

Quality of life in nursing work: safety, health and motivation

Calidad de vida en el trabajo de enfermería: seguridad, salud y motivació

Qualidade de vida no trabalho da enfermagem: segurança, saúde e motivação

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Abstract

Nursing activities culminate in a final objective, which is the patient's health and recovery. Motivation for work will depend on health and safety in the environment, leading to levels of efficiency and commitment, which will result in quality of life, health safety and motivation in nursing work. This study aimed to analyze the production of knowledge about quality of life, safety, health and motivation in nursing work. A brief survey about publications in the form of articles, national and international periodical manuals, Internet, books, and magazines. A time limit between the years 2000 to 2018/2019 was considered.

Descriptors: Health; Safety; Quality of Life; Nursing.

Resumén

Las actividades de enfermería culminan en un objetivo final, que es la salud y recuperación del paciente. La motivación para el trabajo dependerá de la seguridad y salud en el entorno, lo que conducirá a niveles de eficiencia y compromiso, que redundarán en calidad de vida, salud, seguridad y motivación en el trabajo de enfermería. Este estudio tuvo como objetivo analizar la producción de conocimiento sobre calidad de vida, seguridad, salud y motivación en el trabajo de enfermería. Breve encuesta sobre publicaciones en forma de artículos, manuales periódicos nacionales e internacionales, Internet, libros y revistas. Se consideró un límite de tiempo entre los años 2000 a 2018/2019.

Descriptores: Salud; Seguridad; Calidad de Vida; Enfermería.

Resumo

As atividades da enfermagem culminam num objetivo final que é a saúde e restabelecimento do paciente. A motivação para o trabalho vai depender da saúde e segurança no ambiente, acarretando níveis de eficiência e comprometimento, o que vem resultar na qualidade de vida, saúde segurança e motivação no trabalho da enfermagem. Esse estudo objetivou analisar a produção do conhecimento acerca da qualidade de vida, segurança, saúde e motivação no trabalho de enfermagem. Uma breve pesquisa a respeito das publicações na forma de artigos, manuais periódicos nacionais e internacionais, Internet, livros e revistas. Foi considerado um limite temporal entre os anos de 2000 a 2018/2019.

Descritores: Saúde; Segurança; Qualidade de Vida; Enfermagem.



In this situation, research is classified as:

Introduction

The nursing community is always committed and passionate about excellence in patient care and in their work environment since the area where the activities are carried out is a collective and individual responsibility. The creation of actions and guidelines that are successful as occupational risk management, requires a joint effort by nursing, becoming essential to ensure quality patient care.

In this sense, the implementation of health and safety programs in these locations are essential factors in reducing the extent and severity of work-related injuries and illnesses, due to the stressors present, as they are related to the context of immediate actions. It is extremely important to work with risk analyzes because it offers guidelines in the conduct for the safety and health of nursing work.

The presence of healthy and well-rested nurses is essential to provide vigilant monitoring, empathic patient care. The important thing is to try to investigate the factors that contribute to these stressors, trying to analyze the cause and the effect which helps managers to find the root and possible causes of a problem.¹

The quality of life and health in the work environment is indispensable for measuring various aspects since it is composed of psychological and sociological factors, measuring the needs of individuals. It also fulfills social roles such as satisfaction, social well-being, inclusion in the social network, motivation for work and support. In the psychological sphere, the individual himself needs to develop control and autonomy of his behavior in decision making, in the development of his skills and adaptability.

Satisfaction and willingness to work is a regulator of human behavior, as it relates to the functioning of the unit in the work environment. Nursing is the cornerstone of most health care groups.

Methodology

This is a brief review of published scientific papers on the relationship between quality of life, health safety and motivation in nursing work. With the intention of defining the object of study and research field for the reality it was intended to apprehend, selected productions in the form of articles, testimonies, materials, or booklets published in national and international journals, raising the subject on the Internet, books and magazines considering a time limit between 2000 to 2018/2019.

Basic activity of science in its investigation and discovery of reality. It is an attitude and a constant search for theoretical practice that defines an inherently unfinished and permanent process. It is an activity of successive approximations to reality that never ends, making a particular combination of theory and data².

As for the literature review, we chose this way, because we can explain the current knowledge on the subject, and it may serve in the future as part of training in the study processes in this field. The review becomes easy access to research, selecting relevant studies. It can also ensure that other researchers do not duplicate the work that has already been done, highlighting the main findings, identifying inconsistencies, gaps, and contradictions in the literature, not least because it highlights what matters and what may interest other readers.

Results

A total of 32 studies were used in this research. 8 books out of the time limit just to support the work. Among these, 1 book was used for the work methodology. As for the studies, 24 were found, and one of them in a dissertation format. Still in relation to the research, three manuals were used, two from the Ministry of Health and one from the Brazilian Institute for Patient Safety (IBSP).

Most articles address health, safety, motivation, and quality of life in nursing work, relating to quality in patient care. They are related to stress to risks with sharp punctures, work overload, poor remuneration, demotivation. The importance of quality of life with the reduction of workload and refer to the need for 30 hours for nursing.

Regarding the time limit follow the publications: in 2004 we found 2 studies and 2005, we found 1 study. In 2006, 2 studies were found and in 2007 a total of 3 studies. As for 2008, 2 studies were found. In 2009, only 1 study. In 2010, 5 studies were found. In the following year in 2011, 2 studies were found. As for the years 2012, 2013 and 2014, only 1 study each. Finalizing in 2018, 3 studies were found.

As for the table below, all studies will be listed, only those studies that served as a basis for the research will be left out of the table. We highlight: Titles, Authors and year of publication.

Chart 1. Articles, books, manuals, and booklets used in the research. São Paulo, SP, Brazil, 2020

Title of Article / Book / Manual / Booklet	Author (s)	Year of publication
Recomendações para atendimento e acompanhamentos de exposição ocupacional a material biológico: HIV e Hepatites B e C	Ministry of Health	2004
Presenteeism: at work-but out of it	Hemp P	2004
Teorias da Administração	Silva OR	2005
Introdução à Administração	Maximiano AC	2006
Perfil dos profissionais de enfermagem que se acidentam com materiais perfurocortantes	Dias ALF et al,	2006



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A Qualidade de vida no Trabalho da Enfermagem	Farias PNS, Zeitoune GCR	2007
Práticas de recursos humanos – PRH: Conceitos, fundamentos e procedimentos	Limongi-França AC	2007
Qualidade de vida no Trabalho: Percepções da Equipe de Enfermagem na Organização Hospitalar	Neumann NV	2007
Temas e estratégias para liderança em enfermagem enfrentando os desafios hospitalares	Joint CR	2008
Patient Safety and Quality: An Evidence-Based Handbook for Nurses	Trinkoff AM et al	2008
Introdução à Segurança do Trabalho	Tavares GRC	2009
Situações de risco biológico presentes na assistência	Cardoso MCA,	2010
de enfermagem nas unidades de saúde da família	Figueireido MR	
The effect of performance appraisal results on the personnel's motivation and job promotion	Hamidi et al	2010
Sources and effects of Work-related stress	Moustaka E,	2010
in nursing	Constantinidis CT	
Jornada de 30 horas semanais: condição necessária para assistência de enfermagem segura e de qualidade	Pires D et al	2010
Study of effective factors on nurses' job motivation in Kerman University of Medical Sciences teaching hospitals in 1386	Vali L, Ravangard R	2010
Qualidade de vida no trabalho. Gestão em Enfermagem. Ferramenta para Prática Segura	Marziale PHM, Dantas SAR	2011
Avaliação da Exposição Ocupacional a Material Biológico em Serviços de Saúde	Valim DM, Marziale PHM	2011
A importância da Qualidade de Vida no Trabalho e sua influência nas Relações Humanas	Gonçalves NF et al	2012
Gifts Unproductive: a new name for old situations	Moura MLC, Silva ES	2013
Carga horária de trabalho dos enfermeiros e sua relação com as reações fisiológicas do estresse	Dalri BMCR et al	2014
Saúde do Trabalhador e da Trabalhadora	Ministry of Health	2018
Qualidade na assistência para a segurança do paciente	Buscato M	2018
Introdução à Psicologia do Ser	Maslow H	2018

Discussion

Nursing professionals continue to act in different ways by carrying out health promotion actions, preventing diseases passing through the cure, rehabilitating, and relieving suffering. Thus, these professionals are exposed to numerous risks: biological, physical, mechanical, chemical and psychosocial, which can cause accidents at work and occupational diseases.³

In this context, the disposal of material, lack of attention, haste in the emergency room, carelessness, distraction in the care of agitated patients, work overload, venipuncture procedures, and the inadequate use of Personal Protective Equipment (PPE) are factors predisposing to accidents at work.⁴

According to some authors⁵, sharp drill accidents are considered a serious problem for healthcare professionals, due to infection with the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C (HCV). In Brazil, about 58,000 nursing professionals may be exposed to contamination by biological risks.⁶

In this sense, there is a need to create simple safety measures in the workplace, which must be supported by firm and guaranteed practices that prevent risks and leave no doubt. We cannot forget the psychosocial risks that are defined as those conditions present in a work situation causally related to the organization of work and its social environment. Nothing should affect the physical, mental, or social health of the worker, and the motivation for their routine should always be part of the job.

According to study⁷, motivation can also be conceptualized as "the unconscious desire to obtain something or as" an impulse towards satisfaction, in general aiming at personal growth and development and, therefore, the organizational one ". perform any activity, it uses internal or external factors that are responsible for driving the desired objective⁸ and human motivation can be studied from different references, and among these we can highlight the basic human needs.⁹

Continuing motivation in the hospital environment is essential for proper care to patients. Neglecting motivational factors can lead to dissatisfaction in nursing work, reducing the quality of the service, delaying the recovery process along with consumers' dissatisfaction with the services¹⁰, and in that regard Herzberg's theory of "health-motivation" is one of the most comprehensive theories of motivation that divides motivating factors into two categories of motivation and health.¹¹



Based on this idea, the popularity of Herzberg's two-factor theory occurs among other reasons for its compatibility with Maslow's theory of needs, since it refers to human needs and Herzberg deals with the objectives that satisfy those needs.¹²

Right after this exposure, Herzberg's theory of motivation reason and Hygiene concluded that there are two sets of factors that explain human motivation:

- Hygienic or maintenance items represented by the elements that make up the work environment, such as physical conditions, salary, benefits, job security, interpersonal relationships, policies, and administrative practices of the company. When properly attended to, they do not ensure satisfaction for employees, they just avoid displeasure, however, if they are not perceived positively, they cause dissatisfaction.
- Motivators refer to the content of the position and the nature of the tasks performed by the individual, such as opportunities to exercise creativity, challenges, the possibility of professional growth, recognition, responsibility, autonomy to perform the work and others.¹²

Upon learning, Abrahan H. Maslow, in creating the hierarchy of needs, divided human needs into five hierarchical levels: at the base are physiological needs (essential to human life); security (stability); social (integration in the group); self-esteem (recognition and prestige) and self-fulfillment (continuous personal growth). With that it is understood that after the satisfaction of the need it no longer serves as a motivator of behavior, and the next becomes the most important.¹³

It is worth mentioning that Quality of Life at Work (QWL) can be presented as the ability to manage the set of actions, including diagnosis, implementation of improvement and managerial and technological and structural innovations in the aligned work environment and built in the organizational culture with priority absolute for the well-being of the organization's people.¹⁴

On the other hand, it is recognized that the worker is dispossessed of his physical body, by exploiting his maximum work force. There is a fundamental contradiction between the desire to work and the will of the employer. From there, the psychic burden and interpersonal relationships arise that can become conflicted. They also point out that, when the rearrangement of work organization is blocked, suffering begins, the drive energy accumulates in the psychic apparatus and causes a feeling of displeasure and extraordinarily strong tension.¹⁵

Observing the work of nursing teams in hospitals in Minas Gerais, you can see the demand for great productivity for nursing teams in daily life, but, in contrast, working conditions were adverse in relation to physical and material resources, among others. Another observation was in relation to the insufficient number of nursing professionals who, in view of this, endeavored to provide care to patients,

generally in a higher number than was appropriate for that physical area, with a notable work overload. 16

Continuing the work activities were born with man. Due to his reasoning ability and his instinct to group, man has achieved, through history, technological advances that made his existence on the planet possible. Starting from predatory activity (hunting), it evolved into agriculture and grazing, reached the craft stage, and reached the industrial era.¹⁷

Therefore, we remember that the landmark of work safety took place in 1700, in Italy, with the publication of the work "De Morbis Artifi cium Diatriba" - The Workers' Diseases, authored by the physician Bernardino Ramazzini (1633-1714) who, for this reason for this reason, he is considered the "Father of Occupational Medicine". In this work, the author describes a series of diseases related to 50 professions.¹⁷

It is important to highlight that the first studies related to (QWL) appeared in the first half of the 20th century. These studies were divided into two guidelines: on the one hand a conception focused on productivity and on the other the concern with worker satisfaction. From the second half of that century, the first theories joining the two guidelines began to appear, after all, it was thought that not only was it possible to combine satisfaction with productivity, but also good performance of the worker with satisfaction and fulfillment.¹⁸

According to the Ministry of Health ¹⁹, Occupational Health is the field of Public Health whose object of study and intervention is the production-consumption relations and the health-disease process of people and of workers. In this field, work can be considered as an organizing axis of social life, a space of domination and resistance for workers and a determinant of people's living and health conditions.

Thinking in this way, based on this premise, interventions should seek to transform productive processes, in the sense of making them health promoters, and not sickness and death, in addition to guaranteeing comprehensive health care for workers), considering their insertion in the productive processes.¹⁹

Therefore, it is the responsibility of the man himself and the public authorities to ensure safety in the community environment, seeking to live in harmony with nature, building and demanding safe buildings. In the workplace, this responsibility becomes the responsibility of the employer since he prepares the environment to receive the professional to preserve his health and safety in the development of activities. In practice, quality of life is the individual's condition of life.¹⁷

On the other hand, whether in the workplace or at home, thus, it is understood as (QWL), the set of characteristics of the worker and their situational aspects in the context of work, therefore, the systemic performance of the organizational and individual characteristics that configure the subjective world of the worker.²⁰

In view of these considerations, in 1802, the British Parliament passed the first worker protection law: the "Apprentices' Health and Morals Act" established a limit of 12 hours of work per day, prohibited night work and forced



employers to wash their factory walls twice a year and made it necessary to ventilate the environment. $^{21}\,$

Another significant highlight reveals that work-related illnesses generally originate from continuous exposure, being physical and biological chemical agents mainly in industries. In developing countries, where both regulation and experience with workers' health is not yet effective, working conditions become even more dangerous.²²

According to some authors¹, another quite common problem with work and nursing routine are the diseases associated with working hours, such as gastrointestinal pain due to changes in work shifts and the food that is available in these shifts due to the circadian rhythm and culminates in stress. Psychological problems, personality disorders and relationship difficulties are also reported.

It is worth pointing out that the overload of duties contributed to these professionals to present themselves with a tired face and thus often remain throughout the workday. In this way, they performed their functions poorly and the assistance provided to the patient left something to be desired. We realized that they tried, tried to hide their tiredness, but were surprised by their physical, psychic, and emotional limits.¹⁶

Another important fact that happens in the work environment, whether in the hospital or in the work environment of any company, is precisely the presence of that worker who, for an infinite number of reasons, is in the workplace, but is unable to produce, for reasons such as increased demand, bad sleep, sick children, or even your homeostasis may be shaken by some physiological problem.

Other authors²³ affirm that a drop in production, no matter how small, can cause an inefficient result for the entire work team, as the individual is in the work environment without producing enough, characterizing presenteeism.

In this sense, presenteeism is the impossibility of producing what one should, or what would be, his capacity due to health problems that do not cause the worker to be absent from the job, not fulfilling all his functions.²⁴

The health-disease-work relationship has been permeated by factors that cause damage to the physical and mental health of workers, such as: long working hours, authoritarian interpersonal relationships in the work environment, monotony, or an accelerated work pace due to the demands of productivity, automation due to the performance of repetitive actions, with installment of tasks and low remuneration in relation to the responsibility and complexity of the services performed.¹⁵

In view of this statement, nursing work overload does not happen exclusively due to excessive hours of work. A survey carried out in the interior of São Paulo shows that 57% of professionals attribute their stress to working conditions (excessive workload, lack of employees and material resources and lack of professional and emotional support). It is also necessary to consider that activities intensely require emotional and cognitive skills, which contribute to the wear and tear of professionals.²⁵

Seen from this perspective, the importance of human needs varies according to the culture of everyone and each organization, hence the quality of life at work is not determined only by individual characteristics or by organizational characteristics, but rather by the systemic interaction between both.²⁰

In this context, the quality of life at work can be defined by the search for psychological, physical, and social balance where the needs and limitations of the human being are respected, resulting in personal and professional growth, without traumas affecting personal and behavioral attitudes relevant to personal productivity and group, such as: motivation to work, adaptability to changes, creativity, and willingness to innovate. Quality of life at work involves two opposite positions.²⁶

As for the stimulus, it is a great challenge in nursing management to create and maintain the motivational atmosphere in the workplace, an attractive and retaining hospital culture, it does not occur naturally. Two leadership strategies for retention include favoring an open culture and building a sustainable culture.²⁷

It is worth pointing out that psychic balance also depends on being rested and motivated, because tiredness and demotivation are not allying. A closer look is needed for these workers and their physical and psychological needs. The number of workers should be sufficient for good nursing work planning.

In this sense, researchers²⁸ claim that the dimensioning of human resources in any organization has been considered a challenge. In nursing, the quantitative and qualitative aspects of these resources have required the attention of nurses responsible for the administration of nursing services due to the implications that inadequate dimensioning has on the result of the quality of nursing care provided to clients.

On the other hand, dimensioning the nursing staff constitutes the initial stage of the staffing process whose purpose is to forecast the number of employees per category, required to meet directly or indirectly, the nursing care needs.²⁸

With this understanding, the lack of nursing staff causes unfavorable results for the patient, not least because it is part of the group of health professionals who work under complicated, dynamic, stressful conditions and are vital for patient care, because the balance between work and domestic life are factors that can influence life at work.

The II National Conference on Human Resources for Health in 1993 considered that, due to the nature of the activity, the maximum working day for professionals in this area should be 30 hours a week. Both at the 12th National Health Conference, as well as at the 3rd National Conference on Occupational Health and at the 3rd National Conference on Management of Work and Health Education, the 30-hour day was decided for the sector.²⁹

It is important to note that the International Labor Organization (ILO) states that the 30-hour day is the most suitable for health professionals and users of services, which was ratified by the International Public Service - ISP, Subregional Brazil, an entity union that officially represents



public sector workers at the ILO, in a note of support at 30 hours for nursing.²⁹

Right after this exposure, stressed nurses are more susceptible to the occurrence of accidents and work-related illnesses and may also develop their activities inefficiently resulting in negative consequences for the individual and / or the assisted population, adding to this problem the issue of high nursing workload, usually perform.^{30,31}

Continuing, it is necessary to show that in relation to the quality of life in nursing work, it is a process that can be decomposed into objects, means and instruments and the work itself. In nursing, the work object to be transformed is the individual or collective human body in its demands in the health-disease process.³²

Based on this idea, there are numerous factors that contribute to the determination of the quality of life at work of nursing professionals:

"Income capable of meeting personal and social expectations.
Sensible working hours and conditions.
Career opportunities and perspectives.
Possibility of using the potential.
Pride in the work done.
Justice in rewards; and
Respect for worker rights".32

Therefore, it is not about the defense of privileges, but the right of the population to be served by competent

and healthy professionals. Safe and quality care, in addition to being morally required, is more economical, as it prevents damage and reduces legal actions against health services. Public and private institutions will spend less on absenteeism due to illness of nursing professionals.²⁹

Conclusion

The literature highlights the importance of quality of life in nursing work. We believe that the opportunity to be heard by managers is of great relevance for these professionals so that they can expose ideas, questions, and aspirations in the work environment. We have not found policies that are interested in the quality of life of nursing staff. It is worth mentioning that there is a need for future studies as the topic discussed here seems to be scarce. Nursing professionals are extremely competent and deserve to be valued. We know that the concept of competence has also contributed to the valorization of the human being, who is now not just another employee within the company, but people capable of developing and becoming fundamental partners in organizational activities. Professionals in which managers must invest and, mainly, give greater power of participation within the decisions and strategies of the unit.

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