

Characterization of job stress and its effects on the perception of quality in customer service: Case private hospital

MORALES-MORALES, Jaime†*, OVALLES-TOLEDO, Luiz and VALDEZ-ACOSTA, Nadia

Received January 7, 2016; Accepted June 15, 2016

Abstract

In recent years stress has been defined as the disease of the century because of the impact it has had on the health of society and organizations such as social organizations are not exempt from this problem, which extends to all areas of work in the In this sense, the present work aims to identify and analyze the causes that trigger the labor stress and the perception in the quality of the services in the user of hospital services, thus suggesting to the unit of analysis Implement strategic health programs that collaborate with their collaborators in all their areas and avoid psychological exhaustion and psychosomatic alterations. The methodology to be used will be a method with mixed approach and descriptive-correlational scope. It is expected to obtain information that defines the aspects that give rise to stress in the work and its predominance in the unit of analysis of the company determined for the investigation in process. In turn, to know the quality indicators in the service, considering that these types of companies are reviewed by the health sector whose parameters of evaluation are different from those of the joint ventures.

Job stress, Quality of Service and Perception

Citation: MORALES-MORALES, Jaime, OVALLES-TOLEDO, Luiz and VALDEZ-ACOSTA, Nadia. Characterization of job stress and its effects on the perception of quality in customer service: Case private hospital. ECORFAN Journal-Bolivia 2016, 3-4: 23-35

* Correspondence to Author (email: jmorales@uas.edu.mx)

† Researcher contributing first author.

Introduction

In the labor field, stress has been heard and related to absenteeism, incapacities, and job losses. In this relationship, it is detected that work stress has become a serious concern for organizations, resulting in negative performance, the physical and mental health of workers; several studies have shown that the consequences of work strain are derived, mainly from work overload, role ambiguity, organizational climate and insecurity, this is often underestimated in organizations which leads to losses in their economy.

In this sense, according to Orlandini (1999, page 13), situations of individual or collective stress cause countries and large companies losses due to defects in the quality and quantity of products and services, in addition to amplifying expenditures on health services due to premature aging, illness, drug abuse, divorce and labor disputes.

It is for this reason that chronic stress affects individuals, because the traumas of the psyche are manifested in a corporal manner these can be diseases such as hypertension, diabetes mellitus and asthma, among other alterations.

From such sense that this research work has as purpose to identify the causes that detonate work stress in private hospitals and to know its effects in the perception of quality in the service to the client.

The importance of this research work is that the constant change and breakdown of paradigms, require more and better skills of people in any work area, mainly in the quality of hospital services.

Consequently, to demonstrate why stress is the trigger for the lack of quality of service in private hospitals.

It will also allow the company to be studied, to know and define the types of stress and its stressors, as well as their impact on the perceptions in the client, in this way, it will be possible to generate from the top management and its departments, strategies to try to eradicate this phenomenon without affecting the hospital service and in turn carry out a treatment in terms of an analysis of the organizational culture and its failures.

On the other hand, the general hypothesis of this research is the following: quality in customer service in private hospitals is affected by work stress and therefore the competitiveness of the company.

In the course of this article it is expected to demonstrate in an explanatory way the sections such as the conceptualization of the variables to investigate in section number I, background of the object of study in section II, objectives of study and methodological coherence III, IV methodology to develop , V scope and study limitations and finally VI expected results.

Conceptualization of work stress and quality of service

The Dictionary of the Spanish Language (2016) points out that stress means the tension caused by overwhelming situations that lead to psychosomatic reactions or sometimes serious psychological disorders. Lucassen, Pruessner, Sousa, Almeida and Van (2014) consider in their neuropathological study that stress can be endogenous and / or exogenous and is when it is threatened until the survival of an individual.

Stress is a problem of great relevance and social repercussion that affects an important professional group in our day and more and more frequent studies that demonstrate the importance and magnitude of the problem, from the point of view of Molina, Manzanilla, Caltagirone, Vera and Torres (2006) consider stress as a disharmonic state that alters organic homeostasis and is associated with a large number of signs and symptoms.

In this sense, distressful situations affect people, but these situations in the labor level can lead to abstention and wear and tear in the organization as well as the momentary loss of health of employees, workers and / or employees. Stress also responds to the behavior of individuals, Cramptom, Hodge, Mishra and Price, 1995).

It is important to emphasize then the merely work stress, Li and Shani (1991) (as quoted in Mercado and Salgado 2008) see it as the interaction between the organizational characteristics that become threatening to the human being as well as the way in which they impact in general satisfaction at work. In this same sense, William and Cooper (1998) point out that stress at work is a complex and multivariate process, and when measured it becomes confused with psychological health, anxiety and job dissatisfaction.

Characterization of stress and work stress

According to Martínez (2004, pp. 7-22) stress is characterized in a physical and psychological way, such that the body's responses, among others, are hygienic habits, dietary habits, sleep deprivation, lack and decay of strength characterized by apathy, physical fatigue or lack of initiative, as well as vascular diseases, of course, as a response to that overwhelming stress in people's lives.

From Hendrix's point of view, Ovalle and Troxler (1985) (as quoted in Mercado and Salgado, 2008) hypothesize a general model of work stress characterization, in which the following variables are taken into account: Intra-organizational: clarity of goals, intergroup conflict, organizational control and individual autonomy.

Individuals: locus of control, tolerance to change and assertiveness

Extra-organizational: family relationships

It is important to note that Martínez (2004, pp. 39-41) agrees with part of the Hendrix, Ovalle and Troxler (1985) hypothesis, in this sense it points to individual causes, causes of "working life" and causes of family life as a source or characterization of work stress.

In summary it is important to know the causes of stress and the causes of stress in the workplace, the consequences are usually negative for the individual, because being overwhelmed by purely individual, organizational and family circumstances becomes a cascade of psychological and physiological symptoms which can impair your functions in any area of your life.

Consequently, these stressors or stressors mentioned above allow the individual to respond to the stressful situation that the environment shows him either by a terrifying experience, a negative memory or an unsatisfactory situation, such as an exposure to a group, an examination, hold a strong discussion, can generate as already mentioned, a negative tension.

Conceptualization of quality and service

Quality has been defined in several ways as value (Abbott, 1955, Feigenbaum, 1951), compliance with specifications (Gilmore, 1974; Levitt, 1972), compliance with required requirements (Crosby, 1979) For the use of the product (Juran, 1974, 1988), the search for not lost by the customer (Taguchi, cited in Ross 1989), and the knowledge and / or surpassing expectations of customers (Grōroroos, 1983; Parasuraman, Zeithaml and Berry, 1985). (P.419), these authors were cited in Mora (2011).

As for the service, this is the production of a satisfactory shopping experience (Ginebra y Arana, 1999, p. 19).

Investigative background of the object of study

To begin, a historical outline is drawn up on the object of study in which the tasks of health are carried out as its administration, later on it begins with the investigative antecedents.

As Loyo-Varela and Díaz-Chazaro point out, (2009) hospitals are born at the beginning of our era and were created by religious institutions that subsisted in charity not only to care for the sick, but also to receive elderly and orphaned children, as long as, had the corresponding religious affiliation.

Apparently the first hospital that alternated the teaching of medicine with care for the sick was established in the city of Gandishapur in the sixth century. The Byzantine Nosocomio and the Islamic Maristan, considering the Hospital of the Pantocrator Monastery in the year 1136 as the first medical center.

Already for the eighteenth century the hospital as we know it today acquires a philanthropic character and already belonging to the secular society, that is to say, they did not belong to the ecclesiastical and / or religious estate as it was in its beginnings.



Figure 1 Hospitals built in Mexico by the conquistadors. Source: Hospitales en México Loyo- Varela y Díaz-Chazaro (2009)

Hospitals evolution in México

In the twentieth century hospitals in the country showed traces of previous centuries, in Mexico between 1910 and 1920, hospitals operated poorly as Fajardo (2010) points out, at this time the president of the republic Porfirio Diaz had already supplemented public hospitals And those of charity, among others, with other type of public hospitals denominated in that time of pavilion.

More than a century ago, in England and Germany, on the occasion of the Industrial Revolution, financial companies offered insurance to employers to protect them from risk at work, a situation that was generated in Mexico before the advent of social security, so this type of insurance evolved into life insurance, although in other countries the insurance companies started selling insurance protection for major diseases.

Also beginning with the contracting of medical care, sanatoria and private hospitals, evolving to such a degree that currently they are main source of financing in developed countries and Mexico has been seriously involved in it (Loyo -Vela and Diaz-Chazaro, 2009).

Faced with this proliferation of private insurance as such, hospital services in Mexico were increasingly abandoned by the authorities, and therefore a few times in our time, the lack of interest of the authorities have left hospital services in limbo as are known today, its decadent infrastructure, its administration, its warmth in the service, its unions, its human capital and its infinity of problems associated with an entropy and / or attrition, has displaced people with greater financial capacity to private hospitals, leaving those who do not have an economic solvency.

For these reasons, the National Association of Private Hospitals (2016) indicates that these institutions improve the quality of hospital services and health care, which seeks to generate the best practices to be more competitive towards their patients and clients. Private networks as a whole are categorized as a respite towards their potential customers and / or users and a threat to public services.

In a study by the National Institute of Statistics and Geography (INEGI) called Statistic of particular Health Establishments in Mexico that was carried out in 2014, it was detected that in Sinaloa (geographical limit of the investigation) there are 75 private hospitals registered of which 61 are active which demonstrates the competition in this sector towards the public sector.

Thus, the evolution of public hospitals in Mexico shows that the percentage of coverage in relation to private-sector hospitals is much higher, taking into account that the first category comes from a benefit between the employer and the governmental authorities, however, the possible inconsistencies of this public health sector are debated in the best quality of service and customer perception that makes use of these, then, why people approach private hospitals to be cared for and prevented in their health? The answer suggests that the more beneficiaries in the public sector exist, the lower the quality of service and the longer it takes to be served.

Hospitals evolution in Sinaloa

Actually the evolution of hospitals in Sinaloa goes hand in hand with the evolution of hospitals throughout the country, but before 1851 there were no hospitals throughout the state of Sinaloa, the first to be built were in Mazatlán, in this port two hospitals were built, one military and another civil, Valdez (2007, p.29).

A few years later, the first civil hospital was built in Mazatlán in 1874, in the same tenor in Culiacan, the first hospital of the charity, Carmen Hospital, was built. Sinaloa capital and a little more than 220,000 in all of Sinaloa, these lived without intubated water, without electricity or drainage, by which time it was necessary to create more hospitals to serve the growing population of the capital of Sinaloa and surrounding villages, Valdez (2007, pp. 33-35).

By then, in 1932, the civil hospital of Culiacan was built, where more than 320 thousand people are now being served from the municipalities Culiacan, Navolato, Cósala, Cruz de Elota, San Ignacio, in addition to the states of Durango and Chihuahua.

Civil Hospital of Culiacan 2016). In this sense, the creation of private hospitals, health clinics, sanatoria and private medical units would not be understood without the antecedent of the Civil Hospital of Culiacan.

Public and private administration

The public health sector, seeks to maintain the purposes for which it was created decades ago, however, institutions must be sustainable and viable, although it is true, it is valued by users that in this particular system has the better equipment that is valued by these users, the sustainability of its fast, prompt and timely service is questioned, which allows to create a very precise gap between only the service and the quality with the private hospitals, that for being a showcase for customers or people, are often created without the necessary investment in equipment as if it is the public sector, in this sense an advantage of this sector is the free of its services through employer-employer quotas, Roldan (2014).

On the other hand, health administration in the private sector, since it is of a societal character that establishes social capital for the search of an economic profitability, often determines a retail or segmented market where a specific market niche is sought, whose administration can be carried out by members of these sectors as professionals in the health area.

Management per se has to be carried out by specialists in it, then management has to achieve very clear objectives, it is the process of designing and maintaining an environment in which, working in groups, individuals efficiently meet specific objectives, Koontz and Weihrich (1998, p.6).

These specific objectives in the public and private health sector must be more than methodical, even when the disciplinary area requires it to carry international protocols, but within these specific objectives the quality of the service should not be lost because the perception of this will cause the user and / or client to move away from that hospital. In this sense, if we go to the service and the coverage capacity between public and private hospitals, we can point out and contextualize on the problematic of the research topic.

Study objectives and methodological coherence

In the present research the general objective has been to identify the causes that detonate work stress in private hospitals and to know its effects on the perception of quality in the customer service.

Consequently, the specific objectives that contribute to the investigation of the variables to be investigated, such as work stress and quality of service.

Dimension 1	Dimension 2
Work Stress	Service quality
Determine the causes of work-related stress in private hospitals	Identify the criteria and/or dimensions that determine the perception of users about the services provided

Table 1 Specific objectives by dimension. Own elaboration (2016)

For this purpose, a sub variable construction or indicators are presented which allow us to answer the general question: how is the work stress characterized in private hospitals and what are their effects on the perception of quality in customer service?



Figure 2 Construct of the labor stress variable. Own elaboration (2016)

In this way the questionnaire of the International Labor Organization (ILO) and the World Health Organization (WHO) will be taken into account, however, in the recent investigation in process, it is planned to make a scrutiny on the items necessary to provide a response to this research.



Figure 3 Construct of the quality variable in service. Own elaboration (2016)

In this sense, for this research, who writes these lines argues that to offer or provide a correct answer to the specific questions, the ideal instrument is to use the SERVQUAL model of quality of service that was elaborated by Zeithaml, Parasuraman and Berry, whose purpose is to improve the quality of service offered by an organization.

Therefore, the correlation of the variables of the mixed research can offer the expected results, which is to verify positively the general hypothesis.

Specific research questions

Dimension 1	Dimension 2
Work stress	What are the indicators that customers identify to obtain quality in the service?
What are the causes of work stress in private hospitals?	

Table 2 Specific questions. Own elaboration (2016)

Methodology

Firstly, the idea of research is investigated, which points out (Hernández et al., 2014, p. 25) that inspiration, opportunity, the need to solve a problem, its conceptualization (to detect the problem or phenomenon) and the need for cover holes of knowledge.

Research is therefore defined as a set of systematic, critical and empirical processes that are applied to the study of a phenomenon or problem, Hernández et al. (2014, p.4).

For Jensen (2000) (as quoted in Lara 2013, p. 103) "Research is the realization of a job of searching, following the scientific method, to acquire scientific knowledge and describe, explain and predict the phenomena that occur in that small part of the universe that you want to study and to know".

Based on the approaches that are those who study the realities of the problems or phenomena, we have that in the quantitative approach the realities are objective.

In the qualitative approach the realities are subjective and in the mixed approach the realities are intersubjective, (Hernández Et al, 2014, p 23).

The scientific method refers to the set of procedures that use the necessary tools to examine and solve a problem, Bunge (1979) (as quoted in Lara, 2013, p 114).

Research in process is based on the strategy of the case study as they have their own design and are defined as studies that use quantitative, qualitative or mixed research processes deeply analyze a holistic unit to respond to the approach of the problem (Hernández et al. 2014, page 164)

For purposes of coinciding with the methodological coherence that implies the correspondence between components of an investigation. In this sense, it is established that, among these elements, there must be harmony and compatibility with the planning of the study to be performed.

Based on the idea of research and in particular on methodological coherence, the decision was made to use a method with a mixed approach and a descriptive-correlational scope, to identify the causes of stress and affect the perception of the users of the service; It is expected to use tools such as the survey and semi-structured interviews.

And for the quantification of the results it is foreseen the use of the analysis design of surveys in social and market research (DYANE version 4.0) of the professor emeritus of the University of Alcalá Miguel Santesmases Mestre.

As stated (Hernández et al., 2014, page 199), a measuring instrument or tool is a resource that the researcher uses to record information or data on the variables that have.

For this, the instruments must have elements that allow reliability and validity, in this sense for the survey will define a questionnaire which will allow to measure the variables of the dimensions of analysis.

Therefore, the qualitative approach uses the collection and analysis of the data to refine the questions or reveal new questions (Hernández et al., 2014, page 7).

The mixed methods represent a set of systematic, empirical and critical research processes and involve the collection and analysis of quantitative and qualitative data Hernández-Sampieri and Mendoza 2008 (as cited in Hernández, 2014, page 534).

Johnson et al. (2006) (as quoted in Hernández et al., 2014, page 534) in a broad sense visualize mixed research as a continuum where qualitative and quantitative approaches are mixed, focusing more on one of them.

Scope and limitations of study

It is anticipated the presence of different limitations during the course of intervention, first, the lack of a study by the company on customer's perception of quality in its services.

Another limitation of the study may be the access to information and the population available to carry it out, as well as the bias in the answers about the methodological instrument to carry out the research activity.

No less important, it may be the redefinition of the instrument for the field work, as well as the determination of the sample, by the same rotation of the personnel that can be given in the course of the intervention, but for this we have information about the unit of analysis by determining the nursing department as such.

Area	Employees
Nursing Head	1
Head of morning shift	1
Head of afternoon shift	1
Head of night shift I	1
Head of night shift II	1
General Nurses	24
Chief operating room	1
Circulating nurses	13
Emergency Nurses	9

Table 3 Nursing department workforce (unit of analysis). Own elaboration (2016)

Expected results

It is expected that the present investigation will test the hypothesis using the methodological tool used and the interpretation of the data that demonstrate the intervention, as well as to find elements in the theory to define and / or characterize the stress and its effects on service quality, Also give answers to both central and specific questions and finally suggest to the unit of analysis, if it were the case, strategic plans of intervention to alleviate the so-called disease of the century that hits the economy of organizations as well as health and workers income.

References

Alatorre, K. (18 de diciembre de 2015). Universidad de Guadalajara. Recuperado el 26 de Marzo de 2016, de www.udg.mx: <http://www.udg.mx/es/noticia/advienten-personal-de-salud-la-importancia-de-prevenir-estres-laboral>

Alemán, D. L. (2005). Tesis de maestría inédita. Percepción de los usuarios en la calidad de la atención otorgada en el servicio de medicina familiar en una unidad médico-hospitalaria con medicina familiar del área rural. Monterrey, Nuevo León, México. Recuperado el 11 de Abril de 2016, de <http://132.248.9.195/pd2007/0620130/Index.html>

Asociación Nacional de Hospitales Privados. (2016). Asociación Nacional de Hospitales Privados. Recuperado el 22 de marzo de 2016, de <http://www.anhp.org.mx/>

Benavides, P. J. (2004). Administración (Primera ed.). Distrito Federal, México: mcgraw-Hill. Recuperado el 2016

Benítez, S. J. (Junio de 2014). Tesis de doctorado inédita. Procesos Básicos de Calidad y el Impacto Psico-Funcional en el Trabajador del Ramo Automotriz en Sinaloa. Culiacán, Sinaloa, México.

Cantú, D. H. (2011). Desarrollo de una cultura de calidad. Distrito Federal, México: mcgraw-Hill.

Certo, S. C. (2001). Administración moderna: Diversidad, calidad, ética y el entorno global (Octava ed.). Pearson. Recuperado el Junio de 2016

Chiavenato, I. (2006). Introducción a la teoría general de la administración (Octava ed.). Distrito Federal, México: mcgraw-Hill. Recuperado el 14 de Abril de 2016

Coulter, R. (2010). Administración (Décima ed.). Naucalpan de Juárez, Edo. De México, México: Pearson. Recuperado el 2016

Cramptom, S. M., Hodge, J. W., Mishra, J. M., & Price, S. (1995). Stress and stress management. *SAM Advanced Management Journal*(60.3), 10. Obtenido de http://go.galegroup.com/ps/retrieve.do?Tabid=T002&resultlisttype=RESULT_LIST&searchresultstype=singletab&searchtype=advancedsearchform¤tposition=5&docid=GALE%7CA17781955&doctype=Article&sort=RELEVANCE&contentsegment=&prodid=GPS&contentset=GALE%7CA17

Crosby, P. B. (2005). *La calidad no cuesta: El arte de cerciorarse de la calidad* (décima sexta ed.). Distrito Federal, México: Continental. Recuperado el 6 de Abril de 2016

Da Silva, R. O. (2002). *Teorías de la administración*. Distrito Federal, México: Thompson.

Diccionario de la Lengua Española. (19 de Marzo de 2016). Recuperado el 19 de Marzo de 2016, de Diccionario de la Lengua Española: <http://dle.rae.es/?W=diccionario>

Diccionario de la real academia de la lengua española. (22 de marzo de 2016). Real Academia Española. Recuperado el 24 de marzo de 2016, de <http://dle.rae.es/?Id=6nvpk8p|6nxvllz>

Fajardo, O. G. (2010). *Tiempos y destiempos de los hospitales mexicanos hacia 1910*. Recuperado el 2016, de http://conricyt3.summon.serialsolutions.com/2.0.0/link/0/elvhcxmwfv1bs8mwfd44wqv64bv1csx3ttms9ijjih17ecpw0les2-bavmk72f69ov14moeqk4ggqp5cm75dgadest9hwnkkbhlmob2nuuhcorhneslbvfxwnri9is44xn38j0w6pj0da-Cd6iqGtv_iw9ytwj_Mr85Dh-65k_r0Ru9ew_r7h1evwsb72iyhlxm

Fernández, A. J. (1991). *El proceso administrativo* (Segunda ed.). Distrito Federal, México: Diana. Recuperado el Junio de 2016

Gabel Shemueli, R., Peralta Rondan, V., Paiva Lozano, R. A., & Aguirre Huarcaya, G. (2012). *Estrés laboral: relaciones con inteligencia emocional, factores demográficos y ocupacionales*. Recuperado el 2016, de http://conricyt3.summon.serialsolutions.com/2.0.0/link/0/elvhcxmwfv1lswmxe6sibu8-estqvdsplvlyzcp1t14kfrwzsluslpot9ldhuq_8ejv6b9zreieog1guksitp5hnxfakrwwfedftpbnhuchgigvbkbi0ldwjxyqiuds1j8diug5f6e06gv2xphequulgbufj5b5gpptqjmjlencgufcd6k7rbee3muilgjm-Fh

Ginebra, J., & Arana, d. L. (1999). *Dirección por servicio: La única reingeniería, la otra calidad* (Primera ed.). Distrito Federal, México: macgraw-Hill. Recuperado el 28 de Junio de 2016

Goldstein, E. B. (1999). *Sensación y Percepción* (Quinta ed.). (D. J. Javier, Trad.) Distrito Federal, México: International Thomson Editores. Recuperado el 11 de Abril de 2016

González, G. N. (2012). *Estrés en el ámbito laboral de las instituciones de salud. Un acercamiento a narrativas cotidiana*. Universidad Nacional Autónoma Nacional de México. UNAM Clase Library Catalog. Recuperado el 11 de Abril de 2016

Hellriegel, D., & Slocum, J. W. (2004). *Comportamiento Organizacional* (Decima ed.). Thomson.

Hernandez y Rodriguez, S., & Palafox, D. A. (2012). *Administración: Teoría, proceso, áreas funcionales y estrategias para la competitividad* (Tercera edición ed.). Distrito Federal, México: macgraw-Hill. Recuperado el Mayo de 2016

- Hernández, J. J., & Morales, M. J. (Noviembre de 2016). Diagnóstico del clima organizacional en una pequeña empresa ubicada en la ciudad de Culiacán Sinaloa. *Daena: International Journal of Good Conscience*, 11(2), 28-41. Obtenido de www.daena-journal.org
- Hernández, P. M., Díaz, R. A., & Nava, A. S. (2012). Situaciones estresantes percibidas por enfermeras: Una descripción contingencial. *Tesis Psicológica*, 63-73. Recuperado el 11 de Abril de 2016
- Hernández, S. R., Fernández, C. C., & Baptista, L. P. (2014). *Metodología de la investigación*. Macgraw-Hill.
- Hill, C. W. (2009). *Administración estratégica*. Ciudad de México: Mac Grow-Hill.
- Hodge, B. J., Anthony, W. P., & Gales, L. (2001). *Teoría de la organización: Un enfoque estratégico* (Quinta ed.). Madrid, España: Pearson. Recuperado el Junio de 2016
- Horovits, J. (2006). *Los secretos del servicio al cliente*. Madrid, España: Pearson educación.
- Hospital Civil de Culiacán. (2016). Hospital Civil de Culiacán. Recuperado el 22 de marzo de 2016, de http://hospitalcivildeculiacan.org/?Page_id=43
- INEGI. (2010). *Información por entidad federativa, Sinaloa*. Recuperado el 22 de Marzo de 2016, de <http://www3.inegi.org.mx/sistemas/mexicocifras/default.aspx?E=25>
- INEGI. (2014). *Estadística de Establecimientos Particulares de Salud*. México. Recuperado el 24 de marzo de 2016, de <http://www3.inegi.org.mx//sistemas/tabuladosbasicos/tabtema.aspx?S=est&c=28915>
- Ivancevich, J. M., Konopaske, R., & Matteson, M. T. (2006). *Comportamiento Organizacional* (Séptima ed.). Macgraw-Hill.
- Koontz, H., & Wehrich, H. (1998). *Administración una Perspectiva Global* (onceava ed.). (E. González, Trad.) Distrito Federal, México: Mc Graw-Hill.
- Lara, M. E. (2013). *Fundamentos de investigación: Un enfoque por competencias* (Segunda ed.). México: Alfaomega.
- León, R. S. (2011). Calidad en los servicios de salud. *Salud en Tabasco*(1-2), 5-6. Obtenido de <http://www.redalyc.org/articulo.oa?id=48721182001>
- Leyzeaga, V. M., Azuaje, N. J., & Mejías, A. A. (2014). La calidad de los servicios médicos asistenciales: estudios de caso en una institución privada. *Industrial data*, 17(1), 16-23. Recuperado el Junio de 2016, de <http://uaeh.redalyc.org/articulo.oa?id=81640855003>
- Loyo Varela, M., & Díaz Chazaro, H. (2009). *Hospitales en México*. Recuperado el 2016, de http://conricyt3.summon.serialssolutions.com/2.0.0/link/0/elvhcxmwfv3bsgmxeb1aqrq8kfbukizet5s2k2t3lft6sldugseszcnucjhtlugn9tv8msexw8rdibchusr5m_pymgpajymw_8ME66zOjMoE3fNyYqV2KISxRjObSQzM9qLgsyU-v6iib13tti-ytuarvtg0lumgnlviwd3m-sjfe2uyjijbl8kk17mvcwyjsjwh
- Lucassen, P. J., Pruessner, J., Sousa, N., Almeida, O. F., & Van, D. A. (Enero de 2014). Neuropathology of stress. *Acta Neuropathologica*(127.1), 109. Doi:<http://dx.doi.org/10.1007/s00401-013-1223-5>
- Martínez, S. J. (2004). *Estrés laboral*. Madrid, España: Pearson Educación.

- Milina, G. L., & Rivera, B. M. (2012). Percepción del cliente interno y externo sobre la calidad de los servicios en el hospital general de Cárdenas, Tabasco, 2011. *Salud en Tabasco*, 18(2), 56-63. Recuperado el Junio de 2016, de [http://conricyt1.summon.serialssolutions.com/search?Ho=t&fvf=isfulltext,true,f&q=\(percepcion%20de%20la%20calidad%20en%20el%20servicio%20hospitalario\)#!/search?Ho=t&fvf=isfulltext,true,f&l=es-ES&q=\(percepcion%20de%20la%20calidad%20en%20el%20servicio%20hosp](http://conricyt1.summon.serialssolutions.com/search?Ho=t&fvf=isfulltext,true,f&q=(percepcion%20de%20la%20calidad%20en%20el%20servicio%20hospitalario)#!/search?Ho=t&fvf=isfulltext,true,f&l=es-ES&q=(percepcion%20de%20la%20calidad%20en%20el%20servicio%20hosp)
- Molina, d. G.-M., Manzanilla, M. D., Caltagirone, R., Vera, M., & Torres, Á. R. (2006). Estrés y síntomas en personal en personal de salud del hospital universitario de los andes. *Medula*, 15(1-4), 15+. Recuperado el Junio de 2016, de <http://go.galegroup.com/ps/i.do?Id=GALE%7CA156292446&sid=summon&v=2.1&u=pu&it=r&p=IFME&sw=w&asid=d464ba9d725575d9316221b50c58c678>
- Mora, C. C. (Mayo-Agosto de 2011). La calidad del servicio y la satisfacción del consumidor. *Revista brasileira de marketing*, 146. Doi:<http://dx.doi.org/10.5585/REMARK.V10I2.2212>
- Münch, G. (2005). *Calidad y mejora continua* (Primera ed.). Distrito Federal, México: Trillas. Recuperado el 18 de marzo de 2016
- Münch, G. L. (2007). *Administración: Escuelas, proceso administrativo, áreas funcionales y desarrollo emprendedor* (Primera ed.). Naucalpan de Juárez, Edo. De México, México: Pearson Educación. Recuperado el 13 de Abril de 2016
- Orlandini, A. (1999). *El estrés qué es y cómo evitarlo*. Distrito Federal, México: Fondo de cultura económica. Recuperado el 5 de abril de 2016
- Persson, P. B., & Zakrisson, A. (11 de Enero de 2016). Stress. *Acta Physiologica*, 216, 149–152. Doi:10.1111/apha.12641
- Potter, B. A. (1991). *Estrés y rendimiento en el trabajo. Transforme las presiones de trabajo en productividad*. 1.1. Distrito Federal, México: Trillas. Recuperado el 5 de abril de 2016
- Reyes, P. A. (2010). *Administración Moderna*. Limusa.
- Robbins, S. P. (2004). *Comportamiento Organizacional* (Decima ed.). México: Pearson.
- Rodarte, M. (30 de Marzo de 2015). *Servicio Orientado al Cliente*. *El Economista*. Recuperado el 28 de Marzo de 2016, de <http://eleconomista.com.mx/foro-economico/2015/03/30servicio-orientado-cliente>
- Roldán, J. P. (2014). El reto de la administración en salud. *Revista CES Pública*, 1+. Recuperado el 22 de marzo de 2016, de <http://go.galegroup.com/etechconricyt.idm.oclc.org/ps/i.do?Id=GALE%7CA416302823&v=2.1&u=pu&it=r&p=IFME&sw=w&asid=a935c3f4e800a87ab4ba04cf7e3a64df>
- Silva, Y. (2005). Calidad de los servicios privados de salud. *Revista de ciencias sociales*, XI(1), 167-177. Obtenido de <http://www.redalyc.org/articulo.oa?Id=28011111>
- Tschohl, J. (2006). *Servicio al cliente*. Distrito Federal, México: Pax México.
- Universidad Católica Boliviana San Pablo. (2007). *El estrés laboral como síntoma de una empresa*. *Perspectivas*, 55-56. Recuperado el 10 de Marzo de 2016
- Valdez, A. R. (2007). *Historia del Hospital Civil de Culiacán*. Culiacán: Instituto Municipal de la Cultura.

Yslado, M. R., Atoche, B. R., Quispe, G. M., Ruiz, G. L., & Medina, G. J. (2011). Factores sociodemograficos intra y extra organizativos relacionados con sindrome de quemarse por el trabajo en profesionales de la salud de hospitales. Ancash. Perú. 2011. IIPSI, 14(2), 271-276. Recuperado el Junio de 2016, de <http://go.galegroup.com/ps/i.do?Id=GALE%7CA298614430&sid=summon&v=2.1&u=pu&it=r&p=IFME&sw=w&asid=9cca26b7bb2a730aba992cb7377035b8>