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BRIEF ORIGINAL

Organizational climate and work-related stress among medical staff at a hospital in Lima, Peru

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Keywords:
work environment; occupational stress; medical staff; health management; professional burnout (source: MeSH-NLM).

ABSTRACT

Objective. To determine the relationship between organizational climate and work-related stress among medical staff at a hospital in Lima, Peru. **Methods.** An observational, cross-sectional, and correlational study was conducted among physicians at a hospital in Lima (Peru). The sample population consisted of 76 physicians who completed a survey that included the Multidimensional Organizational Climate Scale for Health Personnel and the Medical Staff Occupational Stress Scale. **Results.** For both the variable "organizational climate" and the variable "work-related stress," the moderate level was the most frequent, reported by 48.7% and 54.0% of the hospital's physicians, respectively. A significant correlation was found between "organizational climate" and "work-related stress" among the medical staff (rho = 0.82; p = 0.001). **Conclusions.** There is a significant, strong, and positive relationship between organizational climate and each of the dimensions of work-related stress among the medical staff at the hospital in Lima, Peru.

Clima organizacional y estrés laboral en el personal médico de un hospital de Lima, Perú

Palabras clave:
ambiente de trabajo; estrés laboral; cuerpo médico; gestión en salud; agotamiento profesional (fuente: DeCs-BIREME).

RESUMEN

Objetivo. Determinar la relación entre el clima organizacional y el estrés laboral en el personal médico de un hospital de Lima. **Métodos.** Estudio observacional, transversal y correlacional realizado en médicos de un hospital de Lima (Perú). La población muestral estuvo conformada por 76 médicos a quienes se les realizó una encuesta que contenía la escala multidimensional de clima organizacional para personal de salud y el instrumento de estrés laboral para médicos. **Resultados.** Tanto en la variable "clima organizacional" como en la variable "estrés laboral", el nivel moderado fue el más frecuente, con un 48,7 % y un 54,0 % del total de los médicos del hospital, respectivamente. Así mismo, se encontró una correlación significativa entre el "clima organizacional" y el "estrés laboral" en el personal médico (rho 0,82; p = 0,001). **Conclusiones.** Existe relación significativa, positiva y fuerte entre el clima organizacional y cada una de las dimensiones del estrés laboral en el personal médico del hospital de Lima en Perú.

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INTRODUCTION

There is a knowledge gap regarding how organizational climate and work-related stress interact among medical personnel in Peru and Latin America [1]. The interplay between these factors is complex, and a deeper understanding could help develop effective strategies to improve both employee mental health and organizational efficiency [2].

Despite increasing academic and practical attention to occupational stress in the health sector, research tends to address these issues in isolation, without sufficiently considering the influence of organizational climate. This has resulted in a significant gap in the academic literature, limiting a holistic understanding of how the work environment affects stress levels among medical staff [3].

Internationally, organizational climate factors—such as leadership support, role clarity, and opportunities for professional development—may moderate or mediate the relationship between job demands and experienced stress. Without a clear understanding of these mechanisms, interventions aimed at reducing occupational stress may be ineffective or even counterproductive [4].

In Peru, evidence has shown that organizational climate influences the levels of work-related stress among medical personnel. Studies conducted in Peruvian public hospitals indicate that institutional environments characterized by poor communication, authoritarian leadership, lack of recognition, and limited organizational support significantly contribute to increased stress among health professionals [5,6]. Likewise, Chávez et al. [7], in a study conducted in Lima in 2022, identified a significant relationship between job performance and medical stress, which can intensify perceptions of overload, reduce motivation, and negatively impact the quality of care provided.

In this context, the objective of this study was to determine the relationship between organizational climate and work-related stress among medical personnel at Hospital II Vitarte of EsSalud in Lima, Peru.

METHODS

Study type and area

This was an observational, quantitative, cross-sectional, correlational study conducted in the Internal Medicine Service of Hospital II Vitarte EsSalud during the first semester of 2024.

Population and sample

The study population consisted of physicians working in the Internal Medicine Service. A non-probabilistic, purposive, census-type sampling approach was used, resulting in a total sample of 76 physicians. Inclusion criteria included signing informed consent and having an active employment relationship at the time of the study.

Data collection instruments

Data were collected electronically using a Google Forms® questionnaire. The survey included sociodemographic variables such as sex, age, and self-perceived socioeconomic status. For the variable "work-related stress," the Work Stress Scale for Physicians (see Annex 1), designed and validated by Hernández et al. [8], was used. Content validity was assessed, yielding an Aiken's V coefficient of 0.90, considered highly satisfactory [9]. The instrument demonstrated a Cronbach's alpha of 0.937 and included 38 items grouped into four dimensions: (a) emotional exhaustion, (b) job dissatisfaction, (c) effort–reward imbalance, and (d) appraisal of work demands. Items were rated on a four-point Likert scale ranging from "Strongly disagree" (1 point) to "Strongly agree" (4 points). Scores ranged from a minimum of 38 to a maximum of 152. Based on total scores, work-related stress was classified as low (38-75), moderate (76-114), or high (115-152).

For the variable "organizational climate," the Multidimensional Organizational Climate Scale (EMCO, by its Spanish acronym) for health personnel (see Annex 2), developed and validated by Patlán and Flores [10], was applied. Content validity yielded an Aiken's V of 0.90, also considered highly satisfactory [9]. The instrument showed a Cronbach's alpha of 0.925 and included 29 items grouped into four dimensions: (a) infrastructure, (b) motivation, (c) conflict manifestation, and (d) sense of belonging. Items were rated on a four-point Likert scale from "Strongly disagree" (1 point) to "Strongly agree" (4 points). Total possible scores ranged from 29 to 116, categorized as deficient (29-57), moderate (58-87), or optimal (88-116) organizational climate.

Data analysis

Once collected, the data were processed using Microsoft Excel, generating a database from which tables for analysis and interpretation were developed.

The significance level used in the study was 0.05. Given the ordinal nature of both variables, the Spearman's rho statistic was employed for inferential analysis. Prior to selecting the statistical test, the Kolmogorov–Smirnov normality test was applied, as the sample included more than 30 participants. Had the data met normality assumptions, parametric tests would have been used.

Ethical considerations

This study adhered to responsible research conduct and the ethical principles of non-maleficence, beneficence, autonomy, and justice, ensuring the confidentiality of the collected data. The study was approved by the Institutional Research Ethics Committee of the Hospital Nacional Guillermo Almenara Irigoyen (approval file Nº 01985202400000900).

RESULTS

According to the sociodemographic characteristics of the participants, 69.8 % of the physicians were men. Regarding age, 46 % were between 51 and 60 years old, 29 % were between 40 and 50 years old, and 25 % were between 61 and 70 years old. With respect to self-perceived socioeconomic status, the middle level accounted for 68.4 % of the total (see Table 1).

As shown in Table 2, for the variable "organizational climate," the moderate level was the most frequent (37), representing 48.7 % of all physicians at the Lima hospital. For the variable "work-related stress," the moderate level was also the most frequent (41), accounting for 54.0 % of the physicians (see Table 3).

Table 1. Sociodemographic characteristics of the medical personnel

Characteristics	n = 76	
	fi	%
Sex		
Male	53	69.8
Female	23	30.2
Age group		
40 - 50	22	29.0
51 - 60	35	46.0
61 - 70	19	25.0
Socioeconomic status		
High	21	27.7
Medium	52	68.4
Low	3	3.9

A significant correlation was found between "organizational climate" and "work-related stress" among medical personnel (rho = 0.82; p = 0.001). When evaluating the dimensions of the work-related stress instrument, significant correlations were identified between "organizational climate" and the dimension "emotional exhaustion" (rho = 0.795; p = 0.020), "job dissatisfaction" (rho = 0.85; p = 0.010), "effort–reward balance" (rho = 0.83; p = 0.040), and "perceived work demands" (rho = 0.78; p = 0.020).

DISCUSSION

The findings of this study regarding the relationship between organizational climate and work-related

Table 2. Overall level of organizational climate among medical personnel at a hospital in Lima, Peru

Variables	n = 76	
	fi	%
Organizational climate		
Optimal	14	18.4
Moderate	37	48.7
Deficient	25	32.9

Table 3. Overall level of work-related stress among medical personnel at a hospital in Lima, Peru

Work-related stress	n = 76	
	fi	%
High	21	27.6
Moderate	41	54.0
Low	14	18.4

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stress in physicians indicate that these factors may significantly affect the well-being and performance of health professionals. Chronic stress can lead to physical and mental health problems, including burnout syndrome, whereas a positive organizational climate may mitigate these adverse effects. However, Oancea et al. [11] highlight that this relationship also presents contradictory characteristics; therefore, understanding these dynamics is essential for developing effective interventions aimed at improving working conditions, reducing staff turnover, and increasing job satisfaction, which in turn may enhance the quality of medical care and patient safety [12].

A significant relationship was found between organizational climate and work-related stress among medical personnel. This is supported by evidence demonstrating how perceptions of the work environment influence employees' stress levels [18]. A negative organizational climate—characterized by lack of support, poor communication, and adverse working conditions—can considerably increase work-related stress among physicians, negatively affecting their well-being and professional performance, as reported by Ruiz-Fernández et al. [13].

Furthermore, a significant relationship was identified between organizational climate and the "emotional exhaustion" dimension of work-related stress. A work environment marked by high job demands, insufficient institutional support, and ineffective communication can increase emotional exhaustion, manifesting as burnout symptoms, cynicism, and depersonalization [14]. Singh et al. [15] suggest that improving organizational climate through psychological support strategies, recognition of job performance, and enhanced internal communication can help mitigate emotional exhaustion and thus reduce work-related stress. Nevertheless, such actions must be comprehensive in order to ensure a meaningful impact on the work environment, as evidenced by Silistraru et al. [16].

Regarding the relationship between organizational climate and the "job dissatisfaction" dimension, this finding is based on the notion that a negative organizational climate—characterized by lack of support, insufficient resources, unfair policies, and poor communication—can substantially increase job dissatisfaction, which in turn elevates stress levels [17]. Job dissatisfaction may present as feelings of frustration, demotivation, and a desire to leave the organization. Improving organizational climate through stronger institutional support, recognition of good performance, and the implementation of fair labor policies can reduce job dissatisfaction and, consequently, diminish work-related stress, promoting a more satisfactory and productive work environment for health professionals [18].

The relationship observed between organizational climate and the "effort–reward balance" dimension of work-related stress is grounded in the idea that an organizational climate perceived as unfair—where physicians feel their effort is not adequately compensated—can lead to increased stress, demotivation, and feelings of inequity [18]. However, this perception of injustice may also reduce job dissatisfaction and positively influence emotional well-being and professional performance, according to the resilience-based perspective reported by Wojczyk et al. [19]. For Delgado-Gallegos et al. [20], improving perceived equity through fair compensation policies, performance recognition, and transparent communication can reduce work-related stress and foster a more positive and equitable organizational climate for medical personnel.

The correlation between organizational climate and the "perceived work demands" dimension is supported by the notion that an organizational environment in which job demands are perceived as disproportionate to the recognition and support received can increase work-related stress, generating feelings of overload and lack of appreciation [21]. Nonetheless, Secosan et al. [22] indicate that this perception of undervaluation may deteriorate the mental and emotional health of physicians, negatively affecting their performance and job satisfaction. Implementing strategies that balance job demands with appropriate recognition and institutional support may reduce stress and improve organizational climate by promoting a healthier and more motivating work environment for medical personnel [23,24].

This study presents several limitations. First, the cross-sectional nature of the research design prevents the establishment of definitive causal relationships. In addition, the sample was limited to a single hospital in Lima, which restricts the generalizability of the findings to other contexts and regions. The use of self-reported data may introduce response bias and subjective perceptions. Similarly, potentially influential variables—such as individual characteristics of physicians (e.g., age, gender, work experience) and external factors (e.g., health policies, socioeconomic conditions)—were not comprehensively controlled due to the limited sample size.

Conclusions

The findings demonstrate a significant correlation between organizational climate and work-related stress among medical personnel at a hospital in Lima, Peru. Future research should consider longitudinal designs as well as larger and more diverse samples to address the study's limitations and provide a more robust understanding of the relationship between organizational climate and work-related stress in the medical setting.

It is recommended that institutional support programs be implemented, including psychological interventions and training in stress management. Furthermore, it is essential to improve internal communication and promote a culture of recognition and appreciation of the efforts of medical personnel. Fair and equitable labor policies that ensure appropriate compensation and adequate resources are also crucial for reducing work-related stress. In addition, periodic evaluations of organizational climate and staff well-being are suggested in order to identify and address emerging issues in a timely manner.

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Conflict of interest statement

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ANNEXES

Annex 1. Work-related stress instrument for physicians

ITEMS
1. Emotional exhaustion
1. I end the workday emotionally exhausted.
2. I am emotionally fatigued due to my job.
3. I am overwhelmed by the thought of not fulfilling my job duties.
4. I feel emotionally exhausted when my day off arrives.
5. I feel tense just thinking about my job.
6. I get irritated easily at work.
7. I am emotionally drained because of my job.
8. I feel unmotivated to do my work.
9. I have no desire to go to work.
10. The tasks I perform involve too much responsibility.
11. No matter how hard I try, I do not achieve the results I expect.
2. Job dissatisfaction
12. I believe that the compensation I receive is sufficient for my effort.
13. I believe that being promoted in this institution does not depend on my effort.
14. The pay I receive is insufficient.
15. I believe that my effort does not improve the compensation I obtain.
16. My supervisors show indifference toward what I need to perform my job.
17. I believe that nothing I do helps improve my working conditions.
18. It is difficult for me to achieve results under the conditions in which I work.
19. I feel unmotivated to do my job.
20. I believe that it is impossible to complete the number of tasks I am assigned.
21. I prefer to be indifferent to what I dislike about my job.
22. I believe that the time I have to complete my tasks is insufficient.
3. Effort-reward balance
23. I feel indifferent about improving my performance.
24. I am fed up with my job.
25. I feel like changing jobs.
26. I put minimal effort into what I do.
27. I feel frustrated about my expectations for professional growth.
28. I consider my effort to provide quality care in the hospital to be futile.
29. I feel that the demands of my job exceed my capacity to respond.
30. I believe that the number of activities I perform is too high.
31. I find it difficult to concentrate on the demands of each task.
32. There are too many tasks to complete.
33. The activities I perform require too much effort from me.
34. I think of my job as a necessary sacrifice.
4. Appraisal of work demands
35. No matter what I do, my work is not valued.
36. I feel overwhelmed by the difficulty of the tasks.
37. I feel pressure due to the lack of results in certain cases.
38. The recognition I receive is unsatisfactory.

Annex 2. Multidimensional organizational climate scale for health personnel

ITEMS
1. Infrastructure
1. I consider the lighting in my work area ideal for performing my tasks.
2. Ventilation in my work area is adequate.
3. The ambient temperature allows me to work comfortably.
4. The space in my work area is sufficient to carry out my tasks.
5. There are no high noise levels that affect my health or work.
6. I consider the physical conditions of my workplace to be safe.
7. I believe I have enough time to complete my work.
8. The quantity and quality of resources (materials, infrastructure, and equipment) are sufficient for me to perform my job well.
2. Motivation
9. I am satisfied with how decisions are made in my department.
10. I consider the salary I receive to be fair compensation for the tasks I perform.
11. I believe my salary is higher than what other hospitals pay for similar tasks.
12. My immediate supervisor is open to listening to my points of view.
13. I consider that I have opportunities to continue growing and developing in my job.
14. I believe rewards given when I perform well are fair.
15. Working in this hospital helps me achieve happiness.
16. My supervisor recognizes my work.
3. Conflict manifestation
17. Conflicts almost never arise at work.
18. When conflicts occur with my coworkers, my immediate supervisor gets involved to solve them.
19. I frequently have disagreements with my coworkers.
20. Teamwork is promoted in the hospital.
21. I believe that all my coworkers like me.
22. Everyone in the hospital communicates respectfully and without offensive language.
23. I have never received violent, aggressive, or degrading treatment from anyone in the hospital.
24. The relationship among coworkers is good.
4. Sense of belonging
25. The hospital's name, image, and identity represent something of value to me.
26. I feel that I am taken into account when decisions are made in my department.
27. I identify with the hospital's values.
28. Achieving the hospital's objectives helps me reach my personal goals.
29. I consider the distribution of workload in my area to be fair and equitable.