

Revolution, Reform, and Reticent Voices:

The Effects of Nicaragua's Dynamic Health System on Medical Professionals

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Abstract

The views of health professionals are an important and often overlooked aspect of changes in health policy. This paper examines the impact of healthcare reform on the medical professionals of Nicaragua over the last 40 years. First, the historical context of Nicaraguan healthcare is discussed. This history is presented as both an outgrowth of and a reaction to Nicaragua's changing political environment. The changes in health policy over this time period are then examined through the lens of medical professionals. Several sub-topics are investigated including the relationship between perceptions of health professionals and political ideology, the inability of the younger generation to express their views of healthcare reform, and how perceptions of healthcare reform relate to overall job satisfaction.

Introduction

The thermometer hanging from the wall read 32 degrees Celsius (90 degrees Fahrenheit) as I entered the hospital Emergency Department. Nearing 1:30 pm, the windows had been pried open in a lackluster attempt to ventilate the room. The heat began to bleed into the rest of the setting as I took in the scene of the ER. Several patients were being examined by their physicians. Charge nurse Licenciada (meaning "Licensed" and abbreviated "Lic.") Fuentes (all names herein are pseudonyms) had just removed an IV line from a patient to be discharged. Upon recognizing me, she called for me to finish the patient's charting per the doctor's orders, and I hastily complied.

The cadence of the ER was constant yet manageable, and the personnel were calm and collected, working in an almost perfunctory manner.

All at once the door flew open, and the intensity began. The local firefighters pushed a stretcher bearing an apparently acute patient. Her face was red with distress, and her whole body shook in tremors as she spent what appeared to be the final remnants of her energy with each shallow breath. Three family members attempted to enter behind the stretcher but were rebuffed by the nearest doctor. The supervising physician ordered the stable patients to the observation ward across the hall while he and a group of nurses and doctors began working feverishly to stabilize the patient. I began to unceremoniously herd several patients, IV units and all, to the observation ward and upon returning, found 13 doctors and nurses concerting their efforts to save this patient's life. She was intubated and catheterized, with nurses preparing what appeared to be ten different medicines for administration. My head spun with my vain attempts to comprehend everything taking place in the ER. "What is going on?" I asked myself.

After 26 minutes of intensity, the patient expired. Official cause of death: uncontrolled diabetes and morbid obesity. In speaking with the head emergency physician after the incident, Dr. Mendez, I conveyed my surprise at how quickly the rhythm in the ER changed. He responded, "We have to be ready for anything. Our profession requires preparation."

These are the health professionals of Nicaragua. They come from diverse backgrounds with the common goal of providing high quality care to their patients. These healthcare providers of Nicaragua have experienced first-hand how a health system can shift over time. During the last 30 years, they have played a critical role in implementing massive reform, giving their views particular value. Aspects of their perceptions of healthcare reform will be investigated over the

last 30 years. These perceptions provide important insights into how changes in health policy are received and implemented by a team of medical professionals. Such perceptions of healthcare reform are at the heart of this study. This article seeks to highlight how Nicaraguan health providers (doctors and nurses) perceive healthcare reform and how these perceptions affect their work and job satisfaction within the health system.

Because of the politico-social implications of healthcare reform, the history of healthcare in Nicaragua will be introduced as a reflection of the overall political climate. After presenting how the health system has evolved in the last thirty years, the perceptions of healthcare reform among healthcare providers will be analyzed, especially with regard to the following questions:

- 1) How do health professionals perceive different health systems and what factors influence these perceptions?
- 2) To what extent are the providers able to voice their concerns regarding reform?
- 3) How is job satisfaction of those employed in the Nicaraguan health system affected by changes in the health policy?

Background:

Nicaragua has a dynamic history that has been rocked by revolution, financial instability, and social turmoil. In the years leading up to the 1979 ousting of the Somoza regime, the healthcare system was segmented and independently managed by 23 different agencies, including the National Institute on Social Security (INSS), the National Health Ministry (MINSA), and other largely autonomous hospital organizations (Pettrack, 1984). There were many organizational problems in healthcare. The 23 independent health agencies lacked unification in the cares they provided. Some were higher-end, hospital-based systems that specialized in secondary and

tertiary cares, such as surgeries and other interventions. These facilities were equipped with specialists and often required large fees in exchange for services. Other systems were more focused on primary care, including routine consultations with general practitioners and a focus on maternal and pediatric services. Some of these were subsidized by the government and required little or no service fees. While some of these primary care groups were centered on mid-size clinics in urban areas, others were based on groups of one-room health centers in rural areas where access to expertise and proper medications were sparse. These differences led to large regional and financial disparities in the level of care provided. Competition among the distinct health systems for federal funding only exacerbated this problem (Donahue, 1986). Before the revolution, it is estimated that 10% of the population was receiving 90% of the healthcare budget, most of which was allocated in the capitol city, Managua. (Braveman & Siegel, 1987). It is also estimated that 95% of the rural population lacked access to such basic necessities as safe drinking water. Among the top 10 causes of death were bacterial diarrhea, tetanus, and malaria, all of which are controllable through elementary public health measures (Halperin and Garfield, 1984).

In 1979, a popular guerilla group called the Sandinista National Liberation Front (FSLN) overthrew the Somoza dictatorship, ending a four-year conflict that cost the country more than 50,000 lives. Inheriting a foreign debt of \$1.6 billion and weak medical infrastructure from the Somoza regime, the Sandinista health system was born in difficult circumstances. The Sandinista regime of the 1980s stressed the importance of providing healthcare to all Nicaraguans at the most basic levels. This was characterized by one of MINSA's slogans during this period, "Health for all until 2000." Despite such obstacles, within three weeks, a new health system was inaugurated which emphasized universal coverage and preventive care. This National Unified

Health System (SNUS) was organized centrally and began implementing reforms including training medical volunteers called “*brigadistas*”, establishing grassroots community health education programs, building new health centers across the country, and increasing the number of trained medical professionals. The *brigadistas* were especially important in this new health system because they served multiple roles in the community. They were the face of one of the first national health programs implemented by the new regime, the oral rehydration unit. These units provided rehydrating liquids as a means of combating rampant diarrhea in rural Nicaragua and proved to be very successful. Other successful programs included increasing accessibility of child immunizations for such diseases as whooping cough, measles, and polio (Braveman & Siegel, 1987).

The National Unified Health System (SNUS), a single-payer system run by the National Health Ministry (MINSA), promised basic health services to all Nicaraguans, free of charge. Some of these basic health services included consultations with family physicians, immunizations, fundamental laboratory tests, and basic medications. Providing these basic cares universally was one of the main points of emphasis for the young Sandinista regime and was reflected by the rhetoric of the new government. As a result, the public began to expect these services. The year 1979 was marked by hope for greater accessibility of primary care options for the Nicaraguan masses, something previously unimaginable. This promise seemed realistic, based on several assumptions: First, that the economy would recover quickly; second, that international contributions would be available; and third, that most doctors would remain in the country. “In practice, none of these assumptions proved true.” (Garfield & Williams, 1992).

As the public health system expanded, specific problems became apparent. The Contra rebellion, a group of anti-Sandinista rebels, began openly attacking civilians during the mid-80s.

The general public, including teachers, health workers, and the newly-constructed health centers were targeted by these U.S.-backed anti-government forces. The Contras waged a war of attrition that hurt the newly-implemented health infrastructure of Nicaragua. The small, frontier health centers which provided basic health needs including consultations with primary care physicians, immunizations, and oral rehydration were the most affected by the Contras' attacks. It is believed that these attacks were carried out to both strain government resources and obstruct implementation of services that would maintain popular support for the government (Braveman & Siegel, 1987). The effects of these attacks were felt acutely due to the lack of access that they created in many large rural populations. The disarray that ensued was reminiscent of the health coverage that many expected, or rather did not expect, during the prior regime.

Furthermore, the Sandinista government was running out of resources to fund the many different health projects being implemented (Garfield & Williams, 1992). President Daniel Ortega himself said, "The truth is that we have made errors. One of these was the big expansion plans we had for the health sector. It was right to bring health services to the whole population, but not to try to do it all immediately, overnight." (Ortega, 1985) In response to the situation of the mid-late 1980s, a "survival economy" approach to healthcare was implemented (Garfield & Williams, 1992). It was the choice between third-rate medicine and no medicine in many instances, but it was the pragmatic solution that the Sandinistas needed to continue growing their health program. Such "third-rate" medicine included providing only the most basic medications in hospital pharmacies and a reduction in availability of interventions such as surgeries, advanced imaging, hospital stays, and specialist consultations. This would become a critical factor in the growing populist sympathies for the Sandinista opposition in the late 1980s. The

limited ability of the National Health Ministry (MINSA) to pay for health services would eventually lead to a radical decentralization plan in the health sector.

By 1990, political shifts began a chain of shifts in health policy which reflected the election of opposition leader Violeta de Chamorro. These were accompanied by massive budget cuts as a means to curb the impending fiscal crisis faced by the government. The Nicaraguan health services decentralization of the 1990s generated small improvements in fiscal accountability, but it also led to a dismantling of the principles and structures of universality, accessibility, and primary care that defined the Sandinista health model (Birn, 2000).

Though the free health clinics and hospitals of MINSA continued to be the main providers for the masses, private sector providers began to increase their role in the Nicaraguan health sector through the 1990s and even during the early 2000s. Several large, privately operated hospitals opened in both the capital and smaller cities. These hospitals required fees for service and promised higher levels of care than could be found in many of the government health facilities. As a response to rising household incomes and the evolving preferences of the people, the National Social Security Institute (INSS) was reinstated as the premier choice in health insurance provision for the middle class. INSS, a government subsidized company, was recognized by many Nicaraguans as an opportunity to guarantee themselves better health services than those provided in strictly public clinics. The insurance contracts which INSS provided for their clients required a relatively small fee from each paycheck and guaranteed basic health services in the INSS facilities, often situated adjacent to public health facilities. Over time, the contracts even included provisions for spouses and children below the age of 12, a relatively radical concept compared to previous coverage. In addition to its provisional role,

INSS also played a stewardship and regulatory role in the health system (Angel-Urdinola, Cortez, & Tanabe, 2008).

After 17 years of opposition presidencies that many Nicaraguans have argued helped spread seeds of neoliberal democracy (Perez, 2006), former president and revolutionary Daniel Ortega won the November 2007 election. Shortly after taking office, the government adopted a new health model called the Family and Community Health Model (MOSAFC). Principal among its reform were stipulations providing basic primary care to all Nicaraguans, reminiscent of the system and promises made by Ortega during his first presidency of the 1980s (Muiser, Sáenz, & Bermudez, 2011). The implementation of this health plan continues today, representative of the health system coming full circle since the implementation of the SNUS after the revolution of 1979.

Methodology

Prior to conducting this study, I gained approval for this project from the Utah State University Institutional Review Board and from hospital administrators in the selected research setting.

The city in which the data were collected was a mid-sized city about 40 kilometers from Nicaragua's capitol city, Managua. The proximity to the capital made it a good fit for this study. I was already quite familiar with transportation routes and the surrounding areas, having spent several months living there several years prior. The city's main public hospital provided many departmental options for volunteer work and a large number of medical professionals (doctors and nurses) from which to select informants. I spent 30 days between May and June 2012 gathering data through participant observation, semi-structured interviewing, and oral histories while working side-by-side with the medical personnel of the Emergency Department (ED). As a

volunteer, I worked morning, evening, and night shifts in the hospital from 8 to 12 hours in length. I kept both a field log and personal journal which I used to expand my field notes after each day of data collection. I recorded clinical procedures, interactions between medical professionals, as well as comments made by medical professionals. I also employed an audio recording device during conversation when time allowed.

I selected my informants to represent the heterogeneity of medical professionals in the hospital. I conducted semi-structured interviews with 14 professionals, though I participated with countless others during my volunteer experience. I interviewed five male participants and nine female participants. Their ages spanned from 25 to 73 years of age, which was important based on the impact that certain politico-social events had on their experiences in the medical profession. For example, medical professionals who lived and worked during the intense battles of the revolution were more acutely aware of the misery that was felt in the healthcare setting during that time. This theme will be developed in greater detail later on in this paper.

During work hours my field log became my constant companion. I recorded clinical information necessary to carry out my volunteer duties as well as interactions of the medical personnel with their peers, patients and environment. My informants were bothered by my constant jottings, something that had weighed heavily on my mind leading up to data collection. On the contrary, the amount of information they transmitted to me during our interactions made it a necessity. In my spare moments I would ask the doctor or nurse closest to me about the task at hand as a means of opening professional dialogue. Though difficult during my first few shifts, within a week I became reasonably acquainted with most of the doctors and nurses in the ED through this technique of transparency. My efforts in learning clinical procedures helped me cultivate crucial relationships with my informants that yielded dividends in research data.

Often, the sporadic nature of the ED meant that detailed conversations were interrupted by a rush of newly admitted patients. In those moments I could only relay a simple “*gracias*,” and get back to work. While this made the interviewing process implicitly difficult, data-collection was not impossible. Some medical personnel eagerly explained the history of healthcare in Nicaragua, as well as their perceptions of reform. Others, however, were more hesitant to speak about healthcare in a public setting. This was a struggle during the recruiting and interviewing process. Because the hospital is a public institution, some were fearful about voicing their feelings about changes in the healthcare system. For this reason, I chose to forego organized focus groups in this study. I was able to mitigate some of my informants’ fears and increase the reliability of the data by carrying out follow-up interviews in more relaxed settings such as a plaza or the home of the informant. Despite such difficulties, I never experienced a shortage of informants.

While some may argue that reliability is compromised by the inherently “human” element of participant observation, I counter that ethnography is a powerful “measuring stick.” The methods of ethnography are a rich fountain of data that reveal the tacit and embedded values of those studied. Ethnography captures behaviors by developing relationships over time and noticing them in different contexts. By carrying out research in every day settings, ethnography identifies discrepancies between what people say what they actually do. I agree with DeWalt & DeWalt’s statement, “We accept that none of us can become completely objective measuring devices. We can, however, use participant observation in conjunction with other methods to collect verifiable, reliable data concerning human behavior.” (2011: 37)

Results and Discussion:

Reticent Voices:

The politico-social history of a nation is an effective roadmap for understanding the fluctuations in healthcare policy that have occurred there (Mott, 1974). Upon inquiring about healthcare reform in Nicaragua, even in a purely historical context, my informants were quick to connect their responses to personal experiences with government policy, as is evident in the following interview with Dr. Mendez:

Health services have never been denied to anyone in Nicaragua. I've never seen that happen in my 20 years of work. It's a lie. If you want to go to the public clinic but are insured, that's fine. If you want to go to the insured provisional clinic and pay for insurance, that's fine too. I'll still be your doctor. What has happened is entirely political. Ever since I was a little kid, I've gone to public health center, and I come from a poor family. (Author's field notes, June 12, 2012)

Whether implicit bias or a social construct among Nicaraguans, it became clear that I couldn't extract perceptions on reform without diving head-first into the political ideologies of my informants. In light of this paradigm shift, I began to lean into the political sympathies of my informants as part of the interviewing process. This "aha moment" gave me a broader framework from which to understand how health reform is perceived among healthcare providers

With regard to the history of health reform, there was an important division among my informants. In the older, more experienced medical personnel I found deep, entrenched perceptions on healthcare reform. In the younger generation, even the most basic views ideas regarding changes in health policy were difficult to ascertain. Having had several key conversations with younger providers, I knew that their feelings were just as strong as their older counterparts, but coaxing them into the open proved challenging.

Among my more experienced informants of the ER, there was a strong connection between political ideology and general views of reform. As I began a more in-depth inquiry into their political views, I soon noticed a polemic taking shape based on their perceptions. There were those that favored a heavily public system based on universality, such as the SNUS and the more recent MOSAFC. Others were skeptical about the ability of the government to deliver on its promises, believing that a larger private sector could help offset the costs of the public system, as was attempted during the opposition presidencies from 1990-2007. The following excerpt from Dr. Espinal, a local civic leader with the FSLN party, illustrates one side of this polemic:

Violeta (referring to Violeta de Chamorro, president elect in 1990) destroyed healthcare here in Nicaragua. If someone needed to see a specialist, they had to wait months and months. When they got there, their lab tests were old and they had to get new tests, which they had to pay for themselves. So the patient said, "I can't afford this. There's no point in me going to the doctor anymore." The patient would die in their house without the doctor ever knowing [...]. During the time of Violeta, Aleman, and Bolaños (presidents following Chamorro with largely similar political leanings) the patients would throw their prescriptions in the trash! The infrastructure wasn't made to accommodate people; it was made to save money. There weren't even vehicles to move patients as they needed. We had two ambulances that broke down on us after only 3 months of use each. Now we have the necessary tools to go into the communities and provide services to those who didn't receive it previously. (Author's field notes, June 4, 2012)

Dr. Espinal took a strong pro-Sandinista stance, vilifying reforms that were enacted during the early 1990s. His tone was unyielding, and his belief in Sandinismo unflinching. He told me multiple times that the only way to improve healthcare in Nicaragua was through Daniel Ortega and his government. Conversations with Dr. Espinal often had a political intensity to them. He consistently listed the achievements of the regime both in the 1980s and since 2007.

I compare the account of Dr. Espinal with another from Dr. Mendez, the previously mentioned head of ED and harsh critic of the Sandinista system:

There were certain problems in 1979. Because of the war and the political environment of the country, the great majority of the specialists left the country. There were virtually no

sub-specialists in the entire country. Doctors pay was miserable under Daniel. The Sandinista ideology means that everyone is equal, so a doctor shouldn't make more than a farmer or factory-worker. Why did I go to school for so long if I can't make more than a farmer? [...] In the early 1970s there were at least two options in every medium-sized city: the public clinic and the privately-insured clinic. With the earthquake in 1972 and the war of 1979, the majority of the hospitals and health centers were destroyed or damaged beyond repair. Because of this, the 1980s were spent rebuilding the single infrastructure of the SNUS. Things have changed since then. The system has become more social, but deficient. The hospital administration tells me to only write prescriptions for medicines that are offered free in the pharmacy or I'll get in trouble. I'm a trained ER specialist, and I know what the patient needs! As a doctor, I have the right and responsibility to send the patient away healthy. I'm not going to deny prescription just because I know that the hospital pharmacy doesn't have every medicine. I'll write the prescription whether the patient can afford it or not. It would be lying to tell them that they can get better with the drugs from the pharmacy. They can either pay for it or always have the same problems. (Author's field notes, June 1, 2012)

Doctor Mendez's strongly anti-Sandinista sympathies were a recurring theme of our conversations. While he occasionally mentioned the improvements that have been made during Sandinista reign, he blamed the government for many of the problems in the ED. For example, on occasion he found himself obligated to provide primary care in the ER, keeping him from fully engaging in emergency medicine and causing frustration which he blamed on the Sandinista government and its policies.

Another excerpt from my field notes that highlights a conversation with the charge nurse, Lic. Fuentes, which gave yet another example of how political ideology tended to determine perception of healthcare policy and reform:

Lic. F began by explaining that healthcare was semi-privatized during the 1990s. She said that there were many new systems that came into the country. "When the embargo ended (1990) we received lots of new things," she said. She mentioned nebulizers, saline solutions, and x-ray machines. She said that they had those things before the war, but they were extremely rare. The economy suffered during this time. The cost of power and water went up considerably and cotton production, as a major cash crop halted during the early 1990s. Just coffee remained. Also, the deals that President Chamorro made with other countries required her to sell the national train (did not elaborate), and she privatized many institutions. Both before and after listing these changes, Lic. Fuentes

made it clear that she believes that this privatization hurt the Nicaraguan health infrastructure.

She continued that President Chamorro was followed by President Aleman. She didn't have much to say about Aleman. [...] Healthcare continued to be privatized during his presidency. [...] “Sixteen years after Chamorro took office, the *Frente* (Sandinista National Liberation Front, or FSLN) returned to power (under Ortega).” She was obviously interested in talking about the FSLN. She skimmed over almost 17 years of history in several minutes after spending significantly longer explaining the ins and outs of the revolutionary efforts (Author’s field notes, June 7, 2012).

Dr. Mendez, Lic. Fuentes, and Dr. Espinal, though in different realms of the political spectrum, illustrated the political perspective with which the older generation tended to treat health reform. While quick to point out and develop conversation around the negative aspects of reform during what they considered “negative” presidencies, they made only token attempts to note their advantages. In this way, the older generation of professionals allowed their political biases to twist government reforms, both past and present, into scapegoats for present deficiencies of the health system.

I noted this theme many times during interviews with my experienced informants and began to ask myself why this social construct existed. The well-known stigma of the older generation becoming “set in their ways” lacked the detail necessary to reconcile all of the pieces of the puzzle. I began to ask myself why these more experienced professionals were so unremitting on health policy. The answer seemed to be staring me in the face: The difference between young professionals and their older counterparts regarding perceptions of health reform are the unique experiences of the older generation. This is the generation that survived the instability of revolution and lost loved ones during the Contra rebellion. They experienced a paralyzing lack of supplies in their health posts and relentlessly provided the best healthcare possible in whatever conditions they found themselves. Their political perspectives represented the wars that they themselves have been fighting since before their careers began.

No Nicaraguan citizen escaped the tenacious years of war unscathed, and this older generation of medical professionals played a unique role during this time. Not only did they perceive the turmoil of war through the lens of the civilian, but they added the extra lens of healthcare provider. These years of war, therefore, were defining years of for Nicaragua's older health professionals. Some saw the ascension of Daniel Ortega and his Sandinista regime as a quasi-"second coming," while others yearned for a more privatized system, looking on with mistrust at Ortega's promises for health reform. Wherever my older informants lived on the political spectrum, their perceptions of reform were always nearby.

In contrast to this social construct, the younger generation of health professionals lacked such defining experiences. The reforms that have taken place in the last 15 years, while historically and culturally important, had not defined their coming of age as they had for the older generation. The perceptions of the older generation were cemented together by the blood of the revolutionaries. This led me to ask myself, "What characterized the perceptions of this younger group? Why were their views more difficult to measure?" After several failed interviews, I began to piece together the reasons. Continued digging yielded that the less experienced medical personnel were certainly familiar with the history and understood the implications behind specific reforms, but there was a lack of openness with regard to health reform. At first, I believed this to be related to their lack of life-changing experiences such as those that their older counterparts had faced. However, I found out almost too late, that I was wrong. While the experiences of the younger generation were not founded in war and political upheaval, they still provided an important perspective and valuable insight to be taken into account.

On my very first day in the hospital, I met a young doctor named Dr. Negro. A recent addition to the ED, she had just finished her final training and become eligible for full employment one month prior. When I began asking her how she felt about specific changes in the health system, her response was unexpected:

“You should talk to some of the more experienced doctors. I just began working as a general practitioner. This is all very new to me (trails off). I just thank the Merciful Lord that I have a job... The joke in medical school between my friends was that we would all graduate into unemployment. Many of them haven’t found employment yet.”
(Author’s field notes, May 24, 2012)

The conversation quickly shifted toward her experience in medical school, and after several minutes I was called back to my duties. I thanked her for her time and walked away. Feeling perplexed by her response, I determined to speak with other budding professionals. Several days later, I met another young professional, Dr. Montoya. He was in his last year of social service and getting ready to seek out his first contract in a hospital. Upon seeing me, he asked one of his fellow doctors who the tall “*chele*” (person with white skin) was; he assumed that I didn’t speak Spanish. Upon introduction he was slightly embarrassed. In the conversation that ensued, I began to ask him about his views on healthcare reform in Nicaragua, especially regarding public and semi-private systems. His young demeanor quickly became uneasy, and I knew that I was asking the right questions. He dodged the question and immediately changed the subject.
(Author’s field notes, May 28, 2012).

I left this conversation knowing that something was keeping these young professionals from being open about reform. While, I knew that fear was part of the equation, it wasn’t until one of my last days of data collection that the answer presented itself. The following excerpt from my field notes explains the experience:

I had just removed an IV line from a patient and was washing my hands when I heard someone greet me from behind. I turned to find Lic. Cristiano, one of the younger members of the nursing team. He pulled me aside and we began to converse as we walked out the hall to a vacant corridor. Since I hadn’t seen him in several days, and as it had been a slow afternoon in the ED, I took several minutes to catch up with him. He asked me how my work was going, and I explained that it was going just fine. Then he looked me squarely in the eyes and began a verbal attack on the current healthcare system in Nicaragua. His tone changed as he began to rattle his scarcely uttered views. I was completely caught off guard by his forwardness. He began by citing MINSA and its lack of appropriate funding for the problems in the hospital and pharmacy. He then explained his frustrations about not being able to publicly state such things.

“The government censors what people say here. If I said what I really thought during work meetings, I would be packing my things tomorrow. [...] I don't pretend to be an expert in politics, but I live Nicaragua's healthcare system every day. I don't like politics because you win one day and lose the next. If I told people what I thought of our healthcare system, they would tell me that I'm drinking the milk and cursing the cow. Since I work in the healthcare system, I am the face of MINSA. I don't like representing a system that operates this way.”

After he said that, two doctors stopped to talk at the end of the corridor with their back turned toward us. He fell silent and smiled at me, then he motioned me to follow him back to the ED. Before we passed the pair of doctors, he pointed at his eyes with his index and middle fingers and then gestured in the direction of the doctors. I wasn't entirely sure what he meant by this, but my suspicion was that he didn't want to be overheard. After we passed them and were once again near the ED he whispered, “It's dangerous to say things about the government. You never know who might be listening.” He asked me not to mention our encounter to anyone else in the hospital, to which I hastily agreed. (Author's field notes, June 14, 2012)

While this example was the most extreme that I experienced during data collection, it certainly highlighted the plight of the young health professional in Nicaragua. There are inherent dangers associated with publicly displaying one's views of the healthcare system. That said, I gathered that the likelihood of a healthcare professional to speak out about reform is directly related to their position in the healthcare hierarchy. In other words, the ability of a health professional to express their perception of health reform is directly proportional to their experience and clinical value in the hospital. Therefore, powerlessness among my informants due to a lack of political clout led to reticent voices.

As I have already mentioned, those health professionals with more experience tended to speak their minds more openly regarding reform. With this idea in mind, I could more easily link a medical professional's views on job security or administrative value to their presumed ability to express themselves regarding health policies. Such perceptions were only reinforced by greater administrative duties and higher wages. For these reasons, the more experienced

professionals were able to more honestly voice their concerns regarding health policies without such intense fear of reproach.

While the experiences of the younger generation are not as extensive as their older counterparts, they still provided an important perspective and valuable insight to be taken into consideration regarding reform. The simple truth is that the younger generation of medical professionals exhibited greater reservation within the eye of public scrutiny because they had more to lose. The older generation entered the professional world as a solution to the lack of medical professionals needed to expand the health system. Unemployment was virtually non-existent for health professionals in the years immediately before and for some time after the revolution. For the younger generation of professionals today, a falling out with the administration could mean a pay-cut or unemployment. In the safety of anonymity, the previously silent Dr. Negro mentioned that young doctors are vulnerable to the mercy of the administration and sometimes have to play the game to be lucky enough to get a job (Author's field notes, May 31, 2012). In a time when it is critical to establish oneself professionally, unemployment could prove catastrophic to the career of a young nurse or doctor. This fear, compounded by the rising number of graduating doctors and nurses made for stiff employment competition. For this reason, finding a job and keeping a low-profile seemed to be the closest thing that the younger generation could get to self-actualization until they gained more experience and political clout. This defense-mechanism became a means of avoiding the rupture of an already delicate commencement to a successful career.

Job Satisfaction

As I discovered first-hand, the frustrations associated with employment as a healthcare provider could be difficult to manage. When I entered the field, job satisfaction among health workers was a social construct that I wished to investigate. Before collecting data, I hypothesized that the manner in which a Nicaraguan healthcare professional reacted to the many frustrations associated with their job would be a direct contributor to their overall job satisfaction. I, therefore, approached job satisfaction by first identifying the stressors associated with employment in the Nicaraguan health system. This initial process was relatively straightforward, but understanding the relationship between these stressors and job satisfaction proved to be a limited analysis. My informants helped me to fully appreciate the moral and nationalistic richness that pervades job satisfaction, more completely capturing their motivations in the process.

Particularly common frustrations, as cited by my informants, included low salaries, administrative corruption/censorship, and substandard facilities and equipment which led to poor patient outcomes. All of my informants cited more than one of these frustrations during our interactions, giving me a keener awareness of the need to continue investigating this phenomenon in the context of job satisfaction. As I investigated job satisfaction among my informants, I discovered a strong sense of ethnic duty among my informants. Though they cited many frustrations, these frustrations seemed only part of a broader explanation of job satisfaction. This puzzled me, obligating me to ask fundamental questions: Why do my informants come to work? Which of these frustrations, if any, has a foundational relationship with job satisfaction? How does the job satisfaction of Nicaragua's health professionals inform my cultural comprehension of the Nicaraguan health system?

The following excerpts embody some of the main frustrations of medical professionals, while also shedding light on the intrinsic basis of job satisfaction. These provide basic data when examined independently, but are most effective when the implications of each are allowed to coalesce, giving a glimpse into the unifying theme of human solidarity behind the culture of job satisfaction in Nicaragua's health sector.

First, we will consider a story from Lic. Manzanares, an experienced nurse who was a young obstetric nurse during the rage of the revolution. She shared many chilling accounts concerning daily operations of the hospital during the war, but one of her particularly poignant experiences is given as follows:

During the revolution, the soldiers slept in the hospital. They terrified us with their guns, threatening us. They made the nurses massage their feet. I massaged their feet! I was terrified of them. They could have killed any of us. [...], but after everything that happened, I still loved being a nurse. Of course there were problems, just like any job, but I always felt like my work was important because I helped others. They needed me.
(Author's field notes, June 2, 2012)

Lic. Manzanares shared this vivid account with unmistakable terror. Despite the difficulty of this experience and others like it, she expressed satisfaction with her employment during the war multiple times.

Lic. Pinta, a nurse with whom I conversed on several occasions, said the following regarding her efforts to become a nurse and her motivations behind staying in the profession:

I always wanted to be a nurse. The licensure process was difficult, especially writing a monograph for graduation. The pay difference after licensure wasn't much either, but it was a personal victory more than anything. I did it to prove to myself that I could. [...] There are challenges in the job, and things have gotten worse in the hospital, but I appreciate the challenge. We do an important work here.
(Author's field notes, June 5, 2012)

Citing obstacles as opportunities for fostering personal growth, just as Lic. Pinta did, is a common theme among those I interviewed. The challenges that often confronted those caring for others at the most basic level became another chance to rise to the occasion. Nicaraguan medical professionals recognized the importance of their work, especially the altruism which it implies.

Dr. Mendez said the following regarding his frustrations with the health system and the satisfaction he enjoys in his employment:

Our hospitals used to have the necessary equipment; the hospitals used to be self-sufficient. We had what we needed in the 1990s. He also stated that a doctor's salary was considerably higher during this time. They threw our salaries to the street. He continued saying that doctors today make about \$800 per month. Each government imposes a new system on us. It's so hard for us (doctors and nurses) to get used to one system and then another. To make a decent living, I have my own clinic. [...] As doctors, we just do the best we can. I was offered a full-time contract, but that the salary was "*una miseria*" (miserable). It's worth it being a doctor though. It's not about the money. I have worked a long time, and I have a lot of experience. The Nicaraguan people need experienced doctors like me. (Author's field notes, June 1, 2012)

Dr. Mendez, a vocal critic of the Sandinista health movement, continued by saying that he liked to organize groups of physicians to go to rural areas to perform important treatments such as surgeries and special tests. He mentioned that they many rural areas lack access to such interventions, and he feels obligated to serve these populations as a Nicaraguan professional. During this part of the conversation, his unapologetic and often harsh tone softened. This was something that he firmly believed.

Lic. Fuentes said the following light-hearted remarks regarding her work in the ED:

Work in the ED is difficult sometimes, especially when there are only a few personnel available. It gets hot and suffocating to work here. My job can be stressful sometimes, but I definitely enjoy it. There are so many problems that can happen in one day, but we just do the best we can. It's stressful, but it's good for laughs sometimes. These people need our help. (Author's field notes, June 7, 2012)

Lic. Fuentes is a fiercely passionate woman with strong professional drive. Though she spoke lightly during this excerpt, she became serious when we conversed regarding her responsibilities as a nurse. She told me on more than one occasion that her early experiences working as a medic on the front lines of the revolution helped her realize the importance of medical skills and, more importantly, the impact that she could have on the lives of others.

Dr. Escobar, an experienced geriatrician, began working in the hospital when the clinic in which she worked was restructured several years prior. Below are some of her remarks reflecting reform and job satisfaction:

There are more patients than there used to be. When I worked in the clinic, I saw maybe 15 to 20 patients each day. We did activities, we raised funds, we went to the city center to ask for money from local leaders, and we had fun as an organization. That just isn't possible anymore. There are too many patients now, and the hours have to be longer to meet their needs. I love my career as a doctor, but it is hard on my health. The patients are what make me continue to do what I do. (Author's field notes, May 28, 2012)

Her stories about her different patients made it clear that their relationship extended beyond the traditional "doctor-patient" protocol. They were friends and neighbors, and this personal relationship facilitated her efforts to provide quality medical care.

My initial hypothesis was that the frustrations associated with employment in the health sector would be directly related to overall job satisfaction. However, based on the data collected from my informants, there seemed to be something more tacit at work. Some highlighted the sense of obligation they felt to help those less fortunate than themselves and appreciated being in a position to use their knowledge and resources to serve others so fundamentally. Others derived enormous personal satisfaction in graduating from the university with marketable training, an uncommon occurrence in most Nicaraguan families. Finally, finding a way to overcome the unpredictable obstacles associated with working in the Nicaraguan health system helped to foster

a sense of accomplishment that motivated many health professionals during difficult circumstances. Based on these data, I gained a more profound appreciation for the complex social construct of job satisfaction in the Nicaraguan health system. While the embedded frustrations of employment in this system affect job satisfaction, they are part of a tacit, culturally-based concept. The data suggest that job satisfaction among Nicaraguan health professionals may be based more intrinsically on the solidarity of the Nicaraguan people, something altogether altruistic. In this way, the difficult circumstances facing Nicaragua's medical professionals may be viewed as difficult but surmountable obstacles. Moreover, managing and overcoming these circumstances gives medical professionals the opportunity to exert themselves for their community, allowing them the sense of personal satisfaction that comes coupled with their efforts.

Conclusion

Nicaragua's health system has been through massive reform in the last 40 years. The shifts have included extensive unification, budget slashing and privatization, and a return to a modified universal system. Each of these new systems has been implemented by the healthcare professionals hoping to more effectively provide quality healthcare to their patients. There have been many challenges along the way which are perceived uniquely by each healthcare professional. These perceptions, largely reflected by political affiliations, are important to our understanding of how reform has affected those medical professionals living in the health system every day. The perceptions of the senior medical professionals are more visible than those of their younger counterparts due to administrative pressures found in the hospital hierarchy. This feeling of invisibility is a significant source of frustration among the young, less-experienced health professionals, and, thus, negatively impacts job satisfaction. However, the data suggest

that job satisfaction may be more fundamentally based on the themes of solidarity and altruism common among Nicaraguan medical professionals.

By and large, the views of medical professionals are an important, and often unrecognized, part of health reform. Health professionals, especially doctors and nurses, are the backbone of modern health systems and are ultimately responsible for implementing reform. Effective health policy, therefore, must account for the views of professionals. Further investigation of health professionals' perceptions of health reform will yield valuable information to inform policy decisions.

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