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## Selected Aspects of Life Quality of Nurses Working at Neurological Wards

### Wybrane aspekty jakości życia pielęgniarek pracujących w oddziałach neurologicznych

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#### Abstract

**Introduction.** The term “quality of life” (QL) initially defined “good life” determined by the resource of owned material goods. Later, it was extended to the term “to be” instead of just “to have”. Nurses perform a responsible job, often requiring sacrifices. They work with seriously ill patients at the neurology ward. Working with an ill patient is very difficult. A nurse carrying out her professional tasks is subject to numerous challenges, both mental and physical, which may affect the quality of life of this professional group.

**Aim.** The aim of the study was to assess the quality of life of nurses working at neurological departments.

**Material and Methods.** The study was conducted in a group of 109 nurses working at the neurological departments of hospitals in Lublin and Chełm. The study used a standardized research tool: WHOQOL-Bref scale.

**Results.** The surveyed nurses evaluated the overall quality of life and health status on the same level, respectively:  $3.70 \pm 0.70$  and  $3.60 \pm 0.80$ . The field of social relations was the highest rated ( $71.70 \pm 16.10$ ), while the lowest assessed field of psychological ( $61.00 \pm 13.30$ ).

**Conclusions.** The quality of life of nurses working at neurological wards was at the average level. The surveyed nurses assessed highest the quality of life as the highest in terms of social relations. The level of professional education significantly differentiated the quality of life of the surveyed nurses. The higher the education, the better the quality of life. (JNNN 2016;5(4):151–155)

**Key Words:** quality of life, nurses, neurological wards

#### Streszczenie

**Wstęp.** Termin „jakość życia” (QL — *quality of life*) określał początkowo „dobre życie” determinowane przez zasób posiadanych dóbr materialnych. Następnie poszerzono je na obszar „być” zamiast tylko „mieć”. Pielęgniarki wykonują odpowiedzialną pracę, często wymagającą poświęceń. Na oddziale neurologicznym pracują z osobami ciężko chorymi. Praca z człowiekiem chorym jest bardzo trudna. Pielęgniarka realizując swoje zadania zawodowe podlega licznym obciążeniom zarówno psychicznym jak i fizycznym, co może mieć wpływ na poziom jakości życia tej grupy zawodowej.

**Cel.** Celem badań było dokonanie oceny jakości życia pielęgniarek pracujących na oddziałach neurologicznych.

**Materiał i metody.** Badania przeprowadzono w grupie 109 pielęgniarek pracujących na oddziałach neurologicznych szpitali w Lublinie i w Chełmie. W pracy wykorzystano wystandaryzowane narzędzie badawcze: skalę WHOQOL-Bref.

**Wyniki.** Badane pielęgniarki ogólną jakość życia oraz stan zdrowia oceniły na podobnym poziomie, odpowiednio:  $3,70 \pm 0,70$  oraz  $3,60 \pm 0,80$ . Dziedzina relacji społecznych była najwyższej oceniona ( $71,70 \pm 16,10$ ), natomiast najmniej respondenci ocenili dziedzinę psychologiczną ( $61,00 \pm 13,30$ ).

**Wnioski.** Jakość życia pielęgniarek pracujących na oddziałach neurologicznym kształtowała się na przeciętnym poziomie. Badane pielęgniarki najwyższej oceniły jakość życia w zakresie relacji społecznych. Poziom wykształcenia zawodowego istotnie różnicował jakość życia badanych pielęgniarek. Im wyższe wykształcenie, tym lepsza ocena jakości życia. (PNN 2016;5(4):151–155)

**Słowa kluczowe:** jakość życia, pielęgniarki, oddziały neurologiczne

## Introduction

The term “quality of life” QL initially defined “good life” determined by the resource of owned material goods. Later, it was extended to the term “to be” instead of just “to have”. There are new criteria such as education, freedom, health and happiness. Researchers noticed that the increase in material prosperity does not always mean an increase in the level of satisfaction with one’s life [1]. Since 1977 when the Index Medicus placed the term “quality of life” the number of articles concerning this subject has increased.

The quality of life comprises several components, including subjective well-being, which includes three elements: the level of satisfaction with life, positive feelings and lack of negative feelings. Satisfaction with life is felt in a way that is not reproducible by any entity [2].

In the study of the quality of life conditioned by health, researchers often insist on determining the relationship of objective health status and the level of general well-being experienced by an individual [3,4].

Working conditions are among many factors that affect health and the quality of human life [5]. Nurses perform a responsible job, often requiring sacrifices. They work with seriously ill patients at the neurology ward. Working with an ill patient is very difficult. In Poland, it is not a prestigious profession, still the needs of a family for a patient care are high. A nurse carrying out her professional tasks is subject to numerous challenges, both mental and physical, which may affect the quality of life of this professional group [6].

The aim of the study was to assess the quality of life of nurses working at neurological departments.

## Material and Methods

The study was conducted in the group of 109 nurses working at the neurological departments of hospitals in Lublin and Chelm. In order to carry out the study relevant approvals from the management of hospitals were obtained, and nurses expressed a conscious and voluntary consent to participate in the research. Table No. 1 shows the characteristics of the studied group of nurses.

The study used a standardized research tool: WHOQOL-Bref scale. This scale is used to assess the quality of life of both the healthy and the sick. It contains 26 questions allowing to obtain information about the quality of life in terms of physical, psychological, social and environmental aspect. It also includes two questions dealt with separately, on the overall perception of the quality of life and subjective satisfaction with health [7–9].

Table 1. Characteristics of the study group

Variable	%
Gender	
Female	95.40
Male	4.60
Age	
22–30 years old	24.70
31–49 years old	44.96
50–61 years old	30.34
Marital status	
Single	34.80
Married	65.20
Level of vocational education of nurses	
Secondary	35.70
Bachelor	33.00
Master degree	31.30
Place of residence	
City	70.60
Village	29.40
Length of service	
Up to 5 years old	27.60
Between 6–25	36.70
26 and more	35.70

The resulting material was subjected to statistical analysis.  $P \leq$  was adopted as a level of significance, which showed a statistically significant difference, or dependence.

## Results

Table No. 2 presents an assessment of the quality of life of respondents in individual fields of a WHOQOL-Bref scale. It shows that the surveyed nurses evaluated the overall quality of life and health status on the same level, respectively:  $3.70 \pm 0.70$  and  $3.60 \pm 0.80$ . The field of social relations was the highest rated ( $71.70 \pm 16.10$ ), whereas the lowest assessed was the psychological field ( $61.00 \pm 13.30$ ).

The study also analyzed the assessment of the quality of life of the surveyed nurses, depending on their age, marital status, type of vocational education/nursing and duration of working (Table 3). The overall quality of life is best evaluated in the surveyed persons aged 50–61 years ( $3.70 \pm 0.60$ ). Nurses at the age of 31–49 identified the quality of their life in the best way in the field of environmental areas ( $62.40 \pm 12.60$ ). Persons in the lowest age group 22–30 identify best their health ( $3.70 \pm 0.90$ ) and three fields: somatic ( $70.00 \pm 14.50$ ),

Table 2. Results of WHOQOL-Bref scale evaluation of the study group of nurses

Field/areas	Mean	Median	SD
Overall health quality	3.70	4.00	0.70
Self-evaluation of health condition	3.60	4.00	0.80
Physical	67.90	69.00	14.10
Psychological	61.00	63.00	13.30
Social relations	71.70	75.00	16.10
Environment	62.10	63.00	12.60

psychological (63.10±15.90), social (72.50±20.90). The analysis performed did not show the statistical correlation between age of respondents and the assessment of their quality of life.

When evaluating the quality of life depending on the marital status of nurses it was found that a better quality of life was presented by married respondents. This correlation was statistically significant only as far as the general quality of life is concerned.

The next stage of the research was to assess the quality of life depending on vocational education/nursing education of the surveyed nurses. The results clearly indicated that the best self-assessments of their quality of life in all areas were made by nurses with higher education — MSc nursing. This difference in all areas was statistically significant.

The last analyzed issue that was to determine the quality of life, depending on the time nurses work at neurological wards. Those with 5 years of experience, best assessed their quality of life in terms of somatic (70.50±13.90) and psychological (63.40±15.40) aspect. Those with the experience of 6–25 years, best assessed their health condition (3.70±0.80), as well as social (72.10±15.70) and environmental (62.50±12.50) areas. The overall quality of life was at the average of 3.70±0.60, both in the group of 6–25 years of work experience and in the group over 26 years. The analysis showed no statistically significant correlation.

Table 3. Sociodemographic variables and WHOQOL-Bref scale evaluation (mean±standard deviation)

Variable	Overall quality of life (1–5)	Health evaluation (1–5)	Somatic (0–100)	Psychological (0–100)	Social (0–100)	Environmental (0–100)
<b>Age</b>						
22–30 years old	3.60±0.8	3.70±0.90	70.00±14.50	63.10±15.90	72.50±20.90	62.00±14.70
31–49 years old	3.60±0.60	3.60±0.80	67.10±13.00	59.90±12.60	70.80±13.20	62.40±12.60
50–61 years old	3.70±0.60	3.50±0.80	67.50±13.00	60.90±0.60	72.40±13.20	61.70±12.60
<i>Statistical analysis</i>	H=0.90 p=0.60	H=0.60 p=0.70	H=0.60 p=0.70	H=2.00 p=0.40	H=1.5 p=0.50	H=1.00 p=0.10
<b>Marital status</b>						
Single	3.40±0.70	3.50±0.90	66.70±13.80	59.70±14.40	68.00±21.00	60.00±13.80
Married	3.80±0.60	3.70±0.80	68.60±14.40	61.70±12.80	73.70±12.50	63.20±11.90
<i>Statistical analysis</i>	Z=-2.70 p=0.00	Z=-1.00 p=0.30	Z=-0.70 p=0.50	Z=-0.60 p=0.50	Z=-1.20 p=0.30	Z=-0.90 p=0.40
<b>Level of vocational education of nurses</b>						
Secondary	3.60±0.60	3.40±0.90	63.70±13.70	57.50±11.60	68.10±13.00	59.03±12.10
Bachelor	3.60±0.80	3.70±0.80	65.60±13.90	59.50±15.50	70.80±17.80	59.60±13.50
Master	3.80±0.50	3.80±0.70	75.30±12.10	66.60±11.11	76.70±3.20	69.00±9.70
<i>Statistical analysis</i>	H=2.50 p=0.03	H=4.30 p=0.01	H=14.10 p=0.00	H=10.60 p=0.00	H=3.20 p=0.02	H=13.60 p=0.00
<b>Length of service</b>						
Up to 5 years old	3.50±0.80	3.60±0.90	70.50±13.90	63.40±15.40	71.50±20.50	62.40±13.60
6–25 years old	3.70±0.60	3.70±0.80	67.00±15.20	59.60±12.90	72.10±15.70	62.50±12.50
26 and more	3.70±0.60	3.50±0.80	66.90±13.20	60.50±12.20	71.50±12.80	61.30±12.20
<i>Statistical analysis</i>	H=2.10 p=0.40	H=2.60 p=0.30	H=1.30 p=0.50	H=2.50 p=0.30	H=0.60 p=0.80	H=0.50 p=0.80

H — Kruskal–Wallis test, Z — Mann–Whitney U test

## Discussion

The quality of life is an interdisciplinary issue which means the feeling of satisfaction of an individual which consists of a number of mutual factors: good job, optimism of life, happiness in marriage, satisfaction with personal life, feeling joy, stability and financial independence [10].

The quality of life of nurses who are professionally active is based on a number of factors: economic, job satisfaction, family situation, the quality of rest and recreation. Presentation of the quality of life of nurses working in the profession is mainly focused on a social status. In literature, satisfaction with life and work of nurses, as well as the quality of life were presented in reference to the quality or satisfaction of nurses in other countries or nurses from various wards [11].

Professional work takes up most of our lives. Contentment, satisfaction, sense of accomplishment at work affect the quality of our lives and behavior which we move onto our family environment. In one's life the choice of profession is really important, because such a decision is not only a way to make money. This is the sense of joy, satisfaction with what we do, and thus creating own personality and the influence on self-fulfillment, and therefore on the quality of life [12].

The quality of life of professionally active nurses is connected with the work, with its autonomy, coordination with relations that occur in an interdisciplinary team, with patients and their families [13].

The results of our study show that nurses working at neurological wards assessed their quality of life at an average level. It is worth emphasizing that the best evaluation made by the surveyed nurses regarded the scope of social relations. One can conclude that nurses have good interpersonal relationships, both in private life and at work. Similar results were obtained in the research carried out by Czekirda and Jarosz [14] where in a group of working nurses the area of social relations was best evaluated. Also the study of Waszczak and Kupcewicz [15] conducted in a group of anesthetic nurses proved that the best assessment was made by the respondents in the social field.

In our study, age did not affect the quality of life of nurses. Different results were obtained by Dugiel et al. [6] where the lowest quality of life was claimed by nurses from the oldest age range. The study group of nurses assessed their health quite well. Also, in the study by Głowacka et al. [11] nurses declared the good condition of their health. At the same time our studies showed that with age of nurses their health deteriorated. This was also confirmed in the studies carried out by Dugiel et al. [6].

Other studies show that the quality of life of nurses are affected by factors such as marital status, economic

level, professional status, length of service/work [16]. Our studies prove that only the level of vocational training had an impact on self-evaluation of quality of life of the nurses surveyed. Nurses with graduate education much better assessed their quality of life in all aspects. Similar results were obtained also by Kudlak [17].

Our study did not also confirm a relationship between work experience and assessment of life quality. The overall quality of life is best found by the nurses with 6–25 years of experience and with the longest experience. Studies conducted by Humpel and Caputi [18] prove that with longer work experience, the level of emotional competence and experience increases, and this makes older nurses more effective at work, having more self-confidence and thus being less stressed.

## Conclusions

1. The quality of life of nurses working at neurological wards was at the average level.
2. The surveyed nurses gave the highest ratings for the quality of life in terms of social relations.
3. The level of professional education significantly differentiated the quality of life of the surveyed nurses. The higher the education, the better the quality of life.

## Implications for Nursing Practice

Actions should be taken in order to optimize working conditions of nurses, to prevent their professional burnout and to raise the level of life satisfaction. High self-esteem of the quality of life both in terms of personal and professional aspect can contribute to the improvement of the quality of nursing care.

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(A — Concept and design of research, B — Collection and/or compilation of data, C — Analysis and interpretation of data, D — Statistical analysis, E — Writing an article, F — Search of the literature, G — Critical article analysis, H — Approval of the final version of the article)

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