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ORIGINAL ARTICLE

QUALITY OF LIFE OF NURSING PROFESSIONALS IN THE HOSPITAL WORK ENVIRONMENT

QUALIDADE DE VIDA DOS PROFISSIONAIS DE ENFERMAGEM NO AMBIENTE LABORAL HOSPITALAR

CALIDAD DE VIDA DE PROFESIONALES DE ENFERMERÍA EN EL AMBIENTE LABORAL

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ABSTRACT

Objective: to analyze the life quality of nursing professionals in the hospital work environment. ***Method:*** an exploratory study with a quantitative approach, with 125 nursing professionals from a private hospital in Salvador/BA, Brazil. It was used as an evaluation tool QoL, WHOQOL questionnaires, BREF and the other to trace the profile of nursing professionals. For data analysis, we used the Excel software of Microsoft Corporation. The results were organized and displayed in tables and figures. ***Result:*** it was shown that the QOL of nurses was 72%, considered good. By analyzing the QOL in two sectors of the hospital, it showed that ICU quality of life 69%, and higher than in Emergency 64.9%, p-value ≤0,05. As regards the categories of nursing professionals, all reported having a good quality of life. ***Conclusion:*** the study of nursing professionals is good QOL. new studies are suggested in other hospital departments and expansion for public hospital networks. ***Descriptors***: Life Quality; Life Quality at work; Nursing Professionals.

RESUMO

Objetivo*:** analisar a Qualidade de Vida dos profissionais de enfermagem no ambiente laboral hospitalar. ***Método: estudo exploratório, de abordagem quantitativa, com 125 profissionais de enfermagem de uma instituição hospitalar privada de Salvador/BA, Brasil. Foi utilizado, como instrumento de avaliação da QV, os questionários WHOQOL, BREF e outro para traçar o perfil dos profissionais de enfermagem. Para a análise dos dados, utilizou-se o software Excel Microsoft Corporation. Os resultados foram organizados e expostos em tabelas e figuras. ***Resultado:*** foi evidenciado que a QV dos profissionais de enfermagem foi de 72%, considerada boa. Ao analisar a QV em dois setores do hospital, foi evidenciado que a qualidade de vida da UTI 69% foi maior que na Emergência 64,9%, p-valor ≤0,05. Em relação às categorias dos profissionais de enfermagem, todos informaram possuir uma boa QV. ***Conclusão*:** os profissionais de enfermagem do estudo possuem boa QV. Sugerem-se novos estudos em outros setores do hospital e a ampliação para rede hospitalar pública. ***Descritores:*** Qualidade de Vida; Qualidade de Vida no Trabalho; Profissionais de Enfermagem.

RESUMEN

Objetivo: analizar la calidad de vida (CV) de los profesionales de enfermería en el ambiente de trabajo. ***Método:*** estudio exploratorio, enfoque cuantitativo, con 125 profesionales de enfermería de un hospital privado en Salvador/BA, Brasil. Fue utilizado como una herramienta para la evaluación de la CV, los cuestionarios WHOQOL BREF y otros para trazar el perfil de los profesionales de enfermería. Para el análisis de datos, se utilizó el software Microsoft Excel Corporation. Los resultados fueron organizados y muestran en tablas y figuras. ***Resultados:*** se evidenció que la CV de los profesionales de enfermería fue 72%, considerada como buena. A lo largo del análisis de la CV en dos sectores del hospital, fue evidenciado que la calidad de vida de la UCI 69%, fue mayor que en caso de emergencia 64,9%, valor de p ≤0,05. En relación con las categorías de profesionales de enfermería, todos reportados poseyendo una buena CV. ***Conclusión:*** los profesionales de enfermería del estudio tienen buena CV. Se sugieren nuevos estudios en otras áreas del hospital y la expansión de la red pública hospitalaria. ***Descriptores:*** Calidad de Vida; La Calidad de Vida en el Trabajo; Los Profesionales de Enfermería.

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INTRODUCTION

According to the World Health Organization (WHO), the quality of life (QOL) is the perceived level of individuals before their position in life, including cultures, value systems, in which they experience in relation to objectives, expectations, standards and concerns. The quality of working life (QWL) is related to a number of factors, contained in an institution, that provides professional full development of their physical and mental capabilities associated with your physical well-being, mental, material and social, is respecting the principles of hygiene, ergonomics and safety, and that encourages the individual to conquer their rights citizenship.[1-4]

Labour intensification is characteristic of the current phase of capitalism and this overload generated by this economic model has provided physical and psychological wear for professionals, including those of health, leading them to high social and psychological pressures. The professional working conditions in the hospital labor have been placed as a health risk generators and can, thus, compromise the quality of care provided to patients, since the hospital is viewed as an unhealthy and painful place from the moment of its creation.[5]

The working conditions of health professionals, with cumulative scales, long working hours, inadequate remuneration, health team hierarchy, lack of social recognition and operational planning of routine activities, cause these diseases to provide increased absenteeism. It reduces the institutional framework and promotes a greater burden on those who are on the scale. With this it turns out that the more these workers are exposed to loads (biological, mechanical, physiological and psychological) during their workday, most QOL will be minimal and this influences the dynamics of care, thus, bringing bad provision of service losses and inefficient assistance to patients.[6-9]

For the assessment of quality of life, one of the tools is the World Health Organization Quality of Life-100 (WHOQOL-100) of WHO, considered the most complete because it values individual perception and can assess situations and groups. The questionnaire is formulated with issues related to the level of satisfaction with the quality of life in general by physical, psychological, social relationships and environment. The abbreviated version (WHOQOL BREF) is used because it is a short instrument, fast application and can be applied to a healthy population or a population that meets diseases and agravations.[10]

The experiences in internships favored the critical note about this labor scenario in the nursing category, with professional reports on the emergence of harm to their health and labor inadequacy in their work sectors. Given the above it came to caring for the study of QOL in the work environment. The objectives of this study are:

- To analyze the quality of life of nursing professionals in the hospital work environment.
- To identify the areas of quality of life.
- To identify the quality of living standards of nursing professionals and work sector more susceptible to quality of life change in their working year.

MÉTHOD

An exploratory study with a quantitative approach, with 125 nursing professionals in a private hospital, Salvador / BA, in day and night shifts in the emergency and intensive care units with 12-hour workdays and a workload of 36 and 44 hours per week, the different study units. The working hours of the subjects of the day shift was from seven am to seven pm and night shifts, from seven om to seven am in the next day.

Two questionnaires were used: one for identifying the socio-demographic and epidemiological profile of the social working conditions that was developed by the authors, and other specific of WHO assessing QOL, the WHOQOL-BREF in reduced form. Questionnaires to trace the socio-demographic and epidemiological profile contain closed questions related to: industry; function; working hours; gender; age; marital status; whether they have children; education level; in the institution; if they have more than one link to work; if they have a health problem that was diagnosed with regard to work; if they have rest and how long; leisure place in the institution; to know and use; it is the periodic review of the hospital; as regards to working conditions; practicing physical activity and how often.

The research instrument for the Evaluation of the WHO Quality of Life (WHOQOL BREF) is an abbreviated version composed of 26 questions, which except for Questions 1 and 2, address the overall quality of life. The instrument has 24 facets which comprise four domains which are composed of physical, psychological, social and environmental relationships. Each domain is composed of

questions whose scores of responses follow a Likert scale of 1 to 5, the higher the better score of quality of life. The gross score of the questionnaire can be calculated by the sum of the 24 questions of the instrument variant between 24 and 120, 24 and 120 the worst result and the best result. [11]

Were considered as inclusion criteria, nursing professionals (nurses, technicians and assistants) working in the ICU and emergency sectors. Related to exclusion criteria, the professionals considered that do not work in these aforementioned sectors, with leave due to illness, on maternity leave, on vacation, those who refuse to participate and the employees who answer the questionnaires incompletely.

Before starting data collection, pre-project was submitted to the Research Ethics Committee (REC) of the Bahiana School of Medicine and Public Health, which was adopted in the opinion No. 801808 on 23 September 2014. All professionals who took part in the study signed a consent form for participation, based on Resolution 466/2012 of the National Health Council, on the recommendations for research on human subjects. Data collection was conducted in October 2014, in Intensive Care and Emergency Units.

For statistical analysis, the questionnaires of the description of the socio-demographic, epidemiological and quality of life profiles were tabulated, consolidated in Excel Microsoft Corporation software, with the syntax of the WHOQOL BREF. Statistical analysis was performed by descriptive analysis from absolute and percentage frequencies for categorical variables: centrality measure (average); standard deviation and the T test for two different variances. The higher scores correspond to better quality of life and every domain of WHOQOL BREF was analyzed separately. The results were organized and displayed in tables and figures.

RESULTS

Of the 161 nursing professionals of the study population, the survey included 125 professionals, 40 nurses, 83 nursing technicians and 02 nursing assistants.

The sample consisted of 125 nursing professionals, 87.4% of the total. Among the 125 nurses, technicians and nursing assistants, there was a predominance of females 72.8%. In relation to the professional category, 66.4% were nursing technicians, 32% were nurses and 1.6% nursing assistants (Table 01).

Related to characteristics of work in ICU and emergency sectors it was found that 56% have a journey of 36 hours; 85.6% reported not having health problems diagnosed as an occupational disease, 100% of workers perform the periodic examinations. About 83.7% know the place of leisure in the hospital, but 75.8% report not enjoy this site (Table 1).

Table 1. Sociodemographic profile and characteristics of the working conditions of the emergency nurses and ICU of a private hospital in Salvador. Salvador (BA), Brazil, in 2014.

Characteristics	n	%	Media	Standard deviation
Professional category				
Nurses	40	32		
Nurse technicians.	83	66,4		
Nurse Assistant.	02	1,6		
Gender				
Female	91	72,8		
Male	34	27,2		
Age Group Total			35,9	7,5
Marital status				
Single (a)	53	42,4		
Married (a)	59	47,2		
Divorced (a)	09	7,2		
Widow (er)	01	0,8		
Others	03	2,4		
Children				
Yes	65	52		
No	60	48		
Education				
Highschool	45	36		
Higher Education	34	27,2		
Specialization	42	33,6		
Master's degree	04	3,2		
Sector				
ICU	79	63,2		
Emergency	46	36,8		
Working hours (h)				
36	70	56		
44	40	32		
Other (12,40,48)	15	12		
shifts				
Morning	117	33,7		
Afternoon	114	33,8		
Night	116	33,4		
Working links				
More than one bond	54	43,2		
They have no other link	71	56,8		
Work conditions				
Excellent	04	3,2		
Good	46	36,3		
Median	46	37,1		
Regular	25	20,2		
Rubbish	04	3,2		

Given the sample of this study, the mean QoL by the responses of the WHOQOL BREF, was 86 points (range from 24 to 120 points) or 3.6, according to the Likert scale (ranging from 1 to 5). So much for the points as to the scale, the higher the better score, is the satisfaction of professionals about their quality of life. Transforming this data into percentage, 72% of nurses consider their quality of life satisfactory. The trend of the data for each studied professional is shown in figure 1.

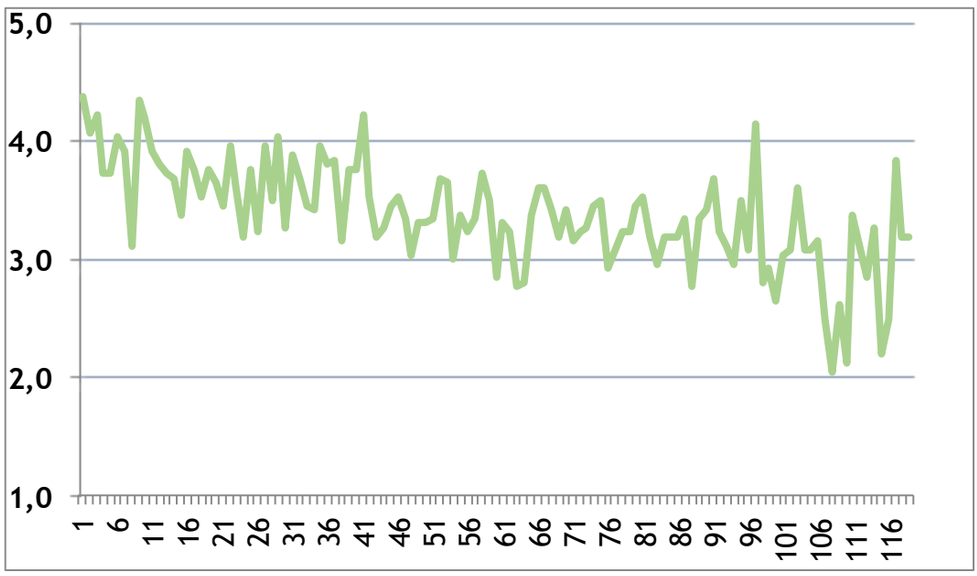

Figure 1. Professional for Quality of life searched. Salvador (BA), Brazil, in 2014.

In WHOQOL BREF, the first and second question of the questionnaire are to evaluate the subjective perception of the individual regarding the quality of life in general 69,28% and satisfaction with health 68.8%. Data from the WHOQOL BREF was analyzed according to the domains (physical, psychological, environmental and social relations).

For the percentage of average satisfaction in each domain, it was shown that: in the field of social relations, the overall average was 76% (Figure 02). For the average satisfaction in each domain, it was shown that the physical domain, 12.5% reported being very unhappy; in the field of social relations, 46.4% are satisfied and it was shown that in the field of the environment, 37.2% professionals were not satisfied nor dissatisfied (Figure 2).

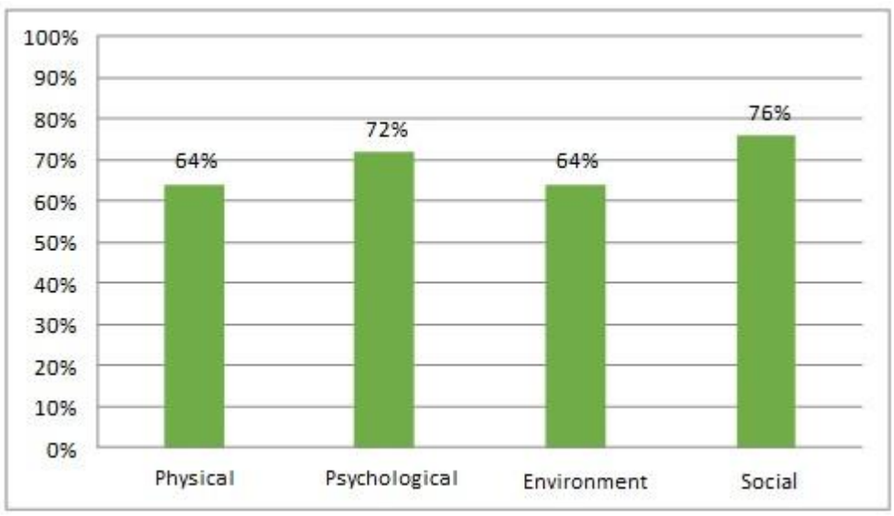

Figure 2. Percentage of the overall average of the areas, referring to the satisfaction of the professional quality of life in the work environment. Salvador (BA), Brazil, in 2014.

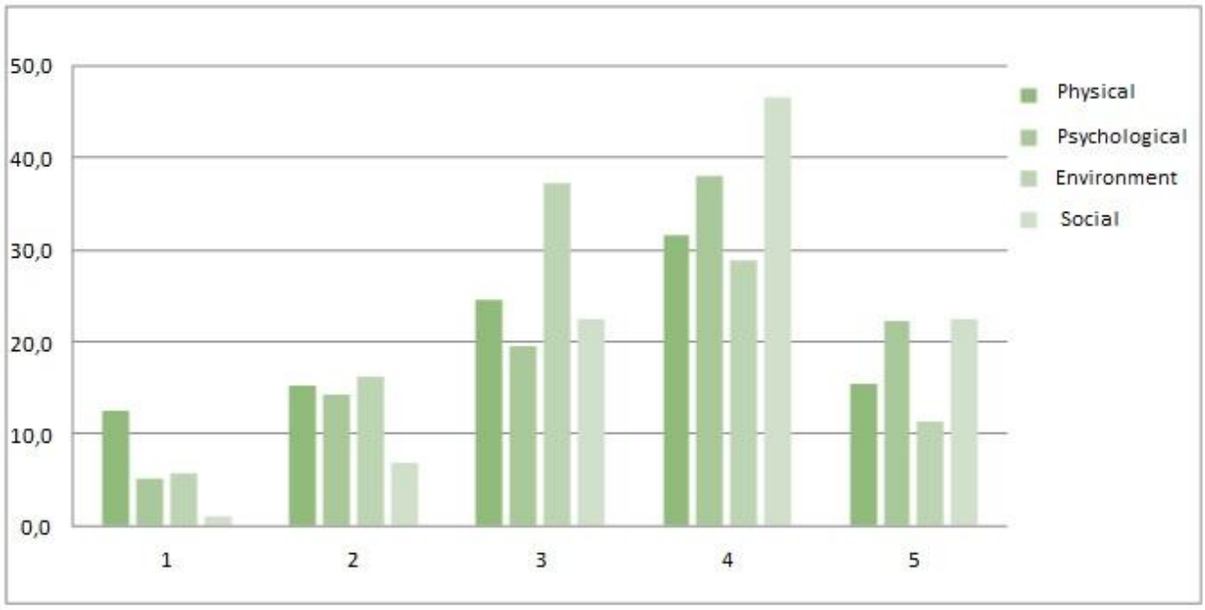

Figure 3. Percentage of satisfaction for each field of evaluation of the professional quality of life in the work environment. (1-very unsatisfied, 2-unsatisfied, 3-neither satisfied nor unsatisfied, 4-satisfied, 5-very satisfied). Salvador (BA), Brazil, in 2014.

Portraying the level of satisfaction related to nursing professionals to the quality of life, 80% of nursing assistants have a very good level of satisfaction related to quality of life, 72% of nurses and 68% of the technicians reported to have a good quality of life.

Regarding the level of satisfaction of the industry for quality of life secotr, using the Likert scale of 1 to 5, the average ICU sector was 3.44 and Emergency, 3.24. By analyzing this relationship through the t-test: in two samples assuming, unequal variances, it was found to be statistically significant p-value ≤ 0.05 (0.034034564), demonstrating that the QOL of ICU professionals is greater than the emergency (Table 03). When this data is converted to the percentage, the ICU quality of life was 69% satisfaction, 4.1% higher than in the Emergency, that was 64.9%.

Table 3. t-Test: two samples assuming unequal variances. Salvador (BA), Brazil, in 2014.

	ICU	Emergency
Average	3,448568647	3,244247492
Variance	0,182762596	0,305700374
Observations	79	46
Average difference hypothesis	0	
Gl	76	
Stat t	2,158643271	
P(T<=t) one-tailed	0,017017282	
t crítico one-tailed	1,665151353	
P(T<=t) two-tailed	0,034034564	
t critical two-tailed	1,99167261	

DISCUSSION

Before the data is found, there is a predominance of satisfaction of nurses in the workplace exercise 72%, and retracting the satisfaction level of nursing professionals, all report having a good quality of life. Regarding the profile most were female 72.8%; reported not having any health problem diagnosed 85.6%; have rest in the workplace 98.4% and all employees perform their periodic examinations 100%.

The predominance of females in the study portrayed by 72.8%, among nurses and nursing technicians, corroborates other articles found in the literature, as it refers to their own historical origin of nursing which is, in the essence, female work and which still continues in current days.[12-3] Correlated marital status, the majority of respondents are married and with children, which is a common result, but, it is disturbing because it follows that these employees may be burdened with double shifts at work and at home, with household chores and to care for their children.[1,4,12,14]

It has been observed, in the literature, that the high clearance rate of nursing professionals has been due to the high impact stress, long working hours, including double shifts, inadequate rest, working conditions, inadequate furniture, emergencies, unexpected and unpredictable.[9,14-6]

The satisfaction with the quality of life, in general, of the nurses in this study, was 72% of respondents. A study in a hospital in Minas Gerais showed that 52.3% consider QoL to be good.[10] The quality of life is considered a subjective concept, because it involves different categories in the aspect of human life and every being, being unique, and only have their vision also differentiated in their work environment before their QoL.[12]

In this study in general, the field of social relations has 76% satisfaction. It was the area of greatest satisfaction, noting that this degree of satisfaction is related to the social environment in which the individual lives. Compared to workers in an intensive care unit also responded to the same questionnaire, social relations had the second highest average 66.3% satisfaction, with the same related to the social circle, the support they receive and satisfaction with sexual activity. [8]

Faced with a lifting loads and wear that health workers of a certain hospital, were affected, one can show that the physical issues relate to a percentage of 80% of dissatisfaction. According to results for the physical domain was 64%, one can see that the situations that domain had a low level of risk for the QoL of professionals. Another study reports the issues of social and labor variables show that this process is a risk factor for the accumulation of professional employments because it will interfere with sleep satisfaction and the workers home.[17-8]

Psychosocial factors in the work environment can compromise any stage of working life and social life. The psychological domain has 72% satisfaction. In this sense studies show that not all demands related to psychological gender pressures that affect professionals will lead to negative health effects, and through the analysis of issues of psychosocial impacts showed that 66.1% of the sample are with low psychological demands.[18]

The environmental field has 64% satisfaction. According to the study, in the category quality of life of nursing professionals, in the intensive care unit, it was shown that there is a smaller percentage of satisfaction with issues such as leisure opportunity. Given the sample found in our research, we noted that overall the satisfaction level, in general, is much higher than in the intensive care unit was compared. [8]

As the study reports, even though most professionals, respectively 56.2%, have responded that they only have one job, the long working hours and night work, in conjunction with the household chores can be exhausting and can cause problems both in physical and psychological order.[12] Related to working conditions, the professionals said it medians 37.1%, followed by 36.3% who claimed to be good in the current research, and through this study demonstrates that, in general, nurses are satisfied with their work in the hospital locus of research, confirming the results of it. [15]

Within a hospital, the intensive care unit (ICU) and emergency sectors there is a higher prevalence of health problems of nurses and the hospital environment is a conducive place for the development of the illness, it is identified as a painful place, dangerous and unhealthy for those who work there.[5,9,16,19] In the study, the ICU quality of life was 69% satisfaction and greater than 64.9% in the ER. It has been found statistically significant, p-value ≤0.05 - (0.034034564). But no data was found in the literature to allow this specific comparison by sector.

The private institution, in which the study was conducted, offers a recreational site, an attachment to the hospital. In the study, it was found that even 83.7% of the professionals knew the place of leisure, only 24.2% use this site for this purpose. As it was not the objective of the research, the motives were not questioned of 78.5% of professionals do not using this setting.

CONCLUSSION

Most nurses have reported good QOL and ICU sector employees were more significant results in relation to their QOL compared to the emergency department. The results of this study were compared QOL better than most of the evidence found in the literature. In other studies addressing hospital institutions, professionals are dissatisfied with their quality of life in the work environment.

Satisfaction with the presented QoL may be related to a suitable working environment for the conduct of these activities, the question there is a recreational space for employees and most have only one job. However, the variables were not analyzed in this article related to quality of life with the working environment, the existence of leisure space in the hospital and professionals to have few employments.

At the end of the survey, it was found that it is an extensive and complex subject, but, is not limited only in that work. Suggest new studies that present the analysis of the variables related to the quality of life of the sample. It also proposes new studies to other sectors of the research institution and also

research of QOL in another private hospital network and public hospital network.

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