WORK PRESSURE AND WORKERS’ PERFORMANCE IN A HOSPITAL IN NORTHERN PERU, IN TIMES OF COVID-19

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ABSTRACT

The objective of this research was to determine the relationship between the work pressure and workers’ performance of a hospital in northern Peru, in times of COVID-19. The research was descriptive correlational in a cross-sectional design using the hypothetical deductive method from a quantitative approach. The population was the total of 73 workers A census sample was used. Likert scale questionnaires were used. Data were analyzed using descriptive statistics and correlation by Spearman ranges. The results showed that 80.8% of health workers have high work pressure and performance; it is deduced that hospital workers exhibit high Work Pressure and Performance. It was evident that the influence is strong from the social pressure derived from the attention of health personnel towards the work performance of workers. Regarding the dimension Pressure Derived from Daily Life and Performance, the relationship obtained a high level with 75.3% On the other hand, the dimension Pressure Originated by the Administrative Part and Performance, the relationship acquired a high level with 69.9% Therefore, it was deduced that hospital workers present high Pressure Originated by the Administrative Part towards Performance. Finally, the relationship between the dimension of Flexibility Regarding the Activities of Health Personnel and Performance, was high for 79.5% which showed that flexibility with respect to the activities of health personnel is strong towards the work performance of workers.

Keywords: Work pressure, performance, emergency, health workers and COVID-19

I. INTRODUCTION

The world has undergone a radical change since COVID-19 manifested itself as one of the most shocking pandemic and spread globally due to its form of contagion, constituting a high risk for health professionals (Ferreira et al., 2020). This disease has generated a huge chaos in the lives of humans with great impact on society, in the monetary, cultural, pedagogical and, undoubtedly, in the personnel of the health sector, which is a valuable resource to provide care to people with COVID-19 and those who face very intense work stressors for having long hours with overload of work, extreme biosecurity measures, concentration, surveillance added to the scarce protective equipment for their health Ybaseta, J. and Becerra B., 2020). The situation in clinics, health centers and hospitals is very complicated by the high risk of the spread of COVID-19, the intense pressure on services due to the demand for patients, the physical and mental exhaustion of all health personnel who fear putting at risk the health of their children, parents, husbands and grandparents since they are at greater risk of contagion of COVID-19, unlike other people who stay at home confined also in order not to contract this disease. De La Cruz-Vargas JA., 2020).

In Latin America and the Caribbean, this disease has become a major focus of a pandemic that has highlighted and exacerbated the shortcomings of social protection and health care systems. United Nations Office for the Coordination of Humanitarian Affairs., 2020. This situation has also put at risk the physical and mental health of the entire population and especially of the health personnel who from the beginning have been in the front line of care exposed to extreme circumstances, many have been infected by inadequate biosecurity conditions and by the enormous inequalities and inequities that exist in the health sector, with precarious health infrastructure to respond to a public health problem of great magnitude and with very little budget; today, it is taking its toll on us for the lack of supplies,
materials, medical components, in addition to long working hours due to lack of staff, lack of hospitals with a higher resolution level and, to further complicate this situation, the bad managers and the inexperience of these, brought with it the bad decision-making, which has caused many of the workers to have occupational exhaustion, get sick or die and others due to the work pressure of working in these conditions present psychological symptoms such as anxiety, depression or post-traumatic stress disorders due to the impotence of seeing them die and not being able to avoid them. (Lozano-Vargas A., 2021).

In this context it should be reflected that the system collapsed and health workers cannot work 100% for a long time under these conditions of scarce protection measures due to the circumstances in which they work and above all that the work environment in health facilities has become tense and complex, there being uncertainty, intense work pressure, physical and mental fatigue, the affliction of making difficult decisions, the anguish of infecting us and at the same time also the pain of losing a family member, colleagues and patients; these are situations in which all health workers are going through and living day by day, adding long hours of work, low salaries, few staff to cover shifts and lack of supplies and equipment and a lot of work pressure; in these circumstances, priority should be given to resources, food supply, rest for staff and family and psychological support for health workers. (Sohrabi C, et al., 2019)

For Peru, this pandemic has not been alien to what is happening in the world, since COVID-19 has not chosen countries, social classes, economic situations, genders, or ages, it has simply become an unprecedented public health emergency that puts at greater risk countries with vulnerable health systems including all personnel as of March 6, 2020, when the first case was registered in our country, as reported by the National Institute of Health and National Center for Epidemiology, Prevention and Disease Control; as of February 22, 2021, the Ministry of Health reports 45,263 deaths; 286,757 cases of infection of which 14,639 are hospitalized while 2,083 are in Intensive Care Units (ICU); statistical data show that we are one of the countries with the highest case fatality rate against the coronavirus–COVID-19. Ministry of Health., 2019). This situation causes the collapse of the health system generating chaos, fear and deaths in the population, especially in the personnel of the different health facilities of the country that face the disease because they are exposed to contracting it either by patients or by other asymptomatic professionals. In this sense, the general objective of this research was to determine the relationship between work pressure and the performance of workers during the COVID-19 Health Emergency Hospital of Support San Javier de Bellavista, Trujillo-Peru.

II. METHODOLOGY

The research was non-experimental, descriptive cross-sectional correlational. The population was made up of 73 health workers who work at the San Javier de Bellavista Support Hospital in the Jaén province in northern Peru. The inclusion criteria were the workers of all areas and/or services of the Hospital and who were part of the study voluntarily, in relation to the exclusion criteria were considered the director of the Support Hospital San Javier de Bellavista, the health personnel who are performing remote work and health workers who did not wish to participate voluntarily in the study.

The survey technique was used and as instruments, the inventory of pressures faced by staff - work pressure of Travers & Cooper of the year 1977, this was used for the measurement of the sources of work pressure, The multidimensional questionnaire of labor performance of Tsu Dubraska was applied. Frequency tables were used for data analysis. The correlation coefficient by Spearman ranges was used.

III. RESULTS

Table 1 shows that workers at the Bellavista Support Hospital have high levels (80.8%) Of Work Pressure and Performance.

<table>
<thead>
<tr>
<th>Level of Work Pressure</th>
<th>Level of Work Performance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>High</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>High</td>
<td>12</td>
<td>16.4</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>17.8</td>
</tr>
</tbody>
</table>
Table 2 shows the relationship between the Social Pressure dimension of care and Performance, which reached a high level with 79.5%. There was a 62.41% influence on the social pressure derived from the attention of health personnel towards the work performance of workers. Regarding the dimension Pressure Derived from Daily Life and Performance, a high level was observed with 75.3% and 5.5% in the middle level. The correlation was positive and high ($r_s=0.72$) and significant ($P < 0.05$), therefore, hospital workers present high Pressure Derived from Daily Life towards Performance. On the other hand, in relation to the dimension Pressure Originated by the Administrative Part and Performance, a high level was observed with 69.9% and 5.5% in the middle level. The correlation was moderate positive ($r_s=0.68$) and significant ($P < 0.05$), therefore, hospital workers present high Pressure Caused by the Administrative Part towards Performance. Finally, the relationship between the dimension of Flexibility Regarding the Activities of Health Personnel and Performance, was high for 79.5% and average for 4.1%. The correlation was high positive ($r_s=0.76$) and significant ($P < 0.05$).

### Table 2. Contingency table of the relationship between dimensions of work pressure variable and work performance of employees during the COVID-19 health emergency.

<table>
<thead>
<tr>
<th>Dimensions Work Pressure</th>
<th>Level of work performance</th>
<th>Correlation</th>
<th>Determination coefficient ($r^2_s$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>High</td>
<td>Total</td>
</tr>
<tr>
<td>Social pressure derived from attention</td>
<td>1</td>
<td>1.4</td>
<td>2</td>
</tr>
<tr>
<td>Pressure derived from daily life</td>
<td>Low</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Pressure from the administrative side</td>
<td>Average</td>
<td>4</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>9</td>
<td>12.</td>
</tr>
<tr>
<td>Flexibility with regard to the activities of health personnel</td>
<td>Average</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>10</td>
<td>13.</td>
</tr>
</tbody>
</table>

### IV. DISCUSSION

Garcia & Gil (2015) points out that work pressure affects the performance of professionals, generating greater relevance in health workers who develop their work with patients, in the same way the professional not only seeks monetary remuneration, but also the social recognition of work and satisfaction as a health professional. These results are consistent with Silva (2016) who indicates that 60.3% presented a regular level of attrition of which 79.4% of workers indicated an adequate work performance. It also includes those who direct and organize the functioning of the health system as managers, administrators or managers; these have replaced daily activities with more workload, working hours, lack of staff, lack of equipment and extra work; however, their performance during the pandemic has not been affected; on the contrary, they give more than is required for a single purpose to end the pandemic and return to normal life. It is there that we must highlight the utmost importance of the
health personnel who are working and at the same time supporting with the spread of preventive measures regardless of the functions they have; since in these times of pandemic, health workers are joining efforts and putting on the shirt so that this bad dream passes and can continue with normal life (García & Gil, 2015; Silva 2016, Solaz E. et al., 2020).

Likewise, Délan P. (2020) points out that health personnel in addition to working in the multiple activities within the hospital must also ensure their occupational safety, due to the high capacity of contagion of this virus, but despite taking all precautionary measures they are the most exposed to contracting COVID-19; it can also be mentioned that the accompaniment of managers and / or bosses makes health personnel feel more committed to the activities that are carried out either with successes and mistakes. Also, Ybaseta, J. and Becerra B., (2020) state that different articles are beginning to be documented on how the population has changed its way of being against health workers, from verbal and physical aggressions, mistreatment, threats against their lives and other actions that have become triggers for performance to be affected. In the same way Silva. (2016) reports on the international and national shortage of PPE which is known to be a great need for workers to protect themselves, the use of PPE is an indispensable condition to achieve the objectives and actions, otherwise the health personnel feel pressure, fear and anguish, as they face a battle without weapons. In agreement, Ybaseta, J. and Becerra B., (2020) Emphasize that this work should not only be entrusted to the health sector, because for health personnel in a great challenge and on the contrary should involve the authorities of the institutions involved: Regional Government, Ministry of Health, Regional Directorates and other administrative units of the health sector, Universities, Professional Associations, among others, for the taking of effective actions regarding this problem.

It is reported that in China and Italy 20% of health workers were infected at the same time the situation in the health services is complex that you have the uncertainty of contagion, physical and mental fatigue, the torment of difficult decisions and the pain of losing patients, family members even co-workers; adding to this the risk of contracting the infection by COVID-19, therefore it is sought that this pandemic be faced in a responsible way and thus reduce the number of infections of health personnel. (Ybaseta, J. & Becerra B., (2020); De La Cruz-Vargas JA. (2020); Delano P. (2020).

The results of the dimension of the pressure derived from the inherent daily life and the work pressure with the performance of the workers during the emergency, agree with the results of Garcia & Gil, (2015) where they indicate that, in the private sphere, 60% of doctors and only 38% of doctors work; this before the same level of preparation, the result is that there is a greater work frustration on the part of the doctors due to the family burden. Therefore, the work environment is deteriorating affecting in this way the psychological and physical state of workers leaving them more exposed to the work they perform under pressure since the care of patients is not easy and requires many tools to provide care with quality and warmth Garcia & Gil, (2015) It should be borne in mind that health workers are not only chess pieces because behind each of them there are children, families and dreams; what must be guaranteed to the staff is personal protective equipment, food supply, adequate rest and emotional support; so let's take care of those who have been caring for us in this COVID-19 pandemic (3).

With regard to the dimension of the Pressure Originated by the Administrative Part inherent in the Work Pressure with the Performance of workers during the emergency, the results found agree with what was pointed out by García & Gil, (2015) which indicate that, the pressure is also given by the negative work environment or inadequate management by the responsible managers from the acquisition of a good to the care of the professionals generating in this way conflicts at work, lack of communication, low self-esteem and this makes the professional not achieve a dialogue or treatment that benefits the work environment and therefore the care with the patient; when solutions are generated to the communication problems simply the result is a positive feedback thus obtaining adequate interdisciplinary collaboration and conducive work environment to improve interpersonal relations and all this results in a better quality and more satisfaction for both.

The work restriction is essential to prevent potential transmission to patients and / or co-workers and maintain a quarantine of a patient with a confirmed diagnosis of COVID-19, these circumstances make health facilities are understaffed thus generating greater pressure among workers to be able to cover 100% shifts. García & Gil, (2015); Silva. (2016) With regard to the results found on the relationship between the dimension of Flexibility Regarding the Activities of Health Personnel inherent in The Occupational Pressure with the Performance of workers during the emergency, Garcia & Gil (2015) show other studies with the other professionals of the
different emergency services where one of the causes of the labor pressure is the organizational part, lack of personnel, arbitrary dismissals, multiple, inefficient resources and over workload; which makes health workers show their concern but since these are not impediments to performance has decreased; on the contrary, it helps to stand firm in these times of COVID-19.

FINAL CONSIDERATIONS

As a result of the study, it should be suggested that human resources management policies should be reviewed, in order to improve the work pressure exerted by the hospital's governing body, the intention of the change is to generate that the work performance of workers is beneficial for the care of patients in times of COVID-19. It is concluded that there is a significant relationship between the work pressure and the performance of the workers of the Bellavista Support Hospital during the Covid-19 health emergency, where 80.8% of them present a high work pressure and work performance. In this sense, the study allowed to recommend expanding the sample and applying an experimental design.

REFERENCES