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Professional engagement and quality of life among nursing professionals at a hospital, São Paulo - Brazil

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Abstract

This study aimed to analyze the association between engagement and the quality-of-life program of the nursing team. This was an exploratory, cross-sectional study, and 334 workers from the nursing team of a private hospital in the city of São Paulo participated. The following instruments were used: Worker Characterization Questionnaire, Work Engagement Scale, Workers' Perception of the quality-of-life program, and Score Sheet for Participation in the quality-of-life program. The global score of engagement at work presented an average of 4.62 points (SD=0.98 points), the highest level was observed in the dimension Dedication (average=4.93 points; SD=1.04 points), and the lowest in the Focus dimension (mean=4.33; SD=1.06). As for the quality-of-life program, it was possible to verify the adhesion of 152 nursing workers (45.5%). Regarding the perception of the institution's quality-of-life program, 83.92% have a positive perception. As for the circumstances that hinder participation, 52.95% are related to intrinsic factors of the worker, lack of time, difficulty in reconciling responsibilities outside the institution, simultaneous employment, and personal availability. This study group expressed a positive perception of the quality-of-life program, even identifying it as a stimulus for self-care and disease prevention, which are pillars for maintaining good health at work, and participants understand that it is a provided benefit in relation to other institutions, showing high levels of engagement with work.

Keywords: Occupational Nursing. Quality of life. Engagement at Work.

INTRODUCTION

The illness of health workers is the main cause of absenteeism, with the nursing team being affected by work overload which triggers a circle of absences; thus, the quality of work is reflected in the quality of patient care[1].

The poor working conditions experienced by nursing professionals are exemplified by the inadequacy of material, physical, and human resources in quantitative and qualitative aspects, which can lead not only to accidents at work but also to a variety of deteriorating processes, which compromise their work capacity, temporarily or permanently[2]. In this regard, initiatives seeking the well-being of workers have been implemented in healthcare services, raising awareness of the style and quality of life and their relationship with work.

Lifestyle is understood as a set of behaviors constructed by each person and, therefore, individually modifiable, depending on the choices of each subject, these include the use of substances such as alcohol, tobacco, food choices, and physical activity[3].

For the nursing team, taking care of them-

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selves is not customary, and we have observed professionals overloaded with work and responsibilities, forgetting their own psychobiological and social needs[4].

The development of the human capital of any institution, especially those that aim to meet the demands of people who are in a critical situation, involves increasing and maintaining the levels of engagement of its workers. Engagement plays an imperative role in the health and well-being of workers in any institution, both at an individual and, above all, at an organizational level, highlighting the direct relationship between engagement and better professional performance[5].

From the perspective of positive psychology, the understanding of engagement at work is associated with a positive mental state leading to a feeling of well-being[6]. This line of study in psychology guides a set of variables, such as satisfaction, hope, optimism, happiness, and engagement as a result of personal and collective well-being[6].

Engagement is understood as involvement, commitment, passion, enthusiasm, absorption, concentrated effort, zeal, dedication, and energy, where the focus on engagement at work is a desirable condition for workers, as well as for the organization[7].

Engagement at work provides a process of improving occupational health, which would be the opposite of the deterioration in health that is the cause of burnout syndrome. Burnout syndrome results from prolonged levels of stress at work and comprises emotional exhaustion, distancing from personal relationships, and a decrease in the feeling of personal fulfillment[8].

While burnout syndrome and psychological distress are ongoing challenges for all institutions, including health services, considering the impact of workers ill in the quality of care provided to patients, increasing engagement through Quality-of-Life Programs can thus contribute to reducing stress.

On the other hand, companies see the need to invest in quality of work life (QWL) programs, thus aiming at an improvement in the well-being of their workers, their productive capacity, and consequently in their results[9], due to the need to attract and keep good employees, who, satisfied, will provide the company with benefits such as: cost reduction, increased productivity and quality, reduced absenteeism, greater satisfaction, improved communication, and a positive company image in the market.

Within this perspective, interventions whose premise is to raise workers' levels of engagement and satisfaction require a sustained effort, prolonged over time. Thus, engagement and satisfaction at work are directly related to improving the physical and mental health of workers and consequently increasing their productivity[10].

The increasing advancement of technology in medicine and related fields has unfortunately led to its gradual dehumanization, which is a concerning development. Thus, the concern with the concept of "quality-of-life" refers to a movement within the human and biological sciences in the sense of considering broader parameters than the control of symptoms, the decrease in mortality, or the increase in life expectancy[11].

For companies, Quality of Work Life (QWL) is important both in personal and professional life, to provide satisfaction and well-being to the worker's daily life, leaving them motivated and consequently producing more. Thus, the greater the investment in quality of work life, the greater the return in terms of productivity, quality, and financial return[12].

In this context, in 2010, the institution where the study was conducted established a partnership with the Stanford University School of Medicine in the United States, for the use of quality-of-life tools at the university. This event brought their concepts and methodology to Brazil with the goal to implement a model based on scientific evidence to design and evaluate the impact of a

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Quality-of-Life Program.

Among the tools used in this model, the research scenario adopted the use of an electronic questionnaire that, in the original version, is known as the Stanford Health and Lifestyle Assessment (SHALA), with the aim of helping workers to identify their current lifestyle habits, as well as opportunities for improving these habits. Thus, the electronic questionnaire, adapted from the SHALA version, was named: *Saúde e Bem-Estar Sempre* (SABES®) and the Quality-of-Life Program was named *Programa Bem-Estar* (PBE), which were implemented in 2011.

SABES® emphasizes the identification of risk factors, based on current health behaviors, family history, and biometric values. When completing the questionnaire, the worker receives an individual health and lifestyle report, which provides them with information and personalized advice on behavioral changes related to health.

The Quality-of-Life Program model, *Programa Bem-Estar* (PBE), proved to be in line with two priorities: to understand, on an individual basis, the causes of health problems already present in workers; and to establish actions to involve professionals in a culture of pursuing health and well-being. The participation of workers occurs from January to December and involves a point system.

The activities offered by the *Programa Bem-Estar* (PBE) that stand out are: training center (in-company gym) with the following modalities: yoga, Pilates, ballet fitness, gymnastics, bodybuilding, among other modalities; singing and choir classes; nutrition workshops; work gymnastics; postural assessment; groups for pregnant women; vaccination campaigns; health and well-being coaching; nutritional monitoring; psychological care; and lectures and classes related to health and well-being.

Thus, this study aimed to analyze the association between the engagement of the nursing team and their participation to the Quality-of-Life Program and to identify the perception of nursing professionals toward the program.

MATERIALS AND METHODS

This is an exploratory, cross-sectional study with a quantitative approach. The study setting is a tertiary, private, philanthropic general hospital located in the central region of the city of São Paulo. The institution has two units that will be identified as Unit A and Unit B. Unit A has 350 beds and Unit B has 130 beds, both have: Inpatient Units (IU), Intensive Care Unit (ICU), Emergency Room Service (ER), Diagnostic Imaging Center (DIC), Endoscopic Examination Center, Specialty Center, Surgical Center (CC), and Sterilized Materials Center (SMC).

The eligibility criterion was having been admitted as a nursing professional in Units A and B by June 30, 2019, thus participating in the Quality-of-Life Program for at least 6 months. Those on vacation or sick leave were excluded from the study. The researcher and the administrators of the services agreed to the most favorable days and times to invite nursing professionals to participate in the study. Data collection was carried out between October and December 2019.

The study complied with the principles and guidelines of Resolution 466/2012 of the National Health Council[13] and was approved by the Research Ethics Committee (REC), under registration no. 3.456.649.

In view of the availability of the workers, the researcher went to the sectors, according to the data collection routine established. In the first contact, the workers were invited to participate in the study, individually or in small groups, all relevant information concerning the study was communicated to

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them such as the objectives, the non-mandatory participation, the guarantee of secrecy and confidentiality of the data, and other aspects contained in the Informed Consent Form (ICF).

Those who verbally agreed to participate in the study received an envelope containing the Informed Consent Form (ICF) and Data Collection Instruments, and they agreed on the delivery date. The workers were instructed to keep one copy of the ICF, sign and return the other copy, return the completed questionnaire exclusively to the researcher in a sealed envelope, without external identification. This procedure aimed to guarantee secrecy and confidentiality of information.

Thus, of the 899 eligible nursing professionals, 796 corresponded to Unit A and 103 corresponded to Unit B. The study sample corresponded to the participation of 334 (37.15%) nursing professionals. Two hundred and seventy-three (34.29%) nursing professionals were allocated to unit A and 61 (59.22%) to unit B.

The following instruments were used: Worker Characterization Questionnaire, Work Engagement Scale, Participation in the institution's Quality-of-Life Program Worksheet, and a questionnaire to identify the perception of workers about the Quality-of-Life Program: *Programa Bem-Estar*.

The Worker Characterization Questionnaire is an instrument developed by the researcher in order to characterize the study population through socio-demographic and occupational data. It is composed of data concerning: sex, age, marital status, number of people they live with, number of children, education, post-graduate studies, time working in the hospital, time since graduated, time working in the role, professional category (nurse`s aides, nurse technicians, and nurses), area of activity, work schedule and shift (36 hours (morning, afternoon, night), 40 hours (daytime), and 44 hours (daytime)), number of jobs (no simultaneous employment, simultaneous employment, and not informed).

The Brazilian version of the Utrecht Work Engagement Scale (UWES)[14] was translated and validated for Brazil by Vasquez (2015). The scale has a factorial structure in three dimensions: enthusiasm, dedication, and focus, consisting of 17 items answered on a seven-point Likert scale (0=never to 6=always)[15].

Enthusiasm refers to the energy and strength involved in work, persistent even when things do not work out. Dedication characterizes the worker's connection with their work activity, in which they attribute meaning and purpose to what they do professionally. Focus is the state of immersion and absorption in the task in which the person forgets the external context, loses track of the passage of time, and is fully and pleasurably linked to the activity they are performing[6,16].

Respondents are instructed to read each item and tick the alternative that best expresses how they feel at work. The raw engagement score is obtained by adding the answers given, divided by the total number of items (N=17). To obtain the raw score for Enthusiasm, Dedication, and Focus, it is necessary to separately add the specific responses to each factor and divide this result by the total number of items in it. Enthusiasm is measured by six items: 1, 4, 8, 12, 15, and 17; Dedication, for five items: 2, 5, 7, 10, and 13; Focus, by six items: 3, 6, 9, 11, 14, and 16[17]. (Chart 1).

The Institution's Quality-of-Life Program Adhesion Worksheet, called Programa Bem-estar, available at the healthcare service for employees, has a score that expresses the participation of workers in the program. Employees who obtained 120 points during 2019 are considered participants.

The program's activities made available to workers include: completion of an electronic questionnaire called the *Saúde e Bem-Estar*

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Sempre (SABES®) which assesses lifestyle and habits (food, physical activity, alcohol use, smoking); attendance at annual periodic medical consultations, vaccinations as recommended by regulatory norm No. 32 (hepatitis B, Double Adult (diphtheria and tetanus), MMR (measles, mumps and rubella), and the influenza virus; participation in lectures on topics related to the prevention of chronic non-communicable diseases (CNCD), mental health, healthy eating; participation in singing and choir classes; workplace gymnastics; attendance at nutrition consultations; participation in the group for pregnant women by workers and dependents; and the practice of physical activities (Chart 2).

The researcher prepared a questionnaire containing an open question that aims to know the perception of nursing workers concerning the Quality-of-Life Program of the institution and identify what circumstances hinder their participation.

The data obtained from the instruments were organized and entered into an electronic spreadsheet using the Excel for Windows program. Then, the consistency of the data was checked and exported to STATA software version 14 to verify the validity, consistency, correction, and recoding of the data, with subsequent statistical analyses.

Associations between work engagement (total score and dimensions) and participation in the Quality-of-Life Program were verified using Spearman's correlation coefficient for non-parametric variables.

The associations between work engagement (total score and dimensions) and the dichotomous variable of participation (yes or no) in the Quality-of-Life Program were also verified using the non-parametric Mann-Whitney test to compare two means, and the Kruskal-Wallis test to three or more means. In all analyses performed, a significance level of 5% was used.

Chart 1 – Distribution of the Dimensions of the Work Engagement Scale (UWES®).

Dimensions	Items	
Enthusiasm	V1	1. "At work, I feel full of energy."
	V4	4. "At work, I feel strong and vigorous (vitality)."
	V8	8. "When I get up in the morning, I want to go to work."
	V12	12. "I can continue working for long periods of time."
	V15	15. "At work, I am a mentally resilient (versatile) person."
	V17	17. "At work, I am persistent even when things are not going well."
Dedication	D2	2. "I think the work I do is full of meaning and purpose."
	D5	5. "I am excited about my job."
	D7	7. "My work inspires me."
	D10	10. "I am proud of the work I do."
	D13	13. "For me my work is challenging."

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...continuation chart 1

Dimensions	Items	
Focus	C3	3. "Time flies when I'm working."
	C6	6. "When I'm working, I forget everything going on around me."
	C9	9. "I feel happy when I work hard."
	C11	11. "I feel involved in the work I do."
	C14	14. "I let myself be carried away" by my work."
	C16	16. "It's hard to disconnect from work."

*Source: Standardization of the Brazilian version of the Utrecht Work Engagement Scale[17].

Chart 2 – Distribution of the *Programa Bem-Estar* score, private hospital, São Paulo (SP), 2019.

Activity	Description	Points
Periodic wellness consultation.	Annual periodicity, medical consultation focused on the assessment of habits, lifestyle, and risk factors for chronic non-communicable diseases.	35 Points
Quality of Life and Health Questionnaire.	Annual frequency, completion of a questionnaire to assess risk factors for chronic non-communicable diseases, family history, assessment of habits and lifestyle.	35 Points
Coaching.	Participation in consultations.	20 Points
Singing and choral workshop.	Participation in singing activities and/or in the choir.	20 Points
Program for Pregnant Women – GERAR.	Participation of the worker or dependent in medical and nursing consultations aimed at monitoring the pregnancy, lectures, and workshops on related topics.	20 Points
Practice of physical activity.	Performing physical activity at the gym inside or outside the institution.	20 Points
Nutritional Monitoring.	Assessment and nutrition consultations.	20 Points
Work gymnastics.	Participation in labor gymnastics.	20 Points
Verification of vital signs and anthropometric data.	Verification of Systemic Blood Pressure, Heart Rate, Weight, Height, and Abdominal Circumference.	10 Points
Periodic medical examination 01.	Conducting periodic Medical Consultation on an annual basis.	10 Points
Periodic medical examination 02.	Medical Consultation every six months according to the Occupational Health Medical Control Program.	5 Points
Lectures on topics related to the prevention of chronic non-communicable diseases, mental health, healthy eating.	Participation in lectures and classes.	5 Points each.

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...continuation chart 2

Activity	Description	Points
Vaccination against hepatitis B, Td vaccine (tetanus and diphtheria), and MMR (measles, mumps, and rubella).	Updated.	5 Points
Vaccination against influenza virus (flu).	Yearly.	5 Points

RESULTS

The target population consisted of 1,222 nursing team members who made up the staff of units A and B of the study hospital. Of these, 250 (20.5%) workers met the exclusion criteria, eleven workers were on maternity leave, 41 workers were on sick leave, one worker was on disability retirement, 14 workers were fired during the data collection period, and 183 workers were hired after July 1, 2019.

Among the 972 eligible for the study, 638 (65.6%) were considered losses: 565 did not respond to the questionnaire, three had incomplete data, one did not sign the informed consent form, and 69 were on vacation during the collection period.

The study included 334 workers from the nursing team who met the inclusion criteria, corresponding to a participation rate of 34.4%, and it is observed that the highest frequency was of female workers (n=235, 70.4%) (Table 1). It is noteworthy that the composition regarding gender was different between professional categories (p<0.001), with 80.4% of nurses being female, while among nurse technicians this proportion drops to 62.0%. The mean age was 38.4 years (SD=8.1 years), with a median of 38.0 years old, and the youngest worker was 23.0 years old while the oldest was 62.7 years old. Ages ranged from 21.0 to 72.0 years old, and 62.0% were aged less than 40.0 years.

Table 2 presents the data regarding the professional category, the professionals were eminently nurse technicians (n=179, 53.6%) and nurses (n=153, 45.8%), with the participation of (n=2, 0 .6%) of nurses aides. Most workers (n=185, 55.3%) had up to 10.0 years of training in the profession, with an average of 10.6 years (SD=7.7 years), a median of 10.0 years, and a maximum of 38.0 years. With regards to working time at the institution of this study, 172 (51.5%) had 5.0 years or more, with a mean of 7.7 years (SD=6.4 years), median of 6.0 years, minimum of 1.0 year, and a maximum of 33.0 years. As for the time of performance in their function, 225 (67.4%) had 5.0 years of experience or more, with a mean of 9.3 years (SD=7.3 years), median of 8.0 years, and the maximum of 38.0 years.

The weekly working hours were varied, with a predominance of 36 hours – morning shifts (n=104, 31.1%) and 36 hours – night shifts (n=96, 28.7%). The largest proportion of workers did not have two jobs (n=260, 77.8%), and 74 (22.2%) were simultaneously employed.

Regarding education, 27 nurse technicians (15.1%) reported having completed higher education courses in nursing and 42 (22.9%) had an incomplete higher education.

Table 3 presents the description of the dimensions of the engagement scale at work. It was observed that the overall score had an average of 4.62 points (SD=0.98 points) and a median of 4.85 points, ranging from 0.94 to 6.00 points. It is noteworthy that the highest level of engagement was observed in the Dedication dimension (mean=4.93 points; SD=1.04 points). The standard deviations of the dimensions were low, demonstrating less dispersion in the res-

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ponses, that is, a greater number of people felt the same way.

In the first dimension analyzed, Enthusiasm (E), featured high levels of mental energy, willingness to invest effort in work and persistence in resolving difficulties, high averages were observed for items: E4: "I can continue working for long periods of time" (5.17 points) and E1: "At my work, I feel full of energy" (5.13 points). The lowest average was in item E6: "At work I am persistent even when things are not going well" (3.26 points).

The second dimension analyzed was Dedication (D), in which the item with the highest average was D2: "I think the work I do is full of meaning and purpose" (5.33 points) and D10: "I am proud of the work I do" (5.11 points). The lowest averages were D5: "I am excited about my work" (4.63) and D7: "My work inspires me" (4.68).

In the third dimension, Concentration (C), the items with the highest levels of engagement were items C3: "Time flies" when I am working" (5.13 points) and C11: "I feel involved with the work I do" (5.17 points). The lowest score was in item C16: "It's hard to disconnect from work" (3.26 points).

The participation score to the Quality-of--Life Program showed a non-parametric distribution (Shapiro-Wilk test: $p<0.001$). The mean score of the score was 105.1 (SD=25.2 points) with a median of 105 points, ranging from 0.00 to 170 points. When the score is dichotomized by the institutionally predicted cut-off point (120 points), 154 people (46.1%) participated in the Program and 180 (53.9%) did not (Table 4).

Correlations between work engagement (total score and dimensions) and participation in the Quality-of-Life Program were evaluated. Table 5 shows that there was no statistically significant correlation between any of the variables analyzed and the participation scores.

Among the 334 nursing professionals who participated in this study, 287 (85.92%) answered the open question about their perception of the *Programa Bem-Estar*, 290 (86.82%) answered the open question about the circumstances that hinder their participation in the program (Table 6).

When analyzing the perception of nursing workers about the Quality-of-Life Program, 83.92% have a positive perception. Of these, 62.18% believe in the purpose and identify the program as being a motivation for self-care, preventing diseases, and stimulating a healthy life. As for the negative perception of the Program, 16.18% have a negative perception, among the perceptions 3.99% were related to believing in the purpose, 2.10% refer to it as a program with poor dissemination of activities, and 1.68% point to a lack of uniformity of activities in the two units of the institution.

Circumstances that make it difficult for 52.95% of nursing professionals to join the Quality-of-Life Program include intrinsic characteristics such as the lack of personal motivation, simultaneous employment, shyness, tiredness, lack of time, personal commitments, financial issues, distance from home to the work.

Table 1 – Descriptive analysis of participants according to demographic characteristics, qualitative variables, nursing professionals in a private hospital, São Paulo (SP), 2019.

Variables	nº	%
Sex		
Female	235	70.4
Male	99	29.6

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...continuation table 1

Variables	nº	%
Age range (in years)		
<30	47	14.1
≥30 and <40	160	47.9
≥40 and <50	93	27.8
≥50	34	10.2
Marital status		
Married, cohabiting, cohabiting, stable union	190	56.9
Single	123	36.8
Separated, divorced, widowed	21	6.3
Number of people they live with		
Lives alone	24	7.2
1 person	55	16.5
2 people	105	31.4
3 people	98	29.3
4 people	41	12.3
5 people	5	1.5
6 or more people	5	1.5
Uniformed	1	0.3
Number of Children		
No children	119	35.6
1	119	35.6
2	78	23.4
3	17	5.1
4	1	0.3
Total	334	100.0

Table 2 – Descriptive analysis of nursing professionals in a private hospital, São Paulo (SP), 2019.

Variable	Participation		Losses		Total		
	nº	%	nº	%	nº	%	p*
Professional category							
Nurse	153	41.4	217	58.6	370	100.0	<0.001**
Nurse Technician	179	30.3	411	69.7	590	100.0	
Nurse`s aide	2	16.7	10	83.3	12	100.0	
Total	334	34.4	638	65.6	972	100.0	

*Chi-square association test **Fisher's exact test

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Table 3 – Description of the dimensions of the nursing team workers' engagement scale at work in a private hospital, São Paulo (SP), 2019.

Dimension	No.	Mean	Median	Standard Deviation	Minimum	Maximum
1. Enthusiasm	331	4.65	4.83	1.09	0.67	6.00
2. Dedication	331	4.93	5.20	1.04	0.60	6.00
3. Focus	326	4.33	4.50	1.06	0.50	6.00
Global Work Engagement Score	334	4.62	4.85	0.98	0.94	6.00

* Scores ranging from 0.00 to 6.00 points

Table with the classification according to the UWES Manual – English[14]:

• 0 to 0.99 = 1 (A few times a year)
• 1 to 1.99 = 2 (Once a month or less)
• 2 to 2.99 = 3 (A few times a month)
• 3 to 3.99 = 4 (Once a week)
• 4 to 4.99 = 5 (A few times a week)
• 5 to 6 = 6 (Every day)

Table 4 – Comparative analysis between participants and non-participants of nursing team workers by work unit in a private hospital, São Paulo (SP), 2019.

Professional category	Participates		Does Not Participate		Total	
	nº	%	nº	%	nº	%
Nurse Unit A	68	59.13	47	40.86	115	100
Nurse Unit B	12	31.57	26	68.42	38	100
Nurse Technician Unit A	68	43.58	88	56.41	156	100
Nurse Technician Unit B	6	26.08	17	73.91	23	100
Nurse`s Aide Unit A	0	0	2	100	2	100

*Unit B does not have the nursing assistant professional category.

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Table 5 – Analysis of the associations between the Work Engagement Scale - UWES (overall score and dimensions) and the participation score in the Quality-of-Life Program, by Nursing professionals in a private hospital, São Paulo (SP), 2019.

Variable	No.	Mean (Standard Deviation)	P*
1. Enthusiasm			
Does not participate	181	4.60 (1.11)	0.296
Participates	150	4.71 (1.08)	
Total	331	4.64 (1.09)	
2. Dedication			
Does not participate	179	4.93 (1.03)	0.984
Participates	152	4.93 (1.04)	
Total	331	4.93 (1.04)	
3. Focus			
Does not participate	180	4.29 (1.04)	0.479
Participates	146	4.36 (1.08)	
Total	326	4.33 (1.06)	
Overall score of Work Engagement Scale			
Does not participate	181	4.59 (0.97)	0.452
Participates	153	4.65 (0.99)	
Total	334	4.62 (0.98)	

* Mann-Whitney Test

Table 6 – Perception of nursing professionals concerning the Quality-of-Life Program in a private hospital, São Paulo (SP), 2019.

Categories	Items	n	%
Positive Perception	Believes in the purpose.	170	35.71
	Stimulates self-care, disease prevention and healthy lifestyle.	126	26.47
	Feels welcomed, cared for, and valued by the institution.	36	7.56
	Realizes the concern of the institution with the worker.	23	4.83
	Realizes that what is offered is a benefit in relation to other services.	18	3.78
	Trusts the Program team.	10	2.10
	Perceives the Pregnancy Program as a benefit, which aims at welcoming.	7	1.47

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...continuation table 6

Categories	Items	n	%
Negative Perception	Perceives the Immunization Program as a benefit offered by the institution.	5	1.05
	Opportunity to perform physical activity within the institution.	2	0.42
	It affects the improvement of work.	2	0.42
	Does not believe in the purpose.	19	3.99
	Little dissemination.	10	2.10
	Lack of uniformity in the activities offered in the institution's two units.	8	1.68
	Should expand the activities offered.	7	1.47
	Little availability of schedules to participate in activities and lectures.	6	1.26
	Institution does not encourage participation.	5	1.05
	Few suggestions for mental health.	4	0.84
	Workload does not allow participation.	4	0.84
	Perception that has low participation.	3	0.63
	Program should be more dynamic.	2	0.42
	Lack of feedback from the SABES Questionnaire.	2	0.42
	Very extensive SABES questionnaire with unreliable answers.	2	0.42
	Lack of trust in program staff.	1	0.21

DISCUSSION

The engagement of nursing professionals has a positive impact on the entire institution, reflecting upon productivity, on the care provided, and on patient satisfaction.

Considering that engaged workers are connected with their activities, full of energy, demonstrating dedication and commitment to work[18], the results of the present study show that the levels of engagement of nursing professionals show high scores.

The "Enthusiasm (E)" dimension analyzed is characterized by high levels of mental energy, willingness to invest efforts in work, and persistence in resolving difficulties. High averages were observed in items related to vitality, willingness to work, commit-

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ment and involvement with what they do, thus demonstrating motivation and engagement. The lowest average was in the item that makes it possible to identify aspects related to "persistence" and "resilience". Therefore, this data may demonstrate mental exhaustion, tiredness, and lack of motivation to solve problems.

A study carried out with the objective of knowing the levels of resilience and burnout of nurses who worked in public hospitals in the metropolitan area of Porto, Portugal, demonstrated that resilient workers tend to perform better and to be more committed to work, to the organization, and consequently, provide higher quality nursing care[10].

The "Dedication (D)" dimension analyzed in which the highest average expresses the groups belief about the purpose of their work activities, demonstrated satisfaction in the activities performed. The lowest averages are related to enthusiasm for work and work inspiration, indicating the perception that the work performed is important, but with less enthusiasm.

The Dedication dimension is close to motivation or job involvement. It specifically refers to the worker's identification with the work he/she performs; however, dedication is something else that goes beyond simple identification[19].

Dedication can be intrinsically linked to motivation for the work performed, as well as the desire to remain in the institution. It is a feeling that drives their actions, generating workers who are committed and engaged with their professional activities and with the institution. In the nursing team, it reflects in the quality of care provided to the patient, the gratitude received by family members, in the work environment, through their production, which greatly contributes to the reduction of errors and adverse events.

A study carried out in hospitals in the United States, with the objective of determining whether hospitals with a good organization of care (such as better nursing teams and work environments) influence patient care and the stability of the nursing workforce, showed that organizational behavior, retention of a skilled workforce, and committed nurses can be a promising area for improving the safety and quality of hospital care. This study demonstrated that investments in better nursing teams contribute to improving patient care and recovery[20].

In the third dimension, "Concentration (C)," the items with the highest levels of engagement denote an overall trend. Nursing professionals have lower scores in the perception of difficulty in disconnecting from work, reflecting positively on the balance between personal and professional life.

Despite this, we know that the routine of these professionals, linked to the various demands and pressures, encourages the fear of making mistakes and self-criticism. Additionally, the technology used today for sharing information through applications often makes it difficult for these workers to disconnect from their work, feeling indirectly pressured to remain attentive and connected, even when they are not present in the institutions where they work.

As for the Quality-of-Life Program, the activities with the highest participation rates were verification of vital signs and anthropometric data (96.4%), well-being consultations (96.4%), periodic medical examination 01 (96.1%), adherence to basic vaccination and complementary vaccinations according to NR-32 (both with 95.8%), and assessment of habits, risk factors and health-related antecedents (82.9%).

It is observed that the highest scores fou-

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nd are limited to the mandatory activities, such as the periodic medical examination, provided for in a regulatory norm (NR 7) that establishes the mandatory elaboration and implementation by all employers and institutions admitting workers, as their employees, to the Occupational Health Medical Control Program - OHMCP, with the objective of promoting and preserving the health of all their workers[21].

A study conducted with nursing professionals regarding their perception of the occupational risks to which they are exposed, demonstrated that workers critically analyze the work process in which they are inserted, as they recognize that there is a high occupational risk in their work activities[22]. The high scores in relation to adherence to vaccination schedules demonstrate the concern of these workers with this fact.

Despite the participation measured in the program offered to pregnant women being limited to those employees and the dependents of employees who became pregnant, this score encourages the participation of pregnant women in the Gerar Program and in the Quality-of-Life Program. As for the interdisciplinary activities offered: nutritionist, coach, and physiotherapy, low participation was observed.

CONCLUSION

Even though health workers deal with the health and illness process on a daily basis, this study suggests that workers are engaged in their work, regardless of their own health care.

Moreover, even though none of the components of the Quality-of-Life Program present a statistically significant association with the overall score of Engagement at Work, the data show that nursing workers have a positive perception of the program, including identifying it as a stimulus for self-care and prevention of diseases, which are pillars for maintaining health at work and outside of it. They also feel welcomed, cared for, and valued, realizing the institution's concern for their employees, and understand that it is a benefit in relation to other institutions, as demonstrated by high levels of engagement with work.

The study data demonstrate that institutions have a major challenge keeping nursing professionals engaged, inspired, and enthusiastic about their work. Sometimes, they have few opportunities for leisure and rest due to the demands of activities, of triple or quadruple shifts, where they may work, study, take care of children, and other domestic tasks. If we take into account the workload to which they are exposed, fatigue and mental illness deserve to be highlighted. In this study, the workers pointed to the expansion of activities for mental health.

This study contributes to knowledge about the perception of nursing professionals concerning Quality-of-Life Programs, in view of the lack of studies on the subject.

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