

Satisfaction and quality of life of nurses in a public hospital during the COVID-19 pandemic

Satisfação e qualidade de vida dos enfermeiros de um hospital público durante a pandemia da COVID-19

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Abstract

Objective: to evaluate the satisfaction and quality of life (QL) of nurses working in a public hospital. **Methodology:** this is a cross-sectional study developed during COVID-19 with nurses who had 6 months of work, between October 2020 and February 2021, at a State Oncological Reference Hospital in São Luís-MA. A questionnaire was applied on sociodemographic characteristics and the WHOQOL-bref and Employee Satisfaction Index (ESI) instruments. A normality test was performed followed by the Spearman correlation coefficient with a significance level of 5%. **Results:** 71 nurses participated in the survey and the average QL scores in all domains are regular (3.64) and employee satisfaction, in all domains, is low (2.50). A weak positive correlation was observed in all domains of the WHOQOL-bref and in the autonomy of the ESI (physical – $r=0.482$; psychological – $r=0.285$; social – $r=0.318$; and environment – $r=0.251$), while weak negative correlation was observed between the professional status and the psychological ($r=-0.312$) and the social ($r=-0.374$) domain and work and environment requirements ($r=-0.295$). **Conclusion and implications for practice:** the nurses showed regular and low QL, satisfied and knowing the reasons helps managers to propose interventions to reduce the QL benefit and to improve the care provided.

Keywords: COVID-19; nurses; quality of health care; quality of life; job satisfaction.

Resumo

Objetivo: avaliar a satisfação e qualidade de vida (QV) dos enfermeiros que atuam em um hospital público. **Metodologia:** trata-se de um estudo transversal desenvolvido durante a COVID-19 com enfermeiros que tinham 6 meses de trabalho, entre outubro de 2020 e fevereiro de 2021, em um Hospital Estadual Oncológico de Referência em São Luís-MA. Aplicou-se questionário sobre as características sociodemográficas e os instrumentos WHOQOL-bref e Índice de Satisfação Profissional (ISP). Foi realizado teste de normalidade seguido do coeficiente de correlação de Spearman com nível de significância de 5%. **Resultado:** 71 enfermeiros participaram da pesquisa e os escores médios da QV em todos os domínios é regular (3,64) e a satisfação profissional, em todos os domínios, são baixos (2,50). Observou-se correlação positiva fraca em todos os domínios do WHOQOL-bref e a autonomia do ISP (físico – $r=0,482$; psicológico – $r=0,285$; social – $r=0,318$; e ambiente – $r=0,251$) e negativa fraca entre o status profissional e o domínio psicológico ($r=-0,312$) e social ($r=-0,374$) e requisitos do trabalho e ambiente ($r=-0,295$). **Conclusão e implicações para a prática:** os enfermeiros apresentaram QV regular e baixa satisfação e, conhecer os motivos ajuda gestores a propor intervenções para à redução de prejuízo a QV e para a melhoria da assistência oferecida.

Palavras-chave: COVID-19; enfermeiros; qualidade da assistência à saúde; qualidade de vida; satisfação no emprego.

INTRODUCTION

The work is of paramount relevance to the meaning of human life, enabling social interactions and impacting

both biological and psychological factors in the context of human life. However, due to globalization, socioeconomic changes, technological advances, pressures for productivity, and competitive advantage, work and society were affected by several factors that began to influence both people's satisfaction with work and its environment and their everyday work needs¹.

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The coronavirus disease (COVID-19), initially identified in China in December 2019, has rapidly spread across virtually the entire world. In March 2020, it was considered a pandemic by the World Health Organization (WHO), with involvement at a variable level of severity, with important repercussions in terms of public health². Since the beginning of the COVID-19 pandemic, nurses have been experiencing changes in their working hours and experiencing changes in their personal and professional lives³. Several authors describe the impact on the quality of life (QL)^{4,5} of these professionals who work directly in care⁶⁻⁸.

The WHO and the Pan American Health Organization (PAHO)⁹ define QL as the conception of professionals of their situation in life regarding their cultural and professional scopes, the precepts and beliefs of their experience, and their perspectives, responsibilities, behaviors, and care related to health within the physical, social, cultural, environmental, and psychological areas¹⁰.

Based on this labor logic of intense force, nurses are in the cast of the layers with one of the worst conditions of psychosocial risk at work, where there is a paradoxical scenario in relation to the quality of life at work. Thus, there is a feeling of happiness, gratitude, aptitude, and ability for the care practice, while there is also oppression caused by the overload of the work process, making employees dissatisfied, alienated, irritated, stressed, and increasingly removed from social and family life¹¹.

The literature points out risk factors associated with the QL in the nursing work regarding several occupational problems, namely: instability and inappropriate working conditions, few investments for the acquisition of equipment and materials related to the structure, devaluation and insufficient hiring of professionals, low income, interpersonal conflicts, frustrated expectations, lack of autonomy, handling of harmful substances, environmental factors, and the presence of more than one employment relationship^{12,13}.

Job satisfaction results from multiple aspects related to the own job. Thus, to investigate the satisfaction of the nursing team allows to diagnose problems, elaborate solutions, and consequently improve the quality of care. According to Souza et al.¹⁴ (2018) it is essential to involve aspects of professional satisfaction in the context of care quality, as well as to provide strategies that lead people to work with enthusiasm, creativity, and motivation.

The absence of participation, training, and involvement of professionals prevents the consolidation of quality processes, since they depend on individual and collective efforts and performance. The work of nurses in a hospital implies professional satisfaction, which can be changed through aspects related to autonomy, interaction, professional status, organizational norms, remuneration, and work requirements¹⁵.

Thus, in the face of the pandemic scenario, there was an increase in the workload, lack of professionals and absence of essential inputs, which favored the change in

satisfaction in QL. Given this context, this study proposed to investigate the satisfaction and QL at work of nurses in a Public Oncology Hospital in the State of Maranhão. In this way, this study may contribute to the creation and implementation of consistent interventions for nurses' QL.

METHODOLOGY

This is a cross-sectional study, developed between October 2020 and February 2021, in a state reference oncology hospital, which is located in the municipality of São Luís, MA. It is important to highlight that the research was carried out within the pandemic scenario of COVID-19. Although the hospital is not a reference center in the care of COVID-19 patients, it is believed that their employees present reflexes of anxiety and stress.

The study was approved by the Research Ethics Committee (REC) of Ceuma University, no. 4,239,854. The hospital has 111 nurses on its staff working at the oncology reference hospital. The inclusion criteria of the convenience sampling was being a professional nurse who had worked for at least 06 (six months) in the oncology sector. Professionals who were on vacation, maternity leave or sick leave, and who did not accept to participate in the research were excluded.

Initially, fortnightly visits were made to the sectors to present the study. From this, nurses who met the inclusion criteria were invited to participate in the study and signed the informed consent.

The nurses completed a questionnaire on sociodemographic (gender, age group, marital status, income, number of children, and academic background) and professional characteristics (time working in the unit, sector, function, work shift, and other employment relationships), as well as the validated instruments World Health Organization Quality Life-Bref (WHOQOL-bref)¹⁶ and the Employee Satisfaction Index (ESI)¹⁷.

Through the WHOQOL-bref, data regarding quality of life were evaluated. It is an instrument that was tested and validated in several cultures under the coordination of the World Health Organization Quality of Life Group (WHOQOL Group) of the WHO. This instrument consists of 26 questions, among which there are two general questions on QL and other 24 questions divided into the following four domains: physical, psychological, social relationships, and the environment. The questions have four types of response scales, namely: intensity, capacity, frequency and evaluation. The answers follow a Likert scale (from 1 to 5, in which the higher the score, the better the QL), but the recoding of negatively expressed items is necessary, so that the assigned numerical values are inverted.

To evaluate employee satisfaction, the Employee Satisfaction Index (ESI) was used, which presents six domains for the analysis of professional satisfaction, namely: autonomy, interaction, professional status, job requirements, organizational norms, and income. In this study, the 'interaction' domain was applied in its entirety,

including doctor-nurse and nurse-nurse interaction. The instrument has two parts that complement each other, namely: paired comparison (Part A), with 15 paired comparisons between the domains, corresponding to the importance attributed by the nursing team to each domain; and the attitudes scale (Part B), with 44 items, which is used to evaluate the actual satisfaction of nursing professionals. The Likert-type measurement scale is used, whose score ranges between one and seven points with the following options: strongly agree (1), agree (2), moderately agree (3), neutral (4), moderately disagree (5), disagree (6), and strongly disagree (7). The values of the Paired Comparison scores must present three tenths for the weighting of the ESI score (WHO).

For data analysis, an electronic spreadsheet was built in the Microsoft Excel® software, version 2010. Data were entered with double typing to verify external consistency. Descriptive statistics were performed for qualitative variables using absolute and relative frequencies. For the discrete and continuous quantitative variables, the mean and standard deviation were calculated.

In the analysis of QL using the WHOQOL-bref, each of the questions presented a score from one to five and the participants' answers were interpreted as follows: mean values from 1 to 2.9 indicate that the self-evaluation of QL needs to improve; mean values from 3 to 3.9 indicate a regular result; mean values from 4 to 4.9 indicate that the perception of QL is good; and values equal to 5 show a very good result.

Regarding the analysis of satisfaction by the ESI, the mean scores of the components of the scale are arranged in an interval from one to seven, indicating that higher values are associated with greater satisfaction regarding that dimension of their work. To interpret the obtained results, the following parameter was used: values between 1 and 4 tend to indicate low satisfaction; values between 4 and 5 tend to indicate a central position (that is, neither satisfied nor dissatisfied); and values between 5 and 7 tend to indicate satisfaction.

After obtaining the mean scores for the WHOQOL-bref domains and the ESI components, the information was processed and analyzed using the statistical software Statistical Package for the Social Science (SPSS), version 22.0. In order to verify the magnitude of the association between job satisfaction and quality of life, Spearman's correlation coefficients and a $p < 0.05$ were used, respecting the assumption of normality.

RESULTS

Sample consisted of 71 nurses with a predominance of females (93.0%), aged between 30 and 39 years (38.0%), married or in a stable relationship (50.7%), without children (52.1%), with income of up to 03 minimum wages (74.7%), and who are specialists (73.2%) was observed (Table 1).

Regarding professional characterization, it was noticed that most nurses have worked in the unit for more than 5 years (81.69%) in sectors such as the ICU (19.72%), the surgical clinic (19.72%), in care functions (76.06%), and during the daytime (81.69%), also not having another job (54.93%) (Table 1).

Table 1 – Socioeconomic, demographic and professional characterization of nurses in a public hospital, São Luís. 2021.

Variables	n	%
Gender		
Female	66	93.0
Male	5	7.0
Age group		
< 20 years	2	2.8
20-29 years	8	11.3
30-39 years	27	38.0
40-49 years	20	28.2
>50 years	14	19.7
Marital status		
Single	28	39.4
Married/stable union	36	50.7
Divorced	6	8.5
Widower	1	1.4
No. of children		
None	37	52.1
One	19	26.8
Two	12	16.9
Three	3	4.2
Income		
0 to 3	54	74.7
4 to 5	15	21.1
6 or more	3	4.2
Academic formation		
Graduation only	17	23.9
Specialization	52	73.2
Master's degree	2	2.8
Professional time in the unit		
Less than one year	2	2.82
1-3 years	11	15.49
3-5 years	0	0.00
More than 5 years	58	81.69
Work sector		
Intensive care unit	14	19.72
Oncology clinic	7	9.86
Palliative care	5	7.04
Surgery center	2	2.82
Emergency Service (ES)	3	4.23
Surgical clinic	14	19.72
Chemotherapy ward	4	5.63
Material and Sterilization center	1	1.41
Others	21	29.58
Function performed		
Assistance	54	76.06
Administrative	17	23.94

Work shift		
Diurnal	58	81.69
nocturnal	13	18.31
Has another job		
Yes	32	45.07
No	39	54.93
Total	71	100.00

Source: survey data

When evaluating the mean scores of the nurses' QL, it was possible to identify that it is regular in all domains, with the environment presenting the lowest score (3.37). Regarding professional satisfaction, all domains indicate low satisfaction, among which the professional status presented with the lowest score (0.96) (Table 2).

Table 2 – Numerical scores of the WHOQOL-bref and ESI Attitudes Scale, São Luís, 2021.

Questionnaire	Components	Mean score
WHOQOL-BREF	Physical	3.77
	Psychological	3.83
	Social relationships	3.72
	Environment	3.37
	Total	3.64
ESI	Income	3.29
	Interaction	3.00
	Autonomy	2.83
	Organizational norms	2.50
	Job requirements	2.40
	Professional status	0.96
	Total	2.50

Source: survey data

Table 3 – Spearman correlation of the WHOQOL-bref domain score and the ESI Attitudes Scale, São Luís, 2021.

Questionnaire	ESI															
	Interaction		Doctor/Nurse interaction		Nurse/nurse interaction		Autonomy		Professional status		Job requirements		Organizational norms		Remuneration	
	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value
Physical	-0.069	0.601	-0.084	0.568	0.085	0.568	0.482	0.010	-0.086	0.821	-0.082	0.568	0.162	0.599	0.137	0.569
Psychological	-0.004	0.550	-0.017	0.681	0.055	0.431	0.285	0.030	-0.312	0.020	-0.219	0.987	0.226	0.895	0.074	0.568
Social	-0.043	0.620	-0.004	0.550	0.035	0.620	0.318	0.020	-0.374	0.020	-0.242	0.030	0.171	0.593	0.143	0.583
Environment	-0.186	0.585	-0.130	0.569	-0.058	0.431	0.251	0.030	-0.089	0.821	-0.295	0.030	0.041	0.620	-0.060	0.601

Source: survey data

The magnitude of correlation between the components related to the domains of the evaluation of QL with the current perception of job satisfaction by the investigated nurses revealed a positive correlation (that is, the increase in one variable determines the increase in the other) for all WHOQOL-bref domains and the autonomy of the ESI (physical – $r = 0.482$; psychological – $r = 0.285$; social – $r = 0.318$; and environment – $r = 0.251$). Thus, the more nurses have professional autonomy, the more their QL improve.

The professional status, the psychological ($r = -0.312$) and social ($r = -0.374$) domains, and the work and environment requirements ($r = -0.295$) showed a negative association. Thus, the worse the QL of nurses in the psychological and social scope, the lower their satisfaction with their professional status, and the lower the QL in the environment, the lower the satisfaction with the work requirements.

Most of the correlations were weak, except for the physical domain and autonomy, which presented moderate correlation, although being insufficient to determine the repercussions of one over the other. Information is shown in Table 3.

DISCUSSION

In the present study, there was a predominance of female professionals, corroborating studies (place two studies confirming that nursing is performed predominantly by females). According to Souza et al.¹⁸ (2020) nursing has historically been associated with female strength, building an image with a female stereotype over the years. Currently, women constitute 85.6% of the total number of nursing professionals registered in the Federal Nursing Council (COFEN), confirming the predominant gender in the hospital unit under study.

There was a predominance of the age group from 30 to 39 years old, which was ratified by Moraes, Martino and Sortani¹⁹ (2018), who stated that this age corresponds to a relatively young and productive population. A hospital unit requires the presence of young and agile people, as age is a factor that positively affects the quality of care.

There is a predominance of married professionals or in a stable union and without children, corroborating Rego et al.²⁰ (2020) who identified that the majority of professionals were married or in a stable relationship (54.7%). Thus, maintaining the affective bond with a partner, constituting a family, and sharing routines with them, such as activities, interests, and opinions, positively favor the individual in QL²⁰. Regarding children, Lima¹² (2019) observed that nurses without children or a partner who work in hospitals or are focused on patient care within nursing present high stress and less social support. Another comparative study between nursing professionals from a certain group without children and without leisure activities showed higher averages of workaholicism and compulsive work, leading to a loss in their social life²¹.

The income of up to 03 minimum wages predominant in the study reinforces the discourse by Santana, Silva²² (2018), who stated that low remuneration leads the professional to have more than one job, consequently presenting work overload in care. In this context, the importance of hospital institutions to maintain decent wages for professionals is highlighted, since it can promote better health and working conditions, raising the self-esteem and self-confidence of nursing professionals. In another study, Santos et al.²³ (2017) found that family income is directly related to self-esteem. Nursing professionals who had an income of up to R\$ 3,000 presented a significantly lower self-esteem, which proves that low wages can generate insecurity or fear of losing the job, reflecting in their workplace and also directly reflecting in their leisure hours, possibly leading to depression.

In a study that converges with the present approach, in which most nurses have postgraduate degrees at a specialization level, Barbosa et al.²⁴ (2020) stated that for nurses who provide care to cancer patients, it is of paramount importance that they are trained to be able to know basic precepts on oncology, thus being able to

offer quality and safety assistance to the patient who needs specific treatment in this area.

In the present study, most nurses have been working for more than five years. However, it was observed that the average QL scores in all domains is regular, with the environment with the lowest score. He believes that because it is a place of cancer care and that the negative impact on people's lives is great. Soares, Borges and Santos²⁵ (2020) claimed that the greater the time and experience in the workplace, the greater the adaptation, generating a pleasant and healthy environment. However, for Teixeira et al.²⁶ (2019) QL is directly associated with the duration of the job position occupied by the nurse, highlighting that professionals who have been in the position for longer are unmotivated and dissatisfied.

Most nurses are allocated in the ICU and surgical clinic sectors, where they carry out care functions. Studies indicate that working in nursing care in critical sectors and with critically ill patients requires technical knowledge and immediate decision-making in terms of autonomy, although this is directly related to the working conditions in which these professionals are inserted and their physical health¹⁸. Thus, these professionals have a fast pace of work that causes great physical exhaustion, and the use of logical reasoning as decision-making tool can drain the QL, leading to health problems that can negatively reflect in the areas of the psychological, physiological, relational, and organizational spheres²⁷.

In the present study, most professionals worked in the care area, corroborating findings by Camargo et al.²⁸ (2021) who stated that professionals who work directly with the patient are less satisfied with their job than those who work in the administrative area, and there is a need for interventions in the workplace.

Regarding the work shift, it is observed that most employees perform their work activities during the day shift. Teruya, Costa and Guirardello²⁹ (2019) claimed that the shift is directly related to job satisfaction. Daytime workers are more satisfied.

It is observed in this study that most professionals do not have another job. It is known that double shift negatively interferes with the health of the worker, who is exposed to psychological, physical, chemical, biological or ergonomic risk, with a direct consequence on the work performed, possibly reflecting on the patient²².

In the evaluation of QL, all domains were regular, with the lowest score being observed in the environment and the highest score in the psychological domain. Souza and Priotto³⁰ (2021) observed similar results in a study carried out with 166 employees of the nursing team, in which the authors pointed out that the psychological domain presented the highest score and the environment presented the lowest score. They identified the following influencing factors: frequently precarious working conditions; the availability of human and material resources and structuring; the organization of the work process as a distribution of functions; and the opportunity to acquire

new knowledge³⁰. A cross-sectional and multicenter study, carried out with 1521 nurses working in the Andalusian Public Health System (APHS), Spain, observed that sociodemographic factors such as marital status, health environment, work area and work shift are directly related to fatigue due to compassion (FC)³¹. It is believed that in this study the impact of COVID-19 and the workplace contributed to a lower score in the environment.

The definition of autonomy pervades caring and being cared for, which is part of the set of actions, being performed by nurses, technicians and/or nursing assistants, which characterize the ability to fulfill duties, according to legal, ethical and practical criteria, with the possibility of articulation with other scientific areas with an interdisciplinary perspective³². However, Souza et al.¹⁴ (2018) claimed that the autonomy of nurses within their professional practice generates greater professional satisfaction, as well as the doctor-nurse and nurse-nurse technician relationship, reflecting the importance of autonomy for this category in the care of cancer patients, given that these professionals are qualified, endowed with technical-scientific knowledge, have mastery in their practice, and are resolute in their activities. Morin³³ (2001) stated that the component considered as the most important by nurses in their workplace was remuneration, with a weighting coefficient of 3,290, corroborating our study, which found remuneration as the most important component in job satisfaction, with a weighting coefficient of 3,290, since the meanings of work are related to remuneration, autonomy, independence, interaction, and security.

Parallel to this, Siqueira and Kurcgant³⁴ (2012) highlighted that remuneration can be a component of greater professional dissatisfaction, emphasizing that remuneration is directly related to quality management in their service, and that this factor is directly related to dissatisfaction with the workplace, evidencing that professionals attribute greater satisfaction to life than to their job.

Life satisfaction is related to the cognitive domain, what is based on subjective well-being and the individual's perception of all aspects of his/her life, while job satisfaction refers to the individual's perception of developing his/her professional practice in accordance with the organizational rules of the unit in which the service is provide.

Thus, the perception of nurses must be perceived taking into consideration their subjectivity in relation to the organizational norms of the hospital unit, their area of activity, remuneration, their autonomy, the assistance developed, and the profile of the assisted patients. Insufficient remuneration was confirmed as a factor in reducing the QL in their domain and environment, proving to be a relevant factor for ICU nursing professionals.

When correlating QL and satisfaction, a positive interaction was observed in relation to autonomy. Vieira et al.³⁵ (2021) stated that a type of intervention that can be ap-

plied positively is when the top management participates in discussions and offers professional recognition, favoring an increase in satisfaction and autonomy in the daily routine. To Ventura et al.³⁶ (2021) some factors interfere, generate physical and emotional exhaustion, and directly interfere with the motivation of nurses in the location of treatment. One of these factors is the autonomy.

However, it was noticed that the professional status was negatively affected by the psychological domain. In the study by Vieira et al.³⁵ (2021) professional status is directly related to the work routine in the care of this group and to the sense of responsibility and pride related to routines such as the act of caring, saving, and being useful, which results in professional identity and social recognition.

Regarding work requirements and the environment domain, the literature states that there is a direct relationship with the working conditions and occupational risks of these professionals, in addition to stress in the workplace and excessive workload, which can lead to a bad relationship with the patients' family and inappropriate working conditions, interfering with the care of these patients and the quality of the service³⁵.

Therefore, it is believed that all investigated variables have been intensified due to the COVID-19 pandemic period, marking a moment of extreme difficulty in replacing professionals affected by the virus, work overload and adequacy of protocols, redistribution of scales and change workflow, which involved everyone working in the health area or in hospital units; in particular the area of nursing, since it is a profession that is directly involved in patient care.

CONCLUSION

Nurses play an essential role in the face of the COVID-19 pandemic. However, there are factors that are associated with a decrease in the QL of these professionals and that impact the quality of care provided. In this study, nurses had regular QL and low satisfaction, which can be caused by the decrease in the number of professionals caused by the removal of COVID-19, which negatively impacted the change in work flow, work overload, adequacy and delays in protocols of work and reduction in the quality of health care for professionals and, consequently, for cancer patients.

Once the QL is evaluated, managers and the multidisciplinary team can propose interventions to reduce damage to the health of professionals and to improve the care provided. In addition, the theme is relevant, as the exposed results can contribute to the scientific production on the QL of nurses, especially those who work in an oncological hospital, with a view to promoting QL.

Thus, there is a need for a more discerning and thorough look at the factors that affect the QL of these professionals, since, in the face of this pandemic, much

is required of their physical, intellectual and emotional capacities, which can lead to illness.

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