

Medical Personnel's Views and Attitudes on the Community Health System

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Abstract: Background: Healthcare professionals play a vital role in delivering high-quality care, and their perspectives are essential in shaping effective healthcare systems. Despite the challenges faced by healthcare providers globally, including stress, long working hours, inadequate infrastructure, and resource limitations, the views and attitudes of medical personnel towards their work environments and the healthcare system remain insufficiently explored. This study aims to explore the views and perceptions of Medical personnel regarding their work environments and the overall performance of the National Health System.

Methods: This study design was employed, utilizing an online survey distributed to 2000 Medical personnel across public and private hospitals, as well as medical centers. The survey, available in Spanish and English, consisted of 47 items and focused on demographics, prescribing practices, and experiences with the healthcare system. Data collection occurred over a three-month period in late 2017. Statistical analysis was performed using IBM SPSS, with descriptive statistics and Chi-Square tests for associations and independent t-tests for mean differences.

Results: A total of 360 Medical personnel participated, yielding an 18% response rate. The majority of respondents were male (59.4%), with a mean age of 41.7 years. Most participants (70.1%) had graduated in the past 17 years, with 47.2% working as medical specialists. Respondents were primarily from highland (60%) and coastal (35%) regions. Income distribution showed that 41.7% earned medium incomes, 36.1% had high incomes, and 22.2% had

low incomes. Satisfaction with healthcare organizations was mostly positive, with 44.4% reporting satisfaction and 27.8% expressing high satisfaction. The availability of resources was reported to be variable, with 41.7% stating that resources were often available.

Conclusion: The study revealed important insights into the challenges faced by healthcare professionals, including disparities in income, high workloads, and variable resource availability. Overall satisfaction with healthcare organizations was positive, but room for improvement remains, particularly in terms of resource allocation. Addressing these concerns may enhance the working conditions of healthcare professionals and, in turn, improve the efficiency and effectiveness of the healthcare system.

Keywords: Healthcare Professionals' Perspectives, Work Environments in Healthcare, National Health System Performance.

1. Introduction

Health professionals form the foundation of healthcare systems worldwide, and the delivery of high-quality care hinges on the presence of a sufficient workforce of skilled, dedicated, and motivated professionals operating within a well-resourced system (1, 2). According to the World Health Organization (WHO), an effective healthcare system encompasses all entities, individuals, and initiatives aimed at promoting, restoring, and maintaining optimal health (3, 4, 5).

Achieving healthcare service objectives necessitates an adequate workforce of appropriately trained health professionals (6). Globally, healthcare providers face numerous challenges in service delivery, such as high stress levels, extended working hours with insufficient breaks, inadequate or deteriorating infrastructure, limited resources, and overcrowded facilities that result in prolonged waiting times (7, 8, 9). Although these issues differ across regions, many health systems contend with some degree of administrative and political hurdles, irrespective of economic conditions or living standards (10, 11).

Incorporating the perspectives of healthcare professionals regarding their work environments, regulatory policies, and systemic deficiencies is vital for effective health system governance (12, 13, 14). As outlined in the 'Strategy on Human Resources for Universal Access to Health and Universal Healthcare Coverage,' endorsed in 2017, it is crucial to examine the factors that influence the interests, motivations, and working conditions of healthcare personnel in underserved regions to better attract and retain human resources in such areas (15).

Decisions concerning public health are often shaped by the prevailing political agenda, with valuable insights and information frequently overlooked, which could otherwise enhance the efficiency and effectiveness of healthcare systems (16, 17).

The healthcare structure in many countries blends features of both Bismarck and Beveridge models, wherein publicly funded healthcare providers coexist with privately operated services and medical insurance schemes (18, 19). The public sector generally caters to the majority of the population, including those without insurance and certain pensioner groups, while a smaller portion of the population is served by private, profit-driven, and non-profit organizations or those with access to private medical insurance (17, 18, 20).

Exploring the dynamics of this multifaceted system through the lens of healthcare providers, rather than focusing solely on patients' perspectives, can provide critical insights into the challenges faced by professionals and their attitudes toward the healthcare system (12, 21, 22).

2. Methods

This research employed an online survey to collect data. The survey was disseminated online and targeted Medical personnel working in both public and private hospitals, as well as medical centers across multiple regions.

The participant pool consisted of male and female Medical personnel registered within national and provincial medical associations, as well as those listed in the databases of major hospitals. Eligibility was limited to individuals who held a valid medical degree and were legally authorized to practice. Participants were required to provide informed consent at the beginning of the survey by agreeing to a digital "Terms and Conditions" and "Agreement of Participation" form before proceeding.

Prior to the survey, a series of informal discussions were held with a purposive sample of 20 experienced medical professionals to identify key issues impacting healthcare providers in the system. Feedback from these discussions informed the development of a 47-item questionnaire, written in Spanish and refined over a two-month period to ensure clarity and organization. An English translation of the questionnaire was also made available as a supplementary resource.

The survey was structured into three sections:

- **Demographics:** Collected data on variables such as age, gender, educational background, postgraduate training, workplace, and workload.
- **Perceptions on Prescribing Practices:** Explored attitudes and experiences related to the use of specific medications.
- **System Interaction:** Assessed experiences with the health system in both public and private sectors.

The survey required respondents to complete each question before advancing, with response options including predefined answers, "yes/no/not applicable," and other formats. The pilot testing indicated that the survey would take between 15 and 25 minutes to complete.

The survey link was distributed to 2000 Medical personnel via email and encrypted messaging apps, accompanied by assurances of data confidentiality and an explanation of the study's purpose. To protect anonymity, no personally identifiable information was requested.

Statistical Analysis

Data analysis was conducted using IBM SPSS Statistics for Windows Version 24.0. Descriptive statistics were presented as frequencies and percentages by gender, while inferential analysis included Chi-Square tests for associations between variables and independent t-tests for mean differences. Statistical significance was set at $p < 0.05$, with 95% confidence intervals calculated for means and proportions.

3. Results

Invitations to participate in the survey were distributed via email to 2000 Medical personnel within the updated target population. Additional distribution channels included collaborators and the promotion of the survey through social media articles. By the conclusion of the data collection period, 360 questionnaires were fully completed and included in the analysis. The response rate of the survey was 18%. Of the respondents, 59.4% were male [95% CI: 0.54–0.63], and 40.6% were female [95% CI: 0.37–0.46]. The majority of female respondents were younger than their male counterparts, with most females being aged 31–40 years compared to the 41–50 age group for males.

The majority of respondents (70.1%) had graduated from medical school within the past 17 years. Among these, 47.2% were medical specialists, 22.8% general practitioners, 10.8% rural health practitioners, 8.6% sub-specialists, 5.5% were enrolled in specialty programs, and 5.1% were researchers or administrative professionals (e.g., Master of Public Health, Master of Science, Epidemiologists, or PhDs).

Medical specialization was more prevalent among male respondents than females, with clinical specializations being the most common overall. A large proportion of participants (92.8%) had obtained their medical degrees locally, and the responses were collected from a variety of regions and healthcare institutions, including public (55%), private (30%), and other facilities (15%). The majority (60%) of Medical personnel worked in highland regions, followed by 35% in coastal regions, and 5% in other areas. Table 1 outlines the demographic and professional details of the participants.

Table 1: Participants' Demographics

Characteristics	Men (n = 214; 59.4%)	Women (n = 146; 40.6%)	p-value
Age Group			
21–30	15.9%	35.6%	< 0.001
31–40	33.2%	42.5%	
41–50	18.7%	13.0%	
>50	32.2%	8.9%	
Medical Specialties			0.005
Clinical	41.1%	36.3%	
Surgical	14.4%	3.4%	
Clinical-Surgical	9.3%	4.8%	
Diagnostics	4.7%	2.7%	
Without specialty	30.5%	52.8%	
Place of Study			0.884
Local	92.5%	93.2%	
Foreign	7.5%	6.8%	
Type of University			0.012
Public	51.4%	62.3%	
Private	25.7%	31.5%	
Co-financed	4.7%	1.4%	
International	8.2%	4.8%	
Region of Practice			0.208
Highland	58.9%	62.3%	
Coastal	36.4%	30.1%	
Other	4.7%	7.6%	
Practice Setting			0.492
Public	54.7%	56.2%	
Private	28.0%	27.4%	
Other (Social Security, etc.)	17.3%	16.4%	

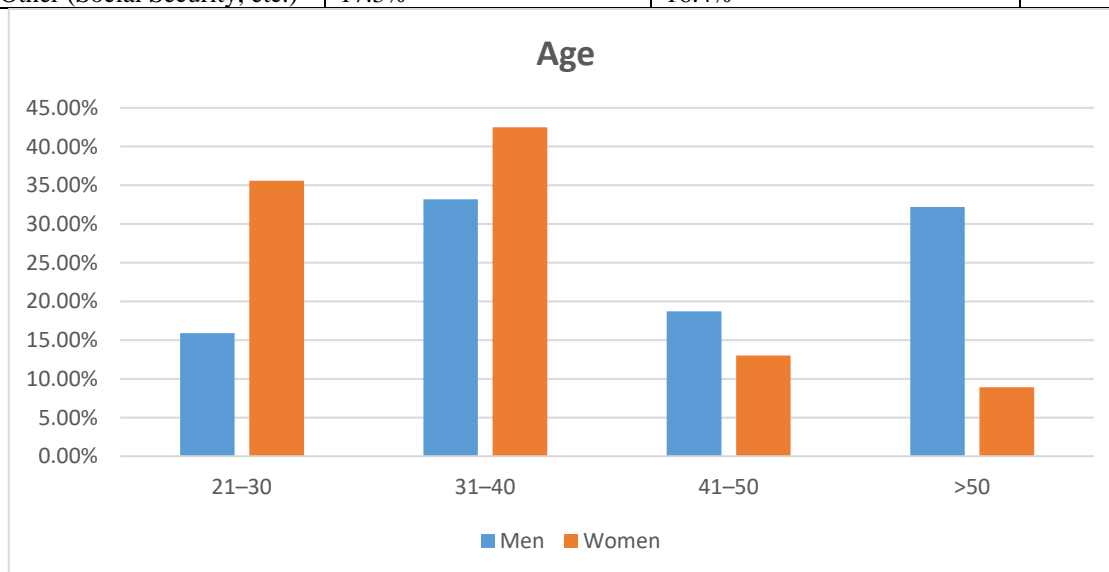


Fig 1: Age

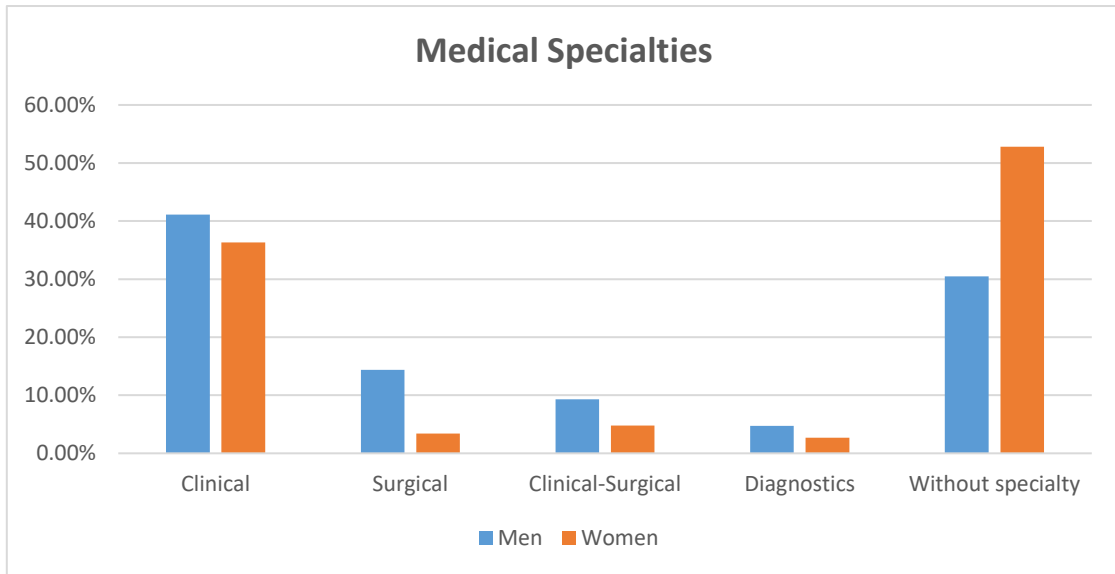


Fig 2: Medical Specialties

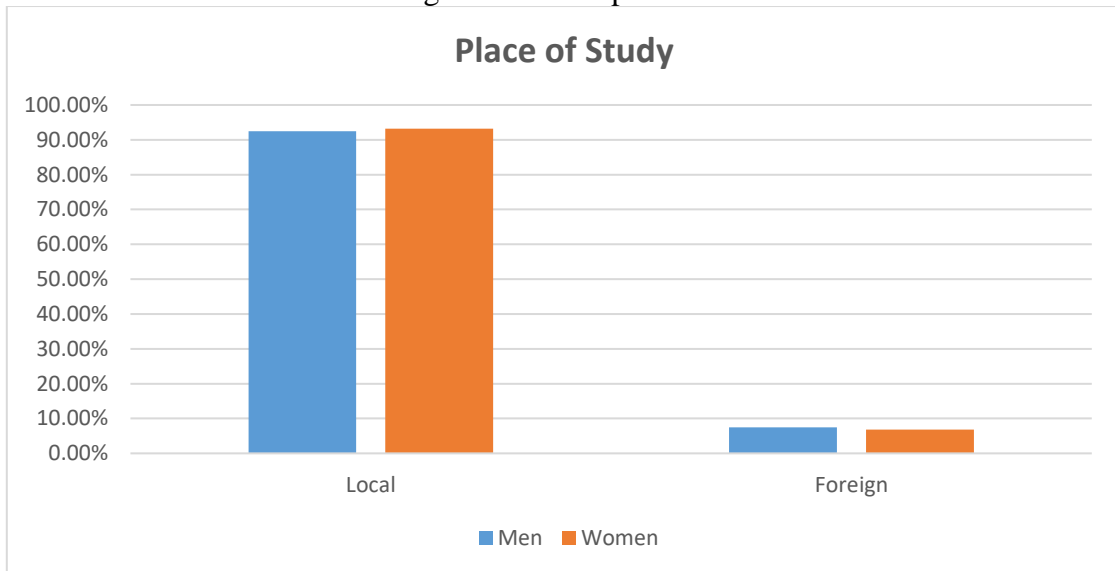


Fig 3: Place of Study

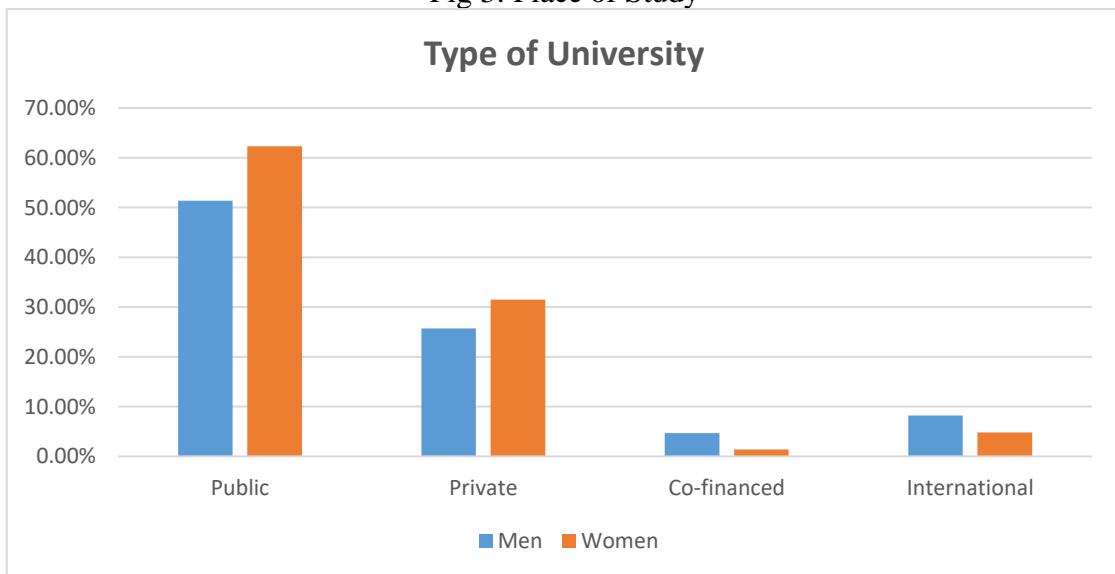


Fig 4: Type of University

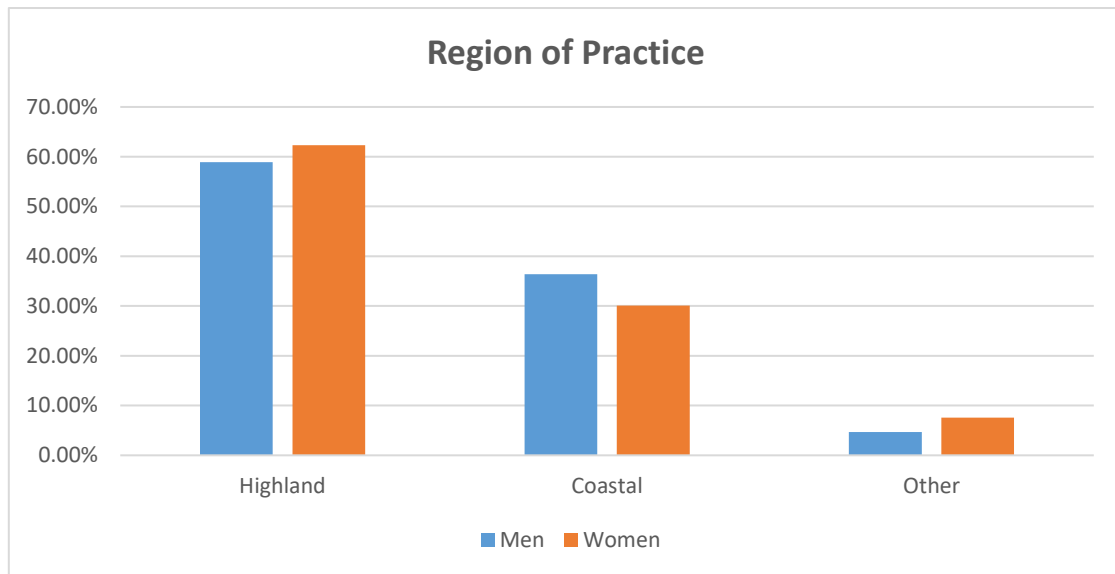


Fig 5: Region of Practice

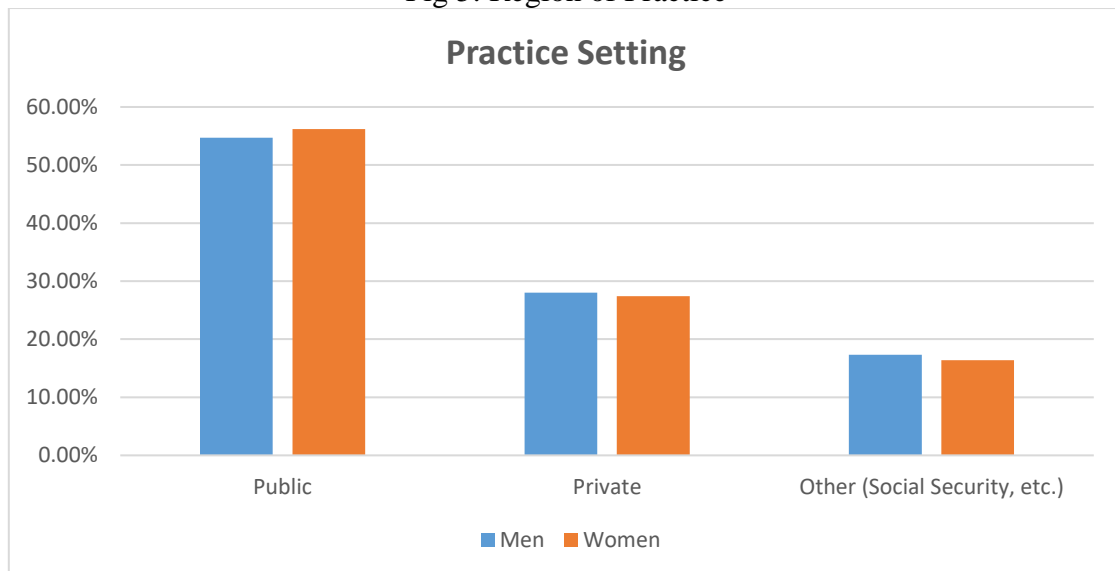


Fig 6: Practice Setting

Income, Night Shifts, and Perception of Other Colleagues

Income levels among the surveyed Medical personnel reveal a significant distribution, with 41.7% (150 respondents) reporting a medium income level, while 36.1% (130 respondents) report a high income level. However, 22.2% (80 respondents) report a low income, indicating disparities that may depend on factors such as specialization, region, or the public/private sector. This variation emphasizes how income can be influenced by various professional factors.

Regarding night shifts, 33.3% (120 respondents) work 3-5 shifts per month, and 27.8% (100 respondents) work 6-8 shifts. A smaller proportion, 13.9% (50 respondents), report working nine or more night shifts, while 25% (90 respondents) work 0-2 shifts. Night shifts are reported to affect work-life balance, with some Medical personnel noting a high workload, which may impact both personal and professional lives.

In terms of colleagues' professionalism, 44.4% (160 respondents) perceive their colleagues' professionalism as very positive, while 33.3% (120 respondents) rate it as positive. Only 16.7% (60 respondents) perceive their colleagues' professionalism as neutral, and a small minority, 5.6% (20 respondents), report a negative view. The generally positive outlook on professionalism likely enhances team collaboration and work environment.

Table 2: Questions Related to Income, Night Shifts, and Perception of Other Colleagues

Question	Response Option	Number of Responses (N = 360)	Percentage (%)	Comments
Income Level	Low	80	22.2%	Income variations are expected based on specialization, region, and sector (public/private). Considerable differences in response based on these factors.
	Medium	150	41.7%	
	High	130	36.1%	
Number of Night Shifts per Month	0-2	90	25%	Night shifts can affect work-life balance; some Medical personnel report high workloads.
	3-5	120	33.3%	
	6-8	100	27.8%	
	9 or more	50	13.9%	
Perception of Colleagues' Professionalism	Very Positive	160	44.4%	High levels of perceived professionalism enhance team collaboration.
	Positive	120	33.3%	
	Neutral	60	16.7%	
	Negative	20	5.6%	

Health Care Organization

Satisfaction with healthcare organizations is mostly positive, with 44.4% (160 respondents) reporting they are satisfied, and 27.8% (100 respondents) indicating they are very satisfied. However, 19.4% (70 respondents) are neutral, and 8.3% (30 respondents) express dissatisfaction, suggesting room for improvement in some areas of healthcare delivery.

The availability of resources in the workplace varies, with 41.7% (150 respondents) reporting that resources are often available, while 27.8% (100 respondents) say resources are sometimes available. A significant 22.2% (80 respondents) state that resources are always available, but 8.3% (30 respondents) indicate that resources are rarely available. These responses highlight the challenges of resource shortages that may negatively impact work quality and physician satisfaction.

Opinions About the Public Health System

The perception of the public health system's efficiency shows that 41.7% (150 respondents) view it as efficient, while 33.3% (120 respondents) hold a neutral stance. A smaller proportion, 13.9% (50 respondents), consider it inefficient, and only 11.1% (40 respondents) regard it as very efficient. These results indicate that while many Medical personnel are satisfied with the public health system, a notable proportion remains neutral or critical, with concerns likely related to infrastructure or system inefficiencies.

In terms of workload, 41.7% (150 respondents) report having a heavy workload, and 33.3% (120 respondents) describe their workload as manageable. However, 13.9% (50 respondents) report that their workload is very manageable, while 11.1% (40 respondents) feel their workload is overwhelming. This suggests that while a majority find the workload challenging, a minority of Medical personnel experience extreme work pressure that could impact their ability to provide quality care.

Which Pharmaceutical Products Are Harder to Find?

Pharmaceutical shortages are a significant concern for many Medical personnel, with 55.6% (200 respondents) reporting that antibiotics are difficult to find, followed by 50% (180 respondents) who experience shortages in pain relievers. Additionally, 41.7% (150 respondents) report that insulin and diabetes medications are hard to procure, and 27.8% (100 respondents) highlight cancer treatment medications as particularly challenging to find. A

smaller percentage, 13.9% (50 respondents), identify other medications as being in short supply. These shortages, especially in critical medications like antibiotics and insulin, may severely affect patient care, particularly in areas with limited resources.

4. Discussion

The findings of this study reveal critical insights into Medical personnel ' perceptions and experiences within the healthcare system, highlighting significant challenges and opportunities for improvement.

The results indicate that while a majority of Medical personnel are generally satisfied with their work environment, significant concerns persist regarding resources, workload, and pharmaceutical shortages. Resource availability is an ongoing issue, with only 22.2% of respondents indicating that resources are always available in their workplaces, while 8.3% report that resources are rarely available. This aligns with global findings on the importance of adequate infrastructure and support for healthcare providers to maintain quality care (20).

Night shifts and heavy workloads are prevalent, with over 60% of Medical personnel working at least three night shifts per month. Such demanding schedules can adversely affect work-life balance, as evidenced by prior research on the impact of long working hours and insufficient rest on medical professionals' performance and well-being (21, 22).

Approximately 55% of participants work in public sector institutions, which cater to the majority of the population. While the public system was rated as efficient by 41.7% of respondents, a notable 13.9% deemed it inefficient, pointing to systemic inefficiencies and infrastructure challenges. Comparatively, studies in other regions have reported similar concerns, where healthcare delivery in public institutions is often hindered by overcrowding and resource constraints (23).

The issue of pharmaceutical shortages was particularly pronounced, with 55.6% of respondents identifying antibiotics as the most challenging to procure, followed by pain relievers and insulin. These findings underscore the critical need for policy interventions and supply chain optimization to mitigate shortages of essential medications, a problem that has been widely documented in resource-limited settings (24).

Gender-based differences in professional characteristics were observed, with male Medical personnel more likely to specialize and report higher income levels. Women were more concentrated in younger age groups and were underrepresented in surgical and clinical-surgical specialties. This pattern reflects broader global trends in gender disparities within the medical profession and highlights the need for targeted efforts to promote gender equity in access to professional development and specialization opportunities (25).

The study highlights several areas for potential improvement within the healthcare system:

1. **Resource Allocation:** Enhanced funding and strategic resource distribution could address shortages and ensure that facilities are better equipped to support Medical personnel and deliver high-quality care (26).
2. **Workload Management:** Implementing measures to reduce workload and support work-life balance, such as hiring additional staff or improving administrative efficiency, may alleviate physician stress and improve job satisfaction (27).
3. **Pharmaceutical Access:** Strengthening supply chains and establishing emergency reserves for essential medications could mitigate shortages and enhance patient outcomes (28).
4. **Professional Development:** Addressing gender disparities through mentorship programs, training opportunities, and policies aimed at equitable access to specialization can foster a more inclusive healthcare workforce (29).

5. Conclusion

This study underscores the complexity of healthcare delivery and the importance of addressing systemic issues to enhance Medical personnel ' experiences and the overall effectiveness of the healthcare system. By addressing resource shortages, optimizing workloads, and promoting equitable professional development, policymakers can create a more supportive environment for healthcare providers, ultimately improving patient care and satisfaction.

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