ANALYSIS OF THE LIFESTYLE OF ONCOLOGY HEALTH PROFESSIONALS

ANÁLISE DO ESTILO DE VIDA DOS PROFISSIONAIS DE SAÚDE DA ONCOLOGIA

ANÁLISIS DEL ESTILO DE VIDA DE LOS PROFESIONALES DE SALUD DE LA ONCOLOGÍA

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ABSTRACT

Objective: to analyze lifestyle and its association with compassionate fatigue in health professionals. **Method:** quantitative, descriptive, cross-sectional study with 22 professionals from the health service of the oncology sector. The "Fantastic Lifestyle" questionnaire was used to collect data, with analysis by SPSS version 20.0, presented in tables. **Results:** the statistically significant variable in this study was the religion-related lifestyle of professionals where 76.5% of the participants rated it as excellent or very good, are Catholic and only one (20%) participant another religion rated this style as excellent or very good. **Conclusion:** the health professional of the oncology sector perceives his life style with quality. The importance of further studies on the subject is emphasized, incorporating effective and assertive practices to promote the reduction and / or elimination of damages and the creation of policies that provide better working conditions in health and valuation of health professionals in diverse scopes. **Descritores:** Compassionate Fatigue; Lifestyle; Professional Stress; Healthcare Professional; Health Services; Oncology.

RESUMO

Objetivo: analisar o estilo de vida e sua associação com a fadiga por compaixão nos profissionais da saúde. **Método:** estudo quantitativa, descritivo, transversal, com 22 profissionais do serviço de saúde do setor de oncologia. Utilizou-se para coleta de dados o questionário "Estilo de vida fantástico", com análise pelo SPSS versão 20.0, apresentadas em tabelas. **Resultados:** a variável que se obteve com mais significado estatístico neste estudo foi o estilo de vida relacionado à religião dos profissionais onde 76,5% dos participantes classificaram-no como excelente ou muito bom, são católicos e apenas um (20%) participante de outra religião classificou esse estilo como excelente ou muito bom. **Conclusão:** o profissional de saúde do setor de oncologia percebe seu estilo de vida com qualidade. Ressalta-se a relevância de mais estudos sobre a temática, incorporando a eles práticas efetivas e assertivas para promover a diminuição e/ou extirpação de danos e a criação de políticas que proporcionem melhores condições de trabalho em saúde e valorização dos profissionais de saúde em diversos âmbitos. **Descritores:** Fadiga por Compaixão; Estilo de Vida; Estresse Profissional; Profissional de Saúde; Serviços de Saúde; Oncologia.

RESUMEN

Objetivo: analizar el estilo de vida y su asociación con la fatiga por compasión en los profesionales de la salud. **Método:** estudio cuantitativo, descriptivo, transversal, con 22 profesionales del servicio de salud del sector de oncología. Se utilizó para recolección de datos el cuestionario "Estilo de vida fantástico", con análisis por SPSS versión 20.0, presentadas en tablas. **Resultados:** la variable que se obtuvo con más significado estadístico en este estudio fue el estilo de vida relacionado a la religión de los profesionales donde el 76,5% de los participantes lo clasificaron como excelente o muy bueno, son católicos y sólo uno (20%) participante de otra religión que clasificó ese estilo como excelente o muy bueno. **Conclusión:** el profesional de salud del sector de oncología percibe su estilo de vida con calidad. Se resalta la relevancia de más estudios sobre la temática, incorporando a ellos prácticas efectivas y asertivas para promover la disminución y / o extirpación de daños y la creación de políticas que proporcionen mejores condiciones de trabajo en salud y valorización de los profesionales de salud en diversas áreas. **Descritores:** Fatiga por Compasión; Estilo de vida; Estrés profesional; Profesional de Salud; Servicios de Salud; Oncología.

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INTRODUCTION

It is known that the physical and mental exhaustion of the professional caused by the care of people who are suffering is called compassion fatigue. Professionals who deal with the suffering of the other end up pitying themselves and themselves suffering their own pain. This compassion, felt repeatedly in the day to day work, causes a great physical and mental exhaustion of the professional, who can develop health problems triggered by this situation.¹

It is the lifestyle of personal and social habits up to environmental and socio-organizational factors, with the evolution in the definition of health to meet a need of adaptation of the human being with the reality in which one lives. Many aspects of this style influence health and are shown as determinants represented by a set of actions experienced throughout the individual routine.²

It is understood that some variables related to health restorative activities and habits, such as non-smoking, physical activity, good quality sleep, good nutrition, non-alcoholism, type of behavior / introspection and relationships with family and friends are extremely important because, in addition to restoring and maintaining the individual's health, they constitute strong indicators of possible problems related to compassionate fatigue in health professionals.²

It is warned that smoking and alcoholism are habits that generate sensations of relaxation and well-being, however, they cause damage to the respiratory system and to health. The great question is why, despite all scientific knowledge about the harmful effects of tobacco and alcohol use, these two habits continue to be relatively common, since health professionals find both tobacco and alcohol an outlet, an escape, a means of reassurance by the pain situations experienced by patients.³

It is recommended that healthy eating, besides being synonymous with well-being, is of extreme importance for a good development in the methodology of work. Today, the greater volume of daily tasks and the reduction of free time foster carelessness and poor eating habits evident in health workers, especially in the face of extremely stressful and demotivating situations.⁴

It is understood that the practice of physical activity generates a sense of well-being and increases the disposition of the individual. As the number of health professionals is large and considering that the

work course is not regulated, these professionals have less time available for actions that benefit their own health.⁵

It is alerted that introspection and the relationship with the family are of extreme importance contributing in a significant way, stimulating motivation and self-esteem. However, stress caused by compassionate fatigue can lead to lack of realization and de-personalization affecting interpersonal skills and directly influencing contact with family and friends. The professional perceives himself disinterested, with depressed, apathetic humor and with his overshadowed personality.⁶

It is known that sleep is fundamental to restore the energy expended. The long working hours associated with stress and its relations with other labor factors lead to the sickness of the professionals, favoring the emergence of sleep related disorders. With this, professionals can present insomnia and / or situations that are related to shorter sleep episodes, consequently to excessive daytime sleepiness and the difficulty of keeping alert, which may interfere in the performance of their work.⁷⁻⁸

The energy expended through sleep is restored, which is fundamental in this process. Long working hours, coupled with stress and their relationships with other labor factors, lead to the sickness of the professionals. With this, professionals can present insomnia and / or situations that are related to shorter sleep episodes, which, possibly, will interfere in the performance of their work.⁷

It is considered, based on the observations reported above, this study of extreme importance. Therefore, we must analyze the health consequences of professionals who are susceptible to compassion fatigue so that a new vision, a new understanding and new interventions can be created and adopted on the opinion of such behavioral acts of those who are constantly subjected to these great sufferings in order to minimize the damages and propitiating modifications in the lifestyle of the professionals exposed to these situations.

OBJECTIVE

- To evaluate lifestyle and its association with compassionate fatigue in health professionals.

METHOD

This is a quantitative, descriptive and cross-sectional study, carried out in 2017,

with 22 professionals from the oncology health services: doctors, nurses, nursing technicians, pharmacists, nutritionists, psychologists and social workers from a hospital reference for the care and treatment of patients with oncological diseases, located in the north of Minas Gerais.

This research included professionals who volunteered to participate voluntarily, with more than 1 year worked in the oncology sector, being excluded those who for some reason were away from the service.

The "Fantastic Lifestyle" questionnaire, developed by the Department of Family Medicine of McMaster University, Canada, was used.⁸ The data collected were analyzed using statistical software SPSS (Statistical Package Social Science), version 20.0.

The study was approved by the Research Ethics Committee (REC), based on a consolidated opinion number 1,687,445 dated 08/18/2016. This study is a cross-section of a PhD project titled "Compassion Fatigue and

Associated Factors: Quality of Life, Lifestyle, Depression, Stress, Anxiety, Hopelessness, Obesity, Metabolic Syndrome and Sociodemographic Variables" Health Sciences of the University of Montes Claros-UNIMONTES (MG).

RESULTS

It is reported that the sample consisted of 22 participants, with 17 women and five men, and the application of the " Fantastic Lifestyle " questionnaire was performed in the morning and evening shifts.

It is added that the professionals studied had a mean age of 33.7 years [$\pm$ 9] and the majority of the participants are / are married and / or in a stable union.

The participants were evaluated in their lifestyle and this was classified, according to table 1, in regular, good, very good or excellent lifestyle. For association purposes, the ratings were grouped in regular / good and very good / excellent.

Table 1. Lifestyle Classification of Oncology Health Professionals. Montes Claros (MG), Brazil, 2017.

	n	%
Regular	1	4.5
Good	7	31.8
Very good	10	45.5
Excellent	4	18.2
Total	22	100.0

Table 2 shows data that show the prevalence of the female gender in the studied participants, where 77.2% of the

sample are women and only 22.7% of the population studied are men.

Table 2. Lifestyle related to sex of oncology health professionals. Montes Claros (MG), Brazil, 2017.

Lifestyle	n	%
Sex		
Female		
Excellent/Very good	11	64.7
Good/Regular	6	35.3
Total	17	100
Male		
Excellent/Very good	3	60.0
Good/Regular	2	40.0
Total	5	100
General Total		
Excellent/Very good	14	63.6
Good/Regular	8	36.4
Total	22	100

Pearson's coefficient (p value = 0.848)

It is observed that the majority of the studied population classified the lifestyle as excellent or very good, with a percentage of 63.6%, and 64.7% of the women classified as excellent or very good the lifestyle and 60% of men also rated the lifestyle as excellent or very good. Already 35.3% of the women classified the lifestyle as good or regular and 40% of the men also classified their lifestyle in this category.

Table 3 shows the lifestyle related to the age of health professionals. Based on the data presented, 63.6% classified the lifestyle as excellent or very good, and 60% of the participants up to 40 years old made this classification and 71.4% of the subjects over 40 years old they also rate the lifestyle as excellent or very good. Already 36.4% classified the lifestyle as good or regular and

28.6% of those participants who gave this classification are older than 40 years.

Table 3. Age-related lifestyle of oncology health professionals. Montes Claros (MG), Brazil, 2017.

Lifestyles	n	%
Age		
Up to 40 years		
Excellent/Very good	9	60
Good/Regular	6	40
Total	15	100
Over 40 years		
Excellent/Very good	5	71.4
Good/Regular	2	28.6
Total	7	100
General Total		
Excellent/Very good	14	63.6
Good/Regular	8	36.4
Total	22	100

Pearson's coefficient (p value = 0.604)

Table 4 shows the classification of the lifestyle related to the civil status of oncology professionals. It is noted that 63.6% classify the lifestyle as excellent or very good, being that the majority, that is, 66.7% of the participants that made this classification are married or maintain a stable union and 36.4% classified as good or regular, and the majority of the answers obtained (40%) are composed of singles.

Table 4. Lifestyle related to the marital status of oncology health professionals. Montes Claros (MG), Brazil, 2017.

Lifestyle	n	%
Marital status		
Single		
Excellent/Very good	6	60
Good/Regular	4	40
Total	10	100
Married or stable union		
Excellent/Very good	8	66.7
Good/Regular	4	33.3
Total	12	100
General Total		
Excellent/Very good	14	63.6
Good/Regular	8	36.4
Total	22	100

Pearson's coefficient (p value = 0.746)

Table 5 shows the lifestyle related to the religion of oncology health professionals and this was the most statistically significant variable obtained in the study. 63.6% classified the religion-related lifestyle as excellent or very good, where most of the participants in this category are called Catholics, 13 (76.5%) of 22 interviewed, and only one (20%) another religion classified the religion-related lifestyle as excellent or very good. Among the answers that classified the good or regular lifestyle, the number remained standard: four participants are Catholic and four are from another religion.

Table 5. Lifestyle related to the religion of oncology health professionals. Montes Claros (MG), Brazil, 2017.

Lifestyle	n	%
Religion		
Catholic		
Excellent/Very good	13	76.5
Good/Regular	4	23.5
Total	17	100
Other religion		
Excellent/Very good	1	76.5
Good/Regular	4	23.5
Total	5	100
General Total		
Excellent/Very good	14	63.6
Good/Regular	8	36.4
Total	22	100

Pearson's coefficient (p value = 0.021)

DISCUSSION

The predominance of females in the sample is observed. Similar results were found in a survey where 92.6% of the 54 health technicians who participated in the study were women.⁹ In the characterization of the previous study, the predominance of the female gender in the study population was also confirmed, confirming the female gender over historical context.¹⁰

Most of the studied population classifies the lifestyle as excellent or very good, and among these, there is a predominance of women in relation to men. However, when they refer to lifestyle as good or regular, men, in greater numbers, have identified their lifestyle in this category by comparing it to the responses of the female audience. In other studies, it is perceived that the majority is composed of women, however, these still indicate that women seem to be more sensitive to the perception of stress, caused by lifestyle, than men.¹²

It is of great importance to research the professionals' lifestyle perception in the face of the great need to generate, update information and develop assertive and more effective techniques to promote and protect health with the aim of reducing diseases and improving the condition of life, since the affected lifestyle directly interferes with the individual's quality of life.¹³ It is known that changes in lifestyle, seeking healthy habits, will provide a better quality of life and, consequently, decrease the risk of illness.¹⁴

The majority of the studied population is classified as having an excellent or very good lifestyle, with a predominance of women in relation to men. However, when referring to the lifestyle as good or regular, it was evidenced that the men, in greater number, identified their lifestyle in this category, comparing to the responses of the female audience.

It is important to research the professionals' lifestyle perception, given the great need to generate information updates and develop assertive and more effective techniques to promote and protect health, with the aim of reducing diseases and improving the condition of life, since the affected lifestyle directly interferes in the quality of life of the individual.¹¹

It is understood, in relation to the age of the respondents, where a great part of the sample is up to 40 years old, that the lifestyle was classified as excellent or very good. On the other hand, participants over 40 years of

age and, in the minority, the others above this age group classified their lifestyle as good or regular.

It is perceived that lifestyle has come to be considered essential by all ages in both health promotion and reduction of all-cause mortality. Adoption of a healthy way of life has become an important factor on the assumption that the individual is responsible for their style and quality of life, since it can directly interfere with modifiable health factors. For a large part of the population, the greatest risks to health and well-being are intrinsically linked to healthy age and lifestyle, as well as to the behavior of the individual resulting both from the information and interest of the person, as well as from opportunities and difficulties of social reality. According to a research, to consider the way of life as excellent or very good is to be attentive to the questions related to the good habits of health and to put them in practice with all the tools that the individual can enjoy.¹²

It is observed that, with regard to the lifestyle of the professionals surveyed, with regard to marital status, that of those who rate the lifestyle as excellent or very good, the majority are / are married or maintain a stable union. Of those who understood the lifestyle as good or regular, most of the results correspond to the unmarried.

We highlight the cultivation and maintenance of pleasant relationships presenting results like those found in this research, since it is a position assumed by the majority. Maintaining a relationship can provide well-being and emotional balance and allows for the exchange of experiences, as well as providing the experience of old age in a more enjoyable and healthy way. It also represents one of the fundamental components of spiritual well-being and, consequently, of the quality of life of all individuals.¹³

It should be noted that, in relation to religion, this variable is more statistically significant, where the great majority classifies the lifestyle associated with religion as excellent or very good, that this majority is composed of Catholics. In those who identified the lifestyle as good or regular, there was an equality between Catholics and members of another religion.

Religion is understood as a systematized grouping of beliefs, practices, rituals, and symbols outlined approaching the sacred and the transcendent (God, Power, or Truth). Thus, health professionals have scientific

indications of the benefit of the exploration of spirituality in the therapeutic programming of any disease. The distance between spirituality and these servants of health is diminishing, so much so that this professional has discovered the importance of prayer, spirituality and religious participation in the improvement of physical and mental health, as well as to respond to stressful situations of life.¹⁴

CONCLUSION

It is perceived by this study that the lifestyle has individual meanings and is understood, by each professional, differently, even in the face of difficulties, either through contact with the cancer patient or through the complexity of the work, the health professional of the Oncology sector perceives your life style with quality.

It is important to note the importance of further studies on the subject, in view of the great importance of the theme, with the purpose of evidencing the results, incorporating effective and assertive practices to promote the reduction and / or removal of damages. Also, the creation of policies that provide better working conditions in health, besides the valuation of health professionals in several areas.

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