

Profile of nurses from Cape Verde/Africa: the influencing factors of life quality

Perfil dos enfermeiros de Cabo Verde/África: fatores que influenciam a qualidade de vida

Perfil de enfermeras del Cabo Verde/África: factores que influyen en la calidad de vida

Deisa Salyse dos Reis Semedo;¹ Marlene Teda Pelzer;² Jeferson Ventura;³ Saul Ferraz Paula;⁴ Ana Suzete Baessa Moniz;⁵ José António Cabral Semedo⁶

How to quote this article:

Semedo DSR, Pelzer MT, Ventura J, Paula SF, Moniz ASB, Semedo JAC. Profile of nurses from Cape Verde/Africa: the influencing factors of life quality. *Rev Fun Care Online*. 2018 oct/dec; 10(4):945-950. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i4.945-950>

ABSTRACT

Objective: Herein, our main goal has been to describe the profile and factors that influence the life quality of nurses working at a large hospital in Cape Verde, Africa. **Methods:** It is a simple descriptive research with a quantitative approach. There were 40 nurses participating. Data collection was carried out from June to July 2015, and then analyzed with the Statistical Package for Social Science (SPSS) version 20.0. **Results:** 72.5% were female and 27.5% were male, 40% were in the age group from 36 to 45 years old, and 52.5% were single. Regarding the influencing factors of life quality, 19.4% were related to low income, 15.7% were related to working conditions and motivation, 13.1% were related to workload and stress. **Conclusion:** Considering the influencing factors of nurses' life quality, it was possible to identify the need for changes in order to provide both better working conditions and income for the nurses from Cape Verde.

Descriptors: Nurses, life quality, Cape Verde, nursing.

- 1 Nursing Graduate, Master's Degree in Public Health, Doctor's student enrolled in the Nursing Postgraduate Program at *Universidade Federal do Rio Grande (FURG), Rio Grande (RS), Brazil*; Professor at Universidade de Cabo Verde, Cape Verde, Africa.
- 2 Nursing Graduate, Doctor's Degree in Nursing, Professor of both the Nursing School and the Nursing Postgraduate Program at *Universidade Federal do Rio Grande (FURG), Rio Grande (RS), Brazil*.
- 3 Nursing Graduate, Master's Degree in Nursing, Doctor's student enrolled in the Nursing Postgraduate Program at *Universidade Federal do Rio Grande (PPGENF/FURG), Researcher GEPEFES CNPq, Rio Grande (RS), Brazil*.
- 4 Nursing Graduate, Master's Degree in Nursing, Doctor's student enrolled in the Nursing Postgraduate Program at *Universidade Federal do Rio Grande (PPGENF/FURG), Rio Grande (RS), Brazil*.
- 5 Nursing Graduate, Master's student enrolled in the Nursing Postgraduate Program at *Universidade Federal do Rio Grande (PPGENF/FURG), Rio Grande (RS), Brazil*.
- 6 Nursing Graduate, Leader of the Extensão *Trindade do Hospital Agostinho Neto (HAN), Cape Verde, Africa*.

RESUMO

Objetivo: Descrever o perfil e os fatores que influenciam a qualidade de vida dos enfermeiros de um hospital de grande porte de Cabo Verde/África.

Método: Pesquisa descritiva simples com uma abordagem quantitativa. Participaram 40 enfermeiros. Os dados foram coletados em junho e julho de 2015, analisados com o programa Statistical Package for the Social Science (SPSS), versão 20.0. **Resultados:** 72,5% são do sexo feminino e 27,5% do sexo masculino, 40% estão em uma faixa etária entre 36 a 45 anos, 52,5% são solteiros(as). Dos fatores que influenciam a qualidade de vida, 19,4% referiram a baixa remuneração, 15,7% condições de trabalho e motivação, 13,1% carga horária e estresse. **Conclusão:** A partir dos fatores que influenciam a qualidade de vida dos enfermeiros foi possível identificar a necessidade de mudanças com o intuito de fornecer melhores condições de trabalho e renda para os enfermeiros cabo-verdianos.

Descritores: Enfermeiros, Qualidade de Vida, Cabo Verde, Enfermagem.

RESUMEN

Objetivo: Describir el perfil y los factores que influyen en la calidad de vida del personal de enfermería en un hospital grande Verde-África del Cabo. **Método:** Investigación descriptiva simple con un enfoque cuantitativo. Con la asistencia de 40 enfermeras. Los datos fueron recogidos en junio y julio de 2015, se analizaron con el paquete estadístico para las Ciencias Sociales (SPSS) versión 20.0. **Resultados:** El 72,5% son mujeres y el 27,5% hombres, 40% están en el grupo de edad entre 36 a 45 años, el 52,5% son solteros (as). Los factores que influyen en la calidad de vida, el 19,4% informó de un salario bajo, 15,7% las condiciones de trabajo y la motivación, el 13,1% de carga de trabajo y el estrés. **Conclusión:** A partir de los factores que influyen en la calidad de vida de las enfermeras fue posible identificar la necesidad de cambio con el fin de ofrecer mejores condiciones de trabajo e ingresos para los caboverdianos enfermeras.

Descritores: Enfermeros, Calidad de Vida, Cabo Verde, Enfermería.

INTRODUCTION

Work throughout the history of mankind has occupied most of the individual's life. Originally, this activity, whose purpose was to meet the basic needs of subsistence, became an essential point in the life of the human being, especially after the Industrial Revolution. Thus, the man devotes most of his time to work to the detriment of other activities and living with family and friends.¹

The changes brought about in the world of work can have negative repercussions on the worker's life. In this way, the challenge arises of synchronizing the professional's well-being with the goals of the organizations. In this scenario, the interest for quality of life at work emerges as an alternative to achieve this synchronization.² Among the relationships that are part of the life quality, it is believed that the work is related to a better well-being, social satisfaction and professional. Therefore, there seems to be an intimate relationship between how the worker is involved in the work process and how he or she lives and is healthy.

Research regarding the life quality in health has increased over time. This may be related to the new patterns that have influenced policies and practices in this area. Thus, the World Health Organization⁴ defined quality of life as "the individual's perception of their position in life, in the cultural context and in the value system in

which they live and in relation to their goals, expectations, standards and concerns".⁵

Nevertheless, the life quality at work is a relatively recent topic, but one that already has repercussions on studies of work organization. Usually, it is associated with job satisfaction, but it has implications for worker's biopsychosocial well-being, determining, in addition to the quality of services provided, increasing productivity in organizations. In the health area, especially the nursing professionals face stressful situations in their work environments, since, among the health team, the nurse is the professional that has continuous contact with the patient and their relatives, as they provide direct care to the patient, then being responsible for administering medicines, hygiene, food, guidelines, among other activities.⁶

At work there are different risk factors for worker's illness, such as high psychological, social and physical demands that compromise the life quality of the nursing professional. Based on this assumption, the importance of knowing these factors and ways of mitigating these impacts is emphasized. In this context, this article seeks to describe the profile of the nurses of the *Hospital Agostinho Neto* and the factors that can influence their life quality.

METHODS

The study was conducted in Cape Verde, which is an archipelago of 4,033 Km², located on the West African Coast in the Atlantic Ocean, which has about 500,000 citizens and is formed by ten islands.

It is a simple descriptive research with a quantitative approach. The non-probabilistic (accidental) sample comprised by 40 nurses of the Emergency Services of Adult, Medicine, Neonatology and Psychiatry from the *Hospital Dr. Agostinho Neto (HAN)* in Cape Verde. The HAN is located in the historic center of Praia city - Cape Verde, in the Southeast region of Santiago Island, Plateau area and belongs to the village of *Nossa Senhora da Graça*. It is the largest hospital unit in Cape Verde, reference for all the population of the country. It is a public business entity, under the supervision of the Health Ministry, providing a service of great social relevance, providing full assistance, and also providing differentiated care services to the entire population of the Santiago Sul Health Region with about 153,735 citizens.

The official capacity of the HAN is 348 hospitalization beds, such as Medical, Pediatric, Gynecology, Obstetrics, Neonatology, Surgery, Ortho-Traumatology and Psychiatry wards. The HAN has a multidisciplinary team in the area of human resources comprised by 159 active nurses.

Data were collected through a questionnaire containing questions about, as follows: sex, age, marital status, number of children, time of profession, academic degree, function performed, workload, income and factors that can influence the professionals' life quality. Data were analyzed through statistical methods, using the Statistical Package for the Social Sciences (SPSS) version 20.0, where a database was established with the insertion of data collected from the

participants of the research and analyzed according to the analysis descriptive statistics.

The research project was approved by the *Comissão Nacional de Ética em Pesquisa para Saúde de Cabo Verde (CNEPS)* [National Commission of Ethics in Research for Health of Cape Verde] under Deliberation No. 27/2015. The authorization of the HAN management was also requested, as well as the signing of the consent term informed to the nurses.

RESULTS AND DISCUSSION

We have interviewed 40 nurses working in four services at the *Hospital Dr. Agostinho Neto* in Cape Verde. **Table 1** shows the data referring to the sociodemographic characterization of the nurses that participated in the study. It was observed that the majority is female (72.5%) (n = 29), in the age group ranging from 24 to 56 years old, with an average of 38.4 years old, the median of 38 years old and the mode of 32 years old, With the majority of nurses 40% (n = 16) in the range of 36-45 years old. Regarding marital status, more than half of the nurses are single, corresponding to 52.5% (n = 21). Regarding the number of children, 90% (n = 36) of nurses have between 0 and 3 children. Regarding the academic degree, 55% (n = 22) of the nurses are licensed and there is no nurse bearing a Doctor's Degree.

Table 1 - Nurses' Description

Characteristics	n	%
Sex		
Female	29	72.5
Male	11	27.5
Age (years old)		
[24 to 35]	15	37.5
[36 to 45]	16	40.0
[46 to 55]	8	20.0
[≥ 56]	1	2.5
Marital Status		
Single	21	52.5
Married	9	22.5
Stable Union	7	17.5
Widower	2	5
Divorced	1	2.5
Children		
[0 to 3]	36	90
[4 to 7]	2	5
[8 to 12]	2	5
Academic Degree		
Licensed	22	55
General Nursing	14	35
Master	4	10
Doctoral	0	0

Source: Research Data.

Table 2 presents the professional characteristics of nurses. As for the duration of the profession, most 70% (n = 28) have between 1 and 15 years of service. Regarding the professional category, more than half of the Nurses 80% (n = 32) are General Nurses, and 87.5% (n = 35) corresponds to the nursing staff (those that work on a rotating scale). Regarding the workload or work scale, 52% (n = 21) corresponds to the scale of afternoon shift (5 h), morning shift (7 h), evening shift (12 h), time off (31 h) and 85% (n = 34) of the nurses have a second job.

Related to wage satisfaction 72.5% (n = 29) of nurses are dissatisfied and 7.5% (n = 4) are satisfied with their income.

Table 2 - Nurses' Professional Characteristics

Characteristics	n	%
Time Practicing the Profession		
[1 a 15]	28	70.0
[16 a 25]	9	22.5
[26 a 35]	3	7.5
Professional Category		
General Nurse	32	80.0
Graduated Nurse	8	20.0
Assistant Nurse	0	0.0
Principal Nurse	0	0.0
Job Position		
Nursing Supervisor	2	5.0
Service Responsible	3	7.5
Shift Nurse	35	87.5
Work Scale		
Afternoon shift (5 h), Morning shift (7 h), Evening shift (12 h), Time off (31 h)	21	52
Morning/Afternoon shift (12 h); Evening shift (12 h); Time off (24 h)	15	37.5
Morning shift (8 h)	4	10
Second Job		
Yes	6	15
No	34	85
Income		
Unsatisfied	29	72.5
Just a little satisfied	4	10
Very satisfied	4	10
Satisfied	3	7.5

Source: Research Data.

Table 3 displays the factors that, according to the participating nurses, influence their life quality. At the top of the list is income dissatisfaction 19.4% (n = 28), and the sleep time appears at the last position with 9.5% (n = 14).

Table 3 - The Influencing Factors of Life Quality

The Influencing Factors of Life Quality	Frequency	Percentage (%)
Motivation	22	15.7%
Stress	19	13.1%
Workload	24	16.4%
Sleep	14	9.5%
Work Safety	15	10.2 %
Income	28	19.4%
Working Conditions	22	15.7%
Total		100

Source: Research Data.

Considering the nurses' gender, there was a predominance of the female sex, a fact that can be explained by the cultural feminization of the nursing profession. Although this profile may be changing in recent times, it still retains an essentially feminine profession, related to the care of the other. It can also be explained by the historical path of nursing, which maintains direct connections with the social history of work, women and the culture of care, was responsible for resizing care and expanding the boundaries of the nurse's role, which have been seen beforehand in a limiting way, as practices to be performed exclusively in hospital spaces or by women, because, culturally, care is linked to the role of women in society from an early age.⁷

The average age of the nurses was 37.1 years old. These data show a nursing team relatively young adults, which would be the expected profile for this unit of care, since they are services that require high level of energy, agility and physical effort, characteristics more common in young people. These data were similar to the study performed at an Emergency Care Mobile Service in *Belo Horizonte*, Brazil.⁸

Regarding marital status, more than half (52.5%) were single, divergent data from several similar studies, where the results have shown that most nurses are married,⁹⁻¹¹ in which almost the total number of nurses were married. Regarding the number of children, the majority of the nurses have between 0 to 3 children. Studies refer to the majority of nurses in full productive capacity and/or with children. The number of children and the nurses' marital status do not interfere with their work activities, as they perform their work with dynamism and efficiency.⁹

Concerning the academic degree, the majority is licensed 55% (n = 22). It is verified that nurses have been seeking more and more qualification, since Cape Verde has been demanding a greater degree of technical and scientific knowledge in the training of nurses, thus betting on a better training of nursing professionals. In the last decades, the profession underwent several changes in the Country, the Nursing Course has been approved and regulated in February 1912 by provincial regulation No. 45.¹² Although at the postgraduate level the percentage is insignificant when compared with studies from other countries.¹¹

Regarding the time practicing the profession, the majority 70% (n = 28) has 1 to 15 years of service. These results are in agreement with the results of a survey carried out in a university hospital in Brazil on the nurses' life quality, in which 81.2% have 0 to 20 years of training.¹⁰

Observing the professional category, the majority with 80% (n = 32) corresponds to the category of General Nurse, this predominance can be justified by the fact that the Health Ministry of Cape Verde until now did not hold a recruitment competition for the new nurses in the category of graduates. Compared to this data, in a survey carried out in Brazil, in relation to the professional category, it was identified that 46.51% are nursing technicians and only 13.18%, nurses.⁹

About the role of nurses in services, the majority of nurses (87.5%) work as nurses on the shift, with a rotating scale of afternoon shift (5 h), morning shift (7 h), evening shift (12 h), and time off (31 h). The results go against other research.¹⁰ According to a particular study, the role performed by the nurses does not interfere with their life quality.⁹

In relation to having a second employment relationship, in the present sample it corresponds to 15% (n = 6), which is in line with the results of an integrative literature review, whose objective was to identify the factors that influence nurses' life quality, who work in hospital institutions. This way, 35.66% had more than one job⁹ and often this option is related to dissatisfaction with the remuneration 72.5% (n = 29), forcing the majority of nursing workers to stay in the environment of health services most of the time of their productive lives.¹³

The nurses also highlighted the low income as a contributing factor in the reduction of the life quality, since the need to have more than one employment bond leads to an exhaustive workload and a physical and psychic burnout of these professionals.¹⁴

Regarding the factors, eight were mentioned, according to the nurses, influencing the life quality. Most of the nurses referred to the income as one of them, followed by working conditions and motivation with 15.7% (n = 22), workload and stress with 13.1% (n = 19), work safety with 10.2% (n = 15), sleep with 9.5% (n = 14) and the minority, with 3.3% (n = 5), the working day.

At the top of the list is income as the factor that most influences nurses' quality of life, followed by the working conditions. These results are in agreement with an integrative review, in which the results demonstrate the existence of nursing professionals' dissatisfaction with work, mainly due to the non-recognition of the professional's efforts, overlooking the profession and the precarious conditions that the nurse exposes in the development of the work process. The income is related to the life quality because the man develops an economic activity not only to meet his needs, but also for the acquisition of goods and services. This will influence the motivation of the nurses in the practice of their function, since the professional recognition is a propellant for the motivation in the work, being able to be obtained from praise of the leaders, co-workers, patients and relatives, as well as of the respective income.^{9-10, 13}

The nurses considered the stress as a factor that influences their life quality. Occupational stress causes significant physical and mental exhaustion, is directly related to the life quality of the professional and the quality of the services performed.¹⁵ Research highlights that the exacerbated emotional tension can trigger in the individual signs and symptoms, such as: fatigue, insomnia, hypertension, psychiatric disorders, among others.¹⁶ Several authors,^{9,17-19} argue that the environment and working hours, physical and emotional overload, human resources, institutional link and remuneration, suffering and death, interpersonal relationship and work-family interaction, among others, are examples of inducing factors of stress at work.

The workload was indicated by 13.1% (n = 19) of respondents as a factor that influences the life quality. Within the hospital institutions, there are workloads that cause the physical and mental exhaustion of nursing professionals. These situations generate conflicts of feelings, affecting the health of the worker, presenting itself in the form of stress.^{20,21} In this way, it is important that managers are concerned about the working conditions they offer their employees, aiming to provide factors that contribute positively to both the conditions and the life quality of the workers.²²

Sleep is characterized by the reduction of the response to stimuli of movement and posture of each species, being fundamental to the human organism, by the direct impact on aspects of physiology and human behavior, and when in deprivation, can result in damages to the health of the people. It was a factor that has been referred by the nurses as influencing their life quality.²³

CONCLUSION

This research allowed drawing a profile of the nurses that work in the main Hospital of Cape Verde, Africa. Furthermore, it was possible to create a relation between these profiles and their influence on the nurses' life quality.

It was found that the central influencing factors of life quality were the following: income, motivation, working conditions, stress and the high workload. Among these, it was possible to verify that the nurses' remuneration was considered the factor that most influences their life quality.

It is necessary to consider the complexity of the thematic covered, the life quality, since it reflects in the individual conditions and values, which can be modified according to the characteristics of a certain moment in the people's life. Nonetheless, the analysis of the sociodemographic factors associated with factors that influence the life quality, provides the necessary support for the implementation of changes in living and working conditions, then reducing the gap between the personal expectations and the work reality of these professionals.

Therefore, by knowing the factors that can influence the life quality of nursing professionals living in Cape Verde, it has allowed us to identify that those factors were similar when compared to other countries. Moreover, it was possible to identify the need of emerging changes that must

be grounded by the public power, in order to provide both better working conditions and income for the nurses from Cape Verde, then reflecting on their life quality, since these are professionals of extreme importance to the society.

REFERENCES

1. Aquino AS, Fernandes ACP. Qualidade de vida no trabalho. *J. Health Sci. Inst* 2013; 31(1).
2. Medeiros LFR, Ferreira MC. Qualidade de Vida no Trabalho: uma revisão da produção científica de 1995-2009. *Gestão Contemporânea* 2011; (9).
3. Santos JLG, Pestana AL, Guerrero P, Meirelles BSH, Erdmann AL. Práticas de enfermeiros na gerência do cuidado em enfermagem e saúde: revisão integrativa. *Revista Brasileira de Enfermagem* 2013; 66(2):257.
4. Organização Mundial da Saúde. The World Health Organization quality of life assessment (WHOQOL): development and general psychometric properties. *Social Science & Medicine* 1998; 46(12):1569-1585.
5. Tavares DDF, Oliveira RAR, Júnior RJM, Oliveira CEP, Marins JCB. Qualidade de vida de professoras do ensino básico da rede pública. *Revista Brasileira em Promoção da Saúde* 2015; 28(2):191-197.
6. Braga ID, Moritz GO, Silva MLB. Fatores que interferem na qualidade de vida no trabalho dos trabalhadores de Enfermagem. In: Pereira MF, Costa AM, Moritz GO, Bunn DA, organizadores. *Contribuições para a Gestão do SUS*. Florianópolis: Editora Fundação Boiteux; 2013. (Coleção Gestão da Saúde Pública). v. 11, p. 54-74.
7. Souza LL, Araújo DB, Silva DS, Bêredo VCM. Representações de gênero na prática de enfermagem na perspectiva de estudantes. *Ciências & Cognição* 2014; 19(2):218-232.
8. Alves M, Rocha TB, Ribeiro HCTC, Gomes GG, Brito MJM. Particularidades do trabalho do enfermeiro no Serviço de Atendimento Móvel de Urgência de Belo Horizonte. *Texto & Contexto Enferm* 2013; 22(1): 208-215.
9. Queiroz DL, Souza JC. Qualidade de vida e capacidade para o trabalho de profissionais de Enfermagem. *Psicólogo in Formação* 2012; 16(16):103-26.
10. Lima EFA, Borges JV, Oliveira ERA, Velten APC, Primo CC, Leite FMC. Qualidade de vida no trabalho de enfermeiros de um hospital universitário. *Revista Eletrônica de Enfermagem* 2013; 15(4): 1000-6.
11. Hilleshein EF, Lauter TL. Work capacity, sociodemographic and work characteristics of nurses at a university hospital. *Rev Lat Am Enfermagem* 2012; 20(3).
12. Martins AS. História da Enfermagem em Cabo Verde: contributo do passado para construção do futuro. Cabo Verde: Universidade de Cabo Verde; 2015.
13. Amaral JF, Ribeiro JP, Paixão DX. Qualidade de vida no trabalho dos profissionais de Enfermagem em ambiente hospitalar: uma revisão integrativa. Espaço para a Saúde - Revista de Saúde Pública do Paraná 2015; 16(1): 66-74.
14. Schrader G, Palagil S, Padilha MAS, Noguez PT, Thofehr MB, Dal Pai D. Trabalho na Unidade Básica de Saúde: implicações para a qualidade de vida dos enfermeiros. *Rev. Bras. Enferm* 2012 abr; 65(2).
15. Andrade D, Menezes A, Gomes C, Santos MC, Brito D. Estresse na equipe de enfermagem de emergência: uma revisão de literatura. *EFDeportes.com* 2013; 17:178.
16. Oenning NSX, Araújo NMM, Brito VMF, Santos CMF. Assunção de riscos ocupacionais no Serviço de Atendimento Móvel de Urgência (SAMU). *Rev Enferm UFPE [internet]* 2012 fev; 6(2):346-352.
17. Maluwa VM, Andre J, Ndebele P, Chilemba E. Moral distress in nursing practice in Malawi. *Nursing Ethics* 2012; 19(2):196-207.
18. Ramos MH, Santos A, Pan Y, Tan SL, Leong KC. Cross cultural comparison of workplace stress and coping as predictors of burnout among Asian nurses: a three country study. In: *Anais da 10. Conference European Academy of Occupational Health Psychology*; 2012 abr. 11-13; Zurich, Suíça. Zurich: European Academy of Occupational Health Psychology; 2012. p. 123-124.
19. Tuvesson H, Eklund M, Wann-Hansson CP. Stress of conscience among psychiatric nursing staff in relation to environmental and individual factors. *Nursing Ethics* 2012; 19(2):208-219.

20. Santos DAS, Vandenberghe L. Atuação profissional e bem-estar em enfermeiros. *Revista de Enfermagem da UFSM* 2013; 3(1):26-34.
21. Araque AF, Sola MC, Rodriguez RC. Calidad de vida profesional de enfermería en urgencias de un hospital de referencia. *Enfermería Global* 2016; 15(2):376-385.
22. Bortolozo A, Santana DD. Qualidade de vida no trabalho: os fatores que melhoram a qualidade de vida no trabalho. In: *Anais do 1. Simpósio Nacional de Iniciação Científica*; 2012; Londrina, Brasil. Londrina: UniFil; 2012.
23. Mauro MYC, Gomes HF, Paula GS, Rodrigues AF, Lima LSVL. Trabalho noturno e a saúde do trabalhador de Enfermagem. 2013.

Received from: 02/09/2017

Reviews required: No

Approved on: 03/09/2017

Published on: 10/05/2018

Corresponding Author:

Saul Ferraz de Paula

São Domingos Sávio, 11, Bl A, Apt 102

Cidade Nova, Rio Grande, Rio Grande do Sul

ZIP CODE: 96.211-190

E-mail: <saul.ferraz@hotmail.com>