







QUALITY OF LIFE OF TEACHING NURSES AT HIGHER EDUCATION INSTITUTIONS - HEI: EVIDENCE AVAILABLE IN THE LITERATURE

QUALIDADE DE VIDA DE ENFERMEIROS DOCENTES DE INSTITUIÇÕES DE ENSINO SUPERIOR - IES: EVIDÊNCIAS DISPONÍVEIS NA LITERATURA

CALIDAD DE VIDA DE LOS ENFERMEROS DOCENTES EN LAS INSTITUCIONES DE EDUCACIÓN SUPERIOR - IES: EVIDENCIA DISPONIBLE EN LA BIBLIOGRAFÍA

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ABSTRACT

Objective: to analyze the evidence available in the literature on the Quality of Life of teaching nurses in Higher Education Institutions. **Methods:** this is an integrative review of studies in Pubmed, MEDLINE, LILACS, BDEnf, and CINAHL databases, published in English, Portuguese or Spanish in the last 10 years. **Results:** the 5 primary articles analyzed were grouped into three categories: Assessment of Quality of Life through the Quality of Life Assessment Instrument of the World Health Organization; Quality of Life Assessment through a semi-structured script; and Quality of Life Assessment by comparing the Professional Quality of Life Scale and Life Balance Inventory. **Conclusions:** the synthesis of evidence showed that, globally, there is Quality of Life among professors from different types of Higher Education Institutions. However, the detailed analysis of the facets showed a low Quality of Life, directly influencing the teacher's life and work.

Keywords: Faculty; Nurses; Quality of Life; Working Conditions.

RESUMO

Objetivo: analisar as evidências disponíveis na literatura sobre a Qualidade de Vida de enfermeiros docentes em Instituições de Ensino Superior. **Métodos:** revisão integrativa de estudos nas bases de dados Pubmed, MEDLINE, LILACS, BDEnf e CINAHL, publicados em inglês, português ou espanhol nos últimos 10 anos; **Resultados:** os 5 artigos primários analisados foram agrupados em três categorias: Avaliação da Qualidade de Vida por meio do Instrumento de Avaliação de Qualidade de Vida da Organização Mundial da Saúde; Avaliação da Qualidade de Vida por meio de roteiro semiestruturado; e Avaliação da Qualidade de Vida por meio da comparação entre Professional Quality of Life Scale e Life Balance Inventory; **Conclusões:** a síntese das evidências demonstrou que, de maneira global, há Qualidade de Vida entre os docentes de diferentes tipos de Instituição de Ensino Superior; entretanto, a análise detalhada das facetas evidenciou uma baixa Qualidade de Vida, influenciando diretamente na vida e no trabalho do docente.

Palavras-chave: Docentes; Enfermeiras e Enfermeiros; Qualidade de Vida; Condições de Trabalho.

RESUMEN

Objetivo: analizar las evidencias disponibles en la bibliografía sobre la Calidad de Vida de los enfermeros docentes en las Instituciones de Educación Superior. **Métodos:** revisión integradora de estudios en las bases de datos Pubmed, MEDLINE, LILACS, BDEnf, CINAHL, publicados en inglés, portugués o español, en los últimos 10 años. **Resultados:** los cinco artículos primarios analizados se agruparon en tres categorías: Evaluación de la Calidad de Vida mediante el Instrumento de Evaluación de la Calidad de Vida de la Organización Mundial de la Salud; Evaluación de la Calidad de Vida mediante un guion semiestruturado; Evaluación de la Calidad de Vida mediante una comparación entre la Escala Profesional de Calidad de Vida y el Inventario de Balance de Vida. **Conclusiones:** la síntesis de las evidencias mostró que en general existe Calidad de Vida entre los docentes de los diferentes tipos de Instituciones de Educación Superior; sin embargo, el análisis detallado de las facetas mostró una baja Calidad de Vida, que influye directamente en la vida y el trabajo de los docentes.

Palabras clave: Docentes; Enfermeras y Enfermeros; Calidad de Vida; Condiciones de Trabajo.

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INTRODUCTION

The World Health Organization (WHO) defines Quality of Life (QoL) as “individuals’ perception of their position in life, in the context of the culture and value systems in which they live and, in their goals, expectations, standards, and concerns”. This theme has different perspectives, depending on the area of study to which it is related.^{1,2} The individual can define their QoL starting from objective premises such as financial conditions, material goods, employment, and income, or subjective ones such as personal, affective relationships, spiritual, recognition, well-being, and health. The environment in which the individual is inserted, the culture, and beliefs will also directly influence the perceptions and values regarding QoL.³⁻⁵

The higher education system increasingly demands greater training from its professors. This professional is expected to have a specialty through *stricto sensu* postgraduate studies that, in addition to basing their knowledge in a specific area, guarantees technical capacity for research activities and, consequently, academic production. In the same direction, the work environment becomes increasingly competitive, demanding high productivity and innovation and always demanding more from the professional.^{6,7}

On the other hand, the Nursing profession continually deals with human pain, death, and suffering in a tense environment, with a risk situation of exposure to infectious diseases, unhealthy working conditions, continuous and exhaustive workload, sleep deprivation, and little recognition and low wages. These are situations that trigger physical and mental stress and, consequently, damage to quality of life is considered the fourth most stressful profession.⁸⁻¹¹

A survey⁵ pointed out that diseases such as depression, obesity, tiredness, and feelings of devaluation are increasing among Nursing professionals who work in patient care. Another study¹² reports that physical, social, and psychological conditions interfere with the quality of nurses’ care and their quality of life.

In the quality of life, we can find also the teaching work, which requires a highly specialized professional, especially when linked to a higher education institution (HEI). In this environment, there is an accelerated pace of work and competition for academic production, generating a stressful and emotional work environment.^{6,13-15}

In a survey¹³ carried out with 27 Nursing professors from two federal HEIs in Rio de Janeiro, the professionals

see the profession as somatizing, favoring illness. However, taking care of their health takes a back seat since the pace of work prevents them from being absent, resulting in sleep disturbance, anxiety, and burnout.

Both the clinical nurse and the teaching nurse work in direct relationship with other human beings with different experiences, emotions, values, and beliefs, which can generate coexistence conflicts, in addition to the stress already experienced in the environment that the work provides. Thus, such professionals present factors that favor physical and mental illness and low quality of life.¹⁶ It is believed that the “sum” of the two professions in the same profession is a factor that enhances the low quality of life.

Therefore, identifying how the QoL of the teaching nurses is doing is important for improvements in their lives, as well as for a better quality of their work. The promotion of quality of life reduces health risks and, consequently, promotes better performance at work. Thus, this study aims to analyze the evidence available in the literature on the Quality of Life of teaching nurses in public and private Higher Education Institutions.

METHODS

Study design

This is a synthesis of knowledge, having adopted the method of integrative review according to the six steps described by Mendes, Silveira, and Galvão¹⁷, guided by the PRISMA instrument. The guiding question that led this review was: “What knowledge is produced about the Quality of Life of teaching nurses in public and private Higher Education Institutions?”. We used the PICO strategy for the construction of the question: P (population) – teaching nurses; I (intervention or area of interest) – higher education; C (comparison between intervention or group) – public and private HEIs; O (outcome) – Quality of life.

The databases selected for the search for primary studies were: the Us National Library of Medicine National Institutes of Health (PUBMED), Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Bases de Dados da Enfermagem* (BDEnf), Cumulative Index to Nursing and Allied Health Literature (CINAHL). The search was carried out in June 2020.

Descriptors based on DeCS (Descriptors in Health Sciences) and MeSH (Medical SubjectHeadings) were

used: Faculty, Nursing, Quality of life, Working Conditions and Occupational Health. The procedure was used in all databases, first performing the search for the descriptor in isolation and, later, making all possible crossings.

Inclusion and exclusion criteria

We adopted the following inclusion criteria: literature from the last 10 years (2010-2020); teaching nurses in the study population; primary studies; texts in Portuguese, English, and Spanish, available in full; and a limit of 300 articles found in the bases for reading. The exclusion criteria were limited to gray literature before 2010.

Study protocol

To extract information from the studies, an instrument was constructed and submitted for validation by three teaching nurses and two Quality of Life scholars. The instrument was analyzed in terms of apparent and content validation, clarity and scope, understanding of the items, and the form of presentation. This instrument was built to identify the methodological characteristics, the QoL assessment criteria, and the criteria that cover the career of the teaching nurse.

The judges' analysis received scores, and all questions obtained a score of 100%, maintaining their version with 35 questions divided into four groups: 1. Identification: article title, journal name, volume, number, year, area, DOI, impact factor/Qualis, main author, training area, degree, professional activity, co-authors, language, country, the host institution of the study (private HEI, local or public HEI, local). 2. Evaluation criteria for QOL studies: definition of QoL by the author, domains of QoL evaluated at work, an instrument used, justification and validation for the population studied, additional data requested. 3. Methodological characteristics of the studies: type of publication/design, objectives, sample characterization, data treatment, interventions performed (intervention studies), results, statistical treatment and level of significance, conclusions, and level of evidence. 4. Assessment of methodological rigor: clarity in the identification of the methodological trajectory and identification of biases.

This integrative review followed the six steps described by Mendes, Silveira, and Galvão¹⁷: 1. Identification of the theme and selection of the hypothesis or guiding research question for the elaboration of the integrative review; 2. Establishment of criteria for inclusion

and exclusion of studies/sampling or literature search of studies; 3. Definition of the information to be extracted from the selected studies/categorization of the studies; 4. Evaluation of studies included in the integrative review; 5. Interpretation of results; 6. Presentation of the knowledge review/synthesis.

We identified a total of 3,973 publications. They were 652 in PUBMED, 874 in MEDLINE, 1030 in LILACS, 346 in BDEnf, and 1071 in CINAHL. After the exclusion of duplicate articles, 2,756 studies remained, a new refinement was performed to exclude those before 2010 (n=1,900) and then filtered according to the aforementioned exclusion criteria, leaving 106 articles for the title and abstract reading. After reading the title and abstract, 11 articles were included for critical evaluation through the evaluation instrument.

The distribution of studies according to the databases was: five studies in the LILACS database, five in the CINAHL database, and one in the BDEnf. No studies were selected from the PUBMED and MEDLINE databases.

The complete reading of the 11 articles selected from the instrument allowed identifying that six were not part of the inclusion criteria, leaving five articles that constituted the integrative review, as shown in Figure 1.

Data analysis

The analysis of the articles was carried out descriptively, resulting in the construction of a table with the characterization of the selected articles, containing title, year, country, design, outcomes, and level of evidence indicator, as recommended by Melnyk and Fineout-Overholt.¹⁸

Ethical aspects

All ethical aspects were respected in this research, using primary studies in the public domain for the construction of the integrative review. In this type of study, submission to the Research Ethics Committee is waived.

RESULTS

The five selected articles (Table 1) address the Teacher's Quality of Life. Four are written in Portuguese and one in English, three have evidence level IV, one has evidence level V and one has no evidence level¹⁸. In all studies, the main author was a nurse linked to a university.

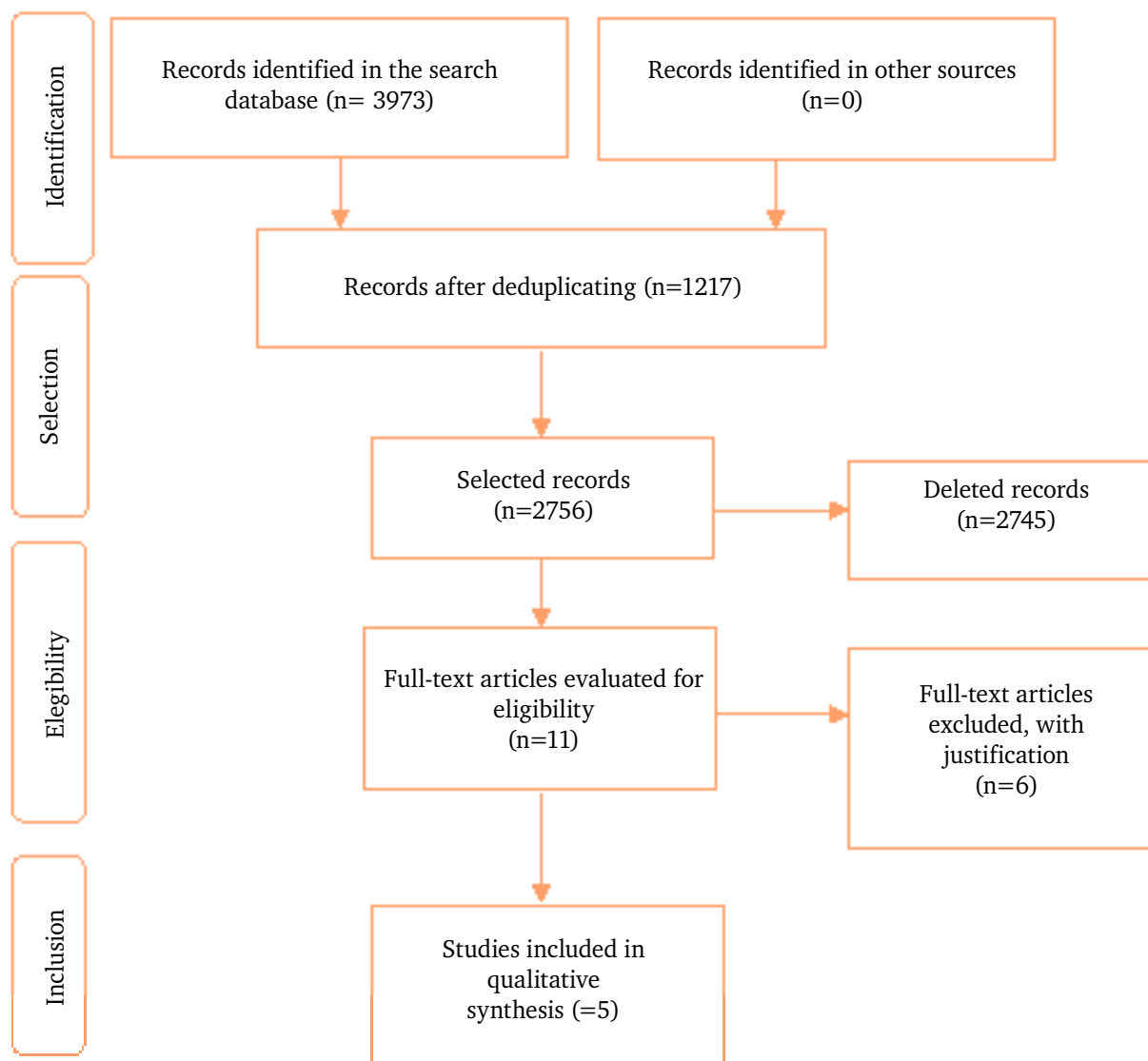


Figure 1 - Flowchart of the primary studies that make up the integrative review, adapted from the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA)

Of the five selected studies, two dates from 2017, one was published in 2012, one in 2015, and one in 2016 in various journals (Nursing Education Perspectives, Rev de APS, Esc Anna Nery, Rev Rene, Revista de Enfermagem UFPE online). Two studies worked with professors in public and private HEIs, two only in public HEIs, and one did not specify the type of HEI, with the most studied region being the Northeast (two studies), but covering only the capital.

As for the research instrument, three used the WHO Quality of Life Assessment Instrument (Whoqol-bref), one used three types of instruments: Professional Quality of Life Scale (ProQOL 5), Life Balance Inventory (LBI),

and a semi-structured script, and one study only used a semi-structured script.

Only the semi-structured scripts were not validated for the research population, since they were qualitative and/or mixed research. None of the studies justified the choice of research instrument used.

The studies were grouped into three categories according to the data collection instrument for a better synthesis of knowledge: Category 1- QoL assessment using the Whoqol-bref, Category 2 - QoL assessment using a semi-structured script, Category 3 - QoL assessment by comparing ProQOL 5 and LBI.

Table 1 - Characterization of the articles of the integrative review, 2020

Reference (s)	Year Country	Design/number of patients	Interventions	Outcomes	Quality indicator (Level of evidence)
Conceição MR, Costa MR, Almeida MI, Souza AMA, Cavalcante MBPT, Alves MDS. <i>Qualidade de vida do enfermeiro no trabalho docente: estudo com o Whoqol-bref</i> . Esc. Anna Nery. 2012;16(2):320-325. ¹⁹	2012 Brazil	Quantitative cross-cohort n=38	There were no interventions performed	Global assessment of the Quality of Life of Nursing professors was considered good in all Higher Education Institutions. The domains of social relationships and the environment were the ones that presented relevant differences, in terms of negative and positive scores	Level 04
Cruz AMC, Almeida NG, Fialho AVM, Rodrigues DP, Figueiredo JV, Oliveira ACS. Perception of female Nursing professors about their quality of life. <i>Rev Rene</i> . 2015;16(3):382-90. ²⁰	2015 Brazil	Descriptive exploratory qualitative n=24	There were no interventions performed	Existence of quality of life, however, those who did not have it or had it partially, linked it to labor facts	Level 05
Mesquita LLS, Lopes MLH, Sardinha AHL, Sena LB, Galvão CS, Coutinho NPS. <i>Docência na Enfermagem: avaliação da qualidade de vida</i> . <i>Rev enferm UFPE on line</i> . 2016;10(1):128-36. ²¹	2016 Brazil	Quantitative exploratory cross-sectional cohort n=30	There were no interventions performed	There is interference in the professor's Quality of Life, especially when evaluated in the microcontext, and work activities have repercussions on personal life	Level 04
Owens J. Life balance in nurse educators: a mixed-methods study. <i>Nurs. Educ. Perspect</i> . 2017;38(4):182-188. ²²	2017 USA	Mixed Quantitative and Qualitative n=32	There were no interventions performed	The more balance in their lives educators have the more <i>compassion</i> for the <i>satisfaction</i> they have and the lower risk of Burnout	There is no level of evidence
Caveião C, Sales WB, Visentin A, Hey AP, Escalante MMB, Oliveira ES. <i>Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: em estudo com whoqol-bref</i> . <i>Rev. APS</i> . 2017;20(2):185-193. ²³	2017 Brazil	Qualitative descriptive exploratory cross-cohort n=44	There were no interventions performed	Good QoL, there are no significant differences between the Quality of Life of Nursing Professors in Public and Private Higher Education Institutions	Level 04

The definition of QoL in four studies followed that proposed by the WHO, according to which QoL is the “individuals’ perception of their position in life, in the context of the culture and value system in which they live and in their goals, expectations, standards, and concerns”.¹ One of the studies defined quality of professional life as the quality felt in working in a helping profession. The definition used is consistent with the type of assessment instrument adopted and with the generic concept of QoL.

The quality of life domains studied according to the data collection instrument used by each researcher was Social Relations (frequently in four studies); Psychological/Mental Domain (three studies) and Physical (three studies); Environment (three studies); and Labor Relations (two studies).

The studies also requested complementary data for the research. In four studies, the data corresponded to sociodemographic issues, and in one study in addition to sociodemographic issues, it pointed out data referring to professional issues (professional training, time since graduation, working hours, number of jobs, and number of teaching activities).

As for the methodological characteristics, three studies had a quantitative approach, one had a non-experimental cross-sectional cohort. One study had a qualitative approach and a mixed one. Four studies selected the sample in non-probability for convenience and one study did not specify how the sample selection was performed.

The samples had an average of 33.6 professors, whose ages were between 28 and 62 years, with a female as the

Table 2 - Profile of the work regime of teaching nurses, by study, 2020

Article name	ED*	Effective	Integral	Partial	Hourly	Assistant
<i>Qualidade de vida do enfermeiro no trabalho docente: estudo com o Whoqol-Bref</i>	-	-	-	-	-	-
<i>Percepção da enfermeira docente sobre sua qualidade de vida</i>	12	12	-	-	-	-
<i>Docência na Enfermagem: avaliação da qualidade de vida</i>	-	-	-	-	-	-
<i>Life Balance in Nurse Educators: A Mixed-Methods Study</i>	-	-	28	04	-	22
<i>Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: estudo com Whoqol-bref</i>	12	-	09	11	12	-

*ED = Exclusive Dedication

most prevalent gender and married ones. As for the work regime, the studies presented little information, which is heterogeneous, as presented in Table 2.

Only two studies presented information regarding teaching time, with a prevalence of professors with 10-20 years of experience. Regarding other work relationships, in the study “*Docência na Enfermagem: avaliação da qualidade de vida*”, of the 30 interviewees, 17 had no other relationship and 13 did. In the study “*Percepção da enfermeira docente sobre sua qualidade de vida*”, of the 24 interviewees, 12 were effective, of which four had three work relationships.

In Category 1 - Assessment of QoL through the Whoqol-bref, three studies were included: : “*Qualidade de vida do enfermeiro no trabalho docente: estudo com o Whoqol-Bref*” (n° 1)¹⁹, “*Docência na Enfermagem: avaliação da qualidade de vida (n° 2)*”²¹ and “*Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: estudo com Whoqol-bref*” (n° 3).²³

Studies number 1 and 3 compared tests between public and private HEIs, and study number 2 only carried out tests in federal public HEIs. In the self-assessment of QoL (question 1), the professors of public HEIs in the three studies rated it as good; on the other hand, the professors of the private HEIs were *neither good nor bad* in study number 1, and good in study number 3. As for the self-assessment of satisfaction with health (question 2), study number 1 did not present such data, and the other two studies had the highest satisfaction score in both groups.

As for the WHOQOL-Bref domains in study number 2, in general, the QoL of the professors had positive responses, with the domain of social relations having the highest average score, with 15.51, and the domain with the lowest mean score, 13.37, was the physicist. However,

only the analysis of the domains in isolation is capable of translating the determinants of QoL:

- **Physical domain:** factors with the lowest score were *sleep* (3.53), *activities of daily living* (3.87), *energy* (3.87), and *work capacity* (3.93); the ones with the highest scores were *mobility* (4.40), *pain* (4.10) and *treatment* (4.10).
- **Psychological domain:** factors with the lowest score were *enjoying life* (3.47) and *concentration* (3.77), and *negative feelings* (3.97). The higher scores were *life has meaning* (4.45), *self-esteem* (4.03), and *physical appearance* (4.00).
- **Domain of social relationships:** factor with the lowest score was *social support* (3.70) followed by *sexual life* (3.77) and with the highest scores were *personal relationships* (4.17).
- **Environment domain:** The lowest scores were *access to health services* (3.38) *financial resources*, *opportunities for new information*, and *leisure* (all with 3.47) followed by the *physical environment* (3.57), *physical security and protection* (3, 70), and with higher scores were *transportation* (4.33) and *home/housing environment* (4.23).

The study concluded that there is interference in the teacher’s QoL, especially when evaluated in the microcontext. We also found that work activities have an impact on personal life, revealing that the most affected *facets are sleep, enjoying life, social support, and access to health services*.

In study number 3, the QoL of the professors who obtained the highest score was the domain of *social relationships*, both in the public HEI (71.76) and in the private HEI (74.68), whereas the lowest score was the physical domain in both the groups (57.14 and 60.16, respectively). This study did not present isolated data, concluding that

there are no significant differences between the QoL of Nursing professors from public and private HEIs.

Study number 1, the last study that used the Whoqol-bref, identified that QoL in the domains of *social relationships* (satisfied and very satisfied with 77.8%) and *environment* (very, very good and satisfied with 69.4%), obtaining better percentages in the sum of the scores, while the *physical domain* (very good, good and completely 53%) and *psychological* (very/very good and completely satisfied 56.6%) obtained a median percentage close to percentages corresponding to bad evaluations of the score (47% and 43.4%, respectively).

The authors concluded that the global assessment of the QoL of the teaching nurses was considered good in all the HEIs, and the domains of *social relationships* and the *environment* were the ones that showed relevant differences in terms of negative and positive scores.

In Category 2 - Assessment of QoL through a semi-structured script, study number 4, "*Percepção da enfermeira docente sobre sua qualidade de vida*"²⁰, and number 5, "Life Balance in Nurse Educators: A Mixed-Methods Study" were analyzed.²²

In study number 4, a qualitative approach was used to assess QoL. Data organization took place through Minayo's Content Analysis, in the form of thematic analysis. From the data analysis, two categories and subcategories emerged:

- Defining quality of life for teaching nurses with subcategories of *life balance*, *good living conditions*, and *stress reduction*. Their definitions are: *life balance* is the balance between work and leisure; *good living conditions* focus on healthy habits (food, physical activity, financial resources, among others) and well-being and *stress reduction* is the time for work and leisure with family life.
- Investigating the existence of quality of life, subcategorized as *yes*, *no*, or *partially*. For the professors, the existence of QoL is related to satisfaction at work and profession, and this satisfaction includes the elaboration and implementation of plans.

Those who said they did not have QoL related the reduction in QoL after obtaining a doctorate and, concomitantly, with the increase in attributions at work. For those who justified it partially, most of the speeches, related to the double working day, both in the educational institution and in domestic activities.

The authors concluded that there is a quality of life for teaching nurses, but those who did not have it or had

it partially associated it with work factors. That is, QoL is directly related to activities at work, bringing a sense of well-being and satisfaction with life.

Finally, study number 05 is a mixed method study that used open questions (qualitative) and two instruments of closed questions (quantitative): the Professional Quality of Life Scale (ProQOL 5) and the Life Balance Inventory (LBI). Thus, it was not possible to categorize it. In the qualitative evaluation, six open questions were elaborated, from which four themes were derived: support, demands, workload, and personal time.

In the *support* theme, two points emerged: institutional support and support from the faculty (coworkers). As for institutional support, respondents reported that administrators do not understand the demands of Nursing. As for peers, there is a lack of willingness by the faculty to help define roles and provide guidance, especially for newer HEI members, who also report problems about bullying, incivility, and lack of respect from peers.

The theme *demands* identified that the variety of activities can lead to dissatisfaction with the teaching role and less satisfaction with compassion, with the aforementioned demands being: student expectation of teaching availability 24 hours a day, 7 days a week; student assessment (test); scholarship; research and extension activities; pressure to develop teaching activities while training; among others.

The *workload* theme was widely discussed by the interviewees, dealing with low salaries, teacher turnover, heavy workload, and clinical practice *versus* teaching models.

The theme of *personal time* was mentioned by all study participants, who pointed out that it is something that contributes to professional dissatisfaction. This was because they have difficulty managing personal time with teaching activities, directly affecting personal care, citing the teaching profession as stressful and that pressures within the department and management specifically contribute to the stress of the role.

Finally, Category 3 - Assessment of QoL by comparing ProQOL 5 and LBI included study number 5, "Life Balance in Nurse Educators: A Mixed-Methods Study"²². The Professional Quality of Life Scale (ProQOL 5) quantitative assessment instrument identified that participants had high levels of satisfaction for compassion (t-score of 57), that is, they have positive feelings about their work and feel that they perform their tasks well.

As for compassion *fatigue/burnout*, scores were relatively low (t-score of 53), suggesting that dissatisfaction

with work-related factors may affect the recruitment and retention of educators, rather than burnout.

In the *secondary stress* item, there was a high score (t-score 65) suggesting that they are at risk of difficulties in dealing with any trauma to which they are exposed during work, which can adversely affect their functional capacity and cause difficulties in sleeping.

In the Life Balance Inventory (LBI) instrument, participants scored as a moderately balanced life (with a mean score of 2.197) in the four subgroups: *health, relationships, change, and identity*. By correlating the two instruments (ProQOL 5 and the LBI), the author identified that there was a positive relationship between the LBI total life balance and *compassion satisfaction*. However, the categories of *compassion fatigue/burnout* and *secondary stress* showed negative relationships with the LBI total life balance.

Analyzing the instrument categories separately, we identified that the subcategories of life balance (LBI) *health, challenge, and identity* have a positive relationship with satisfaction with compassion and a negative relationship with *compassion fatigue/Burnout* and *secondary stress*, and only the *relationship* subcategory has a negative relationship only with *compassion fatigue/burnout*. The results of the total *life balance* score and the scores of its subcategories show that the more balance in their lives educators have, the more *compassion for the satisfaction* they have and the lower risk of Burnout. Finally, the authors conclude that the shortage of Nursing professors is a result of excessive workload, lack of support, low salaries, and lack of personal time, which reflects in professional dissatisfaction; however, there is still life balance.

DISCUSSION

This integrative review sought to identify and assess, in a descriptive way, the scientific evidence available in the literature on the QoL of teaching nurses in public and private HEIs, to present to the reader the level of evidence (quality) of the available works, as well as the identification of gaps for future research.

A reduced number of studies related to the theme were found (n=5). The studies that encompassed QoL were directed to the assistant nurse or Nursing students. As the study population was the teaching nurse, the object of the study was related to job satisfaction.

For the teaching-learning process to occur properly, the nurse professor needs balance in his personal and

professional life. Qualification in Nursing involves the development of skills and knowledge in hospital environments with people experiencing moments of pain and suffering. Therefore, the professor needs physical and psychological conditions to meet the needs of the student and the patient to guide and train his student and provide care and attention to the patient, evidencing the importance of a good QoL of the teaching nurse.

The studies found are authored by nurses linked to an HEI, and we believe that this is because of the concern for their health and its relationship with the quality of work. Teaching nurses in a higher education institution need constant improvement in their skills and knowledge to meet the demands of the scientific and academic environment. Furthermore, this professional is still inserted in a highly technological world, forcing him to master, in addition to technical-scientific knowledge, mastery in the use of new technologies, which makes this process even more challenging.^{13,24-26} Understanding the quality of life of the teaching nurse and seeking mechanisms for its improvement becomes essential for the development of a better quality teaching-learning process.

The classification of the level of evidence allows the health professional - in this case, the nurse - to make a critical assessment of studies, which will favor decision-making about their clinical practice more assertively and safely. In this integrative review, the studies were classified as evidence levels IV and V. At first, this level of evidence may lead us to the lack of strong evidence in this area. However, not all studies allow, in their methodology, randomized and controlled clinical studies, as they become unethical and, in this case, the question of the integrative review had non-experimental studies as the best study design.

The sum of participants in the 5 studies evaluated was 168 professors, of which 104 were linked to public HEIs, 32 to private HEIs, and 32 had no specification of the type of HEI, with a prevalence of female, married and ages ranging from 28 to 62 years old. In general, as identified in the Sense of Higher Education, there is a predominance of men in higher education teaching.²⁷ However, in Nursing, where 85.1% are women,²⁸ there is a female predominance in teaching in undergraduate Nursing courses. We also infer that Nursing and teaching are professions that come from within the family, linked to caring for and teaching children and family members. Even with the passage of time and modernization, we

still find female overload in the double shift of work and family.^{29,30}

Three studies used the Whoqol-bref, (“*Qualidade de vida do enfermeiro no trabalho docente: estudo com o Whoqol-Bref*”, “*Docência na Enfermagem: avaliação da qualidade de vida*” and “*Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: estudo com Whoqol-bref*”). This instrument was developed by the Quality of Life Group of the Division of Mental Health of the World Health Organization (WHO) composed of 26 items. The first two are for a general assessment of QoL (self-assessment of QoL and satisfaction with health) and the other 24 items are distributed in four domains: physical, psychological, social relationships, and environment.¹ The data were presented in a divergent way in all studies, making it difficult to analyze the results in detail.

In the question about the self-assessment of QoL (question 1), the Nursing professors identified the QoL as *good* in public HEIs and *neither good nor bad* and *good* in private HEIs, regarding satisfaction with health (question 2) in both educational modalities. The highest score was *satisfied*. In the evaluation of the other 24 items, two studies (“*Qualidade de vida do enfermeiro no trabalho docente: estudo com o Whoqol-Bref*” and “*Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: estudo com Whoqol-bref*”) presented the data categorized by the four domains (physical, psychological, social relationships and environment), and one presented the data in detail, presenting each component facet of each domain (“*Docência na Enfermagem: avaliação da qualidade de vida*”).

The domain of social relationships obtained the highest score, and the physical domain the lowest score in all studies. However, in the study that evaluated each facet in detail, it was possible to infer that the facets most affected in the teachers’ QoL were *sleep*, *enjoying life*, *social support*, and *access to health services*. The QoL of teaching nurses from public and private HEIs did not show significant differences.

One study used the ProQOL5 instrument and the LBI, identifying a negative relationship between total life balance and dissatisfaction with work-related factors, that is, professors are at risk of difficulties in dealing with trauma in the work environment, such as high workload, which can make it difficult to sleep. The study concluded that the more balance teachers have, the lower the chance of burnout risk.

In two studies there was a qualitative assessment and both identified the existence of QoL and balance in the population studied. Also, factors of excessive work and lack of personal time were identified as generators of dissatisfaction.

CONCLUSIONS

The synthesis of evidence showed that, in general, the QoL among Nursing professors is good, regardless of the type of Higher Education Institution (HEI) to which they are linked. However, there are factors that, when analyzed in detail, show low quality of life points, which directly influence the teacher’s life and work, such as difficulty sleeping, enjoying life, social support, access to health services, overwork, and lack of personal time. Such points need intervention, since, as they worsen, the general quality of life also tends to worsen.

The limitations of this study were related to the reduced number of studies in the area (n=5), as well as the divergent way in which the data are presented by the authors, making it difficult to analyze the results. Also, we suggest further research seeking to compare the QoL of teaching nurses before and after the pandemic to identify how much the change in teaching methodology and the anxieties regarding the possibility of contagion affect these professionals.

A discrepancy was also identified regarding the presentation of data when using the Whoqol-Bref instrument. We suggest research in the area to identify the best way to present such data. In this integrative review, we noticed that the detailed presentation of each facet was important to elucidate the affected points of QoL. Also, this review allows managers to visualize the main points affected by QoL and, consequently, the possibility of developing strategies to mitigate them.

Finally, this study brought up the deficiency regarding the training of nurses for teaching, pointing out the need for reflection and discussion in the HEIs for this need.

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