

## Relocation during the pandemic and its impact on nursing quality of life: cross-sectional study

*Reubicación durante la pandemia y su impacto en la calidad de vida de enfermería: estudio transversal*

*Remanejamento na pandemia e seu impacto na qualidade de vida da enfermagem: estudo transversal*

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### Abstract

The aim was to evaluate the quality of life of nursing professionals, from surgical units, relocated to COVID units during the pandemic. Quantitative study, carried out between May and August 2021, with 49 nursing professionals from surgical units, using an online questionnaire on quality of life and sociodemographic data in a university hospital located in the city of Rio de Janeiro. The predominance of females (74%), nursing technicians (66%), and professionals working as scholarship holders for an indefinite period (78%). Nursing professionals rated themselves as having a good quality of life (63%). The average scores for the domains were: physical (67.3%), psychological (67.3%), social relationships (62.7%), and environment (54.5%). Work relationships need to be considered, as the quality of life was found to be more impaired in nursing technicians with indefinite scholarships. It is necessary to take a careful look at these professionals and all the factors that influence and affect their quality of life.

**Descriptors:** Nursing Professionals; Quality of Life; COVID-19; Pandemic; Relocation.

### Resumen

El objetivo fue evaluar la calidad de vida de los profesionales de enfermería, desde unidades quirúrgicas, trasladadas a unidades COVID durante la pandemia. Estudio cuantitativo, realizado entre mayo y agosto de 2021, con 49 profesionales de enfermería de unidades quirúrgicas, mediante cuestionario online sobre calidad de vida y datos sociodemográficos en un hospital universitario ubicado en la ciudad de Río de Janeiro. Predominio del sexo femenino (74%), técnicos de enfermería (66%) y profesionales que trabajan como becarios por tiempo indefinido (78%). Los profesionales de enfermería calificaron a sí mismos como de buena calidad de vida (63%). Los puntajes promedio de los dominios fueron: físico (67,3%), psicológico (67,3%), relaciones sociales (62,7%) y ambiente (54,5%). Es necesario considerar las relaciones laborales, ya que se encontró que la calidad de vida es más deteriorada en los técnicos de enfermería con beca indefinida. Es necesario observar detenidamente a estos profesionales y a todos los factores que influyen y afectan a su calidad de vida.

**Descriptores:** Profesionales de Enfermería; Calidad de Vida; COVID-19; Pandemia; Reubicación.

### Resumo

Objetivou-se avaliar a qualidade de vida dos profissionais de enfermagem, de unidades cirúrgicas, remanejados para unidades COVID durante a pandemia. Estudo quantitativo, realizado entre maio e agosto de 2021, com 49 profissionais de enfermagem de unidades cirúrgicas, por meio de um questionário on-line sobre qualidade de vida e dados sociodemográficos em um hospital universitário localizado no município do Rio de Janeiro. Predominância do sexo feminino (74%), técnicos de enfermagem (66%), e profissionais atuantes como bolsistas por tempo indeterminado (78%). Os profissionais de enfermagem se autoavaliaram com boa qualidade de vida (63%). A média dos escores dos domínios foi: físico (67,3%), psicológico (67,3%), relações sociais (62,7%) e meio ambiente (54,5%). As relações de trabalho precisam ser consideradas, visto que a qualidade de vida se mostrou mais prejudicada em técnicos de enfermagem como bolsistas por tempo indeterminado. É necessário que haja um olhar criterioso para esses profissionais e todos os fatores que influenciam e afetam sua qualidade de vida.

**Descritores:** Profissionais de Enfermagem; Qualidade de Vida; COVID 19; Pandemias; Remanejamento.



## Introduction

The COVID-19 pandemic, since 2020, is the most serious public health problem faced in the world in recent years. The Ministry of Health received the first notification of a confirmed case of COVID-19 in Brazil in February 2020 and, at an increasing and accelerated pace, more than 21 million cases of the disease and more than 600 thousand confirmed deaths have been recorded until September 2021 throughout the country, with approximately 61 thousand deaths in Rio de Janeiro and a fatality rate of 5.2%<sup>1,2</sup>.

The exponential increase in demand for health services has caused a series of physical, human, and material structural changes in the institutional routines of health units and, consequently, in the lives and daily lives of those who carry out their professional activities there<sup>3</sup>.

Such changes occurred in a disorderly and abrupt manner, negatively interfering with the workload of health professionals, and triggering physical and even psychological disorders. As a reflection of the increased demand for health units at all levels, especially at the tertiary level, there was greater engagement of these workers and the need for constant relocation of many to exclusive sectors of care for patients with suspected or confirmed pathology<sup>3,4</sup>.

The relocation of the nursing team is a practice widely used in health services, especially in hospital institutions, even in a sector where the planning is unequivocal and the scale is well structured, there is the possibility of absences in the professional staff, leading to the need to redistribute personnel<sup>5</sup>.

Although the "Technical Opinion on Relocation of Nursing Professionals due to the Need of the Institution", from the Regional Nursing Council (COREN), of Paraíba (PB) no. 02/2015, is not in favor of constant relocation due to absences, certificates or licenses and, even though COFEN Resolution No. 293/2017 ensures the Technical Safety Index (IST), which must exist in every institution (philanthropic public or private), the relocation of nursing team members is a reality in a large part of Brazilian health institutions, having also been another strategy to meet personnel demands during the pandemic<sup>6,7</sup>.

The current scenario increases the occurrence of absences, absences, absences and/or medical certificates for nursing professionals, aggravated by relocation to isolation sectors due to COVID-19. The performance of different activities with insertion in more complex scenarios, in terms of the complexity of care and management of professionals, in addition to the exhaustive and high workload, stress, pressure resulting from the high number of care for serious cases, few hours of sleep, ineffective infrastructure, lack of personal protective equipment, the risk and fear of being infected and spreading the disease to family members, co-workers and other people, can be cited as intensifying the anxiety found in health professionals, leading to physical, emotional and/or mental exhaustion<sup>8,11</sup>.

Therefore, when all eyes are on health professionals who are on the line of battle against COVID-19, which indispensably involves nursing as a workforce with the largest number of professionals facing the pandemic, it is important to review the effects of this relocation practice<sup>12</sup>.

In this sense, our objective is to evaluate the quality of life of nursing professionals, from surgical units, relocated to COVID units during the pandemic.

## Methodology

This is a cross-sectional study, with a quantitative approach, applying the quality-of-life assessment instrument proposed by the World Health Organization (WHOQOL-bref)<sup>13</sup>. Developed in a university hospital located in the city of Rio de Janeiro, which was a reference in care for the population affected by the COVID-19 virus. Since the beginning of the pandemic and where, to this day, almost three years after the appearance of the first case in the municipality, it still has beds dedicated to this clientele.

The non-probability sampling technique was used, through convenience sampling. The total study population was composed of 49 nursing professionals from surgical units who met the following inclusion criteria: nurses and nursing technicians working in surgical units (General Surgery, Vascular Surgery, Neurosurgery, Urolithiasis, Urology, Cardiac ICU, Gynecology, and Thoracic Surgery) that have been relocated to COVID sectors during the pandemic. The exclusion criteria included professionals from the surgical nursing team who were on vacation/leave during the pandemic or during the time of collection and nursing professionals who are no longer linked to the institution, of the 60 possible subjects, 49 agreed to participate in the study.

Data collection took place between May and August 2021 through the sending of a questionnaire made available in form format, on the Google Forms tool containing sociodemographic characteristics, performance, and professional categorization through variables, namely: gender; age; marital status; has children; family income; position and sector you worked in before the pandemic; position and sector you work in now; relocation to the COVID sector, if so, when, how long they remained in the COVID sector (refer to the months worked); type of link with the institution; length of professional training and presence of another employment relationship, in addition to the validated WHOQOL-bref quality of life assessment scale.

The WHOQOL-bref consists of 26 questions on a five-point Likert scale: two questions are relevant to the individual perception of quality of life, and the others are subdivided into four domains and represent each of the 24 facets that make up the original World Health instrument. Organization Quality of Life (WHOQOL-100), as below<sup>13,15</sup>.

- (a) Domain I – Physical: pain and discomfort, energy and fatigue, sleep and rest, mobility, activities of daily living, dependence on medication or treatments, and work capacity.
- (b) Domain II – Psychological: positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, negative feelings, spirituality, religion, and personal beliefs.
- (c) Domain III – Social relationships: personal relationships, social support, sexual activity.



(d) Domain IV – Environment: physical safety and security, home environment, financial resources, and health care.

(e) Domain V – Social: availability and quality, the opportunity to acquire information and skills, participation and opportunities for recreation/leisure, and physical environment (pollution, noise, traffic, climate, and transport)<sup>13,15</sup>.

The scores for each domain were modified on a scale of 0 to 100 and expressed in terms of averages, as recommended in the manual produced by the WHOQOL team, with higher averages suggesting a better perception of quality of life.

Subsequently, the data were tabulated in Microsoft Excel spreadsheets, a database was created, and analyzed according to descriptive statistics with relative and absolute frequencies, as well as presentation in graphs. Therefore, scores and descriptive statistics were calculated regarding the “Quality of life of nursing professionals, relocated to COVID-19 isolation sectors, during the pandemic.” through the WHOQOL-bref instrument using Microsoft Excel.

The conversion of scores was done using the WHOQOL-bref manual scoring, which has a conversion table based on the average values for each domain. Thus, this study included a global index and four for the domains using the average of the items, results from 0 to 100, with no cutoff point that classifies quality of life as good or bad, but

rather, as interpreted, higher averages indicate better quality of life.

The present investigation was approved by the Research Ethics Committee of the Faculty of Nursing of the State University of Rio de Janeiro, under Opinion number 4,847,727, CAAE:48779621.4.0000.5282 and all ethical principles contained in the Declaration of Helsinki and Resolution No. 466/2012 were respected<sup>16,17</sup>. All participants signed the Free and Informed Consent Form (ITC).

## Results

The research in question had 49 nursing professionals from surgical inpatient units as subjects. Of these, 37 (74%) are female. Concerning the professional category, 33 (66%) are nursing technicians and, about the work regime, 39 (78%) of the sample are linked to the institution through a project, thus being scholarship holders for an indefinite period. and the rest are statutory. It is noteworthy that 33 (66%) professionals were diagnosed with COVID-19, of which 21 (63.6%) are nursing technicians.

In Table 1, there is a descriptive analysis of the scores achieved by the research participants, in each domain of the quality-of-life questionnaire. The overall average quality of life score was (63.0%), with (67.6%) in the physical domain, (67.3%) in the psychological domain, (62.7%) in the social relationship's domain, and (54.5%) in the environment domain.

**Table 1.** Descriptive analysis of the scores achieved by research participants. Rio de Janeiro, RJ, Brazil, 2021

Domain	Average (%)	Minimum (%)	Maximum (%)
Physical	67.6	50.5	80.6
Psychological	67.3	53.5	79.1
Social relationships	62.7	58.7	65.3
Environment	54.5	45.4	66.9

The most compromised domain was the environment (related to home environment, physical safety and protection, financial resources, leisure, physical environment, etc.) and the least compromised was the physical, which concerns pain and discomfort, energy and fatigue, sleep and rest, mobility, activities of daily living, among others.

The overall average of Quality of life concerning sex had a higher score in men (69.3%) than in women (66.0%). As for the domains, the environment domain score was the most affected in both sexes, while the least affected in males was the physical domain and in females, the Social relations

domain (personal relationships, social support, activity sexual) - Table 2.

Regarding the professional category, it is observed that the general average quality of life of nurses was less compromised (70.4%) than that of nursing technicians (66.2%). It is also observed that the most affected domain in both categories was the environment.

For nurses, the least affected domain was the physical domain while, for nursing technicians, the psychological domain (positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, negative feelings, etc.) was the least affected.

**Table 2.** Quality of life scores by sex. Rio de Janeiro, RJ, Brazil, 2021

Domain	Average (%)	Minimum (%)	Maximum (%)
<b>Female sex</b>			
Physical	66.0	55.4	77.0
Psychological	66.1	53.3	79.0
Social relationships	66.6	59.4	66.8



Environment	55.0	42.5	66.8
<b>Male sex</b>			
Physical	69.3	43.7	85.4
Psychological	67.6	50.0	81.5
Social relationships	57.7	54.1	62.5
Environment	51.5	35.4	62.5

Table 3. Professions of research subjects. Rio de Janeiro, RJ, Brazil, 2021

Domain	Average (%)	Minimum (%)	Maximum (%)
<b>Nurse</b>			
Physical	70.4	63.2	87.9
Psychological	64.4	47.0	83.8
Social relationships	63.2	48.5	79.4
Environment	57.3	48.5	70.5
<b>Nursing technician</b>			
Physical	66.2	48.4	73.4
Psychological	68.0	55.4	76.5
Social relationships	64.8	64.0	65.6
Environment	52.3	39.0	65.9

As for the employment relationship, there is a greater impact in the Social relations domain (personal relationships, social support, sexual activity) for statutory employees, while in the fixed-term contract relationship, the environment stands out as the most compromised domain (related to the home environment, physical safety and security, financial resources, leisure, physical environment, etc.).

As for the least affected domain, we have the Psychological (positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, negative feelings, etc.) and the Physical (pain and discomfort, energy and fatigue, sleep and rest, mobility, activities of daily life, etc.), for statutory and service provision contracting regime, respectively.

Table 4. Links with the institution. Rio de Janeiro, RJ, Brazil, 2021

Domain	Average (%)	Minimum (%)	Maximum (%)
<b>Statutory employee</b>			
Physical	73.2	63.6	90.9
Psychological	75.0	70.4	80.0
Social relationships	59.8	54.5	65.9
Environment	60.5	50.0	77.2
<b>Employee under service provision contract</b>			
Physical	67.7	50.0	84.2
Psychological	64.4	47.3	77.6
Social relationships	62.6	58.5	65.7
Environment	52.6	42.1	63.8

## Discussion

The highlight of the category of nursing technicians 33 (66%) and females 37 (74%) as a large representative of the research subjects, is following the research "Nursing Profile in Brazil", whose results also indicate that nursing

team is predominantly female, being made up of (85.1%) women, with a large percentage of professionals in the category of nursing technicians and assistants (77.0%)<sup>18</sup>.

Regarding employment relationships, in the study hospital, nursing professionals are divided into two types of



employment relationships: statutory, which represents 11(22%) of our sample, and indefinite scholarship holders, 39(78%).

Given the scenario of neoliberalist politics, precarious work is an existing and increasingly impactful factor in the Brazilian public service. Additionally, the lack of infrastructure and funds, and the growing ideology of the minimum state, impact the scarcity of public tenders, with the consequent reduction in the hiring of effective numbers of employees to meet the needs of the demands of health services, requiring constant replacements by outsourced professionals or subcontractors<sup>19</sup>.

Temporary service provision contracts, originating from private management and widely disseminated in the public sector, consume health teams, causing insecurity in maintaining the employment relationship, and uncertainty in social security rights, and career plans, among other realities that contribute to vulnerability related to the various particularities of the precariousness of health services. The fragility of the specificities of hiring implies the commitment and dedication of these professionals, since a large part of the professionals who work in the SUS come from service provision, outsourcing, and cooperative contracts, among others<sup>19,20</sup>.

Faced with the pandemic scenario, many health professionals, especially nursing professionals, were suddenly required to meet the needs and demands of care. The unavailability of these professionals would trigger major losses in the health system's production and service scales, which historically already struggled with a deficit of human resources<sup>20</sup>.

Faced with the urgency and need for workers to provide nursing care in institutions, hiring was adopted without adequate integration into institutional routines and protocols, or continuing education. So, the sudden, continuous, and unbridled increase in the demand for services for nursing professionals in the face of COVID-19, has increased the number of workers under contracting services, often with work overload, dissatisfaction, and uncertainty regarding maintaining the bond, exposing this professional to a greater risk of negative repercussions on their mental health, their work practice and possible consequences of COVID in the nursing professional's life<sup>21</sup>.

Concerning the number of nursing professionals who tested positive for COVID 33 (66%), this is supported by studies and research carried out, which point to the class as the most susceptible category, when compared to others, as they are health professionals who are on the front line in the fight against COVID-19, with greater exposure due to the care provided to patients suspected or infected by the disease, risking their lives and experiencing adverse situations and scenarios ranging from physical exhaustion due to exhaustive workloads, lack of adequate protective equipment and even psychological stress due to the fear of contracting the disease, in addition to facing the loss of patients and professional colleagues<sup>22</sup>.

Faced with this scenario, many nursing professionals experienced insecurity and reduced quality of life, resulting in unfavorable repercussions on health,

regarding physical or mental health, including distancing from their family and social relationships, contributing to the increase of stress at work. Work overload, low wages, unhealthy conditions, and exhausting shifts exhaust professionals on a physical and psychological level and compromise their social and work relationships<sup>23</sup>.

In the total quality of life score, the most compromised domain was the environment, and the physical domain was the least compromised. The explanation for this finding may be the fact that the pandemic brought deprivation of leisure to the population, and changes in the financial income of some families, which was highlighted as being more impactful, and corroborates studies that indicate that quality of life. It also covers objective issues, which, like work and education, leisure is an important and necessary factor in the lives of the population, which includes nursing professionals<sup>24</sup>.

On the other hand, studies indicate that the scenario of the current pandemic makes the difficulties of the nursing category more evident, such as the need for professional development, and better working conditions, in addition to highlighting the high workload, need for readjustments in staffing and relocation of personnel, low pay, even, ethical problems experienced by many nursing professionals who work on the front lines of combating and caring for people with COVID-19<sup>25,26</sup>.

In this way, the quality of life perceived by nursing professionals relocated to COVID-19 units contradicts recent studies that indicate that nursing care for this clientele triggers mental and psychological health problems in these professionals, who begin to deal with emotions and feelings. stressors and depressive factors such as anxiety, resulting from working conditions, as well as the distance from family and emotional ties, often due to anguish, fear, and uncertainty, regarding the pathology, the risk of becoming infected, and even the deaths of colleagues in severe cases<sup>27</sup>.

The present study has limitations regarding the sample size and the fact that, as described in the exclusion criteria, some of the nursing professionals working to care for users suspected of or infected with COVID-19 are no longer linked to the institution at the time of collect.

## Conclusion

Nursing professionals play an extremely important role in assisting in dealing with cases during the COVID-19 pandemic. However, despite all this protagonism, several factors contributed to the reduction in the quality of life of this public, including constant relocations to care units for patients suspected and/or infected by the virus as well as hiring services for a fixed period and/or scholarships for an indefinite period.

Thus, the present study demonstrates that the score that most affected the quality of life of nursing professionals was the environment domain, which is related to physical safety and protection, home environment, financial resources and healthcare, etc. The study shows that the quality of life of nursing technicians and nurses working on temporary contracts were most affected, therefore, it is





necessary to have a careful look at these professionals and all these factors that influence and affect their quality of life.

Given this theme and the results presented, it is believed to contribute to studies on the quality of life of nursing professionals relocated to COVID units during the pandemic, exposing the importance and need to reduce and

prevent stressful factors in the routine of these professionals. , reducing workload, security in employment relationships, motivation, and improvement in working conditions, and reducing factors that cause losses and impact the quality of life of nursing professionals.

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