

BIANKA MISIAK

Ocena zasobów zdrowotnych personelu pielęgniarskiego po 40 roku życia z województwa podlaskiego

## **STRESZCZENIE**

Nursing is a type of activity that, given its wide range and specific type of personal involvement, poses a huge challenge to the person performing it. The work of a nurse is one of the most responsible and simultaneously the most difficult jobs because it is about saving human health and life, and at the same time, it often involves breaking one's weaknesses.

The professional group of nurses can be described as demographically old. This is the result of the dynamic growth of the average age of medical professionals, their retirement, and an inadequate influx of new people into the profession. The problem of staff shortages in nursing is inherently connected to the increasing workload. Many authors emphasize that nurses are particularly exposed to some health consequences stemming from their professional duties. Nurses who are older than 40 years of age, in the current health care situation, are the most numerous and therefore most burdened group of all working nurses in general. This, in turn, shifts into the lowering of quality of nursing care provided by them. At the same time, a large percentage of occupationally active nurses are in their perimenopause, which, in the emotional, psychological, intellectual and physical sense, is a turning point for women and can last up to 15 years, usually within the period of their full professional activity. Changes in one's ability to work are largely individual, and the capacity of the body changes with age.

The main objective of the study was to assess the quality of life, satisfaction with life, stress levels associated with psychosocial work characteristics, professional burnout and health behaviors of nursing staff aged above 40. Some answers were sought to these specific goals: how nurses rate the quality of their lives in terms of physical, mental, social and environmental functioning; the state of their mental health and the mental condition of the studied group; the satisfaction with one's life and, in what areas such satisfaction deficits; the range of positive health behaviors. It was examined whether the nursing staff exhibits the characteristics of professional burnout, and if so, to what extent, and what the level of stress associated with psychosocial work is.

In practical terms, the obtained results may provide the basis for improving the psychophysical health of this occupational group, implementing health programs to provide care adequate to social needs and demographic challenges. At the same time, they will facilitate the adaptation of the education model for medical staff, particularly in the nursing profession, to the current need of nursing care.

The research was approved by the Bioethics Committee of the Medical University of Białystok (Resolution No. R-I-002/521/2014) and the Dean of the Faculty of Health Sciences of the Medical University of Białystok and the Chairman of the Regional Council of Nurses and Midwives in Białystok.

The study was conducted in January-December 2015 with a randomly selected group of professionally active nurses aged above 40 in the Podlaskie Voivodeship. The respondents completed an anonymous questionnaire survey. The condition to participate in the study was a declared agreement of participation. 560 questionnaires were distributed, 523 completed questionnaires were returned correctly, thus constituting the basis for empirical analysis.

The study was conducted using a diagnostic survey using standardized questionnaires: WHOQOL-BREF a short version of the quality of life questionnaire, David Goldberg's GHQ-28 General Health Questionnaire, SWLS Diener Questionnaire (Life satisfaction scale), MRS rating scale - Polish version, the Copenhagen Burnout Inventory (CBI), the Psychosocial Work Conditions (PWP) Questionnaire, Personal Self-Esteem Test, the Scale of Positive Behavior for Women, and author's own questionnaire survey consisting of questions on family and social life and respondents' data.

The analysis of the research material allowed us to formulate the following conclusions:

On the quality of life of nurses:

1. The interviewed nurses had a relatively high quality of life, the better the higher their education was, the highest in the social and psychological field.
2. The level of the quality of life of nurses was strongly determined by their income situation - the individuals determining their financial situation as good assessed the quality of life better than those with worse financial conditions.

3. Nurses who reported a higher level of severity of adverse symptoms associated with menopause also presented lower quality of life, with the most strongly correlated menopausal symptoms in the psychological and somatic-vegetative sphere.
4. The quality of life of nurses was correlated with health, with the better the lifestyle of the respondents, the higher the quality of their lives; and the strongest correlation was found between psychosocial health and the quality of life in the somatic and psychic spheres.
5. Having children lowered the quality and satisfaction of the nurses, but both were significantly raised if they had a partner.
6. Most surveyed nurses exhibited a lowered self-esteem, which had the greatest impact on their quality of life in the psychological field. There was also a correlation between low self-esteem and the occurrence of mental disorders.
7. The quality of life was positively correlated with the three aspects of the assessment of psychosocial working conditions - the scale of control, social support and well-being; with the strongest correlations between the scale of well-being and the quality of life in the somatic and psychological fields.
8. The quality of life was linked to professional burnout, but with the increase in the quality of life, the level of perceived professional burnout decreased, and with the increase in professional burnout, the quality of life decreased.

#### Concerning mental health and life satisfaction

1. The financial situation of the respondents, similarly to the survey on the quality of life, significantly determined the mental health components, and a higher score of negative mental health symptoms was related to nurses in a worse financial situation.
2. The working environment did not affect the occurrence of mental disorders, and the level of professional burnout correlated with the state of mental health.
3. The more intense the symptoms of menopause, especially in the mental sphere, the lower the level of satisfaction with life of the studied nurses and the stronger mental disorders.
4. The co-occurrence of a chronic disease exacerbated negative psychic occurrences such as somatic symptoms, anxiety or insomnia and dysfunction.

5. Higher levels of health behaviors of the studied nurses influenced the lowering of depression and other mental disorders, with the strongest correlations being health behaviors in terms of psychosocial health and physical activity.
6. Satisfaction with life of nurses was correlated with the quality of life in all the specified areas.
7. The factors influencing the assessment of life satisfaction were socio-demographic variables such as: financial situation, having a partner, children and a sense of satisfaction with work and financial gratification for doing a job.
8. The assessment of psychosocial working conditions was associated with a general feeling of job satisfaction - an increase in the assessment of working conditions co-existed with an increase of the level of satisfaction of life.
9. An occurrence of despondency in professional work influenced the level of life satisfaction - the greater the professional burnout, the lower the satisfaction with life.

#### Regarding the health behavior of nurses

1. The studied nurses were determined to keep safe, but most of them were not physically active.
2. With age, the tendency to care for the body and the awareness of health behaviors have increased thus increasing the practical everyday applications.
3. The level of health behaviors was differentiated by education, number of jobs and financial situation; the highest level of health behaviors was reported by nurses working in several workplaces and being in a better financial situation.

#### Regarding the psychosocial conditions of work for nurses

1. Nursing careers were a significant source of stress, and positive aspects, with the exception of well-being, were assessed low.
2. Factors that significantly influenced the evaluation of working conditions were: education, age and financial situation; while the level of job requirements was rated higher by respondents aged 50 and under, well educated and with a specialization, and they were also more satisfied in the category of well-being.

3. The respondents who performed shift work had a lowered assessment of self-control of tasks done at work, felt less social support, and saw a greater need to change their working conditions.
4. Work conditions were correlated statistically with measures of job burnout.

#### Concerning burnout

1. The level of professional burnout of the studied group may be considered moderate.
2. The level of professional burnout in the respondents was determined by the satisfaction with financial gratification; while nurses in a worse financial situation felt more professional burnout in almost all categories being considered.
3. Nurses with specialization were less, compared to the remaining respondents, burned in the sphere of patient contact.
4. The level of professional burnout clearly differentiated the system and workplace, with the greater degree of professional burnout being observed with shift nurses and hospital staff.
5. Nurses working at the managerial level had lower levels of professional burnout in the sphere of patient contact.
6. The feeling of professional burnout reduced the satisfaction with the job, and those dissatisfied with their work were more easily aware of and able to observe the symptoms of burnout.

The following implications of the study were formulated:

1. The extent of behaviors that determine the health of the surveyed nurses is far from satisfactory; therefore, actions to promote healthy behavior, stress reduction, and cyclical outbreak prevention appear to be a major need.
2. The occupational group of nurses, due to the stressful working environment and the associated risk of occupational burnout syndrome, should be covered by a broad spectre of psychological support.

3. Improving the image of nurses, their working conditions, an increased access to training and increased pay can improve the quality of life of a nurse.

4. Nurses should be role models, able to shape, promote and modify other people's health attitudes, thereby improving the health of both themselves and the general public.