



Assessment of the quality of professional life of nurses.

José Aderal Aragão¹, Felipe Matheus Sant'Anna Aragão², Iapunira Catarina Sant'Anna Aragão³, Bárbara Costa Lourenço⁴, Ana Clara Rodrigues Oliveira⁴, Luciano Conceição Porto⁵, Pedro Henrique Adário Marassi⁶, Danilo Ribeiro Guerra⁷, Vera Lúcia Correa Feitosa⁸, Francisco Prado Reis⁹.

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, realizada 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.

Instituição afiliada – ¹Titular Professor of Clinical Anatomy, Department of Morphology, Federal University of Sergipe (UFS), Aracaju, Sergipe, Brazil. ² Medical Clinic Resident of Base Hospital of Rio Preto, Faculty of Medicine of São José do Rio Preto (FAMERP), São José do Rio Preto, São Paulo, Brazil. ³Medical Clinic Resident of Municipal Hospital Munir Rafful (MHMR), Volta Redonda, Rio de Janeiro, Brazil. ⁴Medical Student, Três Rios Faculty of Medical Sciences (FCM-TR), Três Rios, Rio de Janeiro, Brazil. ⁵Medical Student, Tiradentes University Centre (UNIT), Maceió, Alagoas, Brazil. ⁶Doctor at Hospital Naval Marcílio Dias (HNMD), Rio de Janeiro, Rio de Janeiro, Brazil. ⁷Adjunct Professor of Clinical Anatomy, Department of Morphology, Federal University of Sergipe (UFS), Aracaju, Sergipe, Brazil. ⁸Titular Professor of Cell Biology, Department of Morphology, Federal University of Sergipe (UFS), Aracaju, Sergipe, Brazil. ⁹Titular Professor, Medical School of Tiradentes University (UNIT) and Alfredo Nasser University Center – UNIFAN, Aracaju, Sergipe, Brazil.

Dados da publicação: Artigo recebido em 24 de Abril, aceito para publicação em 15 de Maio e publicado em 13 de Junho de 2023.

DOI: <https://doi.org/10.36557/2674-8169.2023v5n3p339-350>

Autor correspondente: José Aderval Aragão adervalufs@gmail.com



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

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, Marziale, 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, Bianco, 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.

Variables (N=104)	N (%)	Mean (SD)	Variation
Sex			
Female	89 (84.61)	-	-
Male	15 (15.38)	-	-
Working Day (hours)	-	38.98 (7.09)	20-60
Sector			
Internment	40	-	-
Emergency Room	27	-	-
ICU	15	-	-
Others	22	-	-
Qualification			
Generalist	71 (68.26)	-	-
Specialist	31 (29.80)	-	-
Master	2 (1.92)	-	-

Work Shift			
Morning	41 (39.42%)	-	-
Afternoon	28 (26.92%)	-	-
Night	35 (33.65%)	-	-

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.

	QLWIN	D1	D2	D3	D4
Unsatisfied (0 a 10)	82.68% (86)	79.80% (83)	94.22 (98)	35.57% (37)	64.41% (67)
Satisfied (11 a 20)	17.30% (18)	20.19% (21)	5.76% (6)	64.41% (67)	35.57% (37)

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% (Gironi, 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 Gironi, 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, Kaymakçı, (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.

REFERENCES

Almalki MJ, Fitzgerald G, Clark M. Quality of work life among primary health care nurses in the



Jazan region, Saudi Arabia: a cross-sectional study. *Hum Resour Health*. 2012 Sep 13;10:30.

Belancieri MF, Bianco MHBC. Estresse e repercussões psicossomáticas em trabalhadores da área da enfermagem de um hospital universitário. *Texto & contexto enferm*. 2004 jan.-mar;13(1):124-131.

Carvalho CG, Magalhães SR. Quem cuida do cuida [dor]:Principais fatores que interferem na saúde dos profissionais de enfermagem, uma visão biopsicossocial. *Rev Pesqui*. 2013 jul.-set;5(3):122-131.

Farias SNP, Zeitoun RCG. A Qualidade de Vida no Trabalho de Enfermagem. *Esc Anna Nery R Enferm*. 2007 set;11(3):487-93.

Ferreira EV, Amorim JDM, Lemos RMC, Ferreira NS, Silva FO, Laureano Filho JR. Absenteísmo dos trabalhadores de enfermagem em um hospital universitário do estado de Pernambuco. *Rev Rene*. 2011 Out-dez;12(4):742-749.

Gironi JBR, Gelbcke FL. Percepção do enfermeiro sobre os efeitos do trabalho noturno em sua vida. *Enfermagem em Foco*. 2015;2(3):191-194.

Haslam C, Atkinson S, Brown S, Haslam RA. Perceptions of the impact of depression and anxiety and the medication for these conditions on safety in the workplace. *Occup Environ Med*. 2005 Aug;62(8):538-45.

Kikuchi Y, Nakaya M, Ikeda M, Narita K, Takeda M, Nishi M. Effort-reward imbalance and depressive state in nurses. *Occup Med (Lond)*. 2010 May;60(3):231-3.

Kikuchi Y, Nakaya M, Ikeda M, Narita K, Takeda M, Nishi M. Effort-Reward Imbalance and Quality of Life Among Female Nurses at a General Hospital in Japan [Internet]. *Essential Notes in Psychiatry*. InTech; 2012. Available from: <http://dx.doi.org/10.5772/37456>

Kimura M, Carandina DM. Desenvolvimento e validação de uma versão reduzida do instrumento para avaliação da Qualidade de Vida no Trabalho de enfermeiros em hospitais. *Rev Esc Enferm USP*. 2009 Dez;43(Esp):1044-54.



Makabe S, Takagai J, Asanuma Y, Ohtomo K, Kimura Y. Impact of work-life imbalance on job satisfaction and quality of life among hospital nurses in Japan. *Ind Health*. 2015;53(2):152-9.

Manetti ML, Marziale MH. Fatores associados à depressão relacionada ao trabalho de enfermagem. *Estud Psicol (Natal)*. 2007 jan-abr;12(1):79-85.

Mininel VA, Baptista PCP, Felli VEA. Cargas psíquicas e processos de desgaste em trabalhadores de enfermagem de hospitais universitários brasileiros. *Rev Latino-Am Enfermagem*. 2011;19(2):340-347.

Moradi T, Maghaminejad F, Azizi-Fini I. Quality of working life of nurses and its related factors. *Nurs Midwifery Stud*. 2014 Jun;3(2):e19450.

Pizzoli LML. Qualidade de vida no trabalho: um estudo de caso das enfermeiras do Hospital Heliópolis. *Cien Saude Colet*. 2015 dez;10(4):1055-62.

Queiroz DL, Souza JCRP. Qualidade de vida e capacidade para o trabalho de profissionais de enfermagem. *Psicólogo in Formação*. 2012 jan/dez;16(16):103-126.

Rodrigues MV. Qualidade de vida no trabalho: Evolução e análise no nível gerencial. 15ª ed. Petrópolis (RJ). Editora Vozes, 1999.

Serinkan C, Kaymakçi K. Defining the Quality of Life Levels of the Nurses: A Study in Pamukkale University. *Procedia - Social and Behavioral Sciences*. 2013;89:580–584.

Silva DMPP. O adoecer dos trabalhadores de enfermagem: estudo dos problemas de saúde responsáveis pelo absenteísmo-doença em um hospital universitário [dissertação]. Ribeirão Preto: Universidade de São Paulo. 1999.

Teles MA, Barbosa MR, Vargas AM, Gomes VE, Ferreira EF, Martins AM, Ferreira RC. Psychosocial work conditions and quality of life among primary health care employees: a cross sectional study. *Health Qual Life Outcomes*. 2014 May 15;12:72.



Teymourzadeh E, Rashidian A, Arab M, Akbari-Sari A, Hakimzadeh SM. Nurses exposure to workplace violence in a large teaching hospital in Iran. *Int J Health Policy Manag.* 2014 Oct 4;3(6):301-5.

Vargas D, Dias APV. Prevalência de depressão em trabalhadores de enfermagem de unidade de terapia intensiva: estudo em hospitais de uma cidade do noroeste do Estado de São Paulo. *Rev Latino-Am Enfermagem.* 2011 Out;19(5)1114-1121.