Assessment of the quality of professional life of nurses.
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ARTIGO ORIGINAL

ABSTRACT

Context: The verification of quality of life at work (QLW) indices can provide information on factors that directly interfere with personal and collective satisfaction and motivation, with reflections on the excellence of the structure and service. Objective: To evaluate the quality of life at work of active nurses. Material and methods: descriptive and correlational, cross-sectional study with a quantitative approach, carried out with 104 nurses in the service of a tertiary public hospital, in the municipality of Aracaju/SE from August 2018 to July 2019. Results: Factors such as working conditions, safety and remuneration are degrading factors in the quality of life at work and these also have direct repercussions on health and the quality of nursing care provided. Conclusion: Low levels of quality of life at work have direct negative repercussions on nurses’ health. It is suggested that further studies evaluate the measures taken by hospital institutions to investigate the effectiveness of quality of life at work in nursing.

Keywords: Stress, Critical care, Critical care unit nurses, Nursing practice, Professional quality of life, Occupational health.
Avaliação da qualidade de vida profissional de enfermeiros

RESUMO

Contexto: A verificação de índices de qualidade de vida no trabalho (QVT) pode trazer informações de fatores que interferem diretamente na satisfação e motivação pessoal e coletiva, com reflexos na excelência da estrutura e do serviço. Objetivo: Avaliar a qualidade de vida no trabalho de enfermeiros atuantes. Material e Métodos: estudo descritivo e correlacional, de corte transversal e de abordagem quantitativa, realizado com 104 enfermeiros no serviço de um hospital público terciário, no município de Aracaju/SE no período de agosto de 2018 a julho de 2019. Resultados: Fatores como condições de trabalho, segurança e remuneração são fatores degradantes na qualidade de vida no trabalho e estes, ainda, tem repercussões diretas na saúde e na qualidade de assistência de enfermagem prestada. Conclusões: Baixos níveis de qualidade de vida no trabalho tem repercussões negativas diretas na saúde do enfermeiro. Sugere-se que estudos posteriores avaliem as medidas tomadas pelas instituições hospitalares para investigação acerca da eficácia da qualidade de vida no trabalho na enfermagem.

Palavras-chave: Estresse, Cuidados intensivos, Enfermeiras de unidade de terapia intensiva, Prática de enfermagem, Qualidade de vida profissional, Saúde ocupacional.
INTRODUCTION

Work can be a source of satisfaction for men, as well as a factor in the deterioration of health and quality of life when performed in unhealthy conditions (Girondi, Gelhecke, 2011). Thus, general strain at work can influence the worker's physical and mental health, leading to withdrawal and dissatisfaction. In the case of nursing professionals, the hospital institution has been seen as a favorable environment for the development of anxiety and depression disorders, related to work due to physical, psychological, mechanical and biological exposures that can produce cumulative effects on the mind and body of the nurse, and may even compromise the quality of care provided (Haslam et al., 2005; Manetti, Marzialle, 2007; Kikuchi et al., 2010; Kikuchi et al., 2012; Mininel, Baptista, Felli, 2011).

Living with and working with illnesses and the feelings involved in them constitute an exhausting and stressful process that demands, consciously or not, defense mechanisms on the part of the nurse, so that the illness and suffering of the other do not interfere with their mental and physical health. As it is also not possible to end the demands inherent to the exercise of this profession, both physical and emotional and mental exhaustion. Nevertheless, efforts have been made to apply measures that can promote mental health and thus contribute to the reduction of sick nursing professionals (Vargas, Dias, 2011; Ferreira et. al, 2011).

There are worrisome correlations between nurses' low quality of life at work (QLW) and the commitment to their health, as well as their productivity (Belancieri, Blanco, 2004; Teles et. al, 2014; Makabe et al., 2015). It is worth mentioning that the nurse, sometimes, assumes a role that requires great physical, mental and emotional efforts within the provision of health services (Queiroz, Souza, 2012). Thus, the importance of a comprehensive institutional support that contemplates the health of these professionals, in a holistic way, promoting quality of life and care for these agents is notorious (Carvalho, Magalhães, 2013). In view of this, some hospital institutions try to adopt models that favor the quality of life in the work of nurses in search of good repercussions on their health and the care provided (Pizzoli, 2005). The present study sought to evaluate the quality of life among professionals working in nursing practice.
MATERIAL AND METHODS

This is a descriptive and correlational, cross-sectional study with a quantitative approach, developed in the emergency service of a tertiary hospital, in the city of Aracaju/SE from August 2018 to July 2019.

The sample is composed of the total population of nurses who work in direct patient care and who voluntarily agreed to participate in the research by signing the Free and Informed Consent Form. Exclusion criteria were having a history of depression established prior to entering the nursing field and not completing the questionnaire properly.

The instrument used was a questionnaire containing items on sociodemographic data, professionals, history of depression diagnosis before and after starting work in the nursing area. To assess the Quality of Life at Work for Nurses, a self-administered instrument was used, the Quality of Life at Work Index for Nurses (QLWIN), which is divided into four dimensions: 1 - institutional appreciation and recognition, 2 - working conditions, security and remuneration, 3 - identity and professional image and 4 - integration with the team. The instrument also allows obtaining scores related to the four dimensions. Divided into two phases; in the first part, the respondent assigns a value about his satisfaction with the items and in the second part, he informs how important he considers that these items are present in his work. In the end, a crossing of the values assigned to the items will generate a global score, the QLWIN.

Descriptive statistical analysis will be presented in tables and data were processed using the Statistical Package for Social Science (SPSS) version 15.0 for Windows. The criterion used for the treatment of lost data, that is, when the questionnaire items are not answered, was the exclusion of the sample that had 20% or more of unanswered items.

RESULTS

The sample totaled 104 nurses, predominantly female (84.61%), aged between 23 and 58 years with an average of 34.6 years, average working hours of 38.98 hours per week, average hospital service time of about 8 years, with 5.6 of those years in the
institution, research field. As for the qualification of the professional, 29.80% (31) had specialization and 1.92% (2) had a master's degree and worked in the Inpatient, Intensive Care Unit (ICU), Surgical Center, Oncology, Radiology, ICU and Burn Treatment Unit sectors (BTU) in varied shifts, 39.42% (41) worked during the morning shift, 33.65% (35) in the night shift and 6.92% (28) during the afternoon shift (Table 1).

**Table 1.** Sociodemographic and professional characteristics of nurses studied in the emergency department of a tertiary hospital in the city of Aracaju, SE.

<table>
<thead>
<tr>
<th>Variables (N=104)</th>
<th>N (%)</th>
<th>Mean (SD)</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>89 (84.61)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Male</td>
<td>15 (15.38)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Working Day (hours)</strong></td>
<td>-</td>
<td>38.98 (7.09)</td>
<td>20-60</td>
</tr>
<tr>
<td><strong>Sector</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internment</td>
<td>40</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>27</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ICU</td>
<td>15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others</td>
<td>22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Qualification</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalist</td>
<td>71 (68.26)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Specialist</td>
<td>31 (29.80)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Master</td>
<td>2 (1.92)</td>
<td>-</td>
<td>-</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Work Shift</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41 (39.42%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>28 (26.92%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>35 (33.65%)</td>
<td>-</td>
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</tr>
</tbody>
</table>

SD – standard deviation

ICU – intensive care unit

Regarding the overall quality of life at work score, calculated by the QLWIN, the participants assigned an average value of 7.77 with a range from 1.94 to 14.84±1.96. Regarding the quality of life indicators, divided into four dimensions, the participants attributed to dimension 1 (D1), appreciation and institutional recognition, an average value of 8.02 with a variation from 0.83 to 15.92; in dimension 2 (D2), working conditions, security and remuneration, the average value was 4.98 and range from 0.40 to 15.00; for the identity and professional image dimension (D3), the average value assigned was 11.25 with a range from 1.00 to 18.00 and for the dimension integration with the team (D4), the average value of 9.75 was assigned with a range from 1.25 to 18.75 (Table 2).

Table 2. QLWIN – global score for quality of life at work for nurses and indicators of quality of life at work for nurses in its various dimensions.

<table>
<thead>
<tr>
<th></th>
<th>QLWIN</th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfied (0 a 10)</td>
<td>82.68% (86)</td>
<td>79.80% (83)</td>
<td>94.22 (98)</td>
<td>35.57% (37)</td>
<td>64.41% (67)</td>
</tr>
<tr>
<td>Satisfied (11 a 20)</td>
<td>17.30% (18)</td>
<td>20.19% (21)</td>
<td>5.76% (6)</td>
<td>64.41% (67)</td>
<td>35.57% (37)</td>
</tr>
</tbody>
</table>

D1 - Institutional appreciation and recognition. D2 - Working conditions, security and remuneration. D3 - Professional identity and image. D4 - Integration with the team.

Only 5.76% of the participants stated that they were satisfied with the remuneration. Of the participants who declared dissatisfaction with remuneration,
16.32% (16) reported having been diagnosed with depression after entering nursing work. Of these participants, the vast majority, 93.75% (15), were female.

**DISCUSSION**

In the present study, the prevalence of professional nurses was female (84.61%). This finding is similar to other studies, which also showed the prevalence of women in nursing ranging from 79.90% to 93.75% (Girondi, Gelbcke, 2011; Belancieri, Bianco, 2004; Teles et al., 2014). On the other hand, it is worth mentioning the expansion of the inclusion of men in this context over time and its importance, such as collaborating with the physical demands to which nurses are exposed.

Only about 30% of the nurses interviewed completed postgraduate courses. This differs from the findings of Girondi, Gelbcke, (2011), in which the search for more qualification was more frequent and more than half of the interviewees (56.25%) completed a master's or specialization, and Kimura, Carandina, (2009), when they reported that more than half of respondents had specialization (68.4%); some nurses had completed a master's degree (9.1%) and some even a doctorate (1.2%). This finding may reflect on the quality of life in the work of nurses by giving visibility to the professional and improving patient care. Our study showed that about the working hours and the number of jobs, about 51.92% (54) had a double job, of these, 62.96% (34) had the second job also in the hospital environment, which exposes them to risks, stressors psychosocial disorders, night work and high emotional demand that interfere with their quality of life. Based on these issues related to workers' health, Kimura, Carandina, (2009), and Serikan, Kaymakaçi, (2013), highlighted the importance of taking measures to prevent illness and promote the health of nursing workers.

For Farias, Zeitoune, (2007), Almalki, Fitzgerald, Clark, (2012), organizations at work should play their part, mainly by making it possible to improve the self-fulfillment of nursing professionals. Working conditions, safety and remuneration were classified as categories in which nurses demonstrated greater dissatisfaction. This led to a reflection on the aspects involved in this domain and how they were currently found in public hospitals, as shown by studies by Almalki, Fitzgerald, Clark, (2013), and Teymourzadeh et al., (2014). These studies showed that physical safety and protection,
physical factors such as climate and noise, and an unhealthy environment influenced the quality of work life score. On the other hand, Moradi, Maghaminejad, Azizi-Fini (2014), did not observe a significant relationship between the quality of life at work and the salary of these professionals.

The low QLW can occur due to the nurses' dissatisfaction with the team. This circumstance can often intensify individualism, which ends up hindering the development of tasks. Rodrigues, (1999), stated that it is of prime interest for the worker to have social integration in the organization of work.

Although there was a lot of dissatisfaction, the identity and professional image dimension had a better average and a greater number of satisfied nurses. A possible relationship for this result is the professional improvement that can contribute to an improvement in the QLW. However, it is curious that there were no statistically significant differences between those who concluded only an undergraduate degree and those who had a master's/specialization. In this sense, further studies could clarify these issues.

**CONCLUSION**

The results of this study allowed demonstrating that there is still a predominance of females in nursing, as well as the increasing insertion of young people, most of them without specialization; which suggests looking for a job earlier and earlier. Considering the important role of quality of life in nurses' work in their health, as well as in their provision of service, we can state that a low level of QLW has direct negative repercussions on nurses' health. Our results support this concept, showing that factors related to low levels of quality of life at work are consistently related to the emergence of health problems such as depression. The results of this study also demonstrated that working conditions, safety and remuneration are the main factors that degrade the quality of life at work and that this has direct repercussions on the health and quality of care provided by nurses.

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