



HOSPITAL NURSES' PERSPECTIVE ON QUALITY OF WORK LIFE

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ABSTRACT

Objective: To assess the perception of nursing workers at a teaching hospital about their quality of life at work and to understand the factors that interfere with it. **Method:** a descriptive and exploratory study with two methodological approaches, qualitative and quantitative, carried out with 60 nursing workers from a University Hospital in the southern region of Brazil. Data was collected from June to September 2020 using a validated Quality of Working Life Questionnaire (QWLQ-bref) and a semi-structured interview. A Microsoft Excel for Windows® tool was used for tabulation. The qualitative data was subjected to thematic content analysis. **Results:** the quality of life at work (QOL) was satisfactory (68.25%). The reports of the professionals interviewed showed relevant factors such as work overload, poor sleep quality and lack of social recognition and appreciation of the profession for the professionals' personal perception of QWL. **Conclusion:** QWL reached satisfactory levels. However, it is necessary to create measures to promote the health of these professionals in the workplace.

Keywords: Quality of life; Nursing; Work.

INTRODUCTION

Quality of life at work (QWL) is linked to a number of factors, including organizational, structural, interpersonal and psychological aspects. Currently, institutional actions and practices are being proposed with the aim of promoting innovations aimed at improving workers' quality of life, since it has repercussions not only on workers' health but also on the quality of the service provided, considering managerial and care aspects⁽¹⁾.

In addition to people's physical health, today there is also concern about the mental health of civil servants in the workplace. National and international studies have highlighted the high prevalence of mental disorders such as burnout,

depression, anxiety⁽¹⁻⁴⁾ and poor sleep quality^(5,6) among healthcare workers. A low QWL makes the working day exhausting, resulting in damage to the health of the workers and also to the care provided.

Most of the time, nursing professionals provide direct care to individuals, families and the community. They ensure the health and well-being of individuals and the community, working to promote, protect and rehabilitate health at all levels of care, from primary (Primary Health Care) to hospital (Tertiary Health Care)^(7,8). However, for many years they have faced challenges in relation to the work process. Studies have highlighted nursing professionals' current challenges as work overload, low pay, the need for multiple jobs, physical and emotional

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exhaustion and social discredit^(9,10).

Thus, nurses are constantly inserted in stressful environments and situations, especially in the hospital setting, since they often deal with highly complex situations and a greater risk of patient harm⁽⁸⁾. Obstacles such as these are capable of influencing QWL and its perception among professionals, affecting the physical and psychological health of workers. It is therefore essential to understand the scope of these issues and their relevance to professional practice.

In view of the above, the question arises: What factors influence nursing professionals' perception of quality of life at work? In order to answer this question, the aim of the study was to assess the perception of nursing staff working in a teaching hospital about quality of life at work and to understand the factors that interfere with it.

METHODOLOGY

This is a descriptive and exploratory study, with two methodological approaches, one quantitative and the other qualitative, carried out at a University Hospital located in the northwestern region of the state of Paraná, in southern Brazil.

Data was collected from June to September 2020 from nursing professionals working in all care sectors. The invitation to take part in the study was sent via WhatsApp® message in the work groups by the sector coordinators. In the message, the lead researcher introduced herself, the purpose and objective of the study, clarified who could participate and the type of participation desired, informed them of the average time it would take to complete the data collection instrument and provided a link to access the Free and Informed Consent Form and the Data Collection Form. The previously defined inclusion criteria were: working at the institution for at least six months and providing direct patient care, regardless of the type of employment relationship. Professionals who did not return the completed data collection instrument after three reminders were not included in the study.

The quantitative data was collected using an online form available on the Google Forms® platform, which consisted of two parts: the first with questions to identify sociodemographic characteristics (age, gender, length of service,

workload, training, employment relationships and area of work) and the second using the Quality of Working Life Questionnaire (QWLQ-bref) scale, made up of 20 questions divided into four domains: Physical/Health (four questions), Psychological (three questions), Social (four questions) and Professional (nine questions).

The answers are presented on a five-point Likert scale, ranging from "very unsatisfactory" (1) to "very satisfactory" (5), with the exception of the eighth question, whose score is inverted. Scores below 22.5 indicate a very unsatisfactory perception of quality of life; between 22.5 and 45, unsatisfactory; 45 to 55 neutral; between 55 and 77.5 satisfactory and; above 77.5, very satisfactory⁽¹¹⁾.

After completing the scale, the participant was asked if they were interested in taking part in a remote interview to talk more about the subject and, if so, they were asked to provide a contact telephone number for scheduling.

The qualitative data was collected through individual semi-structured interviews conducted via Google Meet® or the WhatsApp®, with the informants being participants from the previous stage who showed the greatest willingness to talk about the subject and who answered the calls to schedule the interviews, which took place on a day and at a time defined by them as the most appropriate. It is worth noting that 27 professionals expressed an interest in taking part in the second stage of the study, but nine of them did not answer the calls and/or messages (up to three on different days and at different times) or were unable to make time available (four) to take part.

The interviews were audio-recorded after consent and transcribed in full, preferably on the same day. During the interviews, a script was used with identification questions (age and gender) and some questions addressing the factors that they perceived as reducing or improving the quality of life in their workplace, such as: "In your opinion, what factors related to your work have an impact on your quality of life?"; "Talk about changes that could help improve the quality of life in your work sector."

The interviews lasted an average of 20 minutes and were all carried out by the same researcher (a student in the final year of the nursing course who had been duly trained to

conduct qualitative interviews), who had no relationship with the participants.

The quantitative data was recorded in a Microsoft Excel® for Windows spreadsheet and analyzed using descriptive and inferential statistics, using simple arithmetic mean, standard deviation, coefficient of variation, minimum value, maximum value and amplitude. The qualitative data was subjected to thematic content analysis, following the three stages proposed⁽¹²⁾.

In the pre-analysis stage, the data was organized and a floating reading was made of all the material collected to identify the corpus of analysis. In the material exploration stage, the material was read in depth and registration units (codes) were identified, which were then grouped according to semantic similarity. Finally, in the treatment and inference of results stage, categories were formed and inferences and interpretations made⁽¹²⁾.

The study was carried out in accordance with the guidelines set out in Resolution 466/12 of the National Health Council and its project was approved by the institution's Commission for the Regulation of Academic Activities (COREA) and approved by the Permanent Committee for Ethics in Research Involving Human Beings (COPEP) of the signatory institution.

All the participants agreed to take part in the study by signing the Free and Informed Consent Form digitally. In order to preserve their anonymity in the presentation of the qualitative results, the extracts from their speeches are identified by code names: Enf for nurses, and TE for nursing technicians, followed by a number corresponding to the order in which they were included in the study.

RESULTS

A total of 60 professionals took part in the quantitative part of the study, with an average of 40.2 years of age and 15.8 years of training, 39 of whom were nurses (65%). The majority were female (81.7%) and had worked at the institution for less than 10 years (73.3%) and worked in critical sectors (intensive care unit, emergency room and operating room). Half of them had a partner and a postgraduate degree (40% had worked in nursing for more than 20

years). Furthermore, 83.3% (n=50) worked more than 40 hours a week (Table 1).

Table 1 - Sociodemographic, occupational and lifestyle characteristics of nursing professionals. Maringá - PR, 2020 (n=60)

Variables	NO.	%
Age		
< 30 years	13	21,7
30 to 39 years old	13	21,7
40 to 49 years old	21	35
≥ 50 years	13	21,7
Sex		
Female	49	81,7
Male	11	18,3
Professional category		
Nurse	39	65
Nursing technician	21	35
Marital status		
With a partner	32	53,3
Without a partner	28	46,7
Family income		
≤ 4 minimum wages	19	31,7
4 to 6 minimum wages	17	28,3
≥ 6 minimum wages	24	40
Education		
High school level	15	25
Graduation	15	25
Postgraduate studies	30	50
Time working in nursing		
< 10 years	19	31,7
10 to 20 years	17	28,3
> 20 years	24	40
Length of time at the institution		
< 10 years	44	73,3
10 to 20 years	8	13,3
> 20 years	8	13,3
Work sectors		
Critical (PA, CC and ICU)	38	63,3
Non-critical	22	36,7
Weekly workload		
< 40 hours	10	16,7
≥ 40 hours	50	83,3
Other employment		
Yes	23	38,3
No	37	61,7
Physical activity		
Yes	30	50
No	30	50
Leisure activities		
Yes	34	56,7
No	26	43,3

The average overall QWL score obtained (68.25) is considered satisfactory. The personal domain had the highest average score (76.46) and the professional and physical/health domains had similar scores (63.54 and 63.56 respectively), and although lower, they are also classified as satisfactory (Figure 1).

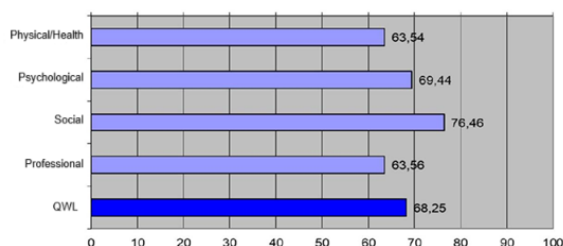


Figure 1 - Quality of Work Life results in each domain.

Table 2 shows the factors that contribute most negatively and positively to the results obtained in each domain. The lowest scores were for quality of sleep (37.50) and the level of responsibility assigned to the professional (44.00).

On the other hand, the highest scores were obtained in relation to factors indicating satisfaction with interpersonal relationships, friendly atmosphere in the workplace and with superiors, pride in one's role in society, as well as the relevant influence of a positive perception of the work done by family members.

Table 2 - Average score per QWLQ-bref question and in the respective domains. Maringá, PR, 2020.

Questions per area	Average General	Average General (0-100)
Physical / Health	3,54	63,54
Q4-How do you rate your sleep?	3,33	58,25
Q8-To what extent do sleep problems affect your work?	2,50	37,50
Q17-Are your basic physiological needs adequately met?	3,41	60,25
Q19-How comfortable do you feel in your work environment?	3,91	72,75
Psychological	3,78	69,44
Q2-How motivated are you to work?	3,71	67,75
Q5-How do you rate your freedom of expression in your work?	3,36	59,00
Q9-How proud are you of your profession?	4,25	81,25
Staff	4,06	76,46
Q6-Do you feel fulfilled by the work you do?	4,08	77,00
Q10-How do you rate the quality of the relationship with your superiors?	3,83	70,75
Q11-How does your family rate your work?	4,41	85,25
Q15-To what extent are you respected by your colleagues and superiors?	3,90	72,50
Professional	3,54	63,56
Q1-How do you rate your freedom to create new things at work?	3,48	62,00
Q3-How do you rate the equal treatment of employees?	3,30	57,50
Q7-To what extent are you proud of the organization you work for?	3,90	72,50
Q12-How satisfied are you with your level of responsibility at work?	2,76	44,00
Q13-Are you satisfied with your level of responsibility at work?	3,95	73,75
Q14-Are you satisfied with the training provided by the organization?	3,25	56,25
Q16-Are you satisfied with the variety of tasks you perform?	3,86	71,50
Q18-How do you rate the spirit of camaraderie in your work?	3,91	72,75
Q20-How satisfied are you with your quality of life at work?	3,45	61,25
Total	3,73	68,25

The interviews with the 17 professionals who had already taken part the previous quantitative stage made it possible to explore certain aspects in greater depth, enabling a better understanding of their perceptions, experiences and motivations

in relation to their work.

The participants' reports made it possible to identify, for example, why such low scores were attributed to sleep quality and the damage that a lack of satisfaction with this basic need has on the

work they do and on their own health. Work overload, the types of activities performed and the fact of having two jobs are also factors that harm workers' health.

My sleep is really bad, I only sleep on medication (Enf 03).

The fact that you work at night, the night work. Sleeping during the day isn't the same, you don't rest completely, neither body nor mind (Enf 11).

My health suffers, because in my sector, specifically the nursing part is very assistive, so there's the thing about turning the patient over, carrying weight, so there are people off work because of back problems. It's one of the things I feel a bit, this back pain. This happens because of a lack of staff, you know? You have to do a lot on your own (Enf 11).

Similarly, according to the participants' characterization data, around 83.3% of them work more than 40 hours a week. Long working hours, as well as simultaneous work in different institutions, are seen as potential stressors, and have a direct impact on the professional's mood and productivity. The financial issue, characterized by low pay, is a determining factor, as it is because of this that professionals are driven to have two or more jobs.

The number of hours worked - because whether you like it or not, it's a very demanding job, very tiring and stressful (TE 02).

As we have a busy life, we end up leaving our health last, and the fact that we're health professionals means that we end up trying to self-medicate too, right, and when you go to see the right professional, sometimes you're already at a more advanced stage of a possible work-related illness, that does happen (Enf 06).

What makes it difficult is the salary, because the salary is very little, so you have to have two or three jobs. I have two jobs and I hardly have any time for myself, it's difficult, I have to study, I have to work, I have to do my own things and there's no time for everything because I have to have two jobs to earn a higher income (Enf 07).

The lack of recognition and autonomy for the profession is frustrating and interferes with job

satisfaction. It can be seen that, in the perception of the interviewees, there is a greater appreciation of other classes in the health area, underestimating the skills and abilities of the nursing team. This is in line with the results obtained by the instrument on issues related to interpersonal relationships and freedom of expression work.

Nurses also end up having the characteristic of plugging holes, I know it was another professional who was supposed to do, but I do it for the sake of the patient and the patient doesn't see that it's the nurse who did it, they still recognize that the doctor did it, right, and not what the nurse does. Sometimes we get frustrated, right, we know how much we've dedicated ourselves to that patient and it's other people who reap the rewards (RN 09).

They want us to be competent in what we do, to take care of more than is our responsibility, but at the same time they think we don't have the capacity to discuss a case or give an opinion that effectively influences behavior (Enf 06).

The impression I get from my years of experience is that if you drool too much over a boss, they tend to rise easily, it seems that this area likes people with a profile like that, a slightly dubious character, you know? (TE 10).

Finally, the reports also corroborate the scores obtained in the personal and psychological domains, with greater satisfaction among the interviewees, especially with regard to pride and fulfillment in the work they do. It can be seen that even in the face of the adversities that permeate the work of nursing professionals, feeling useful and developing activities related to valuing life are factors that make professionals feel fulfilled in personal and professional terms.

I think it's a personal satisfaction, you know? I get a lot of personal satisfaction from working in this area, feeling useful as a professional and as a person (Enf 16).

Seeing people's difficulties, seeing how hard their problems are, we start to value ourselves more. They want to live and we don't appreciate it, we complain too much about a few things, so we see how difficult it is for them, and we start to appreciate the little things and take more care of

ourselves (Enf 07).

It can be seen that valuing life, as well as the possibility of caring for people in their health difficulties, are factors that contribute to fulfillment in their work and pride in their profession, positively influencing the quality of life of these workers.

DISCUSSION

The mostly female profile found in this study is similar to other studies looking at nursing teams, due to the predominantly female history of the profession⁽⁹⁾. In addition, the considerably high level of education among the participants (50% with some kind of postgraduate degree) is due to the fact that the hospital in which the study was carried out is a public institution with a career plan, which encourages the academic development of staff.

However, it is important to point out that the career plan only exists for workers who have been recruited. The reality at the institution today is that the vast majority of professionals in all areas, not just nursing, have precarious employment relationships without any stability. This condition is mainly responsible for the fact that professionals have more than one job.

When comparing studies on the QWL of nursing professionals in Primary Health Care^(7,13) and research involving hospital institutions⁽⁸⁾, it can be seen that the average QWL is satisfactory in both spheres of care, although QWL can still be seen to be restricted to professionals working in critical sectors such as emergency rooms and pre-hospital care, maintaining a QWL with a satisfactory trend^(3,14).

The Physical/Health domain had the worst scores, mainly showing dissatisfaction with the quality of sleep. Studies on the subject show that poor sleep quality negatively affects quality of life⁽⁵⁾. In addition, international studies corroborate the association between poor sleep and the development of mental health disorders, such as anxiety and depression, as well as interfering with worker productivity and a higher risk of care-related accidents⁽¹⁵⁾.

A study carried out in emergency services showed that the majority (72.2%) of the participants had sleep disorders, while 67.6% had

a high need for rest⁽⁵⁾. A study carried out in a hospital in the south of Brazil showed that the main factors that hindered sleep among the professionals were tension, pain related to joint or autoimmune diseases and working nights⁽⁶⁾. These conditions were also found in this study, according to the reports.

A higher score was observed in the personal domain, contributing to a good perception of QWL, the participant's pride and fulfillment in their profession, especially when associated with the prospect of support and appreciation from family members in relation to their role in society. In discussions about QWL in healthcare, the literature points out that the concepts of compassion satisfaction (CS) and compassion fatigue (CF) are inversely correlated, i.e. the higher the CS, the lower the CF. CS is understood as the positive feelings related to the care and assistance provided to the patient and the reward for the efforts made, while CF is related to high levels of burnout and secondary traumatic stress. Both are strongly linked to the well-being of the professional^(2,16,17).

In this sense, a study carried out in a university hospital in the south of the country (RS), comparing CS before and during the Covid-19 pandemic, identified high levels of CS in both periods, being slightly higher during the pandemic⁽¹⁸⁾. Thus, the pandemic was a potential stressor and a major overload factor among healthcare workers⁽¹⁹⁾. Another study carried out in Goiania also found that professionals working in direct patient care had higher levels of CS⁽²⁾. It should be noted that a lack of social support contributes to the development of CF⁽¹⁷⁾.

Another aspect mentioned by the participants refers to the lack of autonomy and work overload for nurses. Discussions about the representativeness and appreciation of nurses have taken on great proportions as a result of the Covid-19 pandemic. Movements such as Nursing Now, present in several countries, including Brazil, advocate strengthening the nursing profession by taking on a leadership and decision-making role. In addition, at a national level, this movement aims for a process of training excellent professionals, decent working conditions and the recognition of successful experiences and initiatives in nursing^(20,21).

A qualitative study carried out with 132 nurses

in the southeastern region of Brazil, highlights the appreciation and recognition of the role of nursing as essential objects for satisfaction with the work they do. The search for better working conditions, characterized by reduced working hours, increased salaries and respect for professional autonomy, are intrinsic and necessary for effective recognition and appreciation of the nursing profession⁽¹⁰⁾.

Autonomy in nursing is supported in the country by the legislation of the professional council that regulates the practice of the profession⁽²²⁾. However, the contrasting reality between what is regulated and the daily practice of professionals is evidenced by the lack of decision-making and leadership space for the profession in institutions^(10,23). A study carried out with representatives of nursing associations points out that gender issues and socio-economic factors are linked to the limited participation of the category in political struggles to gain more space and autonomy⁽⁹⁾. It is essential to encourage professional autonomy⁽²⁴⁾, promoting co-responsibility between health institutions, government actions and the individual stance of each professional, making them protagonists in their practice^(23,25).

It is worth mentioning that studies on autonomy in nursing are mainly related to Primary Health Care^(10,24,25) with few studies presenting or discussing the issue of autonomy in

tertiary care.

Possible limitations of the study are related to the small sample size and the fact that it came from a single institution, as well as the fact that the data was collected remotely, given that it was carried out in the first year of the Covid-19 pandemic. Face-to-face data collection could have stimulated the participation of a greater number of professionals in both the quantitative and qualitative stages.

CONCLUSION

In the perception of the nursing professionals under study, QWL is "satisfactory". The "physical/health" domain, related to issues of sleep quality and the work environment, obtained the worst score and the "personal" domain, referring to the professional's fulfillment of the work they do, the best score. It is understood that the socio-cultural characteristics of the nursing profession, as well as current challenges in professional practice, influence professionals' perception of the work process and its representativeness.

These results point to the need for measures to promote the health of nursing professionals in the workplace, through organizational strategies, as well as the appreciation and recognition of the nursing profession.

PERSPECTIVA DE ENFERMEIROS DA ÁREA HOSPITALAR SOBRE A QUALIDADE DE VIDA NO TRABALHO

RESUMO

Objetivo: avaliar a percepção dos trabalhadores de enfermagem que atuam em um hospital ensino sobre a qualidade de vida no trabalho e apreender os fatores que interferem na mesma. **Método:** estudo descritivo e exploratório com duas abordagens metodológicas, qualitativa e quantitativa, realizado com 60 trabalhadores de enfermagem de um Hospital Universitário na região sul do Brasil. Os dados foram coletados de junho a setembro de 2020, mediante questionário validado Quality of Working Life Questionnaire (QWLQ-bref) e entrevista semiestruturada. Para a tabulação, utilizou-se ferramenta no Microsoft Excel for Windows®. Os dados qualitativos foram submetidos a análise de conteúdo modalidade temática. **Resultados:** a qualidade de vida no trabalho (QVT) apresentou-se satisfatória (68,25%). Os relatos dos profissionais entrevistados evidenciaram fatores relevantes, como a sobrecarga de trabalho, baixa qualidade do sono e falta de reconhecimento e valorização social da profissão. **Conclusão:** a QVT alcançou índices satisfatórios. Contudo, faz-se necessário a criação de medidas para promoção da saúde destes profissionais dentro do ambiente de trabalho.

Palavras-chave: Qualidade de Vida; Enfermagem, Trabalho.

LA PERSPECTIVA DE LAS ENFERMERAS DE HOSPITAL SOBRE LA CALIDAD DE VIDA LABORAL

RESUMEN

Objetivo: evaluar la percepción de los trabajadores de enfermería que actúan en un hospital universitario sobre la calidad de vida en el trabajo y comprender los factores que la afectan. **Método:** estudio descriptivo y exploratorio con dos enfoques metodológicos, cualitativo y cuantitativo, realizado con 60 trabajadores de enfermería de un Hospital Universitario de la región sur de Brasil. Los datos se recopilaron de junio a septiembre de 2020, mediante un Cuestionario de Calidad de Vida Laboral validado (QWLQ-bref) y una entrevista semiestructurada. Para la tabulación se utilizó una herramienta en Microsoft Excel para Windows®. Datos cualitativos sometidos a análisis de contenido temático. **Resultados:** la calidad de vida en el trabajo (CVL) fue satisfactoria (68,25%). Los relatos de los profesionales entrevistados resaltaron factores relevantes como la sobrecarga de trabajo, la baja calidad del sueño y la falta de reconocimiento y valoración social de la profesión para la percepción personal de los profesionales sobre la CVL. **Conclusión:** La CVL alcanzó niveles satisfactorios. Sin embargo, es necesario crear medidas para promover la salud de estos profesionales dentro del entorno laboral.

Palabras clave: Calidad de Vida; Enfermería; Trabajo.

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