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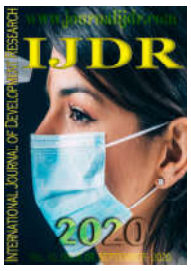

RESEARCH ARTICLE OPEN ACCESS

QUALITY OF LIFE AND RESILIENCE IN NURSING STAFF WORKING IN HOSPITALIZATION UNITS AND EMERGENCY DEPARTMENTS

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ABSTRACT

Background and objective: Advances in research on quality of life (QOL) may result in changes in healthcare practices. Despite being exposed to adverse situations, many healthcare professionals develop strategies and resources to stay healthy, the resilience (R), which can make them satisfied with the work environment and to significantly promote biopsychosocial well-being. The present study aims to assess QOL and R among nursing assistants, nursing technicians, and nurses working in hospitalization units and emergency departments and to perform a comparative analysis of QOL and R according to sociodemographic and professional variables. **Methods:** Quantitative, descriptive, correlational, and cross-sectional study. Data collection instruments (DCIs) consisted in a Questionnaire of Sociodemographic and Professional-related Variables (QSPV), the WHOQOL-Bref, and the Wagnild& Young Resilience Scale. The exploratory analysis of the data included mean, median, standard deviation, and variation for continuous variables, number and proportion for categorical variables, asymmetry, kurtosis, the Kolmogorov-Smirnov test, Mann-Whitney test and Spearman's Correlation Coefficient for the continuous and/or ordinal variables. **Results:** 203 participants, QOL scores indicate dissatisfaction with QOL, with no difference between categories, but high rates of R. Inferential analysis of QOL scores showed a significant difference in terms of age (higher in older professionals), sex (higher in men), and family income (higher for the range between BRL 1001 and 3000). The higher the R, the higher the QOL scores. **Conclusions:** The centrality work occupies in the lives of all categories of nursing professionals demonstrates the low scores in all domains of QOL. Resilience improves QOL.

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INTRODUCTION

Quality of life (QOL): The quality of life (QOL) concept is centered on the subjective assessment of individuals, including several conditions that can affect their perception, feelings, and behaviors regarding their daily lives in addition to their health condition. The literature is clear about the QOL of nursing professionals. Working activities are frequently carried out under inadequate conditions. Hierarchical relationships are conflicting, thus favoring stress.[1,2] These factors, in addition to excessive workloads, result in high rates of absenteeism, physical and emotional distress. The most affected professionals are the nursing technicians (NT), considering they provide direct care to patients; however, nurses (N) are also susceptible to changes in QOL, since they are the professionals with the lowest rate of absenteeism, in addition to being the only category that performs nursing care management.[3-5]Several instruments have been used to measure QOL, and most of them are mainly developed in Europe and in the United States of America, which requires translation and

cross-cultural adaptation. As for their application, these instruments can be divided into two large groups. Generic instruments, which are developed with the purpose of reflecting the impact of a disease on the patient's life and can be applied to several populations. They are used to assess the health profile and measures that indicate the patient's preference for a particular healthcare status, treatment, or intervention. Generic instruments, such as the World Health Organization to Access Quality of Life (WHOQOL), Medical Outcomes Study Short-Form Health Survey (SF-36), Quality of Life Index - Ferrans and Powers were translated and adapted to the Brazilian culture and have been used to assess QOL of the general population.[6,7] Specific instruments enable to precisely assess certain aspects of QOL, providing greater sensitivity in detecting improvement or worsening of the aspect under study. There must be no doubts when using these measurement instruments, in addition to considering their psychometric properties, which confer them reliability and validity. Researcher must clearly understand the concept to be measured, in such a way to correctly choosing the instrument to be used. An analysis carried out by the WHO Quality of Life Group has shown that it is possible to develop an applicable and valid quality of life measure to be used in different cultures[8] and, due to the need for short and fast-application instruments, the short version of WHOQOL-100 emerged, the WHOQOL-Bref, whose final version is composed of 26 questions[9]. In relation to QOL, advances in research may result in changes in healthcare practices and in the consolidation of new paradigms in the health/disease process, which shall contribute to overcoming the eminently biomedical model, which disregards socioeconomic, psychological, and cultural aspects of initiatives for promoting health care and its treatment and rehabilitation.[6,7]

Resilience (R): Within the context of work, resilience (R) is a constant process, marked by personal growth and development of the potentialities that people have for promoting health. Professionals must recognize their limitations in such a way they can partially ortotally minimize unnecessary stressors and, thus, create skills and make suggestions for improving their QOL and professional performance. In this context, workers who use their personal characteristics and physical and mental health are more likely to support the stressful workload, pressures, and responsibilities, thus becoming a resilient professional.[10,11] Despite being exposed to adverse situations, many healthcare professionals develop strategies and resources to stay healthy, which can make them satisfied with the work environment and, thus, significantly promote biopsychosocial well-being. Nevertheless, there are workers who suffer from functional diseases and are unable to keep their personal and professional perspectives. In this sense, resilience is linked to the understanding of risk and protection factors. Risk factors reduce the possibilities of overcoming deficiencies, but their impact is reduced via protective factors.[11,12]To promote resilience, a set of actions must be performed to satisfy the personal and professional needs of all team members of each unit. Authors, such as Rushton *et al.*[13] state that resilience can be apprehended because, for most professionals, it comes from their personality, optimism, self-efficacy, flexibility, hope, and spirituality[14,15]. According to them, all these aspects can be significant coping strategies and, therefore, healthcare professionals establish conscious connections with their patients – who, in their turn, give them recognition. This increases the professionals' occupational satisfaction, and their work is performed with high standards.[16,17]

Professional categories in nursing: There are several ways to categorize nursing professionals worldwide, according to criteria of each country. In Brazil, nursing is regulated by Law No. 7,498, of June 25, 1986.[18]It is defined as follows: […] Nursing is performed exclusively by the Nurse, the Nursing Technician, the Nursing Assistant, and the Nurse-midwife, respecting the respective degrees of qualification […].[19-23] The law categories are responsible for activities that consider the professional's degree of qualification. Nurses (N, university degree) are responsible for activities of greater complexity and theoretical/practical knowledge; Nursing technicians (NT, technical degree), for support activities; Nursing assistant (NA, nursing certificate issued by an educational institution), for activities of repetitive nature.[22]

To assess QOL and R among NA, NT, and N working in hospitalization units (HU) and emergency departments (ED), to perform a comparative analysis of QOL and R according to sociodemographic and professional variables and considering the importance and the scarce scientific production on this issue, especially in the nursing literature, this discussion becomes relevant, since its concept is operative, innovative, and current in reflections on the work process in health care[24,25].

METHODS

Design: This is a quantitative, descriptive, correlational, and cross-sectional study.

Study participants and data collection: The study population consisted of all NA, NT, and N of Hospitalization Units (HU) in a teaching hospital (Hospital de Base - HB), and Emergency Departments (ED) that included all Emergency Care Units (from Portuguese, Unidades de Pronto Atendimento – UPA) of the municipality of São José do Rio Preto, in the State of São Paulo – Brazil, namely two ED of HB: Emergency of Health Insurance Services (Emergência Convênio -EC) and Emergency of the Brazilian Unified Health System (Emergência do Sistema Único de Saúde - E-SUS). Data were collected after scheduling a meeting with managers of the departments, to whom the researchers explained the objectives of the study and delivered the data collection instruments (DCIs) and the Informed Consent Form, from August to October 2019. Such were forwarded to the professionals under their responsibility; afterwards, the managers collected the material in separate and sealed envelopes to preserve the study participants' anonymity. We excluded NA, NT, and N who were taking a vacation and/or leave of absence for any reason. The sample consisted of 25 (twenty-five) NA, 99 (ninety-nine) NT, and 79 (seventy-nine) N.

Survey instruments: For data collection, we used three self-applicable DCIs: Questionnaire of Sociodemographic and Professional-related Variables (QSPV), developed by the researchers, containing closed-ended questions about sex, age, marital status, number of children, and family income, in terms of sociodemographic variables, and professional category, work department, work institution, workload, work shift, and academic degree – the latter only applied to N; World Health Organization Quality of Life Instrument (WHOQOL-Bref, a generic and abbreviated version of the WHOQOL)[26],

considering that for our study, levels below 70 were deemed as dissatisfaction with QOL, and those above 70, as satisfaction with QOL; Wagnild& Young Resilience Scale, developed by Wagnild& Young[27], one of the few instruments used to measure levels of positive psychosocial adaptation in the face of important life events, with 25 items positively described with a Likert-scale type of response ranging from 1 (strongly disagree) to 7 (strongly agree); moreover, scale scores range from 25 to 175, and high values indicate high resilience.

Data analysis: The exploratory analysis of the data included mean, median, standard deviation, and variation for continuous variables, and number and proportion for categorical variables. The normal distribution of continuous variables was analyzed by asymmetry, kurtosis, and the Kolmogorov-Smirnov test. Comparison of ordinal variables between two groups was performed using the Mann-Whitney test, and between three groups by using the Kruskal-Wallis test. Correlation analysis between QOL and R was performed using Spearman's Correlation Coefficient. Statistical analysis was performed using the IBM-SPSS Statistics software, version 24 (IBM Corporation, NY, USA). All tests were of the two-tailed type, and p values < 0.05 were considered significant.

Ethical considerations: The study was approved by the Research Ethics Committee of Faculdade de Medicina de São José do Rio Preto [Medical School of São José do Rio Preto] (CEP-FAMERP), under the opinion (CAAE) no. 89714418.0.0000.5415.

RESULTS

Sociodemographic and Professional Characteristics: Of the 203 professionals we analyzed in the study, 165 (81.3%) were women, 119 (58.6%) with up to 39 years of age, 126 (62.1%) have a partner, 125 (61.6%) have one child or more, and 134 (66.0%) have family income higher than or equal to BRL 3,000. As for the professional category, 99 (48.8%) were NT; 79 (38.9%), N; and 25 (12.3%), NA. Of them, 59 (29.1%) worked in HU and the others in ED, with 89 (43.8%) working in UPA and 55 (27.1%) in HB emergency departments. A total of 42 (20.7%) worked up to 30 hours a week; 136 (67.0%), between 31 and 44 hours; and 25 (13.1%), over 44 hours a week. Among the professionals, 102 (50.2%) worked on the morning/afternoon shift; 60 (29.6%), on the night shift; and 41 (20.2%), on more than one shift. As for the academic degree, of the 79 N (38.9%), 8 did not answer this question (10.1%). Among the 71 respondents, 64 (81.0%) had a specialization degree (42 participants with one degree and 22 with two or more degrees); 6 had a Master's Degree; and 1 had a PhD Degree.

Descriptive analysis of QOL (WHOQOL-Bref) and R (Wagnild& Young Resilience Scale): The QOL analysis demonstrate levels that indicate dissatisfaction with QOL. Among the four domains, we found the lowest score for the Physical domain, and the highest score for the Social Relationships domain. For R, we observed high rates.

Comparative analysis of QOL and R between N, NT, and NA, according to sociodemographic and professional variables : We found no significant different between the three categories of professionals according to the comparative analysis of QOL. We found the same result for R, as demonstrated in Figure 1 (p > 0.05, Kruskall-Wallis test).

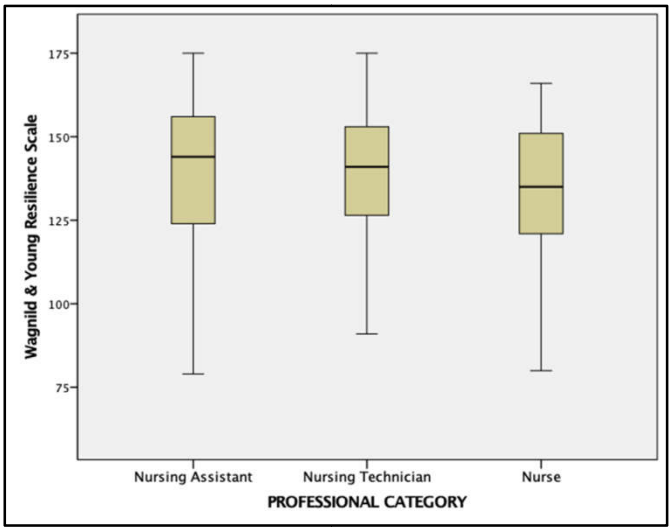

Figure 1. R per professional category, according to the Wagnild& Young Resilience Scale (n = 203)

Since there were no differences in QOL and R scores between the three professional categories, we proceeded with the analysis of the sample as a whole, seeking possible associations with sociodemographic and professional data.

Inferential analysis of Quality of life (QOL): The inferential analysis of QOL scores showed a significant difference regarding age (higher in older professionals) in the Psychological (p = 0.026) and Social Relationships (p = 0.004) domains; sex (higher QOL in men) in the Physical (p = 0.049), Psychological (p = 0.007), and Social Relationships (p = 0.005) domains; family income (higher for the range between BRL 1001 and 3000) in the Psychological (p = 0.026) domain; and workload (higher for those who work up to 30 hours a week) in the Environment domain (p = 0.021).

Inferential analysis of Resilience (R): Likewise, the inferential analysis of R scores demonstrated a significant difference in terms of age (higher in older professionals, p = 0.034) and in terms of work department (higher among professionals working in the emergency department, p = 0.008).

Table 1. Analysis of correlation between QOL and R (n = 203)

	R, Wagnild& Young Resilience Scale	p values
	Coefficient *r**	
QOL, domains of WHOQOL-Bref		
Physical	0.453	< 0.001
Psychological	0.559	< 0.001
Social Relationships	0.414	< 0.001
Environment	0.395	< 0.001

R, *Resilience*
QOL, *Quality of Life*
*Spearman's Correlation Coefficient.
WHOQOL-Bref, *World Health Organization Quality of Life – Bref.*

Correlation analysis between QOL and R of N, NT, and NA: Analysis of possible correlations between QOL and R showed a positive, statistically significant correlation between all QOL domains (p < 0.001), according to WHOQOL-Bref, and R, as we show in Table 1. Therefore, the higher the R, the higher the QOL scores.

DISCUSSION

Considering that nursing workers face more psychological suffering than the general population, since they are exposed to several factors that generate distress, work-related QOL is an increasingly interest issue, given the importance of personal, environmental, and organizational aspects involved in the work context[10]. Our results concerning sociodemographic data of this sample are corroborated by other studies[28,29].There is no relevant predominance as for age group, and the predominance of women refers to the very historical origin of nursing, an occupation historically and mostly performed by women, and which persists nowadays[30]. The marital status "have a partner" and having children stood out among the research subjects, which is a common result[28,29], although concerning, since women's double burden is implicit, at work and at home when dealing with domestic chores and raising their children[30]. We also found family income within a range compatible with the occupation in Brazil[31]. The predominant amount of working time, from 31 to 44 hours a week, is due to the current reality of the market and the capitalist society, with overwork and working in unusual hours. Nevertheless, most of the research subjects do not exceed the maximum limit of working hours for nursing professionals, and, in theory, they have time to develop other personal activities, such as leisure-related ones, that promote health and QOL[30].

Dissatisfaction with QOL of the sample professionals corroborates results found in the literature, according to which, as a rule, nursing professionals have their QOL severely compromised due to their work, and healthcare workers have been constantly pointed out as a group at risk for physical and mental illness. In their daily work, healthcare professionals deal with people or groups facing extreme and complex situations, *e.g.*, sexual violence, hunger, abandonment, misery, among others, which can generate distress and contribute to the emergence of functional disorders[32]. The lack of difference in QOL scores between the three professional categories may be explained by the fact that, although with different degrees of involvement and responsibility, resulting in different levels of exposure[33], the three categories are exposed to the same stressors in the work environment, which is shared by all of the professionals. One of the most stressful dimensions is mainly related to coping with the reality of human suffering, especially prior to the dying process, rather than death itself. This is due to unfulfilled expectations and regret for not being able to prevent an inevitable death, which becomes a great source of stress, affecting the professionals' ability to act. A second factor of greater stress is due to patients and their families. The continuous interaction, the lack of cooperation and understanding, and the professionals' feeling of unpreparedness to deal with the different emotional needs of patients and family members generate feelings of anger, fear, and disappointment in the nursing team, leading to high levels of stress. According to the literature review, the risk of physical and psychological violence on the part of abusive patients and family members is highly stressful[1,2].

We verified the lowest level of dissatisfaction with QOL in the Social Relationships domain. The heavy workload, working on weekends and at night shifts make these professionals to background their social life due to difficulty in having compatible schedules with people from their social circle, in addition to not having much time for leisure activities and for engaging in activities with their family[34]. We found the highest level of dissatisfaction with QOL in the Physical domain. It is known that nursing is a profession that requires great physical effort, such as standing for long periods, repeated movements of the hands, frequently walking, and manual work; there is a high prevalence of musculoskeletal pain, especially in the shoulder, neck, and lower back regions, which is influenced by the work pace, time pressure, and the small number of employees required to meet the demand, factors related to the organization of work[35-38]. The highest QOL among older professionals, which we found in the Psychological and Social Relationships domains, may result from professional experience and working achievements such as position, income, and job satisfaction. Although younger nursing professionals may have a wider network of social and interpersonal relationships in relation to older professionals in the field – which, in theory, could confer them the maintenance of QOL predictors[38], older nursing professionals have longer and more satisfying relationships, thus benefiting from their positive influence on QOL. Nevertheless, we must consider their less extensive social circle due to responsibilities assumed throughout their lives and the day-to-day physical and mental fatigue in addition to considering that their social relationships become almost restricted to the family environment.

With a predominant sample of women, professionals who have a partner and children, although with a workload of up to 30 hours a week and who predominantly work in the morning shift, the association between working activities and domestic chores can be exhausting, causing both physical and mental distress[30], hence, there is a lower dissatisfaction with QOL among men in the Physical, Psychological, and Social Relationships domains, since domestic chores and raising children are still predominantly female tasks. Remuneration is responsible for work performance, motivation, and job satisfaction, being mentioned as a cause of concern and dissatisfaction at work if falling short of the ability to meet personal needs[39]. In the study conducted by Silva *et al.*[27], remuneration was the component of greatest professional satisfaction attributed to nursing assistants and technicians, which was also found for other teams of nursing technicians and managers[40]. In the Psychological domain, we found QOL with lower dissatisfaction score among professionals with a family income between BRL 1,001 and 3,000. This can be explained because the wage level of N, which is the category with the highest remuneration among the three studied ones, is BRL 3,139.69 (average of the 2020 minimum wage for agreements, collective conventions, and labor disputes); the median average we found in our research was of BRL 3,152.00, considering professionals from all over Brazil[31].

Concerning heavy workloads, in addition to emotional distress, there is also physical distress due to shift turnover, extra night shifts, 12-hour workload, extra shifts during weekends and holidays, lack of regularity when having meals, and physical burden[38], which explains a lower QOL score and dissatisfaction in the Environment domain among professionals who work 30 hours a week. Although research on the relation between R and occupational environments still has a limited scope, R is often mentioned in the context of nursing practice. There is growing evidence that resilience is not a static or inherent characteristic, but a contextual and dynamic process[41], and the term "resilience" is commonly used to describe the ability to turn challenges into opportunities and to learn from demanding situations[42]. In a

deficit-oriented health system, with numerous stressors, it can be challenging to develop a strength-based resilience approach to face individual and structural adversities. They can seem insurmountable. However, a collective and proactive approach is powerful and efficient. If we want to make a difference in the health and well-being of patients, care providers, and the workforce, we must work together to make positive changes at all levels– individual, organizational, and professional. As Braithwaite *et al.*[43] state that we may not only identify mistakes and correct them, but also adopt a proactive approach to create strengths and ensure the work goes well from the beginning[44].

The high rates of R, with no significant difference between the three categories of professionals, can be directly related to the nursing professionals' passion and interests, which motivate them dealing with adversities in the workplace, the pride and value in their professional role, and satisfaction with their career. The sense of value in the nursing profession significantly influences professionals in dealing with adversities in the workplace[45,46]. R scores may differ according to years of professional experience. Mills *et al.*[47] suggest that R scores are higher in the first year after graduation, but slightly decrease until stabilizing from about three to five years, which is in line with our data on higher R rates among older professionals. This factor favors the development of individual attributes that can be used to promote resilience, among them: work organization and work-life balance as conscious strategies, self-sufficiency mechanism, positive thinking, emotional intelligence, passion and interest, as self-efficacy strategies[47]. Mindfulness is the process of focusing on an experience that occurs in the present in a non-judgmental way, which is especially important for nursing professionals to organize themselves and deviate from highly charged situations, in addition to reflecting, learning, and moving on. Thus, mindful nursing professionals can organize and mentally retreat themselves to think about what is happening and what can be done[48].

Hence, organization of work is used as a conscious strategy by nursing professionals to improve their resilience at work in the form of flexible working hours (reducing the workload or refusing to work double shifts or extra hours), less work demands (shifting to a less physically-demanding nursing practice, limiting exposure to heavy manual work, with deliberate resting and relaxation periods to recover themselves out of the work environment), greater personal autonomy (greater control over work), working in interesting and specialized positions, greater coping resources, and insights on the ability to recognize stressors[49,50]. It is worth noting that less work demands and greater coping resources can improve psychological[51], while personal autonomy improves competence and control over work[49]. Nursing professionals who have personal autonomy in relation to their work are able to focus on providing person-centered assistance and on a significant professional involvement with their patients; consequently, they achieve higher levels of confidence, effectiveness, and job satisfaction[49]. The balance between professional and personal life as a conscious strategy can be used to reduce stress in the workplace among nursing professionals[47], moreover, it assists in preventing feelings of emotional distress and promotes well-being[51,53]. Overall, the identification of the main occupational stressors in nursing are related to specific departments or contexts of work, such as Intensive Care Units (ICU)[54], Emergency Departments[54], and Specialized Services such as Psychiatric or Primary Care Services[55]. If, on the one hand, ICU can be considered a stressful work environment for professionals[56], on the other hand, ICU and ED are the sectors with the largest number of nursing professionals, whether in the public network or in private hospitals, since it is perceived as the most critical sector, which allows a better quantitative and qualitative allocation of professionals. The performance of these nursing professionals is noteworthy; in the midst of adversities related to their jobs and accentuated physical and mental demands, they perform their work activities by personal and professional affinity/satisfaction, which is translated into benefits for patients, for the workplace, and for themselves, since, once professionals identify with their performance and recognize themselves personally and professionally satisfied, their R increases and the risk of compromising their QOL is reduced[57], which explains the positive correlation between QOL and R, *i.e.*, the higher the R, the higher the QOL scores.

We highlight that providing care is the heart of the nursing profession, and nurses are responsible for providing adequate, resolutive, ethical, and humanistic care to patients. When the consequences of this work become suffering, the performance of necessary and effective actions for the quality of this care is compromised[35-37,58]. Physical illness permeates numerous dimensions, from the way the service is organized, the number of professionals, and infrastructure to the way professionals work with the patients. Noteworthily, nurses, nursing technicians and assistants, nursing and medical students, physicians, and support services may often lack the required skills for dealing with patients' demands, and these professionals frequently feel unprepared to do so[35-37]. Thus, it is necessary to rethink the continuous training of healthcare professionals, considering that this field is broad, comprises several specific areas, and that professionals themselves must be attentive to the development of skills and abilities that help them working wherever required. A first step for changing this insight into guidelines for educating nursing professionals and future healthcare providers should be focusing on a reliable culture of learning, in the work and learning environments[59]. This could favor what Rusthon*et al.*[60] describe as moving from victimization to empowerment. By taking this step, nursing professionals and students can mature and gain the ability to take care of themselves and their patients in a continuous process of learning and generation of resilience. Resilience is not merely an individual's responsibility; it is a shared social responsibility[61]. In addition to creating individual and environmental resources in adverse situations, it is also necessary to address the structural and systemic factors that cause stress and adversity[62]. Indisputably, this is a much bigger challenge; nevertheless, resilience does not consists in waiting for people to deal with increasingly difficult situations. Causes of stress and adversities need to be reduced or removed whenever possible. Finding ways to overcome adversities in health care is a shared responsibility[59].

Limitations of the study: The possible limitations of our study are related to the scope of our study population, which did not comprise all nursing professionals, and to the fact our study location only consisted in some of all HU of HB, which made it unfeasible to fully know the entire population under study; moreover, since it is a teaching hospital, participants may not have been very collaborative due to the large number of research carried out in this place. Although the study was carried out in only one hospital, the reality portrayed in the

research is unique, since we sought to demonstrate the perception of individual experiences.

Conclusions

The low scores in all domains of QOL show that the general QOL of nursing professionals is influenced by physical and psycho-emotional factors involved in the complex work relationships to which all professionals are exposed when developing their care and management practices. This highlights the centrality that work occupies in their lives and how important it is in the process of personal and professional self-realization. Resilience contributes to the readiness of nursing professionals in providing care. A reliable culture of educational learning promotes the development of resilience, in such a way that nursing educators can support the development of resilience in their students, future nursing professionals, at the three professional categories. Considering that organizational commitment is associated with job satisfaction and with the work environment, organizational and unit managers can increase employee participation in decision-making and give them the opportunity to become aware of their value, in other words, strongly supporting nursing professionals, providing access to resources, and creating new perspectives concerning strategies to increase their quality of life, organizational commitment, and job satisfaction, taking them to a position of health stakeholders. The improvement in communication and cooperation, establishment of participative management, and the enhancement of workers' strengths/skills shall also be complementary to the maintenance of a healthy organizational structure.

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