

CONTINUING EDUCATION AND PROFESSIONAL LIFE QUALITY OF THE NURSING COMMUNITY OF MADRID

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Abstract

Today's society demands that nurses are as up to date as possible, as advances and changes in relation to health are required to provide consistent quality. This study investigates if the influence of certain variables have some significance on the quality of working life of nurses, and if continuing training exercises significantly influence the quality of life. A descriptive, correlational and cross-sectional study design was used to investigate a sample of nurses in Madrid using a self-administered and anonymous online survey. The professional quality of life questionnaire CVP-35 (Cabezas, 1998), validated for health areas was used. Regarding continuing training, 66.67% were awaiting training, 81.62% were currently undergoing training and 92.59% had training directly connected with their position. A certain quality of life correlated with average dimensions of managerial support and intrinsic motivation. There was no association with perceived workload. The nurses' perceptions regarding their overall quality of life was relatively good with young nurses with families being satisfied with their professional workload.

Keywords: Quality of working life, nurses, continuing education, community of Madrid

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1. Introduction

The constant social changes associated with technological advances in the field of health require that staff are adequately qualified and trained so that they can cope with the new realities in an appropriate manner, since the mission of health professionals in power is to provide certain benefits to the population in terms of healing and prevention, as reflected in the Deontological Code of Spanish Nursing (1989). A health professional is required to be up to date regarding progress and existing developments, with the group of nursing professionals among the most notorious in making visible socio-sanitary contributions (Álvarez, Chirinos, & Arizmendi, 2016; Jiménez, del Olmo, & Araque, 2006).

Throughout the history of nursing as a discipline dedicated to care, it has developed and provided a model of practical care which continues to enrich the profession and applied science, and adapts to existing changes. The profile of nurses implies the need for certain qualities, among which are motivation, empathy, creativity, sensitivity and vocation, as well as information and the most up to date training possible in order to embody a professional knowledge that meets existing health needs in modern society. Therefore, participation in training is highly beneficial to society thanks to continuity of care, health prevention and other health-related situations.

Today it more important than ever for nurses to have professional qualifications and to update their knowledge regarding advances and existing changes in relation to health, since we find patients increasingly more critical, better informed and with greater demands on what impacts their wellbeing. Due to the patient's relationship with the nurse, the latter frequently faces higher demands for performance from the institution and from the patient without failing. In many cases, this may impact their professional quality of life.

In the late twentieth century, quality of life at the professional level began to be discussed, bringing with it the implicit concept of a series of actions and intentions to allow professionals to be autonomous when taking a series of decisions and to choose the option that may be more beneficial for their welfare, thus improving their quality of life. Studies in a range of health areas were introduced at this time, with health workers being analysed and, more specifically, professional nurses, who are often exposed to great pressure (Cabezas, 1998; Garcia Sanchez, 1993; San Martín, Ferrer, Gamo, Gallego, Cañas, Trigo, & Aragonés, 1995).

In order to conceptualize the quality of professional life, we refer to the contribution made by Araque, Jiménez, and Olmo (2007), which defines it as the feeling derived from the balance that the individual perceives between the demands of the workload and the psychological, relational and organizational resources available to address it in an effective manner. We must specify that the concept is heterogeneous and multidimensional, involving

a strong connection between personal and work spaces that may have certain consequences at the emotional and social level for stakeholders.

The other concept that we will introduce in the study is focused on the continuing education of professional nurses. This will be tailored to ongoing scientific and technological changes motivating the knowledge of professionals not to become obsolete: continuing training in terms of professional development is of vital importance given that it generates new attitudes, knowledge and skills to meet the daily challenges. The Deontological Code of Spanish Nursing (1989) states that the nurses must update their personal knowledge in order to prevent causing a loss of patient health (art. 60). It also concerns the obligation to share knowledge and experiences with other colleagues in order to improve and strengthen professional services (art. 65). The nurses need to be aware of the need to keep up with continuing education (art. 70), assessing their own learning needs and locating appropriate resources to self-direct their training (art. 71), and taking responsibility for their education at all levels. In short, it can be stated that continuous training is an intrinsic value of nursing professionals, so they must engage with a series of updates and actions, recognizing in this a way of improving the quality of the process care and ensuring security in the patient.

2. Problem Statement

Nurses are in a position of continuous risk because of the challenges that they constantly face, and this can greatly affect their professional quality of life as well as the professional patient-nurse relationship. Having appropriate training can greatly influence their welfare, since they must perform the training in a dynamic way. Assimilating the knowledge gained from learning can take some time, which may lead them to question at times the application of nursing techniques. The dynamic of time required for assimilation of knowledge can give rise to certain problems in relation to the professional quality of life.

Studies have been carried out on the quality of working life of health professionals in specific contexts; more specifically about nursing discipline. Given that these professionals are the largest group in the area of health, they, as a group, socially generate a certain interest, as they convey quality of service to citizens through their good professional practice (Araque, Sola, & Rodríguez, 2016; Elustondo, Esquina, Jiménez, Gómez, Cebrián, & Bardají, 2010; Fernández, Carbajo, & Vidal, 2002; Gómez, 2015; Sosa-Cerda, Cheverría-Rivera, & Rodríguez-Padilla, 2010). The question arises whether continuous training increases or decreases their quality of life, since it is ethically imperative not to be obsolete within the professional practice of nursing. These actions and updates regarding development to avoid professional obsolescence demand that time be invested by the professional, as well as support

from the institution to conduct such training activities. This is necessary as an organizational climate that rewards the development of professionals at times of change and diversity delivers a social benefit, while demonstrating that intensive training and staff interaction decreases obsolescence (Bailyn & Lynch, 1983).

Currently it is required that institutions carry out training activities, regardless of the fact that there are certain variables such as time and assimilation of knowledge that require some time to make the learning effective. Lack of time and joined work continuity can lead to some confusion in a professional nurse, who will experience a deterioration in the professional quality of life.

3. Research Questions

With this background, the aim of the research is to measure the impact of training on the quality of life perceived by nurses in Madrid as they seek to maintain their professional development. The primary research questions are:

- 1) what influence do certain variables have on the quality of the working life of nurses, and
- 2) do continuing training exercises significantly influence the quality of life of nurses?

4. Purpose of the Study

The purpose of the study is to discover the meanings related to quality of life and the perceived existing repercussions according to certain variables, as well as the impact of continuous training on the quality of life of professional nurses.

5. Research Methods

The study was based on achieving the following objectives: to determine the incidence of certain variables in perceived quality of life and to find out if professional development training influences the quality of life of nurses.

A descriptive, correlational and cross-sectional study among selected nurses was conducted. For the collection of information, an anonymous and self-administered online survey instrument was used. With regard to ethical considerations, the study participants were given information on the method and purpose of the investigation being carried out. They were informed that participation was entirely voluntary and anonymous and that the information in the questionnaire would be used for the sole purpose of this research.

Certain socio-demographic variables were used, such as sex and age, and the variables included continuing education initiatives and how training was received, as well as the questionnaire on quality of working life with 35 items, validated by Cabezas (2000). The data provided were collected during April and May 2016. The response rate from the 153 participants, taking into account lost data calculated at 15%, included 116 women and 37 men. The age range was between 25 and 70 years, grouped in 5 blocks of 10 years, with a mean (MAN) 2.85. The block of 31 to 40 years had the greatest weight with 37.50%. Statistical processing was performed by classification, coding and clarification data in the SPSS Statistics 22 program.

6. Findings

A total of 153 responses to the online questionnaire were received, taking into account a data loss of 15%, being an acceptable percentage for the development of this study.

Socio-demographics in relation to the variables of the sample show that female participants comprised 75.74% and male 24.26%. The mean age (37.5%) was within the range of 31 to 40 years with standard deviation (SD) of 9.39, and most (63.2% of participants) were married with (SD)=2.033. Regarding the questions of formative nature, to the question if they carry out formative action currently, 81.60% answered affirmatively; to the question if said formation is related to their current job, 92.60% answered affirmatively. The main purpose of the training, with a weight of 66% was to provide a higher quality of service and the most requested form of training was mixed (online / face-to-face) with a weight of 54.4%.

In normality tests, the gender variable was found to be constant, so it was omitted from the resulting graph. Likewise with the variables of age and marital status, when quality of working life was large, the graphical result was omitted.

As for the results for perception of overall quality of own professional life, it was found that, with an average of 6.28, more than half of the subjects gave a response value of seven out of ten, this being coincident with the fiftieth percentile and the median. The range tells us that there is a difference between the maximum level response (9) and the lowest response (-1); 50 per cent of respondents answered between 5 ('somewhat') and 8 ('a lot'). The degree of asymmetry is markedly negative since the ratio between the index of asymmetry $(-0.722 / 0.198 = -3.64)$ is sufficiently distant from zero. Regarding the backlog of cases in queues, kurtosis is very close to a normal distribution and we get $(0.002 / 0.394 = 0.00507)$ as expected and close to zero, which is the value that approximates the normal curve value. The value curve is normal, so core values of the distribution are more likely than values that are far from the definitive centre. At the existing level, respondents responding "quite a bit" could say they

have a certain quality of professional life and that they have a certain level of satisfaction at work.

The intrinsic motivation dimension with the highest average, with 7.84 per cent, is managerial support, the lowest dimension of this being 5.79 per cent. Average data are expressed in Table 1.

Table 1. Data of the dimensions of Professional Quality of Life Questionnaire (CVP-35)

	N	Mean	Standard Deviation	Variance
Executive support	122	5.79	1.009	1.018
Global life quality of my wok	150	6.28	1.956	3.827
Workload	127	6.75	0.990	0.981
Intrinsic motivation	135	7.84	0.772	0.596

The overall result does not show low levels of professional quality of life in nurses, as certain elements that scored the five lowest levels when the measurement was made on a scale from one to ten are within the dimension of managerial support, with the possibility of promotion (4.52%) and my company tries to improve the quality of my professional life (3.97%). In the dimension of workload, the scores are around five, conflict with peers (M=5.02) being closest. Within the dimension of intrinsic motivation, the questions that compose it are the ones that obtain the highest score within the questionnaire, the question being get away at the end of the working day (M= 6.48), the one that receives the least value within that dimension.

Regarding the perception of the quality of life at work in relation to being male or female, there is no significant difference between the responses made by both sexes, as shown in Figure 1. We found that as this is expressed in levels, consequently they perceived an acceptable quality of life and job satisfaction.

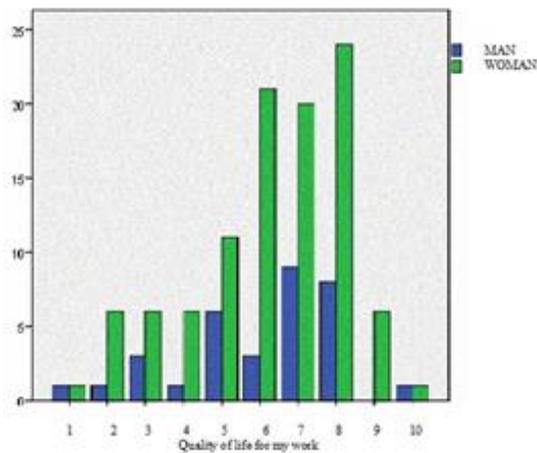


Figure 1. Quality of life at work in terms of gender

Regarding the involvement of continuing education in quality of working life, we find a remarkable significance in the analysis of continuous training in relation to quality of life variables. Certain scores are omitted.

What type of continuing education do you usually do? It is consistent with the quality of your working life? What do you think the continuous training is useful for? Is it consistent with the quality of your working life? Is the training activity in relation to your current job? It is consistent with the quality of your working life? How long have you been undergoing training activities related to the nursing profession? It is consistent with the quality of your working life? We found in all variables a training omission rating within the range of one to ten.

7. Conclusions and Implications

The data obtained from this study, after having administered the quality of professional life and socio-demographic data survey instrument, has detected particularly high scores on intrinsic motivation, in line with previous studies (Corte et al., 2013).

It is noted that nurses in their workplace have indications of excess workload, load responsibility, pressure workload, lack of time to invest in personal life, health consequences and stress, all of which could be alleviated with managerial support. Also, they lack motivation for performance since they are unsatisfied with the salary they receive as well as the lack of recognition, and do not switch off when away from the job. Moreover, they are found to be

more satisfied when asked about performing tasks. They express pride in being a nurse, clarity about the allocated tasks, have the necessary training to carry out their work and have support from family and friends. These provide some regulation to the professional quality of life because, despite being only a few influential variables, they have high scores.

Ultimately, the quality of professional life perceived by respondents indicates that they are in a position to adequately fulfil the mandated tasks (Araque et al., 2016). Given the notoriously low participation in online training, perhaps due to lack of sufficient knowledge of the internet or perhaps because they are focused more on practice, participants requested workshops to apply the classroom methodology. It is also significant that most of the answers relating to continuing training are directed towards providing a higher quality of service, which indicates the vocation and personal satisfaction with their field and the patient health relationship. A fairly high percentage is currently performing training or underwent training less than a year ago, and this has led to professional strength within the current work space. Another fact in relation to professional training found that the majority are graduates, followed by those with a Master's degree and then a qualification in nursing. The latter is noteworthy since the incorporation of professionals is somewhat slowed down according to whether they are properly validated at the grade level. Socio-demographic factors such as continuous training influence quality of working life in a positive way in terms of applying for training in order to be free from obsolescence.

A striking fact looms. The professional discipline of nursing is mostly made up of women: it is a feminized profession. Certain results of previous studies show an increase in the number of men being incorporated into healthcare as nurses, as seen in earlier studies (Goñi, Blanco, Chamorro, & Gómez, 2008; Pogrányivá, López, Martínez, Fernández, & de Paz, 2011).

In relation to previous studies, the data reveal the desirability of improving managerial support in order to improve the perception of the quality of working life of nurses in Madrid. The continuity of further research in university settings is recommended, as it is shown that training provides knowledge appropriate for professional performance and provides some stability in the quality of life of nurses.

Reflection and discussion leave the investigation open. From a socio-economic perspective, adequate educational preparation of nurses is vital, given that success in responding to health risk situations of patients is economically beneficial for the institution in which they work, as cited in the International Day of Nursing (2015), and social development involving health service provision quality.

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