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ORIGINAL ARTICLE

QUALITY OF LIFE OF NURSING PROFESSIONALS OF A UNIVERSITY HOSPITAL

QUALIDADE DE VIDA DOS PROFISSIONAIS DE ENFERMAGEM DE UM HOSPITAL UNIVERSITÁRIO

CALIDAD DE VIDA DE LOS PROFESIONALES DE ENFERMERÍA DE UN HOSPITAL UNIVERSITARIO

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ABSTRACT

Objective: identifying the satisfaction and the importance attributed by nursing professionals from a university hospital to the dimensions of quality of life. ***Method:*** an observational, cross-sectional study, with a non-probabilistic sample constituted by health professionals who met the selection criteria. The following instruments were self-administered: socio-demographic questionnaire constructed by the authors and Quality of Life Index of Ferrans & Powers, validated in Brazil. Data were submitted to descriptive statistics and specific tests. The study had the project approved by the Research Ethics Committee, Protocol 051/2011. ***Results:*** predominated: female gender (88%), aged between 31 and 40 years old (34%) and professional category of nursing technicians (66%). ***Conclusion:*** it is understood that even with a good quality of life, it becomes necessary to develop prevention and maintaining quality of life programs. ***Descriptors:*** Nursing; Quality of Life; Work; Health Promotion.

RESUMO

***Objetivo*:** identificar a satisfação e a importância atribuídas por profissionais de enfermagem de um hospital universitário às dimensões de qualidade de vida. ***Método*:** estudo observacional, de corte transversal, com amostra não probabilística constituída por profissionais de enfermagem que atenderam aos critérios de seleção. Os seguintes instrumentos foram autoaplicados: questionário sociodemográfico construído pelos autores e Índice de Qualidade de Vida de Ferrans & Powers, validado no Brasil. Os dados foram submetidos à estatística descritiva e a testes específicos. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, Protocolo 051/2011. ***Resultados*:** predominaram: sexo feminino (88%), com idade entre 31 e 40 anos (34%) e categoria profissional de Técnicos em Enfermagem (66%). ***Conclusão*:** entende-se que mesmo com uma boa qualidade de vida, faz-se necessário o desenvolvimento de programas de prevenção e manutenção da qualidade de vida. ***Descritores*:** Enfermagem; Qualidade de Vida; Trabalho; Promoção da Saúde.

RESUMEN

Objetivo: identificar la satisfacción y la importancia atribuidas por los profesionales de enfermería de un hospital universitario a las dimensiones de la calidad de vida. ***Método:*** este es un estudio observacional, transversal, con muestra no probabilística constituida por los profesionales de enfermería que cumplieron con los criterios de selección. Los siguientes instrumentos fueron autoadministrados: cuestionario socio-demográfico construido por los autores y el Índice de Calidad de Vida de Ferrans & Powers, validado en Brasil. Los datos fueron sometidos a la estadística descriptiva y pruebas específicas. El estudio tenía el proyecto aprobado por el Comité de Ética en Investigación, Protocolo 051/2011. ***Resultados:*** predominaron: las mujeres (88%), con edades comprendidas entre 31 y 40 años (34%) y la categoría profesional de los técnicos de enfermería (66%). ***Conclusión:*** se entiende que incluso con una buena calidad de vida, es necesario desarrollar programas para la prevención y el mantenimiento de la calidad de vida. ***Descriptores:*** Enfermería; Calidad de Vida; Trabajo; Promoción de la Salud.

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INTRODUCTION

Work is directly related to the well-being and personal satisfaction of the individual, which has important consequences in the way he lives and be healthy and, consequently, his quality of life (QoL). There is no way to separate the personal quality of life and society from the quality of working life and does not recognize the interface of this quality of life in general.[1]

Quality of life was defined by the World Health Organization (WHO) as "the individual's perception of his position in life in the context of culture and value systems in which he lives, and in relation to his goals, expectations, and standards concerns".[2] Thus, it is important to study the quality of life of people considering the multiple environments in which they develop their roles and the importance they attach to these within their personal life.

Although the terminology "Quality of Life" (QoL) has been widely used in recent years around the world, there is still lack of proper instruments for its measurement in the health professional work, which consider the specific nature of his job.[3]

Nursing professionals, characterized in restoring the welfare of others, commonly undergo several factors that affect their quality of life. Such influence can be caused by factors intrinsic to the nature of their work activities, but also in working conditions generated by the organization, which may influence other individual aspects of personal professional life, and may therefore expose the motivation to work.[4]

Nursing profession, as essential for quality care in health, is associated with important social and political relations and in the technological field. Therefore, the demands of care changes with service users require equally complex and ethical responses. Such demands require professionals often some overhead, which can influence their QoL, may present diseases, such as: hypertension, diabetes mellitus, and orthopedic, neurological, gastric and psychological disorders, among others. These factors contribute to low quality of life of nursing workers, and increase the risk of iatrogenic diseases and accidents at work.[4] Authors presupposes that such physical and emotional changes and diseases alter the way of life and affect QoL of nurses in a short time.[5]

Specifically in nursing often professional ends up being exposed to adverse conditions (carrying heavy materials, need to travel long distances, remain standing for much of the journey, turn casters), which lead to the same important physical changes as musculoskeletal disorders, generalized pain, varicose veins and presence of calluses on the feet, which are known, can lead to losses in the QoL of these individuals.[6]

It is noteworthy that a number of changes in the nursing QoL can be seen; however, the institution or workplace cannot be held responsible globally for low levels of quality of life, as the quality of life of nursing professionals involves other aspects beyond from work. Recognition of the aspects that are committed can be used by human resource managers so they can implement programs focused on service directed to their staff to the most affected dimensions.[1]

The improvement on the quality of life of nursing professionals can encourage the institution to the extent that individuals satisfied can improve their productivity and quality from a professional point of view, reverting therefore in improving the quality of care.[1]

To contributing to the nursing staff to provide adequate and safe care to patients, it was decided to conduct this study.

OBJECTIVE

- Identifying the level of perceived satisfaction and the importance attributed by nursing professionals of a university hospital to the quality of life dimensions.

METHOD

This is a descriptive, cross-sectional study of a quantitative approach, developed in clinical and surgical inpatient units of adult patients in a university hospital in the State of São Paulo.

Study participants were 90 nursing professionals crowded in inpatient units in question, selected through non-probability sampling, who agreed to participate in the study voluntarily after reading the Informed Consent, and who met the inclusion and exclusion criteria established for this study.

Inclusion criteria: working for at least three full months in the units selected for the study;

Exclusion criteria: being on vacation, sick leave or leave because of any kind within the period for collecting data.

For data collection it was used the following instruments:

Quality of life index of Ferrans & Powers, generic questionnaire to assess quality of life validated for use in Brazil.[3] The instrument consists of two parts, each with 33 items, which the subject assigns scores in

satisfaction (part one) and significance (second part), ranging from one to six. Items are divided into four dimensions or subscales: health/functioning (13 items), social and economic (eight items); psychological and spiritual (seven items); family (five items). One can also get the total score of quality of life. The scoring system was developed in such a way that each item of the first part (Satisfaction) is weighted by its corresponding second part (Importance). This result combined weighting values where the highest represent high satisfaction and high importance and the lowest, low satisfaction and low importance. This scoring scheme is based on the premise that people satisfied with areas considered important for them to enjoy better quality of life than people dissatisfied with aspects that are important.[7] The instrument can be applied through interviews or self-fill.

Sociodemographic questionnaire prepared by the authors, from which there were obtained information on professional category, age, gender, marital status, work shift, other employment, shift the other bond, residence, time spent to get to work.

Data were collected in inpatient units, at a time chosen by the subject according to its availability, also looking up local routines in order to avoid any interference with the pace of work. The questionnaires were self applied and one of the researchers remained close for questions.

The study was approved by the Ethics Committee of the State University of Campinas School of Medical Sciences on 25th April, 2011; under the number 051/2011. Before starting data collection researchers guided the subjects about the research, inviting them to participate and emphasizing the voluntary nature of participation. Those who agreed to participate signed the Term of Free and Informed Consent, prepared in accordance with the requirements of Resolution 196/96 of the National Health Council, then in force.

The socio-demographic data, the total scores and each dimension were submitted to descriptive analysis, such as: average, median and standard deviation, maximum and minimum values. Because it is a weighted measure of the perceived satisfaction and the importance attached to different dimensions of life, relevant. Also present was considered the descriptive analysis (proportion) of items whose frequency responses "very dissatisfied" and "mildly dissatisfied" highlighted the set. Comparisons involving variables sociodemographic and the scores of the dimensions and the total scores of quality of life instrument were performed using non-parametric tests: Mann-Whitney test for variables with two categories, and Kruskal-Wallis test for variables with more than two categories.[8]

To assess the degree of correlation between the scores of quality of life instrument and the variable time to get to the workplace there was applied the Spearman correlation coefficient.[8]

For all analyzes there was considered a significance level of 5%. The statistical software SAS[9] version 9.2 was used for meeting them.

RESULTS

The sample was composed predominantly by women (88%), aged between 31 and 40 years old (34%) and professional category of nursing technicians (66%). Among the respondents, 54% were married, worked in the night period (57%) in a single job (70%) and living in own household (83%).

Table one presents the scores obtained in the dimensions of the quality of life of Ferrans & Powers instrument.

Table 1. Descriptive analysis of the scores obtained on the dimensions of quality of life instrument of Ferrans & Powers. Campinas, 2012.

Variable	N	Average	Standard deviation	Minimum	Median	Maximum
Health and Functioning	90	22,08	4,82	3	23,35	30
Socioeconomic	90	21,82	5,05	3	22,75	30
Psychological and spiritual	90	23,27	5,55	2,57	24,64	30
Family	90	24,02	5,13	4,8	25,16	30
Total score	90	22,6	4,61	4,6	23,59	29,5

The items that can be seen included in the frequency response of individuals as "very dissatisfied" and "mildly dissatisfied" were: the dimension "Health and Operation" - the intensity of pain (24%), sexual life (19%) , leisure and entertainment activities (16%), the ability to live much as you like (14%), the energy that has to daily activities (13%); in "socio-economic" dimension - the way it manages the money (16%), neighborhood (11%) and dimension "Spiritual Psychology" - the personal appearance (16%).

With regard to the relationship between the dimensions of quality of life and socio-demographic characteristics presented by subjects, there was no significant association.

Table two summarizes the relationship between the scores obtained in the dimensions of quality of life and sociodemographic characteristics presented by subjects.

Table 2. Relationship between sociodemographic variables and dimensions of the quality of life instrument of Ferrans & Powers. Campinas; 2012.

Variables	Health dimension and Functioning			Socioeconomic Dimension			Psychological and Spiritual dimension			Family Dimension		
	Md	SD	Mn	Md	SD	Mn	Md	SD	Mn	Md	SD	Mn
Professional category												
Nurse (n=30)	22,1	5,5	23,2	21,9	5,9	23,8	23,6	5,5	24,8	25,1	4,4	25,5
Nursing technician (n=60)	22,1	4,5	23,4	21,8	4,6	22,5	23,1	5,6	24,6	23,5	5,4	24,0
Age (in years)												
18-30 (n=21)	22,8	3,0	23,9	21,9	2,9	22,3	24,2	3,3	23,8	24,6	3,1	25,2
31-40 (n=31)	21,1	5,5	21,8	21,3	5,1	22,5	22,7	5,6	24,6	23,4	5,3	24,0
41-50 (n=23)	21,6	5,3	23,5	21,2	6,4	23,5	22,5	5,9	24,0	22,8	6,3	24,0
51 or + (n=15)	24,0	4,2	24,1	23,8	4,9	24,7	24,4	7,3	26,6	26,5	4,7	28,8
Gender												
Male (n=11)	21,8	5,3	21,3	21,9	5,4	22,3	23,6	5,3	24,0	23,6	5,5	25,2
Female (n=79)	22,1	4,8	23,5	21,8	5,0	22,8	23,2	5,6	24,6	24,1	5,1	24,9
Marital status												
Single (29)	21,7	5,1	23,5	21,5	5,8	23,0	23,2	6,1	24,6	22,7	4,9	24,0
Married/Stable union (n=49)	21,9	5,0	22,9	21,9	4,5	22,6	23,4	5,4	24,6	24,9	5,2	25,2
Divorced (n=12)	23,7	2,9	24,6	22,3	5,5	23,7	23,2	5,5	25,1	23,8	5,2	24,1
Work shift												
Morning (n=26)	21,8	5,8	23,1	21,6	6,2	22,7	22,9	7,1	24,8	23,8	5,5	24,9
Afternoon (n=13)	23,4	3,6	24,0	23,1	3,5	22,5	24,1	3,6	23,8	24,9	4,1	25,2
Night (n=51)	21,9	4,6	23,3	21,6	4,8	23,5	23,3	5,1	24,6	23,9	5,3	25,2
Another job												
Yes (n=24)	21,6	4,5	21,5	21,4	4,3	22,2	23,0	5,4	24,3	23,4	4,5	23,4
No (n=63)	22,2	5,1	23,5	22,1	5,3	22,8	23,4	5,8	24,6	24,4	5,3	25,2
Shift another job												
Morning (n=11)	22,6	3,4	23,3	22,6	3,5	23,5	23,2	5,6	24,9	25,4	3,5	25,2
Afternoon (n=4)	16,7	5,2	16,9	18,5	5,0	19,1	19,6	7,5	19,0	19,6	6,8	20,5
Night (n=8)	23,0	4,5	24,8	22,1	4,4	23,0	24,3	4,1	26,0	22,9	3,7	22,6
Residence												
Own (n=75)	22,0	4,9	23,4	21,8	5,2	22,8	23,4	5,6	24,6	24,0	5,1	25,2
Rented (n=15)	22,3	4,4	22,9	22,1	4,2	22,3	22,6	5,4	24,0	24,2	5,4	24,9

Md= Average, SD = Standard deviation, Mn = Median.

There was also no correlation between the dimensions of quality of life and the variable time to get to work.

DISCUSSION

The quality of life in health has been measured by different instruments and what is observed is that the great difficulty of comparing between the findings.[3] The results of this study surprised the authors, since it demonstrated the satisfactory quality of life of the investigated professionals, when it expected a less favorable quality of life index, as found in other studies that have addressed the issue at hand.[5-6,10] Thus, when discussing the quality of life of nursing professionals it is necessary to take the view that this is a multidimensional and subjective concept, which characterizes its theoretical complexity and the difficulty of its measurement.[3]

In this study, the focus of discussions should not permeate only considerations related to the deficit of quality of life, but have as purpose to present the conditions justifying this better quality of life and that certainly could help with future studies, in which the quality of life the investigation is not good and where there is therefore the need to propose appropriate conditions to improve this situation.

Three main issues identified in the study subjects are presented as possible predisposing to a better QoL: number of employment relationships, as this study dominated the subjects who had only one job (70%); residence in the household itself, as 83% of individuals living in the household itself; and finally in its entirety had secure employment relationship. Known, the long journey working week, which often results from two employment contracts, can be considered a factor generating wear processes

by overconsumption of work force[6]. In addition, dissatisfaction with the work involves the reality of the prevalence of insecure employment contracts, low wages and inadequate environmental and organizational conditions of work and may have the effect of lower levels of QoL.[11]

In general, given the low wages, most of the nursing staff is required to choose more than one job, which leads these people to remain in the health care environment most of the time of their productive lives. This situation leads to increased period of exposure to the risk at these sites, impaired social life, overloading the maintenance of physical and mental health and can, through the sum of all these factors, lead to loss of quality of life.[11-12]

The precarious working conditions in the public service and sometimes insecurity with regard to its maintenance in service also generate suffering in the health professional, especially in the nursing professional, since the worker finds himself helpless in relation to quality customer service. Adding to this, there is the precariousness of employment and remuneration generated often by the deregulation of working conditions in relation to existing or agreed legal norms and the consequent regression of social rights that have been generating job dissatisfaction and consequently losses in their quality of life.[13]

Thus, it is possible to imply that the professional inserted in an environment that offers better working conditions, such as job security, adequate wage conditions to avoid the need for a second or third job, salubrious environments and managers to recognize their work and enhance their performance, present greater readiness and satisfaction for the progress of their work and probably a daily life with satisfactory quality, as observed in this study.

Although the QoL was assessed as satisfactory in this article, the authors consider very important to note that some negative aspects, while not compromising the final score of the instrument used, presented themselves with a frequency that drew attention. They were: dissatisfaction with the intensity of pain they feel (24%), dissatisfaction with their sex life (19%), dissatisfaction with their leisure and entertainment activities (16%), dissatisfaction with the way they manage the money (16%), dissatisfaction with their personal appearance (16%). These results emphasize the need to keep in focus the evaluation of the quality of life of health professionals, which reaffirms the importance of health promotion and injury prevention in the workplace.[14-15]

In a previous study it was also observed, in general, it showed that nurses were satisfied with their own QoL. For many nursing professionals the quality of life is directly linked to satisfaction (or not) needs presented by individuals, referring to the different dimensions of their lives, especially those related to work, making clear the importance of the balance of these conditions. These professionals recognize that when there is QoL, they work with more tranquility and with greater satisfaction. This requires that there be respect for their autonomy in carrying out their functions, according to their skills and abilities, and respect among the subjects of care.[16] Aspects concerning the quality of working life were not addressed in this study, and may be study in the future for a more complete approach.

The dynamics of the nursing work do not always take into account the workers' problems and the difficulties faced in their daily lives. It is expected that the professional never express with the patient their troubles but keep their serenity, tranquility and demonstrating that all is well. However, we must recognize that these days has increased more and more the number of patients needing specialized care, requiring more effective assistance, which in itself only ends up generating these professionals a great physical and psychological stress.[17]

In order to maintain satisfaction in the performance of their duties and avoid or minimize possible health problems related to work, as well as the maintenance or restoration of a good quality of life it is necessary to offer these professional nursing support and assistance of a interdisciplinary team, which can develop prevention and maintenance of the quality of working life programs.[17]

CONCLUSION

The quality of life of the studied professionals was satisfactory and not related to socio-demographic factors and certain working conditions analyzed.

Considering the maintenance of a satisfactory quality of life for professionals in this study, it should mobilize the attention of managers to incorporate specific actions to this issue, taking into account the active participation of nurses and other members of the health team in this process.

As a limitation of the study, it can mention that because it is non-probability sampling, data can not be generalized and is valid only

for the subjects of this study. It is suggested to carry out a further study with larger samples and expanding the investigation of aspects related to work.

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