

Overload of Work of the Nursing Professionals that Work in the Surgical Center and the Repercussions in the Quality of Life

ORIGINAL

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Abstract

The Surgical Center is a restricted environment of high complexity, where the professionals who work in it deal with exhausting activities, as well as complex and unexpected situations, which are potential physical and psychological stressors, and can interfere in the quality of life. This is an exploratory, descriptive, quantitative qualitative approach, with the objective of analyzing the workload of nursing professionals working at the Surgical Center and the repercussions on the quality of life, submitted and approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba (CCS/UFPB), according to the protocol n° 0156/16, CAAE: 55298616.3.0000.5188. The sample consisted of 15 nurses of both sexes who work in a Philanthropic Hospital located in the municipality of João Pessoa/PB. A questionnaire was applied to characterize the participants' profile, an interview script with data related to work overload and WHOQOL-Bref. It was found that 80% of the participants were women; the average age was 37.8 years. In the sample, 60% were neither satisfied nor dissatisfied with their quality of life, and 33% stated they were dissatisfied with their quality of health. It is concluded that the results obtained provided a more reflective analy-

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sis of the workload of nursing professionals working in the surgical center, besides analyzing the repercussions that affect the quality of life of these people, evaluating the association between the variables of the characterization Of the nursing professionals' profile with the domains measured by WOQOL Bref.

Keywords

Job satisfaction; Quality of life;
Health professionals, Surgical
Nursing.

Introduction

The Surgical Center (CC) is an environment replete with diverse situations and expectations that can result in failures and victories, making clear the importance of the nurses' performance, which must implement actions based on a planned work process with a series of integrated steps, provide appropriate patient care, the surgical team and the needs of the nursing team [1]. In the Surgical Center, professionals face daily activities that exceed their working hours, generating conflicts and increasing stress levels, factors that can affect the quality of life of professionals [2].

In these sectors the performance of the nursing team according to the Brazilian Association of Nurses of Surgical Center, Anesthetic Recovery and Material Center and Sterilization Brazilian Society of Surgical Center is of extreme significance, considering a need for the professionals' ability to provide the specific high complexity and individualized care of patients submitted to numerous surgical anesthetic procedures. These care ranges from admission of the patient to the block until his or her discharge from that unit, the team also acts, minimizing anxieties, clarifying doubts and relieving fears (of the unknown, the environment, the surgery itself, its outcome, anesthesia, changes in body image and death) [3].

It is important to note that there is a significant relationship between adverse events and excessive workload. Nursing began to cover several areas of hospital work, from management to care, through research, and for these authors, this is responsible

for great consumption of physical strength, mental and emotional effort [4, 5].

Some factors present in the nursing work environment end up influencing their exercisers in a negative way, affecting, above all, their Quality of Life (QoL). Among these factors are the work overload, the intense work rhythm, the lack of time for the family, the devaluation of the professional, the insufficiency of inputs, the shortage of staff, prolonged working hours, physical and mental fatigue, among others [6].

The QoL is related to the aspirations, achievements, satisfaction and sense of well-being in several areas, among them, the professional life, therefore, and individual who is satisfied with their working conditions, that is, it presents a good quality of life at work (QVT), it will probably present better productivity and competitiveness.

Nursing Professional over the years have been engaged in unhealthy activities, often in precarious environments, which allied to factors, as a Professional devaluation, low pay and great physical and emotional exhaustion, reflect negatively, in the assistance offered to the service user, as a consequence the abandonment of the profession and the shortage of professionals in the labor market [7, 8].

The objective of the presente study is to analyze the work overload of the nursing professionals who work in the surgical center and the repercussions of this factor on nurses' quality of life.

Method

This is an exploratory-descriptive study with a quantitative and qualitative approach. The research scenario was the Surgical Center of a Philanthropic Hospital, considered as a reference in the treatment of cancer pathologies in the State of Paraíba.

The sample consisted of fifteen (15) nurses from a population of thirty (30) professionals from several categories. Inclusion criteria were: Be a professional of the nursing team; been working for at least one year in the surgical center of hospital research scenario; Be in service at the time of data collection and to accept to participate of the research by means of the signing of the Term of Free and Informed Consent (TCLE). Exclusion criteria: Removal from work for vacations or medical leave; find yourself in activities on the block during a data collection.

The research was carried out taking into account the ethical aspects provided in Resolution 466 of 2012 of the National Health Council [9]. Data collection started after the approval of the project by the Scientific Committee of the Clinical Nursing Department (DENC) and by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba (CCS/UFPB), according to the Protocol No. 0156/16, CAAE: 55298616.3.0000.5188.

For the data collection, a form was used, containing characterization data of the sample, composed of the variables related to the profile of professionals such as, sex, age, marital status, category to which they belong, academic qualification, weekly workload, Employment, monthly income, other employment relationships. An interview script was also used, with the data related to the workload of the nursing professionals of the Surgical Center, using their own testimonies, which were codified, in a way that preserved the participants' identity. A Quality of Life (QOL) instrument, called WHOQOL-Bref, was also used, consisting of 26 questions (the first and second questions on general quality of life).

The responses followed the Likert scale from 1 to 5, with the highest score representing the best quality of life. The instrument contains 24 facets, which comprise 4 domains (Physical, Psychological, Social Relations and Environment).

For the analysis of the qualitative data, the Mina-yo Thematic Analysis technique was used [10]. For this author, the operationalization of the technique comprises three stages: Pre-Analysis; Exploration of Material and Treatment of Results. As for the quantitative data concerning WOQOL, the SPSS Statistical Program was used, with the WOQOL-Bref syntax.

Results

In this section the results will be presented on the associations between the professional profile of the nursing team and the domains defined by the WHOQOL-BREF instrument. For the analysis of the data it was considered the Generalized Fisher Exact Test, in order to verify possible associations among the variables. The level of significance of 10% was considered. According to the results it was possible to verify a significant association at the level of 10% (p -value $<0,10$) for the variable marital status with domain 3 (**Table 1**). This leads us to think that this association really makes sense since this domain comprises the facets of social relations, social support and sexual activity. In relation to the other domains (domain 1, domain 3 and domain 4) there were no significant associations with the civil status variable at the considered level.

Table 1. Fisher's exact test for the variables marital status and domain 3.

Marital status	Domain 3				p-value
	Improve	Regular	Good	Very good	
Single	2	0	1	1	0.063
Married	1	6	2	0	
Stable union	1	0	1	0	

Source: Research data

Regarding the variable Income range (**Table 2**), a significant association was observed only with domain 1, at the level of 10% (p-value <0.10). Domain 1 is associated with factors such as pain, discomfort, energy and fatigue faced by the individual, and which can usually be caused by high workloads developed by these professionals as a way to increase family income. In the other domains there was no significant association with the variable Income range.

Table 2. Fisher's exact test for the income and domain 1 variables.

Income bracket	Domain 1			p-value
	Improve	Regular	Good	
1 MW	1	0	0	0.096
1 a 2 MW	3	2	1	
3 a 4 MW	0	6	0	
4 a 5 MW	0	1	0	
Above 5 MW	0	1	0	

*MW: Minimum wage

Table 3. Fisher's exact test for academic qualification variables and income range.

Academic qualification	Income bracket					p-value
	1 MW	1 a 2 MW	3 a 4 MW	4 a 5 MW	Acima de 5 MW	
Specialization	1	0	3	1	1	0.034*
Technical course	0	6	3	0	0	

*: Significant at the 5%.

Table 4. Fisher's exact test for the variables Professional category and academic qualification.

Professional category	Academic qualification		p-value
	Specialization	Technical course	
Nurse	4	0	0,096
Nursing Technician	2	9	

*: Significant at the 5%.

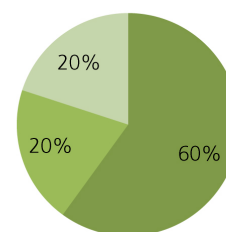
With regard to the social profile of professionals (**Tables 3 and 4**), we observed a significant association between the variables: academic qualification and income range at the significance level of 10% (p-value = 0.034 <0.10) and academic qualification with professional category (p-value = 0.011 <0.10). That is, academic qualification is closely related to the professional category and also to the Income Band to which the individual will belong.

An association test was performed for variables of gender, age range, professional category and employment relationship with the domains considered in the study, however, for these cases, no significant association was found at the level considered (10%).

Figure 1 below shows the results on the perception of quality of life obtained from the WHOQOL-Bref questionnaire answered by the respondents. It is observed that the majority, 60% of respondents are neither satisfied nor dissatisfied with their quality of life. 20% rated as bad, 20% said they were satisfied, there was no response to very poor rating.

Figure 1: Evaluation of the quality of life of the Professionals of the Nursing team, João Pessoa, 2016.

■ Neither bad nor good ■ Bad ■ Good



As for satisfaction with one's own health, 33% are dissatisfied, 33% said they are neither satisfied nor dissatisfied, 27% are satisfied with their health and 7% said they are dissatisfied.

It stands out in this group, professionals with a

mean age of 38 years, with a minimum age of 26 years and a maximum of 48 years, the majority of whom are married (53%), and the number of singles (27%) is very close to the number of those who maintain a stable union (20%).

Regarding vocational training, 73% (n = 11) nursing technicians, 27% (n = 4) were nurses, of whom 40% had some specialization in a surgical center.

Among the participants, it was found that 73% have more than one employment relationship, which is associated with a weekly workload of more than 40 weekly hours, 53% (n = 8) earn between 1 and 2 minimum wages (MW), 33% (n = 5) between 3 and 4 and 14% (n = 2) above 4 MW.

Regarding the satisfaction with the working conditions and wage floor, the participants highlighted dissatisfaction, as reported in the described speeches of the research participants.

I'm not satisfied with my work, as if it was not enough being tiring we received little, you can not keep your accounts up to date, so you get two or three jobs, ends a job, there comes another day of work, has days that rarely sleeps, is already working again [...]

P8.

"I'm never satisfied with my salary, sometimes we can barely pay the bills, it ends there that we need another job, which also pays badly, but when you put the two together, you can at least pay for the basics, just the fatigue that gets bigger, but doing what, is life".

P13.

The interviewees, from this study, exemplify some predisposing factors to work overload, consistent with the data found in the literature. As we can observe in the speeches:

The truth is that there are few people in the work sector, there must be more, you end up having to take a job for two and other services, the comparison of the workers with the number of surgeries is very different, you end up unfolding in two. (Laughs).

P2.

[...] Little Professional valorization, sometimes you give the Best of yourself and nobody sees you, sometimes very service, few professional, the work here is cool, but there are days when the professional race is too big.

P5.

As factors I can say that the lack of slack, few staff, resting time and an inappropriate resting place. There are others, but I highlight these. Because I believe that they are those that affect the routine of the professional and the service.

P12.

In addition to the low number of professionals in the sector and low value of the professional service, some participants highlighted environmental factors.

Being a closed environment, you lose track of time, sometimes I feel trapped, generates a complex anxiety to go home, the person cannot wait to leave [...]

E7.

The exclusive involvement with the work environment was also mentioned as a potentiator of emotional exhaustion, when asked about leisure and/or everyday activities outside the workplace.

Our work and the need often obliges us to let celebrations and leisure with family and friends pass, I've already missed many mothers' day lunches, I've had birthdays working, I've stopped traveling, it's sad and bad, but necessary, unfortunately.

P11.

...] When I get home, I'm already too tired. Sometimes when I'm at home there appears leisure programs for me to do. But as I'm always tired I decide not to do the program and rest.

P13.

The direct assistance provided by the nursing team to the users of the service and the bond established with it, was listed as another factor responsible for the wear and tear suffered by the nursing team.

[...] One very bad thing about working here is to see the suffering of these people, patients are sometimes very debilitated, e and when a child arrives then, I keep holding back my emotions so I do not cry [...]

P6.

Discussion

In this study, it was observed that among the results obtained on the profile of the professionals involved, it is worth noting that 80% (n = 12) of the sample consisted of female professionals, being 20% (n = 3) males, which refers us to the prevalence of female among nursing professionals.

Throughout history nursing has always been composed of a significant number of women [11]. This observation also refers to the occurrence of a possible double working day (professional and domicile).

The work can be seen as a result, between actions that the worker develops and the means of production that he uses, however the work envi-

ronment in hospital institutions, where the worker appears as a product and as a producer, are rich sources of study on the quality of life, in view of the fact that professionals providing health care, also need means that can improve their quality of life [12].

Historically, work has been associated with the source of livelihood and survival, constituting a social activity with greater consumption of time for the individual in relation to other social activities, the quality of life should also be evaluated taking into account the working conditions of the professional [7].

Two instruments and an interview script were used in the research, with data related to predisposing factors of work overload according to the opinion of the participants, the first instrument is data related to the profile of these professionals and the second is the WHOQOL-BREF module consisting of 26 questions, with responses following the Likert scale (1 to 5, where the higher the score, the better the quality of life), out the first two questions about quality of life in general, the instrument is composed of four domains: physical, psychological, social relations and the environment. From this, associations were made between the professional profile of the nursing team and the domains defined by the WHOQOL BREF instrument.

Among the results obtained we highlight the relation between the marital status and domain 3 related to social relations, encompassing personal relationships, social support (support) and sexual activity, since most of the professionals were married (53%) or were in stable union (20%).

The feeling of well-being and satisfaction between professional, personal and sentimental life, are directly related to a good quality of life [7]. Considering that, the quality of life, is directly associated with the conditions that the individuals are inserted in their daily life, encompassing biopsychosocial factors, professionals who achieve protection in their social environment, answered with better

score questions related to their coping capacity and support in adverse situations.

The physical domain (domain 1) consists of facets covering issues related to pain and discomfort; energy and fatigue; sleep and rest; mobility; activities of daily life; dependence on medications and treatments and the ability to work, this domain, showed a significant association with the income variable, which refers to the low wage floor, according to the statements of professionals (P8) and (P13), these professionals end up accumulating more than one employment bond, as a way to meet their needs, which results in an exhaustive workload and in most cases, without rest between one day and another, causing physical and mental damage and consequently affecting the quality of service provided.

Nursing professionals devote much of their time to work. It is controversial to think of the health professional who works in unhealthy conditions and does not promote a good quality of life, welcoming and providing patient care [7, 12].

Work overload is closely linked to the appearance of physical and mental symptoms, which lead to the sickness of workers, besides facilitating errors and accidents at work, increase the rate of absenteeism and decrease of leisure activities [14].

The devaluation and non-recognition, be it, by the team, users or managers, as factors triggering feelings such as dissatisfaction and frustration for the workers [15]. What can be seen according to the speech of (P5).

The pleasure from work is subjective to each individual. However, this satisfaction is directly linked to initiative, creativity, autonomy and the possibility of expressing themselves, elements that generate appreciation and strengthening of personal identity [16].

When asked about the frequency of leisure activities, 87% of respondents stated that they often do not engage in activities that arouse them pleasure due to involvement with work, as evidenced by

comments from professionals (P11) and (P13), which contributes to both physical and emotional wear and tear, predisposing to a decrease in the quality of life of these individuals.

Quality of life is a term that takes into account abstract aspects related to situations that promote well being and satisfaction in the individual, thus restricting the worker to his place of work, influences his quality of life, and translates into physical symptoms And psychological, which can lead to the illness of the organism, soon a professional that reduces their self-care and leisure activities that give them pleasure, due to their work activity, increase the probability of the appearance of chronic diseases, bringing consequences in the routine of these professionals [17].

According to the speech of participant P7, nowadays, most of the professionals spend their time, in the work environment, with this, the conditions of this environment, can influence during and after the workday contributing significantly in the increase of the level of anxiety and stress. Because it is considered a place of restricted access, and that involves procedures of greater complexity. The surgical center can be considered a confined environment, taking into account the occupational aspects [18].

Environmental factors, unhealthy working conditions, mechanization of work, associated to low salary and non-participation in decision-making are also highlighted as factors triggering work overload, leading to occupational sickness and reduced quality of life [14].

The nursing team that works in the surgical center deals daily with issues that address both the care and management of the routine of the service, assisting the client holistically, accompanying their anguish, fears and doubts, performing a comprehensive care, addressing both physiological and emotional aspects, influencing the way in which inherent situations in patients' lives interferes with their emotional state, as reported by (P6).

The professionals who work in the health area deal daily with situations that put at risk the life of other human beings, which requires great effort and responsibility of these workers, this pressure and responsibility, often imply a physical and psychological wear and tear. It is important to prepare studies that will improve the working conditions and quality of life of the worker [19].

In this way, a differentiated look at the conditions that may cause wear, which exceed the professional's ability to deal with adverse situations, bringing repercussions on the quality of life, becomes a fundamental strategy in the prevention of the sickness of these individuals and consequently in the guarantee of the quality of the health services.

Conclusion

Considering the activities performed by the nursing team, working in the surgical center, the present study made it possible to identify predisposing factors that may cause work overload, especially the double working day, dissatisfaction with remuneration, poor working conditions, devaluation, inefficient staffing, coping with adverse situations in patient care, and reduction of self-care and leisure activities, which contribute to the potential of wear and tear on professionals, impacting on their quality of life.

The double working day and the dissatisfaction with the remuneration often restrict the accomplishment of activities that can bring pleasure and satisfaction, outside the work environment, causing feelings of frustration. The team's inefficient scaling puts employees who perform activities above their daily work capacity, making it unfeasible to perform better on the service provided. Involvement with patients during health care often leads to an overstimulation of emotional load.

Quality of life is seen as the result of a set of factors, related to the feeling of satisfaction, the work environment being in most cases the place where

the individual spends most of his day, conditions that may generate discontent and dissatisfaction, consequently will cause physical, mental or emotional exhaustion in these professionals.

Related to the perception that these workers have about their quality of life, we can observe that the same, for the most part, evaluated how neither satisfied nor dissatisfied, which leads us to think about the difficulty they have in considering the influence between working conditions and their quality of life.

Evaluating the association between the variables characterizing the profile of nursing professionals and the domains measured by WHOQOL Bref, it was possible to verify some important relationships, bringing statistical evidence among some observed variables. However, we emphasize that the importance of the study is not limited only to evidence of significant associations between the variables, but also to explain other characteristics that can define the observed population. Its greatness is not only, and only, to present significant results, but to raise questions about certain findings.

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