



ORIGINALES

Quality of life at work of nurses in public hospital institutions

Qualidade de vida no trabalho de enfermeiros de instituições hospitalares da rede pública

Calidad de vida en el trabajo de enfermeros de instituciones hospitalarias de la red pública

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ABSTRACT:

Aim: To analyze the Quality of Life at Work (QLW) of nurses in public hospitals.

Method: Quantitative descriptive cross-sectional study, conducted in public hospitals located in Maceio/AL from February to April 2020, which where 78 nurses answered self-fulfilled questionnaires, first sociodemographic and other structured questionnaire related to its evaluation QLW (TQWL-42). The data were analyzed by means of descriptive statistics.

Results: Female sex predominated (93,6%), total workload of 60 hours or more (56,4%), working hours, afternoon and night (41%), type of public contract (74.4%), the aspect of positive attitude significance (4,34) and the aspect of health services and social assistance as negative (2,35). The psychological/behavioral scope predominated with a mean of (3,69) and according to the graphical representation of the subject according to TQWL-42, the aspect of task significance obtained a satisfactory result (83,49).

Conclusion: The QLT of the sick was evaluated as neither positive nor negative, requiring the expansion of new studies about the importance of aspects in order to solve the problems in question.

Keywords: Quality of life; Worker's health; Nursing.

RESUMO:

Objetivo: Analisar a Qualidade de Vida no Trabalho (QVT) dos enfermeiros de instituições hospitalares da rede pública.

Método: Estudo quantitativo descritivo de corte transversal, realizado em dois hospitais públicos localizados no município de Maceió/AL, no período de fevereiro a abril de 2020, onde 78 enfermeiros responderam dois questionários de auto-preenchimento, sendo o primeiro um questionário sociodemográfico e outro questionário estruturado relacionados à avaliação da QVT (TQWL-42). Os dados foram analisados por meio de estatística descritiva.

Resultados: Predominou o sexo feminino (93,6%), carga horária total de 60h ou mais (56,4%), turnos de trabalho matutino, vespertino e noturno (41%), tipo de contrato concursado (74,4%), o aspecto significância da tarefa apresentou média positiva (4,34) e o aspecto serviço de saúde e assistência social apresentou média negativa (2,35). Prevaleceu a esfera psicológico/comportamental com a média de (3,69) e, segundo a representação gráfica da amostra de acordo com o TQWL-42, o aspecto significância da tarefa obteve resultado satisfatório (83,49).

Conclusão: A QVT dos enfermeiros foi avaliada como nem positiva, nem negativa, sendo necessário a ampliação de novos estudos sobre a importância dos aspectos, a fim de solucionar as problemáticas em questão.

Palavras-chave: Qualidade de vida; Saúde do trabalhador; Enfermagem.

RESUMEN

Objetivo: Analizar la Calidad de Vida en el Trabajo (CVT) de enfermeras en hospitales públicos.

Método: Estudio cuantitativo descriptivo transversal, realizado en dos hospitales públicos ubicados en la ciudad de Maceió / AL, de febrero a abril de 2020, donde 78 enfermeros respondieron dos cuestionarios auto-cumplimentados, el primero de ellos sociodemográfico y otro cuestionario estructurado relacionado con la evaluación CVT (TQWL-42). Los datos se analizaron mediante estadística descriptiva.

Resultados: Predominó el sexo femenino (93,6%), carga total de trabajo de 60 horas o más (56,4%), turnos de mañana, tarde y noche (41%), tipo de contrato público (74,4%), el aspecto de significación de la tarea tuvo un promedio positivo (4,34) y el aspecto de servicios de salud y asistencia social tuvo un promedio negativo (2,35). El ámbito psicológico / conductual predominó con una media de (3,69) y, según la representación gráfica de la muestra según el TQWL-42, el aspecto de significación de la tarea obtuvo un resultado satisfactorio (83,49).

Conclusiones: El CVT de los enfermeros fue evaluado como ni positivo ni negativo, requiriendo la ampliación de nuevos estudios sobre la importancia de los aspectos, para resolver los problemas en cuestión.

Palabras Clave: Calidad de vida; Salud del trabajador; Enfermería.

INTRODUCTION

Quality of Life (QOL) is established through interdisciplinary concepts of knowledge that covers psychic and social factors, considering perceptions about life and its individual values, objectives and concerns. It is highlighted that this definition becomes wide because it covers the self-assessment of various life contexts, such as self-care, socioeconomic level and spiritual, physical and psychomental well-being ⁽¹⁾.

In professional sphere, the influence of environmental stress on the individuals QOL is evidenced, a situation particularly observed in health professionals, especially nurses, as professional practice requires highly complex actions and close human relationships, after all, the same is related directly to the patient, dealing with all types of emotions, including death ⁽²⁾.

Any action in which the nurse needs to face and/or adapt can be listed as sources of stress. Thus, the aspects associated with these activities in the hospital sector, such as providing care to critically ill patients, equipment sounds, high movement of people, work overload, professional dissatisfaction, low pay, low valuation of the profession, interpersonal conflicts, double and night shift, psychological to deal with death, among others factors that directly interfere in the individuals QOL, affecting its effectiveness in professional practice ⁽³⁾.

In a national context, studies related to Quality of Life at Work (QLW) are considered few, especially in the field of nursing, a reality that directly affects the professionals life, since well-being refers to a factor parallel to individual health, which can have a

significant social impact, as it interferes both in the worker's life and in the being in need of care ⁽⁴⁾.

In addition, studies indicate that the quality of care provided by nursing professionals is influenced by numerous elements, such as interpersonal interaction in a professional context, satisfactory remuneration, recognition and appreciation of the function performed, in addition to external factors, such as health, leisure and affective condition, aspects that are directly related to QLW⁽⁵⁾.

Thus, considering the nurse as a fundamental part of the planning and execution of the assistance provided in the hospital, there is an urgent need to analyze the QLW of these professionals who work in public hospital institutions, in order to contribute to the critical analysis of living conditions and health, as well as causing managers to reflect the importance of developing strategies that favor the QLW of their employees, in order to improve the assistance provided.

METHOD

The present study is a quantitative descriptive cross-sectional study, since it demand observation of the factor and effect at the same historical moment, based on the individual evaluation of each population member, which can occur through census or sampling^(6,7).

The present study was conducted in public health hospitals located in the city of Maceio/Al, where data collection occurred between the months of April and May 2020, under the management of the state and federal administrative spheres, being the sample composed of 78 nurses from these hospital units. The recruitment of participants occurred through simple random sampling.

Included in this study were registered or contracted nurses, aged over 18 years and registered in the Regional Nursing Council of Alagoas (COREN/AL) and exclusion criteria were who exercised exclusively administrative function, were on license (maternity, unpaid, professional qualification and others) and had less than a year of professional experience as nurses in the hospital environment.

The present study was performed through the application of two self-completed questionnaires, the first being a sociodemographic questionnaire and the other a structured questionnaire related to the assessment of QLW (TQWL-42).⁽⁸⁾ The first instrument is a structured questionnaire containing questions related to personal data (age, gender, civil status and education, presence of children/dependents), the work process (degree, presence of other works, weekly hours in the hospital unit and adding to other works, hospital unit in which they work, average travel time to work, total monthly income, length of time in the hospital, sector of activity, work shifts, type of work contract) and health (use of medications, leisure activities, sleep and rest, comorbidities and physical activity).

The TQWL-42 instrument was developed and validated with the objective of evaluating QLW, based on the WHOQOL instruments and with the objective of globally evaluating QLW without focusing on a specific aspect. Thus, it consists of 47 questions, of which five are intended for the knowledge of the sample and forty-two

are divided into five spheres: Biological/Physiological, Psychological/Behavioral, Sociological/Relational, Economic/Political and Environmental/Organizational⁽⁸⁾.

After filling, the forms were collected by the researchers, given the availability of the participants for processing and analysis. The collected data were organized in Microsoft Office Excel® spreadsheets to formulate the database and perform descriptive statistics. The study was authorized by the Ethics and Research Committee of the Tiradentes University CEP/UNIT of Maceio-AL, under Number. 3.814.667 and under the registration number at Plataforma Brazil - CAAE: 14364819.4.0000.5641.

RESULTS

The sociodemographic data of evaluated nurses were distributed by age group, sex, civil status, dependent children, education, total monthly income and controlled medication. Most nurses were included in the age group of 36-46 years (44,8%), the female gender prevailed (93,6), married marital status/stable union (74,3%), one child (34,6), complete graduation (55,1), 7 or more salaries (44,9%) and did not use controlled medication (88,5%), as demonstrated in table 1.

Table 1: Sociodemographic profile of nurses from public health hospitals in the state of Alagoas. Maceio (AL), Brazil, 2020.

Variable	Frequency	%
Age group		
25-35 years	27	34,6
36-46 years	35	44,8
47-57 years	11	14,1
58-64 years	5	6,4
Sex		
Female	73	93,6
Male	5	6,41
Civil status		
Single	10	12,82
Married/Stable union	58	74,36
Widowed	0	0,00
Separated/Divorced	10	12,82
Dependent children		
None	16	20,5
One	27	34,6
Two	25	32,1
Three or more	10	12,8
Education		
Complete graduation	43	55,1
Lato sensu	29	37,2

Specialization		
Stricto sensu	6	7,7
Specialization		
Total monthly income		
Up to 3 salaries	3	3,8
3-5 salaries	19	24,4
5-7 salaries	21	26,9
7 or more salaries	35	44,9
Controlled medication		
Yes	9	11,5
No	69	88,5

Source: research data

The profile of nurses work was assessed according to the number of employment contracts, total workload, hospital sector, average travel time, length of service at the company, work shift and type of contract, as demonstrated in Table 2. Most nurses had only one job (39,7%), total workload of 60 hours/week or more (56,4%), working in inpatient units (29,5%), travel time until work of 15-30 minutes (41,0%), had worked in the company for 3-5 years (33,3%), worked in the morning, afternoon and evening shifts (41,0%) and were selected through public process.

Table 2: Work profile of nurses from public health hospitals in the state of Alagoas. Maceio (AL), Brazil, 2020.

Variable	Frequency	%
Employment contracts		
One job	31	39,7
Two jobs	27	34,6
Three or more jobs	20	25,6
Total workload		
20 hours/week	1	1,3
24 hours/week	2	2,6
30 hours/week	16	20,5
36 hours/week	11	14,1
40 hours/week	2	2,6
50 hours/week	1	1,3
56 hours/week	1	1,3
60 hours/week or more	44	56,4
Hospital sector		
ICU	20	25,6
Emergency	15	19,2
Inpatient units	23	29,5
Ambulatory	5	6,4
Surgical Center/ CSM	7	9,0

Pre-labor	1	1,3
Others	7	9,0
Average travel time		
5-15 min.	7	9,0
15-30 min.	32	41,0
40 min-1h	28	35,9
1h or more	11	14,1
Length of service at the company		
1-3 years	10	12,8
3-5 years	26	33,3
5-10 years	24	30,8
10 years or more	18	23,1
Work shift		
Morning	2	2,6
Morning and afternoon	23	29,5
Evening	6	7,7
Afternoon and night	7	9,0
Night	8	10,2
Morning, afternoon and night	32	41,0
Type of contract		
Contract work	20	25,6
Selected through public process	58	74,4

Source: research data

The characterization of the sample was distributed according to the aspects of TQWL-42 instrument, as illustrated in table 3. The physical and mental disposition (3,06), work capacity (3,93), self-esteem (3,79), task significance (4,34), feedback (3,77), interpersonal relationships (3,81), autonomy (3,31), leisure time (3,06), financial resources (3,11), security employment (3,62), assortment of task (3,13), task identity (3,69) and self-assessment of QOL (3,09) demonstrated positive averages.

The aspects, health service and social assistance (2,35), rest time (2,88), personal and professional development (2,85), freedom of expression (2,94), extra benefits (2,74), working hours (2,74), working conditions (2,60) and growth opportunities (2,60) presented negative averages.

Table 3: Characterization of the sample according to the distribution of TQWL-42 instrument aspects. Maceio (AL), Brazil, 2020.

Aspect	Mean ± SD	Minimum	Maximum
Physical and mental disposition	3,06 ± 0,72	1,50	4,50
Work capacity	3,93 ± 0,73	2,00	5,00
Health and social care services	2,35 ± 0,91	1,00	5,00
Rest time	2,88 ± 0,73	1,50	4,50
Self-esteem	3,79 ± 0,64	2,50	5,00
Task significance	4,34 ± 0,51	3,00	5,00
Feedback	3,77 ± 0,65	2,00	5,00
Personal and professional development	2,85 ± 1,02	1,00	5,00
Freedom of expression	2,94 ± 1,03	1,00	5,00
Interpersonal relationships	3,81 ± 0,70	1,00	5,00
Autonomy	3,31 ± 0,86	1,00	5,00
Leisure time	3,06 ± 0,94	1,00	5,00
Financial resources	3,11 ± 1,00	1,00	5,00
Extra benefits	2,74 ± 1,03	1,00	5,00
Working hours	2,74 ± 0,67	1,50	5,00
Job security	3,62 ± 0,84	1,00	5,00
Work conditions	2,60 ± 0,77	1,00	4,50
Growth opportunity	2,60 ± 0,80	1,00	4,50
Assortment of task	3,13 ± 0,72	1,00	5,00
Task identity	3,69 ± 0,70	2,00	5,00
Self-assessment of QOL	3,09 ± 0,77	1,50	4,50

SD = standard deviation

Source: research data

The characterization of the sample according to the distribution of the spheres, demonstrated that the psychological and behavioral sphere presented a homogeneous average (3,69), as illustrated in table 4. The sociological and relational (3,28), economic and political spheres (3,05), biological and physiological (3,05) and environmental and organizational (3,01) presented heterogeneous averages. The general average (3,21) indicated that the results obtained were neither satisfactory nor unsatisfactory.

Table 4: Characterization of the sample according to the spheres distribution of TQWL-42 instrument. Maceio (AL), Brazil, 2020.

Spheres	Mean ± SD	Minimum	Maximum
Biological and physiological	3,05 ± 0,54	1,75	4,25
Psychological and behavioral	3,69 ± 0,50	2,63	4,88
Sociological and relational	3,28 ± 0,58	2,00	4,50

Economic and political	3,05 ± 0,68	1,38	4,50
Environmental and organizational	3,01 ± 0,54	1,75	4,38
Overall	3,21± 0,45	2,10	4,33

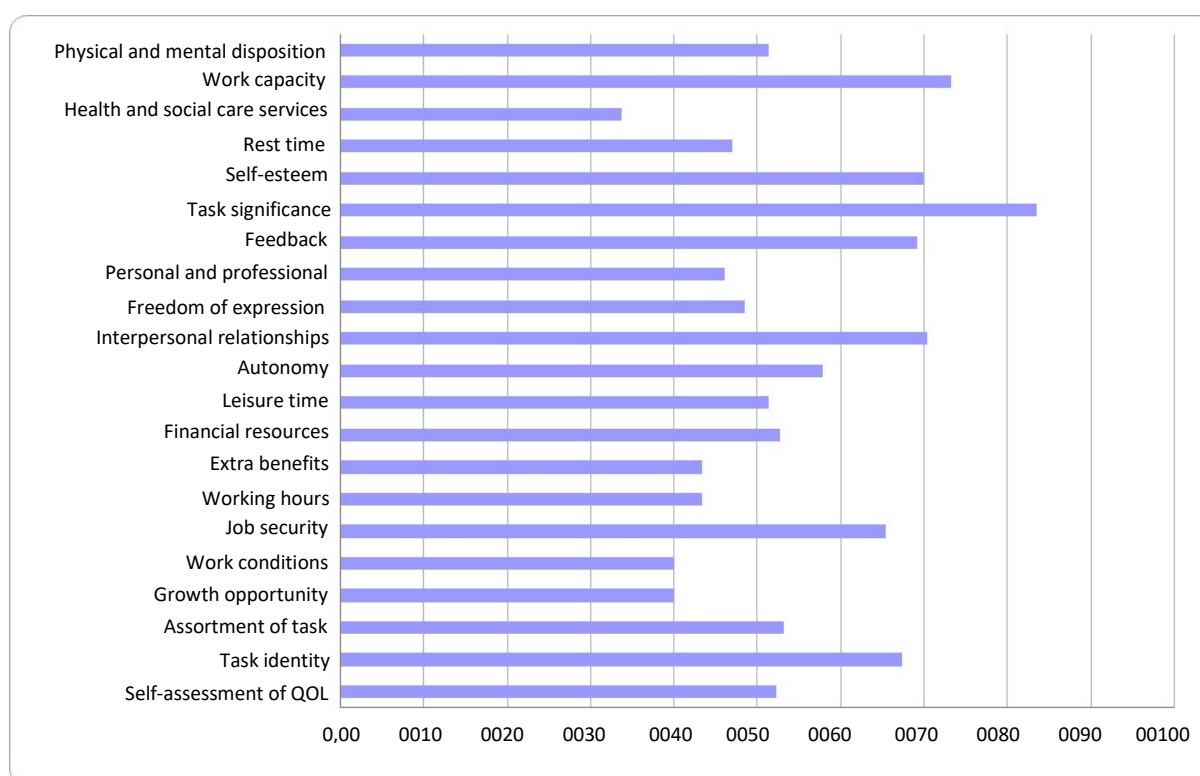
SD = standard deviation

Source: research data

The graphic representation of the sample demonstrated that the significance aspect of the task showed a very satisfactory result with an average of 83,49, followed by physical and mental disposition (51,44), work capacity (73,24), self-esteem (69,87), feedback (69,63), interpersonal relationships (70,35), autonomy (57,85), leisure time (51,44), financial resources (52,72) job security (65,38), assortment of task (53,21), task identity (67,31) and self-assessment of QOL (52,24), which presented satisfactory results.

The unsatisfactory aspects were health service and social assistance (33,65), rest time (46,96), personal and professional development (46,15), freedom of expression (48,56), extra benefits (43,43), working hours (43,43), working conditions (40,06) and growth opportunities (40,06).

Figure 1: Graphical representation of the sample according to distribution of TQWL-42 instrument aspects. Maceio (AL), Brazil, 2020.



Source: research data

DISCUSSION

Most nurses interviewed in the present study are female (93,6%), as it becomes understandable due to the fact that, by nature, women are linked to the practice of

care, causing a large discrepancy in the number of active nurses in relation to male professionals ^(9,10).

Another variable studied was civil status, which has a direct relationship with the individuals QOL, thus, this study presented most workers as married/stable relationship (74,36%). The literature highlighted that sharing affective connections, having conjugal bonds, having and raising children, enjoying a company and having someone to share emotions and opinions, are factors that positively influence QOL, since the human being, by nature, needs social contact for healthy development⁽¹⁰⁾.

It was found that 55,13% of the professionals have only completed graduation, which influences the individuals QOL, since it is proven that professionals who have less education tend to face more complicated situations when exercising the function, as well as on day to day, generating a negative effect on the worker QOL ^(11,9).

The results of this study about the QLW of nurses in public health hospitals, highlighted that the significance aspect of the task presented a very satisfactory result with an average of 83,49 and the aspects of physical and mental disposition, work capacity, self-esteem, feedback, interpersonal relationships, autonomy, leisure time, financial resources, job security, assortment of task, task identity, Self-assessment of QOL were cited as satisfactory (51,44, 73,24, 69,87, 69,23, 70,35, 57,85, 51,44, 52,72, 65,38, 53,21, 67,31, 52,24, respectively).

Still, the aspects of health service and social assistance, rest time, personal and professional development, freedom of expression, extra benefits, working hours, working conditions and growth opportunities were cited as unsatisfactory (33,65, 46,96, 46,15, 48,56, 43,43, 43,43, 40,06, 40,06, respectively).

The aspects mentioned above, evaluated on a scale of 1 to 5, are part of TQWL-42 ⁽⁸⁾, QLW measurement instrument utilized in the present study has 5 spheres, being them biological and physiological, psychological and behavioral, sociological and relational, economic and political, environmental and organizational, which presented a general average of 3,21, meaning that the results obtained were neither satisfactory nor unsatisfactory, then the QLW was analyzed by the members as neither good or bad. In addition, the sphere that performed the greatest homogeneity was psychological and behavioral. The aspects involved demonstrated a low difference between the results and the one with the greatest heterogeneity, the sociological and relational sphere, which means that the results showed discrepancy between the responses.

Regarding the physical and mental disposition, the data obtained in the present research highlighted an average of 3,06, this aspect being strongly influenced by factors related to sleep deprivation, night shift, physical exhaustion, among others, because during sleep there are neurobiological processes that are fundamental to the disposition of the individual during the daytime. Thus, the subject who deprives himself of this moment has an affected mood. Still, with regard to night work and physical exhaustion, it is possible to change the sleep cycle of the professional, resulting in negative effects such as obesity, anxiety, irritability, insomnia, tiredness and discouragement ⁽¹²⁾.

As for work capacity, the data obtained demonstrates that most studied nurses feel capable of performing their function with an average of 3,93, which coincides with the

study performed in the municipality of Ponta Grossa - PR, where the same highlighted that stress, pain, depression and professional exhaustion are related to the loss of empathy, which affects QOL, causing impacts on their work capacity ⁽¹³⁾.

When analyzing factors related to the significance of the task, this study obtained an average of 4,34, which represents a very satisfactory result, meaning that the study participants see their function as of great importance, which positively influences the individuals well-being, once feeling satisfied with the work leads to a better performance development for adequate patients care ^(12,14).

It is important to note that the feedback from management also contributes to the work process and should be recognized by professionals as a strategy to regulate the developed care, while contributing to the orientation of practices and selection of those that presented more efficient results, in order to give value to professionals and their work process, since the support of superiors and professionals influences satisfaction with work and life ^(11,15).

Another aspect studied was freedom of expression and the present study obtained an average of 2,94, meaning that a large part of the interviewed nurses exposes this aspect as unsatisfactory, which is represented as permission to think and give an opinion in the workplace, since the speech experienced in the exercise of the function is essential in structuring the work, as it directly reflects on the pleasure and autonomy of the professionals ⁽¹⁶⁾.

With regard to autonomy, the average obtained was 3,31, having this aspect strongly linked to professional independence and decision-making, which allows nurses freedom to conducted work activities within their knowledge to generate positive results in order to have a beneficial impact on the patients quality of life, in addition to promoting improvement in patient care ⁽¹⁷⁾.

In evaluation of leisure time, this study concluded that most study participants reported having adequate leisure time, which indicates a positive evaluation, as individuals who do not practice these activities have a greater chance of developing Burnout Syndrome, a psychological change resulting from high level of stress at work, causing damage to their QOL. In addition, the decrease in opportunities for leisure activities is a consequence of several factors, such as multiple employment relationships, fast-paced work and overwork ^(18,13,14).

The financial resources aspect was evaluated with an average of 3,11, being a satisfactory result with a tendency for unsatisfactory, indicating that most nurses highlight a predisposition to dissatisfaction regard to remuneration. Low salaries are a contributing factor to the increase in work overload, since it forces the professional to assume multiple employment relationships. In addition, the financial devaluation of the nurse professional is due to the law of supply and demand, in which there is a greater number of nurses for the number of vacancies for work, causing a decrease in salary^(9,12,19).

When considering the factors that may be interfering in the workday, it is possible to highlight some aspects as low remuneration, overwork, night work and double employment. The nursing professional QOL is negatively affected by a low salary, as it

forces they to find another job, including at night, to complete the finances, causing physical and emotional overload and negatively influencing his QOL^(10,19-21).

When analyzing the working conditions factor, this study obtained an unsatisfactory result, signaling that the vast majority of the professionals in question present discontent with regard to working conditions. It is known that the circumstances in which the professional acts directly interfere in his assistance to the patient and still increase the risks of accidents and adverse reactions, since it causes psychophysical suffering with discouragement, stress, anxiety, among others^(12,14, 19.21).

In the analysis of the opportunity for growth aspect, this study reached an average of 2,60, which means that the majority nurses in question consider that there is no suitable career plan for the profession due to the great devaluation that exists, lack of recognition and lack of motivation, factors that are essential for professional achievement and improvement of the nurses assistance⁽²²⁾.

CONCLUSION

Thus, the analysis of nurses QLW was assessed as neither positive or negative, utilizing the TQWL-42 questionnaire. Given the above, it is noted that all the aspects mentioned have a direct influence on the nurses QLW, especially the items that were mentioned as negative aspects, such as health service and social assistance, rest time, personal and professional development, extra benefits, working hours, working conditions and growth opportunities.

These data support the importance of a special look at the factors that influence the nurse professional QLW not only related to physical conditions, but also to psychological conditions, and it is essential for these workers to plan for improvements and attention that reaches all the points mentioned.

With the results of this research, it is possible to conclude that QLW is related to several psychophysical factors and it reflects on the quality of the assistance provided to the client during the professional practice. Thus, it is necessary to expand new researches related to the addressed topic, such as the importance of health services and social assistance, self-esteem and personal and professional development, with the goal of getting a better understanding these factors and solving the problems faced by hospital managers regarding to nurses QLW.

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