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RESEARCH

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THE QUALITY OF LIFE OF INTENSIVE NURSES THROUGH INSTRUMENT SF36

A qualidade de vida de enfermeiros intensivistas através do instrumento sf36

La calidad de vida de las enfermeras intensivas a través del instrumento sf36

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ABSTRACT

Objectives: To investigate the quality of life of nurses in the Intensive Care Unit and to present the difficulties classified as priority by these nurses. **Methods:** This is a descriptive cross-sectional study with a quantitative approach. The research had 33 nurses selected in the Intensive Care Units (ICU) of a medium-sized state hospital in Rio de Janeiro. Statistical content analysis was performed by the SPSS program. **Results:** They indicated that there is a marked physical and psychological impairment in the general health and vitality of the professionals and that their poor quality of life has a direct and extreme influence on the quality of the service provided. **Conclusion:** It is essential for managers to be aware of the compromised quality of life scores of professionals, the difficulties faced and the need for management strategies to improve the work process.
DESCRIPTORS: Quality of life; Nursing team; Critical care; Administration of human resources in health.

RESUMO

Objetivos: Investigar a qualidade de vida dos enfermeiros na Unidade de Terapia Intensiva e apresentar as dificuldades classificadas como prioritárias por esses enfermeiros. **Métodos:** Trata-se de um estudo descritivo de delineamento transversal, com abordagem quantitativa. A pesquisa contou com 33 enfermeiros selecionados nas Unidades de Terapia Intensiva (UTI) de um hospital estadual de médio porte do Rio de Janeiro. A análise estatística de conteúdo foi realizada pelo programa SPSS. **Resultados:** Indicaram que há

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acentuado comprometimento físico e psicológico no estado geral da saúde e na vitalidade dos profissionais e que a má qualidade de vida deles tem influência direta e extrema na qualidade do serviço prestado. **Conclusão:** É indispensável que os gestores tenham conhecimento do comprometimento dos *scores* de qualidade de vida dos profissionais, das dificuldades enfrentadas e de que é preciso estratégias gerencias para o aperfeiçoamento do processo de trabalho.

Descritores: Qualidade de vida; Equipe de enfermagem; Cuidados críticos; Administração de recursos humanos em saúde.

RESUMEN

Objetivos: Investigar la calidad de vida de las enfermeras en la Unidad de Cuidados Intensivos y presentar las dificultades clasificadas como prioritarias por estas enfermeras. **Métodos:** Este es un estudio descriptivo de corte transversal con un enfoque cuantitativo. La investigación contó con 33 enfermeras seleccionadas en las Unidades de Cuidados Intensivos (UCI) de un hospital estatal de tamaño mediano en Río de Janeiro. El análisis estadístico de contenido fue realizado por el programa SPSS. **Resultados:** Indicaron que existe un marcado deterioro físico y psicológico en la salud general y la vitalidad de los profesionales y que su mala calidad de vida tiene una influencia directa y extrema en la calidad del servicio prestado. **Conclusión:** Es esencial que los gerentes sean conscientes de la calidad de vida comprometida de los profesionales, las dificultades enfrentadas y la necesidad de estrategias de gestión para mejorar el proceso de trabajo.

Palabras clave: calidad de vida; Equipo de enfermería; Cuidados críticos; Administración de recursos humanos en salud.

INTRODUCTION

The verification of the adversities present in the service of an Intensive Care Unit (ICU) allows us to recognize how complex it is for nurses inserted in this sector to achieve physical and mental well-being, preserve their health, education, social relationships, among other parameters. Thus, the present study has as its object of study the quality of life of intensive care nurses.

Nursing is essential in the health area and is recognized as a crucial profession for the construction of qualified assistance. The nurse is characterized as a skilled professional and integrator of different knowledge, mainly for permanently and integrally accompanying the patient, assuming more and more responsibilities and playing an indispensable role with regard to health care. [1]

The nurse's work process can be fragmented into two main and complementary areas: Direct and indirect care in the care work process, the nurse's objective is to promote, preserve and rescue health through direct and comprehensive care. For the assistance to the human being in an integral and holistic way, the nurse uses a work instrument designed to direct the assistance, called Nursing Process (NP), an activity regulated by the Professional Nursing Practice Law. [2-3]

The NP is a set of systematized and interrelated actions that enable nurses to organize, plan and structure the order and direction of care, divided into five stages: Nursing History, Diagnosis, Planning, Implementation and Evolution of nursing, guarantees the qualification of health care management. [4]

Within the environments in which the nurse works, the intensive care unit is characterized as one of the most traumatic and aggressive environments in the hospital. The professionals witness extremely difficult situations and their routine includes clients with prolonged hospital stays, an imminent risk of death and a high degree of dependence. [5]

In this way, quality of life (QOL), which according to the World Health Organization (WHO) is defined as the individual's perception of their position in life, in the context of the culture and value system in which they live and in relation to its objectives, expectations, standards and concerns have been analyzed in numerous studies and relate several factors of man's life such as health, financial condition, work, family, environment, leisure, among others.

The routine of a health professional in an ICU environment is exhaustive. Living with suffering, pain and death can directly affect the health of professionals. Death is a frequent occurrence in hospitals, requiring a very large emotional balance from health professionals, and subjecting them to possible psychological stress, causing not only physical but also mental overload. [6-7]

The accumulation of two or more employment relationships is also a major cause of this burnout. Workers are undergoing an increasingly strenuous workload, reducing time for family and leisure. [8] The very characteristics of an ICU, such as the closed, refrigerated and dry environment, constant and uninterrupted noise, artificial lighting, the permanent relationship between the same people on the team, the excessive and essential precaution of safety, affection and responsibility regarding pain, death, comfort and quality of care, they also contribute to this problem. [9]

Low pay, unhealthy environment, high technology, complexity of procedures, extremely heavy and laborious patients due to severity or physical condition, coupled with poor eating habits, physical inactivity, alcohol and tobacco use certainly alter the quality of work and the professional's life, which may interfere with the quality of care. [8]

In this sense, the study aimed to investigate the quality of life of nurses in the Intensive Care Unit and present the difficulties classified as priority by these nurses.

METHOD

This is a descriptive cross-sectional study with a quantitative approach. This research was carried out during 2017 in the Intensive Care Units (ICU) of a medium-sized state hospital in Rio de Janeiro, which has a capacity for approximately 100 beds. The choice of this scenario is due to the fact that the guiding questions of this study arose from the adversities diagnosed in the Intensive Care Unit service. [10]

The research participants are the nurses belonging to the staff of the referred ICUs of the proposed institution, working in different shifts, selected according to the criteria above, among those who voluntarily expressed their agreement to participate. Exclusion criteria were defined as professionals who were on vacation, away from work or on leave during data collection and those who presented some situation that made participation impossible.

The interview and data collection started after approval by the Research Ethics Committee, according to Resolution

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The data collection was carried out at the service location by the researchers, who provided guidance on filling out the individualized questionnaire during the periods of duty shifts, entry or exit of the professionals or according to availability. Emphasizing the possible withdrawal from participation during any stage of the process, the guarantee of confidentiality and the voluntary nature of participation.

The following instrument was used for data collection: *SF 36 - Medical outcomes study 36 - item short - form health survey* (Annex I), a multidimensional questionnaire translated and validated for Brazil by Ciconelli in 1997, which measures the quality of life the last four weeks and preliminarily determines the graduation scores.[11]

This instrument consists of 36 (thirty-six) items: A question that assesses the change in health status and is not used in the calculation of scales, added to the others, which are grouped into 8 (eight) domains: Functional capacity (10 items), physical aspects (04 items), pain (02 items), general health status (05 items), vitality (04 items), social aspects (02 items), emotional aspects (03 items) and mental health (05 items)).[12]

The data obtained from the application of the *SF-36 questionnaire* (Annex I) were tabulated in Excel spreadsheets for Windows / 16 (Microsoft Office 2016), transferred and statistically analyzed by the SPSS (Statistical Package for the Social Sciences) ® program , version 21.0 and presented in the form of tables and figures. To calculate the score of the SF-36 questionnaire, the previously established methodology was considered.

RESULTS AND DISCUSSION

Table 1 - Sociodemographic data obtained by nurses from the Intensive Care Units (ICU) of a state hospital in Rio de Janeiro (n = 33) 2017.

		Average (±SD)	Median	IC·95% of average
Age		**36,2(±7,4)**	**33**	**[33,6-38,8]**
			N	**%**
Sex	Female		26	78,8%
	Male		7	21,2%
Double Employment Bond	Yes		25	75,8%
	No		8	24,2%
Children	Yes		14	42,4%
	No		19	57,6%

Source: own authorship. 2017

As shown in table 1, 31 intensive care nurses who constituted the sample of this study, of these 26 (79%) were female and 7 (21%) male, with an average age of 36.2 years, with standard deviation (SD) of 7.4. Other data obtained in this population were that 75.8% of professionals have double employment and 42.4% have children.

Table 2 - Comparison of the scores of the SF36 domains between professionals who have children or not and have a double job (n = 33) 2017.

	Children	Average (±DP)	IC 95% of average	p-value
Functional capacity	No	86,57(±13,33)	[-11,4-9,5]	0,85
	Yes	87,50(±16,26)		
Limitations by Physical Aspects	No	75(±34,35)	[-2,3–48,8]	0,07
	Yes	51,78(±37,29)		
Pain	No	65,31(±20,21)	[-7,4–25]	0,27
	Yes	56,50(±25,48)		
General Health Status	No	48,89(±10,38)	[-15,4–1,9]	0,12
	Yes	55,64(±14,16)		
Vitality	No	59,73(±12,30)	[9,7–28,2]	0,00
	Yes	40,71(±13,70)		
Social aspects	No	80,92(±14,65)	[24,6–46]	0,00
	Yes	45,53(±15,19)		
Limitation by Aspects	No	89,47(±22,36)	[22,1–75,8]	0,00
	Yes	40,47(±43,71)		
Mental Health	No	75,15(±10,87)	[12,6·–·31,9]	0,00
	Yes	52,85(±16,24)		
Double Employment Bond				
Functional capacity	No	91,25(±9,16)	[-6,3–17,6]	0,34
	Yes	85,60(±15,63)		
Limitations by Physical Aspects	No	87,50(±18,89)	[8,4–50,5]	0,00
	Yes	58(±38,67)		
Pain	No	68,50(±20,75)	[-9,6–27,9]	0,32
	Yes	59,36(±23,18)		
General Health Status	No	45,50(±5,55)	[-15–-1,4]	0,01
	Yes	53,76(±13,36)		
Vitality	No	62,50(±17,32)	[1,9–26,6]	0,02
	Yes	48,2(±14,05)		
Social aspects	No	79,68(±16,28)	[-0,0–36,3]	0,05
	Yes	61,50(±23,36)		
Limitation by Aspects	No	91,66(±23,57)	[5,6–55]	0,01
	Yes	61,33(±42,68)		
Mental Health	No	75,50(±12,54)	[-0,8–26,7]	0,06
	Yes	62,56(±17,62)		

* The variables are expressed as mean ± standard deviation, p values were obtained from T Test. Source: own authorship. 2017

In all analyzes, the significance level of 5% ($p < 0.05$) was considered, the results that remained were of this cut ($p > 0.05$) were discarded. Chart 2 shows that there was a statistically significant correlation between professionals

who have children and four of the eight SF36 domains. The "vitality", the "social aspects", the "limitation due to emotional aspects" and the "mental health" of the professionals who have children are statistically smaller, that is, worse, of those who do not, all aspects presented themselves with p = 0.00.

When correlating the double employment relationship with the mean of the SF36 domains, it can be observed that there was a statistically significant correlation in four domains. "The limitation due to physical aspects" (p = 0.00), the "vitality" (p = 0.02) and the "limitations due to emotional aspects" (p = 0.01) of those who have it is statistically lower, that is worse, those who do not have a double bond, but the general health status (p = 0.01) of professionals who have a double bond is better than those who do not.

The practice of nursing care is fundamental in the health area, responsible for providing qualified assistance to patients and users in general. However, when analyzing the studies relevant to the area, related to the quality of life of nursing professionals, discussions about the evidence refer to problems and challenges experienced in professional practice.

The research was carried out with 33 nurses from the Intensive Care Unit (ICU) of a medium-sized State Hospital in the state of Rio de Janeiro, and found that with regard to the general state of health and the vitality of the professionals, there is marked physical and psychological impairment. What according to Freire et al (2014), is related to the burnout of the health professional's routine in the ICU environment, because living with suffering, pain and death can directly intervene in your health.

In addition, the closed, cold and dry environment, constant noise, artificial lighting, permanent relationship between the same people on the team, excessive and essential safety precaution, affection and responsibility regarding pain, death, comfort and quality of care , are some characteristics of an ICU, which influence the quality of life of professionals. [13]

However, the health professionals interviewed evaluated the interaction with the positive team, despite all the difficulties faced in the intensive care environment and they are aware that the impaired quality of life directly influences the quality of care provided to patients. The interpersonal relationship resulting from the allocated human resources offers the patient and his family security and efficient emotional support, favoring the care and recovery process. [14]

For health professionals who participated in the research, working conditions may be unsatisfactory due to some main factors: low pay, heavy patients and deficit in the control of material resources, or the lack of these.

Low remuneration, lack of materials and the complexity of procedures in patients, who are sometimes extremely heavy and laborious, due to severity or physical condition, associated with poor eating habits, physical inactivity, alcohol and tobacco use by team certainly change the quality of work and the professional's life. [15]

According to the results of the correlations of the SF-36 domains among professionals who have children or not, it was identified that having children is a factor that has a negative impact on the quality of life of professionals. Mental health, vitality, social aspects and the limitation by emotional aspects of those who have it are significantly inferior.

This result coincides with QUEDNAU (2007) who demonstrated that raising children is a challenge. Being a good professional, too. And also that having children and having a professional life can go side by side, but never hand in hand, because they generate huge conflicts due to the overload of functions.

It was also found that 75.8% of nurses have limitations due to physical aspects, limitations due to emotional aspects and significantly reduced vitality, due to the double employment relationship. The accumulation of two or more employment relationships is one of the main causes of physical and emotional stress. These factors increasingly lead to a feeling of exhaustion on the part of workers, reducing the time for leisure and socializing with friends and family. [16]

CONCLUSION

It was concluded that the vitality and general state of health of the nursing professionals working in the Intensive Care Unit (ICU) did not obtain satisfactory scores and that the poor quality of life of the professionals has a direct and extreme influence on the quality of the service provided, which can compromise care and cause personal, professional, institutional damage and especially in patient care.

Through the correlations between the quality of life of professionals who have children and / or double employment, it is stated that both are impacting factors and interfere negatively in several areas of quality of life and, consequently, in the quality of care.

The improvement in the QoL of professionals favors everyone. Satisfied individuals can improve their productivity and quality from a professional point of view, thus reverting to improving the assistance provided. It is essential that managers are aware of the compromise in the quality of life scores of the professionals, of the difficulties faced and that it is necessary to listen to their team so that strategies are developed and implemented, thus contributing to the improvement of the work process.

As a point of reflection and reconsideration, we point to possibilities for future studies on the impact of the double bond correlated to the scale proposed by labor resolutions and for the calculation of personnel. These actions involve administrative culture, human resource management and personnel dimensioning, consolidating the actions of the indirect care management as actions that guarantee continuity of care.

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