

RESEARCH ARTICLE (ORIGINAL) 8

Quality of life of nursing professionals working in the family health strategy

Qualidade de vida nos profissionais de enfermagem que exercem funções na estratégia saúde da família

Calidad de vida de los profesionales de enfermería que desempeñan funciones en la estrategia de salud familiar

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Abstract

Background: Quality of life (QoL) is a complex, multidimensional construct that is characterized by subjectivity. It is important to investigate the QoL of nursing professionals in primary health care because it contributes to the promotion of their health, with an impact on the population.

Objectives: To analyze the QoL of nursing professionals working in the family health strategy.

Methodology: Exploratory, cross-sectional, and descriptive study with a quantitative approach. The sample consisted of 85 nursing professionals working in the family health strategy in the municipality of Macaé/RJ/Brazil. Data were collected using the WHOQOL-BREF developed by the World Health Organization, which included information about the sociodemographic profile.

Results: For nurses, the highest mean score was found in the Social relationships domain. In the Psychological domain, only nursing technicians had the highest mean scores. All of the professionals had the lowest mean scores in the Environment domain.

Conclusion: Primary health care managers should invest more in interventions aimed at promoting these professionals' health and QoL.

Keywords: quality of life; nurse practitioners; nursing; family health strategy

Resumo

Enquadramento: Qualidade de vida (QV) é um constructo complexo, multidimensional e marcado pela subjetividade. Investigar a QV nos profissionais de enfermagem da atenção primária à saúde é importante para a contribuição para a promoção da saúde destes profissionais, repercutindo-se na população.

Objetivos: Analisar a QV dos profissionais de enfermagem no contexto da estratégia saúde da família.

Metodologia: Estudo exploratório, transversal e descritivo de abordagem quantitativa. A amostra constituiu-se por 85 profissionais de enfermagem pertencentes à estratégia saúde da família do município de Macaé/RJ/Brasil. Os dados foram recolhidos através do WHOQOL-BREF proposto pela Organização Mundial da Saúde, contemplando informações acerca do perfil sociodemográfico.

Resultados: O domínio Relações sociais evidenciou o *score* médio mais elevado para os enfermeiros. No domínio Psicológico, apenas os técnicos de enfermagem evidenciaram os *scores* médios mais elevados, sendo que o domínio Ambiente evidenciou o *score* médio mais baixo para toda a categoria de enfermagem estudada.

Conclusão: Recomenda-se aos gestores que atuam na atenção primária à saúde um maior investimento em ações direcionadas para a promoção da saúde e QV destes profissionais.

Palavras-chave: qualidade de vida; profissionais de enfermagem; enfermagem; estratégia saúde da família

Resumen

Marco contextual: La calidad de vida (QV, en portugués) es un constructo complejo, multidimensional y subjetivo. La investigación de la QV en los profesionales de enfermería de atención primaria es importante para contribuir a la promoción de la salud de estos, lo que repercute en la población.

Objetivos: Analizar la QV de los profesionales de enfermería en el contexto de la estrategia de salud familiar.

Metodología: Estudio exploratorio, transversal y descriptivo, de enfoque cuantitativo. La muestra estuvo compuesta por 85 profesionales de enfermería pertenecientes a la estrategia de salud familiar del municipio de Macaé/RJ/Brazil. Los datos se recopilieron por medio del WHOQOL-BREF, propuesto por la Organización Mundial de la Salud, incluida la información sobre el perfil sociodemográfico.

Resultados: El dominio Relaciones sociales mostró la mayor puntuación media de los enfermeros. En el dominio Psicológico, solo los técnicos de enfermería mostraron las puntuaciones medias más altas, mientras que el dominio Ambiente mostró la puntuación media más baja para toda la categoría de enfermería estudiada.

Conclusión: Se recomienda que los gestores que actúan en la atención primaria de la salud inviertan más en acciones dirigidas a la promoción de la salud y la QV de estos profesionales.

Palabras clave: calidad de vida; enfermeras practicantes; enfermería; estrategia de salud familiar



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Introduction

The assessment of the quality of life (QoL) construct is a complex task because it must take into account its subjectivity, which is characterized by several dimensions such as general wellbeing, health, personal and professional fulfillment, feelings, and satisfaction of basic social and economic needs (Borges & Bianchin, 2015).

Therefore, the study of QoL has generated great interest and discussion, particularly due to its complex concept in the health and nursing domains, with the purpose of understanding and integrating its multidimensional perspective and diversity, in which it is possible to identify aspects of human subjectivity (Almeida-Brasil et al., 2017).

In Brazil, Primary Health Care (PHC) is the gateway to the Unified Health System (*Sistema Único de Saúde* – SUS), whose actions are aimed at the individuals, their families, and community, being represented by the consolidation of the Family Health Strategy (FHS; Almeida-Brasil et al., 2017; Kahl, Meirelles, Lanzoni, Koerich, & Cunha, 2018).

In this perspective, FHS is regarded as a priority planning and action strategy for expanding and consolidating PHC, while assuming the coordination of the continuity of care. Its activities cover all stages of the lifecycle through home visits, chronic disease management, health promotion, and guidance to healthy lifestyles (Arantes, Shimizu, & Hamann, 2016).

When considering the impact on the QoL of nursing professionals working at the FHS, it is necessary to take into account these professionals' social and professional contexts. The social context is often characterized by the lack of time for leisure activities, sleep, rest, and healthy eating, and it should be aligned with their professional context and the performance of activities inherent to the profession. It also implies that these professionals are confronted with the lack of human and material resources, work overload, and situations of violence in the community, as well as verbal and physical violence, mental and physical exhaustion, and low salaries. All of these factors have a significant impact on QoL (Freire & Costa, 2016; Silva & Farias, 2018). In the FHS, nursing professionals experience several situations that are not restricted to their professional activities, and the territories and services where they work, but rather cover other issues regarding their personal and family life that can directly or indirectly interfere with their QoL.

Therefore, PHC managers should implement interventions aimed at promoting the health of the nursing professionals working at the FHS and, consequently, improving their health and QoL, with an impact on the population receiving their care. It is crucial to reinforce the importance of (re)defining public policies aimed at these professionals (Fernandes, Miranzi, Iwamoto, Tavares, & Santos, 2010). Thus, the measures adopted by the managers to improve their professionals' health should also invest in their QoL, leading to an improvement in the care delivered to the population.

This study aims to contribute to the production of knowle-

dge in this area with a view to attracting more investment in the planning of strategies and actions aimed at the improvement of PHC management with repercussions on the QoL of these professionals. This study aimed to analyze the QoL of the nursing professionals working in the FHS.

Background

The World Health Organization (WHO) defined QoL as an individual's perception of their position in life and society, including their expectations and concerns about the future (WHO, Center for Health Development, 2004). The term QoL was first used by the President of the United States of America, Lyndon Johnson, in 1964, when he stated that goals cannot be measured by the size of our bank balance, but rather by the quality of life that they provide to people. From then onwards, this concept became an object of interest to the scientific community, particularly in the health field (Fleck et al., 1999).

Its conceptualization indicates a human dimension that relates to the individual's satisfaction with his/her social, family, and work contexts, taking into account the cultural identity of each society (Minayo, Hartz, & Buss, 2000). The conceptualization is also associated with subjective aspects that take into account the experiences of each individual. The interest in the topic has increased, particularly in the scientific community, by highlighting the implications of QoL assessment using measurement instruments and its applicability in everyday life. The WHO Quality of Life Assessment Group developed two QoL assessment instruments: the WHOQOL-100 and the WHOQOL-BREF (Fleck et al., 2000). The WHOQOL-100 was developed cross-culturally, in collaboration with several countries. The multidimensional aspect of the QoL construct is reflected in six assessment domains: Physical, Psychological, Level of Independence, Social relationships, Environment, and Spirituality/Religion/Personal Beliefs (Fleck et al., 2000). However, the WHO Quality of Life Assessment Group felt the need to develop an abbreviated version of the WHOQOL-100, the WHOQOL-BREF, which decreases time for administration. This shorter version consists of two general items and 24 other items that explore four domains of the original instrument: Physical, Psychological, Social relationships, and Environment (Minayo et al., 2000; Fleck et al., 2000).

Through the WHOQOL-BREF, it is possible to identify several subjective facets, which reflects its multidimensionality, including aspects related to physical and psychological health, as well as those present in the environment surrounding the individual (Almeida-Brasil et al., 2017). Thus its use relates to several segments of society, covering not only objective and subjective aspects in the search for a balance that is associated with personal, professional, and social fulfillment (Moraes, Matino, & Sonati, 2018), but also the life contexts associated with the social, family, and professional dimensions. QoL assessment provides an understanding of the multidimensional factors and

their interrelation, giving an indication of its impact on the health of nursing professionals, and allowing the planning of actions to promote these professionals' wellbeing (Ascef et al., 2017). Given its complexity and subjectivity, understanding QoL brings significant benefits to the professionals working in PHC delivery and, as a result, to the entire community that experiences the health-illness process.

Research question

How do the nursing professionals assess their QoL considering the Physical, Psychological, Social relationships, and Environment domains established by WHO?

Methodology

Taking into account the research question set out, a quantitative, exploratory, descriptive, and cross-sectional study was conducted with nursing professionals of the FHS, in the municipality of Macaé/RJ/Brazil, from February to May 2019.

The theoretical-methodological framework was based on the concept of QoL and the research line of the WHO-QOL. The municipality has 40 FHS units, each including one nurse and one or two nursing technicians.

A census study of municipal scope was carried out to include all nursing professionals in the municipality. The study population was composed of nurses and nursing technicians, in a total of 100 professionals. The following inclusion criteria were established for participation in this study: to be a nursing professional (nurse or nursing technician) and work in the FHS in the municipality for at least 6 months. The exclusion criterion were being a nurse or a nursing technician on medical leave and/or vacation.

However, due to limitations inherent to the research field, namely some individuals' refusal to participate, the failure to contact some participants after more than three attempts, and reasons related to urban violence, not all potential participants were included in the study. The final sample consisted of 85 nursing professionals. It is important to highlight that the losses associated with urban violence were associated with the high crime rate in some communities which prevented the researcher from entering these areas.

Data were collected using the WHOQOL-BREF, including the information form on the sociodemographic profile of the nursing professionals working at the FHS. The questions were rated on a Likert-type scale, with

different degrees of intensity (*none to extremely*), capacity (*none to complete*), frequency (*never to always*), and evaluation (*very dissatisfied to very satisfied; very poor to very good*). The scores of each domain were transformed into a scale from 0 to 100 and expressed in terms of means, as recommended by the WHOQOL group, with higher means indicating better perceived QoL.

The study was developed in line with Resolution No. 466 of December 12, 2012, by the National Research Ethics Commission of the National Health Council, and Resolution No. 580 of March 22, 2018, taking into account that it was carried out in an institution that is part of the SUS. The study did not interfere with the professional activities at the service. The study was approved by the Research Ethics Committee of the Anna Nery School of Nursing – São Francisco de Assis Institute of Health Care (EEAN/HESFA), according to opinion no. 3.074.589 and CAEE no. 04185218.4.0000.5238.

Data were organized and analyzed through descriptive statistics, with the distribution of simple and absolute frequencies presented in tables, under the supervision of a statistical consultant.

The sociodemographic data were processed and statistically analyzed through univariate descriptive statistics, with raw and percentage scores. The WHOQOL-BREF was analyzed based on the syntax provided by WHO. To build the database, the answers were grouped and categorized using IBM SPSS Statistics, version 23, and WHO guidelines for the WHOQOL-BREF tool.

The bivariate analyses of WHOQOL-BREF were performed using analysis of variance (ANOVA) for continuous variables. Statistical significance was set at 5% ($p < 0.05$), and Tukey's multiple comparison test was applied when the ANOVA revealed statistical significance. Thus, the higher the mean in the analyzed domain, the better the perceived QoL.

Results

Eighty-five professionals participated in the study: 39 nurses and 46 nursing technicians. They were mostly women (80%), aged between 25 and 62 years, with a mean of 38 years, and 64.71% of them reported having a partner.

Regarding the employment contract, 77.65% of them were qualified nurses and 22.35% were hired; 68.24% reported having one employment contract and 31.76% reported having two employment contracts.

With regard to QoL assessment, 71.8% of the participants reported having a good QoL, 17.6% rated it as acceptable, and 2.4% rated it as very poor (Table 1).

Table 1

Distribution by the categories regarding the assessment of the QoL of nursing professionals working at the FHS

	Data	n	%
Quality of Life Assessment	Very poor	2	2.4
	Poor	3	3.5
	Acceptable	15	17.6
	Good	61	71.8
	Very good	4	4.7
	Total	85	100

The analysis of the WHOQOL-BREF shows that the nursing category and nurses had higher mean scores in the Social relationships domain and that nursing technicians had higher mean scores in the Psychological domain. The nurses had lower mean scores in the Environment domain. The mean scores for the nursing category were as follows: 65.55 ± 15.62 in the Physical domain, 69.85 ± 15.16 in the Psychological domain, 70.10 ± 20.63 in the Social relationships domain, and 53.53 ± 16.01 in the Environment domain.

The mean scores for nurses were as follows: 62.27 ± 17.08 in the Physical domain, 69.23 ± 12.26 in the Psychological domain, 69.87 ± 18.89 in the Social relationships

domain, and 50.64 ± 17.10 in the Environment domain. The mean scores for nursing technicians were as follows: 68.32 ± 13.85 in the Physical domain, 70.38 ± 17.35 in the Psychological domain, 70.29 ± 22.20 in the Social relationships domain, and 55.98 ± 14.76 in the Environment domain.

A significant difference was found between the mean scores in the domains, with the Environment domain having the lowest score when considering the nurses, the nursing technicians, and the total number of professionals.

Table 2 describes and compares the domains for nurses, nursing technicians, and the total number of professionals.

Table 2

Description and comparison of the mean scores in the domains for nurses, nursing technicians, and the total number of professionals

	Domain	Minimum	Maximum	Median	Mean	Standard deviation	p value*
Nurses (n = 39)	Physical	21.43	96.43	64.29	62.27b	17.08	0.001
	Psychological	41.67	87.50	70.83	69.23b	12.26	
	Social relationships	25.00	100.00	75.00	69.87b	18.89	
	Environment	9.38	81.25	50.00	50.64a	17.10	
Nursing technicians (n = 46)	Physical	39.29	96.43	67.86	68.32b	13.85	0.001
	Psychological	12.50	91.67	70.83	70.38b	17.35	
	Social relationships	25.00	100.00	75.00	70.29b	22.20	
	Environment	28.13	87.50	56.25	55.98a	14.76	
Professional category (n = 85)	Physical	21.43	96.43	67.86	65.55b	15.62	0.001
	Psychological	12.50	91.67	70.83	69.85b	15.16	
	Social relationships	25.00	100.00	75.00	70.10b	20.63	
	Environment	9.38	87.50	53.13	53.53a	16.01	

Note. *ANOVA with Tukey's multiple comparison tests; ab - Different letters indicate different means.

Discussion

Among the characteristics found in this study, the predominance of female participants should be highlighted, which is more associated with the cultural and historical aspects of the profession (Moraes et al., 2018). This finding reaffirms the feminization of the nursing work in the FHS (Lima et al., 2016) and emphasizes the idea that

nursing is mostly a female profession.

Considering the working conditions, 31.76% of the participants reported having two employment contracts, highlighting that dual employment is still a reality in nursing due to low salaries, with a negative impact on the QoL of these workers (Moraes et al., 2018).

The results of QoL self-assessment show that nursing professionals have a positive perception. It is necessary

to continue to assess and identify the team's profile because they reflect the experiences of each individual in terms of primary education, health services, income, work, leisure activities, adequate diet, physical activity, housing, transportation, and basic sanitation as well as the physical, psychological and emotional issues, and the social and family environment (Godoy & Adami, 2019; Gomes, Mendes, & Fraccolli, 2016).

A descriptive analysis of each of the domains revealed that nurses had higher mean scores in the Social relationships domain, which indicates that they are satisfied with the social aspects of their lives. These results are in line with those found in a study carried out with nurses and nursing technicians working at the FHS in a municipality of the interior of Minas Gerais, which also highlighted the Social relationships domain. This domain covers the social support received from friends, colleagues, and family and the satisfaction with the sex life (Marques et al., 2015). The nursing technicians had the highest mean score in the Psychological domain. These results corroborate a study conducted with licensed practical nurses from Palmas-Tocantins, in the emergency care units, in which the Psychological domain obtained the highest score (Silva, Silva, Barbosa, Quaresma, & Maciel, 2018). The Psychological domain reflects how an individual enjoys his/her life, experiences feelings, concentration, self-esteem, bodily image, and appearance. Nevertheless, the Psychological domain has the second highest mean score among nurses.

Among the analyzed domains, in the nursing category, which includes nurses and nursing technicians, the scores were lower in the Environment domain, when compared to the other domains. It must be taken into account that the Environment domain is related to the individual's home environment and his/her satisfaction with it, as well as the access to health, leisure, and transportation services (Gomes et al., 2016).

Studies conducted with nursing professionals using the WHOQOL-BREF support the results found in this research, namely the lower mean scores for the Environment domain of QoL (Gomes et al., 2016; Silva et al., 2018; Ferigollo, Fedosse, & Santos Filha, 2016). However, based on these studies, some aspects may have influenced the low scores found in the Environment domain among nursing professional: human, material and environmental resources, working conditions, and work process organization (Gomes et al., 2016; Lopes & Macedo, 2013). It is important to highlight that aspects in the Environment domain such as daily safety, healthy environment, money and financial resources, day-to-day information, opportunities for leisure activities, and access to health services interfere with the QoL of these professionals.

A number of factors interfere with the QoL of nursing professionals, which corroborates the importance given to labor issues, safety and protection, money and financial resources, access to health services, and, consequently, to self-care, leisure opportunities, and transportation (Ferigollo et al., 2016).

In turn, the scores in the Physical domain are in the same position when considering the total number of

professionals, that is, the second lowest mean score. The Environment domain had the lowest mean score.

It should be noted that the Physical domain is associated with physical pain, medical treatment, energy for the performance of activities, mobility, sleep and rest, and the performance of activities of daily living. This domain is associated with the basic needs of human beings, including their physical aspects (Gomes et al., 2016).

With regard to QoL, the comparison between the scores obtained by nurses and nursing technicians revealed differences in the Social relationships and Psychological domains, with nurses presenting higher and statistically significant mean scores in the Social relationships domain. In turn, the nursing technicians had the highest mean scores in the Psychological domain. The Physical and Environment domains had similar mean scores. QoL is a multidimensional construct that integrates both labor issues and the social and family environment, for which it is important to understand it without dissociating both parts. Therefore, QoL is not only associated with labor issues but also with the cultural background and family history, the social and political environment, and the social network of friends. It is necessary to look at it as a whole because if professionals do not have the means to carry out their job due to the working conditions, how can they deliver quality care to citizens? And how will this impact their social and family life?

Governmental policies and management interventions must be implemented to ensure the QoL of nursing professionals, hence the importance of strengthening the current public policies directed at PHC professionals.

The multidimensionality of QoL is expressed in the Physical, Psychological, Social relationships, and Environment domains of the WHOQOL-BREF tool, indicating the profile of the nursing professionals working at the FHS. Among the limitations of this study are the issues related to the field of research which made it impossible to include all potential participants.

Conclusion

These results show that the nurses scored higher in the Social relationships domain and that nursing technicians scored higher in the Psychological domain. In turn, all professionals scored lower in the Environment domain. They also reveal the importance of this domain as it obtained the lowest mean scores of QoL. Hence, PHC managers should implement actions to promote the health and QoL of nursing professionals, offering benefits to healthcare providers so that they care for their own health and, in this way, provide better care to the population. The assessment of QoL allows for an assessment of health and its association based on the profile of the nursing professionals working at the FHS, promoting reflections for the development of studies in PHC.

Author contributions

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References

- Almeida-Brasil, C. C., Silveira, M. R., Silva, K. R., Lima, M. G., Faria, C. D., Cardoso, ... Ceccato, M. G. (2017). Qualidade de vida e características associadas: Aplicação do WHOQOL-BREF no contexto da Atenção Primária à Saúde. *Ciência & Saúde Coletiva*, 22(5), 1705-1716. doi:10.1590/1413-81232017225.20362015
- Ascef, B. O., Haddad, J. P., Álvares, J., Guerra Junior, A. A., Costa, E. A., Acurcio, F. A., ... Silveira, M. R. (2017). Qualidade de vida relacionada à saúde dos usuários da atenção primária no Brasil. *Revista de Saúde Pública*, 51(Supl.), 2-22s. doi: 10.11606/S1518-8787.2017051007134
- Arantes, L. J., Shimizu, H. E., & Hamann, E. M. (2016). Contribuições e desafios da Estratégia Saúde da Família na Atenção Primária à Saúde no Brasil: Revisão da literatura. *Ciência & Saúde Coletiva*, 21(5), 1499-1509. doi:10.1590/1413-81232015215.19602015
- Borges, T., & Bianchin, M. A. (2015). Qualidade de vida dos profissionais de enfermagem de um hospital universitário do interior de São Paulo. *Arquivos de Ciência da Saúde*, 22(1), 53-58. doi:10.17696/2318-3691.22.1.2015.29
- Ferigollo, J. P., Fedosse, E., & Santos Filha, V. A. (2016). Qualidade de vida de profissionais da saúde pública. *Cadernos de Terapia Ocupacional UFSCar*, 24(3), 497-507. doi:10.4322/0104-4931.ctoAO0722
- Fernandes, J. S., Miranzi, S. S., Iwamoto, H. H., Tavares, D. M., & Santos, C. B. (2010). Qualidade de vida dos enfermeiros das equipes de saúde da família: A relação das variáveis sociodemográficas. *Texto & Contexto Enfermagem*, 19(3), 434-42. doi:10.1590/S0104-07072010000300004.
- Freire, M. N., & Costa, E. R. (2016) Qualidade de vida dos profissionais de enfermagem no ambiente de trabalho. *Revista Enfermagem Contemporânea*, 5(1), 151-158. doi:10.17267/2317-3378rec.v5i1.871.
- Fleck, M. P., Leal, O. F., Louzada, S., Xavier, M., Chachamovich, E., Vieira, G., ... Pinzon, V. (1999). Desenvolvimento da versão em português do instrumento de avaliação de qualidade de vida da OMS (WHOQOL-100). *Revista Brasileira de Psiquiatria*, 21(1), 19-27. Retrieved from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44461999000100006
- Fleck, M. P., Louzada, S., Xavier, M., Chachamovich, E., Vieira, G., Santos, L., & Pinzon, V. (2000). Aplicação da versão em português do instrumento abreviado de avaliação da qualidade de vida "WHOQOL-BREF". *Revista de Saúde Pública*, 34(2), 178-183. Retrieved from <http://www.scielo.br/pdf/rsp/v34n2/1954.pdf>
- Godoy, A. R., & Adami, F. S. (2019). Estado nutricional e qualidade de vida em adultos e idosos com depressão. *Revista Brasileira em Promoção da Saúde*, 32, 1-11. doi: 10.5020/18061230.2019.7354
- Gomes, M. F., Mendes, E. S., & Fraccolli, L. A. (2016). Qualidade de vida dos profissionais que trabalham na estratégia saúde da família. *Revista de Atenção à Saúde*, 14(48), 27-33. doi:10.13037/rbcs.vol14n49.3695
- Kahl, C., Meirelles, B. H., Lanzoni, G. M., Koerich, C., & Cunha, K. S. (2018). Actions and interactions in clinical nursing practice in Primary Health Care. *Revista da Escola de Enfermagem da USP*, 52, e03327. doi:10.1590/S1980-220X2017025503327
- Lima, E. F., Sousa, A. I., Primo, C. C., Leite, F. M., Souza, M. H., & Maciel, E. E. (2016). Perfil socioprofissional de trabalhadores de equipes saúde da família. *Revista Enfermagem UERJ*, 24(1), e9405. doi:10.12957/reuerj.2016.9405
- Lopes, A. O., & Macedo, A. P. (2013). Avaliação da qualidade de vida de Enfermeiros da atenção básica. *Revista InterScientia*, 1(3), 16-27. Retrieved from <https://periodicos.unipe.br/index.php/intercientia/article/view/44>
- Marques, A. L., Ferreira, M. B., Duarte, J. M., Costa, N. S., Hass, V. J., & Simões, A. L. (2015). Qualidade de vida e contexto de trabalho de profissionais de enfermagem da Estratégia Saúde da Família. *Revista da Rede de Enfermagem do Nordeste*, 16(5), 672-681. doi:10.15253/2175-6783.2015000500008
- Minayo, M. C., Hartz, Z. M., & Buss, P. M. (2000). Qualidade de vida e saúde: Um debate necessário. *Ciência & Saúde Coletiva*, 5(1), 7-18. doi:10.1590/S1413-81232000000100002
- Moraes, B. F., Matino, M. M., & Sonati, J. G. (2018) Percepção da qualidade de vida de profissionais de enfermagem de terapia intensiva. *Revista Mineira de Enfermagem*, 22, e-1100. doi:10.5935/1415-2762.20180043
- Silva, K. G., & Farias, S. (2018). Qualidade de vida e estresse dos enfermeiros. *Revista de Enfermagem UFPE online*, 12(12), 3378-85. doi:10.5205/1981-8963-v12i12a236158p3378-3385-2018
- Silva, R. F., Silva, S. F., Barbosa, T. C., Quaresma, F. R., & Maciel, E.S. (2018). Nível de percepção de estresse e qualidade de vida entre os técnicos de enfermagem das Unidades de Pronto Atendimento de Palmas – TO. *Revista Brasileira de Ciências da Saúde* 22(3), 261-266. doi:10.22478/ufpb.2317-6032.2018v22n3.32212
- World Health Organization, Center for Health Development. (2004). A glossary of terms for community health care and services for older persons. Retrieved from <https://apps.who.int/iris/handle/10665/68896>