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IMPACT OF NOCTURNAL WORK IN THE LIFE OF THE MALE NURSING PROFESSIONAL

IMPACTO DO TRABALHO NOTURNO NA VIDA DO PROFISSIONAL DE ENFERMAGEM DO SEXO MASCULINO

IMPACTO DEL TRABAJO NOCTURNO EN LA VIDA DEL PROFESIONAL DE ENFERMERÍA DEL SEXO MASCULINO

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ABSTRACT

Objective: to analyze the impacts that night work has on the life of the male professional. ***Method:*** a descriptive, cross - sectional, quantitative approach study with 72 professionals from a Minas Gerais hospital, 56.9% of Nursing technicians, 25% of Nursing assistants and 18.1% of nurses. The WHOQOL-bref questionnaire was used. ***Results:*** most were married (58.3%); under the labor contract through the Single Legal Regime (69.4%); with an average age of 40 years and 16 years of service; and, within a scale of zero to 100, the areas with the best evaluation were Social Relationships (70,1) and Psychological Relationships (67,5). In the overall evaluation, the mean was 63.3, and below the Brazilian average of (65-70). ***Conclusion:*** the working conditions interfere in the profession and the results allow to detect the difficulties experienced by the men of the Nursing team. ***Descriptors***: Nursing; Quality of Life; Night Work.

RESUMO

Objetivo: analisar os impactos que o trabalho noturno apresenta na vida do profissional do sexo masculino. ***Método:*** estudo descritivo, transversal, de abordagem quantitativa, realizado com 72 profissionais de um hospital mineiro, sendo 56,9% técnicos de Enfermagem, 25% auxiliares de Enfermagem e 18,1% enfermeiros. Utilizou-se o questionário WHOQOL-bref. ***Resultados:*** a maioria era casada (58,3%); sob o contrato de trabalho via Regime Jurídico Único (69,4%); com idade média de 40 anos e 16 anos tempo de serviço e, dentro de uma escala de zero a 100, os domínios com melhor avaliação foram o das Relações Sociais (70,1) e o Psicológico (67,5). Na avaliação global, a média foi de 63,3, ficando abaixo da média brasileira, de 65-70. ***Conclusão:*** as condições de trabalho interferem na profissão e os resultados permitem detectar as dificuldades vivenciadas pelos homens da equipe de Enfermagem. ***Descritores:*** Enfermagem; Qualidade de Vida; Trabalho Noturno.

RESUMEN

Objetivo: analizar los impactos que el trabajo nocturno presenta en la vida del profesional del sexo masculino. ***Método:*** estudio descriptivo, transversal, de abordaje cuantitativo, realizado con 72 profesionales de un hospital minero, siendo 56.9% técnicos de Enfermería, 25% de auxiliares de Enfermería y 18.1% de enfermeros. Se utilizó el cuestionario WHOQOL-bref. ***Resultados:*** la mayoría estaba casado (58.3%); bajo el contrato de trabajo vía Régimen Jurídico Único (69.4%); con una edad media de 40 años y 16 años de tiempo de servicio y, dentro de una escala de cero a 100, los dominios con mejor evaluación fueron el de las Relaciones Sociales (70.1) y el Psicológico (67.5). En la evaluación global, la media fue de 63.3, y estando abajo de la media brasileña de (65-70). ***Conclusión:*** las condiciones de trabajo interfieren en la profesión, los resultados permiten detectar las dificultades vivenciadas por los hombres del equipo de enfermería. ***Descriptores***: Enfermería; Calidad de Vida; Trabajo Nocturno.

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INTRODUCTION

The study "Profile of Nursing in Brazil"[1-2] revealed absolute data from a population of more than 1.8 million Nursing professionals, evidencing an increase in male participation, with a growing presence of 15% of men, with a new to the masculinization of the profession.

Even though Nursing is historically female, and, even after many decades, the health sector is structurally feminine, this research is justified considering the few studies that actually deepen the theme of nightshift male Nursing workers, in the face of Analysis of quality of life.

The relevance of studies of this nature dialogues and approximates the professional and their professional activity, which is their activity or work shift, and, thus, these studies act as guides to the proposals of an improvement of the own promotion, prevention and identification of diseases and diseases in the workplace. Finally, researching the relationships that involve work, health and the impacts that night work causes on the quality of life of professionals allows us to contribute to critically assess the conditions and work processes that generate illness.

OBJECTIVE

● To analyze the impacts that night work has on th life of the male professional.

METHOD

Descriptive, cross-sectional study with quantitative approach. In the quantitative approach, to quality of life assessment, the Word Health Quality of Life (WHOQOL-breve) instrument was used, [3] an abbreviated instrument for the evaluation of quality of life, developed by the World Health Organization and validated, adapted and translated into Reality of Brazil. The WHOQOL-bref or abbreviated is a generic instrument of measurement of quality of life of short extension, applicable in any population, and can be answered independently of the educational level and allows the researcher to include other measures of interest, besides quality of life.[4]

Variables such as age (in years), marital status, position, bond and length of service (in years) were added at the beginning of the questionnaire. Estimates a minimum of eight minutes and a maximum of 15 minutes for the application of the questionnaire. This tool contains twenty-six questions assessing five domains, which use a range of responses. In it, the Likert scale is used, as it measures attitudes and behaviors using response options that vary from one extreme to the other. That is: in each question the examiner orients the circulation of the number that best answers it, having five alternatives such as: 1- very bad; 2- bad; 3-neither bad, nor good; 4- good and 5- very good. Unlike a simple "yes or no" answer question, a Likert scale allows for more specific levels of opinion.

The description of each domains and the facets of each of them, domains are: PHYSICAL - pain, energy, sleep, mobility, activities of daily living, dependence on medications / treatments, ability to work; PSYCHOLOGICAL - positive / negative feelings, thoughts, self-esteem, body image, spirituality; SOCIAL RELATIONS - personal relationships, social support and sexual activity; ENVIRONMENT - physical security, home environment, financial resources, health and social care, opportunities to acquire information and skills, recreation / leisure, physical environment and transportation; GENERAL - overall quality of life and general health perceptions. The score is obtained by adding the options that the respondent points out.[4]

To measure the quality of life, there is a scale of zero to 100 and, the closer to that average, the more qualities of life the respondents will have. It is very difficult to correlate other values as parameters, because the study population is very specific and there are few jobs that use the same methodology. The collection was done by the researchers responsible, occurred in the period of January 2016, the night shift and in working hours.

The study population was composed of 72 professionals of the Nursing team (nurses, technicians and auxiliary nurses), who were working at the Clinical Hospital of the Federal University of Uberlândia, men, working at night with a work schedule 12/36 hours weekly. The sampled data was tabulated in electronic spreadsheets, and summarized by means of descriptive statistics and presented in tables and figures as mean ± standard deviation (quantitative data), while the categorical variables were expressed as absolute or relative frequencies. The study complied with the formal requirements contained in the national and international standards regulating research involving human subjects and was submitted to the Research Ethics Committee of the Federal University of Uberlândia-MG for analysis and opinion. All the researched, were given the Free and Informed Consent Term in accordance with Resolution 466/12 of the National Health

Council. A favorable opinion of the Certificate of Ethical Presentation was obtained under number 50235515.9.0000.5152, on December 17, 2015.

RESULTS

All the 72 Nursing professionals answered the questionnaire, that is, 100%. As for the professional position, it had the greatest participation of technicians in Nursing, with 56.9%; Followed by Nursing Assistants, with 25% and nurses, with 18.1%. Table 1 shows the variables added to the study, where the marital status of the married (58.3%) prevails; 26 (36.1%) were single; Three (4.2%), divorced and one (1.4%) separated.

Table 1. Description of the variables: marital status, bond, help for filling and position (N = 72). Uberlândia (MG), Brazil, 2016.

Variables		n	%
Marital status	Married	42	58.3
	Divorced	3	4.2
	Separate	1	1.4
	Single	26	36.1
Employment relationship	CLT*	22	30.6
	ULR†	50	69.4
Obtained help?	No	72	100
Position	Nursing assistant	18	25
	Nurse	13	18.1
	Nursing Technician	41	56.9

* Consolidation of Labor Laws ▫Unique Legal Regime

With regard to the employment relationship, 69.4% were employees of the Federal University of Uberlândia, under a single legal regime, and 30.6% were employees of the Amparo and Research Foundation, in a work regime for the Consolidation of Labor Laws.

Table 2. Description of the variables: age, time of service and time spent to complete the questionnaire. Uberlândia, MG, Brazil, 2016.

Domain	Average	Median	Standard deviation	Minimum	Maximum	Normality
Age (in years)	40.32	38.50	10.138	19	66	0.004
Service time	16.39	14.00	10.822	1	40	0.011
Fill time (in minutes)	7.18	5.00	3.396	4	20	0.001

The description of the quantitative variables (age, length of service and time taken to fill in the questionnaire) is presented in table 2. The mean age was 40.32 years, the lowest age being 19 years and the highest, 66 years. The average time of service in the institution, is 16.39 years, making it clear that most of the team has a great professional experience. On the other hand, it presented the shortest time of one year and the longest 40 years of service. The mean filling time was 7.18 minutes, with a minimum time of four minutes and a maximum of 20 minutes.

One of the questions in the questionnaire was about the need for assistance in completing the questionnaire. The data showed that 100% had no help; The mean time was 7.18 minutes to answer, and being four minutes as the shortest time and 20 minutes the longest to answer to the questionaire. It is worth mentioning that the study methodology estimated an average time of seven to 15 minutes to answer, thus showing the validity of the instrument, since it is self-applied and aids could interfere with the responses during filling.

In table 3, based on the evaluation of the data, by means of the descriptive statistics referring to the instrument, the mean of the domains reveals that the Social Relations domain stands out, followed by the Psychological and the Physical, with the lowest average of the domains of Environment and Self-evaluation of quality of life.

Table 3. Descriptive statistics (mean, standard deviation, coefficient of variation, maximum, minimum and amplitude) of the quality of life scores of the Nursing professionals team. Uberlândia (MG), Brazil, 2016.

Domain	Average	Standard deviation	Coefficient of variation	Minimum value	Maximum value	Amplitude
Physicist	14.47	2.77	19.16	8.00	18.86	10.86
Psychological	14.81	2.62	17.68	8.00	19.33	11.33
Social relationships	15.22	3.12	20.52	6.67	20.00	13.33
Environment	13.19	2.56	19.43	7.50	19.00	11.50
Self evaluation of QoL[§]	13.08	3.69	28.21	6.00	20.00	14.00
TOTAL	14.14	2.26	16.02	8.15	18.46	10.31

[§]Quality of life.

The analysis of the domains and their facets reveals that the studied population evidences details that, in general, go unnoticed from the Nursing managements and the management of the sectors, such as Human Resources and the Worker's Health Sector, according to Tables 4 and 5.

Table 4. Representation of values obtained in each WHOQOL-brev Domain. Uberlândia (MG), Brazil, 2016.

Domains	Values*
Physicist	65.42
Psychological	67.59
Social relationships	70.13
Environment	57.46
General	63.34

*measured value 0-100.

Table 5. Representation of the lowest and highest values obtained in each facet of the WHOQOL-brev. Uberlândia (MG), Brazil, 2016.

Facets	Values[†]
Pain / discomfort	30.90
Negative feelings	30.20
Drug addiction	29.16
Recreation / Pleasure	45.83
Sleep and rest	47.56
Spirituality / religion / beliefs	72.22
Sexual activity	72.56
Self esteem	73.61
Mobility	74.30
Home environment	76.04

[†] measured value **0-100.**

DISCUSSION

Each year, Nursing has been increasingly sought after by men who are interested in the practice of care. And yet, with all the changes in habits and social, political, and economic conjunctures, there is a low academic production in the face of this phenomenon: the question of gender, in particular, in the Nursing profession.

In a comparison with the national study, these figures corroborate with research[2] in which it can be stated that, in the majority of cases, the Nursing team consists of 77% of nursing technicians and auxiliaries, followed by 23% of nurses Your workforce. It is verified that the majority is married and the minority formed by separated or divorced. According to a European study, night workers live less and get divorced more, being three times more likely to divorce and 40% more likely to get sick.[5]

The Nursing profession is in full rejuvenation, reaching a quarter of its quota with up to 30 years, making it clear that they are, for the most part, starting in the labor market and in their professional life ever earlier. Nursing work today concentrates its activities within hospitals, and more than one million of them work in the three spheres of government, making the public sector the largest employer in the category, followed by the private, philanthropic and educational sectors.[6]

Regarding the predominant contracting or linking modalities in the Nursing team, the public sector of the federal sphere, governed by the Single Legal Regime, with more than

one million professionals, followed by the Consolidation of Labor Laws, stands out. In relation to the average age relative to the time of service, we can correlate the data to their links, since most of them are being competed for more time in the same activity and institution.

Thus, correlating the data in tables 4 and 5, presents a general consolidation of the results found in each domains and facets of the instrument, that is, a representation of the domains and their respective values. They prevailed in chronological order, that of Social Relations, Psychological, Physical, General and Environment.

The Physical domain presented one of the worst values, but, compared to the national average, it remained above 65%. And correlating to the other data obtained in the other facets, it is verified the presence of pain, discomfort and dependence on some medication by these professionals. The lower values of the facets are included in this domain, because, in the daily routine of the Nursing team, it is common to find employees working with pain or using drugs.

Nursing work is considered exhausting due to overload, with pressure on the time of task execution, causing an acceleration in work rhythm, exposure of risks and the development of occupational diseases. Thus, the activities performed result in high levels of fatigue that reduce the ability to work.[7]

Fatigue symptoms are referred to by drowsiness, laxity, and lack of willingness to work, difficulty in thinking, decreased attention, slowness, cushioning of perceptions, and decreased willingness to work.[7-8] It is worth emphasizing the phenomenon of presenteeism in the daily life of Nursing work, as distinct from absenteeism, that is more easily measured by absences from work.

Presentism refers to the work situation in which the worker remains present in the work environment, even without achieving the ideal productivity, whether for personal reasons, physical or mental, meaning that people with illness are working without manifesting complaints, Without seeking treatment, at the same time as their clinical conditions worsen and chronify, resulting in the wear and tear, that directly affect the performance of their work activities. In this perspective, knowing that night work is more harmful to the health of the worker, in particular that of the Nursing professionals, these unfold as the lack of adequate sleep and rest, having, as a direct consequence, the other facets being influenced, because the energy for activities of daily living and work capacity is reduced and/or reduced.[9]

The Psychological domain presented the second best score among the others. Under this domain, we can say that the group is in the average, with a good quality of life, because the facet with less representation was the negative feelings. Among these feelings is the great difficulty in performing the assistance to the user quietly and to obtain good results, either by the lack of inputs and materials, or by managerial and structural problems, which causes feelings of concern and impotence on the part of Nursing professionals.[10-1]

At the same time, such feelings are influenced by other factors, as night work alters the rhythm of many organs, because the body's metabolic cycles, some mood stabilizing hormones, growth, such as cortisol, should be secreted during sleep, leave of being produced, altering and leaving an emotional instability causing reflections of the mental erosion in the worker.[11]

The number of hours of shift work is very controversial, since the human body generally tolerates shifts of up to 12 hours, and it is very important to follow the recommendation so that physical integrity and safety at work is maintained. Considering that the best scale will always be the one that is more coherent with the daily life of the worker, if it is far from the reality of the Nursing profession. A study in Europe revealed that more than 90% of accidents considered serious in companies happen exactly at night time.[12] In Brazil, accidents at work are very recurrent. Sickness and working conditions are imposed by contracts allied to the workday. Brazilian Nursing does not have a national salary floor or a defined common day, and has sought to regulate the Law of 30 hours a week for all professionals.

The domain of Social Relations was the one that reached the best value, reflecting directly in the general domain, being able to be credited because the population of the study was mostly married (58.3%), fact identified in the results of the correlations between the variables.

The temporal structure of work is very rigid: the longer the work day, the less time will be spent with family life, and the greater the fatigue, the greater will be the quality of the worker's relationship with his or her family. There was a significant association between the long working days of professionals with lack of time for rest, leisure and social life. And when work is nocturnal, the need to sleep during the day

and the fact of being absent from home at night disturbs the conviviality causing conflicts.[9]

Another study affirms that, in the current context of the Nursing professionals, it is verified that the laboral duplicity is a common practice, even if this choice can bring occupational risks, damages to their quality of life and to the provided care, as well as self-care.[13] The Environment domain was characterized with the lowest average score, but it does not fail to show its importance for the understanding of the reality experienced by the professionals of the Nursing team.

The professional of this team is exposed by numerous harmful agents during their work, either for the suffering they face on a daily basis, or for the conflicts and problems within a multidisciplinary team with different characteristics and formations. In addition, there are other cultural, structural, ergonomic, organizational interferences, allied to physical, chemical, biological, mechanical, physiological and psychic risks and burdens.

In studies conducted in Brazil, prior to that conducted by Fiocruz, in 2013, the indices were much higher. Reaching more than 80% of Nursing professionals were affected by occupational violence. Occupational diseases are diseases directly related to the activity performed by the worker or due to the working conditions to which he is subjected.[14]

Nursing activities are mostly done, on foot, with several displacements, inadequate positions and frequent manipulation of weights, substances and organic fluids, drugs and blood products, among many others that, together with other attributions, generate fatigue, wear and tear and illness. In this perspective, the establishment of the causal nexus between a given health event, be it damage or illness in a given working condition, is a basic condition for the implementation of health worker actions in the health services.[14-6]

CONCLUSION

Quality of life analysis, using the WHOQOL-bref instrument allowed us to measure and analyze its domains and its various facets, in order to verify the particularities related to the quality of life of the study participants. The study, although local, demonstrates its representativeness, since the obtained results allow comparisons with other studies of global character.

Thus, when we present the research option of the male nurse worker who works in shifts, this study contributes to the construction of knowledge, within the possibilities and limitations, that help in the elaboration of new possibilities, in order to overcome with the arbitrary and cultural sexual division at work. Thus, one can reflect on the unequal social relations between subjects within the same activity.

There was evidence in the association of night work with quality of life in the study population. Some findings may also be related as those found in the facets as having agreement of the different aspects present in the daily life of these professionals. We suggest a continuation or stimulation of further research with these professionals with other approaches, in order to identify the influences of shift work on the health of these workers.

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