

Night Work and its Implications in the Quality of Life of Nurses

ORIGINAL

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Abstract

Objective: to know the consequences that night work can bring to the quality of life of nurses, identifying the strategies adopted by nurses to stay healthy.

Method: descriptive, mixed-approach (quanti-qualitative) research, carried out with nine Nursing professionals. Data were collected in June 2016.

Results: The male gender (77.7%) prevailed, the working time in the sector was between 1 and 5 years (55.5%), with the majority still working overtime (66.6%). Most participants report being dissatisfied with the quality of their sleep, although 88.8% of professionals say they are satisfied with their quality of life. From the testimonies, we obtained the meanings that were grouped in the categories: "It is something related to my health", "It interferes with my work, family and leisure...", Night work and basic necessities.

Conclusion: It was found that night work has negative social impacts that affect workers' personal and social lives. These negative aspects are compounded by poor working conditions, double working hours, overtime, among other factors.

Introduction

In modern society, there has been a worldwide trend in increasing working hours due to the variety of conditions involved and the de-

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Keywords

Nousing; Night Work;
Quality of Life.

mands of work. The working conditions and their pathologies are strongly related to the wear and deterioration of the worker by general conditions of life and by the specific relations of this work. [1, 2]

Projections of actions to prevent diseases and injuries and to promote healthy conditions and well-being in the area of workers' health require metrics capable of detecting adequate or inadequate working conditions with the potential to trigger illness in specific groups of workers. [1, 2]

In Brazil, in general, the health-work relationship is problematic, due in particular to the lack of adequate working and living conditions. Directing this reality to the nursing context, it is verified, through the literature, that these professionals have unsatisfactory working conditions, triggered by multifactorial problems, ranging from the low remuneration to schedules of working hours adopted. [3]

The nocturnal work is pointed out as a potential enhancer for workers' health, promoting changes in the circadian rhythm, biological, psychological and social changes in the individual. This alternation of the work shift (day-night) affects the sleep-wake cycle, wearing off the worker, which can affect their efficiency, their physical and psychological health, their well-being, their relationship with family and social life. [4]

Although it favors the increase of service production, it also interferes directly with the Quality of Life (QoL) of the workers, being considered as a possible cause of health disturbances. [5]

In this perspective, the present study had as objective to know the consequences that the night work can bring to the quality of life of the nurses, identifying the strategies adopted by the nurses so that they remain healthy.

Methods

This is a descriptive, mixed-quality (quantitative-qualitative) survey carried out in a health care institu-

tion, corresponding to the Mobile Emergency Care Service (SAMU), in a large city in the Northeast of Brazil. The research sample consisted of nine nurses who met the inclusion criteria: being on the night service scale, working more than six fixed months with night shifts. Were excluded Professionals from the daytime service scale and nurses who hold the position of head of the institution. Data were collected in June 2016.

The instrument was a semistructured questionnaire prepared by the researcher, with open questions and multiple choices. Regarding the ethical aspects, there was approval by a Research Ethics Committee. The data were collected through an interview and individually, being applied by the researcher at the time they were on duty.

The quantitative data were analyzed and elaborated in a database with the aid of Excel tool. The qualitative data were analyzed based on the interview script and interpreted through the analysis of the content related to the theme.

Results

When analyzing the sociodemographic profile of the study participants, the prevalence of the female sex (77.7%) was verified. The age range of professionals was between 30 and 35 years (77.7%).

Working time in the sector prevailed between 1 and 5 years (55.5%), with the majority still working overtime (66.6%).

The following table shows data related to the analysis of the repercussions related to night work, among them: changes in sleep patterns, and concentration, impacts on leisure and family life (**Table 1**).

According to the study, 66.6% of participants report being dissatisfied with the quality of their sleep. This reality is justified by the fact that the activities developed at SAMU are supported by a 24-hour daily regime, which refers to understanding that nursing professionals are prone to health stres-

Table 1. Repercussions of night work identified in SAMU nurses. Brazil, 2016.

Variables	Number of participants	%
Sleep		
Dissatisfied	06	66.6
Satisfied	03	33.3
Sleep hours per day		
5 – 6 hours	08	88.8
7 – 8 hours	01	11.1
Concentration		
Very little	05	55.5
Good concentration	04	44.4
Leisure and family convival		
Not satisfied	02	22.2
Very satisfied	01	11.1
Satisfied	06	66.6

sors, as well as changes in sleep patterns, which minimize their social life and family life.

According to the self-assessment and satisfaction with the quality of life and health, the following results were obtained: (88.8%) of the professionals in the study stated that they were satisfied with their quality of life, and 77.7 with their health, which is positive for both workers and the institution, since good quality of life contributes significantly to a good performance at work.

In the analysis of the testimonies we sought to broaden the quantitative findings, deepening them, and aiming to understand the nurses' perception of the study on the theme of quality of life. This phase was guided by the following question: "In your perception, what does quality of life mean?". From these responses, we obtained the meanings that were grouped into the following categories: Category 1 - Health approach; Category 2- Approach on family, leisure and work and Category 3-Basic needs.

Category 1. It's something related to my health

It was perceived in the participants an anchorage in classic concepts that put health and quality of life as synonymous concepts, although they are different constructs. The World Health Organization itself has already established that health is not only the absence of disease, but also the presence of physical and mental well-being. The quality of life arose to extend this aspect even more, pondering even more subjective questions related to the various dimensions inherent to the individual.

I think quality of life is you being healthy and willing to face your everyday life.

E1.

It is you to be well with your health [...].

E7.

The quality of life at work is fundamental in human activity, however in nursing that has been focused in improving the quality of life of the population this should be even more evident and present.

Category 2. It is something that interferes with my work, family and leisure

In most of the speeches, it is noticeable that the night work interferes in the familiar routine, causing them to be absent from the family, important events among others. The relationship with the greater need for leisure, having time for family and work was highlighted in most of the participants' speeches

[...] is the well-being, possibility of living with work, leisure, family and health.

E5.

Have leisure, health time to talk with friends and relatives a quiet night's sleep.

E4.

It is the satisfactory maintenance of indicators such as health, leisure, food, work and others. Do what you like and live well according to your daily needs.

E6.

The aforementioned reports allowed to note that the participants included aspects related to family care and leisure in the concept of quality of life. Time-related pressures are primarily responsible for the use of lifestyles that abdicate these aspects, not allowing the exercise of this human need. This greater consequence in the social circle has greater repercussion in the familiar daily life generating a certain absence of these individuals in the conviviality with the family and friends.

In order to identify what strategies nurses use to maintain health, a question was asked: "what do you do to stay healthy in the face of night work?".

The strategies that were mentioned by the professionals under study are considered collaborators for the maintenance of a healthy life, since the night work is responsible for several health problems. The units found were: food, rest/sleeping, drinking water.

Category 3. Night work and basic needs

The speeches below show the possible strategies cited:

I try to feed myself well and rest in my spare time to maintain my mood.

E2.

I try to sleep whenever I can and maintain a healthy diet.

E5.

Drink lots of water, feed myself well and try to sleep well after a night shift.

E6.

According to the perception of the professionals, the work performed at night brings problems for workers' health that manifest through imbalance, sleep, accumulation of errors, lack of attention, decreased mood and changes in family and social life.

The irregularity of sleep causes the individual to become sleepy during the day, without mood and with low concentration in the activities, ending up interfering in the daily life.

Besides adopting a healthy diet and adequate rest, cited by the professionals under study as strategies to maintain adequate health, it was possible to evaluate another strategy that also has great relevance in the role of health protection:

[...] I practice activities.

E1.

The practice of physical activities regularly is a protective factor against several types of morbidity and mortality being of low cost and known worldwide. Most people relate the practice of physical activity to a great improvement in the quality of life.

Discussion

Night work is considered paramount for the proper functioning of prehospital care. However, working at night requires the worker to know the limits of their body so that the development of this activity does not cause health consequences and does not compromise the quality of care provided. [6]

An emergency and urgency unit such as SAMU requires the presence of young people who can carry out their work with agility, as age is a factor that plays a positive role in the quality of emergency care. Some factors still tend to worsen the quality of life related to work, when it comes to night shift professionals, with low pay being one of the main ones. The low remuneration in nursing today is pointed out as one of the causes of greater

dissatisfaction. As a result, nursing workers opt for more than one job. [7-9]

There was a deficit in the quality of sleep, which interferes with the quality of life. In relation to the number of hours of sleep per day of these workers, it was evidenced that these are below recommended. There is a deficit in the sleep process of the workers, since most of the professionals studied can sleep a reasonable number of hours, but not enough so that they can recover from the wear and fatigue of the night shift.

Nursing work, especially in pre-hospital care, requires a lot of intense concentration, being related to sleep and rest and extremely indispensable for providing care to clients. [11] According to the present investigation, only 66.6% of the studied population affirm that they are satisfied with leisure and family life. Among the relationships with regard to quality of life, personal and professional satisfaction depends on the type of relationship between the man and the work process. Thus the way in which the worker relates to the social and professional environment, brings different meanings and satisfactions reflecting in a better or worse quality of life.

However, it can be said that the professionals of the present study are satisfied with their quality of life, but it is also affirmed that this emergency service, over the years may rather cause some damage, due to the high rate of care extended days of work, including night shifts, and may lead to greater risk, affecting the quality of life of these workers.

The professionals studied seem to be satisfied with their health. Health can be characterized by the ability to have a satisfactory and useful life, generally confirmed by the perception of general well-being, however health may be associated with negative factors such as morbidities among other factors that make health unsatisfactory. Therefore, health can assume a both satisfactory and unsatisfactory position depending on the behavior of individuals. [12]

Work is a fundamental element in the life routine of the individual, because it is through this mechanism that the human being tries to satisfy their aspirations, desires, satisfaction, personal and professional fulfillment, so that, the same can achieve the desired quality of life. [13]

Night work and weekends differentiate these professionals from the rest of the population, having a different rhythm of life from their relatives and friends. This differentiated system of work can trigger several problems, such as: low self-esteem, fatigue, anxiety and social reclusion. Study of stress in daily life of nursing professionals identified that (35.8%) of the professionals interviewed felt that night work is primarily responsible for the emergence of disorders related to sleep and others (15.1%) believed that the increase of these disorders was related to this type of service. [14]

The term quality of life is related to a social representation developed from objective and subjective parameters associated with diverse dimensions such as: love, pleasure, personal fulfillment, satisfaction of the basic needs and needs created by the economic and social questions or by aspirations personal. [15]

Quality of life is being widely discussed in contemporary society due to its range of meanings and to encompass a multiprofessional dimension covering all areas of knowledge. [16]

Conclusion

It was found that night work has negative social impacts that affect workers' personal and social lives. These negative aspects are compounded by poor working conditions, double working hours, overtime, among other factors. Among the personal repercussions is detachment of the family, changes in the pattern of sleep and concentration and personal attrition. Cognitive performance was also impaired.

Thus, it is expected that this study will assist in the development of further investigations in order

to seek possible strategies that minimize the effects of night shifts on health and quality of life of nursing professionals.

References

1. Cezar-Vaz MR, Bonow CA, Almeida MCV, Sant'Anna CF, Cardoso LS. Workload and associated factors: a study in maritime port in Brazil. *Rev Latino-Am Enfermagem*. 2016 Nov; 24:e2837.
2. Oliveira LB, Guimaraes MSO, Silva WC, Silva GB, Sousa ÁFL, Moura MEB. Nurses' health and safety: ergonomic risks in critical hospital units. *J Nurs UFPE on line*. 2014 Aug; 8(8):2633-7.
3. Silveira M, Camponogara S, Beck CLC. Scientific production about night shift work in nursing: a review of literature. *Rev pesqui cuid fundam (Online)*. 2016 Jan-Mar; 8(1):3679-90.
4. Mendes AM, Tamayo A. Organizational values and pleasure-suffering at work. *Psico-USF*. 2001 Jan-Jun; 6(1):39-46.
5. Silva AA, Souza JMP, Borges FNS, Fischer FM. Health-related quality of life and working conditions among nursing providers. *Rev Saúde Pública*. 2010 Aug; 44(4):718-25.
6. Santana RS, Brito BAM, Ferreira JLS, Sousa ÁFL, Cunha MB, Viana LVM. Influence of night work on quality ICU nursing team life. *R Interd*. 2015 Mar; 8(2):25-34.
7. Cabral APS, Souza WV, Lima MLC. Mobile Emergency Care Service: A survey of local land transportation accidents. *Rev bras epidemiol*. 2011 Mar; 14(1): 03-14.
8. Schmidt DRC, Dantas RAS. Quality of life at work among nursing professionals at surgical wards from the perspective of satisfaction. *Rev Latino-Am Enfermagem*. 2006 Feb; 14(1):54-60.
9. Costa DT, Martins MCF. Stress among nursing professionals: effects of the conflict on the group and on the physician's power. *Rev esc enferm USP*. 2011 Oct; 45(5):1191-8.
10. Araújo GA, Soares MJGO, Henriques MERM. Quality of life: nurses' perceptions under a qualitative approach. *Rev Eletr Enf*. 2009 Sep; 11(3):635-41.
11. Rocha MCP, Martino MMF. Stress and sleep quality of nurses working different hospital shifts. *Rev esc enferm USP*. 2010 Jun; 44(2):280-6.
12. Rodrigues DM, Pereira CAA. The control perception as source of well-being. *Estud pesqui psicol*. 2007 Dec; 7(3):541-56.
13. Baasch D, Laner AS. The meanings of working in intensive care unities of two Brazilian hospitals. *Ciênc saúde coletiva*. 2011 Jan; 16(Suppl 1):1097-105.
14. Ferreira LRC, Martino MMF. Stress resulting from the daily activities of the nursing team and correlation with chronotype. *Estud psicol (Campinas)*. 2009 Jan-Mar; 26(1):65-72.
15. Chazan ACS, Silva AM, Ramos C, Chazan F. Quality of life at the workplace: perceptions of a reception group at Pedro Ernesto University Hospital. *Interagir, Pensando Ext*. 2008 Jan; 2(13):27-30.
16. Carvalho EL, Silva MRB, Campêlo SMA, Alencar DC, Moreira WC. Qualidade de vida dos trabalhadores de enfermagem de um centro de material e esterilização. *R Interd*. 2016 Aug-Oct; 9(3): 67-73.

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