

## Quality of life related to the health of older nurses

*Qualidade de vida relacionada à saúde de enfermeiros na terceira idade*

*Calidad de vida relacionada con la salud de los enfermeros en la tercera edad*

### ABSTRACT

**Purpose:** To assess the health-related quality of life of older nurses. **Method:** This is an epidemiological, cross-sectional, analytical study. Data were collected through a closed instrument that characterized the sociodemographic profile of individuals and through The Medical Outcomes Study 36-item Short-Form Health Survey. After organizing the data, they were analyzed using the Kruskal-Wallis test. **Results:** Most of the nurses were in professional practice, had already experienced the multi-employment situation, had a weekly workload of above 60 hours and had chronic diseases. As for quality of life related to health, a lower mean was identified in the general health domain, 65.41, and a better mean, 80.26, for social aspects. **Conclusion:** Professionals already retired who worked in direct care and who had a diagnosis of occupational and/or chronic disease presented the worst scores in domains.

**Descriptors:** Quality of Life; Health; Nursing; Elderly.

### RESUMO

**Objetivo:** Avaliar a qualidade de vida relacionada à saúde de enfermeiros na terceira idade. **Método:** Estudo epidemiológico, transversal, analítico. Os dados foram coletados, por meio de instrumento fechado que caracterizou o perfil sociodemográfico dos indivíduos e por meio do The Medical Outcomes Study 36-item Short-Form Health Survey. Organizados os dados, estes foram analisados, utilizando-se o teste de Kruskal-Wallis. **Resultados:** Os enfermeiros, a maioria deles, se encontravam em exercício profissional, já haviam vivenciado a situação de multiemprego, tinham carga horária semanal acima de 60 horas e possuíam doenças crônicas. Quanto à qualidade de vida relacionada à saúde, identificou-se menor média no domínio estado geral de saúde, 65,41, e melhor média, 80,26, para os aspectos sociais. **Conclusão:** Apresentaram as piores pontuações em domínios os profissionais já aposentados que trabalharam na assistência direta e que possuíam diagnóstico de doença ocupacional e/ou crônica.

**Descritores:** Qualidade de Vida; Saúde; Enfermagem; Idoso.

### RESUMEN


**Objetivo:** Evaluar la calidad de vida relacionada con la salud de los enfermeros en la tercera edad. **Método:** Estudio epidemiológico, transversal, analítico. Los datos fueron recolectados a través de un instrumento cerrado que caracterizó el perfil sociodemográfico de los individuos y a través de la Encuesta de Salud Breve de 36 ítems del Estudio de Resultados Médicos. Una vez organizados los datos, se analizaron mediante la prueba de Kruskal-Wallis. **Resultados:** Estos enfermeros, en su mayoría, se encontraban en ejercicio profesional, ya habían vivido una situación de pluriempleo, tenían una carga de trabajo semanal superior a 60 horas y padecían enfermedades crónicas. En cuanto a la calidad de vida relacionada con la salud, se identificó una media menor en lo que se refiere a la salud general, 65,41, y una mejor media, 80,26, para los aspectos sociales. **Conclusión:** Los profesionales ya jubilados que trabajaban en atención directa y que tenían un diagnóstico de enfermedad ocupacional y/o crónica presentaron las peores puntuaciones en todos los aspectos.

**Descriptores:** Calidad de vida; Salud; Enfermería; Anciano.

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## INTRODUCTION

To develop their professional practice, nurses face, among other issues, the multiple challenges of their own work, such as: multi-employment, long and night shifts, work overload, low pay, little professional recognition, deficit in the dimensioning of nursing staff, high demand, use of physical force in the manipulation of sick people, and experience pain and suffering of patients and their families<sup>(1)</sup>.

It is believed that such challenges, over time, can compromise nurses' physical and psychosocial health as well as quality of life. Moreover, these implications become even more relevant for those professionals of older age, because, in addition to experiencing the challenges of their productive life, they still must overcome the biological changes caused by the aging process<sup>(2)</sup>.

In this sense, health-related quality of life (HRQoL) is an important indicator of multidimensional assessment of well-being, understood as the perception the individual has of their health regarding the physical, social and psychological impacts experienced, which may include their living conditions<sup>(3-4)</sup>.

Thus, investigating this phenomenon in older nursing staff is relevant, since the study showed that, in Brazil, 11.4% of nurses are between 51 and 60 years old and are in the process of "professional slowdown" and 2.1% are over 61 years old and are in the "retirement" phase<sup>(5)</sup>. It is important to notice that studies evaluating HRQoL have been conducted only with specific populations, such as teenagers with diabetes mellitus<sup>(6)</sup>, primary care users<sup>(7)</sup>, people with chronic ulcers<sup>(8)</sup> and children with epilepsy<sup>(9)</sup>.

Regarding health professionals, there are studies that focus on nurses and nursing assistants who work in hospitals<sup>(2,10-11)</sup> or emergency care services<sup>(12)</sup>, but research on HRQoL of older nurses was not found. Moreover, in the literature, there are few specific approaches to older nursing staff<sup>(13)</sup>. This characterizes the low scientific production on the subject and shows how significant it is to study the conditions that affect this population. Therefore, this investigation queries about the assessment of HRQoL of older nurses.

## METHODS

This is an epidemiological, analytical study with a cross-sectional design whose population were nurses living in the city of Cuiabá - MT, in the

third age, according to the definition of the World Health Organization for this age group<sup>(14)</sup>.

The participant nurses were in a general register of the Regional Nursing Council of the State of Mato Grosso. The population of this study were all professionals registered in the council until December 2018, regardless of their registration status (active, active/redeemed or canceled). Thus, 178 out of 3,214 nurses registered, met the inclusion criteria and were considered eligible to make up the population of this study.

The study included professionals of both sexes, living in the urban area of the city, with 60 years old or more (until December 31, 2018), working or already retired and with a history of working at different levels of health care. Nurses who were not found after three attempts by telephone or in person were excluded. Thus, the population of this study consists of 86 nurses.

Data were collected from November 2018 to May 2019, through a questionnaire on sociodemographic characteristics, professional history, health conditions and life habits and the HRQoL assessment scale. After obtaining the professionals' information, the researchers contacted them, by phone or in person. In this first contact, the researcher provided clarification about the research and scheduled the interview.

The Medical Outcomes Study 36-item Short-Form Health Survey (SF-36) is a Likert-type scale used to assess HRQoL, with 36 items, which considers social aspects, limitation due to emotional aspects, mental health, vitality, limitation due to physical aspects, physical capacity, pain and general health status, through a score ranging from 0 to 100 points. The higher the mean evaluated, the better the health status. It is a scale translated and validated in Brazil<sup>(15)</sup>.

The variables of this study are conditioned to sociodemographic characteristics (age, gender, marital status; children, number of children, household head); professional background (professional situation, area of activity with more professional permanence, existence of second or third job); health profile and lifestyle (occupational diseases, chronic diseases, continuous use medication, Body Mass index (BMI), physical activity practice) and health-related quality of life (assessed by the scale mean).

Descriptive analyses were performed, such as calculations of frequencies and proportions in percentage for qualitative variables, and means,

medians, standard deviations, interquartile amplitude for quantitative variables. The median scores of the SF-36 domains (social aspects, limitation due to emotional aspects, mental health, vitality, limitation due to physical aspects, physical capacity, pain and general health status) were compared with the variables of sociodemographic, professional and health profiles and life habits, through the Kruskal-Wallis test. The level of significance adopted in all analyses was 5%. The programs used for statistical analysis were Epi info 7.2 and the R Core Team software.

The project was approved by the Ethics Committee on Research with Human Beings of the Federal University of Mato Grosso, with opinion 2,670,711, respecting Resolution 466/2012 of the National Health Council. All eligible participants of the research signed the Informed Consent Form (ICF).

## RESULTS

From a total of 178 nurses, 57 had an outdated address and telephone number; three did not meet the inclusion criteria; three had died, and the family did not notify the Regional Council; five were disregarded due to unsuccessful communication attempts; and 24 refused to participate, thus resulting 86 nurses, who were interviewed.

The sociodemographic characteristics of the individuals, as shown in Table 1, showed a predominance of females, 87.21%, from 60 to 64 years old (61.63%). It was also evidenced that the majority of nurses, 58.14%, were born in the Midwest region.

Regarding marital status, 34.88% declared themselves married or in a stable union, and 83.72% reported having children, most of them, 80.56%, between 1 and 3 children. 77.91% of the nurses interviewed, declared they are household head.

Table 1 - Distribution of nurses according to sociodemographic characteristics and professional trajectory. Cuiabá, Mato Grosso, Brazil, 2019 (N=86)

Variables	n	%
Sex		
Female	75	87.21
Male	11	12.79
Age		
60 to 64 years old	53	61.63
65 to 69 years old	18	20.93
70 or more	15	17.44
Marital status		
Married/ stable union	30	34.88
Single	29	33.72
Legally separated	14	16.28
Widow(er)	13	15.12
Children		
Yes	72	83.72
No	14	16.28
Number of children		
1 to 3	58	80.56
4 to 6	13	18.05
7 to mais	1	1.39
Household head		
You	67	77.91
Husband/wife/partner	16	18.60
Father/mother	2	2.33
Other	1	1.16

Source: the authors (2021).

Regarding professional training, the majority stated that they had a specialization, 72.09%. On current or previous work activities, 55.81% remained working; however, of those who were in the labor market, 47.91% reported they had already retired, but returned to work. About professional performance, 30.23% stated that they had worked in the hospital area, coinciding with the management area. It was also observed that 65.12% of the individuals said they had worked in two places at the same time, and of these, 44.64% mentioned that they had three jobs simultaneously (Table 2).

Source: the authors (2021).

Table 2 - Distribution of nurses according to their current and previous work situation. Cuiabá, Mato Grosso, Brazil, 2019 (N=86)

Variables	N	%
Professional situation		
Active	48	55.81
Out of activity due to retirement	38	44.19
In professional activity (N = 48)		
Not retired	25	52.03
Retired but active	23	47.91
Work area with more permanence		
Hospital	26	30.23
Management/administration	26	30.23
Primary care	20	23.26
Secondary care	8	9.30
Teaching	6	6.98
Second job		
Yes	56	65.12
No	30	34.88
Third job (N= 56)		
Yes	25	44.64
No	31	55.36

Source: the authors (2021).

About the overall health profile, table 3 shows that 13.95% reported having an occupational disease, 79.07% said they have a chronic disease and, consequently, 79.07% declared having continuous use of some medication. Most participants (61.63%) were overweight, according to BMI analysis, and 62.79% reported they practice some physical activity frequently.

Table 3 - Distribution of nurses according to health profile and life habits. Cuiabá, Mato Grosso, 2019 (N=86)

Variables	n	%
Occupational disease		
Yes	12	13.95
No	74	86.05
Chronic disease		
Yes	68	79.07
No	18	20.93
Continuous use medication		
Yes	68	79.07
No	18	20.93
BMI*		
Low weight	7	8.14
Suitable weight	26	30.23
Overweight	53	61.63
Physical activity practice		
Yes	54	62.79
No	32	37.21

\* BMI was calculated using the following formula:  $BMI = \text{Weight}/\text{height}^2$ .

Table 4 shows the means, medians and standard deviations of the scores of the SF-36 domains and HRQoL. The mean HRQoL score was 74.45 and the domain with the lowest mean was general state of health (65.41), and with the highest mean was social aspects (80.26).

Table 4 – Mean, standard deviation, median and interquartile amplitude of the scores of the SF-36 domains and HRQoL of nurses. Cuiabá, Mato Grosso, 2019 (N=86)

Domains	Mean	Standard deviation	Median	Interquartile amplitude
Social aspects	82.59	21.72	88.00	25.00
Limitation due to emotional aspects	80.26	34.06	100.00	33.00
Mental health	78.04	14.00	80.00	20.00
Vitality	73.72	13.99	75.00	20.00
Limitation due to physical aspects	72.96	38.00	100.00	50.00
Physical capacity	72.38	23.82	80.00	38.75
Pain	70.20	23.73	72.00	33.00
Health general state	65.41	16.17	67.00	20.00
HRQoL	74.45	17.20	80.06	21.88

Source: the author (2021).

Table 5 shows the most significant variables of Kruskal-Wallis test, comparing the median scores of the HRQoL domains. The variable children showed a significant median in the general health domain ( $p = 0.025$ ), and a higher median was observed for professionals with children. For the professional situation, those who were active presented a statistically higher median score of the limitation due to physical aspects domain, compared with those out of work due to retirement ( $p = 0.004$ ). The variable area of activity was recategorized into two for the analysis (care work and management/bureaucratic work), showing a lower median for the domain pain in care work ( $p = 0.019$ ).

Regarding chronic disease, lower median scores were found for those who said they have a chronic disease, with significance in almost all domains. There were also lower medians for those who reported having occupational disease

in the domains limitation due to physical aspects ( $p = 0.005$ ) and pain ( $p < 0.001$ ). Concerning the practice of physical activity, the physical capacity

domain presented statistical differentiation for those who do it ( $p = 0.038$ ).

Table 5 – Comparison between median scores of the SF-36 domains and variables related to sociodemographic characteristics, professional education, health profile and lifestyle. Cuiabá, Mato Grosso, Brazil, 2019

Variables	Domains*							
	PC	LPA	Pain	GSH	VT	SA	LEA	MH
Children	(0.143)‡	(0.166) ‡	(0.929) ‡	(0.025) ‡	(0.688) ‡	(0.663) ‡	(0.937) ‡	(0.864) ‡
Yes	80.0±40	100±50.00	72±33.00	67.0 ±20.00	75.0 ±20.00	88±25.00	100 ±33.00	80±20.00
No	67.5±32.50	75±93.75	73±22.75	59.5 ±13.75	72.5 ±13.75	88±25.00	100 ±24.75	78±18.00
Professional situation	(0.122)‡	(0.004) ‡	(0.860) ‡	(0.776) ‡	(0.933) ‡	(0.201) ‡	(0.126) ‡	(0.426) ‡
Retired	75±45.00	75±75.00	73±52.50	67.0 ±18.75	75 ±20.00	87.5±25.00	100 ±33.00	82±22.00
Active	80±31.35	100±25.00	72±25.50	64.5 ±20.50	75 ±20.00	94,0±25.00	100 ±8.25	80±20.00
Assistance	(0.889) ‡	(0.225) ‡	(0.019) ‡	(0.122) ‡	(0.310) ‡	(0.996) ‡	(0.781) ‡	(0.332) ‡
Direct	80±35.00	100±75.00	63±43.00	62.0 ±19.25	75.0 ±20.00	88±25.00	100 ±33.00	78±20.00
Indirect	75±41.25	100±25.00	82±38.00	69.5 ±18.50	77.5 ±15.00	88±25.00	100 ±33.00	82±18.00
Chronic disease	(0.002) ‡	(0.029) ‡	(0.004) ‡	(0.009) ‡	(0.067) ‡	(0.465) ‡	(0.969) ‡	(0.039) ‡
Yes	75±36.25	100±75.00	63±35.50	62.0 ±20.00	75 ±20.00	88±25.00	100 ±33.00	76±20.00
No	90±12.50	100±0.00	84±24.50	74.5 ±19.75	80 ±10.00	88±21.75	100±33.00	84±12.00
Occupational disease	(0.100) ‡	(0.005) ‡	(<0.001) ‡	(0.688) ‡	(0.062) ‡	(0.104) ‡	(0.178) ‡	(0.143) ‡
Yes	57.5±36.25	25±81.25	41±20.00	67 ±23.00	70 ±10.00	75±29.00	100 ±100.00	74±23.00
No	80.0±40.00	100±25.00	74±38.75	66 ±20.00	75 ±18.75	88±25.00	100 ±33.00	80±16.00
Physical activity	(0.038) ‡	(0.164) ‡	(0.090) ‡	(0.442) ‡	(0.888) ‡	(0.985) ‡	(0.585) ‡	(0.529) ‡
Yes	85.0±35.00	100.0±25.00	74±38.75	67 ±20.00	75 ±20.00	88±25.00	100 ±33.00	80±19.00
No	72.5±33.75	87.5±75.00	67±43.00	62 ±20.00	75 ±16.25	94±38.00	100 ±33.00	78±20.00

Note: Domains: CF - physical capacity; LPA - limitation due to physical aspects; GSH - general state of health; VT - vitality; AS - social aspects; LEA - limitation due to emotional aspects; MH - mental health.

‡ p Kruskal Wallis test value and +- interquartile amplitude.

Source: the author (2021).

## DISCUSSION

This study is considered innovative, since it is the first to date that evaluated HRQoL, exclusively in nurses with 60 years old or older. Thus, there were difficulties in comparing their results with other studies and, therefore, the discussion was conducted, using other studies that also evaluated HRQoL but different populations.

Regarding the demographic aspects of the population of this study, the female gender was

predominant, showing that feminization in the nursing area is still evident as it has been for decades, because of culture and tradition. Moreover, the majority are between 60 and 64 years old, which justifies they are retired professionals and work part time or full time<sup>(5)</sup>.

In the item referring to marital status, the results of this study corroborate with research that sought to characterize the profile of Brazilian nursing. In this country, 50.9% of the 414,712 nurses participating in the study reported they had a partner<sup>(5)</sup>.

When considering the number of children, the majority have from one to three children, being justified by the demographic transition and reduced fertility rate in Brazil throughout history. The majority declared themselves as the household head, a reality pointed out in study and that can be explained by the increased presence of women in the labor market<sup>(13)</sup>.

Concerning professional training, most of them had a specialization as post graduate qualification. This interest aims at career ascent, which can later provide greater satisfaction and higher remuneration. Regarding professional situation, most of them is retired, which is justified by the social security law in force at the time<sup>(16)</sup>. However, many of them were too young to retire and, in some cases, decided to continue their professional activities.

The majority also stated they had worked on a forty-hour weekly regime, during most of their careers, a fact that is still real for nursing professionals, as confirmed both in international<sup>(17-18)</sup> and national studies<sup>(12,19)</sup>. Another condition evidenced was multi-employment, due to the dynamics of nursing work and shift scales that allow them to have more than one job, and also to precarious realities regarding contract and wage that demand an income complement<sup>(20)</sup>.

About occupational diseases, the lack of knowledge about preventive measures at work and the whole set of disorder that may affect workers' health<sup>(20)</sup>, may be factors that justify the results found. In addition, the majority reported having noncommunicable chronic diseases (NCDs) that may develop because a multiplicity of factors. When discussing this subject related to nursing work, it is perceived that the deleterious effects of this service can impact the health of workers, since psychosocial conditions are factors that may contribute to the increase of vulnerability and risks of NCDs<sup>(21-22)</sup>.

It was also verified the use of continuous medication – an expected result considering the elderly population of the study, the need to use medication is a result of multimorbidity triggered by several factors, which, consequently, can also lead to a decrease in QoL<sup>(21)</sup>.

On HRQoL data, the lowest mean was identified in the general state of health domain and the highest in social aspects. In this sense, the results corroborate a study that evaluated the HRQoL of nursing professionals<sup>(25)</sup> and recorded the lowest mean in the general state of health

domain. However, the population studied was nurses and nursing assistants working in a hospital in João Pessoa (PB), with an average age of 33.81 years old<sup>(10)</sup>.

Referring to social aspects, the data obtained in this study are similar to those of the research that compared the QoL of the various intensive care professionals (Physicians, Physiotherapists, Nurses and Nursing Assistants), regardless of their workload and place of residence. The authors state that individuals who practiced physical activity had higher scores in this domain<sup>(10)</sup>.

Another finding shows that individuals with children had better HRQoL in the general state of health domain. This is different from the study that sought to verify the presence of occupational stress and HRQoL in nursing professionals, which analyzing the variable children, identified alterations in all domains; however, the most affected domain was functional capacity<sup>(10)</sup>.

In another study, in the evaluation of the family functionality of elderly Brazilian people, which is the balance/harmonization between the individuals who compose it, it was found that elderly people who lived with their spouses or elderly people who lived with their families were more likely to have good family functionality, consequently, a better perception of their own health and how to deal with them<sup>(23)</sup>.

The professional situation showed limitation due to physical aspects among those who were active. This may be justified based on a study that concluded that individuals who keep on working may have benefits, since they slow down the reduction in daily functions, considering that working requires certain level of cognitive and physical involvement<sup>(24)</sup>.

The pain domain was significantly higher in individuals who worked with direct care. Corroborating this study, a research involving 106 nurses sought to analyze the quality of life at work in a maternity-school; the authors identified that, among individuals who worked full time in direct care, pain was the domain that was most impaired. 27.3% of them had a score lower than 50<sup>(2)</sup>.

Regarding NCDs, they showed a negative relationship in several domains, except in social aspects, limitation due to emotional aspects and vitality. When analyzing a study that sought to correlate the QoL domains of a Federal University staff with the type and quantity of chronic health conditions, a significant relationship was found

between NCDs and QoL scores, as well as a weak but significant correlation between the domains. The conclusion is that the higher the number of chronic conditions, the lower the values of the QoL scale<sup>(11)</sup>.

The occupational disease variable was significant for physical capacity. Ergonomic risks and the conditions generated by them may endanger the worker's health by limiting or even disabling them<sup>(25)</sup>.

About physical activity practices, they were statistically significant for the physical capacity domain for those who practice it. Another study whose objective was to compare the QoL of the various professionals working in intensive care considering the level of physical activity, work load and place of residence, identified statistical significance in the domains: physical aspects, social aspect and mental health, in individuals considered active<sup>(23)</sup>. These findings can be justified considering that the regular practice of physical activity is found in the promotion of the physical, mental and social domains in the life of old people, providing freedom of locomotion, social interaction and leisure<sup>(25)</sup>.

This study faced some limitations. There is a small number of studies that used the SF-36 to evaluate HRQoL among nursing professionals, which implied the comparison of findings with other research experiences. Another limitation is that this is a cross-sectional study, in which it is not possible to analyze the cause-and-effect relationship. In this sense, the suggestion is to propose further research with a different methodology.

## CONCLUSION

It was verified that most of the participants of this study are female, between 60 and 64 years old, married, some of them are household head nurses; some, even retired, are still in professional activity. In addition, they experience a situation of multi-employment, working up to 60 hours per week. Regarding health conditions, chronic diseases and continuous medication are present, besides a small group with a diagnosed occupational disease and overweight, although they report practicing physical activity.

When measuring HRQoL, the average was above 70 points, being lower in the general state of health domain and higher in social aspects. Among those who are retired and are out of work, some present a history of working in direct care, with a diagnosis of occupational disease and

chronic disease, and they are the ones who obtained the worst HRQoL in several domains. However, those who reported having children and who practiced physical activity scored better in some domains.

Ademais, espera-se que este estudo sirva como subsídio à reflexão para os movimentos sociais protagonizados pelas entidades de classe da enfermagem brasileira, no sentido da luta por melhores condições de trabalho da categoria, a partir da compreensão da natureza e características que lhe são próprias.

The research was intended to contribute to the knowledge about the proposed theme. It made us see the importance and relevance of this approach for managing nursing work, suggesting new studies in this sense, given the breadth of the theme, besides instigating the preparation, reflection, understanding and planning the old age, so that the elderly can experience it with QoL. Moreover, it is expected that this study will be a support for the social movements led by the Brazilian nursing class entities, to think about and fight for better working conditions of the category, from understanding their own nature and characteristics.

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