

Nurses' perceptions regarding Quality of Life in the COVID-19 pandemic context

Percepções de enfermeiros sobre qualidade de vida no contexto da pandemia da Covid-19
Percepciones de los enfermeros sobre la calidad de vida en el contexto de la pandemia de COVID-19

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Abstract

Objective: To identify the perceptions concerning quality of life among nurses who provided healthcare assistance during the COVID-19 pandemic. **Methods:** A mixed-methods study conducted in Paraíba, Brazil. Data collection took place online between 2022 and 2024, involving a total of 552 nurses and supported by a questionnaire and semi-structured interviews. The quantitative data underwent descriptive and inferential statistical analysis, while the qualitative analysis was conducted using the NVivo software. **Results:** Quality of life was associated with the provision of adequate Personal Protective Equipment by the employing institution ($p=0.002$), changes in friendship relations ($p<0.001$), sexual satisfaction ($p<0.001$) and changes in some life aspects ($p<0.001$). The narratives revealed that excessive workload exerted negative impacts on quality of life, that providing healthcare during the pandemic affected nurses' physical and psychological health, and that faith was crucial in overcoming uncertainties. Some participants reported a decline in quality of life after the pandemic, while others indicated improvements. **Conclusion:** Enhancing access to decent working conditions and valuing the professional practice are essential measures to ensure that these professionals preserve their quality of life.

Descriptors: Quality of Life; Nurses; COVID-19.

What is already known on this?

Nurses who provided healthcare assistance during the COVID-19 pandemic experienced significant impacts on quality of life.

What this study adds?

This research reveals that the quality-of-life impact on nurses in Paraíba who assisted during the COVID-19 pandemic encompassed physical, mental, social, and spiritual dimensions.



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Resumo

Objetivo: Identificar as percepções sobre qualidade de vida de enfermeiros que atuaram na assistência à saúde durante a pandemia da Covid-19. **Métodos:** Estudo misto, realizado no estado da Paraíba, Brasil. A coleta de dados ocorreu de forma online entre 2022 e 2024, com 552 enfermeiros, subsidiada por questionário e entrevista semiestruturada. Os dados quantitativos foram analisados através de estatística descritiva e inferencial. A análise qualitativa foi mediada pelo software NVivo. **Resultados:** A qualidade de vida esteve associada ao fornecimento de Equipamentos de Proteção Individual suficiente pela instituição onde trabalhavam ($p=0,002$), à alteração no relacionamento com amigos ($p<0,001$), à satisfação sexual ($p<0,001$) e em algum aspecto da sua vida ($p<0,001$). Os discursos revelaram que a sobrecarga de trabalho impactou negativamente na qualidade de vida, que prestar assistência à saúde durante a pandemia afetou a saúde física e psíquica dos enfermeiros e que a fé foi importante para superar o cenário de incertezas. Alguns participantes afirmaram piora na qualidade de vida após a pandemia enquanto para outros houve melhorias. **Conclusão:** Melhorar o acesso a condições dignas de trabalho e valorizar o exercício da profissão são medidas essenciais para garantir a manutenção da qualidade de vida desses profissionais.

Descritores: Qualidade de Vida; Enfermeiros; COVID-19.

Resumen

Objetivo: Identificar las percepciones sobre la calidad de vida de enfermeros que trabajaron en el sector de la salud durante la pandemia de Covid-19. **Métodos:** Estudio mixto, realizado en el estado de Paraíba, Brasil. La recolección de datos se realizó en línea entre 2022 y 2024, con 552 enfermeros, apoyada por un cuestionario y una entrevista semiestructurada. Los datos cuantitativos se analizaron mediante estadística descriptiva e inferencial. El análisis cualitativo estuvo mediado por el software NVivo. **Resultados:** La calidad de vida se asoció con la provisión de suficiente Equipo de Protección Personal por parte de la institución donde trabajaban ($p=0,002$), cambios en las relaciones con amigos ($p<0,001$), satisfacción sexual ($p<0,001$) y en algún aspecto de su vida ($p<0,001$). Los discursos revelaron que la sobrecarga de trabajo impactó negativamente en la calidad de vida, que brindar atención médica durante la pandemia afectó la salud física y mental de las enfermeras y que la fe fue importante para superar el escenario de incertidumbre. Algunos participantes afirmaron que su calidad de vida había empeorado después de la pandemia, mientras que otros habían experimentado mejoras. **Conclusión:** Mejorar el acceso a condiciones laborales dignas y valorar el ejercicio de la profesión son medidas esenciales para asegurar el mantenimiento de la calidad de vida de estos profesionales.

Descritores: Calidad de Vida; enfermeras; COVID-19.

INTRODUCTION

At the end of 2019, a novel virus was reported in Wuhan, China, rapidly gaining global recognition due to its high transmission rate. Concerns regarding acute respiratory symptoms and disease fatality heightened fear, stress, and anxiety within the population.⁽¹⁾

The COVID-19 pandemic profoundly affected numerous individuals worldwide, but its significance was particularly pronounced for frontline healthcare professionals. The collapse of healthcare systems in multiple countries exposed vulnerabilities experienced by medical teams, such as exhausting work shifts and severe mental health repercussions.⁽²⁾

Despite the World Health Organization (WHO) emphasizing the need to safeguard healthcare workers' mental health, nurses were among the most severely impacted professionals, with reports of psychological overload, physical exhaustion, stress, insomnia, anxiety, and suicide. Additionally, witnessing patients' suffering contributed to nurses' mental distress.^(3,1)

According to data from the Federal Nursing Council (COFEN) in its latest update (June 2023), over 65,000 COVID-19 cases were reported among nursing professionals. Of these, more than 35,000 (54.74%) involved individuals who underwent quarantine, hospitalization and subsequent discharge. Over 16,900 cases were recorded in the Northeast region, with 1,031 (6%) in Paraíba.⁽⁴⁾

Fear of COVID-19 was a major factor affecting nurses' quality of life, particularly during peak transmission periods. Additional stressors included workplace pressure, caring for infected patients, personal or familial infection, and excessive working hours.⁽⁵⁾

Quality of life is closely linked to people's perceptions regarding their position within social, cultural and environmental contexts, shaped by personal values, aspirations and expectations. This concept extends across social, physical, psychological, economic, and environmental domains.⁽⁶⁾

A study in India found that nurses exhibited low quality-of-life scores, with most caring for COVID-19 patients.⁽⁷⁾ Similarly, another investigation identified nurses as the healthcare professionals with the lowest quality-of-life ratings.⁽⁸⁾ The reduction in nurses' quality of life during health care in the pandemic was also observed in investigations in Spain and Iran. Among the most affected dimensions are the physical, psychological and emotional aspects associated with the experiences during this period.^(5,9)

Given this context, it became imperative to examine both the negative and positive effects of the pandemic on nurses' quality of life, considering their work experiences and conditions during this period.

Thus, the following question emerged: What are nurses' perceptions in relation to quality of life in the pandemic context? Accordingly, this study aimed to identify nurses' perceptions concerning quality of life during their healthcare assistance amid the COVID-19 pandemic.

METHODS

This study follows a mixed-methods Sequential Explanatory Design (SED), which enables a deeper understanding of the topic by integrating quantitative and qualitative data collection¹⁰.

The research is a segment of a national study, focusing on data collected in Paraíba. Data collection occurred between November 2022 and June 2024 in two phases.

The sample included a total of 16,624 nurses in Paraíba, as per the Regional Nursing Council (Conselho Regional de Enfermagem, COREN-PB). The sample size was determined using a 95% confidence interval, a 5% error margin, and a 50% estimated frequency, resulting in a minimum of 377 participants. Ultimately, 552 nurses participated. As this is a mixed-method study, for the qualitative phase, convenience sampling was used, following data saturation principles, totaling 16 nurses.

Eligibility criteria included nurses from Paraíba engaged in public, private, or philanthropic healthcare services with internet access. Nurses who did not provide direct healthcare assistance during the COVID-19 pandemic were excluded.

Quantitative data were collected via an online questionnaire using the REDCap® software from 2022 to 2023. The questionnaire comprised four sections: General Health I included seven items on sociodemographic data. General Health II comprised 26 questions regarding clinical information and workplace conditions related to COVID-19. General Health III featured eight items addressing post-COVID-19 conditions. General Health IV contained ten questions assessing perceived improvements or declines in quality of life during the pandemic, considering environmental, physical, psychological, social, and spiritual aspects.

The qualitative data were collected through semi-structured interviews from 2023 to 2024, containing seven questions exploring the impact of the pandemic on nurses' quality of life, focusing on physical, psychological, social, spiritual and environmental effects. A pilot test was conducted with five participants. Interviews were conducted via Google Meet, lasted approximately 20 minutes, were audio-recorded on smartphones, and transcribed before deletion.

The quantitative data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive and inferential statistics were applied. Bivariate analysis was conducted using chi-square and Fisher's exact tests. Logistic regression was applied to significant variables (p -value \leq 0.05) to estimate odds ratios (ORs), considering ORs above 1 as risk factors and those below 1 as protective factors.⁽¹¹⁾ The independent variables included sociodemographic and clinical data, interpersonal relationships, and working conditions. The dependent variable (outcome) was quality of life, assessed as either improved or declined.

The qualitative data were analyzed using NVivo® version 14, employing thematic content analysis and word cloud generation to support discussions. A joint display technique was used to integrate quantitative and qualitative findings.⁽¹²⁾

The participants were invited to read and sign the Informed Consent Form (ICF). Those who agreed had to select the "I have read and agree to participate in this study" option to proceed. The study adhered to the ethical research guidelines outlined in Resolution No. 466/2012 of the National Health Council and in General Data Protection Law No. 13,709/2018. The Ethics Committee at the University of São Paulo (USP) approved the study (Opinion No. 5.542.659).

To ensure anonymity, the interviewees were assigned the code "P", followed by a sequential number. Consequently, they were identified as P1 through P16.

RESULTS

A total of 552 nurses from Paraíba took part in the study. Most were female (87.0%), of mixed ethnicity (50.9%), married or in a stable relationship (50.5%), held a specialization or residency (60.9%), worked in inpatient care (30.6%), were employed in public institutions (84.6%), had confirmed COVID-19 diagnoses (76.8%) and were vaccinated (98.9%).

Quality of life was associated with sufficient Personal Protective Equipment (PPE) provided by the employing institution (p=0.002), changes in friendship relations (p<0.001), sexual satisfaction (p<0.001) and changes in some life aspects (p<0.001) (Table 1).

Table 1. Analysis of potential factors associated with nurses' quality of life. Paraíba, PB, Brazil, 2022-2023.

Variables	Quality of Life		p-value
	Improved (n = 120) n (%)	Worsened (n = 432) n (%)	
Gender			0.305*
Male	19 (26.4)	53 (73.6)	
Female	101 (21.0)	379 (79.0)	
Marital status			0.628*
Single/Divorced	57 (20.9)	216 (79.1)	
Married/Stable union	63 (22.6)	216 (77.4)	
Works in the ICU			0.332 *
Yes	22 (18.5)	97 (81.5)	
No	98 (22.6)	335 (77.4)	
COVID-19 diagnosis			0.350*
Yes	96 (22.6)	328 (77.4)	
No	24 (18.8)	104 (81.2)	
Vaccinated against COVID-19			0.348**
Yes	120 (22.0)	426 (78.0)	
No	0 (0.0)	6 (100.0)	
Improved	68 (53.1)	60 (46.9)	
Worsened	13 (12.0)	95 (88.0)	
Without alterations	39 (12.3)	277 (87.7)	
Sufficient PPE provided by the institution where the individual works			0.002*
Yes	110 (24.2)	344 (75.8)	
No	10 (10.2)	88 (89.8)	
Changes in friendship relations			<0.001*
Improved	68 (53.1)	60 (46.9)	
Worsened	13 (12.0)	95 (88.0)	
Without alterations	39 (12.3)	277 (87.7)	
Changes in some aspects of the person's life			<0.001*
Improved	77 (51.0)	74 (49.0)	

Worsened	5 (4.5)	107 (95.5)
Without alterations	38 (13.1)	251 (86.9)

*Chi-square test. **Fisher's exact test.

Source: Research Data.

Nurses who received adequate PPE at work (OR=3.17; 95% CI: 1.45-6.94; p=0.004) and reported improvements in certain aspects of life (OR=3.00; 95% CI: 1.08-8.32; p=0.034) had increased chances of experiencing better quality of life. Those who noticed a decline in friendship relations (OR=0.29; 95% CI: 0.16-0.53; p<0.001), sexual satisfaction (OR=0.29; 95% CI: 0.15-0.55; p<0.001) or specific life aspects (OR=0.34; 95% CI: 0.19-0.61; p<0.001) had lower chances of quality-of-life improvements during the COVID-19 pandemic (Table 2).

Table 2. Odds ratios by logistic regression for nurses' quality of life. Paraíba, PB, Brazil, 2022-2023.

Variables	Adjusted odds ratio	95%CI*	p-value
Sufficient PPE provided by the institution where the individual works			
Yes	3.17	1.45-6.94	0.004
No	1		
Friendship relations			
Worsened	0.29	0.16-0.53	<0.001
Improved	0.95	0.43-2.08	0.911
Without alterations	1		
Sexual satisfaction			
Worsened	0.29	0.15-0.55	<0.001
Improved	1.02	0.53-1.94	0.949
Without alterations	1		
Some life aspect			
Worsened	0.34	0.19-0.61	<0.001
Improved	3.00	1.08-8.32	0.034
Without alterations	1		

*95%CI: 95% Confidence Level.

Source: Research Data.

The second phase of the study involved a semi-structured interview, with the aim of obtaining qualitative data on the subject through the speeches. A total of sixteen nurses participated, most of them female (93.8%), with a mean age of 39, married (56.3%), white-skinned (62.5%), religious (100%) and earning at least four minimum wages (62.5%).

Considering the study objective, the interview analysis using the NVivo® software identified three thematic categories: (1) Work overload, (2) The importance of faith during the pandemic, and (3) Changes in quality of life after the pandemic.

Category 1: Work overload

Most of the participants highlighted that professional overload exerted negative impacts on their quality of life, particularly during the first year of the pandemic.

We didn't eat on time, we didn't sleep on time. I don't think I ever even had dinner at the right time. We were always exhausted, I gained weight. I believe most peers I worked with experienced the same issues. (P12)

It affected me, both during the pandemic and even now. I had COVID-19 three times because I was on the front lines. The physical and emotional exhaustion, along with peers getting sick, meant we had to work even more. I stopped exercising since gyms were closed, which harmed my physical health. (P13)

I had COVID-19 twice. Physically, I gained 20 kg, probably due to exhausting shifts and lack of sleep, which disrupted my appetite and mental health. With gyms closed, I stopped training, ate more and entered a vicious cycle (P2)

Category 2: The importance of faith during the pandemic

The participants' statements revealed that faith provided resilience and hope in the face of uncertainty.

I'd say that I became very attached to this, to the religious aspect at the time. The goal was comfort, to pray for everything to go well, to ask for protection, in that sense. I was already religious, already a Catholic, and I already practiced. But I believe that in moments when we feel fear or face a challenge, we end up clinging to it even more. (P11)

Faith kept me connected to others. It was a crucial part of my life, strengthening me and helping me overcome difficult moments. Even today, it continues to support me. (P14)

Category 3: Changes in Quality of Life after the pandemic

When asked about changes in quality of life before and after the pandemic, some participants reported improvements, while others experienced negative impacts. The post-pandemic analysis of these statements allowed a deeper understanding of these transformations.

After the pandemic, my quality of life improved. I started focusing on physical health, exercising, following a diet, and reflecting on my emotional well-being, relationships and eating habits. (P1)

It (quality of life) was negatively affected, especially at critical moments, due to social issues and initial fear. (P11)

My quality of life worsened after the pandemic. I gained weight, developed health conditions and became dependent on corticosteroids. Anxiety increased, and I even developed bruxism, which I'd never had before. (P12)

I believe my quality of life improved after the pandemic because it made me value different aspects such as spirituality, family connections and mental well-being. It led me to reflect on what truly enhances quality of life. (P8)

Box 1 presents the joint display integrating both the quantitative and the qualitative data.

Box 1. Joint display integrating the quantitative and qualitative data on nurses' perception regarding quality of life in the COVID-19 pandemic Paraíba, PB, Brazil, 2022-2024.

Quantitative results	Qualitative results
<p>Association between quality of life and changes in friendship relations (p<0.001)</p>	<p>I think that even today I'm still affected by this, because I isolated a lot during the pandemic. I don't know if it was due to the depressive episode I had, but I really enjoyed being alone. Even today, I haven't gotten used to it. It's as if I stopped enjoying going out with friends. I no longer have that desire or pleasure of being at a restaurant or going out. This has changed me a lot and had a significant impact on me. (P13)</p> <p>I became much more introspective and lost the desire to go out or do anything at all. Today I go out, but it's no longer the same desire I used to have. I became very introspective and no longer feel that urge to meet new people. (P5)</p> <p>I distanced from everyone who wasn't part of my COVID or hospital circle. I couldn't meet with those people. (P7)</p> <p>During the pandemic, my social interactions were extremely reduced compared to what they were before. I've always had few friends and, during the pandemic, that number nearly dropped to zero. So, there was a significant sense of isolation. (P16)</p>
<p>Association between Quality of Life and changes in some life aspect (p<0.001)</p>	<p>So, there was a significant sense of isolation. I experienced memory lapses and physical exhaustion, also dealing with the aftereffects of having had COVID. It was both from working with COVID patients and having contracted the virus myself. So today, I feel that I no longer have the energy I had before COVID. I'm more tired. (P10)</p> <p>The first physical impact was that I stopped exercising because I didn't have time, and the gyms were closed. I really struggled to do activities at home. Because of that, I developed hypertension, which I discovered during the pandemic. I'm not sure if I had it before, but I started experiencing more symptoms, like frequent headaches, all during the pandemic. The aftermath is that I'm still dealing with this higher blood pressure. From time to time, I experience high blood pressure clinical symptoms, like headaches, discomfort and dizziness. (P3)</p> <p>I had crises during the pandemic, so I was followed-up by a psychiatrist and psychologist. I started taking anxiolytics at the time, but later stopped and began experiencing depression crises again. (P13)</p> <p>I went through a psychological illness, but I only realized it after the pandemic eased. At the time, I was working a lot and wasn't paying attention to myself. Shortly after, I noticed I didn't want to leave the house, didn't want to do anything, and realized something wasn't right. I had to seek therapeutic support. So, I did. I also faced issues at work because I had no patience for anything anymore. (P5)</p>

Source: Research data.

Figure 1 presents a word cloud reflecting the most frequently mentioned terms in the participants' answers, where the words "changes", "affected", "fear" and "impacts" stand out illustrating the participants' sentiments regarding their quality of life during and after the pandemic period.

Figure 1. Word cloud presenting the main terms expressed by the nurses regarding their quality of life perception during the pandemic. Paraíba, PB, Brazil, 2023-2024.



Source: Figure generated using the NVivo® software based on the research data.

DISCUSSION

This study identified nurses' perceptions regarding quality of life during the COVID-19 pandemic, highlighting both positive and negative influencing factors. The integration of the quantitative and qualitative results provided a broader understanding of determinants affecting well-being by combining statistically measured data with the participants' subjective experiences.

Predominantly comprised by women holding graduate degrees and working in public institutions, the sample mirrors findings from international studies. Research in China similarly revealed that nurses, mainly women with graduate education and 40-hour workweeks, experienced changes in quality of life after the pandemic.⁽¹³⁾ A study in Turkey also confirmed that frontline nurses, particularly women, were more vulnerable to lower quality-of-life scores⁽⁸⁾, reinforcing the current study findings.

The quantitative results showed that access to adequate PPE was significantly linked to improvements in quality of life. Nurses with sufficient protective equipment were more likely to report better well-being. This result reinforces the importance of working conditions in the well-being perception among these professionals. These findings align with a Brazilian study indicating that PPE use was associated with higher quality of life scores.⁽¹⁴⁾ Similarly, other studies have stated that improvements in work environments lead to an increase in nurses' quality of life⁽¹⁵⁾, and that receiving adequate PPE encouraged professionals to provide better care to those in need.⁽¹⁶⁾ However, researchers in Ghana reported PPE scarcity, which contributed to poor quality of life⁽¹⁷⁾, similarly to the experience of Australian nurses who faced inadequate working conditions without proper protective equipment.⁽¹⁸⁾

Despite its measurable impact, PPE availability did not emerge as a central theme in the qualitative analysis, suggesting that it was not a primary concern in the participants' spontaneous testimonies.

Conversely, work overload was a key issue in the qualitative reports, with participants describing disruptions in eating habits, physical activity and mental health. Some statements highlighted weight gain, onset of comorbidities and challenges in maintaining a healthy routine, findings consistent with a research study identifying excessive workload as a risk factor for worsened well-being among nursing professionals during and after the pandemic.⁽¹⁹⁾

In relation to interpersonal relationships, the quantitative data revealed that worsening friendship realtions significantly correlated with reduced quality of life. This association is supported by scholars who emphasize that the social distancing imposed by the pandemic exerted a direct impact on healthcare professionals' interpersonal relationships, leading to feelings of loneliness and difficulties maintaining connections with family members and friends, while also worsening their mental health.⁽²⁰⁾ The nurses described difficulties maintaining friendship realtions, prolonged isolation and lasting social withdrawal. Many of them stated that, even after the pandemic, they continued to adopt more withdrawn behaviors, suggesting a potential long-term impact. This aligns with studies highlighting that excessive workload and

constant fear of infection contributed to increased stress and loneliness among nurses, affecting their personal relationships and overall quality of life.⁽²¹⁻²⁴⁾

This alignment between the quantitative and qualitative findings underscores that mandatory social distancing and intensified workload affected not only nurses' professional life but also their subjective of well-being perceptions.

A quantitative analysis indicated that sexual changes were significantly associated with a decline in nurses' quality of life. However, this topic did not emerge in the qualitative analysis, preventing a deeper interpretation of the subjective factors related to this variable. The literature suggests that increased occupational stress, fatigue and psychological disorders can exert impacts on healthcare professionals' sex life⁽²⁵⁾, which may have contributed to this statistical association. Similarly, a study in India found that nurses with regular sexual activity who worked in units caring for patients with suspected or confirmed COVID-19 showed high rates of sexual changes, along with elevated scores for anxiety symptoms and post-traumatic stress disorder.⁽²⁶⁾

The study findings indicate that quality of life was significantly associated with the perception of changes in some life aspect during the pandemic. This relationship is evident both in the quantitative data, which show that those who perceived a decline in their lives experienced a significant reduction in quality of life, and in the qualitative data, where the participants reported persistent physical and psychological impacts after the pandemic. The effort to cope with stressful events can lead to psychological disorders. These mental health conditions may impair healthcare professionals' attention, comprehension and decision-making abilities, causing long-term harms to their well-being and exerting a negative influence on their quality of life.⁽²⁷⁾

A study conducted in China reported that healthcare professionals responsible for diagnosing, treating and caring for COVID-19 patients presented higher levels of depression, anxiety, sleep disturbances and distress symptoms when compared to other healthcare workers.⁽²⁸⁾ The current study findings, which pointed to a decline in quality of life due to increased anxiety, fear and distress, align with previous research.

The impact of the pandemic on health-related quality of life is substantial. An Irish study on post-COVID-19 consequences (Long-COVID-19) revealed that a large proportion of patients faced moderate or severe limitations in activities of daily living (48%) and mobility (27%), with 44% reporting moderate to severe pain, fatigue and memory impairment, and 33% experiencing moderate or higher anxiety or depression levels. Overall, the participants reported that illness-related symptoms exerted a moderate (43%) or severe (33%) impact on their well-being.⁽²⁹⁾

A key aspect emerged in the qualitative analysis: faith and spirituality served as coping mechanisms. Although not measured quantitatively, the participants' testimonies highlighted spirituality as a crucial resource, offering comfort and strengthening resilience in the face of adversity during the pandemic. These findings align with a research study suggesting that spirituality can act as a protective element against occupational stress and contribute to healthcare professionals' psychological well-being.⁽³⁰⁾

One of the study limitations was having resorted to a non-probability and purposive sampling method restricted to a single state, which may not represent conditions in other regions. Nonetheless, this study provides essential insights into the perceptions of Paraíba nurses who delivered healthcare services during the pandemic, supporting the development of strategies aimed at improving these professionals' well-being.

CONCLUSION

Given all the findings, it becomes evident that, in the COVID-19 pandemic, the Paraíba nurses that reported a decline in sexual satisfaction, social interactions with friends or negative changes in any aspect of their lives had lower chances of experiencing any improvement in their quality of life. Conversely, those who reported receiving proper PPE and experiencing positive changes in any aspect of their lives had greater chances of improvements in their quality of life.

A dedicated and consistent effort is essential to implementing strategies that enhance Paraíba nurses' well-being, considering their exposure to conditions that exerted several impacts on their physical, mental and social health. Moreover, it is imperative to ensure dignified working conditions that recognize their value in the professional practice. In turn, safeguarding these professionals' quality of life will enhance quality of the care they provide to their patients.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Brasil MHF, Gir E, Silva ACO. Beltrano XY, Fulano AB. Contributed to data collection: Brasil MHF, Araújo PS, Queiroz VC, Silva ACO. Contributed to the analysis and/or interpretation of data: Brasil MHF, Araújo PS, Queiroz VC, Nogueira WP, Barroso BIL, Gir E, Silva ACO. Contributed to article writing or critical review: Brasil MHF, Araújo PS, Queiroz VC, Nogueira WP, Barroso BIL, Gir E, Silva ACO. Final approval of the version to be published: Brasil MHF, Araújo PS, Queiroz VC, Nogueira WP, Barroso BIL, Gir E, Silva ACO.

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