QUALITY OF LIFE RELATED TO THE HEALTH OF NURSING PROFESSIONALS

QUALIDADE DE VIDA RELACIONADA A SAÚDE DOS PROFISSIONAIS DE ENFERMAGEM

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ABSTRACT

Objective: to evaluate the health-related quality of life of nursing professionals. Method: this is a descriptive, cross-sectional and field study with 14 nurses and 34 nursing technicians working in the hospital setting. A sociodemographic questionnaire and the Short-Form Health Survey (SF-36) were used for data collection to evaluate the quality of life. Data were submitted to statistical analysis, obtaining the value of the score for each domain according to the calculation of the Raw Scale. Results: the predominance of females, with a mean age of 33.81 years old, was evidenced in the study. Three of the eight domains of the health-related quality of life instrument resulted in significant impairment of scores. Those who obtained the lowest average were: Pain (22.4), General Health Status (25) and Social Aspects (22.5). Conclusion: there was a reduction in the health-related quality of life of nursing professionals. Descritores: Nursing; Quality of Life; Nursing Staff.

RESUMO

Objetivo: avaliar a qualidade de vida de relacionada à saúde dos profissionais de enfermagem. Método: estudo de campo, descritivo, transversal, com abordagem quantitativa, realizado com 14 enfermeiros e 34 técnicos de enfermagem que atuam no ambiente hospitalar. Utilizou-se para coleta de dados um questionário sociodemográfico e o Short-Form Health Survey (SF-36) para avaliação da qualidade de vida. Os dados foram submetidos a análises estatísticas, obtendo-se o valor do escore para cada domínio de acordo com o cálculo do Raw Scale. Resultados: foi evidenciada no estudo a predominância do sexo feminino, com idade média de 33,81 anos. Entre os oito domínios do instrumento de qualidade de vida relacionada à saúde, três resultaram comprometimento importante dos escores. Os que obtiveram menor média foram: Dor (22,4), Estado Geral de Saúde (25) e Aspectos Sociais (22,5). Conclusão: houve redução da qualidade de vida relacionada à saúde dos profissionais de enfermagem. Descritores: Enfermagem; Qualidade de Vida; Equipe de Enfermagem.
INTRODUCTION

In the professional context, quality of life (QOL) has been a subject very addressed. Those professions in the health area have deserved prominence. Health workers occupy one of the professions that are the champions of stress and low quality of life, ranking as the 3rd in this ranking, behind only the flight controllers and urban bus drivers, who occupy the second place, and the police and private security guards ranked first.

The several QOL concepts involve objective and subjective indicators about the conceptions that are part of human life. The quality of life theme assumes two types of interpretation, which has intrinsic aspects of the intimacy of the individual and their experiences of life, and extrinsic aspects, discussing the influence of the environment in which each person is inserted.

According to the World Health Organization, QOL can be understood as a perception of the individual about his position in life, as well as in the cultural context and the value system in which he is inserted and about his goals, expectations, standards and concerns of life.

For the most population, having the quality of life has a more important meaning than worrying about the time the individual will live. Thus, the concept of health-related quality of life (HRQOL) emerges, representing a relevant factor to the context of health status, or variation of the impact that the disease causes on the individual's life, evidenced by himself. Stress and poor quality of life in the health area are related to specific situations such as relationship problems of the multidisciplinary team, ambiguity and conflict of functions, double working hours and domestic activities, changes suffered within the context of their activity and pressures exerted by the superiors according to the individual's perception.

Inserted in this context, the nursing profession is highlighted, considering a large number of professionals in the labor market. The high cost of living forces nurses to exercise an excessive amount of work, a factor that places them in the work environment for longer, exposing them to the possible causes of poor quality of life, compromising their health and the care provided.

It is essential that the institution in which the professional works undertakes to minimize the factors that aggravate his well-being, since a good quality of life will directly influence the professional performance, raising the self-esteem that makes the individual more productive and generating quality care for the patient.

Faced with this problem, relevant studies that reflect on the potential factors that aggravate health-related quality of life of nursing professionals become relevant. Understanding the theme comes from discussions that discuss the critical points that undermine the team's work process.

Considering the physical and psychological aspects of nursing professionals who are essential to provide good care, this study has the general objective to evaluate the health-related quality of life of nursing professionals who work in important sectors in the hospital environment.

METHOD

This article is extracted from the Conclusion Course Paper << Quality of life related to the health of nursing professionals >>, Nursing Undergraduate, University Center of João Pessoa/UNIPÉ, 2014.

This is a field, descriptive, transversal, study with a quantitative approach. The research scenario was the São Vicente de Paula Hospital, located in the municipality of João Pessoa, in the period from 08.26.2014 to 09.10.2014. The research was carried out in the Intensive Care Unit (ICU), Urgency and Emergency, Medical Clinic and Surgical Block of the referred hospital. The study site was chosen because it received an important demand for attendance in these sectors and for having a specialized team for the service.

The research population consisted of nurses and nursing technicians. A total of 48 nursing professionals participated, including 15 nurses and 33 technicians.

Two instruments were used for data collection. The first is about the sociodemographic data of the professional (age, gender, marital status, professional training, professional function, time and sector of activity) and the second is a specific HRQOL assessment instrument called Medical Outcome Study 36-item short-form health survey (SF-36), an instrument validated and translated into Portuguese by Ciconelli. The SF-36 is a retrospective instrument since it evaluates the previous 4-week period. It contains 36 items, segmented into 8 domains: functional capacity, physical aspects, emotional aspect, mental health, social aspects, vitality, pain and general health perception. The evaluation score varies from 0...
Quality of life related to the health...

to 100, where higher values indicate a better quality of life.

They were initially stored in spreadsheets and then transferred to the Statistical Package for Social Science (SPSS) to organize the research data where they were submitted to statistical analyses with 90% confidence level and 8% of margin of error. The sociodemographic data were worked according to the statistical technique of descriptive and exploratory analysis.

Subsequently, the SF-36 specific scores were analyzed following the data weighting, since, for each question obtained in this instrument, there is an established fixed value. Then, the values of each domain, called RAW SCALE, were calculated using the following formula:

\[
\text{Domain: Value obtained in the corresponding questions - Lower limit x 100} \quad \text{Variation (Score Range)}
\]

According to the formula, the lower limit values and Score Range are fixed and are stipulated in the table below.

Table 1. Reference values for the calculation of Raw Scale. João Pessoa (PB), Brazil, 2014.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Scoring of the corresponding questions</th>
<th>Lower limit</th>
<th>Variation (Score Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional capacity</td>
<td>03</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Limitation on physical aspects</td>
<td>04</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ache</td>
<td>07 + 08</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>General health status</td>
<td>01 + 11</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Vitality</td>
<td>09 (only items a + e + g + i)</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Social aspects</td>
<td>06 + 10</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Limitation by emotional aspects</td>
<td>05</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mental health</td>
<td>09 (only items b + c + d + f + h)</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

The research was carried out by the aspects presented in Resolution 466/129 of the National Health Council, which deals with the regulation of conditions necessary for conducting research involving human beings. The Resolution guided the investigation, preserving all the minimum aspects required to carry out the study according to the legal content of the resolution. The research project was appreciated by the Ethics Committee of the University Center of João Pessoa - UNIPE and approved by the protocol of CEP: nº 281/2014, CAAE: 31855914.2.0000.5176. Also, the principle of autonomy and respect for privacy was considered, especially about the Term of Free and Informed Consent, an indispensable tool for conducting research involving human beings.

RESULTS

Table 2 presents the sociodemographic variables of nursing professionals participating in the study.
The study sample was 15 (31.25%) nurses and 33 (68.75%) nursing technicians. Regarding the performance of nursing professionals in the studied hospital, most of them worked in the medical clinic sector, 20 (41.7%) in this sector, 8 (16.7%) in the surgical block, 8 (16.7%) in the emergency and urgency sector and 12 (25%) professionals in the ICU. Among the 48 nursing professionals interviewed, 5 (10.4%) performed the function of circulating room in the surgical block, 12 (25%) are nursing assistants, 1 (2.1%) are vascular nurses, 1 (2.1%) performs the nursing manager function, 1 (2.1%) as a day care nurse, assuming the ICU secretary, and 27 (56.3%) are nursing care technicians. Regarding nurses’ time of service, 23 (47.9%) work in the area between 2 and 5 years, 14 (29.2%) only work for up to one year, and 11 (22.9%) have been nursing for 6 years or more.

Of the professionals interviewed in the survey, the female prevailed, with 89.6%. The mean age of participants was 33.81 years old. Of the total number of respondents, 27.1% are married, and 56.3% are single.

Regarding the sectors of nursing team performance, the study investigated four important sections on hospital care. The largest number of respondents worked in the surgical ward (41.7%), followed by those who worked in the medical clinic (25%) and, finally, those who worked in emergency and urgency care (16.7%) and the ICU (16.7%).

The most frequent functions reported by the research participants were: circulating room (10.4%), nursing assistant (25%) and nursing technician (56.3%). The following were also mentioned: vascular nurse, nurse manager, ICU daytime attendant and secretary. The various functions that the nursing team assumes in the intrahospital area require professionals to have many skills, both technical and emotional.

Regarding the evaluation of the QOL of nursing professionals, Table 3 addresses the domains of the SF-36 instrument.

<table>
<thead>
<tr>
<th>Variables/categories</th>
<th>n</th>
<th>%</th>
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<tr>
<td>Gender</td>
<td></td>
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</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>89.6</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>10.4</td>
</tr>
<tr>
<td>Age</td>
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<td></td>
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<tr>
<td>Average</td>
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<tr>
<td>Median</td>
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<tr>
<td>Trend</td>
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<tr>
<td>Standard deviation</td>
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<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
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<td></td>
</tr>
<tr>
<td>Married</td>
<td>13</td>
<td>27.1</td>
</tr>
<tr>
<td>Single</td>
<td>27</td>
<td>56.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Widow</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Table 2. Sociodemographic characteristics of the nursing team per gender, age and marital status. João Pessoa (PB), Brazil, 2014.
An important factor that interferes in the HRQOL of nursing professionals is night work, changing the sleep pattern, besides generating organic imbalances since the organic functions are of lesser intensity, a significant interface to develop impaired levels of QOL and important health consequences of workers, since it provokes a more intense psychophysiological burnout than the work performed during the day. Another consequence of the night service is that professionals forget about self-care neglecting their health and putting at risk performance in their work context, which is frequent among nursing professionals. However, the concern of most managers is still focused on the quality of the services provided and not on the HRQOL of the professional who executes it.

Nursing care is based on scientific knowledge, and although it has the tortuous impression that the profession is subsidized by medical thinking, the nurses seek to deconstruct this vision by scientifically applying the SAE, supporting all the practice of their assistance in scientific knowledge. In the hospital setting, the most demand team is nursing. Responsible for the direct patient care, nurses and technicians, together make up the largest intra-hospital category. Of the total of the research subjects, 70.8% were nursing technicians. In the face of this proportion, the nurse assumes responsibility for the continuous education of his team, always aiming at the quality of care provided to the patient. In the context of nursing, some influences on the HRQOL of nurses are perceived due to the presence of factors that interfere in several aspects of the life of the professional. An integrative review of the literature with 13 scientific articles that address the HRQOL in hospital nurses identified among the studies the prevalence of three factors that influence the HRQOL of nursing professionals: physical and emotional shocks (32.5%), disability in the environmental structure and lack of materials (10.8%) and dissatisfaction with remuneration (10.8%).

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Nursing provides care in an environment that involves a strong emotional load, both for the workload and for the specificity of the assignments, in which life and death are mixed. Nurses who work in emergency and urgency situations, for example, are pointed out in many studies with important levels of stress, physical and emotional exhaustion. This sector has its dynamics of patient care and the immediate assistance of these victims of trauma or complications of preexisting diseases requiring the team to perform fast procedures and agile techniques. However, studies point out that the health service in emergencies and urgencies is characterized as one of the most stressful environments of action, which confers a higher level of stress and QOL of nurses. Likewise, and a nurse inserted in intensive care activities is often multifaceted, divided, and subject to a variety of attributions which can generate wear and stress. This unpleasant picture provides the appearance of exhaustion, and that if added to organic imbalances it can cause serious diseases, interfering in the professional assistance.

In emergency and urgency care, for example, it is necessary for the team to make quick decisions for the benefit of the patient, who requires of all, permanent training and technical-scientific improvement of the practice. Health-related quality of life is understood in a manner like the expression perceived health status. According to the calculation of SF-36 scores, the instrument values range from 0 to 100, where values close to 100
represent better HRQOL. Overall, SF-36 scores range from 80 to 100. However, values around 50 suggest reasonable health conditions and quality of life. In this study, it was found that all domains showed impairment.

Regarding the pain domain, the study score revealed a worrisome context. On the scale of 0 to 100, the professionals that participated in the study had a score of 22.4. This result is extremely low when compared to other studies that also used the SF-36 as an evaluation instrument. In a survey of patients with heart disease, for example, this figure was 38.57%.8

Another area with important commitment in this research was the social aspects with a score of 22.5. QOL is a human characteristic established when the degree of satisfaction in family life, in the image and social aspects, for example, is reached. It may be influenced by the individual’s socioeconomic status, general health status, cultural and ethical backgrounds.2

Results of several surveys, using different evaluation scales, conclude that there is a positive association between health events and stress in the work environment experienced by most nursing professionals. Another common aggravating factor in the studies is the impact of the low social support of working conflicts. This exposure to conflicting situations appears as one of the main determinant indices to the risk of illness due to the occupational context, compromising the individual’s HRQOL.16

The domain general health status also obtained an alarming result for the HRQOL of the professionals interviewed. With the score of 25, it was among the three domains most affected by this research. Due to the excessive workload, the nursing professional faces several difficulties in the work process. It is known that nursing works in exhausting sectors, where it is common the existence of problems of relationship of the multidisciplinary team, ambiguity, and conflict of functions, changes suffered within the context of their activity, pressures exerted by the superiors according to the individual’s perception, problems directly contributing to the impairment of the general health status of professionals.4

In the study, the domain that characterizes the mental health of the participants obtained the value of score 72.8. The value does not represent a significant impairment. However, it is valid to consider the importance of the psychological and mental aspects in the HRQOL of nursing professionals. The pathological picture of stress, for example, presents psychosomatic symptoms such as a headache, muscular tensions, and arterial hypertension. The more severe phase of stress can lead to reduced organic resistance to infections, memory lapses, sexual impotence or even increased spontaneous abortion.1

A study of 696 nursing professionals from a hospital in São Paulo using SF-36 found that the lowest scores corresponded to vitality, pain and mental health. The authors state that these dimensions are more sensitive to changes in the individual’s health status, and small changes reflect negative effects on these dimensions. They also argue that it is especially necessary to have an organizational restructuring in the hospital to improve the working conditions of these professionals.17

Studies show the close relationship between the low rates of working conditions with physical, emotional and general health symptoms. These factors in nursing professionals are related to the occupational context. Overwork, conflicts between the team and the low recognition of their abilities contribute to the harmful effects on the physical and mental health of the professional.16

Most nursing professionals are dissatisfied with the work environment. This dissatisfaction can trigger several physical impairments in the health of the worker. Mental and physical exhaustion due to overwork, low remuneration, inadequate management policies, low professional valorization, among other factors indicate that the worker’s quality of life (WQOL) is a reflection of the context in which he is inserted.3

The effort-reward imbalance was the most notable factor in research, since it presented significant associations with all dimensions of mental health, suggesting that this is the most important stressor factor among nursing professionals.17

Providing the means to work with health professionals not only on their productive performance but also their QOL is extremely important, so that patient care is not impaired. However, for this to occur in a satisfactory way commitment of the managers is necessary, above all.

The domain functional capacity in this study obtained score 77 and the limitation by physical aspects was 72.5. The nursing team dimension is considered as one of the main risks to patient safety. When the number of professionals is adequate to the needs of the service sector, the quality of care is ensured, reducing the overhead that may be related to...
Quality of life related to the health...

Female nursing professionals, with a mean age of 33.81 years old and single marital status prevailed. Among the eight domains of the health-related quality of life instrument, three resulted in significant impairment of scores. Those who obtained lower mean were: pain (22.4), social aspects (22.5) and general health status (25).

HRQOL is an indicator that can be evaluated through several instruments and scales that are part of the human health context. When affected, it tends to be compromised as to the onset of acute, chronic diseases, or even, the consolidation of sequels in the individual. The work overload and the relationship between the professionals of the team also mean relevant factors in the analysis of the HRQOL of nursing professionals and can influence the quality of patient care.

The results described in this research demonstrated that the concept of quality of life has rather formidable connotations to be explored and discussed. The importance of this context in the personal and professional life of nurses is relevant since the work of these professionals can be linked to factors of social and psychological proportion.

Therefore, it is concluded that the HRQOL of nursing professionals was reduced in the field investigated. The most affected domains portray possible problems in the work process, in the management of the sectors or the social context of the individual. In this way, it is necessary to discuss the conditions and work to implement actions that improve the results found.

It was noticed the need of the team dimensioning, aiming at the quality of the patient care and the control of the work overload, consequently, the improvement in the HRQOL. Considering that basic human needs are related to the health of the individual or their dynamic, healthy state, work is a fundamental context in the health-disease process of nursing professionals. When inserted in environments that promote health facilitating conditions, a constant concern for the well-being of professionals, commitment to the quality of care provided to patients, the HRQOL of professionals is affected positively.
This study provides support for others about issues related to the quality of life and the exercise of nursing work. Knowing that the most affected domains were a pain, general health, and social aspects, as some research, a correlation with the work environment is suggested.

Given this context, measures in the management of the hospital may be taken to intervene in issues that improve the HRQOL of nursing professionals. Properly managing the right investments in the workplace and using the human and material resources available for quality patient care represent alternatives for action that would possibly counteract the low QOL of the researched population. It is also suggested as a suggestion, the creation of environments so that the professionals share their anguish and experiences during the period of the shifts.

The results of the research were consistent with the literature. They demonstrated the importance of dignified conditions for the exercise of the profession, regarding the quality of life-related to the health of nursing professionals.

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