



## Perception of female nursing professors about their quality of life\*

Percepção da enfermeira docente sobre sua qualidade de vida

Percepción de la enfermera docente acerca de su calidad de vida

Amanda Miranda Cruz<sup>1</sup>, Natália Gondim de Almeida<sup>1</sup>, Ana Virgínia de Melo Fialho<sup>1</sup>, Dafne Paiva Rodrigues<sup>1</sup>, Juliana Vieira Figueiredo<sup>1</sup>, Adriana Catarina de Souza Oliveira<sup>1</sup>

**Objective:** to describe the perception of female nursing professors about their quality of life. **Methods:** descriptive exploratory study with a qualitative approach, performed at a public university, with 24 nursing professors, using semi-structured interviews to obtain the data. Speeches were recorded, transcribed and analyzed by Minayo's categorical analysis, with the categories: defining quality of life by female nursing professors and checking the existence of quality of life. **Results:** perceptions were related to balance in life, good conditions of life and stress reduction. It proved the existence of quality of life for most of them, and for those who did not have it or had it partially one mentioned problems related to the environment or to the working hours. Quality of life was related to well-being and to a sense of life satisfaction. **Conclusion:** quality of life of female nursing professors both in the workplace and in their personal lives stem from several factors, involving environment and interpersonal relationships.

**Descriptors:** Quality of Life; Faculty, Nursing; Education, Higher.

**Objetivo:** descrever a percepção de enfermeira docente sobre sua qualidade de vida. **Métodos:** estudo exploratório descritivo, com abordagem qualitativa, realizado em uma universidade pública, com 24 docentes de enfermagem, utilizando entrevista semiestruturada para obtenção dos dados. Falas gravadas, transcritas e analisadas pela técnica de Análise Categorial de Minayo, com as categorias: Definindo a qualidade de vida pela docente de enfermagem e Averiguando a existência da qualidade de vida. **Resultados:** as percepções se relacionaram ao equilíbrio na vida, boas condições de vida e redução de estresse. Revelou-se existência da qualidade de vida pela maioria, e quem não possuía ou a detinha de forma parcial relacionaram problemas ao ambiente ou carga horária do trabalho. Qualidade de vida foi relacionado à sensação de bem-estar e satisfação com a vida. **Conclusão:** qualidade de vida dos docentes de enfermagem tanto no ambiente laboral como pessoal, decorrem de inúmeros fatores, envolvendo ambiente e relações interpessoais.

**Descritores:** Qualidade de Vida; Docentes de Enfermagem; Educação Superior.

**Objetivo:** describir la percepción de enfermera docente acerca de su calidad de vida. **Métodos:** estudio descriptivo, exploratorio, cualitativo, en una universidad pública, con 24 docentes de enfermería, a través de entrevista semiestructurada para obtener datos. Hablas fueron grabadas, transcritas y analizadas por análisis categórico de Minayo, con las categorías: Definición de Calidad de Vida por la docente de enfermería y Determinar la existencia de la Calidad de Vida. **Resultados:** percepciones estaban relacionados al equilibrio en la vida, buenas condiciones de vida y reducción del estrés. Había Calidad de Vida para la mayoría, y que no tenía o mantenía parcialmente problemas relacionados con el medio ambiente u horas de trabajo. La Calidad de Vida estuvo relacionada con bienestar y satisfacción con la vida. **Conclusión:** La calidad de vida de docentes de enfermería, en el ámbito laboral y personal, se deriva de varios factores, relacionados con medio ambiente y relaciones interpersonales.

**Descritores:** Calidad de Vida; Docentes de Enfermería; Educación Superior.

\*Article extracted from the project: Quality of life de women who are nursing professionals, presented at the nursing undergraduate course from the State University of Ceara [Universidade Estadual do Ceará], 2013.

<sup>1</sup>Universidade Estadual do Ceará. Fortaleza, CE, Brazil.

Corresponding author: Amanda Miranda Cruz  
Rua Eduardo Garcia, 1048, apto 301, CEP: 60150-100. Fortaleza, CE, Brazil. E-mail: amandamirand@hotmail.com

## Introduction

By the end of the 19<sup>th</sup> century, women had the stereotype of being the weaker gender and that they should be submissive to men, housewives and children's caretakers, not being able to work outside because of a patriarchal culture. Changes have occurred over the years with changes in this former reality.

Women have started their production at work in this new contemporary society, although they have specific needs from their gender, getting into a social, cultural and economic context that overlaps the reproductive function, being active citizens in the economic production<sup>(1)</sup>.

Thus, the presence of women in the labor market determined changes in family and social structures, as they are part of families' subsistence and organization, contributing to the socioeconomic aspects shaped by globalization. With these changes, besides having in society a function in the labor market, they took on multiple roles in modern life: mothers, wives and home owners. These facts make them burdened by the accumulation of functions that consequently lead them to emotional stress.

Among numerous activities within society there is the caregiver role (of old people, children and sick people), being directly related to nursing, and to the teacher's role, for making reference to the responsibility of educating<sup>(2)</sup>. Women got jobs compatible with skills that characterized the female role, therefore, as nurses and professors, one points up the role of educator both at home and at schools and universities.

Regarding nursing, the art of taking care, it strives for health care, the need for nurses who teach and help others to learn is continuous because of constant changes in the health system. For this function nurses must understand principles and processes of teaching and learning to be able to take on responsibilities of professional practice in an efficient and effective way<sup>(3)</sup>.

It is noticed, however, that for the development of higher education in nursing there was a stricter rigour concerning research. One sought to develop a practice based on investigation, which required higher commitment of professors towards universities, distancing these professionals from assistance and clinical activities in support of research funding. However, nursing, to develop as a profession requires educators involved in clinical practice, involving research, teaching and care<sup>(4)</sup>.

Some professors, however, continue to exercise care and teaching activities, spending countless working hours with responsibility to attend meetings, represent boards, committees and subcommittees. In addition, they participate in the preparation of scientific publications, events, presentation of studies, among others<sup>(5)</sup>. All these activities can overload professionals affecting their personal and professional lives and consequently affecting their quality of life at work and their health.

About quality of life, the Group World Health Organization Quality of Life (WHOQOL) establishes a broad concept defining it as "an individual's perception of their position in life in the context of culture and systems of value in which they live and in relation to their goals, expectations, standards and concerns"<sup>(6:1405)</sup>.

Complementing this concept, "the quality of life of an individual can be reached from the obtention of satisfaction and personal, professional and social fulfillment, etc."<sup>(7:636)</sup>, which is critical to achieving harmonious relationships in the workplace. This justifies the need to know the perception of nursing professors about their quality of life, given that it is a multidimensional concept that may influence their professional development. Moreover, the perception of quality of life might indicate vulnerability factors, which will enable the development of strategies for improving the quality of life of these professionals

Given these facts, this question arose: What is the perception of nursing professors about their quality of life? Thus, the objective of this study was to

describe the perception of nursing professors about their quality of life.

In this context, the relevance of the study is the possibility of transmitting to the scientific community information about aspects of the quality of life of nursing professors, as these professionals are responsible for the scientific education and training of people who will take care of other human beings, needing a good quality of life for the efficient and effective performance of their activities.

## Method

Exploratory and descriptive study with a qualitative approach, developed in a public institution of higher education in Fortaleza-CE. The nursing faculty consists of 42 professors, with 10 adjunct and 32 tenured professors, among them, two men.

One elected female tenured nursing professors, both in exclusive dedication, and those who worked in the assistance and management area, with minimum time of teaching experience of one year in the institution as inclusion criteria. And exclusion there were: being a male nursing professor; on vacation, leave or away for other reasons; with temporary contract; with a workload of less than 40 working hours per week. As explained above, 24 professionals participated in the study.

The data were collected in May 2013, with semi-structured interviews. The script contained socio-demographic data: age, marital status, number of children; professional data: vocational training, time after graduation, working hours, number of jobs and number of activities in teaching, and subjective questions concerning the object of study, namely: What is quality of life for you? Do you have quality of life?

Interviews in the university mentioned, individually, after consent and scheduling so that there would be no impairment in the academic activities. They were held in a private atmosphere, attending the professional's privacy, and recorded for later reliable

transcription of the speeches.

Organization of data was based on Minayo's categorical analysis through a pre-analysis (with mapping of meanings attributed by subjects to the guiding questions of the interview); analysis of the expressed and latent sense (coding, identification of meaning nucleuses with aggregation of content, ie, portions or phrases considered representative for theoretical or empirical categorization); final analysis of the information with the preparation of central themes through the synthesis of empirical categories, and subsequent inference and interpretation of the themes, discussed by the reflections of researchers, supported by the literature about the subject<sup>(8)</sup>. In order to maintain anonymity in the interviews, participants were identified by the letter "P", which means professor, followed by cardinal numbers, omitting their real names as precepts of ethics in research.

This study is part of the project: Quality of Life of Female Nursing Professionals, developed in the Research Group about Women's Health and it was approved by the Research Ethics Committee of the State University of Ceará.

## Results

The study included 24 female nursing professors, aged from 41 to 50 years old (10), married (13) and who had one or three children (seven). Regarding their occupational information, they had a doctorate degree (15) and post-doctoral studies (five). Referring to the time after graduation, they had between 26 and 30 years of graduation (nine). When it comes to working hours, they worked 40 hours per week (13). Regarding their working contract, they had exclusive dedication to the university (12) and had three working links (four). It was noted that working hours and number of working links alter professionals' quality of life.

With regard to subjective questions: What is quality of life for you? For fourteen of them it was

related to “life balance”. For eight of them it would be having “good living conditions” involving healthy habits of life and well-being. One of them emphasized the “subjectivity” of the theme and only one reported that the concept is associated, beyond life balance, to reduced stress.

When asked about: Do you think you have quality of life? Some of them said yes (14), despite the adversities experienced in daily life. However, some of them reported not having it (four), mainly due to the demands of labor activities. There were reports (six) about a partial quality of life phenomenon, also mentioning work as a major cause of this fact.

From the speeches one elaborated two categories: Defining quality of life by nursing professors, emerging the subcategories “balance of life”, “good living conditions” and “stress reduction”; and verifying the existence and quality of life, categorizing as “yes,” “no” or “partially”.

### Defining quality of life by nursing professors

From the speeches came the idea that quality of life is related to “balance of life”. *For me quality of life is distributing my time well, balancing my professional and leisure activities (P1). It is achieving balance in life in the spiritual, social, psychological, and affective dimension, in my family, at work, in my social life. So, it is being able to manage all these dimensions harmoniously so I can have that quality. ... It is not overriding my life over work, having leisure and moments of rest (P19).*

It was also linked to having “good living conditions” with healthy habits of life and well-being. *For me it is having a life with satisfaction, a pleasant life, with health, with minimum living conditions, housing, living well, eating well, having financial resources to meet one's needs and having a warm, family environment (P14).*

Quality of life besides having interference in “good living conditions” is perceived as a subjective concept. *It is when one has associations of life conditions, maintaining a lifestyle that we can call healthy such as healthy eating habits, physical activity and especially spiritual welfare, feeling well with oneself and with others. ... This is very subjective (P22).*

In addition, it is connected with balance in life and to “reduction of stress”. *It is having tranquility, having time to do one's work and leisure activities, being with one's family, having a reduced level of stress ... (P12).*

### Verifying the existence of quality of life

When participants were asked if they had quality of life, they replied in an affirmative way. *I think so. I think as far as possible from the difficulties we find in the external world such as violence, political issues that nowadays are very complicated. I think I try to find a way to build my quality of life (P18).*

Out of these, some of them tried to achieve this value, due to the reorganization of their way of life, seeking health and well-being. *I think that nowadays I have it. It has already been very hard, it took me a long time to have quality of life, I faced many difficulties. I had to give up on some things and outlined a way of life that I consider that makes me happy ... (P10). Nowadays I think I'm succeeding, I'm getting there. About six months ago I went through a stress problem. From that moment on I began to review my position, I started to look at life differently, to distribute my time better... (P12).*

For female nursing professors, the existence of quality of life is related to satisfaction with their work and their profession. *I think so (laughs), because I can do things within the university that give me pleasure. Then, quality of life would also be this satisfaction that gives me pleasure in what I do ... (P11).*

It is noteworthy, however, that having quality of life is believing in something that is considered better to live, thus individuals say they are different concerning how to live, but similar concerning their species. This aspect, therefore, is subjective as it varies with precepts of each human being. Associated with satisfaction, one includes the preparation and implementation of plans, as an important factor for personal fulfillment. *It is having time to do the things one loves. It is being able to do all the things one plans to do during the semester, throughout the day and those one manages to do and that really gives a sense of accomplishment in the end of the semester (P15). ... I think it is, due to the things I do, to devote most of my time to things that give me pleasure or that give meaning to me, that give me desire, which*

*are part of what one understands of life, because not having quality of life is to do something that does not have meaning for you (P18).*

A female nursing professor, who reported not having quality of life, linked this fact to her obtaining a doctorate degree in nursing, which reverberated in more intense daily activities, overload of activities at the university, which harmed her quality of life. *Look, in recent times quality of life has been greatly reduced, especially after a doctorate degree, when one comes back to the university and has a number of assignments to take in daily life ... (P3).*

There was a report that while performing some healthy lifestyle habits, their quality of life is impaired because home activities are exhaustive tasks. *No, I don't think I have quality of life because even practicing what I said previously, as a good diet and pilates, I don't have a good quality of life, because at the moment I don't have a maid and I work a lot, both in the professional and in the home tasks (P7).*

In this line, one of them reported that her intense professional workload is causing the lack of quality of life, having to reconcile with family responsibilities. *Of course not (laughs)! Of course not! I don't have it. This is due to a number of functions that I have such as an intense workload of 70 hours/week, I also have my family life that also requires a lot from me... (P15).*

Six of them reported having partial quality of life, mentioning work and habits of daily lifestyle as the cause for this. *Partly because due to the working hours mainly as a professor we take a lot of work home. This habit of taking work home ends up harming our personal life. Our sleeping time is harmed... (P17). I think that my quality of life is not appropriate to that. So that it fits my balance condition there are some factors: a reduction in working hours, adequate food, what I have corrected a lot and I have noticed beneficial results because I noticed my health is much better. Another thing is physical activity that I have maintained almost continuously, because at times I do it ... (P16).*

## Discussion

Age group of adults from 41 to 50 years old, and the number of children with one or three, reveals disagreement with another study, also performed in a similar environment, which showed participants from

the age group of 51 years old or more, 38.5% and with two children, 30.8%.

However, regarding marital status, there were similarities<sup>(9)</sup>, 84.6% were married, resembling the profile found in the study that follows.

Nursing professors consider that when children reach adolescence or adulthood they do not require monitoring of daily care. Married professors reported that, in addition to committing themselves to work, they had to take care of their homes, their children and their husbands.

Adolescence, however, is a transition phase of individuals that evolves from dependence to the condition of personal autonomy. It is important at this stage, mothers' daily monitoring, as it is the period when individuals start their views and ideologies about aspects of life<sup>(10)</sup>.

It denotes that adolescence is a time of new responsibilities and perspectives about life, agreeing with the speeches reported, since that period requires maternal support due to the questions and problems that usually come up.

One unveiled in this study that 60% of the professors hold doctorate degree and 21.8% PhD. Competitiveness and search for better quality and productivity at work have required better professional qualifications, at institutions and companies, and training through graduate studies, which is responsible for improving the quality of education<sup>(11)</sup>. Technological breakthrough stimulates the labor market to demand more qualified professionals, hampering their personal life and consequently their family relationships<sup>(7)</sup>.

It is clear, therefore, that the innovations and difficulties encountered in the labor market have allowed professionals to deepen knowledge and to learn skills and competencies that emerged with modernization to promote a better quality of teaching required by universities. Correspondingly, the consequence is that such aspects caused more hours of dedication to be developed, jeopardizing the availability to family relationships, which may

compromise the quality of life.

Nursing professors are in the age group between 41 and 50 years old and have academic experience of at least 10 years<sup>(12)</sup>, coinciding with the group in analysis. These characteristics reveal how experienced these professionals are in the institution, and the commitment and interest they have towards teaching.

As to their professional profile, their time of completion of undergraduate course is between 26 and 30 years, which is consistent with a research<sup>(9)</sup> in which public institution professors have 21 years or more after graduation, 53.8% and in private universities they have 11-15 years after graduation 37.5%. Evidence shows that there is a dichotomy between the time of course completion at public and private universities, since public university professors are more experienced.

It was observed in this study that out of the 24 participants, 12 were hired under exclusive dedicaton. This corroborates scientific evidence<sup>(9)</sup> that nursing professors who work at public universities have no other employment 97.4%, have exclusive activity and at private universities, 31.3% have other types of employment in health institutions with working hours of 21 to 30 hours per week. It means that possibly these professors get tired because of their jobs, occupying hours of rest and recreation, what can compromise their quality of life.

It is emphasized a concern with professors who have more than one job, as they teach from two to four different subjects, which are mostly theoretical and practical. Staying in the same subject contributes to a better understanding and content domain, contributing to the development of teaching skills and professional competence<sup>(13)</sup>.

Findings that emerged from the survey allowed one to compare them to the previous fact, because for participants with several jobs, having more than one job is not considered unfavorable, since the need is to seek greater income for their benefit and for their family needs, providing goods and services. One

notices that having more than one job as alluded to in the study<sup>(11)</sup> may cause sensitive discomfort, decrease functional capacity and affect mental health.

In line with what was shown above, people with more than one job have harmed quality of life, because it is perceived interferences in their physical, spiritual and psychological dimensionalities.

Due to the arguments, one emphasizes the need to reflect and seek the best for themselves, knowing that quality of life is defined by the welfare state and because of the complexity, multidimensionality and subjectivity of the concept unveiled in this study, it was necessary to understand the perception of the interviewees relating them to the conduction of their personal and professional activities.

Quality of life has conceptions of individual experiences, linked to situations of influence and interdependence, that human beings have with space, territory or environment among themselves<sup>(14)</sup>.

It is related to the need of balance in routine activities of individuals' everyday life, as inferred in the speeches, in a harmonious plan in the biopsicosocioespiritual dimensions. It is understandable thus, as stated by a study<sup>(7)</sup> conducted with nurses that quality of life crosses elements essential to human life: balanced life and that promotes wellness, agreeing with the facts revealed.

Having good living conditions is to achieve satisfaction of needs and to live pleasant experiences, with the right to health, housing, food and income. There is a need for human beings to achieve a decent life, with minimum conditions of survival they have the right to. The concept of quality of life is also linked to the need for material goods, among other aspects mentioned of human experience<sup>(7)</sup>.

The complexity and subjectivity of the theme allow one to relate quality of life with several aspects that are related to individuality and to all kinds of relations to which it is destined, whether in a social, economic or political environment. The construct also earns interest for society and scholars, particularly anthropologists, sociologists and health professionals,

by inferring positive and negative impacts in many different environments.

It is claimed that quality of life and the search for its improvement are an endless search of human beings<sup>(15)</sup>. This statement brings the need of better living conditions, with victories over everyday adversities.

The definition of quality of life is also related to stress commonly linked to a professional life with intense workload<sup>(16)</sup>. Interest in reducing stress is circumstantial to an individual who intends to have good quality of life, because it depends on their welfare state. Stress is associated with feelings that trigger physical and emotional reactions, causing discomfort, being related to an individual perception of a human being about his experience<sup>(17)</sup>.

There is evidence that the numerous changes that have developed at work throughout history, have increased stress in women. This feature may be related to personal factors, such as having a schedule of working 40 hours weekly and having full-time dedication more frequently than for men who work in this field<sup>(11)</sup>.

Moreover, this overwork together with the pressure at work related to intense activities and schedule to be followed, as well as demands with guidance, projects, publications and deadlines, also harming their academic performance<sup>(18)</sup>. These several university affairs could harm professors' role in the institution as it also contributes to stress and reduced hours of rest and recreation, which may cause conflict in the work environment.

The perception of nursing professors about quality of life is individual, subjective and multifactorial, which proves the complexity and transculturality associated with this topic. When one verifies the existence of quality of life, this is achieved by the pursuit of health and well-being, considered as something subjective and inherent to people's life, involving experiences and current state of life. Individuals must state that they have an adequate welfare from the moment they recognize their level

of satisfaction with life, including their positive and negative emotional experiences and values, including the dimension of affection and achievement of personal actions<sup>(18)</sup>. With this view, they can change and look for better quality of life, at work or in their health.

In the daily work at the university, conducting pleasurable activities contributes to quality of life. Being happy with what one's job gives joy, well-being and the fostering of functions with quality and responsibility. Being in the profession one loves is also a factor for good quality of life<sup>(7)</sup>.

The preparation of plans and their implementation cause in individuals the sense of well-being, consequently linked to quality of life, including self-realization.

A female nursing professor reported a decrease in her quality of life associated with the conduction of domestic and professional duties. In addition to performing work activities, P7 is also responsible for household tasks reflecting physical stress. If the housework is considered a job, with working hours, professors have an extensive journey. A decreased quality of life was influenced by the obtention of the doctorate degree, which led to more duties in her teaching profession. Individuals' professional training affects the conduction of their activities at the institution. Many are engaged in different sectors and activities, participation in examining boards, guidance and research groups to achieve a required profile, appropriate to their degree. It was found that in the early stage an excess of activities disrupts the harmony of quality of life<sup>(7)</sup>.

Over the years, the achievements of women about equality of space in society resulted in long working hours by the sum of professional, household and family activities, unique by the generic characteristic of performing multiple functions. Then, long domestic or professional working hours are characterized with increased efforts and work requirements<sup>(19)</sup> providing individuals with few hours of rest and recreation.

The way individuals wants to achieve better

quality of life depends on themselves, that is, on their ability to understand what is best for them. Female professors try to transform reality to feel better, at work and with their health. Regarding this personal aspect, personal characteristics should be better studied in the workplace, since they influence in individuals' psychosocial well-being and consequently on their work performance<sup>(19)</sup>.

The perception of nursing professors about the existence of quality of life was proved in this study, however, other meanings can still be revealed as this is a subjective issue.

Quality of life is related to individuals' well-being, a feeling promoted by obtaining income, employment, material objects, quality of housing, i.e., objective characteristics; and subjective features, security, privacy, recognition and affection<sup>(15)</sup>.

## Conclusion

One unveiled the perception of female nursing professors about their quality of life, they characterized themselves as married with children, which carries responsibility, care with their families, as well as representation of multiple roles, due to the execution of work and household tasks.

The professional qualification was present as a search for value both in society and in their families, since there is a requirement in the job market for professionals with graduate courses in master's degree and doctorate degree, which can affect quality of life.

It was found that balance in life, good living conditions and stress reduction are relevant elements to the definition of quality of life, health or work, and arise from several factors involving environment and interpersonal relations.

It was noticed that there is quality of life. It is noteworthy, however, that those who did not have it or who had it partially, connected this fact to labor causes, which makes reference to the statement that

having quality of life is also related to activities at work, bringing well-being and sense of satisfaction with life.

Due to the obstacles in the professors' life, one considers that the academic environment of the health are, a space that promotes quality of life, since it is easily discussed, which implies the importance of further studies on the subject. Studies that try to unveil have strong potential to identify weaknesses so that they can be worked in order to improve positively the quality of life.

One suggests the conduct of research on this topic since the shortage of articles for discussion emerged as a difficulty.

## Collaborations

Cruz AM contributed to the data collection, organization, analysis, interpretation and writing of the article. Almeida NG and Fialho AVM contributed to the organization of the research, critical analysis, data interpretation and writing of the article. Rodrigues DP, Figueiredo JV e Oliveira ACS contributed to the review, writing and final version to be published.

## References

1. Santos RS, Vaz DC, Alves DSB, Tocantins FR, Vianna MA, Nogueira Silva TL. Vulnerabilities diagnosis of teachers of a school of nursing: the influence of context. *Rev Pesq Cuid Fundament Online*. [periódico na Internet] 2010 [cited 2015 Abr 10]; 2(2):968-75. Available from: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/502/pdf\\_32](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/502/pdf_32)
2. Neves MY, Brito J, Araújo A, Silva E. Relações sociais de gênero e divisão sexual do trabalho: uma convocação teórico-analítica para estudos sobre a saúde das trabalhadoras da educação. In: Gomez CM, Machado JM, Pena P, organizadores. *Saúde do trabalhador na sociedade brasileira contemporânea*. Rio de Janeiro: Fiocruz; 2011. p. 495-516.

3. Bastable SB. Panorama da educação no cuidado em saúde. In: Bastable SB. O enfermeiro como educador. Princípios de ensino-aprendizagem para a prática de enfermagem. Porto Alegre: Artmed; 2010. p. 25-7.
4. Roberts SJ, Glod C. Faculty roles: dilemmas for the future of nursing education. *Nurs Forum*. 2013; 48(2):99-105.
5. Merigui MAB, Jesus MCP, Domingos SRF, Oliveira DM, Baptista PCP. Being a nursing teacher, woman and mother: showing the experience in the light of social phenomenology. *Rev Latino-Am Enfermagem*. 2011; 1(19):164-70.
6. Whoqol Group. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. *Soc Sci Med*. 1995; 41(10):1403-9.
7. Araújo GA, Soares MJGO, Henriques MERM. Qualidade de vida: percepção de enfermeiros numa abordagem qualitativa. *Rev Eletr Enf* [Internet] 2009 [citado 2015 mar 3]; 11(3):635-41. Disponível em: [http://www.fen.ufg.br/fen\\_revista/v11/n3/pdf/v11n3a22.pdf](http://www.fen.ufg.br/fen_revista/v11/n3/pdf/v11n3a22.pdf)
8. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010.
9. Terra FS, Secco IAO, Robazzi MLCC. Profile of under graduate nursing faculty at public and private universities. *Rev Enferm UERJ*. 2011; 19(1):26-33.
10. Pinsky I, Bessa MA. Os jovens são mais vulneráveis às drogas? In: Silva V, Mattos H. Adolescência e drogas. São Paulo: Contexto; 2010. p. 31-4.
11. Souza MC, Guimarães ACA, Araújo, CCR. Estresse no trabalho em professores universitários. *Rev Bras Ciênc Saúde*. 2013; 35:1-8.
12. Zambérlan C, Calvetti A, Reinstein FT, Dei Svaldi J, Heckler SHC. Técnicas de observación y la temática calidad de vida: una revisión integrativa. *Enferm Glob*. 2011; 10(24):263-71.
13. Backes VMS, Menegaz JC, Francisco BS, Reibnitz KS, Costa LM. Training and work characteristics of mid-level nursing teachers. *Rev Rene*. 2014; 15(6):957-63.
14. Moreira MMS. Qualidade de vida expressões subjetivas e histórico-sociais. *Serv Soc Rev* [Internet] 2006 [citado 20 abr 2014]; 9(1). Disponível em: <http://www.uel.br/revistas/ssrevista/c-v9n1.htm>
15. Silvério MR, Patrício ZM, Brodbeck IM, Grosseman S. Teaching in the health professions and its impact on teachers' quality of life. *Rev Bras Educ Méd*. 2010; 24(1):65-73.
16. Botelho SH, Soratto MT. A terapia floral no controle do estresse do professor enfermeiro. *Saúde Rev*. 2012; 12(31):31-42.
17. Fortuna CM, Mishima SM. Nursing research and the qualification of health care: some considerations [editorial]. *Rev Eletr Enf* [Internet] 2012 [cited 2015 Mar 3]; 14(4):740-2. Available from: <http://www.revistas.ufg.br/index.php/fen/article/view/13408/13335>
18. Soraggi F, Paschoal T. Relação entre bem-estar no trabalho, valores pessoais e oportunidade de alcance de valores pessoais no trabalho. *Estud Psicol*. 2011; 11(2):614-32.
19. Silva AA, Rotenberg L, Fischer FM. Jornadas de trabalho na enfermagem: entre necessidades individuais e condições de trabalho. *Rev Saúde Pública*. 2011; 45(6):1117-26.