

**WELL-BEING AT WORK AND QUALITY OF LIFE: THE REALITY OF THE
HOSPITAL NURSING TEAM**
**BEM-ESTAR NO TRABALHO E A QUALIDADE DE VIDA: A REALIDADE DA
EQUIPE DE ENFERMAGEM HOSPITALAR**
**BIENESTAR EN EL TRABAJO Y CALIDAD DE VIDA: LA REALIDAD DEL
EQUIPO DE ENFERMERÍA DEL HOSPITAL**

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ABSTRACT

Objective: to evaluate the quality of life of the nursing team working in a Brazilian university hospital and its relationship with perceived organizational support at work.

Method: cross-sectional study, conducted in 2018 with 67 nursing workers. Quality of life was assessed using the WHOQOL-bref instrument, and well-being was assessed by the perceived organizational support scale (ESOP). **Results:** Regarding quality of life, among nursing technicians, the social relations domain had the highest mean perception of quality of life, and among nurses, the physical domain had the highest mean perception of quality of life. Regarding the well-being related to perceived organizational support, both nursing technicians and nurses showed the highest scores in the dimension salary and the lowest scores in the dimension ascension, which demonstrates similar perceptions about the work between the two groups.

Conclusion: it is suggested that initiatives be developed to strengthen health promotion actions in the hospital work environment so that it is possible to manage with the workers their expectations and perceptions about the perceived organizational support.

Descriptors: Nursing; Occupational Health; Working Conditions; Quality of Life.

RESUMO

Objetivo: avaliar a qualidade de vida da equipe de enfermagem atuante em um hospital universitário brasileiro e sua relação com o suporte organizacional percebido no trabalho.

Método: estudo transversal, realizado em 2018 com 67 trabalhadores de enfermagem. A qualidade de vida foi avaliada por meio do instrumento WHOQOL-bref e o bem-estar avaliado

pela escala suporte organizacional percebido (ESOP). **Resultados:** Tratando-se da qualidade de vida, entre os técnicos de enfermagem, o domínio relações sociais apresentou a maior média percepção de qualidade de vida e, entre os enfermeiros, o domínio físico apresentou a maior média de percepção de qualidade de vida. Tratando-se do bem-estar relacionado ao suporte organizacional percebido, tanto os técnicos de enfermagem quanto os enfermeiros apresentaram os maiores escores na dimensão salário e os menores escores na dimensão ascensão, o que demonstra percepções semelhantes sobre o trabalho entre os dois grupos. **Conclusão:** sugere-se que sejam desenvolvidas iniciativas de fortalecimento de ações de promoção à saúde no ambiente de trabalho hospitalar para que se possa gerenciar junto aos trabalhadores as suas expectativas e percepções sobre o suporte organizacional percebido.

Descritores: Enfermagem; Saúde do Trabalhador; Condições de Trabalho; Qualidade de Vida.

RESUMEN

Objetivo: evaluar la calidad de vida del equipo de enfermería que trabaja en un hospital universitario brasileño y su relación con el apoyo organizativo percibido en el trabajo.

Método: estudio transversal, realizado en 2018 con 67 trabajadores de enfermería. La calidad de vida se evaluó mediante el instrumento WHOQOL-bref, y el bienestar se evaluó mediante la escala de apoyo organizativo percibido (ESOP). **Resultados:** En cuanto a la calidad de vida, entre los técnicos de enfermería, el ámbito de las relaciones sociales presentó la media más alta de percepción de la calidad de vida y, entre los enfermeros, el ámbito físico presentó la media más alta de percepción de la calidad de vida. En cuanto al bienestar relacionado con el apoyo organizativo percibido, tanto los técnicos de enfermería como las enfermeras mostraron las puntuaciones más altas en la dimensión salario y las más bajas en la dimensión ascensión, lo que demuestra percepciones similares sobre el trabajo entre los dos grupos. **Conclusión:** se sugiere que se desarrollen iniciativas para reforzar las acciones de promoción de la salud en el entorno laboral hospitalario, de modo que los trabajadores puedan gestionar sus expectativas y percepciones del apoyo organizativo percibido.

Descriptores: Enfermería; Salud Laboral; Condiciones de Trabajo; Calidad de Vida.

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INTRODUCTION

The work context can cause to the worker risk factors that can favor the appearance of occupational diseases. Thus, the balance between the individual, the environment, and job satisfaction is necessary, because the negative interaction between the individual and the working conditions at work can provoke dissatisfaction, which can lead to workers getting sick¹.

Nursing work in hospital services is considered a triggering factor for physical and emotional exhaustion and stress. It is considered that this field of nursing work is perpetrated by a demanding work process due to the great responsibility for the lives of patients who are inserted in this environment².

Healthcare workers, who work in hospitals, are faced with circumstances that impose rapid procedures that, in turn, demand simultaneous attitudes that sometimes occur without previous planning. Therefore, health professionals at this level of care need experience, control, and effectiveness in their care actions³.

The organizational dynamics of the work at the hospital level can cause these health professionals to have a low quality of life and dissatisfaction with the organizational support offered by the institution, and it is necessary to manage the perceptions of this group about the aspects mentioned, in order to reorganize the work process and avoid getting sick⁴.

OBJECTIVE

To evaluate the QL of the nursing team working in a Brazilian university hospital and its relationship with perceived organizational support at work.

METHOD

This is a quantitative, analytical, cross-sectional study, carried out at a University Hospital linked to a public institution of higher education, which is in the countryside of São Paulo, Brazil.

The University Hospital (HU- in Portuguese) has a built area of 6 thousand m² and is in the process of expanding the number of inpatient beds from 22 to 54 beds. The hospital beds are distributed in: medical clinic beds; child and adolescent health beds; mental health beds; and isolation beds. The HU also has an emergency care service for adults and children and a pediatric outpatient clinic. In 2018, the HU had a team composed of more than 150 professionals, including doctors, nurses, nursing technicians, physical therapists, occupational therapists, speech therapists, psychologists, nutritionists, and social workers.

The population of this study was composed of nurses and nursing technicians, totaling 130 workers. Sampling was done by convenience. The workers were invited to participate in the study by the main researcher through the completion of questionnaires, and the approach in the workplace was performed during day and night shifts between the months of March and May 2018. Nurses and nursing technicians who were on sick leave, maternity leave, or vacation at the time of data collection were excluded.

Regarding nurses, four were on maternity leave, one had been transferred, one was on sick leave, and eight did not want to participate in the research, thus, the total number of participants was 32 nurses. Regarding nursing technicians, three were on sick leave and 46 did not want to participate, leaving 35 participants. Thus, the sample was composed of 35 nursing technicians and 32 nurses, which totaled 67 workers.

To assess quality of life, we applied the WHOQOL-Bref, which was created by the World Health Organization (WHO) in 1998, translated and validated for the Brazilian reality that considers the last two weeks lived by the participant and has satisfactory psychometric characteristics, considering the final scores of each domain. The WHOQOL-Bref derives from the original WHOQOL-100 instrument, being an abbreviated version with 26 questions, two general ones related to general quality of life and satisfaction with one's own health, and 24 questions

distributed in the physical, psychological, social relations and environment domains⁵. The Likert-type answers with five points, intensity (nothing to extremely), frequency (never and always), capacity (not at all and completely) and evaluation (very dissatisfied to very satisfied; very bad to very good). The classification follows the following considerations: needs improvement (when 1 to 2.9); regular (3 to 3.9); good (4 to 4.9) and very good (5), for the results of questions 1 and 2: needs improvement (when 1 to 2.9); regular (3 to 3.9); good (4 to 4.9) and very good (5)⁶.

To assess well-being, we used the Scale of Perceived Organizational Support (ESOP), built, and validated in Brazil. The six factors that make up this instrument are: Management Styles of the Boss; Performance Management; Work Overload; Material Support; Social Support at Work; and Ascension and Salaries. The Perceived Organizational Support Scale has 5 points, 3 being its midpoint. For interpretation purposes, the higher the score referred to by the worker, the better the perception of perceived organizational support. On the other hand, for the questions that evaluate work overload, the relationship is inverse, in other words, the higher the score, the higher the perception of excessive occupational activity⁷.

For data analysis, the Statistical Package of Social Sciences (SPSS) version 21.0 was used. Data were double entered into an Excel for Windows 8 spreadsheet. The internal consistency of the WHOQOL-bref scale and the Perceived Organizational Support Scale was evaluated by means of Cronbach's alpha. For the construction of the tables, we chose descriptive statistics with presentation of the categorical variables in absolute and relative frequency. The T test was used to compare groups, setting a significance level of 5%.

To preserve the ethical aspects of research with human beings, the provisions of Resolution 466/2012 were followed. A favorable opinion was obtained from the Research Ethics Committee of the Federal University of São Carlos, no. 3,043,333.

RESULTS

Cronbach's alpha for the WHOQOL-bref scale and for the Perceived Organizational Support Scale were higher than 0.70, suggesting the internal reliability of the instrument.

Regarding the characterization of the sample, 80.6% self-reported as female; 54.4% were single; mean age was 39.1 ± 7.09 years; 52.9% were nursing technicians; 89.7% worked 36 hours; and 58.2% worked the day shift. Regarding the perception of quality of life, the average was 3.58, and satisfaction with health was 3.57, in other words., regular quality of life.

Table 1 - Description of the dimensions of quality of life among nursing technicians of a university hospital (n=35). São Paulo, Brazil, 2018

	Physical	Psychological		
	Domain	Domain	Social Relations	Environment
Mean	61.51	59.38	64.35	56.51
Median	60.71	64.58	66.67	57.81
Standard				
Deviation	15.74	22.41	24.04	17.24
Minimum	25	8.33	0.00	12.50
Maximum	93	100.00	100.00	93.75

Table 2 - Description of the dimensions of quality of life among nurses of a university hospital (n=32). São Paulo, Brazil, 2018

	Physical	Psychological		
	Domain	Domain	Environment	Environment
Mean	66.07	63.67	58.59	62.60
Median	64.29	62.50	58.33	64.06
Standard				
Deviation	15.42	13.02	20.68	13.20
Minimum	32	41.67	8.33	21.88
Maximum	100	91.67	91.67	84.38

Table 3 - Description of the ESOP dimensions by professional category and comparison test between the scale categories. São Paulo, Brazil. 2018. (N=67).

Category Professional		Organizational Performance Management	Group social support	Perception of material support	Work overload	Management style	Salary	Ascension
Nursing Technician	N	36	36	36	36	36	36	36
	Mean	3.43	3.31	3.40	3.17	3.42	3.76	2.60
	Median	3.25	3.50	3.43	3.00	3.41	3.83	2.50
	Standard Deviation	0.84	1.11	0.74	0.75	0.95	0.89	0.96
	Minimum	1.83	1.20	1.43	2.00	1.27	2.00	1.00
	Maximum	5.00	5.00	4.86	4.86	5.00	5.00	4.50
Nurse	N	32	32	32	32	32	32	32
	Mean	3.13	3.24	3.28	3.01	3.06	4.18	2.86
	Median	3.17	3.20	3.43	3.00	3.09	4.17	3.00
	Standard Deviation	0.63	0.66	0.56	0.50	0.65	0.62	0.86
	Minimum	1.33	2.00	1.29	1.57	1.55	3.00	1.00
	Maximum	4.33	4.60	4.14	3.86	4.18	5.00	4.50
T-test (p-value)		0.096	0.737	0.475	0.320	0.074	0.027	0.244

*T-test for comparison of groups

Regarding the well-being related to perceived organizational support, both nursing technicians (3.76) and nurses (4.18) presented the highest scores in the salary dimension.

The only dimension that presented statistical difference between nursing technicians and nurses was the salary dimension (p = 0.027). Nurses (4.18) presented the highest scores in the salary dimension.

Regarding the work overload dimension, nursing technicians had a higher mean score (3.17) than nurses (3.01), showing that the perception of excessive occupational activity is higher in the first group.

Table 4 - Correlation of the dimensions of quality of life with the dimensions of the perceived organizational support scale (n=67). São Paulo, Brazil. 2018

		Organizational Performance Management	Group Organization al Support	Perception of Material Support	Work overload	Manage ment Style	Ascension
Physical	<i>Rho*</i>	0.427	0.433	0.445	0.307	0.412	0.254
	<i>P value</i>	<0.000	<0.000	<0.000	<0.012	<0.001	<0.039
Psychological	<i>Rho*</i>	0.468	0.440	0.504	0.463	0.320	0.314
	<i>P value</i>	<0.000	<0.000	<0.000	<0.000	<0.009	<0.010
Social Relationships	<i>Rho*</i>	0.647	0.578	0.417	0.475	0.311	0.260
	<i>P value</i>	<0.000	<0.000	<0.001	<0.000	.011	.035
Environment	<i>Rho*</i>	0.499	0.525	0.398	0.388	0.457	0.266
	<i>P value</i>	<0.000	<0.000	<0.001	<0.001	<0.000	<0.031

**Rho*: Spearman Correlation Coefficient.

By performing Spearman's correlation, it was possible to identify that personal achievement correlates significantly with Salary (p=0.015), Ascent (p=0.00) and Social Support (p=0.00).

DISCUSSION

The results regarding the age of nursing workers are like those found in the literature 2-8, pointing out nursing as a mostly young profession whose majority of workers are below 40 years of age⁹.

The characterization of the study participants showed a predominance of women, married, and young adults, data like that found in the Federal Council of Nursing (COFEN- in Portuguese), where 84.6% of the category is composed of women throughout Brazil⁸, also considering that individuals with this profile have shown a predisposition to low quality of life¹⁰.

Some authors state that women are more susceptible to stress than men and, therefore, are more likely to have poorer quality of life. A study states that women expose their feelings more openly than men, which also justifies their higher stress levels¹¹.

A study states that, when comparing the female gender with the male gender, women are more vulnerable to the development of stress, burnout, and poor quality of life and well-

being. Another characteristic is that nowadays, besides work, women have domestic and family activities as attributions, considering that these tasks are associated with a source of stress, which has repercussions in a decrease in work performance and in their quality of life¹².

When it comes to quality of life, this study showed that nursing technicians had the lowest mean scores in the environment domain (physical safety and protection, home environment, financial resources, health, and social care: availability and quality, opportunities to acquire new information and skills, participation in and opportunities for recreation/leisure, physical environment: (pollution/noise/traffic/climate) and transportation. Among the nurses, the domain of social relationships (personal relationships, social support, and sexual activity) obtained the lowest mean. A similar result was found in a study carried out in Palmas (TOCANTINS), with nursing workers about the team's quality of life. The study showed that the domain related to social relationships had the worst score compared to the others in the study¹³.

It is important to highlight that the working hours, the shifts, and the dissatisfaction with the remuneration influence the quality of life of nurses, who are harmed by the emotional, psychological, and biological aspects¹⁴. It should also be noted that the quality of nursing care is related to physical and psychological integrity; however, when the professional practice becomes overloaded, work stress increases¹⁵.

Quality of life can decrease due to multiple employment relationships with an average activity of 1.35 per professional, nursing assistant or technician, which exacerbates the repercussions on quality of life and can also favor the occurrence of human error that, most of the time, ends up being attributed to the responsibility of these professionals¹⁶.

Additionally, the professional's illness due to low quality of life generates negative repercussions that can be understood through the deficit in the quality of care provided to the population, besides the manifestation of feelings of aggressiveness and contempt towards the team, damaging the individual's personal, social, and occupational life¹⁷.

Regarding organizational support, it is known that it is associated with the expectations of the employee about the retribution and recognition that the organization offers in relation to his efforts at work¹⁸.

The relationship of trust, justice, respect, appreciation, emotional and social support, people management policy, adequate available resources, autonomy, training, and the possibility of professional ascension favor the employees and the organization itself, strengthening the feeling of obligation of the workers to take care of the company and help it reach its goals¹⁸.

Thus, the organizational support offered by the institution is related to performance management, which involves practices such as establishing goals, valuing ideas, autonomy, social support, and modernization of technologies¹⁹.

Therefore, workers who perceive a high level of organizational support possibly feel an obligation to reward the organization with greater commitment (reciprocal relationship), commitment, satisfaction, and involvement with the work. The better the organizational support perceived by the worker, the lower their suffering to occupational stress as well as the lower the turnover and absenteeism ¹⁸.

In this study, when analyzing the ESOP, it was evidenced that the highest scores were for the salary dimension for both nursing technicians (3.76) and nurses (4.18), considering that the professionals work in an institution linked to the Ministry of Health, whose salaries are different in the researched region.

A study whose objective was to evaluate the relationship between the perceived organizational support and the risk factors for non-transmissible chronic diseases in nursing workers of a bone marrow transplant service of a public hospital in the state of Paraná identified that the mean score of all dimensions analyzed was 3.33 with $SD\pm 1.01$. The highest organizational support perceived in the study sample was the salary dimension (mean of 4.15, median of 4.00 and $SD\pm 0.99$), followed by social relations at work (mean and median of 3.50, $SD\pm 0.77$) and material support (mean of 3.48, median of 4.00 and $SD\pm 0.97$) ²⁰.

As opposed to this, for most nursing professionals, as occurs in other health professions, they face degradation regarding work relations, low wages, and inadequate working conditions. Unstable employment bonds are common, which denotes fragility and loss of labor rights, resulting in discouragement, excessive weariness, and low quality of care²¹.

Positive affections in the work environment, which are determined by emotions such as joy, happiness, contentment, as well as appropriate and pleasant experiences at work, can often be related to the cultural practices of performance. These practices concern innovations in ideas, the search for improvements, and investments in research²².

Organizational conditions, when unfavorable to workers, can contribute to the increase of occupational stress levels due to the situations experienced in the execution of tasks. These factors tend to affect the organizational well-being and the workers' health, which can reflect in the quality and well-being at work and in negative attitudes and affections towards work activities, the work environment, the colleagues and the institution²³.

Regarding satisfaction with colleagues and supervisors, feelings range from indifference to satisfaction. The nurses were satisfied with their coworkers regarding interpersonal relationships and friendships in the work environment. An analogous result was found by Ruviano and Bardagi²⁴ in which the satisfaction with the leadership was perceived in most sectors of the institution. The organizational support variables that involve management processes and superiors' management can reduce emotional exhaustion. To do so, these processes should be carried out in a participative and collaborative way, taking care to encourage and value the work of subordinates. Emotional exhaustion can also be reduced by improving the social support at work by colleagues and supervisors, regulating the organization's work process based on clear policies of information disclosure, updating and planning⁷.

When workers perceive that the institution encourages their participation in management, they begin to value their work and show greater flexibility to perform their actions, and they tend to have a smaller hierarchy, which is positively associated with organizational well-being²⁵.

Regarding opportunities at work, it is known that the more the institution promotes the worker through opportunities, to demonstrate their autonomy and skills, the more satisfaction and well-being at work will be associated with the performance of this professional. With this, the worker benefits in quality of life at work, and the company gets a better performance and use of the worker's potential. Therefore, it can be noticed that as an organization proposes to reward, support, recognize, and treat its workers adequately, providing rewards consistent with their responsibilities, the higher the level of well-being at work will be and, consequently, greater productivity and satisfaction will be achieved²⁶.

A considerable part of the workers of the nursing team mentioned that the hospital acquires modern equipment, maintains coherence among guidelines, goals, and actions, in addition to listening to the opinion of the workers to solve problems and invests in constant training of the nursing team. Such statements lead to the conclusion that the QL of nursing team workers is related to the organizational support offered by the institution, which involves good practices such as establishing goals, valuing ideas, autonomy, social support, and modernization of technologies and, consequently, valuing the work.

CONCLUSION

The results showed that nursing workers have a regular perception of quality of life and satisfaction with health, and the highest averages were identified in the environment and social relationships domains. The QL of nursing team workers is related to the organizational support offered by the institution, which involves good practices such as establishing goals, valuing ideas, autonomy, social support, and modernization of technologies and, consequently, valuing the work.

Regarding perceived organizational support, both nursing technicians and nurses showed the highest scores in the dimension salary and the lowest scores in the dimension promotion, which demonstrates similar perceptions about the work between the two groups, which can be explained by the stability of the bonds, since they are all permanent workers. The nurses were satisfied with their coworkers regarding interpersonal relationships and friendships in the work environment.

As a limitation of the study, it is noteworthy that some participants postponed the delivery of the completed scales or even lost the instrument delivered several times, which hampered data collection. It is also relevant to highlight the fact that the study was developed in only one institution, and thus it is not possible to generalize the results found here, comparing them to other hospital institutions. Thus, it is recommended that studies related to the staff's quality of life be carried out in other settings.

It is important to emphasize that the data described here corroborate findings from the literature and emphasize important aspects about how quality of life and organizational support influence the well-being of the worker. Better perceptions of quality of life and organizational support contribute to the achievement of greater satisfaction in work performance, avoiding illness.

Finally, it is suggested that initiatives be developed to strengthen health promotion actions in the hospital work environment to manage, together with the workers, their expectations, and perceptions about the perceived organizational support.

CONTRIBUTIONS

Silveira, RCP; and Mininel, VA; participated in the conception of the research project.

Silveira, RCP participated in data collection, analysis, and discussion.

Mininel, VA participated in the content review.

Silveira, RCP; and Ribeiro, IKS participated in the final draft of the article.

Silveira, RCP; and Ribeiro, IKS participated in the approval of the final version of the article.

CONFLICT OF INTERESTS

Nothing to declare.

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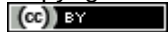
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