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REVIEW

Assessment of quality of work life and healthy lifestyles in nursing professionals: review of the conceptual framework and background

Evaluación de la calidad de vida laboral y estilos de vida saludables en profesionales de Enfermería: revisión del marco conceptual y antecedentes

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ABSTRACT

Quality of working life (QWL) refers to a process that seeks to humanize the work environment, requiring an agreement between employers and workers on tasks and work environments, both physical and social. This concept goes beyond salary, encompassing dimensions such as identity, sense of belonging and social recognition, which directly influences people's quality of life. A narrative bibliographic review on the topic was conducted with the aim of investigating the concepts and research background on the evaluation of quality of working life and healthy lifestyles in nursing professionals. Quality of working life has become a topic of great importance internationally, especially in the context of a global labor crisis. In this scenario, job insecurity is increasing and the working conditions that have been achieved over the last two centuries are threatened, largely due to global capitalism. Studies on this topic suggest an interrelationship that could impact both the health of staff and the quality of patient care. Furthermore, the lack of healthy habits, such as physical activity and good nutrition, contributes to work-related stress in the nursing field, burnout syndrome and a negative perception of quality of life.

Keywords: Quality of Work Life; Lifestyles; Nursing.

RESUMEN

La calidad de vida laboral (CVL) se refiere a un proceso que busca humanizar el entorno de trabajo, requiriendo un acuerdo entre empleadores y trabajadores sobre tareas y ambientes laborales, tanto físicos como sociales. Este concepto va más allá del salario, abarcando dimensiones como la identidad, el sentido de pertenencia y el reconocimiento social, lo que influye directamente en la calidad de vida de las personas. Se realizó una revisión bibliográfica narrativa sobre el tema con el objetivo de objetivo indagar en los conceptos y antecedentes investigativos sobre la evaluación de la calidad de vida laboral y estilos de vida saludables en profesionales de enfermería. La Calidad de Vida Laboral se ha convertido en un tema de gran importancia a nivel internacional, especialmente en el contexto de una crisis laboral global. En este escenario, la precariedad laboral está en aumento y se ven amenazadas las condiciones de trabajo que se han logrado a lo largo de los últimos dos siglos, en gran medida debido al capitalismo global. Los estudios sobre este tema sugieren una interrelación que podría impactar tanto la salud del personal como la calidad de la atención a los pacientes. Además, la falta de hábitos saludables, como la actividad física y una buena nutrición, contribuye al estrés laboral en el ámbito de la enfermería, al síndrome de Burnout y a una percepción negativa de la calidad de vida.

Palabras clave: Calidad de Vida Laboral; Estilos de Vida; Enfermería.

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INTRODUCTION

Quality of life at work (QLW) is a process that humanizes the workplace. For QLW to exist and be achieved in an organization, there must be agreement between the employer and the employee regarding tasks, physical working environments, and the social atmosphere in the workplace. This means that quality of life is mediated by interpersonal relationships within and outside the organization.[1]

Quality of life at work affects a person's quality of life, so work must be considered in a person's being and doing, going beyond salary to become multidimensional. It also involves the reproduction of society, the construction of identity and a sense of belonging, and the possibility of recognition and social satisfaction.[2]

Quality of life includes physical, mental, and social aspects of life and is essential to understanding people's well-being. It refers to individuals' perceptions of their position in life in the context of the culture and value systems in which they live, as well as their goals, expectations, standards, and concerns.[3]

Talking about quality of life at work has recently become an international issue because the global employment situation is going through a crisis, with increasing precariousness and a decline in the working conditions achieved over the last two centuries, mainly due to global capitalism.[4]

The quality of working life of healthcare professionals, particularly in the care sector, is a topic of utmost importance. Among these, the group of nurses working in critical areas stands out, as they face a heavy workload, high patient demand, and insufficient resources for their care. This situation leads to physical and emotional overload for nursing professionals. In this context, an unhealthy lifestyle can negatively affect the quality of their work, which is reflected in poor performance within the organization.[5]

Nursing professionals working in critical units such as emergency rooms face challenging situations, such as pain and proximity to death, daily. They often have to make quick decisions, take responsibility for patient care, and deal with the demands of families. These circumstances can affect their professional performance, especially when combined with demanding working conditions, irregular shifts, limited training opportunities, and the stress inherent in the profession. This workload can trigger high levels of stress, exacerbated by unhealthy lifestyle habits and an imbalance between work and personal life.[6]

Organizations must consider this key aspect, as it can significantly impact the work environment. Failure to address employees' functional needs promptly can affect productivity and performance. For this reason, the action plan on workers' health for 2015-2025 has been designed. Its main objective is to strengthen the health sector's capacity to provide comprehensive health care for workers and improve working environments. The plan also seeks to implement activities to promote workers' health, well-being, and quality of life, focusing on creating healthy and respectful work environments. In addition, it aims to improve the quality of life at work and expand access to insurance that protects against occupational hazards and promotes health.[7]

The present review aimed to investigate the concepts and research background of assessing quality of life at work and healthy lifestyles among nursing professionals.

METHOD

A literature search was conducted in the Redalyc, Elsevier Science Direct, PubMed/Medline, and SciELO databases, as well as in ClinicalKeys and Google Scholar. Advanced search strategies were used to retrieve the information, structuring search formulas using terms such as "quality of life at work," "healthy lifestyles," "nursing," "occupational safety," and "job satisfaction," as well as their equivalents in English. From the resulting documents, those that provided theoretical and empirical information on assessing quality of life at work and healthy lifestyles in nursing professionals, in Spanish or English, were selected.

DEVELOPMENT

Every organization wants its employees to be motivated and committed to their work, since they are the ones who carry out a series of tasks daily that enable the organization to achieve its objectives and, ultimately, its mission. It is well known that "when a person is motivated, they focus on the goal, persevere, and overcome the difficulties that stand in the way of achieving that goal."[8]

There are two opposing positions: on the one hand, employees demand well-being and satisfaction at work, and on the other, organizations are interested in the effects of these factors on productivity and quality of life. In other words, organizations must undoubtedly be concerned about the human resources that enable them to achieve their objectives, since the better the resources provided to employees, the better the performance at the company level. It has also been shown that quality of life at work is the desired state of personal happiness.[8]

Dimensions of Quality of Life at Work

The concept of QWL is challenging to define and operationalize due to its complexity and richness of dimensions, which go beyond organizational and work boundaries. This concept must be multidimensional, encompassing various work-related conditions relevant to job satisfaction, motivation, and performance. It is a dynamic and continuous process in which work activity is configured objectively and subjectively, both in operational and relational aspects.[9]

Institutional support for work

Institutional support can be defined as the elements of the job that the institution provides to its employees so that they can perform their activities properly.[10]

Safety at work

Safety at work means having a suitable physical and human environment to avoid difficulties on the part of the company where

you work. Likewise, supervision is a mechanism that ensures optimal work despite risks.[10]

Integration into the workplace

The worker's motivation with their work environment is optimal, that is, to achieve closer ties and appreciation with their company, and reduce absenteeism. Likewise, by integrating both material and human aspects, companies will enable the institution's efficiency for the worker's good.[11]

Job satisfaction

For Charaja and Gamarra[12], job satisfaction is determined by the task's attractiveness, associated rewards, relationships with coworkers, and working conditions.

Well-being achieved through work

This refers to a general feeling of satisfaction and fulfillment in and through work beyond the absence of health problems. Well-being focuses on the personal and collective perception of situations and limitations in the professional sphere.[13]

Personal development at work

This is "the action of improving oneself personally, growing, and adopting new concepts or a new way of thinking (belief)."[12]

Leisure time management

Leisure time management can be defined as planning, organizing, and distributing time not spent on obligations, and using it for recreational activities that provide fun and personal pleasure.[11]

Lifestyles

The basis of quality of life is the adoption of healthy lifestyles, a concept that the World Health Organization (2002) defines as "the perception that an individual has of their personal, family, social, cultural, and economic context," which completely differentiates them from others, where maintaining optimal health ensures the balanced development of the human being.[14]

Lifestyle has commonly been defined as a multidimensional construct involving a set of behaviors such as nutrition, physical activity, sleep, alcohol consumption, smoking/substance use, stress management, and screen time. The primary function of healthy lifestyle habits is to reduce the causes of morbidity and mortality and improve people's health and well-being.[15]

Healthy Lifestyles - Dimensions

Physical Activity

Insufficient physical activity has been identified as one of the leading factors in global mortality and is on the rise in many countries. Regular and adequate physical activity, including any bodily movement that requires energy, can reduce the risk of many no communicable diseases and disorders, such as hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, and depression.

Spiritual growth

Use resources to achieve inner peace and open up the possibility of creating new opportunities for self-fulfillment.

Stress management

Refers to the set of responses to a stressful situation, involving the identification and implementation of psychological and physical resources to control or reduce tension effectively. For Pender, stress is a potential threat to an individual's mental health and physical well-being and a risk factor for health problems such as headaches, back pain, cancer, heart disease, and gastrointestinal disorders, suggesting that everyday stress should be evaluated as part of a comprehensive health assessment. Pender points out that some of the main strategies for effective stress management include avoiding excessive change, managing and controlling time, engaging in physical activity, raising self-esteem, increasing self-efficacy, increasing assertiveness, setting realistic goals, building coping resources, and practicing relaxation techniques, among others.[16]

Nutrition

Within the health promotion model, nutrition is essential for individuals' development, health, and well-being; it involves the informed selection and consumption of food. Safe food consumption determines nutritional well-being as part of an appropriate and balanced diet that contains adequate nutrients for the body's 19 requirements. An individual's health and lifestyle are influenced by what they eat to the extent that it contributes to social, mental, and physical well-being. It assesses knowledge, selection, and consumption of foods essential for sustenance, health, and well-being.[17]

Interpersonal Relationships

Enables the use of communication to achieve a sense of intimacy and meaningful closeness with others, not just on a casual level 4.

Responsibility for health

Responsibility for health involves an active sense of responsibility for one's well-being. This includes self-observation, informing and educating oneself about health, appropriate use of health services, and informed consumerism when seeking professional assistance. Fostering responsibility for one's health involves focusing attention on individuals and families and promoting self-care through educating and encouraging the community at large to learn how to reduce risk factors for various events; becoming aware of how to manage minor and temporary illnesses for oneself and one's family; identifying when professional care is needed; and consulting with health professionals about preventive measures that can be implemented in health care. Above all, however, it is about each individual taking an active role and committing to promoting health at the individual, family, sociocultural, and environmental levels.[16]

Theoretical basis

A nursing theory that supports the quality of life of nursing professionals is Dorothea Orem's Self-Care Theory. This theory focuses on empowering individuals to take an active role in their care, promoting autonomy and responsibility for health. For nursing professionals, this involves recognizing the importance of their physical, emotional, and professional self-care. By applying the principles of Self-Care Theory, nurses can develop strategies to manage stress, set healthy boundaries in their work, and prioritize their well-being, which ultimately contributes to a better quality of work life and greater professional satisfaction.[18]

Revatta[19] conducted research in Lima to determine the relationship between job satisfaction and professional quality of life among nursing staff in the critical care services of a national hospital. It was an observational, analytical, cross-sectional, and prospective convenience study. The sample consisted of 133 nursing professionals administered the CVP 35 and SL 20/23 instruments. It was found that 94 % of workers mentioned that their professional quality of life was average, and 67,7 % said their job satisfaction was average. It was concluded that there is no relationship between job satisfaction and professional quality of life. However, a statistically significant relationship was found between job satisfaction and the dimension of managerial support.

Carbajal et al.[20] researched Lima to determine the relationship between working conditions and the quality of working life among nursing professionals in a national hospital. The study was quantitative, descriptive, non-experimental, cross-sectional, and correlational. The results showed that quality of life at work was average at 56,7 %, emphasizing that the workload dimension was average, managerial support was low, and intrinsic motivation was average. The population consisted of 90 nurses who were given two questionnaires. It was concluded that there is a significant relationship between both variables, which indicates that individual conditions improve quality of life at work, thus increasing professional capacity.

Rojas and Vera[21] researched Cajamarca to determine the relationship between quality of life at work and nursing care at the Santiago Apóstol Bagua Grande Hospital. It was a quantitative, non-experimental, relational, and cross-sectional study. The sample consisted of 36 nurses who were given two questionnaires, developed and validated in Peru. The results showed that the quality of working life reached a good level in the following dimensions: intrinsic and extrinsic motivation, with 69,4 % and 66,7 %, respectively. Nursing care obtained an average level in the different dimensions, such as the role of assistance, diagnostic function, and patient follow-up. It was concluded that there is a significant relationship between nurses' quality of working life and nursing care.

Montes[22] wrote an article in Arequipa to determine the relationship between work stress and the lifestyle of nursing staff at the Medical Service of Hospital III Goyeneche, Arequipa, 2023. It was a field research study with a descriptive, cross-sectional design. The sample consisted of 30 workers, and a survey technique was used. The method used for both variables was a questionnaire, and the instruments applied were two sets of questions: the Maslach, Schaufeli, and Leiter Work Experience Questionnaire to measure work stress and the Salazar and Arrivillaga Healthy Lifestyle Questionnaire to assess lifestyle. It was found that 76,7 % of nursing staff had a medium level of work stress and 23,3 % had a low level of stress. Regarding lifestyle, 56,7 % of nursing staff had an unhealthy lifestyle, and 43,3 % had a healthy lifestyle. It was concluded that there is a significant negative relationship with medium intensity between work stress and lifestyle among nursing staff.

Salazar[23] conducted research in Lima to determine the lifestyle of nursing professionals in the emergency department of the Cayetano Heredia Hospital in 2017. It was a quantitative, descriptive, cross-sectional study. The population consisted of 68 nurses. The technique used was interviews and the Health Promoting Life Profile (HPLP) instrument, standardized by SN Walker, K. Sechrist, and N. Pender in Spanish, consisting of 52 items. It was found that 59 % of nursing professionals have a healthy lifestyle and 41 % have an unhealthy lifestyle. It was concluded that the majority of nursing professionals have healthy lifestyles.

Trejo et al.[24] conducted a study in Mexico to identify the association between professional quality of life and lifestyle in nursing staff. It was a correlational, comparative cross-sectional study of 111 nurses working in a public hospital in Zacatecas, Mexico. The Professional Quality of Life (CPV-35) questionnaires and the Lifestyle Practices and Beliefs instrument were used. The average quality of working life was 62,71, which means an average quality of working life, and the average lifestyle was 62,38, which can be interpreted as fair. They concluded that there is a bidirectional relationship between work and personal life, where when work-life quality is compromised, so is lifestyle and perhaps the health of healthcare personnel, with an adverse effect on the care provided to users.

Vidotti et al.[25] conducted research in Brazil to analyze the occurrence of burnout syndrome and its relationship with work stress and quality of life among nursing workers. It was a cross-sectional study conducted among 502 nursing professionals using an instrument with questions on sociodemographic and occupational characteristics and lifestyle habits, the Maslach Burnout Inventory, the Demand-Control-Support Questionnaire, and the World Health Organization Quality of Life - Brief WHOQOL-BREF. The incidence of burnout syndrome was found to be 20,9 %, and they concluded that burnout syndrome was related to high

levels of stress and a negative perception of the quality of life of nursing staff.

Palacios and Lara[26] conducted research in Cuba to evaluate the quality of working life of nursing staff in hospital wards at a private health institution. It was a quantitative, descriptive, cross-sectional, projective, observational study. The sample consisted of 100 hospital nurses, and the CTV-GOHISALO instrument designed for healthcare personnel was used. It was found that 70 % had an average quality of working life, while 30 % reported a high level. It was concluded that nursing staff in hospital wards in private healthcare institutions have an average quality of working life.

Laje et al.[27] conducted a study in Ecuador to determine the relationship between work stress and healthy lifestyles among nursing staff. It was a qualitative study supported by scientific articles published several years ago and up to the present day (2022). It was demonstrated that a lack of physical activity, rest, recreation, nutrition, hygiene, and the use of harmful substances causes nursing staff to experience stress and an unhealthy lifestyle.

In Mexico, a study was conducted on the quality of life at work of nursing staff, in which 70 % of those surveyed perceived it as average, according to the indicators, with poor management support, regular workloads, and intrinsic motivation. Constant and prolonged shift rotation requires nurses to adapt, which affects their quality of life at work regarding the support they receive, their motivation, and their workload.[28]

The same is true in Lima, Peru, where 51 % reported high quality, but nurses working in the surgical department are less likely to have high quality. On the other hand, those who work morning shifts are more likely to have a high workload.[29]

The World Health Organization defines lifestyle as the general way of living based on the interrelationship between general living conditions and individual behavior patterns determined by both sociocultural factors and personal characteristics.[30] Recognizing that increased physical activity and reduced sedentary behavior can prevent at least 3,2 million deaths from noncommunicable diseases each year, 2 reduce morbidity and disability related to these diseases and the financial burden on health systems, and increase the number of years lived in good health.

Lifestyle is essential for nursing professionals due to their great potential to positively influence people's lives, a critical strategy for health protection and disease prevention.[31]

A study investigated the association between professional quality of life and lifestyle among nursing staff in Mexico. It found that 40 % reported having a regular lifestyle. Among the characteristics identified, younger people with less work experience and lower levels of education were found to have less healthy lifestyles.[24]

The same is true in Ecuador, where it was found that nursing professionals have little time for themselves, neglect their self-care due to the demands of their administrative work, have no time for their emotional lives, have no time to maintain friendships outside of work, engage in less physical activity, and experience stress that leads to physiological changes and unhealthy habits.[32]

Studies have also been conducted at the national level in Peru. One of them reported that 74 % of nurses practice unhealthy lifestyles and 26 % practice healthy lifestyles, demonstrating that this professional group, due to their work and family overload, is predisposed to unhealthy lifestyles in a high percentage.[33]

CONCLUSIONS

Quality of life at work is becoming an important issue internationally, especially in the context of the global employment crisis. Precariousness is increasing, and the working conditions achieved over the last two centuries are under threat, mainly due to global capitalism. Studies suggest an interdependence that could affect staff health and patient care. The lack of healthy habits, such as physical activity and good nutrition, contributes to work-related stress in nursing, burnout syndrome, and a negative perception of quality of life.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTION

Conceptualization: Lizceth Quispe, Evelyn Arauco, Celeste Abigail Mauricio Esteban, Wilter C. Morales-García.
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