Perceptions of nursing students on their quality of life*

Percepção de graduandos de enfermagem sobre sua qualidade de vida

Percepción de graduandos de enfermería sobre su calidad de vida

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ABSTRACT

Objective: To know the perception of nursing students on their quality of life. **Methods:** A cross-sectional study in São Paulo School of Nursing, Federal University of São Paulo / Brazil. The sample consisted of 178 undergraduates. To obtain the data, we used the generic instrument WHOQOL-brief. Interest groups were tested for normality using Kolmogorov-Smirnov and student t-test. **Results:** The students considered their quality of life good and were satisfied with their health. The analysis found the highest average score occurred in the domain of social relationships and the lowest was in the physical domain. The students in their first year of courses had a lower quality of life than those in their second, across all domains; they were higher in the physical domain than those in their third year; and were higher than those in their fourth year in terms of the environmental domain. **Conclusion:** the students deserve attention on aspects of quality of life, especially on the physical aspects and students in their first courses must be followed.
Keywords: Quality of life; Students, nursing; Perception; Psychometrics/methods

RESUMO

Objetivo: Conhecer a percepção de graduandos de Enfermagem sobre sua qualidade de vida. **Métodos:** Estudo transversal realizado na Escola Paulista de Enfermagem da Universidade Federal do Estado de São Paulo/Brasil. Amostra constituída de 178 graduandos. Para a obtenção dos dados, utilizou-se o instrumento genérico WHOQOL-bref. Os grupos de interesse foram submetidos aos testes de normalidade de Kolmogorov-Smirnov e o t de Students. **Resultados:** Os graduandos consideravam sua qualidade de vida boa e estavam satisfeitos com sua saúde. Na análise, o escore médio encontrou resultado maior para o domínio das relações sociais e o menor para o físico. Os alunos da primeira série, apresentou qualidade de vida menor do que os da segunda em todos os domínios e estes maior do que os da terceira no domínio físico e maior que a quarta no domínio meio ambiente. **Conclusão:** os graduandos merecem atenção nos aspectos da qualidade de vida sobretudo nos aspectos físicos e os alunos da primeira série devem ser acompanhados.
Descritores: Qualidade de vida; Estudante de enfermagem; Percepção; Psicometria/métodos

RESUMEN

Objetivo: Conocer la percepción de graduandos de Enfermería sobre su calidad de vida. **Métodos:** Estudio transversal realizado en la Escuela Paulista de Enfermería de la Universidad Federal del Estado de Sao Paulo/Brasil. Muestra constituída por 178 graduandos. Para la obtención de los datos, se utilizó el instrumento genérico WHOQOL-bref. Los grupos de interés fueron sometidos a los test de normalidad de Kolmogorov-Smirnov y el t de Students. **Resultados:** Los graduandos consideraban su calidad de vida bueno y estaban satisfechos con su salud. En el análisis, el escor medio encontró el mayor resultado para el dominio de las relaciones sociales y el menor para el físico. Los alumnos de la primera serie, presentaron calidad de vida menor que los de la segunda en todos los dominios y éstos mayor que los de la tercera en el dominio físico y mayor que la cuarta en el dominio medio ambiente. **Conclusión:** los graduandos merecen atención en los aspectos de la calidad de vida sobre todo en los aspectos físicos y los alumnos de la primera serie deben ser acompañados.
Descriptores: Calidad de vida; Estudiante de enfermería; Percepción; Psicometria/métodos

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INTRODUCTION

The idea of quality of life (QoL) started to be used in the United States immediately after the Second World War, with the goal of describing the assets obtained in the post war period, such as trips and investments[1].

Later, the concept was broadened to compare the development and the economic power of different places by using economic indicators such as the gross domestic product and the per capita income. Over time, it started to encompass the social concept and to measure development using other indicators such as: housing, health and education[1].

The Quality of life group of the World Health Organization, under the coordination of John Orley, defined quality of life as the "individuals' perception of his/her position in life in the context of the culture and value systems in which he or she lives, and in relation to his/her goals, expectations, standards and concerns"[2].

Initially, social indicators were mistaken for QoL, because they measured only the objective aspects of life such as the level of education and the economic status. However, there was the need to include subjective aspects such as: employment, income, housing and other aspects, since personal satisfaction regarding an objective aspect of one's life is conditioned to the expectations and to the life plan of each individual[3].

The concept of QoL is subjective and multidimensional. Additionally, it is influenced by factors regarding education, the economy and sociocultural aspects. Although there is no consensus regarding the definition of QoL, most authors mention that its assessment should take into consideration the physical, social, psychological, and spiritual domains[2,4].

As for the quality of life of nursing undergraduate students, there are studies listing situations that do not foster QoL, such as: lack of places for welcoming and leisure, lack of support to face the situations experienced, lack of appreciation of the activities developed, hourly overhead of the course and the student-professor relationship[5-6].

In the development of skills in the practical field, the insertion of undergraduates in their first clinical experience can lead to feelings of fear, anguish and insecurity related to the poor working conditions, to the contact with sick individuals, and to the care procedures[7-8].

These situations favor the onset of depressive symptoms such as: irritation, discouragement and/or fatigue, arguments with friends and relatives, exhaustion at the end of the day, feelings that lead to anxiety and emotional exhaustion and high levels of stress, which are frequent in this population[9]. The studies on depression in nursing undergraduates show that the population studied deserves significant attention, since most of them presented symptoms that indicated depression[10].

Based on these arguments, the present study aimed to understand the perception of nursing undergraduates on their quality of life.

METHOD

Cross-sectional descriptive study with a quantitative approach carried out in the Undergraduate Course at Escola Paulista de Enfermagem, Universidade Federal de São Paulo/Brazil.

The individuals were nursing undergraduates that were enrolled in the course, studying in the 1st to the 4th year. Data collection was carried out in December 2008, after authorization of the head of the Department, the Academic Director of the Nursing Course, and the approval of the research project by the Ethics Committee at Universidade Federal de São Paulo - Protocol no 1867/08.

Of the 345 undergraduates, 272 were in the classroom on the day chosen for data collection, and the sample was formed by 178 that agreed to take part in the study after giving their informed consent.

To obtain data, we have used the model WHOQOL-bref, an instrument designed by the World Health Organization, which considers the last 15 days lived by respondents and presents 26 questions, two general questions, one referring to the quality of life and the other to health. The remaining questions are related to four domains: physical health, psychological health, social relationships, and environment[11].

The physical domain focuses on the questions about pain and discomfort, energy and fatigue, sleep and rest, activities of everyday life, dependence on medication or treatments, and work capacity; the psychological domains focuses on: positive feelings, thinking, learning, memory and concentration, self-esteem, body image and looks, negative feelings, spirituality, religiosity, and personal beliefs; the social relationships domain includes personal relations, social support and sexual activity and the environment domain approaches the physical safety and protection, environment at home, financial resources; health and social care: availability and opportunities to acquire new information, leisure opportunities, and the physical environment: pollution, noise, traffic, climate and transport[11].

Data collected were taken to an Excel for Windows XP spreadsheet and later to the program Statistical Package for the Social Sciences for Windows, version 17.0. The tests applied were Kolmogorov-Smirnov normality test and Student's t test for unpaired samples with a 95% confidence interval.

RESULTS

According to the course series, we have obtained the

following distribution: 19.1% of students in the first year, 23.7% in the second, 29.2% in the third, and 28.0% of the students in the fourth year.

Among respondents, 60.1 % considered their quality of life good and, among them, 13.5% were in the first year, 14.6% in the second, 16.9% in the third and 15.1% in the fourth year.

A 54.4% percentage was observed regarding satisfaction, 9% of the students were in the first year, 11.8% in the second, 15.2% in the third and 18.5% in the fourth year.

For the item satisfaction with their own health, the results that were higher than 54.4% were for the item dissatisfied, 9.0% were students in the first year, 11.8% in the second, 15.2% in the third and 18.5% in the fourth year.

As for the mean scores attributed to the quality of life domain (Table 1) the highest was for social relations 71.1 (SD ±16.9) and the lowest was for the physical 48.3 (SD ±10.7).

Table 1 – Maximum and minimum scores, mean score, standard deviation and assessment of QoL of the sample, domains. São Paulo, 2009

Domains	Mean score (SD)	Minimum	Maximum
Physical health	48,3 (10,7)	14,2	71,4
Psychological Health	61,9 (10,7)	33,3	87,5
Social Relationships	71,1 (16,9)	16,6	100,0
Environment	57,0 (14,4)	9,3	90,6

SD - Standard Deviation

Picture 1 presents the social relationships domain and it was seen that all students in the four years obtained the highest individual score, with the lowest one in the first year. In this domain, students in the first year considered the QoL good and the other years considered QoL very good. When compared, the means of the first and second years were significantly different (p<0.0241).
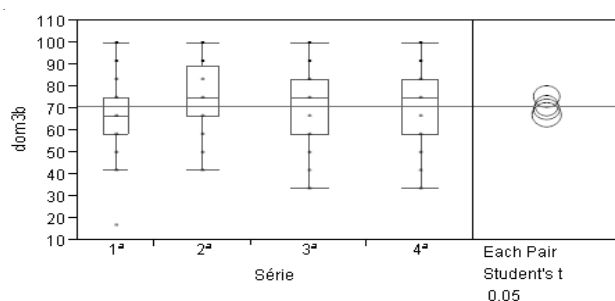
Picture 1 – Box plot of the Domain *social relationships*, second year. São Paulo 2009

For the psychological health domain, a mean score of 61.9 was seen (SD ±10.7) and the highest and lowest individual scores were seen in the first and third years concomitantly. In this domain, students in the first year referred good QoL and the others chose very good

QoL. When we compared means, we saw that the first and second years presented significant difference (p<0.0403).

The mean score was 57.0 (SD ±14.4) in the environment domain with the highest individual score (90.6) obtained in the second year, and the lowest (9.37) obtained with the fourth year. Note that students from all years considered QoL good. When the means of the first and second years were compared, we saw that they presented significant difference (p<0.0038), as well as when the second and fourth years were compared (p<0.0146).

Among respondents, the lowest and highest mean score of the physical domain have been found in the second and third years, and the highest individual score (71.4) was seen in both years.

The data show that the lowest mean score was obtained in the physical domain, and the highest individual score was seen in the second and third years, both 71.4. Students from the first and third years considered QoL bad; and those from the second and fourth years considered it good. When the years were compared, it is seen that there is significant differences between the first and second years (p<0.001), first and third years (p<0.013), first and fourth years (p<0.0011), and second and third years (p<0.0068).

DISCUSSION

The findings show that nursing undergraduates assessed the QoL as good; similar results were seen in other studies[5-8].

The greatest percentage was seen in the third and fourth years, making us believe that this is connected with the curriculum, since the course hours are more distributed in hospitals.

Students reported that they were satisfied with their health and, again, the highest score was found in the last years. We highlight that 33.7% of the total of respondents said they were very dissatisfied, dissatisfied, or neither satisfied nor dissatisfied, and the literature presents similar results in Nursing Courses from a Public Federal University and a Private State University in the south of Brazil[5]. The data indicate that there is the need to carry out studies that identify the factors responsible for the negative perception of their health condition.

As for the mean scores attributed to the domain quality of life, the maximum score was for the domain social relationships with the strengthening of the personal relations and social support. As for the minimum score, it was seen in the physical health domain, and the lowest mean score was attributed to the course hours, extracurricular demands, physical efforts in the practice, activities of every day life, stress, and anxiety.

The undergraduates in the first year presented lower QoL in the physical health domain compared to the other years and also in all domains compared to the second year. This outcome may be associated with the entrance in the university that occurs on a phase they are changing from adolescence to the adult life. Students start university with a lot of expectations on their future and under pressure and stress due to the selection process and they face a new step that requires, many times, changes in their lifestyle and a time to adjust to it[12].

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CONCLUSION

Of the outcomes found in the present study, although a significant percentage of students report their QoL as good, we see that there is the need to offer subsidies to students to face the activities of the academic life and the practices of care in situations that usually entail pain and suffering.

In face of this, we see the need for introducing individualized follow-up mechanisms for these students to supervise and support them in order to minimize the conflicts, anguish and suffering.