of competences, professional skills and the balance between the working and non-working life of workers. In such a way that, for a worker to have an adequate performance, he must not only have the corresponding work instruments, but also the optimal conditions that are useful in his profession.

Health sector workers provide assistance and services to different patients and clients within potentially stressful work environments. According to Hanzeliková, García, Pomares, Pardo and Del Monte (2011), the quality of the services provided in health organizations is directly related to the satisfaction of the professionals that make them up, as well as other factors such as workplace accidents, negative reactions in attitude and performance. Even though these professionals have training, they are especially susceptible to experiencing traumatic responses in themselves. (Lloyd, King y Chenoweth, 2002).

The results of different investigations show that factors such as burnout syndrome or burnout are directly related to the level of quality of working life; according to Flores, Jenaro, Cruz, Vega, and Pérez (2013), nursing professionals have a higher risk of burnout, in addition to being those who have greater physical health problems.

Within the results of Díaz, Stimolo and Caro, (2010) it is had that those nursing professionals who present a medium level of burnout still present a high personal accomplishment. Another factor related to the quality of work life is satisfaction through compassion, specifically in health professionals. It is this factor that places the professional close to the patient, connects

them and makes it easier for them to manage their feelings, which reduces burnout; However, those professionals who experience care with attrition and without professionalism, do not achieve closeness to the patient and dehumanize their care (Buceta, Bermejo and Villacieros, 2019).

According to Marín-Tejeda (2017), burnout is a concept widely studied in terms of professional burnout, and compassion fatigue (CF) is rather a concept that is still being studied due to being recent, however, both they are linked to the provision of healthcare services and the negative effect it may have on service providers. The results of their research show that Mexican workers have no problem demonstrating emotional exhaustion, but not symptoms of cynicism, and that although they are subjected to a high level of stress, they show a high degree of professional satisfaction, which is corroborated with the high compassion satisfaction scores (SC), and which is in line with what Stamn (2010) established in that compassion satisfaction is a protective factor against wear.

Secondary traumatic stress (STD) is another factor related to the quality of work life, since many health professionals are prone to suffer it, due to the nature of their profession, since they are the ones who care and relate to close way with patients. According to Moreno, Morante, Rodríguez and Garrosa (as cited in Meda, Moreno-Jiménez, Palomera, Arias, and Vargas, 2012), ETS is understood as the process by which the individual assisting another person (patient) , experiences in parallel the same emotional responses that the other person is experiencing. According to Figley (cited in Meda et al., 2012) there are four factors that influence the predisposition to experience STDs, empathy, behavior towards the victim, the ability to distance oneself from work and one's own satisfaction with offering help.

Based on the aforementioned, psychological reactions that health professionals may experience as a consequence of their work with patients are identified: compassion satisfaction, burnout syndrome, compassion fatigue and secondary traumatic stress. For the purposes of the work presented, it was decided to use the Professional Quality of Life Model proposed by Stamm (2010). In this model, compassion satisfaction is understood as the positive aspects of performance as a health professional; and the negative aspects of the same performance are known as wear and tear or compassion fatigue. Compassion fatigue is divided into two elements: the first deals with situations such as exhaustion, frustration, anger and depression, better known as burnout. And the second refers to secondary traumatic stress,

which refers to a negative feeling caused by the relationship of help and empathy towards people who have suffered trauma (See figure 1).

Figura 1. Modelo de Calidad de Vida Profesional.

Fuente: Traducción libre de Stamm (2010).

Burnout has been linked to stressful working conditions, vicarious trauma [1] and the lack of resources and support. It is a fact that, without effective strategies for managing stress and burnout, overall job satisfaction and helping others - compassionate satisfaction - can be compromised and not achieved (Stamm, 2010).

Secondary trauma is understood as exposure to traumatic events experienced while listening to others tell their own stories (Pryce, Shackelford, & Pryce, 2007), and it is precisely these traumatic events that contribute to burn syndrome to the detriment of mental health. of the worker.

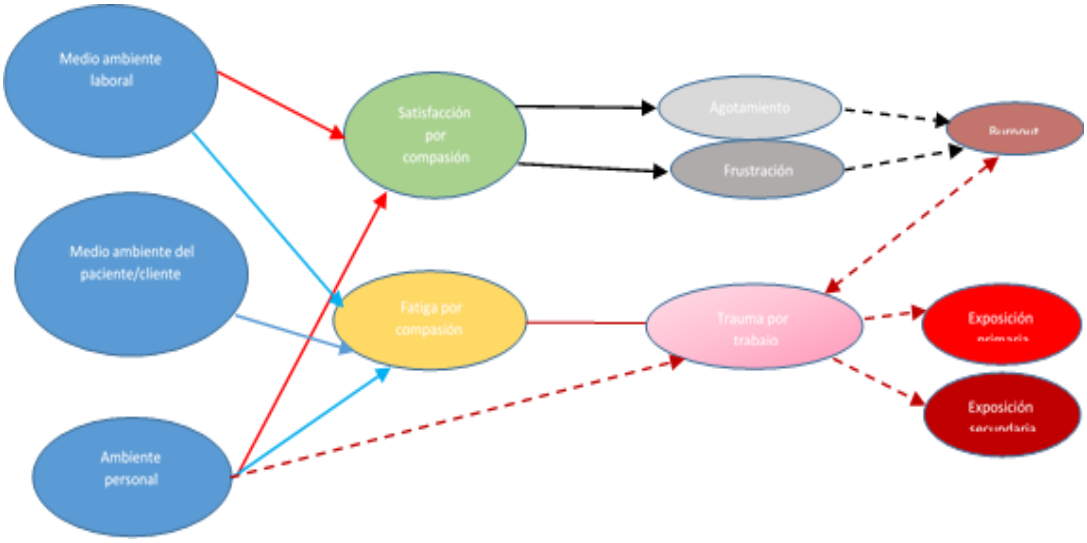
The global concept of professional quality of life is complex since it involves both the characteristics of the work environment and the personal characteristics of the individual and the professional's exposure to primary and secondary trauma in the work environment. This applies to both paid professionals and volunteers.

Figure 2 illustrates the elements of professional quality of life. As can be seen in the center of the figure are compassion satisfaction and compassion fatigue. Similarly, it is observed how the environment of the patient (or person being helped) and the environment of the

[1] De acuerdo con Armayones (2010, p.215) “Es el efecto de experimentar, vivenciar, de vivir la angustia, el dolor, el miedo y cualquier otra emoción negativa de las que viven las personas a las que se está ayudando, es la exposición secundaria al trauma y la implicación emocional a las experiencias traumáticas de los usuarios”.

professional himself (the one who helps) has a role. For example, a poor work environment may contribute to the concept of compassion fatigue, but at the same time the person may feel compassionate satisfaction in being able to help others despite the poor work environment. Compassion fatigue contains two aspects that, although they are very different, both are negative, work-related trauma has the element of fear as a distinctive aspect associated with it, and whose effect on the person is much stronger than burnout. Figure 2 shows the theoretical analysis of the positive and negative results of helping others who have experienced traumatic stress.

Figura 2. Análisis teórico de resultados sobre la Calidad de Vida Profesional.



Fuente: Traducción libre de Stamm (2010).

For a better understanding of the Professional Quality of Life Model, the essential elements of it are described below.

Compassion satisfaction according to Stamm (2010, p.8) "are the positive feelings that people experience as a result of their ability to help others" and is related to the concept of quality of work life. Contrary to burnout syndrome or secondary traumatic stress, the worker derives satisfaction from compassion through the sense of accomplishment of his work, continued motivation, or even his own inspiration and enjoyment from the demanding social work of dealing with people in crisis cases. For example, the gratitude of the people who receive the

help, the feeling of having fulfilled the duty, the feeling that the work has utility and importance for the people who are served, for the organization, the profession or society in general. For this reason, satisfaction with compassion is said to be an effective means of reducing burnout and / or STDs as it provides motivation, interest and a sense of achievement when helping patients overcome trauma (Bride, Radey & Figley, 2007). .

It also has to do with good relationships with colleagues, good environmental conditions at work, professional recognition, etc. Compassion satisfaction creates situations in which professionals benefit collaterally when their patients share their functional improvement, personal growth and / or therapeutic improvements (Pooler, Wolfer & Freeman, 2014). So it can be more easily observed in higher performance, positive attitude towards work, improved assessment and greater hope for positive results that are seen among successful professionals (Kulkarni, 2013). Compassion satisfaction can be seen as antithetical to the concept of compassion fatigue, because exhaustion or despair take over one's work, leading to exhaustion (Stamm, 2010). However, there is no known simplified formula or approach for compassionate satisfaction. Those who rank highly for compassionate satisfaction actually show their ability to be effective caregivers at work.

Figley (1995) It was he who originally conceptualized compassion fatigue to describe the cumulative effects of working with individuals who have experienced trauma leading to secondary traumatic stress. Compassion fatigue is subdivided into two parts, the first of which is related to situations of frustration, exhaustion, anger, and depression, all typical elements of burnout. And the second part has to do with secondary traumatic stress. It is important to remember that some occupational trauma may be direct or primary trauma or it may be a combination of primary and secondary trauma. Compassion fatigue is the result of professional exposure to traumatic material from patients combined with their sense of empathy for the patient. In such a way that the professional's level of empathy increases the risk of experiencing compassion fatigue. Thus, the more empathy the professional has, the greater the risk of suffering compassion fatigue. Since compassion fatigue represents a natural reaction to working in environments that display crisis, it could be considered an occupational risk (Munroe, 1999). However, it must be recognized that compassion fatigue is an occupational hazard with serious implications for mental health and the workplace.

At the end of the 70's, studies began with professions related to patient care, and that is where the concept of quality of work life begins to be discussed and is related to burnout or burn syndrome, as a result of a prolonged provision of services and care for people with health problems (Hurtado and Pereira, 2012). Burnout is an element of the negative effects of care that is known as compassion fatigue. Most people have an intuitive idea of what burnout is. From a research perspective, burnout is associated with feelings of hopelessness and difficulties dealing with work or doing your job effectively. These negative feelings generally have a gradual onset. They may reflect the feeling that your efforts do not make a difference, or it may be associated with a very high workload or a non-supportive work environment (Stamm, 2010).

To this can be added the professional burnout due to the bureaucratic obstacles of the day to day, the excessive workload and the malfunction of the organization. According to the international study by Dall'Occhio and Lermoli, (2012, p.4), it is estimated that one in four professionals in the hospital service (nurses, doctors, rehabilitators) are at risk of suffering burnout. "More than 30% of Argentine doctors suffer from burnout syndrome." Argentina along with Mexico and Colombia are the countries that top the list of countries with the highest number of doctors with burnout.

According to Castañeda and García del Alba (cited in Aranda, Pando and Salazar, 2015) 41.6% of Mexican family doctors suffer from burnout, in addition to the fact that there are significant differences in relation to sex, age, seniority, type of contract among others. The results of Aranda et al. (2015) show that the occupational burnout of Mexicans are related to demographic variables such as sex, marital status, schooling, having children and their ages, as well as variables related to the type of work they do and taking decisions; in such a way that women present a greater tendency, as well as those who have small children, low schooling, work in operative jobs but who are under control in decision-making, and are in a stage of development and job adaptation.

This is reaffirmed with the results of Ansoleaga, Vézina and Montañon (cited in Aranda et al., 2015), since according to their results women are the most prone to depression because they receive low rewards, although men They also suffer it, but for the psychological demands and for the imbalances between effort and rewards.

According to Villavicencio-Ayub (2019), 35% of Mexicans between 29 and 48 years old are considered workaholics, as can be seen in the statistics of the Organization for Economic Cooperation and Development (OECD, 2019) that show that Mexico is the country with the highest number of working hours per year (2,257 annual working hours), which far exceeds the OECD average (1,744 hours). As for burnout, 40% of Mexicans suffer from it, presenting, among other symptoms, physical and emotional exhaustion, indifference and frustration, among others.

Secondary traumatic stress is an element of compassion fatigue, it is related to work and with secondary exposure to extremely traumatic experiences of events experienced by other people (patients). Some of its negative effects include fear, sleep difficulties, and intrusive reminders of traumatic experiences. Secondary traumatic stress is related to vicarious trauma, since they have many similar characteristics (Stamm, 2010).

In addition to the proposed model, the Hobfoll (1998) resource conservation theory was considered, which in its beginnings sought to explain stress coping reactions, later proposing the principle that "individuals strive to obtain, maintain and protect the things they value." (Hobfoll, 2001, p. 337).

Methodology

The research was with a quantitative approach, with a non-experimental, descriptive cross-sectional and correlational design, since it had the purpose of showing or examining the relationship between variables, but not causal relationships (Bernal, 2010).

A questionnaire was administered and 84 people who made up all the nursing staff of a private hospital in the State of Yucatan participated voluntarily, of whom 72 were women and 12 men, equivalent in percentage terms to 85.7% women and 14.3% men. It can be seen that most of the professionals are young, being in the range of 20 to 29 years, however, just over 24% of the sample was 40 or older. The arithmetic mean of the age is 33 years.

Of the subjects, 39.29% were married; 9.52% lived in a free union, while the single, divorced, separated and widowed represented 51.19% of the sample.

It is observed that almost two thirds of nursing professionals have a technical nursing degree (69.05%), while a nursing degree represents almost the remaining third (30.95%) of the sample.

The years of seniority working as a nursing professional were between 0 to 44 years, however, people with little seniority predominate considering the range of 0 to 10 years that represented 53.01% of the sample; between 11 and 20 years old, 17.86%; between 21 and 30 years old, 17.86% and over 30 years old, only 4.76%.

Regarding the years they plan to continue working as nursing professionals, they present an average of 21.47 years with a standard deviation of 12.10.

The State of Yucatan is considered with potential to be an important health tourism pole in the country, given its hospital infrastructure. In President Fox's government, he was selected to establish one of 6 regional high-specialty hospitals.

The studied hospital is a hospital of medical specialties with more than 30 years of experience, it has high prestige among Yucatecan society and its area of influence covers the Yucatan peninsula.

The measurement instrument applied was the Quality of Work Life called ProQOL 5 (Professional Quality of Life Scale –ProQOL), which is commonly used to measure positive and negative effects of work on those people who have experienced extremely stressful events. This instrument is made up of three sub-scales, compassion satisfaction, burn syndrome and secondary trauma stress. In total, it is made up of 30 items on a five-point Likert-type scale in which 1 = Never, 2 = Rarely, 3 = Sometime, 4 = Often, and 5 = Frequently. Higher scores represent higher levels on each of the subscales. Which are obtained through the sum of the scores obtained by each participant in the corresponding items, allowing a score to be obtained for each subscale, with the minimum score being 1 and the maximum being 50. For their global analysis and interpretation, ranges are established. of reference, being these: low from 1 to 22, medium from 23 to 41 and high more than 42. From which the quality of working life is cataloged in five levels:

1) High SC, moderate to low SQ and ETS (Positively reinforced).

2) High SQ, moderate to low SC and ETS (Low Risk).

3) High ETS with low SQ and low SC (medium risk).

4) High ETS and high SC with low SQ (High Risk).

5) High ETS and high SQ with low SC (Endangered).

In Mexico, Mendoza, García and Serna (2014) carried out a study in which a group of 238 nursing professionals from three public health institutions in Baja California

participated and validated the instrument using confirmatory factor analysis and structural equation models. Regarding reliability, they obtained a Cronbach's alpha coefficient of 0.75. Data processing was carried out with statistical software Statistical Package for the Social Sciences (SPSS) version 23. A descriptive analysis of the components of the CVL was performed, as well as inferential and correlational analysis.

Results

In this section, the results of the processing of the information obtained through the application of surveys to nursing professionals are presented. Initially, a descriptive analysis is included, followed by inferential and correlation analyzes.

Descriptive analysis

This section presents an analysis of the levels and statistics of the scales resulting from the behavior of the variable quality of work life and its components: satisfaction through compassion, burn syndrome and stress from secondary trauma.

Table 1 shows the measures of central tendency and dispersion of each of the components of the quality of working life.

Tabla 1. Medidas de tendencia central y dispersión de los componentes de calidad de vida laboral.

Componentes CVL	*Media*	*Desviación estándar*
Satisfacción por compasión	43.01	4.91
Síndrome de quemado	20.85	3.92
Estrés por trauma secundario	18.35	4.66

Fuente: Elaboración propia.

Compassionate satisfaction was the highest rated component of work quality of life ($\bar{x}$ = 43.01, s = 4.91). Taking into account the responses of some particular items of the instrument, it can be seen that 56.0% of the participants stated that they almost always feel satisfaction; 50.0% pride; 60.7% who enjoy helping and 72.6% who are happy about their chosen profession. However, regarding the item related to the feeling of being able to change things through their work, 36.9% of the sample indicated that it is “only sometimes” possible.

Burning syndrome was mainly identified at a low level, the statistical indicators are $\bar{x}$ = 20.85, s = 3.92. It is noteworthy that a high percentage of the participants stated that they are almost always or very often happy (91.7%), feel linked to other people due to their work (59.5%) and that their religious or spiritual beliefs support them (70.2 %), in the same way, the majority stated that sometimes, often or almost always they are perceived as being too sensitive (56.0%) and that their work makes them feel exhausted (44.1%).

Secondary trauma stress was the component of the quality of work life with the lowest mean ($\bar{x}$ = 18.35, s = 4.66). It is worth mentioning that the majority of the participants stated that they often or in some situations feel worried about one or more of the people who have helped (69.1%), likewise, the majority mentioned that they have never or rarely considered having been negatively affected (91.7%), having felt depressed by the traumatic experiences of the patients (90.4%) or have avoided activities or situations that remind them of such traumatic experiences (89.3%).

As mentioned in the methodology for global analysis and interpretation, reference ranges are established, these being: low from 1 to 22, medium from 23 to 41 and high over 42 (Stamm, 2010). The results of the three subscales are presented in Table 2.

Tabla 2. Niveles de los componentes de CVL.

Nivel	Frecuencia SC	Frecuencia SQ	Frecuencia ETS
Bajo	0	60	71
Moderado	31	24	13
Alto	53	0	0

Fuente: Elaboración propia.

It can be seen that the majority have high satisfaction due to compassion (63%) and low burn syndrome (71%) and secondary trauma stress (86%).

Table 3 shows the distribution of the sample in each of the categories of quality of work life established in ProQOL (Stamm, 2010). It can be seen that more than half of the sample is in the highest and most positive category.

It is important to consider that the rest of the sample did not meet the characteristics of any of the 4 remaining categories established in the ProQOL, related to risk situations (high burn syndrome or high stress from secondary trauma).

Tabla 3. Distribución de la muestra de acuerdo con las categorías de calidad de vida laboral.

Categorías de CVL	Mujeres	Hombres	Total
1. Alta SC + moderado a bajo SQ y ETS (Reforzado positivamente)	44 (52.4%)	9 (10.7%)	53 (63.1%)
2. Alto SQ + moderado a bajo SC y ETS (Riesgo bajo)	0	0	0
3. Alto ETS + bajo SQ y bajo SC (Riesgo medio)	0	0	0
4. Alto ETS y alto SC con bajo SQ (Riesgo alto)	0	0	0
5. Alto ETS y alto SQ con bajo SC (En peligro)	0	0	0
Ninguno de los perfiles	28 (33.3%)	3 (3.6%)	31 (36.9%)

Fuente: Elaboración propia

Inferential Analysis

The analyzes corresponding to the scales in relation to sociodemographic data on sex, marital status and schooling are presented below.

Table 3 concentrates the results of the t-tests for independent samples and from these results it is concluded that none of the analyzed variables presented significant differences by sex.

Tabla 3. Estadísticos por sexo.

Factores	Sexo	Media	Desviación Estándar
Satisfacción por compasión	Hombre	54.39289	8.375716
	Mujer	49.26785	10.110764
Síndrome de quemado	Hombre	51.63810	11.317711
	Mujer	49.72698	9.824829
Estrés por trauma secundario	Hombre	51.22672	8.801877
	Mujer	49.79555	10.227503

Fuente: Elaboración propia

It is observed in Table 4 that this variable is not a differentiating factor for any of the scales.

Tabla 4. Análisis por sexo

Componentes CVL	Estadístico t	*Valor p*
Satisfacción por compasión	1.66099	0.10053
Síndrome de quemado	0.6106	0.54315
Estrés por trauma secundario	0.4568	0.64902

Fuente: Elaboración propia

In relation to marital status, Table 5 shows the means and standard deviations obtained.

Tabla 5. Estadísticos por estado civil.

Factores	Estado Civil	Media	Desviación estándar
Satisfacción por compasión	Soltero	50.54467	10.661560
	Casado	49.29617	9.475891
	Unión libre	49.97573	9.437303
Síndrome de quemado	Soltero	50.95661	9.466567
	Casado	47.35257	9.197521
	Unión libre	55.77884	13.582076
Estrés por trauma secundario	Soltero	49.30878	10.161280
	Casado	49.06370	8.905882
	Unión libre	57.57755	11.442600

Fuente: Elaboración propia

As can be seen in Table 6, this variable is not a differentiating factor for any of the scales.

Tabla 6. Análisis por estado civil.

Componentes CVL	Estadístico f	*Valor p*
Satisfacción por compasión	0.14254	0.86737
Síndrome de quemado	2.80604	0.06633
Estrés por trauma secundario	2.64499	0.07713

Fuente: Elaboración propia

In relation to schooling, Table 7 shows the means and standard deviations obtained for each subscale.

Tabla 7. Estadísticos por escolaridad.

Factores	Escolaridad	Media	Desviación estándar
Satisfacción por compasión	Licenciatura	48.32910	8.256455
	Carrera técnica	50.74903	10.671033
Síndrome de quemado	Licenciatura	53.59821	7.646411
	Carrera técnica	48.38701	10.555437
Estrés por trauma secundario	Licenciatura	51.40562	10.322325
	Carrera técnica	49.36990	9.878066

Fuente: Elaboración propia

As can be seen in Table 8, this variable is a differentiating factor for burn syndrome.

Tabla 8. Análisis por escolaridad.

Componentes CVL	Estadístico t	*Valor p*
Satisfacción por compasión	1.02565	0.30807
Síndrome de quemado	-2.2621	0.02634
Estrés por trauma secundario	-0.8612	0.39164

Fuente: Elaboración propia

Correlational analysis

The correlational analyzes of age, seniority and the years that the staff considered to continue working were carried out. Tables 9, 10 and 11 show that there is no correlation of any of the three variables with any of the components of the CVL.

Tabla 9. Análisis de correlación con la edad.

Componentes CVL	*Edad (Correlación)*	*Valor p*
Satisfacción por compasión	0.0210786	0.8490623
Síndrome de quemado	-0.100824	0.3614802
Estrés por trauma secundario	0.1712410	0.1193609

Fuente: Elaboración propia

Tabla 10. Análisis de correlación con los años laborando en enfermería.

Componentes CVL	*Años lab. enf. (Correlación)*	*Valores p*
Satisfacción por compasión	0.0536664	0.6277895
Síndrome de quemado	-0.071320	0.5191325
Estrés por trauma secundario	0.1690619	0.1242077

Fuente: Elaboración propia

Tabla 11. Análisis de correlación con los años futuros en enfermería.

Componentes CVL	*Años futuros en enfermería (Correlación)*	*Valores p*
Satisfacción por compasión	0.1087521	0.3247619
Síndrome de quemado	0.0774707	0.4836490
Estrés por trauma secundario	0.0101982	0.9266426

Fuente: Elaboración propia

Linear correlations between the components of quality of work life were calculated using the Pearson coefficient. For their numerical interpretation, previously established ranges were taken as a reference (James, Hastie, Tibshirani and Witten, 2017), in which the scores of 0.80 or higher are considered as "very high", as "high" from 0.79 to 0.60, " moderate "from 0.59 to 0.40," low "from 0.39 to 0.20 and as" very low "those less than 0.20, the results are presented in table 12.

Compassion satisfaction showed a moderate inverse correlation with burn syndrome. Additionally, burn syndrome presented a low direct correlation with secondary trauma stress.

Tabla 12. Coeficientes de correlación Pearson entre las variables analizadas.

		SC	SQ	ETS
SC	Coef.	1	-.421**	.120
	Sig.		*.000*	*.279*
SQ	Coef.		1	.264*
	Sig.			*.015*
ETS	Coef.			1
	Sig.			

Nota: * p < 0.05, ** p < 0.01 (Sig. 2-colas)

Fuente: Elaboración propia

Discussion

As mentioned above, of the 84 professionals who participated in the study, 72 were women and 12 men, equivalent in percentage terms to 85.7% of women and 14.3% of men. These data corroborate the dominant presence of the female sex, as is characteristic of the profession to date, being slightly above the national percentage of female nurses, which is 85.0% (National Institute of Statistics and Geography, INEGI, 2018). Likewise, the findings of Barragán, Hernández and Peralta (2013) regarding the feminized nature of this profession

are confirmed, which according to the authors creates an obstacle to its advance despite being considered an indispensable profession within the health system.

According to the National Survey of Occupation and Employment (INEGI, 2018), nursing professionals are younger than other professions, the average age is 36.8 years, compared to other professionals such as teaching (40.2 years) and doctors (43.3 years) among other professions; This is confirmed in the data found, since the arithmetic mean age is 33 years, being 3.8 years younger than the national average.

Regarding educational level, the national average at the bachelor's or higher level is 10%; The results of the study show that professionals with a nursing degree make up almost a third (30.95%), which places them above the national average. It is important to mention that, in Mexico, the nursing staff is trained at different educational levels ranging from basic, technical, high school, higher and postgraduate, so no matter the academic degree obtained, these professionals can carry out similar activities. within the hospital institution.

Regarding the components of the quality of working life, we have that compassionate satisfaction was the component that obtained the highest rating ($\bar{x}$ = 43.01, s = 4.91); In addition, 56% of the participants stated that they almost always feel satisfaction, 50% pride, 60.7% that they enjoy helping and 72.6% that they are happy with the chosen profession, which is consistent with the theory of conservation of the resources of Hobfoll (1998), which states that nursing professionals have developed traits and skills focused on the positive aspects of work, since they enjoy helping and caring for others.

According to Buceta et al. (2019) the high result of compassion satisfaction combined with the low burn syndrome seems to indicate that the hospital staff studied is close to the patient, since he manages to manage his feelings, allowing him not to dehumanize his care.

Unlike the results of Aranda et al. (2015) that show that the occupational burnout of Mexicans is related to demographic variables such as sex, marital status, schooling and others, in the study carried out only schooling turned out to be a differentiating factor.

High compassion satisfaction scores and low burnout syndrome and secondary trauma stress mean, as Stamm (2010) points out, that most staff feel positively reinforced in their work, without much concern about ineffectiveness, either as individuals or within your organization. They do not suffer noticeable fear as a result of their work and can generally benefit from commitment, continuing education opportunities, and other opportunities to

grow in their position. They are likely to be good influences on your colleagues and your organization.

Performing in the health services area is not easy, since these professionals are exposed to situations of crisis and emotional exhaustion and it is well known that job satisfaction and well-being influence both the quality of services and the effective behavior of the professionals; for this reason, knowing and adapting the health system to the real needs of the population and professionals can help increase their sense of satisfaction and personal well-being, which will lead to greater patient satisfaction.

One of the limitations of the study is that it covered only one hospital.

Conclusion

From the analysis of the sociodemographic data it can be concluded that both by age and by sex the sample has a similar conformation to the data at the national level. Not so regarding the educational level that is higher in the studied personnel.

Considering the cut-off points, the results are positive since 53 people are highly satisfied with compassion, while 60 and 71 have low burn syndrome and secondary trauma stress, respectively.

Regarding the quality of work life, the results obtained were favorable, since, of the three components of the quality of work life, satisfaction with compassion was high, while burn syndrome and stress from secondary trauma were at low levels. , which allows identifying suitable conditions. Considering the five levels of CVL categories, it can be said that 63.1% of the staff is positively reinforced.

As a result of the inferential analyzes corresponding to the scales in relation to the sociodemographic data of sex, marital status and schooling, it is concluded that only the latter is a differentiating factor for burn syndrome.

From the results of the correlational analyzes of the sociodemographic data of age, seniority and the years that the staff considered to continue working, it is concluded that there is no correlation of any of them with any of the components of the CVL.

Additionally, a moderate inverse relationship was found between compassion satisfaction and burn syndrome, which shows that satisfaction can come from having support and resources, as well as from the development of effective strategies to manage burn syndrome.

Likewise, it was found, consistent with the literature, that burn syndrome has a direct relationship with secondary trauma stress, although it was very low in the hospital studied. It is considered important to diversify the field of study for future research. In the hospital studied, carry out a second qualitative phase, include public and private hospitals, extend it to other states of the republic, since although the results obtained in the study described here presented were positive, it is important to know the reality of the sector for the importance it has not only for institutions and health service providers in terms of managing strategies to increase and maintain the quality of working life, but also for the impact that it has in the patients themselves.

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