Research Article

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Psychosocial Risk Factors Associated with the Quality of Life of Nurses in a Chilean Hospital in 2022

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Abstract

The objective of this study is to establish the relationship between psychosocial risk factors and the quality of life of nursing professionals in a medium-complexity hospital in Chile. The methodology used in this research is the quantitative, descriptive, cross-correlational approach. The population that participated was 125 nurses, who were self-administered 2 questionnaires: SUSESO/ISTA 21 short version and CVP-35, both valid instruments with their respective reliability. Results: Psychosocial risk factors (PRF) and the Quality of life (QOL) have a weak inverse connection with a coefficient of connections Rho = -.322, calculated p-value = .000, significance level of 0.01 (two-sided). PRS and the QOL dimensions corresponding to managerial support, job demand and intrinsic motivation, there is a weak connection (Rho = -.501; .317 and -.420, and p = . 000). Conclusion: Both the variables and the dimensions of managerial support.

Keywords: Risk Factors, Psychosocial, Quality of Life and Nursing
1. Introduction

Health professionals play a fundamental role in health systems; Hence, it is necessary to know how good the psychosocial risk factors are in their quality of professional life around their work and the cost that all this implies in their lives, with the purpose of improving the conditions to be more efficient in the workplace. Human care. Hospital workers play a fundamental role in health systems, both public and private, so it is necessary to know the psychosocial risk factors (PRF) and their impact on professional quality of life (QOL) in the workplace, as well as the costs it generates in health. Life of health workers (Canales et al., 2016; Monsalve et al., 2020). Therefore, it is important to know how nursing professionals, whose career is focused on human care (Urzúa et al., 2020), are affected by any factor that transforms their work, leading to various situations that affect the quality of life (Flores & Gomez, 2018). Healthcare workers in Chile and the world have seen a considerable increase in workload during the COVID-19 pandemic due to the increase in patients with respiratory symptoms and the decrease in the workforce (February et al., 2018). The care of patients with COVID-19 requires close contact with the patient and her family, which generates situations of danger and emotional burden due to the possibility of contagion (Sources, 2020). The World Health Organization (WHO) also calls for extreme safety and health protection measures for health workers, stating that health centers that care for patients with COVID-19 cannot save their patients if they do not safeguard the health of their workers (WHO, 2020). The pandemic has only made visible the fragility and vulnerability that health workers have experienced for a long time. Fernández et al., in their study carried out in Valladolid, demonstrated that labor responsibilities and the complexity of care have increased exponentially, factors that encourage greater labor legislation (Fernandez et al., 2016). In this sense, Bustillo et al. and Nunez et al. emphasized that adequate working conditions are crucial for people's progress, however, the significant increase in responsibilities leads to even greater burdens for this group (Bustillo et al., 2015; Núñez et al., 2023). Regarding the aforementioned job responsibilities, it is important to highlight the "mental" tension (Huarcaya, 2020). In recent decades, epidemiological research has provided strong evidence of its notable impact on the health of workers (Bustillo et al., 2015; Murcia et al., 2018).

In addition, Barrios et al. argues that the nurse's responsibility in care work functions requires constant improvement to face new challenges, generating mental fatigue (Barrios et al., 2012). In this context, Arias et al. mentions in his study that the tasks that overwhelm nursing professionals, generating greater physical and mental fatigue are administrative work, responsibility in the administration of medications, emergency care alarms and instruction that they must give to the user's family environment (Arias et al., 2018). PSRFs are "workplace incidents" so named because they are sudden events that originally arise for work-related reasons (Gomes et al., 2021). These incidents manifest as discomfort suffered by workers and are expressed through physical, mental or social conditions (Gatica et al., 2020), before the diverse conditions inherent to the work imposed by the responsibilities of the organization (Turcich et al., 2019). The literature describes that PSRFs affect health differently in men and women caused by wage inequalities, professional skills development, long work hours, and childcare responsibilities (Bardhan et al., 2019). The Chilean Superintendency of Social Security (SUSESO) has not remained silent on this issue and defines psychosocial risks as: "a set of demands that affect both physically and mentally workers associated with the working day" (SUSESO, sf). The main concern is that the nursing staff after an exhausting workday shows signs of exhaustion and fatigue, unable to provide quality care (Weebert et al., 2020). The perception of PVC is also a variable of interest for health organizations and, therefore, must be addressed with precision and accuracy (Ruiz et al., 2020). CVP is a multidimensional and complex construct that primarily refers to the well-being of a significant number of human deprivations that affect the balance between work and life (Griffiths et al., 2020), such as recognition by peers and superiors, fair salary, equality in contractual conditions, job stability, among many others (Juana Patlan, 2016). For Cabezas and Moukarzel et al., CVP is defined as: the balance between the demands of work performance and the worker's ability to react to them, in such a way that it has a negative or positive
impact on the family environment and on the professional performance of the worker. The responsibility assumed by the nursing staff to carry out the activities of their profession, adding to these the various specialties, often falls into monotony. However, in the work environment there are various motivating or discouraging factors.(Lopez, 2017)with whom they must interact every day. These work factors that they face on a day-to-day basis, faced with different stimuli such as idiosyncrasies, understanding, ambitions and shortcomings, will influence their self-care.(Ross et al., 2019).

From this perspective, labor processes and relations in the field of health continue to be an important and decisive factor for companies, since when professionals are affected by unfavorable working conditions, pathologies arise.(Rojas et al., 2019; Ruiz et al., 2020). This forces us to reflect on the current working conditions in their daily work, since with the increase in administrative work together with the greater intervention they are carrying out and biosecurity(Quiñones et al., 2022)added by the pandemic to restore the health of the sick, nurses must pay a high cost to their own health. For nursing, optimizing the work environment is essential to develop a culture of safety and trust, with the intention of changing the profile and presenting to the company and the population that nursing teams are a valuable means for health.(Schneider et al., 2019). Thus, occupational health is a practice that seeks to maintain the physical and mental well-being of workers, avoiding psychosocial risk to improve QOL.(Gomes et al., 2021).

Finally, the existing risk factors and the low sensation of quality of life worldwide are present.(Castro & Suárez, 2022). When these factors are addressed, changes will appear at the various levels of care, opportunities for the development of nursing will arise, especially for those professionals who, in the exercise of the profession, want to meet these demands without sacrificing their CVP or their personal life.(Schober, 2019). In light of the above, the purpose of this research is to establish the relationship between FRPS and nursing CVP in a medium-complexity hospital in Chile, evaluating these indicators to carry out prevention and promotion interventions in mental health care for nursing professionals.

2. Methodology

The study had a quantitative, correlational, cross-sectional approach and a non-experimental design.(Hernández-Sampieri & Mendoza, 2020; Manterola et al., 2019). It was carried out in a hospital of medium complexity belonging to the Southern Chilean Metropolitan Health Network. The population consisted of 125 members of the professional team (nurses and higher level technicians), and a non-probability sampling method was used for convenience. Inclusion criteria were nurses with one or more years of professional experience, excluding those who did not wish to participate in the study or were absent from work.

Two questionnaires were used for the study: the first was the SUSESO/ISTAS 21 Short Version, which was developed based on the COPSOQ-ISTAS 21 model. The questionnaire was translated and adapted in Barcelona by the "Instituto Sindical de Trabajo, Ambiente y Salud (ISTA)”, which is in charge of reviewing Spanish occupational health(Cerda & Porras, 2018). ISTAS used the COPSOQ questionnaire of the Danish Institute of Occupational Health as a guide.(Burr et al., 2019). This short version, which has 20 questions that contain the five dimensions of the full version: "psychological demands", "active work and skills development", "social support and leadership quality", "compensation" and "double presence". The questionnaire measures the presence of FRPS in workers, since it was developed as a screening tool for diagnostic purposes in prevention, inspection and occupational health education.(Mendoza-Llanos & Moyano-Díaz, 2019). Scores are calculated and interpreted directly from the total score, which determines the proportion of workers who are at risk globally, with the highest score indicating 'low risk'.(Llanquecha & Marin, 2018). The questionnaire has been validated in the Latin American and national context, with a Cronbach’s alpha of 0.6 to 0.8.(Alvarado et al., 2009, 2012; Candia et al., 2018).

The second questionnaire used was the complete version of the CVP-35, designed by Salvador
García and validated by Carmen Cabezas between 1998 and 2000, based on Karasek’s theoretical model. (Cabezas, 2000; Grimaldo & Reyes, 2015; Moukarzel et al., 2019). It has been validated in different international and national contexts with an average Cronbach’s alpha of 0.8 to 0.9. (Ormeño, 2007; Rivera et al., 2017; Tomás et al., 2011). This questionnaire consists of a consolidated 35 items in 3 dimensions: "work demands", "intrinsic motivation" and "direct support". (Ruiz et al., 2020). The questionnaire uses a quantitative scale from 1 to 10, with a higher score indicating a better quality of life [46]. In order to analyze and interpret the data collected in accordance with the objectives of the study, the following procedures were carried out: the data was analyzed using the statistical program SPSS version 25, which allowed the validation of the hypotheses through the Spearman correlation coefficient, which was presented in graphs. Throughout the investigation, ethical principles were taken into account.

3. Results

Table 1: Sociodemographic data: distribution of frequencies and means by age, number of children and weekly workday

<table>
<thead>
<tr>
<th>Sociodemographic data</th>
<th>north</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>125</td>
<td>twenty-one</td>
<td>59</td>
<td>35.64</td>
<td>8,682</td>
</tr>
<tr>
<td>number of children</td>
<td>125</td>
<td>0</td>
<td>4</td>
<td>1.23</td>
<td>1,144</td>
</tr>
<tr>
<td>Weekly working hours</td>
<td>125</td>
<td>0</td>
<td>48</td>
<td>43.06</td>
<td>6,860</td>
</tr>
</tbody>
</table>

Finally, in this study a mean age of 35.64 ± 8.68 years was found. The mean number of children is 1.23 ± 1.14. The weekly work hours correspond to an average of 43.06 ± 6.86 (Table 1).

Table 2: Distribution of frequencies and percentage by sex, marital status and contractual situation

<table>
<thead>
<tr>
<th>Sociodemographic data</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>9.6</td>
</tr>
<tr>
<td>Female</td>
<td>113</td>
<td>90.4</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>100.0</td>
</tr>
<tr>
<td>Civil status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>81</td>
<td>64.8</td>
</tr>
<tr>
<td>Married</td>
<td>27</td>
<td>21.6</td>
</tr>
<tr>
<td>Civil union</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Living together</td>
<td>9</td>
<td>7.2</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>5.6</td>
</tr>
<tr>
<td>Contractual situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indefinite contract</td>
<td>67</td>
<td>55.8</td>
</tr>
<tr>
<td>Fixed term contract</td>
<td>53</td>
<td>44.2</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The analysis shows a majority female population, with 113 (90.4%) people, while the male gender with 12 (9.6%) members is well below the female gender.

For marital status, the majority of the population is "single" with 81 (64.8%) respondents, followed by "married" with 27 (21.6%) professionals. Likewise, it can be observed that the predominant contractual situation is the “indefinite contract”, with 67 (55.8%) professionals, not far behind is the "fixed-term contract", presenting a frequency of 53 (44.2%) nursing workers (Table 2).

Table 3: Correlation coefficient and significance between FRPS and CVP

<table>
<thead>
<tr>
<th>Variable*/Dimensions</th>
<th>Rho Lancer</th>
<th>two-sided importance</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Risk Factors *Professional Quality of Life</td>
<td>-0.322**</td>
<td>.000</td>
<td>weak correlation</td>
</tr>
</tbody>
</table>

**. The Correlation is significant at the 0.01 level (two tails).
According to the statistical test applied, it was found that there is an inverse relationship between the PRFs and the ProQoL, a correlation coefficient Rho = -0.322 is observed, which shows a weak correlation and a calculated value p = .000 at a level of significant of 0.01 (bi-lateral). Indicating that increasing the PRF decreases the ProQoL, therefore, the null hypothesis is rejected and the alternative hypothesis of this study is accepted, concluding that the PRF are associated with the ProQoL of nurses who work in a hospital of medium complexity in Chile (Table 3).

Table 4: Correlation coefficient and significance between the FRPS variable and the dimensions of job demand, intrinsic motivation and managerial support

<table>
<thead>
<tr>
<th>Variable*/Dimensions</th>
<th>Rho Lance</th>
<th>two-sided importance</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial risk factors*Management Support</td>
<td>-.501**</td>
<td>.000</td>
<td>weak correlation</td>
</tr>
<tr>
<td>Psychosocial risk factors*job demand</td>
<td>.317**</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Risk Factors*Intrinsic motivation</td>
<td>-.420**</td>
<td>.000</td>
<td></td>
</tr>
</tbody>
</table>

** The correlation is significant at the 0.01 level (two tails).

It was found that there is a relationship between the PRFs variable and the ProQoL dimensions corresponding to managerial support, labor demand, and intrinsic motivation of health professionals. A correlation coefficient Rho = -.501 is observed in order; .317 and -.420, showing a weak correlation and a calculated p-value of 0.000 with a significance level of 0.01 (two-sided). Indicating that, by having more PRF, they have less managerial support, intrinsic motivation and, on the other hand, have more demand for work. Therefore, the null hypothesis is rejected and the alternative hypothesis of this study is accepted, concluding that there is a relationship between the PRF and the ProQoL dimensions corresponding to managerial support.

4. Discussion

In this section the most relevant findings of the study will be presented and the particular evolution of health professionals will be analyzed, highlighting the positive and negative dimensions found and responding to the objectives of the study.

Regarding the sociodemographic aspects of the population studied, the large number of women and adults is striking, as supported by the writings of (Vargas, 2020). Likewise, it was found that a large proportion of the population was single, with 64%, followed by married people with a much lower percentage of 21% (Table 2). In this sense, the studies by Jiménez and Vázquez show that population trends are changing in relation to the above, discovering that the older population studied has children but is single. (García et al., 2015), (Jiménez & Hernández, 2020), (Jiménez et al., 2017; Vázquez et al., 2020).

Regarding the general objective of the study, it was determined that there is an inverse relationship between psychosocial risk factors (PRF) and perceived quality of life (QOL), with a correlation coefficient of Rho = -0.322 (Table 3). These results are consistent with the findings of Valencia, who found a negative relationship between psychosocial risks and quality of life. (J Patlán, 2019) (Aguilera, 2020), (Valencia, 2022).

In line with the literature studied, it is reported that the FRP inherent to the profession, such as suffering and contact with death, have a considerable negative impact on health. (Orozco et al., 2019), which can be reflected in the present study in the inverse relationship between PRF and PQoL. However, the importance of intervening in these factors to reduce stress and stiffness, improving PQoL (Sureda et al., 2019) (Sanchez, 2021), is highlighted.

This study determined the correlation between psychosocial risk factors (PRF) and three specific aspects related to the work of nursing professionals. Regarding direct managerial support, a
significant negative correlation was found with a correlation coefficient of Rho = -0.501 (Table 4), which differs from the results obtained by Caballero et al. who showed a weak inverse correlation of -0.174 (Caballero Pedraza et al., 2017). Although health workers feel supported by their superiors and there is a commitment to conflict resolution, it is necessary to promote recognition of their effort, since this activity is only carried out a few times, which can generate frustration and indifference by part of the health team (Molina et al., 2019; Pebes et al., 2019).

Regarding the correlation between the FRP and labor demand, a significant positive correlation was found with a correlation coefficient of Rho = 0.317 (Table 4), which differs from the results obtained by Caballero et al. who showed a moderate correlation of 0.561 (Caballero Pedraza et al., 2017). Despite the fact that many nursing professionals have a heavy workload, they do not feel that this affects or alters the quality of their work, which is in line with the literature (Quintana et al., 2015).

Finally, regarding the intrinsic motivation of nursing professionals, a significant negative correlation was found with a correlation coefficient of Rho = -0.420 (Table 4), which agrees with the results obtained by Caballero et al., who showed a weak correlation of -0.282 (Caballero Pedraza et al., 2017). The population studied indicated that they were motivated and willing to make an effort, which coincides with the literature that shows that motivation is proportional to the work environment (Gutierrez, 2020). In addition, it is highlighted that there is a lot of family support and, despite the stress, nursing professionals feel capable of carrying out their work, since they consider that their work is important for the lives of others (Campodónico, 2022). The literature consulted suggests looking for instances to reduce constant stress, such as walks, meditation spaces, group dynamics, recreation and prayer areas (Castillo et al., 2014; Tacca & Tacca, 2019, Sierra et al., 2012).

In conclusion, this study reveals the need to deepen the gaps found, especially due to the significant increase in the demands of the population related to the effects of the COVID-19 pandemic, which have affected health professionals in one way or another, health and increased PRF that alter the quality of working life.

5. Conclusions

In this research, a weak but significant relationship was found between psychosocial risk factors and quality of life, direct management support, labor demand, and intrinsic motivation of health professionals. The Rho values obtained were -0.322, -0.501, 0.317 and -0.420, respectively, with a significance level lower than the established theoretical value of 0.05. However, some limitations of this study should be considered, such as the restricted access to Chilean hospitals due to the closure of bioethics committees caused by the COVID-19 pandemic, the sample size due to high work absenteeism, and the shortage of recent research in the area. National context on the quality of professional life with the questionnaire used.

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