Research Article

Received: 29 March 2023 / Accepted: 15 August 2023 / Published: 5 September 2023

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

Sandra C. Henríquez-Figueroa[1,2]
Monica Elisa Meneses-La-Riva[1,3]
Patricia Henríquez-Figueroa[2]
Wilter C. Morales Garcia[4]
Ana Da Costa Polonia[5]
Maria Teresa Cabanillas-Chavez[1]

[1]Postgraduate Unit of Health Sciences,
Graduate School,
Peruvian Union University,
Lima, Peru
[2]Adventist University of Chile,
Faculty of Health Sciences,
Research Directorate,
Chillán, Chile
[3]César Vallejo University, Av. Larco 1770,
Trujillo 13001, Lima, Peru
[4]Professional School of Human Medicine,
Faculty of Health Sciences,
Universidad Peruana Unión,
Lima, Peru
[5]Euro University Center,
St. de Grandes Áreas Norte 916,
North Wing, Brasilia,
Federal District, 70790-160,
Brazil

DOI: https://doi.org/10.36941/ajis-2023-0125

Abstract

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

Keywords: *Risk Factors, Psychosocial, Quality of Life and Nursing*

1. Introduction

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

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

impact on the family environment and on the professional performance of the worker. worker. life(Heads, 2000; Moukarzel et al., 2019). The responsibility assumed by the nursing staff to carry out the activities of their profession, adding to these the various specialties, often falls into monotony. However, in the work environment there are various motivating or discouraging factors.(Lopez, 2017)with whom they must interact every day. These work factors that they face on a day-to-day basis, faced with different stimuli such as idiosyncrasies, understanding, ambitions and shortcomings, will influence their self-care.(Ross et al., 2019).

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

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

2. Methodology

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

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

The second questionnaire used was the complete version of the CVP-35, designed by Salvador

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

3. Results

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

Sociodemographic data	north	Minimum	Maximum	Mean	Standard deviation
Age	125	twenty-one	59	35.64	8,682
number of children	125	0	4	1.23	1,144
Weekly working hours	125	0	48	43.06	6,860

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

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

Sociodemographic data		Frequency	Percentage
Gender	Male	12	9.6
	Female	113	90.4
	Total	125	100.0
Civil status	Single	81	64.8
	Married	27	21.6
	Civil union	1	.8
	Living together	9	7.2
	Divorced	7	5.6
Contractual situation	Indefinite contract	67	55.8
	fixed term contract	53	44.2
	Total	125	100.0

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

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

Table 3: Correlation coefficient and significance between FRPS and CVP

Variable*/Dimensions	Rho Lancer	two-sided importance	LEVEL
Psychosocial Risk Factors *Professional Quality of Life	-.322**	,000	weak correlation

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

According to the statistical test applied, it was found that there is an inverse relationship between the PRFs and the ProQoL, a correlation coefficient Rho = -.322 is observed, which shows a weak correlation and a calculated value p = .000 at a level of significant of 0.01 (bi-lateral). Indicating that increasing the PRF decreases the ProQoL, therefore, the null hypothesis is rejected and the alternative hypothesis of this study is accepted, concluding that the PRF are associated with the ProQoL of nurses who work in a hospital of medium complexity in Chile (Table 3).

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

Variable*/Dimensions	Rho Lancer	two-sided importance	LEVEL
Psychosocial risk factors *Management Support	-.501**	,000	weak correlation
Psychosocial risk factors *job demand	.317**	.001	
Psychosocial Risk Factors*Intrinsic motivation	-,420**	,000	

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

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

4. Discussion

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

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

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

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

This study determined the correlation between psychosocial risk factors (PRF) and three specific aspects related to the work of nursing professionals. Regarding direct managerial support, a

significant negative correlation was found with a correlation coefficient of Rho = -0.501 (Table 4), which differs from the results obtained by Caballero et al. who showed a weak inverse correlation of -0.174(Caballero Pedraza et al., 2017). Although health workers feel supported by their superiors and there is a commitment to conflict resolution, it is necessary to promote recognition of their effort, since this activity is only carried out a few times, which can generate frustration and indifference by part of the health team(Molina et al., 2019; Pebes et al., 2019).

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

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

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

5. Conclusions

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

References

Aguilera, G. (2020). Reading hospitals in times of pandemic: the health professional, an exceptional protagonist. Praise Journal of Research on Reading and Writing, 11(22), 1–4. https://doi.org/10.15645/Alabe2020.22.12

Alvarado, R., Marchetti, N., Villalón, M., Hirmas, M., & Pastorino, M. (2009). Adaptation and psychometric analysis of a questionnaire to assess psychosocial risks at work in Chile: medium version of the CoPsoQ. Chilean Journal of Public Health, 13(1). https://doi.org/10.5354/0717-3652.2009.652

Alvarado, R., Pérez-, J., Saavedra, N., Fuentealba, C., Alarcón, A., Marchetti, N., & Aranda, W. (2012). Validation of a questionnaire to assess psychosocial risks in the workplace in Chile. In Rev Med chile (Vol. 140).

Arias, K., Niño, C., & Sanjuanelo, D. (2018). Mental workload in nurses working in different units of a hospital in Bogotá, Colombia. Cuban Journal of Nursing, 34(1).

Bardhan, R., Heaton, K., Davis, M., Chen, P., Dickinson, DA, & Lungu, CT (2019). A cross-sectional study evaluating psychosocial work stress and health risk in emergency department nurses. International Journal of Environmental Research and Public Health, 16(18). https://doi.org/10.3390/ijerph16183243

Barrios, S., Arechabala, M., & Valenzuela, V. (2012). Relationship between workload and burnout in dialysis unit nurses. Nephrology Nursing, 15(1), 46–55. https://doi.org/10.4321/S2254-28842012000100007

Burr, H., Berthelsen, H., Moncada, S., Nübling, M., Dupret, E., Demiral, Y., Oudyk, J., Kristensen, TS, Llorens, C., Navarro, A., Lincke , HJ, Bocéréan, C., Sahan, C., Smith, P. & Pohrt, A. (2019). The Third Version of the Copenhagen Psychosocial Questionnaire. Occupational Safety and Health, 10(4), 482–503. https://doi.org/10.1016/j.shaw.2019.10.002

Bustillo, M., Rojas, J., Sánchez, A., Sánchez, L., Montalvo, A., & Rojas, M. (2015). Psychosocial Risk in Nursing Staff. Emergency Service at the University Hospital of Cartagena. Duazary: International Journal of Health Sciences, ISSN 1794-5992, ISSN-e 2389-783X, vol. 12, no. 1, 2015, 12(1), 8.

Caballero Pedraza, IM, Contreras Torres, F., Vega Chávez, EP, & Gómez Shaikh, JJ (2017). Burnout syndrome and quality of work life in the care staff of a health institution in Bogotá. Psychological Reports, 17(1), 87–105. https://doi.org/10.18566/infpsic.v17n1a05

Cabezas, C. (2000). The quality of life of professionals. FMC Continuing Medical Training in Primary Care, 7(7), 53–68.

Campodónico, N. (2022). The impact of COVID-19 in the field of mental health in Latin America and Spain: a systematic review. Quality of Life and Health, 15(1).

Canales, M., Valenzuela, S. and Paravic, T. (2016). Working conditions of nursing professionals in Chile. University Nursing, 13(3), 178–186. https://doi.org/10.1016/J.REU.2016.05.004

Candia, M., Pérez, J., & González, D. (2018). Manual of the SUSESO/ISTAS21 Questionnaire Method.

Castillo, I., Torres, N., Ahumada, A., Cárdenas, K., & Licona, S. (2014). Work stress in nursing and associated factors. Cartagena Colombia). 30(1), 34–43.

Castro, N., & Suárez, X. (2022). Psychosocial risks and their relationship with occupational health in a hospital. Psychological Sciences, 16(1). https://doi.org/10.22235/cp.v16i1.2551

Cerda, G., & Porras, F. (2018). Review of the Psychometric Properties of the Psychosocial Risk Assessment Scale at Work SUCESO/ ISTAS 21 in the Chilean Context. Science & Work, 20(63), 121–125. https://doi.org/10 .4067/s0718-24492018000300121

Febré, N., Mondaca-Gómez, K., Méndez-Celis, P., Badilla-Morales, V., Soto-Parada, P., Ivanovic, P., Reynaldos, K., & Canales, M. (2018). Nursing quality: its management, implementation and measurement. Las Condes Clinic Medical Journal, 29(3), 278–287. https://doi.org/10.1016/j.rmclc.2018.04.008

Fernández, A., Cuairán, M., Curbelo, & Rafael. (2016). Nursing professional quality of life in the emergency department of a reference hospital. Global Nursing, 42.

Flores, J., & Gomez, I. (2018). Perceived Organizational Support and Organizational Commitment in a Private Company in Lima, Peru. Ajayu Organ of Scientific Diffusion of the Department of Psychology UCBSP.

Sources, G. (2020). Nursing and COVID-19: recognition of the profession in times of adversity. Colonbiana Journal of Nursing, 19(1), 1–4. https://doi.org/https://doi.org/10.18270/rce.v19i1.2970

García, V., Brito, P., Fernández, D., Reyero, B., & Ruiznavarro, C. (2015). How do you think they see you?: Nursing image perceived by professionals and users. Jan, 9(3), 0–0. https://doi.org/10.4321/S1988-348X2015000300017

Gatica, M., Vicente, B., & Rubí, P. (2020). Analysis of the new Chilean mental health care plan. Chilean Medical Journal, 148(4), 500–505. https://doi.org/10.4067/s0034-98872020000400500

Gomes, MR, de Araújo, TM, de Souza Soares, JF, de Sousa, CC, & Lua, I. (2021). Occupational stressors and work accidents among health workers. Public Health Magazine, 55. https://doi.org/10.11606/S1518-8787.2021 055002938

Griffiths, P., Saville, C., Ball, J., Jones, J., Pattison, N., & Monks, T. (2020). Nursing Workload, Nursing Staffing Methodologies and Tools: A Systematic Scoping Review and Discussion. International Journal of Nursing Studies, 103. https://doi.org/10.1016/j.ijnurstu.2019.103487

Grimaldo, M. and Reyes, M. (2015). Quality of professional life and sleep in professionals in Lima. Latin American Journal of Psychology, 47(1), 50–57. https://doi.org/10.1016/S0120-0534(15)30006-6

Gutierrez, Z. (2020). Organizational climate related to the motivation of the nursing professional at the Ica Regional Hospital 2017 - 2018. La Vanguardia Nursing Magazine, 8(1), 12–19. https://doi.org/10.35563/revan.v8i1.313

Hernández-Sampieri, R., & Mendoza, C. (2020). Research methodology: quantitative, qualitative and mixed routes. r Edamsa Impresiones, SA de CV Printed by Edamsa Impresiones, SA de CV

Huarcaya, J. (2020). Mental health considerations about the COVID-19 pandemic. Peruvian Journal of Experimental Medicine and Public Health, 37(2), 327–334. https://doi.org/10.17843/RPMESP.2020.372.5419

Jiménez, A., & Hernández, A. (2020). Perception of gender equity and work-family balance in workers belonging to public and private companies in Chile. Psychological Sciences. https://doi.org/10.22235/cp.v14i2.2201

Jiménez, C., Orozco, M. and Caliz, N. (2017). Psychosocial Risk Factors in Nursing Auxiliaries of a Hospital of the Public Network in the City of Bogotá. UDCA Magazine Actualidad & Divulgación Científica, 20(1), 23–32.

Llanquecha, H., & Marín, J. (2018). Psychosocial risk factors of drivers of a transport company, 2018.

Lopez, A. (2017). Success or failure factors in merger and acquisition operations.

Manterola, C., Quiroz, G., Salazar, P., & García, N. (2019). Methodology of the types and study designs most frequently used in clinical research. Clínica Las Condes Medical Journal, 30(1), 36–49. https://doi.org/10.1016/j.rmclc.2018.11.005

Mendoza-Llanos, R., & Moyano-Díaz, E. (2019). Towards the validation of the SUSESO ISTAS 21 short version in public hospital workers. Psychological Therapy, 37(1), 15–23. https://doi.org/10.4067/S0718-48082019000100015

Molina, P., Muñoz, M. and Schlegel, G. (2019). Work stress of the Nursing Professional in Critical Units. Medicine and Occupational Safety, 65(256), 177–185.

Monsalve, A., Ñique, C., Pérez, J., Díaz, E., Infante, K., & Lluncor, I. (2020). Quality of professional life of the professors of the Faculty of Medicine of a university in Lambayeque (Peru). Medical Universitas, 61(4). https://doi.org/10.11144/javeriana.umed61-4.cvpd

Moukarzel, A., Michelet, P., Durand, AC, Sebbane, M., Bourgeois, S., Markarian, T., Bompard, C., & Gentile, S. (2019). Burnout syndrome among emergency department personnel: prevalence and associated factors. BioMed Research International, 2019. https://doi.org/10.1155/2019/6462472

Murcia, MPB, González, JPC and Bello, LAR (2018). Simulation of changes in psychosocial risk in nursing staff after implementing the policy of good practices in risk treatment. Nursing Research and Education, 36(1). https://doi.org/10.17533/udea.iee.v36n1e06

Núñez, S., Ramírez, P., Gil, M., Abarca, M., & Solis, J. (2023). Research, The Nursing Care Process as a research instrument. Contemporary Dilemmas: Education, Politics, and Values", 2. https://doi.org/doi.org/10.46377/dilemas.v2i10.3555

WHO. (2020). Guarantee the safety of health workers to preserve that of patients.

Ormeno, P. (2007). Psychometric Properties of the Professional Quality of Life Questionnaire (CVP-35) in primary care workers in the Maule Region. talca.

Orozco, M., Zuluaga, Y. and Pulido, G. (2019). Psychosocial risk factors that refer nursing professionals. Colombian Journal of Nursing, 18(1), 1–16. https://doi.org/10.18270/rce.v18i1.2308

Patlán, J. (2019). What is work stress and how to measure it? Uninorte Health Magazine, 35(1), 156–184.

Patlan, Juana. (2016). Labor rights: a look at the right to quality of life at work. Ergo-Sum Science, 23(2), 121–133.

Pebes, A., Uribe, C. and Loyola, G. (2019). Motivation and its relationship with job satisfaction of the nursing professional in the Medicine service of the Regional Hospital 2016. Revista Enfermeria La Vanguardia, 7(1), 13–22. https://doi.org/10.35563/revan.v7i1.186

Quiñones, D., Vodniza, A., Matabanchoy, S., & Matabanchoy, J. (2022). Work fatigue in hospital contexts in Latin America: systematic review. Colombian Journal of Occupational Health, 12(2). https://doi.org/10.18041/2322-634X/rcso.2.2022.7905

Quintana, M., Paravic, T. and Sáez, K. (2015). Perceived quality of life at work according to level of care and nursing category. Science and Nursing, XXI(3), 49–62.

Rivera, D., Rivera, J. and González, C. (2017). Validation of the CVP-35 and MBI-HSS questionnaires for quality of professional life and burnout in residents. Research In Medical Education, 6(21), 25–34. https://doi.org/10.1016/j.riem.2016.05.010

Rojas, F., Ceballos, P., Vílchez, V., Solano, A., & Quintana, M. (2019). Psychosocial risks observed by oncology workers related to their quality of life. Brazilian Journal of Nursing, 72(4), 854–860. https://doi.org/10.1590/0034-7167-2017-0833

Ross, A., Yang, L., Wehrlen, L., Perez, A., Farmer, N., & Bevans, M. (2019). Nurses and health promoter self-care: do we practice what we preach? Journal of Nursing Management, 27(3), 599–608. https://doi.org/10.1111/jonm.12718

Ruiz, M., Pérez, E. and Ortega, Á. (2020). Quality of life in nursing professionals: Burnout, fatigue and compassionate satisfaction. International Journal of Environmental Research and Public Health, 17(4). https://doi.org/10.3390/ijerph17041253

Sanchez, M. (2021). Impact of shift work on the health and job satisfaction of workers in Spain. Sociedade e Estado, 36(1), 109–131. https://doi.org/10.1590/s0102-6992-202136010006

Schneider, RC, Torres, AA, Negrón, PO and Latorre, KR (2019). Psychosocial risk factors present in Courts and Courts of the South of Chile / Psychosocial risk factors present in Courts and Courts of the South of Chile (Edition 1).

Schober, M. (2019). Development of advanced practice nursing: international context. Clínica Enferm, 29(2), 63–66. https://doi.org/10.1016/j.enfcli.2018.08.002

Sierra, L., Leguía, A. and Prieto, AM (2012). Advances in nursing. Advances in Nursing, 30(1), 64–74. https://doi.org/10.15446/av.enferm

Sureda, E., Mancho, J. and Sesé, A. (2019). Psychosocial risk factors, organizational conflict and job satisfaction in health professionals: a SEM model. Annals of Psychology, 35(1), 106–115. https://doi.org/10.6018/anales ps.35.1.297711

SUSESO. (North Dakota). User attention - Questionnaire for the evaluation of psychosocial risks at work SUSESO/ISTAS21.

Tacca, D. and Tacca, A. (2019). Psychosocial risk factors and perceived stress in university professors. Purposes and Representations, 7(3), 323. https://doi.org/10.20511/pyr2019.v7n3.304

Tomás, J., Sánchez, C., Maynegre, M., Porcel, V., Abad, R., & Tor, A. (2011). Factor structure of the Professional Quality of Life Scale (CVP-35) in Primary Care nurses. Psicologia.Com MAGAZINE, 15(23).

Turchi, V., Verzuri, A., Nante, N., Napolitani, M., Bugnoli, G., Severi, FM, Quercioli, C. & Messina, G. (2019). Night work and quality of life. A study on the health of nurses. In Annali dell'Istituto Superiore di Sanita (Vol. 55, Issue 2, pp. 161–169). Higher Institute of Health. https://doi.org/10.4415/ANN_19_02_08

Urzúa, A., Vera, P., Caqueo, A., & Polanco, R. (2020). Psychology in the prevention and management of covid-19. Contributions from the initial evidence. Psychological Therapy, 38(1), 103–118. https://doi.org/10.4067/S0718-48082020000100103

Valencia, M. (2022). Psychosocial risks and quality of life in the primary care health team, covid-19 pandemic context, Antofagasta, Chile, 2021.

Vargas, J. (2020). Age and seniority of nursing professionals as antecedents of affective commitment in private hospitals in Jalisco, Mexico. Dialnet, 9(4), 53–71.

Vázquez, F., Sánchez, J., Delgado, C., Luzanía, M., & Mota, M. (2020). Medical education from the human rights-based approach to health. Research In Medical Education, 36, 30–40. https://doi.org/10.22201/fm.20075057e.2020.36.20233

Weeberb, R., KenjiKo, E., Adams, M., Gold, D., & Struchiner, C. (2020). Risk of the Brazilian health system in 5,572 municipalities of exceeding the capacity of medical attention due to the new coronavirus of 2019 (COVID-19). Total Environmental Science, 730. https://doi.org/10.1016/j.scitotenv.2020.139144