

Integrative Review of Quality of Life at Work in Latin American Nurses

Revisión integrativa de la calidad de vida en el trabajo de enfermeras latinoamericanas

Revisão integrativa sobre a qualidade de vida no trabalho de enfermeiras latino-americanas

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Abstract: Introduction: Quality of life at work (QOL) or quality of work life (QWL) expresses the satisfaction of workers, in this case nurses, which is directly related to the safety and quality of patient care. Objective: To identify, from the scientific literature, levels of satisfaction with quality of life at work among Latin American nurses, associated risk factors and repercussions on health. Methodology: An integrative review was carried out in PubMed, SciELO, BVS and Google Scholar databases related to studies published in the period January 2011 - August 2021, in English, Portuguese and Spanish. Results: 13 articles were selected that met the inclusion criteria, conducted in health personnel that included nurses. Three categories of analysis were established: satisfaction and dissatisfaction with quality of life at work by levels, dimensions and domains; social and labor factors associated with QOL; and quality of life at work and its impact on health. Conclusion: The review made it possible to identify, even in a limited way, that the quality of life at work of Latin American nurses mostly reached medium to low levels, influenced by sociodemographic and labor factors, and with repercussions on nurses' health. Therefore, it is important to study the subject in depth, considering that dissatisfaction with the quality of life at work of these professionals can have repercussions on their own health as well as on the quality of care.

Keywords: quality of life; work; nurse; health personnel.

Resumen: Introducción: La calidad de vida en el trabajo (CVT) o calidad de vida laboral (CVL) expresa la satisfacción de los trabajadores, en este caso enfermeras, que está directamente relacionada con la seguridad y calidad del cuidado del paciente. Objetivo: Identificar, desde la literatura científica, niveles de satisfacción con la calidad de vida en el trabajo de las enfermeras latinoamericanas, factores de riesgo asociados y repercusiones en la salud. Metodología: Se realizó una revisión integrativa en bases de datos PubMed,

SciELO, BVS y Google Académico relacionado con estudios publicados en el período enero 2011 - agosto 2021, en inglés, portugués y español. Resultados: Se seleccionaron 13 artículos que cumplieron los criterios de inclusión, realizados en personal de salud que incluyeron a enfermeras. Se establecieron tres categorías de análisis: Satisfacción e insatisfacción con la calidad de vida en el trabajo por niveles, dimensiones y dominios; Factores sociolaborales asociados a la CVT, y Calidad de vida en el trabajo y sus repercusiones en salud. Conclusión: La revisión permitió identificar aun de forma limitada que la calidad de vida en el trabajo de las enfermeras latinoamericanas mayoritariamente alcanzó niveles medio a bajo, con influencia de factores sociodemográficos y laborales, y con repercusiones en la salud de las enfermeras. Por lo tanto, es emergente profundizar en el estudio del tema, considerando que la insatisfacción con la calidad de vida en el trabajo de estas profesionales puede repercutir tanto en su propia salud como en la calidad del cuidado.

Palabras claves: calidad de vida; trabajo; enfermera; personal de salud.

Resumo: Introdução: Qualidade de vida no trabalho (QVT) ou qualidade de vida laboral (QVL) expressa a satisfação dos trabalhadores, neste caso enfermeiras, que é diretamente relacionada com a segurança e a qualidade do atendimento ao paciente. Objetivo: Identificar, a partir da literatura científica, os níveis de satisfação com a qualidade de vida no trabalho das enfermeiras latino-americanas, os fatores de risco associados e as repercussões na saúde. Metodologia: Foi realizada uma revisão integrativa nas bases de dados PubMed, SciELO, BVS e Google Scholar relacionadas a estudos publicados no período de janeiro de 2011 a agosto de 2021, em inglês, português e espanhol. Resultados: Foram selecionados treze artigos que preenchiam os critérios de inclusão, conduzidos em profissionais da saúde que incluía enfermeiras. Foram estabelecidas três categorias de análise: satisfação e insatisfação com a qualidade de vida no trabalho por níveis, dimensões e domínios; fatores sócio-ocupacionais associados ao QVT; e qualidade de vida no trabalho e seu impacto na saúde. Conclusão: A revisão permitiu identificar, mesmo de forma limitada, que a qualidade de vida no trabalho das enfermeiras latino-americanas atingiu em sua maioria níveis médios a baixos, influenciada por fatores sócio-demográficos e de trabalho, com repercussões na saúde das enfermeiras. Portanto, é importante estudar o assunto com mais profundidade, considerando que a insatisfação com a qualidade de vida no trabalho dessas profissionais pode ter repercussões tanto sobre sua própria saúde quanto sobre a qualidade do atendimento.

Palavras-chave: qualidade de vida; trabalho; enfermeira; pessoal de saúde.

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Introduction

Quality of Work Life (QWL) has recently become a necessary variable to analyze, since it expresses the worker's feelings in relation to the various components that make up the work context where she works, including the possibility of professional development, recognition for the objectives achieved, fair remuneration and job stability. ^(1, 2)

The literature also refers to components such as relationships with colleagues and superiors, the physical and psychological work environment, autonomy, work-family balance, opportunity to commit and actively participate in the organization, all elements that support worker satisfaction and motivation, influence QWL. ^(3, 4)

Defining QWL is complex, where approaches are diverse such as dimensions from which QWL is described; thus, for Gonzales et al. it is “a multidimensional concept that is achieved when the worker satisfies his needs for security, institutional support, well-being, development through work and leisure time management”. ^(5, 6)

From a positive point of view, QWL influences important aspects of the psychological and socio-professional development of the worker, generating motivation to work, enabling adaptation to changes within the work environment, promoting creativity and innovation; while in a negative sense, for instance, it can lead to dissatisfaction, errors, absenteeism, and stress. ⁽⁷⁾

In relation to QWL in the health services work context, this is a topic of great interest, since evidence has shown its direct influence on the quality of care provided, ⁽⁸⁾ as well as on the life of the personnel. Regarding the nursing context, its changes can have serious effects on the personal life of the nurse, as well as on the provision of care, which, when deficient, can negatively affect the patient's care and safety. ^(9, 10)

Accordingly, Brooks et al. cited by Wang et al. ⁽¹¹⁾ stated that nurses' QWL is the extent to which they satisfy their significant individual needs through experience as they achieve the organization's objectives, so that achieving a good QWL influences performance, organizational commitment, patient safety and satisfaction, and also satisfaction has an impact on reducing absenteeism, burnout and leaving the profession. ^(10, 12, 13)

In Latin America, as in the rest of the world, nurses comprises the largest professional group within the health systems. ⁽¹⁴⁾ However, studies on nurses' QWL have been scarce but they have evidenced the characteristics of the QWL of health personnel, including nurses, Thus, the meta-analysis carried out by Caicedo ⁽⁵⁾ found low QWL about the healthcare workers in Latin American countries, where the causes of this low level may be deficiencies in contractual and working conditions, dissatisfaction with salary, scarcity of supplies and work tools, and work overload.

Another study performed in Brazil found that QWL was evaluated as neither good nor bad, with unsatisfactory aspects being health services and social assistance, time off, personal and professional development, freedom of expression, fringe benefits, working hours, working conditions and opportunities for professional progress. ⁽¹⁵⁾

The World Health Organization (WHO) points out that nurses are fundamental professionals within health systems, for the achievement of institutional and regional objectives in the health of the population, so a critical analysis of their QWL is a priority.

Studies report that the QWL of nurses is not among the best, finding that its levels range from medium to low, influenced by sociodemographic and work factors such as age, educational level, number of children, dependents, work experience, ⁽¹⁶⁾ work shifts, insufficient number of personnel, high levels of psychological burden generated by time

pressure, responsibility for the health and life of the patient, and presence of physical and emotional violence. ⁽¹⁷⁾

Therefore, this review was aimed to identify the existing literature on the levels of satisfaction and dissatisfaction with the Quality of Work Life of nurses in Latin America.

Materials and methods

The method applied was the Integrative Literature Review, following the six steps proposed by Ganong ⁽¹⁸⁾ for its development: 1) selection of the research question, 2) establishment of inclusion and exclusion criteria and sample selection, 3) representation of the selected studies in the corresponding format, 4) critical analysis of the results, 5) interpretation of the results, 6) dissemination of the results.

The research question was prepared according to the Population Context of Interest Strategy (PICo). The following structure was seen: P: Professional nurses, I: Quality of Work Life, Co: hospitals. Thus, the following question was asked: What are the levels of satisfaction and dissatisfaction with QWL of nurses, factors that influence it and health consequences reported by scientific evidence?

The adopted inclusion criteria were primary articles fully available online, during the period of time ranging from January 2011 to August 2021, in English, Spanish and Portuguese, articles with one or more key words in the title and abstract. The exclusion criteria were non-primary articles, opinion articles, letters to the editor, brief communications, editorials, review articles and those that did not answer the research question.

The search and selection of the studies was performed by the researcher in the US National Institutes of Health (PubMed), Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL) and Google Scholar databases, which responded to the research question. For the search, some combinations with the following Health Sciences Descriptors (DeCS) and Medical Subject Headings (Mesh) were used, like quality of life, work, nurse, and health personnel combined through the Boolean operator “and”, with the following algorithms: quality of life and work and nurse, quality of life and work and health personnel, in English, Spanish and Portuguese.

The search in the databases identified 4072 articles; after eliminating duplicates, 4064 were potentially eligible. After reading the titles and abstracts, 4049 studies were excluded because they were neither from the region nor relevant to the study, leaving 15 studies, 13 of which met the inclusion and exclusion criteria.

The search and study selection process was simplified through the flow chart recommended by Preferred Reporting of Systematic Reviews and Meta-Analysis, which is shown below (see Figure 1).

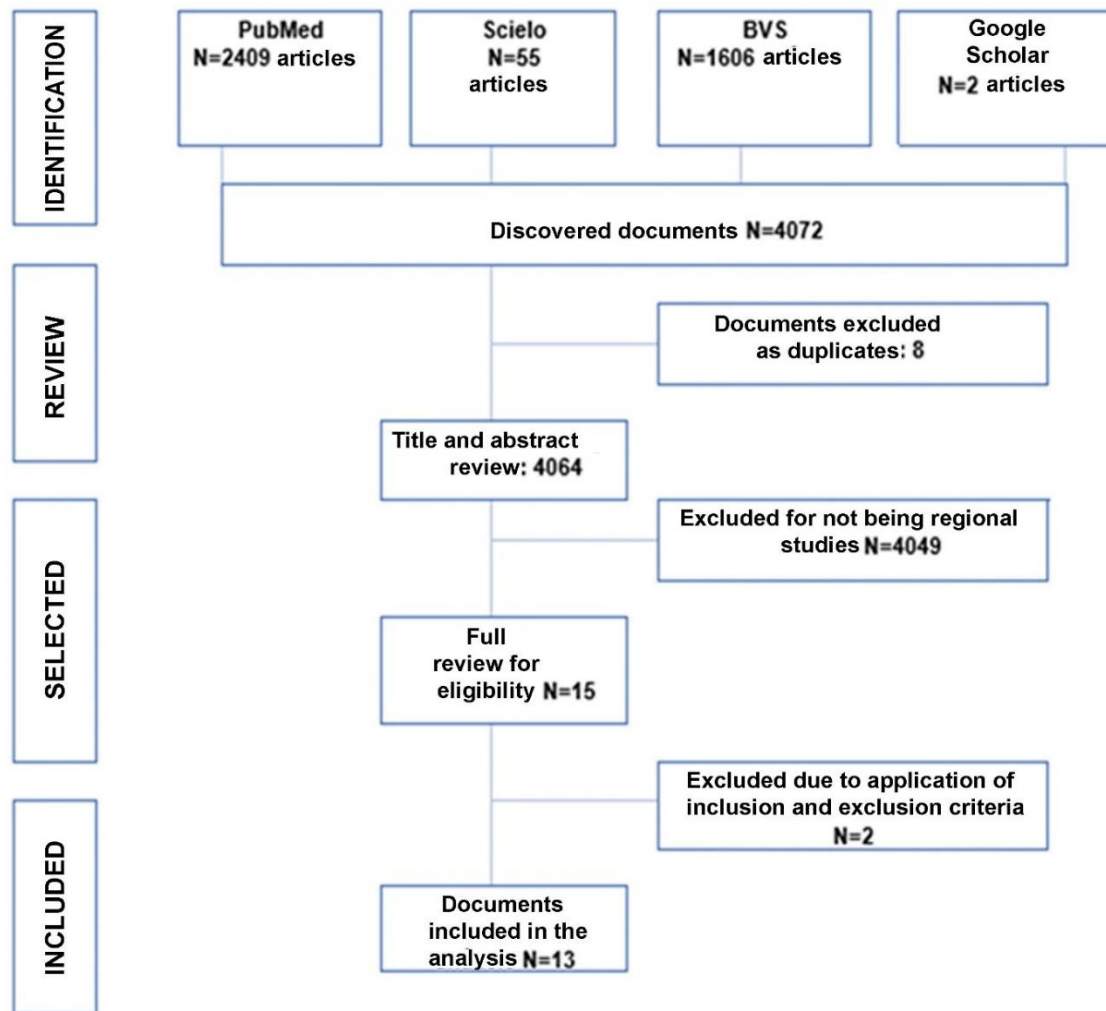


Figure 1. Flowchart of the search and selection of articles included in the review. Source: Own elaboration (2022)

The assessment and synthesis of the 13 selected articles was performed descriptively in three categories. The main ideas of the authors of the publications used in the development of this study were safeguarded.

Results

Thirteen articles were selected for this review, all published in international journals, eight in nursing journals, four in health sciences journals and one in biological sciences journals. Of these, ten were located in the VHL database, one in SciELO and two in Google Scholar. All were associated with the topic of QWL in Latin American nurses.

In terms of the country where the studies were performed, seven were carried out in Brazil, four in Mexico and one study in Chile and Peru, respectively.

Regarding the design of the studies, 13 corresponded to the quantitative approach, with a cross-sectional, descriptive design and 7 were correlational. Eleven of the studies were performed on nursing personnel and 2 on health personnel, including nurses.

Regarding the sample, it corresponded to a total of 2142 participants in the study, the largest number of participants corresponded to the studies performed by Quintana-Zavala with 345 participants and the smallest number belonged to the study by Delgado-García et al with 20 participants.

Among the evaluation instruments applied to assess QWL, five used the QWL-GOHISALO Questionnaire, one applied, respectively, the WHOQOL-BREF questionnaire, Walton's Model QWL; TQWL-42; QVT Visual Analog Scale; QWLW-78; Quality of Nursing Work Life (QNWL) and the Work-BREF Questionnaire.

The matrix of characteristics of the 13 articles is presented below (Table 1) and includes authors, title, objective, study design, sample, instrument used to measure the QWL construct, country, year of publication and identification basis of the article.

Table 1. Characteristics of the articles included in the review

N.º	Authors	Publication title	Objective	Design/sample/instrument	Country /year/da tabase
1	Santos et al.	Avaliação da qualidade de vida no trabalho de enfermeiras de hospitais gerais	Evaluate the quality of work life of nurses in general hospitals in São Luis-MA. Evaluar la calidad de vida laboral de enfermeras en los hospitales generales de São Luis-MA	Quantitative, descriptive Sample: 202 nurses. Instrument: WHOQOL-BREF	Brazil 2017 BVS
2	Dos Santos Ribeiro et al.	Quality of Work Life in public hospitals Calidad de vida en el trabajo de instituciones hospitalarias de la res publica	Analyzing the Quality of Work Life (QWL) of nurses in public hospitals.	Quantitative, descriptive, cross-sectional. Sample: 78 nurses Instrument: (QWL-42)	Brazil 2021 SciELO
3	Quintana-Zavala et al.	Quality of Work Life of nursing health personnel in public health institutions	Determine the level of Quality of Work Life among nurses in public institutions in Hermosillo, Sonora, Mexico.	Quantitative, correlational, cross-sectional and comparative. Sample 345 nurses Instrument: "CVT -GOHISALO" questionnaire.	Mexico 2016 BVS
4	Quintana-Zavala et al.	Perceived Quality of Work Life by level of care and nursing category.	Determine the perceived Quality of Work Life according to levels of care of nurses in public institutions in a city in northeastern Mexico.	Quantitative, correlational, cross-sectional and comparative. Sample: 345 nurses Instrument: "CVT-GOHISALO".	Mexico 2015 BVS
5	Texeira	Quality of Work Life and demographic profile of nurses in ER units.	Describe the profile, work and evaluate the quality of life in the work of the nursing team working in the ER unit.	Quantitative, cross-sectional Sample 109 healthcare personnel Instrument: Walton's model	Brazil 2019 BVS

6	Delgado-García et al.	Quality of Work Life: Health professionals from the Rio Blanco Clinic and the Center for Medical Specialties	Identify a construct on the quality of life of physicians and nurses at Rio Blanco Clinic and the Center for Medical Specialties.	Quantitative, cross-sectional, analytical Sample: 20 professionals, including physicians and nurses Instrument: "CVT-GOHISALO".	Chile 2012 BVS
7	Quintana-Zavala et al.	Quality of work life in a private hospital	Determine sociodemographic and work organization factors that are related to the perception of quality of work life of nursing graduates in a Private Hospital in Northwest Mexico.	Quantitative, descriptive and correlational Sample: 55 people Instrument: "CVL-GOHISALO".	Mexico 2016 Google Scholar
8	Melo et al.	Danos à saúde e qualidade de vida no trabalho de enfermeiros hospitalares	Analyze the association between health impairment and quality of life in the work of hospital nurses.	Quantitative, descriptive, cross-sectional Sample: 145 nurses Instrument: Quality of Nursing Work Life (QNWL)	Brazil 2020 BVS
9	Castillo et al.	Socio-occupational factors associated with the Quality of Work Life of the nursing professional working in a private medical clinic, Lima 2020.	Determine the factors associated with the Quality of Work Life of nurses working in a private medical clinic in Lima.	Quantitative, correlational cross-sectional Sample: 109 nursing professionals Instrument: "CVT-GOHISALO".	Peru 2020 Google Scholar
10	Carvalho	Qualidade de vida no trabalho da equipe de enfermagem do centro	Assessing quality of life in the work of nurses in the OR.	Quantitative, descriptive, cross-sectional. Sample: 70 nursing professionals Instrument: BREF-Working Questionnaire.	Brazil 2018 BVS
11	Schmidt et al.	Quality of Work Life and burnout among nursing professionals working in the ICU.	Assess the Quality of Work Life (QWL) and the incidence of burnout among nurses working in the ICU.	Quantitative, correlational/Descriptive, Cross-sectional Samples 53 nursing personnel Instrument: Analogical Visual Scale for QVT and the Malash Burnout Inventory (MBI)	Brazil 2013 BVS
12	Rustick Migowski et al.	Quality of Work Life: perception of nurses and nursing technicians from a hospital da Serra Gaucha, RS, Brazil	Evaluate the perceived Quality of Work Life of nurses and nursing technicians in a hospital in Serra Gaúcha, Rio Grande do Sul.	Cross-sectional, descriptive Sample size: 95 Instrument: QWLQ-78	Brazil 2016 BVS
13	Gonzales-Baltazar et al.	Relationship between gender and quality of work life in health professionals	Establish the relationship between gender and the assessment of quality of work life (QWL) in health professionals.	Quantitative Sample: 322 persons Instrument: "CVT-GOHISALO".	Mexico 2015 BVS

Source: Own elaboration (2022)

For a better understanding and discussion, the articles included in this review are summarized in three categories that, in the opinion of the authors and the literature reviewed, clearly explain relevant aspects of the subject.

1. Satisfaction and dissatisfaction with quality of work life by levels and dimensions

The thirteen studies analyzed describe the satisfaction and dissatisfaction that nurses express with their Quality of Work Life, thus Santos et al. in their study of nurses in public hospitals found that their quality of work life was neither good nor bad.⁽¹⁹⁾

In the same context, Teixeira et al., who investigated the relationship between quality of work life and the work demographic profile of the nursing personnel in an ER unit, showed that 60.5 % of the nursing personnel was satisfied and 39.5 % indicated dissatisfaction with the QWL.⁽²⁰⁾

Meanwhile, Gonzales Baltazar et al.⁽²¹⁾ studied the relationship between gender and the evaluation of quality of work life in physicians and nurses, finding greater dissatisfaction with QWL in male professionals.

In another study, Quintana-Zavala et al.⁽²²⁾ determined the perception of quality of work life according to levels of care in nurses of public institutions, in whom, regardless of the level of care and professional category, satisfaction with quality of work life was medium, except in nurses of the second level who had a low perception of their QWL. For that matter, the studies of Quintana-Zavala et al.⁽²³⁾ and Castillo et al.,⁽²⁴⁾ who also found medium levels of satisfaction with QWL in nurses, contribute in the same vein.

Additionally, Carvalho et al. performed a study on health personnel, in which 34.5 % were nurses, 62.9 % of whom indicated that they were satisfied with their QWL, while 39.5 % said they were dissatisfied.⁽²⁵⁾ In this respect, the studies performed by Santos et al.,⁽¹⁹⁾ Schmidt et al.⁽²⁶⁾ and Rustick Migowski et al.⁽²⁷⁾ established nurses' satisfaction with their quality of work life.

Moreover, the study performed by Delgado García et al. in which 11 nurses participated, showed that in the seven dimensions evaluated there are degrees of dissatisfaction with the quality of work life.⁽²⁹⁾

Regarding the assessment of QWL by dimensions, four studies assessed satisfaction and dissatisfaction with nurses' QWL through the 7 work dimensions proposed by González et al.⁽⁶⁾ in which sense, the study by Quintana-Zavala et al.⁽²⁸⁾ found high levels for the dimensions institutional support and job security, low levels for job integration, job satisfaction, well-being achieved through work and management of free time, and medium levels for personal development.

Also, in the study performed by Quintana-Zavala et al., no significant differences were found according to dimensions of QWL and the category of nurses, except in the leisure time management dimension.⁽²²⁾

In another study, Gonzales Baltazar et al. identified the statistical significance of the correlation between gender and satisfaction with quality of work life. The dimensions that showed lower levels in both genders were, for men, job satisfaction, personal development achieved through work and free time management, for women, well-being achieved through work, job satisfaction and institutional support for work.⁽²¹⁾ Delgado García et al. showed low scores in the dimensions institutional support, job security, job integration, personal development and leisure time management.⁽²⁹⁾

2. Socio-occupational factors associated to QWL

This category includes six articles that analyzed socio-occupational factors associated to or influencing nurses' QWL.

Within this context, the study by Quintana-Zavala et al. revealed the relationship of variables such as sex with QWL, where the differences were significant in the job safety dimension, with higher scores in women than in men. Regarding the services where they work, those who work in intensive care, emergency and operating rooms had higher averages in this dimension compared to hospitalization areas.⁽²⁸⁾

The same study revealed that age was significantly related to all dimensions, which implies that the higher the age, the better the evaluation of these dimensions of QWL. Regarding the factor having a partner, it positively affected women who perceived greater institutional support, job satisfaction, personal development and better management of free time. The variable seniority is positively related to free time management and working the night shift has a negative influence on this dimension.⁽²⁸⁾

Another study that contributes in this sense is the one performed by Schmidt, which revealed that older and married women had a higher measure of Quality of Work Life compared to other professionals. Regarding the choice of work site, however, from non-statistically significant results it could be observed that individuals who opted for work in the ICU had a higher mean for measuring QWL compared to those who did not have this option.⁽²⁶⁾

In another study, Teixeira et al. through univariate analysis identified among the factors associated with quality of work life, with respect to professional category, leave due to work-related illness or other illnesses; provision of personal protective equipment by the company and easily accessible personal protective equipment.⁽²⁰⁾

In addition, Quintana-Zavala et al. found that QWL is higher in personnel with an indefinite contract than in those with a fixed-term contract. It is also higher in those who do not perform other remunerated activity in comparison with nursing personnel who perform an additional remunerated activity, who present a lower overall QWL and according to the institution in which the nursing personnel work, the QWL was different, high in institution F and low in institution B.⁽²³⁾

Likewise, Carvalho et al. point out in their study that economic income lower than 2 minimum wages influences the quality of work life.⁽²⁵⁾

The study by Melo et al. found that the use of medications caused/aggravated by work increased the probability of nurses having a low quality of work life by 2.31 times. In reference to sleep disorders caused/aggravated by work these increased the likelihood of having a low QWL by 3.15 times and frequent headaches caused/aggravated by work increased their chances of having a low QWL by 1.98 times.⁽³⁰⁾

3. Quality of work life and its impact on health

This dimension was observed in 3 studies, among them the one performed by Rustick Migowski et al. whose results revealed that the health of the subjects is a factor that changes their quality of work life, forcing them to use medication on a regular basis as a way of restoring health conditions due to the demands of their work, being also the practice of exercise in the workplace one of the indicators with the highest dissatisfaction.⁽²⁷⁾

In another study, Melo et al. identified the health damages reported by the participants as caused and/or aggravated by work, where 30.3 % reported medication consumption, 37.2 % reported problems related to the nervous system, 82.8 % chronic stress, 28.3 %

aggression or violent behavior, 57.9 % mood/behavior changes, 57.2 % sleep disorders, 43.3 % frequent headaches, 63.4 % varicose veins. ⁽³⁰⁾

This study also showed the presence of 55.2 % muscle fatigue, 46.2 % joint disorders, 48.3 % spinal injuries, 67.6 % low back pain, 21.4 % frequent sick leave, and the study also showed that the night shift leads to lack of sleep and that professionals resort to the use of medication to stay awake and/or rest because they work double or triple shifts. ⁽³⁰⁾

In addition, the study by Schmidt et al. concluded that professionals classified in the high emotional exhaustion category had lower scores for the quality of work life measure compared to other professionals. ⁽²⁶⁾

Discussion

The review reveals the limited information on the subject in Latin America, a region made up of 20 countries, where 4 countries have generated some knowledge on nurses' QWL. From these diverse work contexts, they express their degree of satisfaction and dissatisfaction with it, as well as refer to factors that influence it and the consequences when QWL is not adequate.

In reference to the degree of satisfaction and dissatisfaction that nurses report with their QWL, the results of this review range from high to medium to low levels for the most part. These results are consistent with studies performed outside the Latin American region, including the study by Kaddourah et al. which found that more than half of the nurses in two health institutions in Riyadh Saudi Arabia reported being dissatisfied with their quality of work life (54.7 %). ⁽³¹⁾

There have been studies performed in Ethiopia and Saudi Arabia by Kelviso et al. and Almalki et al. respectively, whose results also describe nurses' dissatisfaction with their QWL. ^(32, 33) Added to this there is the study by Dehghan Neyeri et al. who identified an average level of QWL for clinical nurses working in the hospitals of the University of Medical Sciences in Tehran. ⁽³⁴⁾

The results found in the study region show the experience of nurses with respect to the characteristics of the work context where they work. On the one hand, all the organizational efforts to improve the productivity and well-being of the workers converge; on the other hand, it responds to a negative work environment that generates dissatisfaction. ⁽³⁵⁾ The situation is increased by the advance of precariousness, labor vulnerability, deterioration of working conditions, extension of the working day, increase of the workload and disintegration of health teams as a result of the reforms in the health sector in Latin America. ⁽³⁶⁾ In this part of the world, health and safety at work for health personnel and specifically for nurses has been neglected. In this sense, it is a necessary phenomenon to investigate given the repercussions that job dissatisfaction can have on the quality of patient care and patient safety. ^(9, 37, 38)

Among the work factors that influence a low QWL of nurses are social support, remuneration, work environment and employment conditions. ^(20, 23, 25) Regarding working conditions, according to Acosta cited by Ubaque et al., intrinsic factors concerning the work itself, the person and extrinsic factors classified as material, organizational and psychosocial, are of special importance because of the documented implication they have on the quality of care provided to patients. ^(39, 40) Likewise, they influence failures in care, dissatisfaction, stress, absenteeism, and repercussions on the health of nursing professionals. ^(39, 41)

In this regard, the study performed by Milanes and Bustamante found that the working conditions of nursing personnel were deficient in relation to economic compensation, support personnel, physical infrastructure of the work centers, materials and equipment in the workplace and high workload.⁽⁴²⁾ Therefore, the generation of positive working conditions requires commitment from management, personnel and the development of a corresponding infrastructure to support such environment.⁽⁴³⁾

The review also shows that social support is a factor in the perception of low QWL by nurses, which, as pointed out by Karasec cited by Orgambidez-Ramos et al., represents the worker's experience in relation to the social climate of the workplace, where coworkers and superiors support each other.^(44, 45)

For nursing, the perception of social support has been found to be related to the quality of care provided by the nurse, the intention to leave the organization, professional performance and job satisfaction, as shown in the study by Orgambidez et al. where the support of the supervisor, colleagues and job involvement were positive and significant predictors of satisfaction.^(44, 46)

Another factor described by the nurses in this review that influences QWL was remuneration, which although it is not the only element of motivation at work, it does represent a necessary human need to be satisfied, since it is related to the survival of the individual, allowing her to satisfy basic needs such as food, clothing, and housing for herself and her family.⁽⁴⁷⁻⁴⁹⁾

This is consistent with the review study by Vagharseyyedin et al. which identified how salary and fringe benefits were very important for nurses. Meanwhile, Nowrousi et al. found that job satisfaction was related among other factors to salary, which, being low, significantly reduced nurse loyalty.^(10, 50)

In the assessment of satisfaction with QWL by dimensions, the low levels of institutional support, job security, job satisfaction, wellbeing achieved, personal development and free time management stand out.^(23, 29) The institutional support dimension observes components such as support from superiors, positive feedback from colleagues, development opportunities in the workplace, and its low level of perception by nurses could be explained by deficits in the aforementioned components.⁽²²⁾ In this sense, a study performed in Chile agrees, where a slight tendency towards satisfaction was found in the subscales, activities, supervisor or supervisor and group with whom the nurses interact more closely, although in the subscales promotions and career advancement the tendency was towards dissatisfaction.⁽⁵¹⁾

Another dimension with very low levels of satisfaction was the administration of free time, which influences the organization of time for the development of recreational activities such as rest and family interaction. Within this context, the study performed by Gonzales and García revealed that one of the most affected dimensions was the management of free time, attributable to the mostly female gender of the nursing personnel, which goes hand in hand with the care of others and domestic activities.⁽⁵²⁾

The study has limitations, among them the limited literature available in databases on the subject in Latin America. Also, the lack of inclusion of studies from other databases is considered a limitation.

Conclusion

QWL in Latin American nurses ranged from medium to low levels, evidencing nurses' dissatisfaction with aspects such as the working and psychosocial conditions in which they work. These aspects pose challenges for health institutions, given that QWL influences the quality of care. Knowledge of these conditions has implications for the improvement of nursing clinical practice. Likewise, it raises the need to integrate aspects related to Occupational Health and Safety in the health context into teaching, in order to promote the promotion and prevention of occupational health, a debt in Latin America, particularly for health personnel, such as nurses.

Also, the results of the review add to the scarce knowledge that exists about QWL among nurses in the region. Good QWL is associated with the well-being and health of nurses, but it has a negative influence on problems such as work stress. The study highlights the need to study the subject in greater depth, to incorporate more information in health institutions, and to have an impact on the development of public policies for the improvement of QWL. Undoubtedly, it will have an impact on the quality of care, patient safety and the health of the nurse.

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