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*Artículos Científicos*

## **Evaluación de la percepción de la calidad de vida laboral en una organización de primer nivel de atención de salud estatal en México**

*Evaluation of the perception of quality of work life in a first-level state health care organization in Mexico*

*Avaliação da percepção da qualidade de vida no trabalho em uma organização estatal de saúde de primeiro nível no México*

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### **Resumen**

Los profesionales de la salud están expuestos a riesgos físicos, mentales y emocionales debido a la complejidad de sus funciones, lo que impacta de manera significativa en su calidad de vida laboral. El objetivo del estudio fue evaluar los factores sociodemográficos y la percepción de la calidad de vida laboral del personal adscrito a una organización de primer nivel de atención en salud en un estado de México. En cuanto a los materiales y métodos utilizados, se seleccionó una muestra de 148 empleados a partir de una población total de 322 trabajadores, cumpliendo los criterios de haber trabajado al menos un año, con cualquier tipo de contratación, y aceptar participar en el estudio, sin importar género, puesto o edad. Se aplicó un cuestionario de Calidad de Vida Laboral que abarcó variables sociodemográficas y 15 dimensiones, con un coeficiente de confiabilidad (alpha de Cronbach) de 0.952. El análisis estadístico incluyó la prueba de normalidad de Kolmogorov-Smirnov, cálculo de medias y correlación de Pearson. El estudio siguió un enfoque cuantitativo, transversal, descriptivo, no experimental y correlacional, y se respetaron criterios bioéticos como la

confidencialidad, autonomía, beneficencia, no maleficencia, justicia, equidad, integridad científica y responsabilidad.

Los resultados mostraron una correlación significativa entre la satisfacción laboral y la remuneración (.874), así como entre la motivación equitativa y la satisfacción laboral ( $r = 0.836$ ). Además, la motivación intrínseca se relacionó con la participación organizacional (.930). Las medias reflejaron que la identidad alcanzó un 24.5%, y la motivación con equidad un 24%, sugiriendo una buena percepción de la calidad de vida laboral en el personal estudiado.

En conclusión, los resultados indican una percepción favorable de la calidad de vida laboral entre el personal estudiado, el cual es mayoritariamente joven y con menos de cinco años de antigüedad en su puesto. Se identificó una escasez de personal de base. La remuneración y la motivación equitativa influyen de manera significativa en la satisfacción laboral, mientras que la participación organizacional promueve una alta motivación intrínseca, lo que, a su vez, contribuye positivamente a la satisfacción laboral.

**Palabras clave:** percepción, dimensiones, valoración, análisis estadístico.

## Abstract

Health professionals are exposed to physical, mental and emotional risks due to the complexity of their functions, which significantly impacts their quality of work life. The objective of the study was to evaluate the sociodemographic factors and the perception of the quality of work life of the staff assigned to a first-level health care organization in a state of Mexico. Regarding the materials and methods used, a sample of 148 employees was selected from a total population of 322 workers, meeting the criteria of having worked for at least one year, with any type of contract, and agreeing to participate in the study, regardless of gender, position or age. A Quality of Work Life questionnaire was applied that covered sociodemographic variables and 15 dimensions, with a reliability coefficient (Cronbach's alpha) of 0.952. The statistical analysis included the Kolmogorov-Smirnov normality test, calculation of means and Pearson correlation. The study followed a quantitative, cross-sectional, descriptive, non-experimental and correlational approach, and respected bioethical criteria such as confidentiality, autonomy, beneficence, non-maleficence, justice, equity, scientific integrity and responsibility.

The results showed a significant correlation between job satisfaction and remuneration (.874), as well as between equitable motivation and job satisfaction ( $r = 0.836$ ). In addition,



intrinsic motivation was related to organizational participation (.930). The means reflected that identity reached 24.5%, and equity motivation 24%, suggesting a good perception of the quality of work life in the staff studied.

In conclusion, the results indicate a favorable perception of the quality of work life among the staff studied, who are mostly young and with less than five years of seniority in their position. A shortage of permanent staff was identified. Equal remuneration and motivation significantly influence job satisfaction, while organizational involvement promotes high intrinsic motivation, which in turn contributes positively to job satisfaction.

**Keywords:** perception, dimensions, assessment, statistical analysis

## Resumo

Os profissionais de saúde estão expostos a riscos físicos, mentais e emocionais devido à complexidade de suas funções, o que impacta significativamente na sua qualidade de vida no trabalho. O objetivo do estudo foi avaliar os fatores sociodemográficos e a percepção da qualidade de vida no trabalho do pessoal lotado em uma organização de saúde de primeiro nível em um estado do México. Quanto aos materiais e métodos utilizados, foi selecionada uma amostra de 148 funcionários de uma população total de 322 trabalhadores, atendendo aos critérios de trabalhar há pelo menos um ano, com qualquer tipo de contrato, e concordar em participar do estudo independentemente de qualquer tipo de vínculo. sexo, posição ou idade. Foi aplicado um questionário de Qualidade de Vida no Trabalho que abrangeu variáveis sociodemográficas e 15 dimensões, com coeficiente de confiabilidade (alfa de Cronbach) de 0,952. A análise estatística incluiu teste de normalidade de Kolmogorov-Smirnov, cálculo de médias e correlação de Pearson. O estudo seguiu uma abordagem quantitativa, transversal, descritiva, não experimental e correlacional, e foram respeitados critérios bioéticos como confidencialidade, autonomia, beneficência, não maleficência, justiça, equidade, integridade científica e responsabilidade.

Os resultados mostraram uma correlação significativa entre satisfação no trabalho e remuneração (0,874), bem como entre motivação equitativa e satisfação no trabalho ( $r = 0,836$ ). Além disso, a motivação intrínseca foi relacionada à participação organizacional (0,930). As médias refletiram que a identidade atingiu 24,5% e a motivação com equidade 24%, sugerindo uma boa percepção da qualidade de vida no trabalho do pessoal estudado.

Concluindo, os resultados indicam uma percepção favorável da qualidade de vida no trabalho entre o pessoal estudado, que em sua maioria é jovem e está no cargo há menos de cinco



anos. Foi identificada uma escassez de pessoal de base. A remuneração e a motivação equitativas influenciam significativamente a satisfação no trabalho, enquanto o envolvimento organizacional promove uma elevada motivação intrínseca, o que, por sua vez, contribui positivamente para a satisfação no trabalho.

**Palavras-chave:** percepção, dimensões, avaliação, análise estatística.

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## Introduction

International organizations such as the International Labor Organization (ILO), the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO), among others, have spoken out in favor of improving the level of quality of working life (QWL) in organizations to generate satisfaction and well-being in employees, regardless of the sector in which they work. Therefore, the influence of globalization has been transcendental in the labor field since it requires that institutions be highly competitive to remain in the market, therefore, workers must be more productive and competitive.

The ILO (2020) expressed its conviction that social justice is essential to preserve universal peace, justice and humanity. It highlighted the need to have equal working conditions in competitive countries and indicated that the importance of QWL lies in the number of hours that a person spends at work and is typified by well-being. The WHO conceptualized the QWL as individuals' perceptions of their position in life, in the context of their culture and value system in which they live in relation to their goals, expectations, standards and concerns (WHO, 2013).

Vega-Artavia, (2022) mentions that the QWL is multidimensional, which is why it has been very complex to determine its conceptualization and impact on both the worker and the organization; Muñoz-Muñoz, et al. (2021) indicate that this issue is of international relevance due to the labor crisis that occurs worldwide

Weihrich, et al. (2022) indicated that the QWL is interdisciplinary between industrial psychology, organizational theory, psychology, industrial engineering, motivation and leadership theory, organizational behavior and industrial relations.

In order to clarify the QWL, some classifications have been proposed, including:



Montoya-Cáceres, et al. (2020) indicated that QWL has three theoretical-methodological approaches: 1) around work, its objective is to increase the perception of well-being through the fulfillment of organizational objectives, mainly in terms of productivity and efficiency. 2) psychological, the focus is on the employee since he or she is considered indispensable for the organization, work situations and their relationship with the worker are analyzed. 3) integration of objective and subjective aspects of the aforementioned approaches.

Patlán (2020) divides the QWL into two aspects, these are the objective and the subjective. The objective analyzes 1) safety, 2) hygiene at work, 3) remuneration and, 4) leadership; the subjective considers psychological aspects such as 1) recognition, 2) individual development, 3) team development, 4) belonging, 5) promotion, 6) participation in decision making, 7) motivation and, 8) commitment.

One of the elements for measuring the QWL is the complex concept of perception, which obeys various situations that impact the evaluation of the worker.

Authors such as Robbins and Judge (2023) identified it as a process through which workers organize and interpret sensations and experiences in order to provide meaning to their environment. Employees value the work environment in different ways, as indicated by Arrieta and Moreno (2019), which is compelling due to differences in personality, human generation, sociodemographic factors, experiences, knowledge, chronological periods, social contexts; therefore, two types of perceptions are identified, selective perception and social perception.

Intrinsic, extrinsic, contextual and organizational aspects influence the QWL. Chiavenato (2022) indicates that it is job satisfaction formed by the relevance of tasks, culture and organizational climate, team spirit and camaraderie, salary perceptions and benefits, among other elements. Likewise, for Cruz (2018), it is based on the perception expressed by employees regarding the satisfaction of the environment in which they work, which results in the evaluation of the well-being and development that working conditions generate in the staff, which directly impacts the effective and efficient functioning of institutions.

The health sector has the most complex organizational environments, including primary care, where doctors, nurses, psychologists, dentists, among others, mainly work, providing care to patients (Government of Mexico, 2023), in which users in turn require quality of service, relevance, effectiveness, and intervention by health professionals with human warmth.

Lumbreras-Guzmán, et al. (2020), indicated that the inadequacies in both public and private health services are known to citizens in Mexico, so there is the premise that health professionals are demotivated by a low QWL, a poor organizational climate, and a deplorable organizational culture. Health institutions, although they have invested in an incipient way in technology and computer systems, still do not invest in the well-being of their workers, which results in unmotivated and dissatisfied personnel.

Quiroz-Campas, et al. (2021) mentioned that the QWL is of great importance in the performance of doctors and nurses in health centers and hospitals since they can ensure quality care to patients. Hernández-Vicente, et al. (2017) pointed out that the QoL of human talent in health areas is the set of policies and practices linked to quality in the service that employees provide to patients, which covers the organization, the satisfaction of medical staff and the needs they have in the workplace and the functions they perform; the expectations of employees regarding the organization derived from their life perspectives are relevant.

Bustamante, *et al.* (2020) It points out that the public health system is responsible for health as part of people's quality of life, which is why the physical and emotional health of human beings is essential. Therefore, said system must not only address the needs of patients, but must also serve its health service providers both in a first-level care center and in a hospital, since they are public servants who are in contact with society, the economy, technology, training and updating (Urbina, 2024).

It can be concluded that the QWL is the conjunction of personal and professional satisfaction that employees perceive in the performance of their job, derived from organizational, environmental and personal conditions, it implies maintaining a balance between the person, work and family, as well as maintaining physical, mental, spiritual and social well-being.

## Material and Method

This research had the following characteristics: descriptive, cross-sectional, correlational, quantitative, non-experimental (Guevara, et al., 2020; Hernández-Sampieri and Mendoza, 2018).

The finite population selected for this study consisted of 322 individuals. For the purposes of this research, a sample of 148 employees was obtained with 95% confidence and



5% error, the type of selection was simple random. This sample consisted of 29 doctors, 35 nurses, 48 dentists, 36 psychologists (Arias and Covinos, 2021).

The measurement instrument selected for this research, called Quality of Working Life in Organizations (CVLO-1) was designed by Arrieta (2018), which allows collecting and analyzing quantitative data on the objective and subjective dimensions of the QOL, in 70 items grouped into 15 dimensions; as well as the socioeconomic data of the workers, in terms of age, level of education, seniority, marital status, among others. The scale used to measure the perception of the workers was Likert-type, with the following values: strongly agree 5, agree 4, moderately agree 3, disagree 2, strongly disagree 1.

The instrument used obtained a Cronbach's Alpha coefficient of 0.952, which indicates that it is very reliable or significant. Likewise, the objective dimension was calculated, which ranged from alpha 0.731 to 0.854, which indicates that it is an acceptable reliability. Regarding the subjective dimension, the alpha had two levels from 0.682 to 0.691 and from 0.729 to 0.824 (Rodríguez-Rodríguez, Reguant-Álvarez, 2020)

The data collection method consisted of: 1) the data was provided by health professionals assigned to a first-level urban state health center; 2) a questionnaire was applied to the sample of 148 workers; 3) to apply the questionnaire, Google Forms was used, the link was sent by WhatsApp and/or by personal email; 4) the data was captured in a matrix using the SPSS 23 Statistical Program; 5) The data was analyzed and cleaned and; 6) The results obtained were analyzed based on the research objectives.

In the statistical analysis, the Kolmogorov-Smirnov normality test was performed, the mean of the dimensions was calculated, and the Pearson correlation coefficient was used for the sociodemographic variables and for each of the dimensions.

For the purposes of the participation of health sector workers in the questionnaire, the following inclusion criteria were used: 1) That they had had any type of employment relationship with the institution, 2) That they agreed to participate in the study, 3) That they had worked for at least one year, 3) Public servants could participate regardless of their gender, position or age. The exclusion criteria were: 1) That they refused to participate, 2) That they had less than one year of seniority, 3) That they were on vacation or medical leave.

Informed consent was requested from each health care worker participating in the research, taking into consideration the guidelines of the Declaration of Helsinki, to support voluntary participation, confidentiality and anonymity. The bioethical criteria were

confidentiality, autonomy, beneficence, non-maleficence, justice, equity, scientific integrity and responsibility in the research process.

## Results

According to the results obtained, it was found that the predominant gender among health personnel was female with 76.4%, regarding marital status 54.7% were single, 39.9% married, in relation to age 33.8% were from 21 to 28 years old, 20.3% from 29 to 36 years old, regarding the level of education 66.9% had a Bachelor's degree, in the type of contract 41.9% were contract and 36.5% were permanent.

The data shown in table 1 indicate that in seniority in the organization the predominant percentage was 24.3% from 1 to 5 years, 20.9% from 6 to 10 years and 18.9% up to one year. Taking into account seniority in the position, it was found that 35.1% had 1 to 5 years' service, and 28.4% had up to one year's service.

**Table 1.** Seniority of the Health Center staff, year 2020 (n=148)

	Organizational seniority		Seniority in position	
	Frequency	Percent	Frequency	Percent
Up to 1 year	27	18.9	42	28.4
From 1 to 5 years	36	24.3	52	35.1
From 6 to 10 years	31	20.9	23	15.5
From 11 to 15 years	13	8.8	10	6.8
From 16 to 20 years	16	10.8	12	8.14
From 21 to 25 years	7	4.7	4	2.7
From 26 to 30 years	7	4.7	3	2.0
They didn't answer	10	6.8	2	1.4
Total	148	100	148	100

Source: Own elaboration.

Table 2 shows the findings regarding the mean of the QWL dimensions, the highest being identity with 24.6; intrinsic motivation 24.1; motivation with equity with 24.0; organizational participation 23.9 and safety and working conditions 23.1; It highlights that job design and organizational justice had 21.3, job satisfaction 21.8, extrinsic motivation 21.7 and occupational health 20.6

The low ones evaluated were morale and management and leadership 18.2; communication 19.1; remuneration 14.6 and global perception 13.8.



**Table 2.** Average results by dimensions, year 2020 (n=148).

	Mean		Mean
Safety and Working Conditions	23.1	Position Design	21.3
Occupational Health	20.6	Organizational Justice	21.3
Moral	18.2	Job Satisfaction	21.8
Remuneration	14.6	Intrinsic Motivation	24.1
Organizational Participation	23.9	Extrinsic Motivation	21.7
Communication	19.1	Motivation with Equity	24.0
Identity	24.6	Global Perception	13.8
Management and Leadership	18.2		

Source: Own elaboration.

Nota: NPAR TESTS /K-S(NORMAL)=Sex Age Mar\_Status Number\_Children Org\_Seni

Seni\_Posi Studies Position Dim1 Dim2 Dim3 Dim4 Dim5 Dim6 Dim7 Dim8 Dim9 Dim10 Dim11  
Dim12 Dim13 Dim14 Dim15/MISSING ANALYSIS.

Table 3 shows the Kolmogorov-Smirnov normality test, this test was used since the sample is greater than 50 cases, the significance level of 0.05 was used, the value of Sig., obtained in the sociodemographic variables and In the dimensions of occupational health, remuneration, social participation, communication, identity, management and leadership, organizational justice, job satisfaction and global perception, they fluctuate from 0.000 to 0.042 as a value less than 0.05 rejects the Null Hypothesis (H0). stating that the distribution of the sample does not follow the normal one.

In the case of safety and working conditions, morale, job design, intrinsic motivation, extrinsic motivation and motivation with equity, the p value ranges from 0.088 to 0.200, with values greater than 0.05, the Alternate Hypothesis (H1) is accepted. asserting that the data is normally distributed.

**Table 3.** Normality test, year 2020 (n=148). Seniority

	Kolmogorov-Smirnov <sup>a</sup>		
	Statistical	gl	Sig.
Sex	.477	144	.000
Age	.200	144	.000
Marital Status	.313	144	.000
Number of Childeren	.221	144	.000
Organizational Seniority	.205	144	.000
Seniority in Position	.264	144	.000
Maximum Level of Studies	.344	144	.000
Position	.204	144	.000
Safety and Working Conditions	.069	144	.091
Occupational Health	.096	144	.002
Moral	.067	144	.200*
Remuneration	.081	144	.020
Organizational Participation	.087	144	.010
Communication	.085	144	.013
Identity	.076	144	.042
Management and Leadership	.094	144	.004
Position Design	.061	144	.200*
Organizational Justice	.081	144	.023
Job Satisfaction	.078	144	.033
Intrinsic Motivation	.069	144	.088
Extrinsic Motivation	.061	144	.200*
Motivation with Equity	.065	144	.200*
Global Perception	.097	144	.002

Source: Own elaboration.

Note: \*This is a lower limit of true significance. a. Lilliefors significance correction

Table 4 shows the correlations between the sociodemographic variables of the instrument, the Pearson r coefficient was applied, according to Galindo-Domínguez (2020). The results had a high positive correlation in a range of 0.60 to 0.80, among which: seniority in the organization and age with 0.765. The moderate positive correlation is limited in the range of 0.40 to 0.60 among which are: seniority in the position and age with 0.544; seniority in the position and seniority in the organization 0.599; seniority in organization and number of children with 0.485. The low positive correlation is found from 0.20 to 0.40, among which age and sex are located with 0.203; seniority in position and number of children 0.378. the very low correlation in the category of 0 to 0.20 was determined by marital status and sex 0.008 and age 0.30; number of children and sex 0.008, age 0.030 and marital status 0.186; seniority in organization and sex 0.021 and marital status 0.004; seniority in position and sex 0.040, marital status 0.099; the maximum level of education and sex 0.062, marital status 0.009.

**Table 4.** *Pearson r correlation matrix on sociodemographic variables.*

	Sex	Age	Marital Status	Number of Children	Organizational Seniority	Seniority in Position	Level of Studies
Age	.203						
Marital Status	.008	.030					
Number of Children	.008	.030	.186*				
Organizational Seniority	.021	.765**	.004	.485**			
Seniority in Position	.040	.544**	.099	.378**	.599**		
Maximum Level of Studies	.062	-.153	.009	-.238**	-.053	-.002	
Position	-.097	-.053	.010	-.017	-.143	-.211*	-.400**

Source: Own elaboration.

Note\*. The correlation is significant at the 0.05 level (two-sided).

\*\* . The correlation is significant at the 0.01 level (two-sided).

Table 5 shows the Pearson r correlation, with the data obtained for each of the dimensions of the QWL, which were examined according to the standards detailed by Galindo-Domínguez (2020).

The moderate positive correlation is located in the range of 0.40 to 0.60, among which are:

- The dimensions correlated with safety and working conditions are: occupational health with 0.402, morale 0.430, job design 0.588, organizational justice 0.437, motivation with equity 0.495, global perception 0.419.
- Occupational health influences morale 0.497, management and leadership 0.546, job design 0.525, organizational justice 0.417, job satisfaction 0.567, intrinsic motivation 0.566, extrinsic motivation 0.483, motivation with equity 0.520.
- Morale is related to organizational participation 0.582, job satisfaction 0.564, extrinsic motivation 0.573, global perception 0.510. Compensation is linked to organizational participation 0.466, management and leadership 0.449, job design 0.526, overall perception 0.413.
- Organizational participation corresponds to management and leadership 0.509, job design 0.537, extrinsic motivation 0.497, overall perception 0.551. Communication affects job design 0.580, extrinsic motivation 0.583.
- Identity is correlated with job design 0.504, job satisfaction 0.460, equity motivation 0.476, overall perception 0.507. Management and leadership

corresponds to job satisfaction, equity motivation 0.597, overall perception 0.591.

- Job design with extrinsic motivation 0.553, overall perception 0.547. Finally, the job satisfaction dimension with the overall perception 0.470.

While the high positive correlation is located in a range of 0.60 to 0.80, among which are:

- Occupational health is related to organizational participation 0.607, identity 0.723. Morale affects communication 0.675, identity 0.640, direction and leadership 0.753, job design 0.702, organizational justice 0.631, intrinsic motivation 0.759, motivation with equity 0.629.
- Compensation with communication 0.663, organizational justice 0.627, intrinsic motivation 0.602, extrinsic motivation 0.723, motivation with equity 0.799.
- Organizational participation with communication 0.604, identity 0.623, organizational justice 0.733, job satisfaction 0.674, motivation with equity 0.685. Communication with management and leadership 0.605, organizational justice 0.625, job satisfaction 0.705, intrinsic motivation 0.758, equity motivation 0.704, overall perception 0.654.
- Identity with management and leadership 0.626, organizational justice 0.611, intrinsic motivation 0.632, extrinsic motivation 0.623. Management and leadership with job design 0.633, organizational justice 0.608, intrinsic motivation 0.679, extrinsic motivation 0.716.
- Job design is related to organizational justice 0.698, job satisfaction 0.678, intrinsic motivation 0.669, equity motivation 0.761. Organizational justice is linked to job satisfaction 0.732, extrinsic motivation 0.681, equity motivation 0.776, global perception 0.609.
- Job satisfaction influences intrinsic motivation 0.791, extrinsic motivation 0.730, intrinsic motivation correlates with extrinsic motivation 0.624, equity motivation 0.784, global perception 0.607. Extrinsic motivation impacts equity motivation with 0.611 and finally the equity motivation dimension with global perception 0.617

Finally, there are very high correlations ranging from 0.80 to 0.90 and are the dimensions of remuneration with job satisfaction 0.874, intrinsic motivation with

organizational participation with 0.930, and with organizational justice 0.803, job satisfaction with motivation with equity 0.836

**Table 5.** *Pearson r matrix of correlations of the dimensions*

Dimensiones	Seguridad y condiciones	Occupational Health	Moral	Remuneration	Organizational Participation	Communication	Identity	Management and Leadership	Position Design	Organizational Justice	Job Satisfaction	Intrinsic Motivation	Extrinsic Motivation	Motivation with Equity
Occupational Health	.402*													
Moral	.430*	.497*												
Remuneration	0.266	.372*	.393*											
Organizational Participation	.380*	.607**	.582**	.466*										
Communication	0.15	0.364	.675**	.663**	.604**									
Identity	.563**	.723**	.640**	0.331	.623**									
Management and Leadership	0.254	.546**	.753**	.449*	.509**	.605**	.626**							
Position Design	.588**	.525**	.702**	.526**	.537**	.580**	.504**	.633**						
Organizational Justice	.437*	.417*	.631**	.627**	.733**	.625**	.611**	.608**	.698**					
Job Satisfaction	0.357	.567**	.564**	.874**	.674**	.705**	.460*	.543**	.678**	.732**				
Intrinsic Motivation	.397*	.566**	.759**	.602**	.930**	.758**	.632**	.679**	.669**	.803**	.791**			
Extrinsic Motivation	0.32	.483**	.573**	.723**	.497**	.583**	.623**	.716**	.553**	.681**	.730**	.624**		
Motivation with Equity	.495**	.520**	.629**	.799**	.685**	.704**	.476**	.597**	.761**	.776**	.836**	.784**	.611**	
Global Perception	.419*	.376*	.510**	.413*	.551**	.654**	.507**	.591**	.547**	.609**	.470*	.607**	0.364	.617**

Source: Own elaboration.

\*. The correlation is significant at the 0.05 level (two-sided).

\*\*.. The correlation is significant at the 0.01 level (two-sided)

## Discussion

The QWL is of utmost importance in both public and private organizations, which is why it is frequently studied in various fields, in this case in workers in the public health sector.

In the study carried out by Lumbreras-Guzman Guzmán, et al. (2020), the following sociodemographic and work results of the study staff were identified: the average age was 40 years; 67.2% were female, 63.3% reported having a partner and the average number of children per worker was two. Regarding work characteristics, 62.4% had a permanent job category, 59.5% had seniority between one and 10 years, 54.7% reported being nursing and paramedical staff, and 34.7% had a Bachelor's degree.

These results agree with those obtained in the study in question, it was found that 54.1% were between 21 and 36 years old; 76.4% were female; 42.6% indicated that they had a partner. Regarding employment data, 36.5% were permanent employees, 64.1% had 1 to 10 years of seniority; 66.9% studied up to a Bachelor's degree; it was reported that 19.6% were doctors, 32.4% dentists, 23.6% nurses and 24.3% psychologists. It can be deduced that the results are relatively similar.

Toscano-del Cairo, et al. (2020) conducted research in which it was determined that the dimensions with the greatest impact on QWL are personal ones, such as: job development and security and nature of the task; work and institutional context, such as: environmental and work conditions and social impact; and; justice and equity, such as: compensation and benefits and organizational democracy. It also indicates that equity and organizational justice are fundamental to QWL.

The data coincide with those calculated in this analysis. It was detected that organizational justice is an important pillar for the QWL since it obtained a high positive correlation of .60 to .80 with morale, remuneration, organizational participation, communication, identity, organizational direction and job design. However, with the dimension of job security and occupational health it was found that they were not significant since they have moderate correlations and some were below the mentioned level.

The results obtained from this research coincide with Quintana, et al. (2016), who established that in the health center staff there were employees who were satisfied with their work while there were others with little satisfaction and who received little remuneration.

In this study, it was found that health professionals perceived that job satisfaction was closely related with .674 to .874 with remuneration, organizational participation, communication, job design, and organizational justice.

On the other hand, Sosa-Cerda et al. (2010) reported that institutional commitment is to match the worker's goals and aspirations with the job, which facilitates a better QWL.

According to the findings of this research, job design was not representative since the calculated correlation was .504 to .588 with the dimensions of safety and working conditions, occupational health, remuneration, organizational participation, communication, and identity; with a correlation of .669 to .761 with organizational justice, job satisfaction, intrinsic motivation, and motivation with equity.

Trejo, et al. (2023) indicated in their study about intrinsic motivation that 74.8% of nurses had family support, which shows the importance of the balance between family and work. Robbins and Judge (2023) mention that factors such as progress, recognition, responsibility and achievement can be related to intrinsic motivation and, consequently, to job satisfaction.

The statements and results obtained agree that intrinsic motivation had a very high relationship of .80 to .90 with organizational participation and organizational justice and a correlation of .60 to .80 with morale, remuneration, communication, identity, direction and leadership, job design, and job satisfaction. While extrinsic motivation has a limited capacity to influence workers, which is reflected in the relational data of .60 to .80 with remuneration, identity, direction and leadership, organizational justice, job satisfaction and intrinsic motivation.

The QWL study was generally well accepted by the health center workers, however there were the following limitations: 1) On several occasions there were interruptions due to Internet failures; 2) Resistance was found in some people; 3) There were staff who were unfamiliar with how to manage the survey via Google Forms; 4) The main limitation was that staff can change their mind, opinion or perception depending on their culture, economy, education, mental and emotional problems as well as the situation they experience from a personal, family and social point of view; 5) Finally, a public health center usually has a bureaucratic management and it is very difficult for them to venture into new management and theories, the bureaucracy absorbs the processes, procedures and organizational changes with its demands for control and its somewhat inhuman pretensions.

As for the strengths that were had, it was the institutional support since they were interested in the results generated.

## Conclusion

Quality service to patients in a health center is very important, however, it is also transcendental that workers perceive a good level of quality of life since it results in personal and family well-being and consequently in better performance in patient care.

This work had the objective of evaluating the sociodemographic factors and the perception of the quality of work life of the staff assigned to a first level state health care organization located in an urban area.

To respond to the stated objective, the results indicated that the health center staff had little seniority in the position and in the organization, which is related to the age of the workers who are very young and do not have enough seniority. This situation has an important impact on the organization since the processes, procedures and labor standards are not known in their entirety, and it also generates little commitment and institutional belonging. More female than male staff worked in this institution, which indicated that women have positioned themselves more in the public health labor sector. It is important to highlight that the remuneration dimension was positioned among the lowest in the averages, which reflects that the staff does not feel adequately rewarded in terms of salary and benefits. On the other hand, the dimensions with the highest averages were identity, motivation with equity and organizational participation, aspects that leaders can take advantage of to develop policies that strengthen and consolidate these key areas for staff well-being.

Regarding the correlations, it is relevant to indicate that identity had a good correlation with occupational health, morale and organizational participation, which indicates that these dimensions influence in a positive way and that managers should take them into account in decision-making, using intrinsic and extrinsic motivation, as well as organizational justice.

On the other hand, intrinsic, extrinsic and equity motivation have a very important impact on the personal well-being of the worker and this is evident in the results obtained; since intrinsic motivation had high levels of correlation with most of the dimensions, as well as extrinsic motivation with equity.



The dimension of job satisfaction has a high correlation with remuneration, communication and organizational justice, which indicates that in order for workers to feel satisfied, they require organizational justice, good remuneration and communication.

Patient care models in health care have changed over the years and have been influenced by new organizational theories and new service guidelines aimed at generating competitiveness and productivity. However, the personal requirements of workers have also changed according to human generations and the contextual situation that exists. The health sector should be a priority for public administration so that health professionals perceive an adequate and fair QWL, due to the impact they have on patient care and organizational indicators.

Finally, for a health professional to perceive an optimal QWL, a balance between organizational and personal aspects is required, as well as allowing equity between personal, family and social activities.

### **Future lines of research**

Taking into account the results and the importance of this study in the group of health professionals, it is suggested to follow up the research with longitudinal studies, as well as the realization of subsequent studies, among which the following can be highlighted: the development of a model applicable to health systems, carrying out a study regarding human generations and their influence on QWL, studying medical care models and their relationship with QWL, determining organizational justice and its relationship with patient care models.

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