

# Quality of Life at Work for Nursing Professionals in the ICU of a Teaching Hospital

Qualidade de Vida no Trabalho de Profissionais de Enfermagem em UTI de Hospital de Ensino  
Calidad de Vida en el Trabajo de los Profesionales de Enfermería en la UCI de un Hospital Universitario

## RESUMO

**Objetivo:** Avaliar a Qualidade de Vida no Trabalho dos profissionais de enfermagem que atuavam em uma unidade de terapia intensiva de um hospital de ensino. **Método:** Estudo descritivo, realizado com 52 profissionais de Enfermagem que atuavam no setor de Terapia Intensiva Adulto. Utilizou-se para coleta de dados o instrumento QWLQ-bref. **Resultados:** O índice de qualidade de vida no trabalho, obtido entre os profissionais de enfermagem foi de 62,6%, sendo classificado como satisfatório pela escala QWLQ-bref. Em relação aos domínios, observou-se menor satisfação no domínio físico/saúde (52,3%) e maior satisfação no domínio pessoal (70,7%). No domínio físico, houve maior insatisfação em relação ao prejuízo do sono no trabalho (2,11), seguida da satisfação intermediária a respeito da avaliação do sono (3,25). **Conclusão:** Os achados oferecem subsídios relevantes para a gestão dos serviços de saúde, ao sinalizar a necessidade de intervenções institucionais voltadas à organização do processo de trabalho.

**DESCRITORES:** Qualidade de vida no trabalho; Profissionais de enfermagem; Unidade de terapia intensiva.

## ABSTRACT

**Objective:** To assess the quality of life at work of nursing professionals working in an intensive care unit of a teaching hospital. **Method:** Descriptive study conducted with 52 nursing professionals working in the Adult Intensive Care Unit. The QWLQ-bref instrument was used for data collection. **Results:** The quality of life at work index obtained among nursing professionals was 62.6%, classified as satisfactory by the QWLQ-bref scale. Regarding the domains, lower satisfaction was observed in the physical/health domain (52.3%) and higher satisfaction in the personal domain (70.7%). In the physical domain, there was greater dissatisfaction with sleep impairment at work (2.11), followed by intermediate satisfaction with sleep assessment (3.25). **Conclusion:** The findings offer relevant insights for health service management, signaling the need for institutional interventions aimed at organizing the work process.

**DESCRIPITORS:** Quality of life at work; Nursing professionals; Intensive care unit.

## RESUMEN

**Objetivo:** Evaluar la calidad de vida en el trabajo de los profesionales de enfermería que trabajaban en una unidad de terapia intensiva de un hospital universitario. **Método:** Estudio descriptivo, realizado con 52 profesionales de enfermería que trabajaban en el sector de terapia intensiva para adultos. Para la recopilación de datos se utilizó el instrumento QWLQ-bref. **Resultados:** El índice de calidad de vida en el trabajo obtenido entre los profesionales de enfermería fue del 62,6 %, lo que se clasificó como satisfactorio según la escala QWLQ-bref. En cuanto a los ámbitos, se observó una menor satisfacción en el ámbito físico/salud (52,3 %) y una mayor satisfacción en el ámbito personal (70,7 %). En el ámbito físico, se observó una mayor insatisfacción en relación con la pérdida de sueño en el trabajo (2,11), seguida de una satisfacción intermedia con respecto a la evaluación del sueño (3,25). **Conclusión:** Los resultados ofrecen información relevante para la gestión de los servicios de salud, al señalar la necesidad de intervenciones institucionales orientadas a la organización del proceso de trabajo.

**DESCRIPTORES:** Calidad de vida en el trabajo; Profesionales de enfermería; Unidad de terapia intensiva.

### Francisco Willian Melo de Sousa

Nurse. Master's student in Family Health at the Federal University of Ceará (UFC), in association with the Vale do Acaraú State University (UVA).  
ORCID: <https://orcid.org/0000-0001-9852-6526>

### Francisco Marcelo Leandro Cavalcante

Nurse. PhD student in Nursing at the University of International Integration of Afro-Brazilian Lusophony (UNILAB).  
ORCID: <https://orcid.org/0000-0001-6143-1558>

### Hiara Rose Moreno Amaral

Nurse. Master's student in Family Health at the Federal University of Ceará (UFC), in association with the Vale do Acaraú State University (UVA).  
ORCID: <https://orcid.org/0000-0003-4272-3357>

### Francisco Rosemiro Guimarães Ximenes Neto

Nurse. Postdoctoral fellow in Public Health at the Oswaldo Cruz Foundation (FIOCRUZ).  
ORCID: <https://orcid.org/0000-0002-7905-9990>

### Anny Caroline dos Santos Olímpio

Nurse. PhD student in Public Health at the Federal University of Ceará (UFC).  
ORCID: <https://orcid.org/0000-0002-3656-6001>

### Raila Souto Pinto Menezes

Nurse. PhD student in Collective Health at the State University of Ceará (UECE).  
ORCID: <https://orcid.org/0000-0002-2352-4777>

### Tiago Sousa de Melo

Pharmacist. PhD in Health Biotechnology from the Northeast Biotechnology Network (RENORBIO).  
ORCID: <https://orcid.org/0000-0002-7772-5283>

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## INTRODUCTION

The quality of life of nursing professionals working in Intensive Care Units (ICUs) is determined by a set of interrelated factors, ranging from the conditions and organization of the work environment to subjective aspects such as resilience, job satisfaction, and organizational culture. An integrated understanding of these elements is essential for pro-

moting the well-being of workers and improving care outcomes in highly complex contexts. Evidence indicates that favorable work environments, characterized by institutional support, adequate resources, and collaborative relationships, are associated with lower levels of burnout and greater satisfaction with compassion among ICU nursing professionals.

In the field of health, workers are exposed to multiple work-related risks (physical, chemical, biological, psychological, and organizational), which require the adoption of strategies aimed at preventing accidents and addressing work-related illness. In the case of hospital nursing, especially in ICUs, this exposure is exacerbated by working alternating shifts, long hours, excessive workloads, and low wages, creating a scenario conducive to physical and mental exhaustion.

When working conditions are inadequate, whether from a structural, organizational, staffing, or material availability and quality standpoint, health risks and negative repercussions on workers' lives are amplified.

From this perspective, Quality of Life at Work (QLW) emerges as a central construct for analyzing the labor process in health. The concept of QWL began to be discussed in the 1950s in England, associated with an understanding of the social and technical aspects of work, with the aim of reducing workers' suffering and promoting better working conditions. In addition, QWL is related to the influences that professional activities have on individuals' personal, social, and emotional lives.

In the ICU context, QWL is influenced by different variables, such as working conditions, interpersonal relationships, satisfaction with remuneration, recognition, and professional appreciation. These factors directly impact commitment to work,

productivity, and motivation, as well as aspects external to the work environment, including health, leisure, emotional state, and personal life. When these elements are insufficient, they have repercussions on occupational illness and the quality of care provided to clients.

In this context, specific organizational and work factors, such as the dynamics of the sectors, professional title, and frequency of night shifts, have a significant influence on quality of life at work, with direct repercussions on the physical and mental health of professionals.<sup>(7)</sup> Resilience stands out as an important psychosocial resource, capable of mitigating the effects of occupational stress, reducing burnout, and increasing satisfaction with compassion, explaining a significant portion of the variability of these outcomes. Complementarily, higher levels of job satisfaction are associated with a better quality of professional life, reinforcing the relevance of recognition, autonomy, and the meaning attributed to caregiving.

Given the above, the assessment of the QWL of nursing professionals is a strategic tool for health management, as it supports the development of interventions aimed at improving working conditions, strengthening job satisfaction and motivation, and improving the quality of care. Thus, the objective of this study is to assess the quality of life at work of nursing professionals working in an intensive care unit of a teaching hospital.

## METHODS

This is a cross-sectional study with a quantitative approach, developed in an adult ICU of a teaching hospital located in the northwest region of the state of Ceará. It should be noted that this investigation is part of a broader study entitled "*Working conditions and quality of life of nursing pro-*

*professionals working in intensive care units,*" from which the data analyzed in this study were extracted.

The study population consisted of 96 nursing professionals, stratified by professional category: 18 nurses and 78 nursing technicians. However, only 52 responded to the questionnaire, including 11 nurses and 41 nursing technicians. In this study, the following inclusion criteria were considered: being a nursing professional and having worked at the institution for six months or more. Regarding exclusion criteria: professionals who worked only in administrative roles.

Data were collected using the QWLQ-bref instrument, an adapted version of the Quality of Working Life Questionnaire-78 (QWLQ-78). This resource consists of 20 questions, subdivided into four domains: three questions on the psychological domain, four on the physical/health domain, four on the personal domain, and nine on the professional domain. The instrument's responses follow a *Likert* scale with the following classification: 1 - not at all, 2 - very little, 3 - somewhat, 4 - quite a bit, 5 - extremely. In turn, the overall assessment scale has a score range from 0 to 100, with the domains classified as follows: very unsatisfactory (0 to 22.5), unsatisfactory (22.5 to 45), neutral (45 to 55), satisfactory (55 to 77.5), very satisfactory (77.5 to 100).<sup>(9,10)</sup>

The questionnaire, as well as the Free and Informed Consent Form (FICF), was administered through the Google Forms® platform. Before applying the instrument, the researchers visited the *ICUs*, where they presented the research proposal to the nursing coordinators of the service and conducted a pilot test using non-probabilistic sampling with three nurses and five nursing technicians, who were randomly selected by the researcher to identify possible inadequacies and make adjustments to the collection in-

strument.

Data collection took place between June and August 2024. The data were tabulated and systematized in Microsoft Excel® 2013 spreadsheets and analyzed based on the Likert scale, as well as descriptive statistics. In addition, the QWLQ-bref assessment score (Cheremeta et al., 2011) was adopted.

The study complied with the guidelines and regulatory standards for research involving human subjects, in accordance with Resolution No. 466/2012.<sup>(11)</sup> In addition, the project was submitted to the Health Research Committee of the Inta University Center (UNINTA) and approved under Opinion No. 6,873,572 (CAAE: 80135824.1.0000.8133).

## RESULTS

The sociodemographic profile of the nursing professionals showed that they were mostly young, brown-skinned, and single women.

The quality of life at work index obtained among nursing professionals was 62.6%, classified as satisfactory by the QWLQ-bref scale, as illustrated in Figure 1. Regarding the domains, most were classified as satisfactory, except for the physical domain. Given this, lower satisfaction was observed in the physical/health domain (52.3%) and higher satisfaction in the personal domain (70.7%).

Figure 1. Work Quality of Life Results.

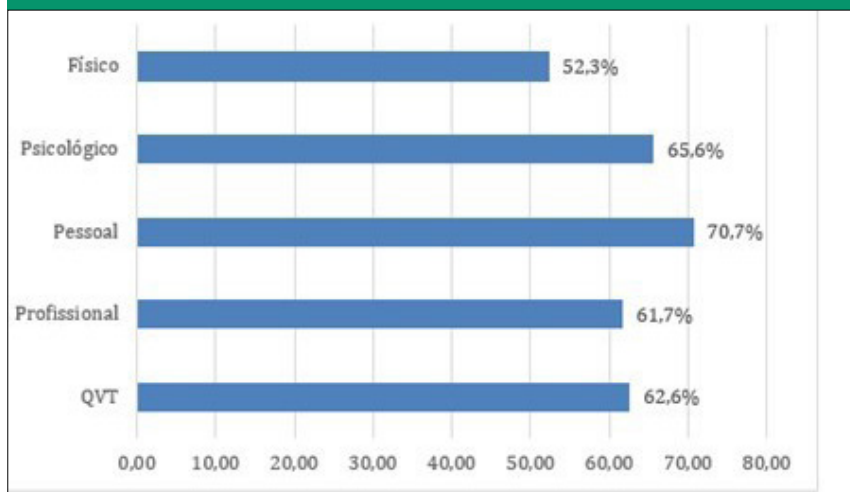


Figure 1 shows that the QWL of ICU nursing professionals presented a satisfactory overall index (62.6%) according to the QWLQ-bref parameters, indicating a positive overall assessment of the work context, even though it was permeated by tensions inherent to intensive work. Among the domains evaluated, greater satisfaction was observed in the personal domain (70.7%), followed by the psychological (65.6%) and professional (61.7%) domains, suggesting that aspects related to personal fulfillment, interpersonal relationships, professional identity, and meaning attributed to work function as important protective factors against the adversities of the ICU environment. In contrast, the physical/health domain had the lowest score

(52.3%), falling within the borderline range between neutral and satisfactory, which signals a critical zone of vulnerability.

Table 1 presents the descriptive statistical data for the QWL domains of nursing professionals, expressed through measures of central tendency, dispersion, and range. The analysis of these indicators allows us to understand the behavior of the average scores in each domain evaluated by the QWLQ-bref instrument, as well as the variability of the responses, enabling the identification of areas with greater and lesser stability in the professionals' perception of their quality of life at work.

Table 1. Descriptive data on quality of life domains.

| Domain        | Mean  | SD    | Covariance | Min   | Max   | Amp   |
|---------------|-------|-------|------------|-------|-------|-------|
| Physical      | 3,093 | 0,577 | 18,658     | 2,110 | 3,530 | 1,420 |
| Psychological | 3,627 | 0,429 | 11,833     | 3,190 | 4,210 | 1,020 |
| Person        | 3,823 | 0,410 | 10,727     | 3,400 | 4,380 | 0,980 |
| Professional  | 3,463 | 0,214 | 6,184      | 3,050 | 3,780 | 0,730 |
| QWL           | 3,501 | 0,226 | 6,459      | 2,110 | 4,380 | 2,270 |

Table 1 shows significant differences between the QWL domains, both in terms of average satisfaction levels and response variability, allowing us to identify areas of greater stability and greater vulnerability among ICU nursing professionals.

It can be observed that the personal domain had the highest mean (3.823), associated with low dispersion (SD = 0.410; coefficient of variation = 10.7%) and lower range (0.98), indicating a more homogeneous and consistent perception of satisfaction related to aspects such as personal fulfillment, interpersonal relationships, and social and family recognition. Next, the psychological (mean = 3.627) and professional (mean = 3.463) domains stand out, both with relatively low coefficients of variation, especially the professional domain (6.18%), which suggests greater consensus among participants regarding these aspects of QWL.

In contrast, the physical domain had the lowest mean (3.093), in addition to the highest relative variability (coefficient of variation = 18.7%) and high range (1.42), evidencing greater heterogeneity in perceptions and signaling a critical area of quality of life at work. This result indicates that physical and health conditions—such as sleep, fatigue, and comfort in the work environment—constitute the main axis of fragility of QWL in this context. The overall QWL index (mean = 3.501) showed low variability (CV = 6.45%), reinforcing a relatively stable and satisfactory overall assessment, but sustained unevenly across domains, with greater impairment in the physical component.

Table 2 shows the average scores for the questions that make up the QWL domains of nursing professionals, allowing for a more detailed analysis of the specific aspects that influence workers' perceptions. The item-by-item assessment makes it

possible to identify more sensitive dimensions of daily work, as well as those associated with higher levels of satisfaction, contributing to the un-

derstanding of the factors that sustain or weaken QWL in the context of the high complexity of care in the ICU.

**Table 2. Average scores for questions in the quality of life domains.**

| Domains       | Questions  | Averages |
|---------------|--|----------|
| Physical      | 1 - How would you rate your sleep?   | 3,25     |
|               | 2 - To what extent do sleep problems affect your work?   | 2,11     |
|               | 3 - Are your basic physiological needs adequately met?   | 3,48     |
|               | 4 - To what extent do you feel comfortable in your work environment?                             | 3,53     |
| Psychological | 5 - To what extent do you assess your motivation to work?  | 3,48     |
|               | 6 - How would you rate your freedom of expression at your work?                                  | 3,19     |
|               | 7 - To what extent do you assess your pride in your profession?                                  | 4,21     |
| Personal      | 8 - Do you feel fulfilled by the work you do?  | 4,05     |
|               | 9 - How would you rate the quality of your relationship with your superiors and/or subordinates? | 3,40     |
|               | 10 - To what extent does your family evaluate your work?   | 4,38     |
|               | 11 - To what extent are you respected by your colleagues and superiors?                          | 3,46     |
| Professional  | 12 - How do you rate your freedom to create new things at work?                                  | 3,52     |
|               | 13 - How would you rate the equality of treatment among employees?                               | 3,25     |
|               | 14 - To what extent are you proud of the the organization you work for?                          | 3,67     |
|               | 15 - To what extent are you satisfied with your level of participation in company decisions?     | 3,05     |
|               | 16 - Are you satisfied with your level of responsibility at work?                                | 3,55     |
|               | 17 - Are you satisfied with the training provided by the organization?                           | 3,59     |
|               | 18 - Are you satisfied with the variety of tasks you perform?                                    | 3,3      |
|               | 19 - How would you rate the camaraderie in your workplace?                                       | 3,78     |
|               | 20 - How satisfied are you with your quality of at work?   | 3,46     |

Table 2 reveals important evidence about the specific aspects that support or weaken the QWL of ICU nursing professionals, detailing the average scores for each item in the domains assessed by the QWLQ-bref.

In the physical domain, sleep consistently stands out as the main critical factor, since the question “to what extent does a sleep problem affect your work?” had the lowest average among all questions (2.11), indicating significant dissatisfaction. The assessment of sleep itself obtained an intermediate average (3.25), suggesting an ambiguous perception between recognition of the problem and adaptation to the conditions imposed by intensive work. In contrast, aspects such as comfort in

the work environment (3.53) and satisfaction of basic physiological needs (3.48) had more favorable scores, indicating that the fragility of the physical domain is concentrated especially in the repercussions of sleep on work performance.

In the psychological and personal domains, high scores were observed in items related to the meaning and value of work, with emphasis on pride in the profession (4.21), fulfillment with the work performed (4.05), and positive family evaluation of work (4.38), which are important protective factors for QWL. However, items associated with participation in organizational decisions (3.05), freedom of expression (3.19), and equal

treatment among employees (3.25) had lower averages, pointing to weaknesses in the participatory and democratic dimension of work. Overall, the results indicate that professionals' QWL is mainly sustained by subjective, identity-related, and relational elements, while organizational and physical factors, especially sleep, remain the main areas of vulnerability in the ICU context.

## DISCUSSION

The results of this study allow for reflection on the QWL of nursing professionals working in ICUs, highlighting the coexistence of protective elements and vulnerability factors in the post-COVID-19 pandemic work context. The integrated analysis of the overall QWL index, the domains evaluated, and the specific item scores reveals that, although QWL was classified as satisfactory, structural, organizational, and physical health-related weaknesses persist, especially with regard to sleep and work overload. The discussion of these findings, in light of national and international literature, provides an understanding of how working conditions, the organization of the care process, and subjective and relational aspects influence the work experience of nursing in highly complex environments, such as the ICU, and points to relevant implications for management, worker health, and quality of care.

In this context, the assessment of the QWL of nursing professionals working in the Adult Intensive Care sector reveals a complex interaction between stressors and available resources. In this regard, the quality of life of these professionals is often impacted by factors such as work environment, workload, professional recognition, interdisciplinary collaboration, and the prevalence of burnout.

The findings of the present study

indicated that, in most of the domains evaluated, QWL was considered satisfactory, as was the overall index. These results corroborate research conducted with nursing teams working in the Intensive Care Unit of a public hospital located in Manaus (AM), which showed satisfactory levels of QWL among professionals.

In contrast, a study conducted in the intensive care unit of a public hospital in Mérida, Venezuela, identified a regular quality of life among nurses. In addition, it was found that this level of quality is associated with severe burnout syndrome.<sup>(14)</sup> Another study conducted with nurses working in a hospital in Lisbon, in the context of the Covid-19 pandemic, showed dissatisfaction among professionals in relation to physical and emotional fatigue, sleep disorders, and weaknesses in continuing education in the workplace.<sup>(15)</sup>

The work environment has a significant effect on the physical and emotional well-being of professionals. In this conception, the workplace can play a role in promoting a healthy nursing workforce by ensuring the participation of the nursing team in decision-making, the availability of adequate personal and material resources, and the encouragement of collaborative work.<sup>(16)</sup> Thus, the work environment is a determining factor: collaborative environments with authentic leadership, effective decision-making, and meaningful recognition are associated with greater satisfaction and less burnout.<sup>(17,18)</sup>

The Covid-19 pandemic, considered a global health crisis, has had a significant impact on the quality of life of healthcare professionals, especially nursing staff. Mental disorders such as anxiety, depression, stress, and burnout have become frequent among professionals, and the increase in these cases has been mainly due to the effects of the pandemic. Given

this, the quality of life of nursing professionals in the ICU has proven to be unsatisfactory, with direct repercussions on their emotional and professional quality of life.

When stratifying the overall QWL index by domains, greater satisfaction was observed among participants in the personal domain. This domain refers to "family aspects, personal and religious beliefs, and cultural aspects that influence the work of employees."<sup>(9)</sup> A similar result was identified in a study conducted with employees of a philanthropic hospital, including nursing professionals, located in Paraná (PR).<sup>(20)</sup>

On the other hand, the physical/health domain had the lowest score, characterizing a neutral satisfaction index. In view of this, issues related to sleep were determining factors for this result. Thus, it was found that there was greater dissatisfaction with regard to sleep impairment at work, followed by intermediate satisfaction with regard to sleep assessment.

Sleep is a basic human need, which acts to restore and regulate the body and influences the health and well-being of nursing professionals. When this need is impaired, it causes important health implications, such as fatigue, stress, mood swings, and attention deficit, for example. Furthermore, in the long term, it triggers gastrointestinal and circulatory diseases.<sup>(21)</sup>

Studies show that nursing professionals have poor sleep quality. This is due, among other factors, to work overload, night shifts, cognitive demands, and multiple employment relationships.<sup>(23)</sup> In the COVID-19 pandemic scenario, these impairments to sleep quality have been intensified due to the high workload, especially in the ICU, with the increase in the number of COVID-19 admissions in this sector.<sup>(24)</sup> Therefore, impaired sleep quality, in addition to its repercussions

on physical, mental, emotional, and social well-being, is reflected in an increased risk of workplace accidents and a decline in the quality of care provided to patients. <sup>(25)</sup>

Given the highly complex and demanding nature of ICU care, the QWL of nursing professionals is central to the sustainability of care. A welcoming work environment with favorable working conditions, healthy interpersonal relationships, adequate sleep quality, professional recognition, and job satisfaction are essential aspects for promoting QWL in this setting. <sup>(13)</sup> From this perspective, quality of life at work involves creating, maintaining, and improving the work environment, both in terms of physical conditions—such as hygiene and safety—and psychological and social dimensions.

## CONCLUSION

The results of this study show that the QWL of nursing professionals working in ICUs presented a satisfactory overall index, indicating a positive perception of the work context in the post-COVID-19 pandemic period. The personal, psychological, and professional domains stood out as protective factors, especially those related to job satisfaction, pride in the profession, family support, camaraderie, and the meaning attributed to caregiving. In contrast, the physical/health domain was the main axis of vulnerability, with emphasis on the negative impact of sleep disorders on professional performance, highlighting the persistent repercussions of work intensification, long hours, and night work in the ICU context.

In terms of contributions to practice, the findings offer relevant insights for health service management,

signaling the need for institutional interventions aimed at organizing the work process, managing schedules, promoting worker health with an emphasis on sleep quality, and strengthening strategies for continuing education, welcoming, and professional appreciation. As for weaknesses, we highlight the cross-sectional design, the small sample size, and the fact that the study was conducted in a single teaching hospital, which limits the generalization of the results. Nevertheless, the study contributes significantly to the understanding of QWL in nursing in highly complex care environments, reinforcing the importance of continuous assessment of working conditions as a strategic tool for promoting worker health and improving the quality of care.

## Referências

1. Ayed A, Abu Ejheisheh M, Aqtam I, Batran A, Farajallah M. The relationship between professional quality of life and work environment among nurses in intensive care units. *Inquiry*. 2024;61:1-9. doi:10.1177/00469580241297974.
2. Galon T, Navarro VL, Gonçalves AMS. Percepções de profissionais de enfermagem sobre suas condições de trabalho e saúde no contexto da pandemia de COVID-19. *Rev Bras Saude Ocup*. 2021;47:ecov2. doi:10.1590/2317-6369/15821PT2022v47ecov2.
3. Dejours C. *A loucura do trabalho: estudo de psicopatologia do trabalho*. 6ª ed. São Paulo: Cortez-Oboré; 2015.
4. Souza TPM, Ribeiro AC, Teixeira KR, Valim MD, Souza MRC. Qualidade de vida no trabalho entre trabalhadores da enfermagem no espaço do hospital. *Texto Contexto Enferm*. 2023;32:e20230062. doi:10.1590/1980-265X-TCE-2023-0062.
5. Soares D, Ribeiro LA, Macedo GB, Souza Neto MA, Nogueira SM. Qualidade de vida dos profissionais de enfermagem na unidade de terapia intensiva no centro-oeste goiano. *Rev Eletron Fac Ceres*. 2021;10(1):184-200.
6. Oliveira ES, Oliveira JS, Carmo EA, Ribeiro IJS, Cardoso JP, Nery AA. Qualidade de vida de enfermeiros de unidades de terapia intensiva. *Rev Eletron Acervo Saude*. 2023;23(9):e14137. doi:10.25248/reas.e14137.2023.
7. Hu H, Zhou H, Geng J, Zhang L. Current status and influencing factors of the quality of work life of nurses in intensive care unit. *Yangtze Med*. 2020;4(3):183-192. doi:10.4236/ym.2020.43018. Moon SJ, Jang HJ. Factors influencing professional quality of life in intensive care unit nurses of university hospitals. *J Korean Crit Care Nurs*. 2022;15(3):23-36. doi:10.34250/jkccn.2022.15.3.23.
8. Moon SJ, Jang HJ. Factors influencing professional quality of life in intensive care unit nurses of university hospitals. *J Korean Crit Care Nurs*. 2022;15(3):23-36. doi:10.34250/jkccn.2022.15.3.23.

9. Cheremeta M, Pedroso B, Pilatti LA, et al. Construção da versão abreviada do QWLQ-78: um instrumento de avaliação da qualidade de vida no trabalho. *Rev Bras Qual Vida*. 2011;3(1):1-15.
10. Lima GKM, Gomes LMX, Barbosa TLA. Qualidade de vida no trabalho e nível de estresse dos profissionais da atenção primária. *Saude Debate*. 2020;44:774-789.
11. Brasil. Ministério da Saúde. Portaria nº 1.823, de 23 de agosto de 2012. Institui a Política Nacional de Saúde do Trabalhador e da Trabalhadora. Brasília (DF): Ministério da Saúde; 2012.
12. Silva RM, et al. Síndrome de burnout em profissionais de enfermagem de unidades de terapia intensiva. *Rev Bras Enferm*. 2020;73(Suppl 1):e20190319. doi:10.1590/0034-7167-2019-0319.
13. Lima IS, Barreto DM. Absenteísmo por COVID-19 em profissionais de enfermagem de unidade de terapia intensiva. *Enferm Foco*. 2024;15:e202402. doi:10.21675/2357-707X.2024.v15.e-202402.
14. Quijada-Martínez PJ, Cedeño-Idrogo IR, Terán-Ángel G. Quality of professional life and burnout of the nursing staff at an intensive care unit in Venezuela. *Invest Educ Enferm*. 2021;39(2):e08. doi:10.17533/udea.iee.v39n2e08.
15. Fernandes MNP, Stefani SR, Zampier MA, Brito LC. Qualidade de vida no trabalho dos enfermeiros de um hospital privado em Portugal no contexto da pandemia da COVID-19. *Economia Gestao*. 2023;23(65):99-118.
16. Phillips LA, Santos N, Ntanda H, et al. The impact of the work environment on health-related quality of life of licensed practical nurses: a cross-sectional survey across four work settings. *Health Qual Life Outcomes*. 2022;20:44. doi:10.1186/s12955-022-01951-9.
17. Pun BT, Jun J, Tan A, et al. Interprofessional team collaboration and work environment health in 68 US intensive care units. *Am J Crit Care*. 2022;31(6):443-451. doi:10.4037/ajcc2022546.
18. Ni W, Xia M, Jing M, Zhu S, Li L. The relationship between professional quality of life and work environment among ICU nurses in China: a cross-sectional study. *Front Public Health*. 2023;11:1104853. doi:10.3389/fpubh.2023.1104853.
19. Cecere L, Novellis S, Gravante A, et al. Quality of life of critical care nurses and impact on anxiety, depression, stress, burnout and sleep quality: a cross-sectional study. *Intensive Crit Care Nurs*. 2023;79:103494. doi:10.1016/j.iccn.2023.103494.
20. Brida RL, Oliveira DV, Nascimento Junior JRA, Silva RM, Massuda EM. Qualidade de vida de trabalhadores de instituição hospitalar: avaliação pelo QWLQ-bref. *Temas Saude*. 2021;21(6):1-15.
21. Praxedes, M.F.S. (2024). *Ciência, cuidado e saúde: contextualizando saberes, v.3 - Guarujá-SP: Científica Digital*. In: Santos, A.L.M., Missaci, J.M., Paula, D.C., Praxedes, M.F.S. & Azevedo, Santos ALM, et al. Qualidade de sono da equipe de enfermagem de um centro de terapia intensiva. *Cienc Cuid Saude*. 2024; 3:123-135.
22. Cattani NA, Silva RM, Beck CLC, Miranda FMD, Dalmolin GL, Camponogara S. Repercussões do trabalho noturno na qualidade do sono e saúde de trabalhadores de enfermagem. *Texto Contexto Enferm*. 2022;31:e20210346. doi:10.1590/1980-265X-TCE-2021-0346.
23. Gonçalves TF, Frazão JM, Galvão MM, Souza BR, Tavares JB, Ferreira IP. Sono e sonolência de profissionais de enfermagem de um hospital regional no interior paraense. *Res Soc Dev*. 2023;12(9):e8612943268. doi:10.33448/rsd-v12i9.43268.
24. Neto FRGX, Silva LLS, Pereira MF, et al. Qualidade do sono, descanso noturno e adoecimento de técnicos de enfermagem. *Enferm Foco*. 2024;15:e2024164.
25. World Health Organization. Programme on mental health: WHOQOL user manual. Geneva: World Health Organization; 2012