



ORIGINALES

Quality of working life and occupational nursing stress in emergency care unit

Qualidade de vida no trabalho e perfil demográfico-laboral da enfermagem em unidade de pronto atendimento

Calidad de vida en el trabajo y perfil demográfico-laboral de la enfermería en unidad de urgencias

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ABSTRACT:

Objective: To describe the demographic and labor profile and evaluate the quality of working life of the nursing team working in an emergency care unit.

Method: Cross-sectional study, carried out in 2017 with 109 workers. A questionnaire with demographic and labor profile was used and the quality of life at work was evaluated through the adaptation of the Walton model.

Results: Of the 109 workers, 75.2% were female, 45.9% were married, 34.9% were nurses, 53.2% were nursing technicians and 11.9% were nursing assistants; 89.9% had a weekly workload of 30 hours and 39.4% had another job in nursing. The quality of life at work scale revealed that 39.5% are dissatisfied and 60.5% are satisfied. There was greater dissatisfaction with quality of life at work among nurses.

Conclusion: The findings of this study may guide health system authorities to develop strategies to promote better quality of working life for dissatisfied nursing workers and thus enable them to provide better quality care to their patients

Key words: Nursing; Occupational Health; Working Conditions; Emergencies; Public Health.

RESUMO:

Objetivo: Descrever o perfil demográfico, laboral e avaliar a qualidade de vida no trabalho da equipe de enfermagem atuante na Unidade de Pronto Atendimento.

Método: Estudo transversal, realizado em 2017 com 109 trabalhadores. Foi utilizado um questionário com perfil demográfico e laboral e a qualidade de vida no trabalho foi avaliada por meio da adaptação do modelo de Walton.

Resultados: Dos 109 trabalhadores, 75,2% eram do sexo feminino, 45,9% casados, 34,9% enfermeiros, 53,2% técnicos de enfermagem e 11,9% auxiliares de enfermagem; 89,9% tinham carga horária semanal de trabalho 30 horas e 39,4% possuíam outro emprego na enfermagem. A escala da qualidade de vida no trabalho revelou que 39,5% estão insatisfeitos e 60,5% estão satisfeitos, destaca-se que houve maior insatisfação com a qualidade de vida no trabalho entre os profissionais enfermeiros.

Conclusão: Os achados deste estudo poderão nortear as autoridades do sistema de saúde a desenvolverem estratégias, para promover melhor qualidade de vida no trabalho aos trabalhadores de enfermagem insatisfeitos e, assim, permitir a eles prestar uma assistência de melhor qualidade aos seus pacientes.

Palavras-chave: Enfermagem; Saúde do Trabalhador; Condições de Trabalho; Emergências; Saúde Pública.

RESUMEN:

Objetivo: Describir el perfil demográfico, laboral y evaluar la calidad de vida en el trabajo del equipo de enfermería actuante en la Unidad de Urgencias.

Método: Estudio transversal, realizado en 2017 con 109 trabajadores. Se utilizó un cuestionario con perfil demográfico y laboral y la calidad de vida en el trabajo fue evaluada por medio de la adaptación del modelo de Walton.

Resultados: De los 109 trabajadores, 75,2% eran del sexo femenino, 45,9% casados, 34,9% enfermeros, 53,2% técnicos de enfermería y 11,9% auxiliares de enfermería; El 89,9% tenía una carga horaria semanal de trabajo 30 horas y el 39,4% poseía otro empleo en la enfermería. La escala de la calidad de vida en el trabajo reveló que el 39,5% están insatisfechos y el 60,5% están satisfechos, se destaca que hubo mayor insatisfacción con la calidad de vida en el trabajo entre los profesionales enfermeros.

Conclusión: Los hallazgos de este estudio podrán guiar a las autoridades del sistema de salud a desarrollar estrategias, para promover mejor calidad de vida en el trabajo a los trabajadores de enfermería insatisfechos y, así, permitirles prestar una asistencia de mejor calidad a sus pacientes.

Palabras clave: Enfermería; Salud Laboral; Condiciones de Trabajo; Urgencias Médicas; Salud Pública.

INTRODUCTION

Work organizations are immersed in an environment characterized by rapid changes, whose productivity and quality of the work process are directly related to the potentialities and capacities of people and their working conditions⁽¹⁾. The creation of new technologies, added to the set of organizational innovations, have profoundly modified the productive structure of the capitalist countries, provoking significant changes in the organization, working conditions and relations^(2,3).

In this sense, there is concern about quality working life(QWL), since it is closely related, among other factors, to the importance that the work has been occupying in relation to occupational health⁽¹⁾.

QWL comprises factors and characteristics present in the work environment that aim to facilitate and satisfy the needs of the workers in developing their activities, in order to reach more satisfied and productive workers and services with better quality⁽²⁾. This topic has been much discussed since it occupies a central place in the human being's

life, as it relates to relevant aspects of the work context, life and well-being of the worker, such as motivation, satisfaction, health and safety at work⁽³⁾.

According to the pioneer author of QWL studies, dissatisfaction with work is the main problem faced by workers, regardless of their job function. His model provides a comprehensive view of QWL, taking into account aspects such as physical conditions (work environment), indicators of satisfaction of basic human needs, and factors related to safety, health and remuneration, thus resulting in more productive workers⁽⁴⁾. Therefore, the QWL not only includes satisfaction with salary, but also with the physical, structural, psychological and social dimensions which, together with the occupational context, make the professionals safer and healthier, improving the results and the quality of their services^(3,5).

In the health area, nursing work is characterized by strongly interlinked practices and interpersonal relationships with other health professionals and service users, most of which are developed in high volume and under high pressure⁽⁶⁾. The characteristics of the profession are also associated with heavily standardized, fragmented, shift work, in addition to excessive responsibility and the constant need for theoretical and technical improvement^(5,6).

Among the work places of nursing professionals, the emergency services stand out, which are critical areas of great complexity, in which care should be carried out immediately, efficiently and in an integrated manner, requiring a broad theoretical knowledge and technical skills^(6,7).

The 24/7 Emergency Care Units (UPA 24h), described by Administrative Rule GM/MS No. 342/2013, are among the health services that provide emergency care in Brazil, and are often characterized by overcrowding, fragmented work, conflicts and asymmetries of power, exclusion of users at the gateway, disrespect for their rights, little articulation with the rest of the service network, among others⁽⁸⁾. Also, nursing workers in these units are routinely scheduled for a double or triple shift, extra hours, frequent overload justified by lack of staff, tight schedules, pressure on care practices and, most of the time, with limited resources. All this has led to the feeling of emotional exhaustion, professional dissatisfaction and increased risks of illness, as a consequence of the stress experienced in the work environment, which brings damages to the QWL^(2,9,10).

The complexity of the work process in the UPA 24h, which implies weaknesses in the comprehensive care to the users' needs, added to the precarious context of work of the health professionals, compromise the quality of care, as well as health conditions and the QWL. This context negatively affects the health of workers, leading to physical and mental illness and, consequently, to absenteeism and overload of the workers who remain at work⁽⁹⁾.

The suffering and stress of the nursing and health staff impact on the decrease of the quality and safety of the assistance provided to the user^(7,9); however, the promotion of safe work environments that favor quality of life at work can contribute to the reversal of this scenario^(1,10).

The importance of these units for access to services and effectiveness of care in health care networks, the role of nursing in these environments and the incipience of studies that explore this occupational context justify the development of this study,

which was carried out with the objective of describing the demographic and labor profile and to evaluate the QWL of the nursing team working at UPA 24h.

MATERIAL AND METHOD

This is a quantitative, cross-sectional, descriptive-correlational study carried out with nurses working at the UPA 24h of a medium-sized city, representing the polo region of the Macro-West of Minas Gerais, Brazil. The data were collected between March and May 2017, with nurses, nursing technicians and assistants who accepted to answer the questionnaires and met the inclusion criteria, namely having had an employment relationship with the unit for at least six months and not being on leave or vacation at the time of data collection. Of the 161 nursing workers that made up the professional staff of the UPA 24h at the time of data collection, 36 did not meet the inclusion criteria and 16 refused to participate, totaling 109 participants.

The workers were approached in the work environment and invited to participate in the study through the filling of self-applied instruments, namely a questionnaire containing demographic and labor variables, and the WRQoL evaluation instrument, developed and validated in Brazil by Timossi et al⁽¹¹⁾.

The demographic and labor questionnaire elaborated by the researcher contained the following variables: sex, age, marital status, number of children, schooling, area of work, monthly income, position and working time in the UPA 24h, weekly workload, work shift, working time in nursing, other employment relationship in nursing, type of employment relationship, characterization of previous work leaves, use of Personal Protective Equipment (PPE) and occurrence of errors during care.

The WRQoL evaluation instrument evaluates the factors that influence it, through eight conceptual categories: (1) adequate and fair compensation; (2) working conditions; (3) use of capacities; (4) growth and safety opportunities; (5) social integration; (6) constitutionalism; (7) space of work in life; (8) social relevance. The evaluation of the scores of the answers obtained in the instrument was performed by a five-point Likert scale, with values ranging from 0 to 100 and the response options: very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied and very satisfied⁽¹¹⁾.

All the data obtained were analyzed from the construction of a database in the Statistical Package for the Social Sciences (SPSS) program, version 21.0. The variables of this study were presented in tables of frequency distribution, measures of central tendency and variability. Univariate analysis considered the factors associated with the results of the global WRQoL scale, categorized as dissatisfied and satisfied, and the comparison of categorical variables was performed using the Pearson chi-square test or the Fisher's exact test. In the comparison of numerical variables, we used the non-parametric Mann-Whitney test, since the variables presented asymmetric distribution. To test normality, we used the Kolmogorov-Smirnov test and none of the numerical variables analyzed presented normal distribution ($p < 0.05$).

The study was approved by the Ethics Committee on Research with Human Beings under opinion number 1,696,428, following the ethical precepts in research involving human beings contained in Resolution of the National Health Council No. 466/2012. All participants in the study signed the Informed Consent Form.

RESULTS

The sample consisted of 109 participants, with a prevalence of females (75.2%), married (45.9%), with a median age of 37 years, composed of a majority of nursing technicians (53.2%) and with monthly income of up to R\$ 1,500.00 (21.1%). Among the nurses interviewed, 81.1% had completed specialization and 73% worked in the area of specialty, according to data from Table 1.

Table 1 - Descriptive analysis of the demographic variables of nursing workers at a emergency care unit (UPA 24h). Minas Gerais, Brazil, 2017 (N=109).

| | Frequency | Percentage% |
|---|-------------------|-------------|
| Sex | | |
| Female | 82 | 75.2 |
| Male | 27 | 24.8 |
| Age | | |
| Mean± standard deviation | 39.2 ± 10.4 | |
| Median (minimum - maximum) | 37.0 (22.0– 67.0) | |
| Marital status | | |
| Single | 40 | 36.7 |
| Married | 50 | 45.9 |
| Separated | 14 | 12.8 |
| Widower | 5 | 4.6 |
| Having children | | |
| Yes | 65 | 59.6 |
| No | 44 | 40.4 |
| Professional category | | |
| Nursing assistant | 13 | 11.9 |
| Nursing technician | 58 | 53.2 |
| Nurse | 38 | 34.9 |
| Graduate degree (nurses) | | |
| Complete specialization | 30 | 81.1 |
| Incomplete specialization | 4 | 10.8 |
| Complete Master degree | 1 | 2.7 |
| Incomplete Master degree | 2 | 5.4 |
| Working in the area of specialty | | |
| Yes | 27 | 73.0 |
| No | 10 | 27.0 |
| Monthly income (in R\$) | | |
| 950 to 1500 reais | 23 | 21.1 |
| 1500 to 2000 reais | 22 | 20.2 |
| 2000 to 2500 reais | 22 | 20.2 |
| 2500 to 3000 reais | 13 | 11.9 |
| 3000 to 3500 reais | 11 | 10.1 |
| 3500 to 4000 reais | 10 | 9.2 |
| Above 4000 reais | 8 | 7.3 |

*12 individuals without information (11.0%).

**4 individuals without information (3.7%).

As for the work activities, described in Table 2, the average training time was 12 years and the working time in the UPA 24h was 4 years; 89.9% had a weekly workload of 30

hours, 53.2% were public servants, 54.1% worked in the night shift and 39.4% reported having another employment relationship in nursing.

Table 2 - Descriptive analysis of labor variables of nursing workers at an emergency care unit (UPA 24h). Minas Gerais, Brazil, 2017 (N=109).

| | Frequency | Percentage% |
|---|-----------------|-------------|
| Professional category held at UPA 24h | | |
| Nursing assistant | 19 | 17.4 |
| Nursing technician | 58 | 53.2 |
| Nurse | 32 | 29.4 |
| Training time in the position (years) | | |
| Mean \pm standard deviation | 14.5 \pm 9.1 | |
| Median (minimum - maximum) | 12.0 (1 - 45) | |
| Workload at UPA 24h | | |
| 30 weekly hours | 98 | 89.9 |
| 40 weekly hours | 11 | 10.1 |
| Work shift | | |
| Diurno | 50 | 45.9 |
| Night | 59 | 54.1 |
| Working time (months) | | |
| Mean \pm standard deviation | 94.4 \pm 88.3 | |
| Median (minimum - maximum) | 48 (6 - 360) | |
| Working time in nursing (years) | | |
| Mean \pm standard deviation | 15.8 \pm 9.2 | |
| Median (minimum - maximum) | 15 (3 - 45) | |
| Another job in nursing | | |
| Yes | 43 | 39.4 |
| No | 66 | 60.6 |
| Place of the other job* | | |
| Home care | 4 | 10.3 |
| Health Center | 12 | 30.8 |
| Hospital | 20 | 51.3 |
| Others | 3 | 7.7 |
| Type of employment relationship | | |
| Public servant | 58 | 53.2 |
| Temporary contract | 4 | 3.7 |
| Registered in the Work Card | 47 | 43.1 |
| Leave due to work-related illness | | |
| Yes | 9 | 8.3 |
| No | 100 | 91.7 |
| Which work-related illness | | |
| Stress | 1 | 11.1 |
| Depression | 5 | 55.6 |
| Low back pain/orthopedic pictures | 3 | 33.3 |
| Leave due to work accident | | |
| Yes | 8 | 7.3 |
| No | 101 | 92.7 |
| Which work accident | | |
| Contact with sharp material | 6 | 66.7 |
| Fracture/orthopedic injuries acquired at work | 1 | 11.1 |
| Fall at work | 1 | 11.1 |
| Route Accident | 1 | 11.1 |

| | | |
|----------------------------------|-----|------|
| Use of PPE | | |
| Yes | 102 | 93.6 |
| No | 7 | 6.4 |
| Which PPE | | |
| Glove | 15 | 14.7 |
| Mask | 2 | 2.0 |
| Glasses | 1 | 1.0 |
| All of them | 46 | 45.1 |
| 2 options (glove and mask) | 38 | 37.3 |
| Company provides PPE | | |
| Yes | 70 | 64.2 |
| No | 39 | 35.8 |
| PPE are easily accessible | | |
| Yes | 69 | 63.3 |
| No | 40 | 36.7 |

*4 individuals without information (9.3% among those who have another job).

**1 individual without information (0.9%).

The internal consistency assessment of the WRQoL instrument presented Cronbach's alpha of 0.937, reinforcing the reliability of the instrument for use in nursing.

Regarding the aspects related to the categories of evaluation of the QWL, the highest median found was for the domain space of work in life (66.7) and the lowest median was for the domain opportunities (37.5). The overall score was 54.3 and it was found that 0.9% of respondents were very dissatisfied, 38.5% were dissatisfied, 54.1% were satisfied and 6.4% were very satisfied (Table 3).

Table 3 - Descriptive analysis of the QWL categories of nursing workers in a care unit (UPA 24h). Minas Gerais Brazil, 2017 (N=109).

| | Frequency | Percentage% | Median |
|--------------------------|-----------|-------------|-------------|
| Compensation | | | 43.8 |
| Very dissatisfied | 23 | 21.1 | |
| Dissatisfied | 44 | 40.4 | |
| Satisfied | 40 | 36.7 | |
| Very satisfied | 2 | 1.8 | |
| Work conditions | | | 50.0 |
| Very dissatisfied | 4 | 3.7 | |
| Dissatisfied | 58 | 53.2 | |
| Satisfied | 39 | 35.8 | |
| Very satisfied | 8 | 7.3 | |
| Use of capacities | | | 65.0 |
| Very dissatisfied | 4 | 3.7 | |
| Dissatisfied | 21 | 19.3 | |
| Satisfied | 68 | 62.4 | |
| Very satisfied | 16 | 14.7 | |
| Opportunities | | | 37.2 |
| Very dissatisfied | 24 | 22.0 | |
| Dissatisfied | 55 | 50.5 | |
| Satisfied | 27 | 24.8 | |
| Very satisfied | 3 | 2.8 | |

| | | | |
|------------------------------|----|-------------|------|
| Social integration | | | 62.5 |
| Very dissatisfied | 1 | 0.9 | |
| Dissatisfied | 23 | 21.1 | |
| Satisfied | 67 | 61.5 | |
| Very satisfied | 18 | 16.5 | |
| Constitucionalism | | | 50.0 |
| Very dissatisfied | 15 | 13.8 | |
| Dissatisfied | 48 | 44.0 | |
| Satisfied | 42 | 38.5 | |
| Very satisfied | 4 | 3.7 | |
| Space of work in life | | | 66.7 |
| Very dissatisfied | 6 | 5.5 | |
| Dissatisfied | 25 | 22.9 | |
| Satisfied | 60 | 55.0 | |
| Very satisfied | 18 | 16.5 | |
| Social relevance | | | 55.0 |
| Very dissatisfied | 8 | 7.3 | |
| Dissatisfied | 39 | 35.8 | |
| Satisfied | 48 | 44.0 | |
| Very satisfied | 14 | 12.8 | |
| Overall Scale | | | 54.3 |
| Very dissatisfied | 1 | 0.9 | |
| Dissatisfied | 42 | 38.5 | |
| Satisfied | 59 | 54.1 | |
| Very satisfied | 7 | 6.4 | |

The univariate analysis of the factors of association with QWL was statistically significant with the professional category, leave due to work-related diseases or other diseases, provision of PPE by the company and PPE easily accessible (Table 4).

The comparison of the overall analysis of QWL showed that nurses (55.3%) had greater dissatisfaction with QWL compared to nursing technicians and assistants (approximately 30% in both categories).

Table 4 - Factors of association with the overall scale of QWL of nursing workers of an emergency care unit (UPA 24h). Minas Gerais, Brazil, 2017 (N=109).

| | Overall QWL | | p-value |
|--|------------------|---------------------|----------------|
| | Satisfied (n=66) | Dissatisfied (n=43) | |
| Professional category | | | |
| Nursing assistant | 9 69.2% | 4 30.8% | 0.047* |
| Nursing technician | 40 69.0% | 18 31.0% | |
| Nurse | 17 44.7% | 21 55.3% | |
| Leave due to work-related disease | | | |
| Yes | 2 22.2% | 7 77.8% | 0.027** |
| No | 64 | 36 | |

| | | | |
|--|-------|-------|---------------|
| | 64.0% | 36.0% | |
| Leave due to other diseases** | | | |
| Yes | 30 | 30 | 0.016* |
| | 50.0% | 50.0% | |
| No | 36 | 13 | |
| | 72.9% | 27.1% | |
| Provision of PPE by the company | | | |
| Yes | 48 | 22 | 0.022* |
| | 68.6% | 31.4% | |
| No | 18 | 21 | |
| Yes | 46.2% | 53.8% | |
| PPE easily accessible | | | |
| Yes | 47 | 22 | 0.034* |
| | 68.1% | 31.9% | |
| No | 19 | 21 | |
| | 47.5% | 52.5% | |

*Pearson's Chi-square test **Fisher's exact test ***Mann-Whitney Test.

DISCUSSION

The study workers were predominantly women, married, with children, median age of 37 years and nursing technicians. This profile is similar to the Brazilian reality of the profession, which is predominantly female (80.7%), a reality that corroborates the findings of studies conducted in Brazil and internationally^(1,12-14).

The Federal Nursing Council (COFEN) in 2016 published an article that characterized the profile of these workers in Brazil and the results indicated 84.6% of the professionals were female⁽¹⁵⁾. In international studies, the female gender also predominated^(3,9,10).

Most health workers are made up of nursing professionals and due to the uniqueness and the history of the profession, it is made up mostly of women, who perform multiple functions besides work, such as family caregivers, mothers and housewives⁽¹⁶⁾.

The predominance of a 30-hour weekly workload in the study population is lower than a study done in the emergency care units in the interior of the State of São Paulo, where nursing workers presented a 36-hour weekly workload⁽¹⁷⁾. This reality of workload refutes the reality found in the vast majority of establishments in the country, where the claim to reduce the weekly workload of 30 hours for nursing professionals has been dragging in Congress for years.

This workload performed by professionals working in UPA 24h can have a great influence on the results found related to QWL. The prevalence of satisfaction with QWL of nursing technicians and assistants can be justified by the fact that these professionals have a weekly workload of 30 hours, which differs from the reality of other health facilities in the city where the emergency care unit is located, and workload is a factor influencing QWL^(1,12,18).

Most of the professionals who answered the questionnaires worked in the night shift and this prevalence can be explained by the ease of access to the institution and to the professionals in that period. The data collection during the night was facilitated by

the lower demand for work found during this shift, since during the day the work routine in the UPA 24h was much harder and this factor made it difficult for the team to be absent for some minutes to respond to the instruments. Thus, professionals working at night were more accessible and available to participate in the survey.

With regard to nursing workers who had taken a leave from work-related illnesses, psychic illnesses were the most prevalent, such as occupational stress and depression.

In the emergency environment, the constant state of alertness, the excess of patients, the complexity of the organization and the work process can lead to stress and sickness of the workers⁽¹⁹⁾, which directly reflects the workers' QWL, and therefore, the positive association found in the study of this variable with QWL is justified.

A study carried out at an emergency unit of a university hospital in Brazil showed that the most frequent diseases reported by nursing workers were repeated infections of the respiratory tract (30.2%), mainly chronic sinusitis (27%); back injury (20.9%); varicose veins (20.6%); and mild emotional disturbance (19%)⁽¹⁹⁾. The increasing sickness of nursing workers contributes to an increase in absenteeism and worsening of quality of care provided^(10,20).

Another type of leave found was due to an work accident, being the most frequent those due to sharp objects, which is in line with the study carried out at a school hospital of Curitiba, in which 43.6% of the work accidents were due to sharp objects⁽²¹⁾.

Regarding PPE, most of the professionals reported using it, but these data differ from those found in a study developed in a public hospital in the state of Paraná, which proved that most nursing workers do not use all the equipment recommended by the legislation during their activities⁽²²⁾.

Lack of PPE makes work unsafe, increases the risk of accidents⁽²²⁾ and compromises the workers' QWL. This justifies the fact that the variables "PPE provided by the company" and "PPE are easily accessible" have a positive association with QWL.

Accidents with sharp material represent a concern for workers' health due to the susceptibility of contamination resulting from contact with contaminated secretions, fluids and materials that cause diseases such as hepatitis, respiratory problems, urinary and cutaneous infections, AIDS, among others⁽²¹⁾.

In the overall evaluation of QWL, the UPA 24h nursing team is satisfied. The findings confirm that QWL can be influenced by many factors, such as salary, working conditions, safety, workload, professional growth and relationship with managers^(3,12,18).

A Brazilian study conducted in the state of Bahia also identified a global prevalence of satisfaction with QWL in the nursing team of 63.3%⁽¹³⁾, while in international studies assessing the QWL of nursing professionals in countries such as Canada, Belgium and Iran, moderate and satisfactory levels of QWL were found among nurses^(14,18,23-24).

In the categories of QWL analysis, the categories that showed the greatest dissatisfaction were compensation (salary), working conditions, opportunities and

constitutionalism. Outdated wages coupled with low opportunities for professional growth in the workplace are factors for nursing professionals' dissatisfaction with the quality of working life in national and international studies^(1,3,12,18).

International studies confirm the important relationship between the low QWL and the higher impact factors, such as salary, workload, opportunity for professional growth and safety^(13,18,23,24) and these factors have greatly affected the lack of nursing professionals and the abandonment of workplaces in countries such as Iran and China^(3,12).

Although the factors such as compensation, opportunities, constitutionalism and working conditions identified dissatisfaction with QWL, the other categories showed satisfactory values, and the overall QWL scale of the nursing team working in the UPA 24h was also satisfactory.

When analyzing the QWL of the professional categories, nurses were dissatisfied with QWL. These data refute the findings of a survey carried out with nurses working in the general hospitals of São Luís - MA, who presented the mean QWL score of 59.72% (3.38 ± 0.47), which represents a feeling of satisfaction.⁽¹⁾ This is similar to a research conducted with nurses in Kashan, Iran, which also used the Walton instrument to assess QWL and found 60% of nurses with moderate QWL levels, while 37.1% had an undesirable level and 2% a good level of QWL⁽¹⁸⁾.

This predominance of dissatisfaction of nurses working at UPA 24h can be justified by the fact that this category has higher attributions and competencies in the service compared to nursing technicians and assistants. Furthermore, they perform the risk classification of patients at the gateway, an activity that often generates stress and dissatisfaction due to the disagreement between the risk established by the professional from the UPA 24h and the risk that the user thinks or feels to be.

Often, users disagree with the classification carried out by means of institutional protocols for risk classification. For example, the green classification represents a situation of lesser urgency and that could possibly be resolved within primary health care; however, due to lack of operation of the reference and counter-reference system, users within this classification seek to solve their problems in emergency services and become dissatisfied with the classification obtained, often acting violently against the nurse, making this work environment quite tense and exhausting⁽²⁵⁾.

Another factor that may have contributed to these findings is the significant number of nurses working in an area other than their specialty, a fact that may contribute to the dissatisfaction of these professionals in the work environment.

QWL is indeed a crucial element in a multidimensional and organizational process of the work environment that reaffirms workers' participation as a key variable to reach high levels of quality in the services and lower turnover/absenteeism. It can negatively affect the health of nursing professionals as it can trigger physical and psychic symptoms^(1,18). Moreover, it can also exert an influence on the patient's nursing care and, consequently, on their clinical response⁽²⁶⁾.

CONCLUSIONS

The results of this study showed that nursing workers at UPA 24h are satisfied with QWL, since there was greater dissatisfaction among permanent professionals, who had taken leave due to occupational disease or other diseases, while reporting that UPA 24h does not provide PPE or PPE is not easily accessible, and among nurses, when compared to nursing technicians and assistants.

Because it is a cross-sectional study, it is not possible to generalize the results found, since this design represents the current perception of these workers regarding the lived context during the period of data collection. In view of this, the reality described in this research can be altered in another moment.

This research provides an initial step to understand the profile of the professionals and the QWL of the nursing professionals working at the UPA 24h, considering the scarcity of studies using this scenario. There is little previous research with nursing professionals working in this scenario and it is worth emphasizing that this model of health unit is found throughout the national territory, being a federal program.

Therefore, the findings could guide the authorities in the health system to develop strategies to improve the working conditions of dissatisfied nursing professionals, promoting better QWL, so that they can provide better quality care and better assistance for their patients.

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