

The Conditions and Work Environment in Which Physicians in the State of Nuevo León Work: A Study From The Decent Work Perspective

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The work presented here is the result of an investigation carried out on the working conditions and environment of physicians working in the health sector in the state of Nuevo León, Mexico, within the framework of the International Labor Organization's vision of decent work. The research was developed with the purpose of understanding the main problems faced by health professionals in the workplace, which, as indicated in the literature, have an impact on people not only in their performance in the workplace but also in their productivity, the care they provide to their patients, and their individual and family wellbeing.

Keywords: physicians, working conditions, decent work

INTRODUCTION

Health, a Human Right

The health of the population is an important aspect when talking about the development of a society, since good health allows us to perform in the best way in our private life as well as in society. Lack of health care is considered one of the main deprivations that human beings may face, since being exposed to diseases and avoidable causes of death negatively affects people's standard of living and quality of life and increases poverty (Sen, 2000).

The World Health Organization (WHO, 2017) notes: "The core principle of the 2030 *Agenda for Sustainable Development* is to ensure that no one is left behind." WHO Director-General Tedros Adhanom Ghebreyesus says: "I encourage all countries to respect and protect human rights related to health - in their legislation and in their health policies and programs. We must all work together to combat inequalities and discriminatory practices so that everyone can enjoy the benefits of good health, regardless of age, sex, race, religion, health status, disability, sexual orientation, gender identity, or immigration status."

According to Adhanom, enjoying the best state of health is a fundamental human right, i.e., it should not be a matter of race, religion, political ideology or social or economic status.

"No one should get sick or die just because they are poor or because they cannot access the health services they need" (op cit).

Health Workers, an Operational Element of the Right to Health

However, for the population to enjoy good health, factors such as good nutrition, exercise, and so on are required; and in case of illness, the attention for health care falls mainly on health institutions as well as health workers, who are the backbone of health systems and play a critical role in health promotion as well as prevention, treatment and care (WHO, 2018).

The objective of this paper is to learn about aspects that are considered within the vision of decent work in this type of health professionals.

Acevedo et al (2012:2), states:

"A healthy work environment is critical, not only to achieve worker health, but also to make a positive contribution to productivity, work motivation, work spirit, job satisfaction and overall quality of life."

In other words, when the working conditions and environment are not good, it could be happening that the health of the workers themselves is being affected and along with it the quality of the care they provide to the users of the medical services.

"Work in the health sector, particularly in the care services, is different from other areas because it has very special objects, i.e. the people being cared for. In addition, the activity carried out by the staff contains specific risks that, during the interaction, can generate health problems in the workers as a whole and in each one of them".

This document is divided into the following sections: background, methodology, results and conclusions.

BACKGROUND

Economic Importance of Health Services

Health-related services have been gaining increasing global and regional economic importance, due to factors such as the trend in the increase of public and private health expenditures, advances in medicine and in the technology associated with these services, the increase in the elderly population, the epidemiological transition, among others (Knaul, et. al., 2007).

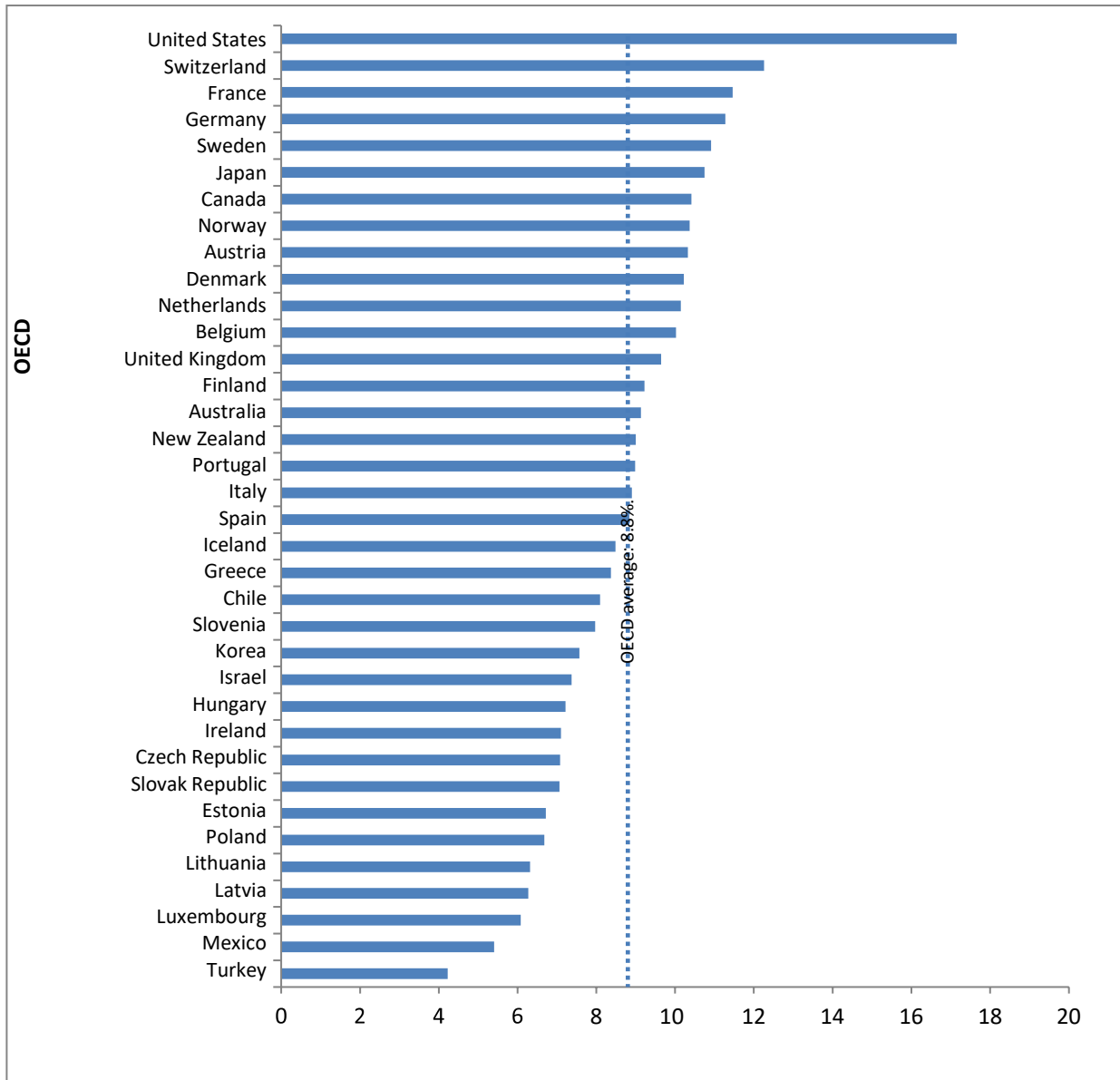
Corresponding to such importance, the health sector has become one of the most dynamic sectors of modern economies, since it constitutes an important source of professional and technical employment, is a high requester of inputs of all types, is an engine for technological innovation and is a highly profitable investment sector (Knaul, et. Al., 2007; Iriart, 2000; and Arreola and Nigenda, 2002).

According to Knaul, et al. (2007), although health care has always been an important issue for people, it was not until the 60's and 70's that it began to be considered an objective in government policies, because the paradigm that economic growth was achieved with the productive factors of land, labor and capital, began to change with the emergence of Gary Becker's human capital theory, which stated that investment in matters such as education, health, etc., contributes to the growth of productivity, income and the economy as a whole. In the 1980s, this paradigm shift was further strengthened by Amartya Sen's capability theory and the UNDP's Human Development approach, which put people's well-being as the very end of development and not as a means to achieve it.

Because of this, health care is seen as a form of economic redistribution by seeking to guarantee all

people the possibility of receiving medical care, which is why it has become an important item in government budget allocations and a subject that appears in the major items of the macroeconomic calculations of nations (Foucault, 1974 and Frenk, et al; 1994), see Figure 1.

FIGURE 1
HEALTH SPENDING AS A PERCENTAGE OF GDP OECD COUNTRIES, 2017



Source: OECD (2019)

As can be seen in Figure 1, considering the member countries of the Organization for Economic Co-operation and Development (OECD), health spending as a proportion of GDP in each of the member countries in 2017 ranged from 4.2% to 17.2%, with Turkey having the lowest share of health spending (4.2%), followed by Mexico (5.4%), and the one that spends the most on health is the United States with 17.2% of GDP, however, in all cases the macroeconomic importance of health spending is significant.

According to OECD statistics, the 15 member countries that spent the most on healthcare as a percentage of GDP in 2017 are the countries with the highest GDP per capita, plus Ireland and Luxembourg.

In particular, Mexico has the lowest GDP per capita of the 36 OECD member nations.

Neoliberalism and Its Impact on the Labor Market

Regarding labor, with the progressive establishment of economic neoliberalism, the intensification of competition in all economic sectors brought with it the need to reduce costs as much as possible, with a direct impact on salaries, hiring and working conditions in companies, which has caused greater precariousness in the labor market (Sotelo, 1999).

In this way, labor precariousness is a phenomenon that goes against the well-being of society, as well as human and sustainable development, since it weakens the labor culture of the working world, the social fabric and the strengthening of the internal market, essential elements for maintaining social cohesion.

Decent Work, an ILO Proposal to Revalorize Work

Facing the generalized worsening of the decline in the quality of jobs, in 1999 the ILO adopted at its 87th Session the *Decent Work agenda*, defining this concept as "productive work in conditions of freedom, equity, security and dignity, in which rights are protected and which enjoys adequate remuneration and social protection" (ILO, 1999:4); with the aim of advancing towards a more humane globalization.

The promotion of decent work would be achieved through four strategic objectives: a) the promotion of fundamental rights at work; b) the promotion of employment; c) social protection against situations of vulnerability; and d) the promotion of social dialogue (ILO, 1999).

In the case of health care workers, it is not only important to evaluate the quality of their jobs in terms of wages, benefits received, hours worked, type of contract, etc., but also, in order to speak of decent work, it is important to consider the work environment, given the risks involved in the performance of their profession.

The methodology and results of a study conducted in the city of Monterrey, Nuevo León, on the working conditions of physicians are presented below.

METHODOLOGY

The sample design of the Survey of Working Conditions and Environment of Physicians in the Monterrey Metropolitan Area is characterized by using a purposive sampling stratified by quotas to consider the working conditions of physicians. Observation units are the physicians who work in front of the patient in public or private medical units.

Sample size

The following formula was used to estimate the sample size:

$$n = \frac{Z_{\alpha/2}^2 * pq}{d_2}$$

where:

n= is the sample size.

p = estimate of the interest ratio q = 1- p.

d = maximum acceptable relative error.

z = value as stated in the statistical tables of the standard normal distribution for a preset confidence.

The sample data was adjusted for finite population, using the following formula:

$$n' = \frac{n}{1 + N}$$

A confidence level of 90 percent, a maximum relative error of 5.8 percent and an estimated proportion of 50 percent were considered. The above leads to a sample size of 199 physicians distributed in the two strata as follows: public sector (51%) and private sector (49%). Physician population of 8,614 versus patient in 2016 in Nuevo León (INEGI, 2018).

RESULTS

Working Conditions

Among the results obtained, it was found that 51% of the physicians surveyed have a permanent staff and the remaining 49% are working under temporary contracts.

Regarding income, 84% of the surveyed physicians earn more than 5 minimum wages, that is, more than 13,300 pesos per month, while the remaining 16% earn between 2 and 3 minimum wages per month. This shows that most of the physicians surveyed have incomes above the average income earned by a worker in the state of Nuevo León, which is between 2 and 3 minimum wages.

Concerning the number of hours worked, the data show that 29% of the physicians surveyed work more than 48 hours per week, while the remaining 71% work less than 48 hours per week, with the range of between 35 and 48 hours being the most frequent. It should be noted that those who work more than 48 hours reported working an average of 70 hours per week.

All the physicians reported receiving employment benefits; however, there are variations in the type of benefits received. Thirty-three percent of the physicians surveyed said they did not have access to medical care, while the remaining 77% did. 67% said they were not union members, compared to 33% who are.

The Workplace

Regarding the workplace environment, it was found that there are aspects where conditions are generally considered good, for example: ventilation, hygiene and workplace temperature. But there are other aspects where it was found that more attention is needed for the doctors to perform their work in the best possible way: lighting, noise, number of chairs, amount of equipment, instruments and materials.

CONCLUSIONS

After conducting this study, it can be noted that, at least among the physicians surveyed, it was observed that working conditions are not equally good for everyone. There are cases where aspects of decent work are not complied with, for example, the absence of medical care, situations where the working week is very long, and the lack of union presence.

On the other hand, there are areas of opportunity to improve the workplace environment such as lighting, noise, number of chairs, amount of equipment, instruments and materials.

It is necessary that those who ensure that the right to health care of the population in general is fulfilled, have the necessary conditions to be able to perform their work in the best possible way and, at the same time, feel fulfilled in their work.

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REFERENCES

- Acevedo, G., Farías, A., Sánchez, J., Astegiano, C., & Fernández, A. (2012). Condiciones de trabajo del equipo de salud en centros de atención primaria desde la perspectiva del trabajo decente. *Revista Argentina de Salud Pública*, 3(12), 15–22. Retrieved from <http://www.rasp.msal.gov.ar/rasp/articulos/volumen12/15-22.pdf>
- Arreola, H., & Nigenda, G. (2002). La economía de la salud como una herramienta para la toma de decisiones en el sector salud. Foro Silanes. Atención a la salud en México. *Economía y Salud en México*, 6(14).
- Foucault, M. (1974). *La crisis de la medicina o la crisis de la antimedicina*. Conferencia dictada en el Instituto de Medicina Social, Centro Biomédico, de la Universidad Estatal de Río de Janeiro, Brasil.
- Frenk, J., Gómez-Dantés, O., Cruz, C., Chacón, F., Hernández, P., & Freeman, P. (1994). Consequences of the North American Free Trade Agreement for health services: A perspective from Mexico. *American Journal of Public Health*, 84(10).
- INEGI. (2018). *Anuario Estadístico del estado de Nuevo León*. Retrieved from inegi.org.mx
- Iriart, C., Emerson, E.M., & Howard, W. (2000). La atención gerencial en América latina. Transnacionalización del sector salud en el contexto de la reforma. *Cuadernos de Saúde Pública, Río de Janeiro*, 6(1).
- Knaul, F.M., Arreola-Ornelas, A., & Escandón, P. (2007). La competitividad, la salud y el sector salud: Una nueva vertiente del paradigma de economía y salud. *Gaceta Médica de México*, 143(2).
- OCDE. (2019). *Estadísticas*. Retrieved from <https://stats.oecd.org/#>
- OIT. (1999). *Memoria del director general: Trabajo Decente. 87ª*. Reunión de la Conferencia Internacional del Trabajo, Ginebra, junio 1999. Retrieved from <http://www.ilo.org/public/spanish/standards/relm/ilc/ilc87/rep-i.htm>
- OMS. (2017). *La salud es un derecho fundamental*. Retrieved from <http://www.who.int/mediacentre/news/statements/fundamental-human-right/es/>
- Sen, A. (2000). *Desarrollo y Libertad*, Barcelona, Editorial Planeta. (Traducción del *Development as Freedom* (1999), London, Oxford University Press)
- Sotelo, A. (1999). *Globalización y precariedad del trabajo en México*. México, D.F.: Ediciones El Caballito.
- WHO. (2018). *Campaña mundial a favor de las enfermeras y matronas*. Retrieved from http://www.who.int/hrh/nursing_midwifery/es/