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Self-assessment concerning the quality of life among family nurses

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Abstract

Introduction

Due to the numerous responsibilities, perceived accountability and significant psychophysical workload, there is a decrease in self-assessment concerning the quality of life among nurses of various specializations. The level of quality of life depends on various factors, which impact is individually dependent according to one's subjective perception.

Aim

The aim of the research was to determine the self-assessment concerning the quality of life among family nurses.

Materials and method

The group of respondents consisted of 152 professionally active family nurses. The quality of life was examined with a standardized tool: the WHOQOL-Bref scale.

Results

The examined family nurses rated their quality of life at an average of 3.79±0.78, while the self-assessment regarding their health amounted to the average of 3.69±0.84. The

highest marks were received by the social field (72.25±18.44) among respondents. They slightly lower rated the physical domain (69.59 ±14.46) as well as the environmental domain (66.46±13.08). Whereas, the lowest rating was assigned to the psychological domain (59.96±12.13).

Conclusion

The self-assessment concerning the quality of life among family nurses is characterized as on an average level. The age of the respondents significantly differentiates the quality of life of the researched occupational group. Moreover, along with an increase in vocational education, the quality of life perception of the nurses' increases.

Key words: quality of life, family nurses

Introduction

When distinguishing factors affecting the quality of life, it is helpful to consider both the objective and subjective dimensions of the quality of life. This division forces researchers to employ the opposite approach to analysing the quality of life. The objective approach is of a normative-evaluative character and it uses neutral indicators. In this approach, the degree of satisfying the needs corresponding to achieving physical, material and social well-being is scrutinised. The assessment is made on the basis of objective measures: income, average life expectancy, gross national income, mortality, unemployment level, housing conditions, costs of living, access to education and healthcare, or place of residence. Objective indicators dominate in sociology and economics in order to calculate global indicators of living standards (development, well-being) [1,2]. Subjective indicators, like in psychology, focus on an individual assessment concerning the mental state in relation to happiness, satisfaction or assessment of satisfaction with existence, stressing the feeling of happiness, self-fulfilment, self-esteem, optimism or psychological well-being. Subjective assessment is the determination of your position in a social, cultural and environmental context and in relation to goals, standards, ambitions, experiences and desires. Objective indicators dominate in sociology and economics in order to calculate global indicators of living standards (development, well-being) [1,2]. Subjective indicators, like in psychology, focus on individual assessment of the mental state in relation to happiness, satisfaction or assessment of satisfaction with existence, stressing the feeling of happiness, self-fulfilment, self-esteem, optimism or psychological well-being. Subjective assessment is the determination of your position in a social, cultural and environmental context and in relation to goals, standards, ambitions, experiences and desires [1].

Objective factors are considered to have a lesser impact on the quality of life assessment, and the subjective direct opinion about one's situation is considered the most relevant source of information [2].

The quality of life is expressed by the sense of contentment of the individual or entire societies resulting from satisfying the needs and development opportunities. Thus, it is not a category measured in a given, brief moment, however, in relation to a longer period of time in which one can capture changes in personal or social life, e.g. period of study, work, chronic illness, adolescence or retirement age [3].

The quality of life in professionally active nurses adheres to work, with its autonomy, its coordination, with relationships occurring in the interdisciplinary team, as well as with the patient and the family. Psychophysical factors that negatively affect the well-being of a nurse include: constant concentration and attention, quick reaction in the event of a change in a patient's health, physical effort during the change in patient's position and patient's transport [4].

Objective of the research

The aim of the research was to determine the self-assessment concerning the quality of life among family nurses.

Material and methods

The research was conducted in the Lublin and Mazovian voivodships. The investigation was carried out in accordance with ethical principles. Respondents gave voluntary and informed consent to participate in the research. The group of respondents consisted of 152 professionally active family nurses. The characteristics of the study group are presented in Table 1.

Table 1. Characteristics of the studied group

Sociodemographic characteristics		%
Age	Up to 39 years	26.32
	40-50 years	44.08
	51 and more	29.61
Place of residence	Rural area	25.66
	Urban area	74.34
Education	Vocational	20.40
	Bachelor of Science in Nursing	37.50
	Master's of Science in Nursing	42.10
Work experience	Up to 14 years	26.97
	15 – 29 years	44.08
	30 and more	28.95
Marital status	Single	15.80
	Married	74.34
	Divorcee	7.23
	Widow	2.63

The research implemented a standardized research tool: the WHOQOL-Bref scale. This scale is used to assess the quality of life of both healthy and ill individuals. The WHOQOL-Bref scale includes 26 questions that enable deriving scores concerning the quality of life in the aspect of physical, mental, social and environmental domains. Additional, it contains two questions considered separately, regarding the overall perception of quality of life and individual's overall satisfaction of their health [5,6].

Statistical analyses

The values of the analysed parameters were presented using the mean value, median, standard deviation, cardinality and percentage. Differences between variables were determined by means of statistical tests: analysis of variance - for more than two groups; U Mann-Whitney - for comparison of two independent collections and Kruskal-Wallis - for more than two independent groups. Significance level of $p<0.05$ was adopted to indicate occurrence of statistically significant differences or correlations. STATISTCA 10.0 (StatSoft Polska) computer software was used to manage the database and statistics.

Results

The examined family nurses rated their quality of life at an average of 3.79±0.78, while the self-assessment regarding their health amounted to the average of 3.69±0.84. The highest marks were received in the social domain (72.25±18.44) among respondents. They slightly lower rated the physical domain (69.59±14.46) as well as the environmental domain (66.46±13.08). Whereas, the lowest rating was assigned to the psychological domain (59.96±12.13). While assessing the quality of life among the nurses depending on their age, it was found that younger people rated their quality of life higher than older. The statistical analysis disclosed a significant relationship between age and the assessment of the quality of life level (except for the physical field) (Table 2).

Table 2. Self-evaluation of the quality of life among family nurses depending on their age

Domains	Up to 39 years		40-50 years		above 51 years		Statistical analyses*
	Median	Standard deviation	Median	Standard deviation	Median	Standard deviation	
General quality of life	4.05	0.81	3.80	0.72	3.55	0.78	H=10.61 p=0.0049
Health status	3.95	0.78	3.67	0.85	3.51	0.84	H=7.280 p=0.026
Physical	71.35	13.75	70.31	13.78	66.95	15.96	F=1.127 p=0.326
Psychological	64.27	12.59	60.37	12.62	55.51	9.38	F=5.961 p=0.003
Social relationships	77.97	21.29	73.98	16.15	64.57	16.71	F=6.568 p=0.001
Environmental	69.20	14.74	67.10	12.18	63.06	12.36	F=2.521 p=0.043

The paper also attempted to determine how the quality of life assessment was shaped depending on the place of residence of the respondents. Nurses living in the rural areas assigned higher values to the quality of their lives, only in the physical field respondents from the urban areas provided higher assessment. Based on statistical analysis, it was found that a significant difference occurred only in the field of social and environmental domains (Table 3).

Table 3. Assessment concerning the quality of life among the respondents depending on the place of residence

Domains	Rural areas		Urban areas		Statistical analyses*
	Median	Standard deviation	Median	Standard deviation	
General quality of life	4.00	0.51	3.72	0.84	Z=1.819 p=0.068
Health status	3.87	0.57	3.63	0.91	Z=1.215 p=0.224
Physical	69.43	12.74	69.64	15.06	Z=-0.893 p=0.371
Psychological	61.79	11.22	59.32	12.41	Z=0.784 p=0.432
Social relationships	79.20	16.51	69.84	18.53	Z=2.592 p=0.009
Environmental	70.35	13.58	65.11	12.69	Z=2.075 p=0.037

U Manna-Whitney- Z test

Table 4 presents the results of the quality of life assessment depending on the level of vocational education of the nurses examined. It shows that satisfaction in life has increased in all disciplines with higher education levels. However, the thorough analysis carried out did not show statistical significance in that manner.

Table 4. Assessment concerning the quality of life among the respondents depending on the education level

Domains	Medical college		Bachelor of Science in nursing		Masters of Science in Nursing		Statistical analyses*
	Median	Standard deviation	Median	Standard deviation	Median	Standard deviation	
General quality of life	3.64	0.60	3.80	0.76	3.85	0.87	H=3.287 p=0.193
Health status	3.48	0.72	3.71	0.83	3.78	0.89	H=4.803 p=0.091
Physical	64.87	17.65	69.17	13.66	72.25	12.99	F=2.821 p=0.062
Psychological	56.16	10.61	60.50	10.77	61.31	13.66	F=2.001 p=0.138
Social relationships	68.58	15.70	69.73	20.00	76.26	17.70	F=2.720 p=0.069
Environmental	63.64	12.93	66.12	11.59	68.12	14.29	F=1.258 p=0.286

H – Kruskal -Wallis test; F — analysis of variance

Next stage of the research included the assessment of quality of life dependence on the seniority of the respondents. As is evident from Table 5, along with the length of work experience in the profession, the self-assessment concerning quality of life among nurses decreased. In the group of subjects with work experience of up to 14 years, quality of life was rated higher in each area. However, the statistical analysis has found that only in the domains of psychological and social relationships the difference was significant ($p < 0.05$).

Table 5. Assessment concerning the quality of life among the respondents depending on work experience

Domains	Up to 14 years		15-29 years		30 and more		Statistical analyses*
	Median	Standard deviation	Median	Standard deviation	Median	Standard deviation	
General quality of life	3,92	0.81	3,83	0,68	3,61	0.86	H=3.848 p=0.146
Health status	3,87	0.81	3.63	0.83	3.62	0.89	H=3.145 p=0.207
Physical	70.51	13.30	69.47	14.48	68.90	15.7	F=0.132 p=0.875
Psychological	63.17	12.87	60.29	12.33	56.45	10.33	F=3.403 p=0.035
Social relationships	77.14	21.38	73.14	16.46	66.31	17.11	F=3.948 p=0.021
Environmental	67.51	14.72	67.29	12.18	64.20	12.81	F=0.923 p=0.399

H – Kruskal -Wallis test; F — analysis of variance

Characterizing the assessment of the quality of life, depending on marital status, nurses were divided into two groups: single and in the relationship. As can be seen in Table 6, the nurses who were in a relationship assigned higher values to their quality of life. The statistical analysis proved a significant relationship only in the field of social relationships between the marital status and the assessment of quality of life.

Table 6. Assessment concerning the quality of life among the respondents depending on their marital status

Domains	Single		In a relationship		Statistical analyses*
	Median	Standard deviation	Median	Standard deviation	
Health status	3.71	0.793	3.82	0.78	Z=-1.020 p=0.307
Physical	3.69	0.88	3.71	0.83	Z=0.260 p=0.794
Psychological	69.84	14.59	69.89	14.48	Z=-0.352 p=0.724
Social relationships	57.35	13.16	60.85	11.68	Z=-1.711 p=0.087
Environmental	63.28	20.58	75.34	16.64	Z=-.494 p=0.000
Health status	64.35	14.27	67.18	12.63	Z=-0.674 p=0.499

U Manna-Whitney Z test

Discussion

The quality of life is a complex and multifaceted term, therefore it is impossible to clearly define this concept and to include all its variables or indicators. Depending on the scientific discipline for which analyses are carried out, other aspects of life are examined [7].

The results of our research coincide with the results concerning the quality of life assessment conducted by Kudlak et al. [8]. Correspondingly to family nurses, anaesthesia nurses assigned the highest values to the social domain, and lower values to the psychological and environmental domains. Anaesthetist nurses, in contrast to the family nurses, placed the physical domain as the last one. This is due to the occurrence of a high physical load occurring in the work of anaesthesiology nurses [9]. Conducted research, similarly to the analyses of other researchers [10,11], revealed connection between the age of the respondents and the self-assessment concerning quality of life. With the increase in age of the respondents, the self-evaluation of quality of life diminished [12], this concerned mainly the fitness and the physical domains [13]. The authors [10,11] argue that this is related to the deterioration of health and more frequent occurrence of diseases, pain or limitations in everyday functioning. In addition, Augustyniak et al. noticed that older women also assessed lower the quality of life in the emotional domain [10].

In conducted research, it was found that with an increase in education level increased the level of quality of life. Similar conclusions were presented by other authors. Research by Lu and While, Barriball, confirmed that nurses with higher education showed greater interest and professional involvement, they were characterized by higher level of job satisfaction. It also affects good quality of life and personal development [14]. Also, anaesthesia nurses with a master's degree in nursing significantly higher assessed the quality of life rather than with secondary medical education [9].

In Kowalska et al. [15] marital status influenced quality of life of respondents in the majority of domains. In conducted research, it was found that people who were in a happy relationship assessed their quality of life higher in general, whereas only in the domain of social relationships it was statistically significantly differentiated.

The results obtained among Polish nurses corresponded with Italian nurses when it came to seniority. The results showed that the longer the work experience was, the overall health status assessment was lower, compared to employees with shorter seniority. Nurses experienced a lower social and emotional function [16]. Studies conducted in Slovenian hospitals brought about conclusions concerning the necessity of caring for employees, and employees' job satisfaction as it resulted in a higher quality of life and better results of their work [17].

Presented results of conducted research and reports of other authors confirm that the assessment of the quality of life depends on many factors that have a diverse impact on individuals, and their reception largely depends on the individual characteristics of the respondents. The obtained results suggest that it is worth to deepen the analysis and broaden the area of research in order to specify the variables affecting the quality of life of family nurses, which may help to implement changes that improve the quality of life of this professional group.

Conclusions

The self-assessment of the quality of life, implemented among family nurses, has been characterized as average. The age of the respondents significantly differentiates the quality of life of the surveyed occupational group. Correspondingly to the level of education, the quality of life perception of the nurses increases.

Conflicts of interest

The authors declared no potential conflicts of interest.

References

1. Kowalewska B, Jankowiak B, Rolka, Krajewska-Kulak E. (red.): Jakość życia w naukach medycznych i społecznych. Tom I, Uniwersytet Medyczny w Białymstoku, Białystok 2017.
2. Stanaszek O. Badanie jakości życia w Polsce. W: Sobczak E., Głuszczuk D., Obrębalski M. (red.). Prace Naukowe Uniwersytetu Medycznego we Wrocławiu. Gospodarka regionalna w teorii i praktyce. Wydawnictwo Uniwersytetu Ekonomicznego we Wrocławiu, Wrocław 2015:99-108.
3. Ratkowski W, Grabowska-Skorb P, Bzdawski M, Napierała M, Zukow W. Qality of life in the first decade of retimerent age, active and psychicaly with tri-city. Journal of Health Sciences, 2013; 3(16): 37-56.
4. Penk M, Kózka, Twarduś K. Trudne sytuacje w pracy pielęgniarek pediatrycznych i sposoby radzenia sobie z nimi. Problemy Pielęgniarstwa. 2007; 15(4): 223-228.
5. Jaracz K, Wołowicka L, Kalfos M. Analiza walidacyjna polskiej wersji WHOQOL-100. W: Wołowicka L. (red.). Jakość życia w naukach medycznych. Wydawnictwo Uczelniane AM w Poznaniu, Poznań. 2001: 291-302.
6. Jaracz K, Kalfoss M, Górna K, Bączyk G. Quality of life Polish respondents: psychometric properties of the Polish WHOQOL-Bref. Scand J Caring Sci. 2006; 20: 251-260.

7. Daszykowska J. Jakość życia w perspektywie pedagogicznej. Oficyna Wydawnicza „Impuls", Kraków, 2007.
8. Kudlak I, Fidecki W, Wysokiński M, Sienkiewicz Z, Kulina D, Walas L, Żuchowski T, Stępień P. Wybrane aspekty jakości życia pielęgniarek. W: Sienkiewicz Z, Fidecki W, Wysokiński M, Leńczuk-Gruba A. (red.). Problemy zawodowe współczesnych pielęgniarek. Warszawski Uniwersytet Medyczny, Warszawa 2016: 25-35.
9. Kupcewicz E. Jakość życia pielęgniarek strategie radzenia sobie ze stresem doświadczanym w środowisku pracy. Medycyna Ogólna i Nauki o Zdrowiu 2017; 23(1): 62-67.
10. Augustyniuk K, Aziewicz B, Szkup-Jabłońska M, Jurczak A, Stanisławska M, Wieder-Huszla S, Kotwas A, Grochans E. Ocena jakości życia kobiet w okresie pomenopauzalnym. Problemy Pielęgniarstwa 2014; 22(4): 413-419.
11. Dugiel G, Kęcka K, Jasińska M. Jakość życia pielęgniarek – badania wstępne. Medycyna Ogólna i Nauki o Zdrowiu 2015; 21(4): 398-401.
12. Czarnecka-Iwańczuk M, Stanisławska-Kubiak M, Mojs E, Wilczak M, Samborski W. Objawy menopauzy a satysfakcja z życia i samoocena wśród kobiet. Przegląd Menopauzalny 2012; 6: 468–473.
13. Szkup- Jabłońska M, Tutaj E, Jurczak A, Wieder-Huszla S, Brodowska A, Grochans E. Wpływ warunków socjo-demograficznych na jakość życia kobiet w okresie pomenopauzalnym. Perinatologia, Neonatologia i Ginekologia. 2012; 5(1): 34-38.
14. Lu H, While AE, Barriball KL. Job satisfaction and its related factors: a questionnaire survey of hospital nurses in Mainland China. Journal of Nursing Studies. 2007; 44(4): 574.
15. Kowalska M, Humeniuk M, Danso F, Kułak E, Arasiewicz H. Jakość życia aktywnych zawodowo osób w wieku 45-60 lat , mieszkańców przemysłowego regionu Polski (aglomeracja górnośląska). Medycyna Pracy 2011; 62(5): 455-463.
16. Kheiraoui F, Gualamo MR, Mannocci A, Boccia A, La Torre G. Quality of life among healthcare workers; a multicentre cross-sectional study in Italy. Public Health. 2012; 126(7): 624-9.
17. Lorber M, Skela Savic B. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenia Hospital. Journal Medical. 2012; 53(3): 263-70.