



PROFESSIONAL QUALITY OF LIFE OF DOCTORS IN OSONA

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INDEX OF ABBREVIATIONS

APS:.. Atenció Primària de la Salut

CAP:.. Centre d'Atenció Primària

CoMB:.. Col·legi oficial de Metges de Barcelona

DS:.. Standard deviation

EBA:.. Entitat de Base Associativa

GRANMO:.. calculadora de grandària mostral

ICS:.. Institut Català de la Salut

IM:.. Intrinsic Motivation

MBI-HSS. Maslach Burnout Inventory for Healthcare Professionals

MFic. Medicina Familiar i Comunitària/Family and Community Medicine Specialists

MS:.. Managerial support

OC:.. Organizational commitment

OSI:.. Organització Sanitària Integrada

QVP:.. Qualitat de vida professional

REDCap. Research Electronic Data Capture

SPSS:.. Statistical Package for the Social Sciences

WL:.. Workload

1 ABSTRACT

1.1 English

Background: there is evidence that an improvement in the quality of professional life among doctors results in an improvement in the quality of care for patients. This improvement in quality of professional life, together with improved healthcare experience, better population health and reduced healthcare costs, constitutes the "quadruple aim".

Objective: to assess professional quality of life, we set out the study hypothesis: the quality of life of professionals in the primary care setting is worse than that of professionals working in the non primary setting.

Methods: descriptive cross-sectional study carried out by means of a convenience sample of 566 doctors belonging to the Osona Regional Delegation of the CoMB under 70 years of age, who voluntarily and anonymously answered a questionnaire (using the REDCap programme) with socio-demographic variables, the validated questionnaire for measuring professional quality of life, the QVP-35 and, finally, 3 questions on organizational commitment. The final sample consisted of 180 registered doctors in Osona. The descriptive analysis and the results were analysed using SPSS software.

Results: the profile of the participating doctor is that of a 49-year-old woman, with more than 21 years in the company, with a stable full-time permanent contract working in a CAP in Osona with the title of family and community medicine and who takes less than half an hour to get to work. The professional quality of life score of the doctors in Osona was 5.88 +/- 0.26.

Conclusions: the quality of professional life of the doctors in Osona is average, with no significant differences in both the professional quality of life and the organizational commitment between those working in the CAP and those working in a non-CAP environment. It should be noted that there is a positive and moderate correlation between professional quality of life and organizational commitment.

Keywords: quality of professional life, doctors, workplace, Osona, organizational commitment, "quadruple aim".

1.2 Catalan

Context: hi ha evidència que una millora en la qualitat de vida professional entre el col·lectiu mèdic resulta en una millora de la qualitat del servei assistencial cap als pacients. Aquesta millora de la qualitat de vida professional juntament amb la millor experiència assistencial, millor salut poblacional i reducció del cost sanitari constitueix el “quàdruple aim”.

Objectiu: valorar la qualitat de vida professional dels metges d'Osona amb la hipòtesi d'estudi: la qualitat de vida dels professionals en l'àmbit de l'atenció primària és pitjor que la dels professionals que treballen a l'entorn d'extraprimària.

Mètodes: estudi transversal descriptiu realitzat mitjançant un mostreig per conveniència els 566 metges col·legiats a la Delegació Comarcal d'Osona del CoMB menors de 70 anys, que van contestar de manera voluntària i anònima a un qüestionari (mitjançant el programa REDCap) amb les variables sociodemogràfiques, el qüestionari validat per a mesurar la qualitat de vida professional, el QVP-35 i, finalment, 3 preguntes sobre compromís organitzatiu. La mostra final va ser de 180 metges col·legiats d'Osona. L'anàlisi descriptiva i dels resultats s'ha realitzat mitjançant el programa SPSS.

Resultats: el perfil de metge participant és el d'una dona de 49 anys, amb més de 21 anys a l'empresa, amb un contracte indefinit estable a temps complet que treballa en un CAP d'Osona amb el títol de medicina familiar i comunitària i que trigui menys de mitja hora a arribar al treball. La puntuació de la qualitat de vida professional dels metges d'Osona ha estat de 5.88 +/- 0.26.

Conclusions: la qualitat de vida professional dels metges d'Osona és regular sense trobar-se diferències significatives tant en la qualitat de vida professional com en el compromís organitzatiu entre els que treballen en el CAP i els que treballen en un entorn no CAP. Destacar que existeix una correlació positiva i moderada entre la qualitat de vida professional i el compromís organitzatiu.

Paraules clau: qualitat de vida professional, metges, lloc de treball, Osona, compromís organitzatiu, “quàdruple aim”.

1.3 Spanish

Contexto: hay evidencia que una mejoría en la calidad de vida profesional entre el colectivo médico resulta en una mejoría de la calidad del servicio asistencial hacia los pacientes. Esta mejoría de la calidad de vida profesional junto con la mejor experiencia asistencial, mejor salud poblacional y reducción del coste sanitario constituye el “cuádruple aim”.

Objetivo: valorar la mejoría en la calidad de vida profesional con la hipótesis de estudio: la calidad de vida de los profesionales en el ámbito de la atención primaria es peor que la de los profesionales que trabajan en el entorno de extraprimaria.

Métodos: estudio transversal descriptivo realizado mediante un muestreo por conveniencia los 566 médicos colegiados a la Delegación Comarcal de Osona del CoMB menores de 70 años, que contestaron de manera voluntaria y anónima a un cuestionario (mediante el programa REDCap) con las variables sociodemográficas, el cuestionario validado para medir la calidad de vida profesional, el QVP-35 y, finalmente, 3 preguntas sobre compromiso organizativo. La muestra final fue de 180 médicos colegiados de Osona. El análisis descriptivo y de los resultados se ha realizado mediante el programa SPSS.

Resultados: el perfil de médico participante es el de una mujer de 49 años, con más de 21 años a la empresa, con un contrato indefinido estable a tiempo completo que trabaja en un CAP de Osona con el título de medicina familiar y comunitaria y que tarda menos de media hora en llegar al trabajo. La puntuación de la calidad de vida profesional de los médicos de Osona ha sido de 5.88 +/- 0.26.

Conclusiones: la calidad de vida profesional de los médicos de Osona es regular sin encontrarse diferencias significativas tanto en la calidad de vida profesional como en el compromiso organizativo entre los que trabajan en el CAP y los que trabajan en un entorno no CAP. Destacar que existe una correlación positiva y moderada entre la calidad de vida profesional y el compromiso organizativo.

Palabras clave: calidad de vida profesional, médicos, lugar de trabajo, Osona, compromiso organizativo, “cuádruple aim”.

2 INTRODUCTION

Healthcare systems are part of the knowledge society (1).

The main focus of this project will be to examine the doctors in Osona and analyze their healthcare organizations.

Healthcare systems are under constant tension and subject to multiple crises (financial sustainability, shortage of professionals, an aging population, increased patient expectations, etc.). In our country, a group of experts has systematized this and proposed a series of measures to strengthen the healthcare system (2).

The pressure of care, bureaucratic burdens and dissatisfaction with professional practice have increased in recent years. With the outbreak of the CoVID-19 pandemic, professional stress among doctors has increased, as has been reported in numerous scientific publications (3–5) and even in the general press (6).

The term "burnout" (7) refers to a state of physical and mental exhaustion caused by one's professional life. It is characterized by the depletion of motivation and dedication to one's work. In the 1970s, Maslach [et al.] defined burnout as a syndrome characterized by emotional exhaustion (feeling emotionally drained from contact with other people), depersonalization (a negative or excessively distant response towards the recipients of the services or care provided), and a lack of personal accomplishment (a decrease in feelings of self-competence and success at work).

The Maslach Burnout Inventory for Healthcare Professionals (MBI-HSS) is the questionnaire that assesses burnout in healthcare professionals through 22 items. It is based on the three key dimensions previously mentioned by Maslach: depersonalization, emotional exhaustion, and reduced personal accomplishment (8).

In recent years, several studies have been published on burnout among professionals in the primary care field (3,9), revealing its high prevalence and its role as a psychosocial risk factor for the health of professionals in this healthcare domain. Some of these studies state that the level of burnout is higher in the "Atenció Primària de la Salut (APS)"¹ (10).

¹ "primary health care" in catalan

Professional quality of life (QVP)² can be defined as “the well-being resulting from the balance between job demands and the resources available to meet them, taking into account the existence of a close relationship between satisfaction and work performance” (8). This balance aims to achieve optimal development in professional, family, and personal spheres throughout life (11–13). Perceiving this balance translates into an improvement in the quality of care provided to individuals.

To assess QVP, the most widely accepted measurement tool is the QVP-35 questionnaire (14). The QVP-35 questionnaire consists of 35 questions, each organized according to three dimensions: managerial support, job demands, and intrinsic motivation. Additionally, it includes two independent questions, one regarding work-related quality of life and another regarding the ability to disconnect. The questionnaire also allows for evaluating the impact of changes introduced by organizational management and identifying opportunities for improvement.

The QVP-35 questionnaire is a valid and reliable instrument (15) for measuring professional quality of life. Furthermore, it has been found to have an inverse correlation with the measurement tool for professional burnout, the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). Although these questionnaires assess different aspects, they can complement each other for a comprehensive evaluation of professionals' health and well-being in the workplace, as quality of life can impact the presence of burnout in professionals.

For the healthcare system, healthcare organizations are highly relevant as their role is directly related to professional quality of life. Some studies have demonstrated the impact of healthcare organizations on professional quality of life, showing that some professionals consider changing their workplace in search of greater autonomy and professional satisfaction (16).

For many years, Osona has been a pilot territory for experiments conducted by CatSalut (Catalan Health Service) or the Department of Health due to its healthcare characteristics, as documented in Dr. A. Iruela's doctoral thesis (17). This includes its geographic features, its rural-semi-urban dimension, the familiarity and relationship among the professionals working there.

² QVP (Qualitat de Vida Professional) will be used as an abbreviation to refer to Professional Quality of Life during the whole essay.

The interest in selecting and carrying out this final degree project stems from the tense situation experienced at home during the COVID-19 pandemic when my parents, both healthcare professionals (gynecologist and pharmacist), found themselves dealing with an excessive workload and long hours due to the poor conditions and lack of resources at the hospital where they worked.

I decided to assess the quality of professional life instead of burnout because I was also interested in evaluating healthcare organizations, and in that regard, QVP seemed to be a better fit than burnout. For this reason, it seemed interesting to me to explore the professional quality of life of doctors in Osona and, to the extent possible, compare it with data from our environment. Additionally, I wanted to assess organizational commitment and examine the differences between the primary care setting (CAP³ in this study) and the hospital environment (extra primary or non-CAP in this study).

In Catalonia, there is currently no systematized method like the PLAENSA (used for patients) (18) that assesses the quality of professional life or satisfaction of healthcare professionals with their professional development. However, there is evidence that satisfied professionals achieve better health outcomes (both in terms of patient care and economics) and contribute to higher patient satisfaction. This concept is known as the quadruple aim (19): improving the patient experience, improving population health, reducing per capita healthcare costs, and enhancing professional commitment and safety.

Understanding the factors that can influence the quality of professional life can help create a more favorable work environment by implementing appropriate changes that improve the personal development of healthcare professionals. This, in turn, will have a positive impact on patient care and contribute to the overall improvement of the healthcare system.

This study attempts to address the following hypothesis and objectives:

³ To facilitate comprehension, the people working in the primary care setting will be referred to as CAP “*Centre d’Atenció Primària*” in catalan. The people working in the extra primary care setting, including hospitals, nursing homes, etc., will be referred to as non-CAP.



Main Hypothesis

- The quality of professional life in the primary care setting is worse than that of professionals working in the extra primary care setting.

Main Objectives

- Comparing the level of professional quality of life between professionals working in the primary care setting and those working in the extra primary care setting, taking into account socio demographic variables.

Secondary Objectives

- Comparing the level of organizational commitment between professionals working in the primary care setting and those working in the extra primary care setting.
- Studying the relationship between professional quality of life and organizational commitment.

3 MATERIAL AND METHODS

3.1 Study design

A descriptive cross-sectional study was conducted between September 2022 and May 2023 at the Osona Regional Delegation of the College of Physicians of Barcelona (CoMB). The study participants were all registered doctors, less than 70 years old, at the Osona Regional Delegation of the CoMB who voluntarily and anonymously responded to a survey.

3.2 Study setting

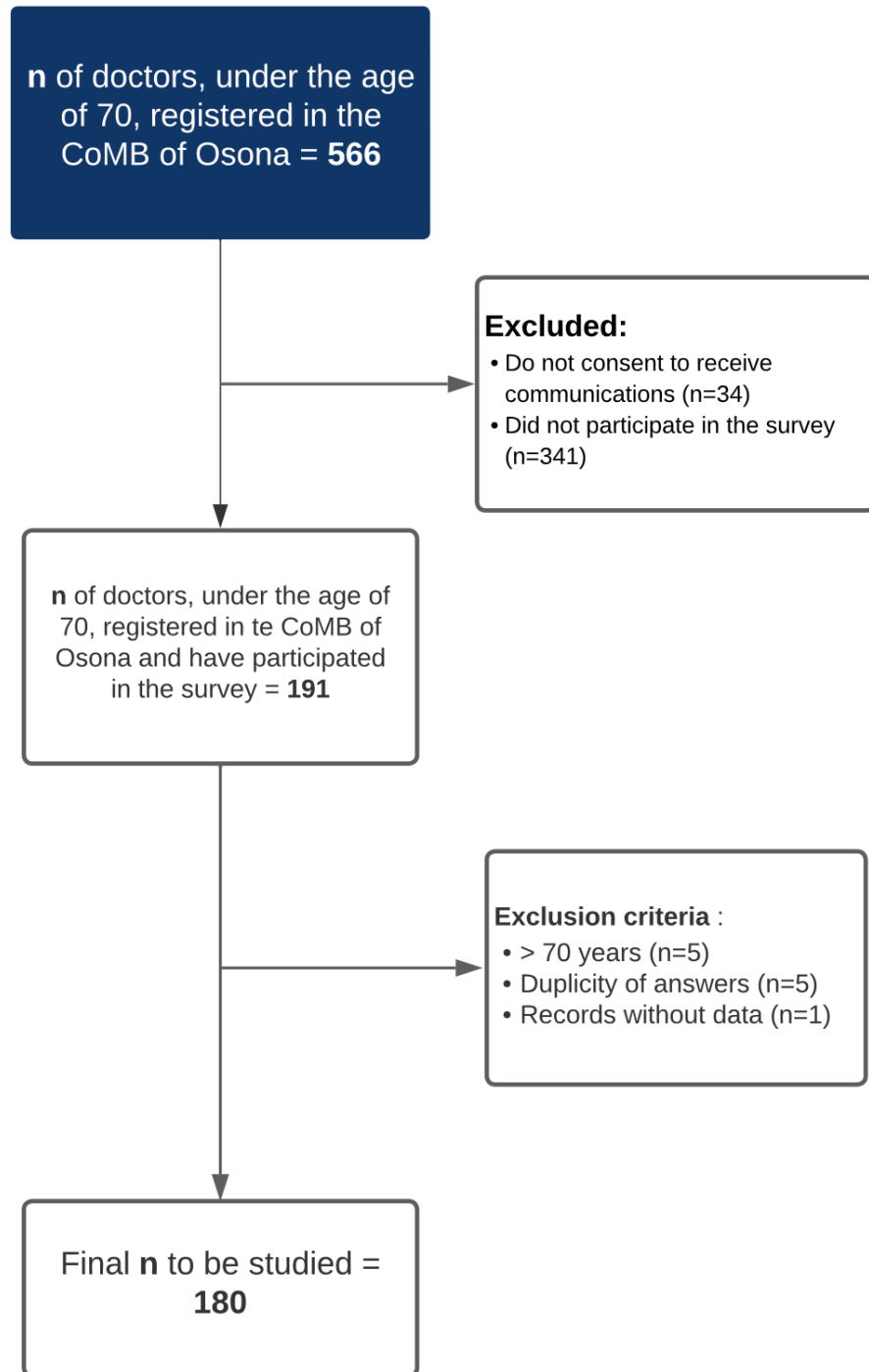
The identification of the number of participants as well as the distribution of the survey were coordinated by the responsible individuals at the Osona Regional Delegation of the CoMB. They were provided with the survey (created using the REDCap program (20)) using a link, along with an introductory letter (ensuring the anonymity and confidentiality of responses).

Once the proposal was accepted, they were responsible for distributing it to all registered doctors in Osona and healthcare institutions to encourage participation among their professionals. The survey was open for responses from March 25th to April 25th, 2023, with two reminders sent to encourage participation (one 15 days after the initial survey was sent and another 10 days before the survey period closed).

The target population consisted of 566 registered doctors. The sample of surveys sent and considered valid amounted to 191 questionnaires, resulting in a response rate of 33,75%. Out of these, one questionnaire was rejected due to incompleteness, five were duplicates, and five were from individuals over 70 years old, making their professional activity difficult to compare with that of active professionals. The final study population consists of 180 registered doctors in Osona.

Figure 1: Flow chart of the study population

Study population



3.3 Measuring Instruments

To achieve the objectives of the study, a self-developed questionnaire (**Annex A**) was used, which includes a section for collecting participants' sociodemographic data. It is followed by the QVP-35 questionnaire (**Annex B**) to measure the professional quality of life (QVP). Finally, a questionnaire was included with three questions on organizational commitment (**Annex C**). Due to a design error in the questionnaire development process, the data obtained to assess the physical activity of the doctors have been overlooked.

The QVP-35 questionnaire (21) has been shown to be a reliable and valid measurement instrument for QVP (Martín J. et al. (15)). It consists of a list of 35 questions organized according to the three dimensions that define QVP: managerial support (MS), workload (WL), and intrinsic motivation (IM), along with two questions about the perception of *quality of life in my job* (QVP-34) and the ability to disconnect. Furthermore, the questionnaire allows for evaluating the impact of changes in organizational management and identifying opportunities for improvement. The responses from both the QVP-35 survey and the organizational commitment are coded using numbers from 1 (none) to 10 (very high).

The QVP-34 item (quality of life in my job) is used as a global summary item of the QVP-35 questionnaire.

The organizational commitment variable (OC) is obtained by using the "calculate variable" function in the SPSS program. By summing the scores of the three questions in the survey corresponding to this dimension (as shown in Annex C), a total organizational commitment variable is obtained, as reported in the study by Ballart Xavier et al. (22).

3.4 Statistical Analysis

The descriptive and result analysis was performed using the SPSS version 28.0.1.1 (29) software. Quantitative variables were described using the mean and standard deviation, while qualitative variables were described using frequencies and relative percentages associated with each response category.

The sociodemographic variables were included in the survey and consisted of: age, gender, professional group, primary workplace outside the region of Osona, place of work, type of contract, years with the organization, and commuting time to the workplace.

Baseline quantitative characteristics were obtained using the mean comparison test between two groups, using the t-Student test, and for comparisons between more than two groups, using the non-parametric Kruskal-Wallis test. The normality and homogeneity of variances, in both comparison methods, were assessed using the Kolmogorov-Smirnov and Levene tests, respectively. The Pearson correlation coefficient was used for comparing quantitative variables.

Confidence intervals for parameters were calculated at 95% confidence level, and differences with a p-value < 0.05 were considered statistically significant.

To evaluate whether the sample size allows us to address the main hypothesis of the study, "the professional quality of life is worse for professionals working in CAP compared to professionals working in non-CAP settings," we used the GRANMO (30) calculator, which allows us to find differences by comparing means between two independent groups.

3.5 Inclusion Criteria

- Doctors who are less than 70 years old, registered in the Osona Regional Delegation of the Catalan Medical Association (CoMB).

3.6 Exclusion Criteria

- Doctors registered with the Osona Regional Delegation of the CoMB who have explicitly requested not to receive communications via email.
- Doctors who have submitted more than one survey response (duplicate responses).
- Doctors who have accessed the survey but did not complete it.
- Doctors over the age of 70, as they do not have full professional activity and cannot be compared to the rest of the cohort.



4 ETHICAL CONSIDERATIONS

In this research project, there has been no direct contact with the study participants, nor has any personal data of the participants been processed.

The participants were not patients but rather doctors registered with the Osona Regional Delegation of the Catalan Medical Association (CoMB), and confidentiality and anonymity have been ensured throughout their participation in the study. Therefore, the study has not been reviewed by an ethics committee. Instead, the REDCap platform has been used as a survey development tool, providing a link along with a cover letter to the CoMB and healthcare institutions in the Osona region (which have received the survey), outlining the objectives of the study and guaranteeing the confidentiality and anonymity of the survey participants.

All data obtained for the study have been extracted from public sources of information, such as official websites or published studies, which have been appropriately referenced in this research.

In this study, as it is a voluntary survey, none of the ethical principles of the Declaration of Helsinki have been violated.

The author declares no conflicts of interest regarding the research topic of this Final Degree Project.

5 RESULTS

Below are the results that address the hypothesis and objectives of the study.

5.1 Descriptive study of the sample

Table 1 shows the participation in the survey, which reached **31,80** %.

Table 1: Participation of registered doctors in Osona

	Study Population	Target Population	%
<i>n</i>	180	566	31,80

The demographic variables of the study population are presented in Table 2.

Table 2: Descriptive analysis of sociodemographic variables.

Sociodemographic variables			Study population (n = 180)
Age		n	180
		Mean	48,46
		DS	12,11
Gender (n=178)	Men	Frequency	60
		Valid percentage (%)	33,70
	Women	Frequency	118
		Valid percentage (%)	66,30
Missing			2
Professional Group (n=178)	MFiC	Frequency	89
		Valid percentage (%)	50,00

	No MFiC	Frequency	89
		Valid percentage (%)	50,00
	Missing		2
Main job out of Osona (n=180)	Yes	Frequency	42
		Valid percentage (%)	23,30
	No	Frequency	138
		Valid percentage (%)	76,70
Place of work (n=180)	CAP	Frequency	98
		Valid percentage (%)	54,40
	Non-CAP	Frequency	82
		Valid percentage (%)	45,60
Type of contract (n=180)	Indefinite / Stable full-time	Frequency	129
		Valid percentage (%)	71,70
	Part-time	Frequency	10
		Valid percentage (%)	5,60
	Temporary / full-time interim	Frequency	29
		Valid percentage (%)	16,10

	Other	Frequency	12	
		Valid percentage (%)	6,70	
Years working for the current employer (n=179)	0-5 years	Frequency	45	
		Valid percentage (%)	25,10	
	6-10 years	Frequency	24	
		Valid percentage (%)	13,30	
	11-20 years	Frequency	39	
		Valid percentage (%)	21,70	
	21 years or more	Frequency	71	
		Valid percentage (%)	39,40	
	Missing			1
	Commute time to the workplace (n=180)	0 to 29 minutes	Frequency	146
Valid percentage (%)			81,10	
30 to 59 minutes		Frequency	25	
		Valid percentage (%)	13,90	
1 hour or more		Frequency	9	
		Valid percentage (%)	5,00	

The average age of the participating physicians is 48.46 years old (with a standard deviation of 12.11).

Regarding gender, 33% are male (60) and 65% are female (118). There are two people that did not respond to this item (missing).

Family and community medicine specialists (MFiC) constitute 50% of the study population. The other 50% corresponds to the remaining specialties (referred to in this study as "non-MFiC"). Two surveys did not receive a response (missing).

77% of the doctors have their main job in Osona, while the remaining 23% have their main job outside the Osona region.

Among the participants, 54% work in CAP, while the remaining 46% work in a non-CAP setting (hospital, socio-sanitary center, etc.).

72% of the physicians have a permanent or stable full-time contract.

39% of the physicians have been with their current employer for 21 or more years, making it the largest group in terms of length of employment.

81% of the physicians take less than 30 minutes to commute to their workplace.

The profile of the participating doctor in the survey is that of a 49-year-old woman, with more than 21 years of experience at the current employer, holding a permanent stable full-time contract, working at a CAP in Osona, holding a MFiC title and taking less than half an hour to commute to work.

Table 3 presents the mean and standard deviation of the **total scores for item QVP-34, OC, and the dimensions included in the QVP-35 questionnaire: MS, WL and IM**, among all participating physicians.

Table 3: Score for item QVP-34, dimensions of the QVP-35 questionnaire, and OC.

Questionnaire items of QVP-35	Score		
	n	Mean	DS
Quality of life in my job (QVP-34)	179	5,88	2,09
Organizational Commitment (OC)	154	15,82	13,55
Workload (WL)	178	78,87	13,55
Managerial Support (MS)	175	76,47	21,10
Intrinsic Motivation (IM)	176	73,05	9,55

The total score for the item "quality of life at work" among registered doctors in the Osona Regional Delegation has been **5.88 (with a standard deviation of 2.09)** on a scale of 1 to 10.

The total score for organizational commitment has been 15.82 (with a standard deviation of 7.28) on a scale of 3 to 30.

Regarding the dimensions of the QVP-35 questionnaire, the dimension that obtained the highest score was workload, with an average score of 78.87 (with a standard deviation of 13.55) on a scale of 12 to 120, followed by managerial support, with an average score of 76.47 (with a standard deviation of 21.10), and finally intrinsic motivation, with a score of 73.05 (with a standard deviation of 9.55).

The following graph shows the total score for the QVP-34 item.

Figure 2: Histogram of the QVP-34 item



As observed in the curve, the average score of the total QVP-34 score is nearly at a score of 6 (5.88).

5.2 Main Objective

Comparing the level of quality of life between professionals working in CAP and those working in a non-CAP environment, taking socio demographic variables into account.

Table 4 presents the mean and standard deviation of item QVP-34 according to the workplace variable (CAP vs non-CAP).

Table 4: Bivariate analysis between item QVP-34 and workplace variable

	Workplace						t-Student
	CAP			Non-CAP			
	n	Mean	DS	n	Mean	DS	
QVP-34	98	5,99	1,96	81	5,74	2,26	0,43

According to the t-Student test with a p-value of 0.431 for the workplace variable (CAP vs non-CAP), the null hypothesis is accepted, indicating that there are no statistically significant differences in QVP-34 between doctors working in CAP and those working in a non-CAP environment.

In the following box plot, it can be observed that there are no significant differences in the level of QVP-34 between working at CAP and non-CAP settings.

Figure 3: Box plot of item QVP-34 and workplace variable

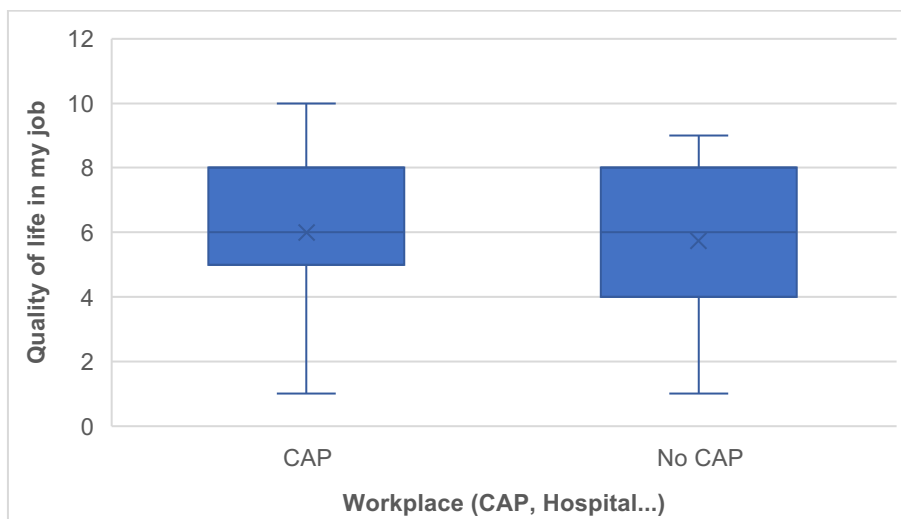


Table 5 presents the mean and standard deviation of **variable QVP-34 compared to socio demographic variables**: age (<50 years old and >50 years olds), gender (male and female), primary workplace outside Osona, professional group (MFiC and Non-MFiC), using the t-student test. Years in the company, type of workplace (CAP vs non-CAP) are compared using the non-parametric Kruskal-Wallis test.

Table 5: Bivariate analysis between item QVP-34 and socio demographic variables

		QVP-34				
		n	Mean	DS	t-Student	Kruskal-Wallis
Age	< 50 years old	92	5.55	2.135	0.340	
	> 50 years old	87	6.22	2.014		
Gender	Men	59	6.00	2.393	0.581	
	Women	118	5.81	1.961		
Main workplace outside Osona	Yes	42	5.88	1.990	0.989	
	No	137	5.88	2.137		
Professional Group	MFiC	89	5.96	2.033	0.516	
	Non-MFiC	88	5.75	2.162		
Years in the company	0-5 years	45	5.69	2.410		0.518
	6-10 years	24	5.71	1.732		
	11-20 years	39	5.67	2.069		
	21 years or more	70	6.16	2.033		
Contract type	Indefinite / Stable full-time	128	5.92	2.006		0.812
	Part-time	10	5.90	2.558		

	Temporary / full-time interim	29	5.62	2.259		
	Other	12	6.00	2.486		
Commute time	0 to 29 minutes	145	5.80	2.140		0.525
	30 to 59 minutes	25	6.32	1.952		
	1 hour or more	9	5.89	1.833		

According to the results obtained from applying the t-Student test on the socio demographic variables of two groups (age < 50 years and > 50 years, gender, main work outside Osona, MFiC and Non-MFiC) and the non-parametric Kruskal-Wallis test on the socio demographic variables with more than two groups (years in the company, type of contract, and commuting time) with item QVP-34, a p-value > 0.05 was found in all comparisons. Therefore, the null hypothesis is accepted, indicating that there are no statistically significant differences in any of the established comparisons.

Furthermore, in Table 6, the comparison between the dimensions defining the QVP-35 questionnaire and the variable "workplace" (CAP vs No CAP) was studied using the t-student test.

Table 6: Bivariate analysis between the workplace variable and the dimensions of the QVP-35 questionnaire (MS, WL and IM)

	Workplace						t-Student
	CAP			Non-CAP			
	N	Mean	DS	n	Mean	DS	
Workload (WL)	98	77,94	13,30	80	80,01	18,86	0,31
Managerial Support (MS)	97	77,48	20,30	78	75,22	22,12	0,48



Intrinsic Motivation (IM)	97	73,02	9,50	79	73,09	9,67	0,96
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By applying the t-Student test on the variable "workplace" (CAP vs non-CAP) with the different dimensions of the QVP-35 questionnaire (MS, WL and IM), a p-value > 0.05 was found in all comparisons. Therefore, the null hypothesis is accepted, indicating that there are no statistically significant differences in any of the established comparisons.

5.3 Secondary Objectives

Comparing the level of organizational commitment between professionals working in CAP and those working in a non-CAP environment.

Table 7 presents the mean and standard deviation of the total OC variable according to the socio demographic variable workplace (CAP vs. Non-CAP).

Table 7: Bivariate analysis between the total OC variable and the workplace variable

	Workplace						t-Student
	CAP			Non-CAP			
	n	Mean	DS	n	Mean	DS	
OC	87	16,83	6,68	67	14,51	7,85	0,05

According to the t-Student test with a p-value of 0.05 for the comparison between the workplace variable (CAP vs. Non-CAP) and the total OC variable, it is situated at the threshold of statistical significance. Thus, the alternative hypothesis would be accepted, indicating statistically significant differences between those working in CAP (higher organizational commitment) compared to those working in a non-CAP environment (lower organizational commitment).

The box plot below shows the difference at the limit of statistical significance of the CO level between working at the CAP and non-CAP settings.

Figure 4: Box plot of the OC dimension and workplace

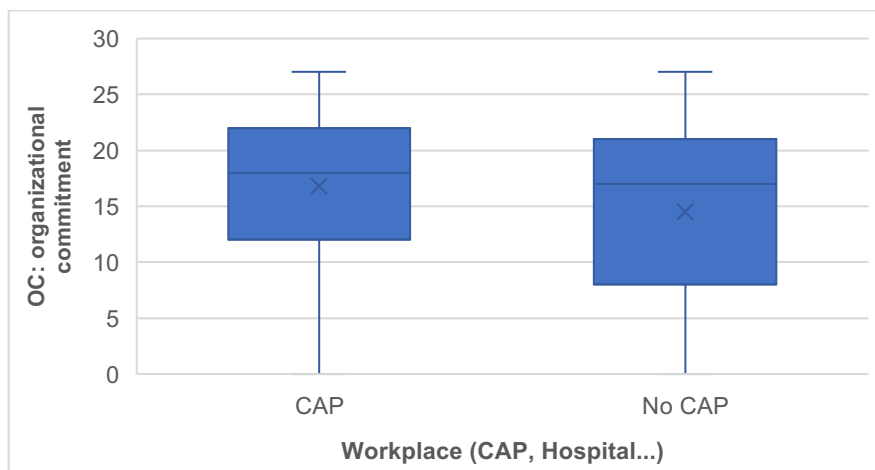


Table 8 presents the mean and standard deviation of the **total OC variable compared with the socio demographic variables**: age (<50 years old and >50 years old), gender (male and female), primary work outside Osona, professional group (MFIC and Non-MFiC) using the t-Student test, and years in the company, type of workplace (CAP vs Non-CAP) using the non-parametric Kruskal-Wallis test.

Table 8: Bivariate analysis between the total OC variable and socio demographic variables

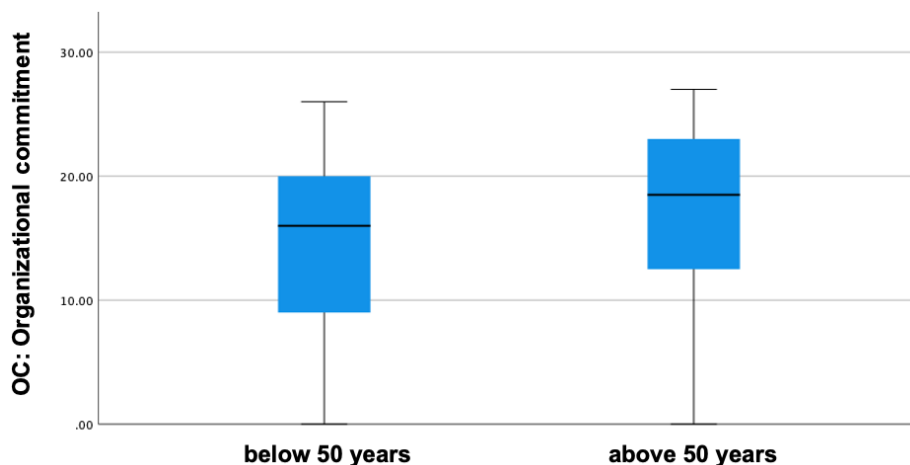
		Organizational Commitment				
		n	Mean	DS	t-Student	Kruskal-Wallis
Age	< 50 years old	78	14,41	7,16	0,015	
	> 50 years old	76	17,26	7,16		
Gender	Men	48	16,13	7,25	0,686	
	Women	105	15,61	7,32		
Main workplace outside Osona	Yes	36	15,81	7,30	0,991	
	No	118	15,82	7,32		
Professional Group	MFIC	76	16,57	6,96	0,209	
	Non-MFiC	78	15,09	7,55		
Years in the company	0-5 years	38	14,92	8,24		0,889
	6-10 years	21	17,14	5,54		
	11-20 years	34	15,53	7,02		
	21 years or more	60	15,95	7,38		

Contract type	Indefinite / Stable full-time	110	16,35	7,00	0,548
	Part-time	9	12,33	8,72	
	Temporary / full-time interim	26	15,35	7,02	
	Other	9	14,11	9,71	
Commute time	0 to 29 minutes	127	15,69	7,43	0,562
	30 to 59 minutes	21	15,71	6,80	
	1 hour or more	6	18,82	5,74	

According to the t-Student test with a p-value of 0.015 for the variable age categorized as younger and older than 50 years, the null hypothesis is rejected, and the alternative hypothesis is accepted, indicating statistically significant differences in organizational commitment between the group of individuals younger than 50 years and those older than 50 years. The latter group shows an improvement in organizational commitment.

On the following box plot diagram, it can be observed that there are statistically significant differences in the level of organizational commitment between individuals below 50 years of age and those above 50 years of age.

Figure 5: Box plot of the OC dimension and age (< 50 and > 50 years)



Applying the t-Student test to the sociodemographic variables of two groups: gender (male, female), primary work outside Osona, and professional group (MFIC, Non-MFiC), and the non-parametric Kruskal-Wallis test to sociodemographic variables with more than two groups: years in the company, type of contract, and commuting time, using the total organizational commitment variable, we found a p-value > 0.05 in all comparisons. Therefore, the null hypothesis is accepted, indicating no statistically significant differences in any of the established comparisons.

Even though it is not a primary objective of this study, as seen at table 9, a **comparison between the variable "main workplace outside Osona" and the item QVP-34, along with the dimensions of the QVP-35 questionnaire (MS, WL, IM and OC)**, was conducted using the t-Student test.

Table 9: Bivariate analysis between the variable "main workplace outside Osona" and the item QVP-34 with the dimensions MS, WL and IM

	Main workplace outside Osona						t-Student
	Yes			No			
	n	Mean	DS	n	Mean	DS	
QVP-34	42	5,88	1,99	137	5,88	2,14	0,99
WL	42	78,21	12,36	136	79,07	13,94	0,72
MS	41	80,85	20,56	134	75,13	21,16	0,13
IM	41	73,24	9,01	135	72,99	9,72	0,88
OC	36	15,81	7,32	118	15,82	7,30	0,99

Based on the t-Student values in the table, with a p-value > 0.05 in all comparisons, the null hypothesis is accepted, indicating that there are no statistically significant differences. Despite the lack of statistical significance, it is observed that the group working in Osona shows a tendency of lower managerial support (mean of 75.13 with a standard deviation of 21.16) compared to those working outside Osona (mean of 80.85 with a standard deviation of 20.56). Additionally, the p-value of 0.13 is closer to the limit of statistical significance compared to the other dimensions.

Studying the relationship between professional quality of life and organizational commitment.

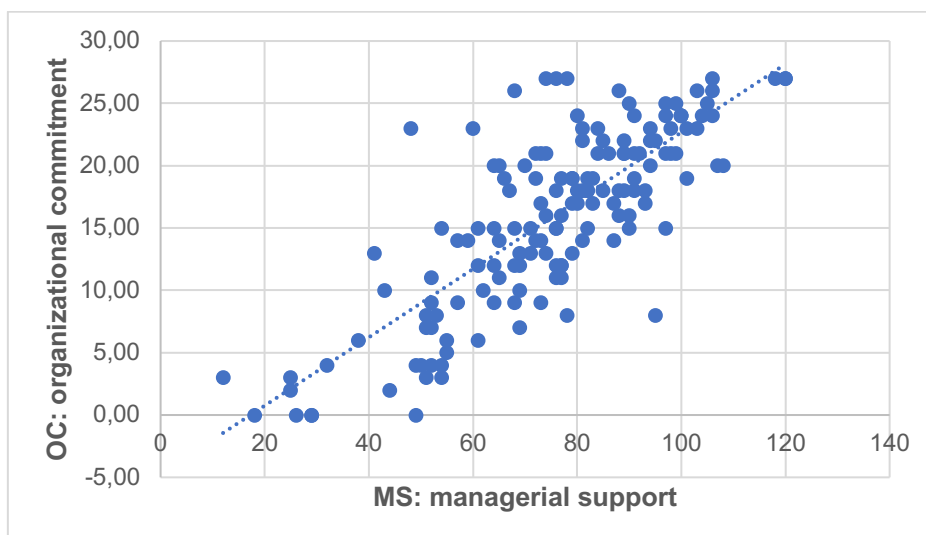
Table 10 shows the correlation of organizational commitment (OC) with QVP-34, workload, managerial support, and intrinsic motivation. The table displays the Pearson correlation coefficient (-1 to 1) above the diagonal, and the p-value of the correlation below the diagonal.

Table 10: Correlation analysis of QVP-34 and the dimensions of the QVP-35 questionnaire (MS, WL, IM) and OC

	QVP-34	WL	MS	IM	OC
QVP-34	1	-0,426	0,620	0,421	0,523
WL	< 0,001	1	-0,185	-0,046	-0,247
MS	< 0,001	0,015	1	0,589	0,799
IM	< 0,001	0,546	< 0,001	1	0,452
OC	< 0,001	0,002	< 0,001	< 0,001	1

Looking at the table, the correlation between organizational commitment and managerial support is strong ($|r| > 0.7$, close to 1) with a Pearson correlation coefficient of 0.799.

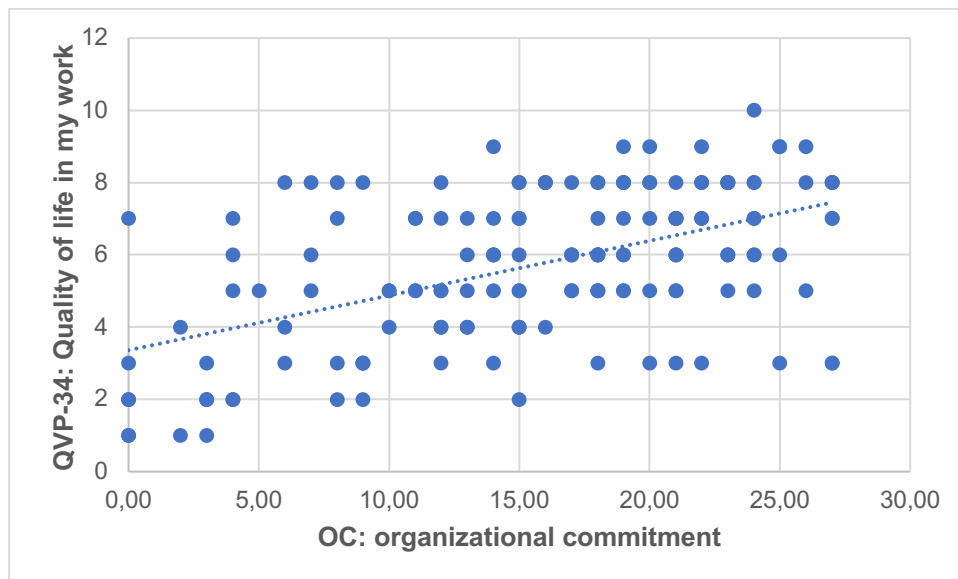
Figure 6: Scatter plot of the OC dimension by MS



In this scatter plot, it can be observed that there is a strong positive correlation, indicating that higher levels of managerial support are associated with increased organizational commitment.

Another correlation that is worth mentioning is the one that the following scatter plot shows a positive and moderate correlation between the OC dimension and the QVP-34 item.

Figure 7: Scatter plot of QVP-34 by OC



This indicates that as the level of organizational commitment increases, the professional quality of life also improves.

There are some weak correlations ($|r| < 0.30$, close to 0), such as the correlation between workload and managerial support (Pearson correlation coefficient of -0.185) and between workload and organizational commitment (Pearson correlation coefficient of -0.247).

On the other hand, the correlation between workload and intrinsic motivation is -0.046, indicating almost no correlation (close to 0) in this case.

The remaining correlations are moderate ($0.3 \leq |r| \leq 0.7$).

6 DISCUSSION

This section will reflect on the descriptive analysis of the study population and the results that address the main objective of the study, as well as the secondary objectives.

6.1 Descriptive Study of the Sample

The total score of the item "quality of work life" for the physicians affiliated with the Osona Regional Delegation (as seen in Table 3) **was 5.88 (with a standard deviation of 2.09)** on a scale of 1 to 10, indicating a moderate level. Table 3 also displays the total scores for the dimensions of workload, managerial support, and intrinsic motivation in our study, which differ from the findings of the study by Iruela et al. (23). These differences may be attributed to the different study settings. While we found that the dimension with the highest score was workload, followed by managerial support and intrinsic motivation, Iruela, who works in the primary care setting, reported that intrinsic motivation had the highest score, followed by managerial support and workload.

Based on the obtained scores, a population estimation was conducted using the GRANMO calculator. It was concluded that a random sample of 180 individuals is sufficient to estimate, with 95% confidence and a precision of +/- 0.26 units, the population mean of values that are expected to have a standard deviation of approximately 2.1 units. The anticipated replacement percentage is 0%. The score of 5.88 +/- 0.26 units for professional quality of life is lower than the value reported by Iruela et al. (23) in their study, and, as previously discussed, can be due to the fact that half of our population belongs to the non-CAP setting.

In our study, we employed convenience sampling (voluntary participation) rather than random sampling, as our aim was to gather as many responses as possible. Therefore, the survey was distributed to all registered doctors in Osona.

In this type of sampling, we need to examine whether the sociodemographic variables among the study population and the target population are similar. Table 11 compares the study population with the target population to assess its representativeness.

Table 11: Comparison between the study population and the target population

Registered doctors in Osona			
		Study population	Target population
n		180	566
n MFiC doctors		90 (50 %)	121 (21,37 %)
n Non-MFiC doctors		90 (50 %)	445 (78,62 %)
n gender	Men	60 (33,70 %)	236 (41,69 %)
	Women	118 (65,60 %)	330 (58,31 %)
	Missing	2	-
Total age mean		48,46	47,90
Standard deviation total age		12,11	13,40

Regarding age, our study population has a mean of 48.46 years with a standard deviation of 12.11, while the target population has a mean of 47.90 years with a standard deviation of 13.40. This minimal difference is not statistically significant with a 95% confidence interval. Therefore, age does not interfere with the assessment of the item "quality of life in my job".

Looking at gender, the proportion of men participating in the study (34%) compared to the total number of male professionals in Osona (42%) indicates that men have participated less in the survey than women. Despite the underrepresentation of men in the study population, and as we have seen in Table 5 in the Results section, as there were no statistically significant differences between men (6.00) and women (5.81) in the score of professional quality of life, we will consider that the gender variable does not interfere with the assessment of the item "quality of life in my job".

Regarding the professional group variable and comparing MFiC (Family and Community Medicine specialists) to non-MFiC, there is an overrepresentation of MFiC in the study population. However, as we have seen in Table 5 in the Results section,

as there were no statistically significant differences between MFiC (5.96) and non-MFiC (5.75) in the score of professional quality of life, we will consider that the professional group variable does not interfere with the assessment of the item "quality of life in my job".

Therefore, it seems that, based on the characteristics of the study population (respondents), both women and the MFiC group are particularly sensitive to the work-related theme.

The participation rate in the study was 31.80% (Table 1), which is lower than that reported in similar studies Cortés Rubio et al. (24), Muñoz-Seco et al. (25), Iruela et al. (23). In this type of study, there is always doubt whether the respondents are the most motivated and have higher levels of professional quality of life, or conversely, whether professionals with lower levels of professional quality of life see the survey as an opportunity to express their discontent. In any case, strategies should be considered in the future to improve the response rate.

Of the doctors who participated in the survey, 76.70% work in Osona and 23.30% work outside of Osona (Table 2). This considerable percentage of doctors working outside of Osona could initially be seen as a bias in the study. However, since no statistically significant differences were found in Table 9 between working in Osona or outside of Osona regarding the variables QVP-34 and the dimensions of workload, managerial support, intrinsic motivation, and organizational commitment, we can include them in our study without any issues. In the context of a shortage of doctors, especially in areas further away from the Barcelona metropolitan area, the health authorities and healthcare organizations in the region could explore this group to make their professional activity in the region more attractive and retain this valuable human capital.

6.2 Main objective

To answer the main hypothesis of the study, "the quality of life of professionals working at CAP is worse than that of professionals working in the non-CAP setting," we need to assess our ability to detect differences by comparing means between two independent groups (CAP vs. Non-CAP) using the GRANMO calculator.

The calculation concludes that, accepting an alpha risk of 0.05 and a beta risk below 0.2 in a two-sided test, we would need 82 participants in the non-CAP group (81 in my study) and 98 participants in the CAP group (98 in my study) to detect a difference equal to or greater than 0.88 units. It is assumed that the common standard deviation is 2.09. A follow-up loss rate of 0% has been estimated.

Therefore, statistically significant differences between the two groups will be established based on a threshold of 0.88 units. This value can also be used to answer the question of "what change in the score of the item 'quality of life in my job' for these two groups would be considered clinically relevant," that is, when could it be established that one group has a better quality of life than the other if the survey were to be repeated.

Although no significant differences in QVP were found between professionals working at CAP and non-CAP settings (Table 4), as well as in the other socio demographic variables studied (Table 5: age, gender, professional group, primary work outside the Osona region, type of contract, years in the company, and commuting time to the workplace), it is worth noting that individuals under 50 years old, women, those working in the non-CAP setting and not belonging to the MFiC group, those with a temporary/full-time contract, and those who have been with the company for 11 to 20 years and take 0 to 29 minutes to commute to work (although it appears that they have lower scores in Table 6, there is no difference in scores between groups exceeding 0.88 units, which is the discriminative threshold calculated. Therefore, the difference is not statistically significant. However, these groups are the ones that rated their professional quality of life lower).

6.3 Secondary Objectives

Regarding organizational commitment, we found differences at the threshold of statistical significance between professionals working at CAP and non-CAP settings (Table 7). This could be related to the role of primary health care as a key component of the healthcare system and the motivation for public service among these professionals.

Since the management model of primary care centers (CAP) was not included in our study, we cannot differentiate between CAPs managed by the Catalan Health Institute (ICS) and those managed by Primary Care Teams (EBA) to compare the results in Osona with the findings of a previous study conducted with members of the Catalan Society of Family and Community Medicine (CAMFiC) during 2021 Ballart & Iruela(26) . The aforementioned study showed the QVP-34 scores in primary care in Catalonia as follows: 3.39 for the ICS management model, 4.66 for EBAs, and 3.15 for OSI. It indicated that doctors involved in healthcare management achieved higher QVP scores.

In a study conducted with a group of teachers Bakker & Bal (27), a close relationship was found between autonomy, interaction with superiors, development opportunities, and higher work performance, resulting in a better perception of professional quality of life. These conditions are clearly enhanced in the EBA management model.

Additionally, according to Iruela et al. (23), professionals under the age of 50 show significantly lower organizational commitment compared to the group aged 50 and above. It seems coherent that the doctor who has been with the organization for a longer period of time is more involved in organizational commitment.

Regarding the other socio demographic variables studied (Table 8: gender, professional group, primary work outside the Osona region, type of contract, years with the company, and commuting time to the workplace), no significant differences in organizational commitment were found.

The profile of the doctor with lower organizational commitment is under the age of 50, female, working in a non-CAP setting, not belonging to the MFiC group, having a part-time contract, working for 0 to 5 years with the company, and having a commute time of 0 to 29 minutes.

This slight discrepancy between the profile of organizational commitment and QVP can be explained by the fact that employees who have recently joined the company may not yet have a strong involvement in organizational commitment, while their QVP may be positive due to the enthusiasm of starting a new job. The same can be said for part-time contracts, as personnel with less commitment to the organization tend to have less involvement in organizational commitment. However, they may perceive their QVP similarly to others, considering that this reduction in working hours may be voluntary.

In the correlation analysis presented in Table 10, we found a moderate positive correlation between the QVP-34 item and organizational commitment. This indicates that a higher level of organizational commitment is associated with an increase in professional quality of life.

Another correlation we found was between the dimension of managerial support and organizational commitment, which was positive and strong, aligning with the study by Ballart & Iruela(26). This means that higher levels of managerial support are associated with greater organizational commitment and, according to some studies, increased motivation for public service (28).

To understand the reasons behind the higher level of managerial support (reflected in table 9) found in the doctors working outside of Osona, more data regarding their work environment would be necessary. It's also important to consider the significant difference in the number of doctors between the groups (41 outside of Osona vs 134 in Osona).

This study provides some insights for designing and planning policies to improve the professional quality of life for physicians in Osona. Following up on these initiatives using the QVP-35 would allow for studying their effectiveness and monitoring their evolution over time.

It would be desirable for initiatives like this to be extended to the entire Catalan healthcare system, as it is well known that the satisfaction of healthcare professionals is essential for achieving the triple aim.

6.4 Limitations of the study

- The response rate has been relatively good, but to improve it in future studies on similar topics that require surveys, a more concise and clearer questionnaire could be designed. Additionally, using different communication channels (not only email but also social media, websites, etc.), offering incentives, and sending more than two reminders to complete the survey could help enhance the response rate.
- Convenience sampling can introduce selection bias. It is important to note that not all groups with higher response rates necessarily have higher scores on the QVP-34 item. For example, in the gender group, women may have responded in greater numbers compared to men but scored lower on the QVP-34 item.
- The duration of the survey (around 15 minutes) may affect the quality of responses due to respondent fatigue.
- About 24% of the respondents reported working outside of Osona, which could introduce a confusing bias.
- The study did not differentiate between the management models of the CAPs in Osona: two models managed by the ICS and two by EBAs (Centelles and Vic Sud).
- We did not ask whether the participating physicians had management responsibilities, which is a factor that some studies associate with professional quality of life.



6.5 Relevant contributions of this thesis

- The UVIC-UCC and CoMB institutions have shown a high degree of involvement with the author of the Bachelor's Thesis.
- Anonymity and confidentiality of participants' responses have been maintained through the use of the REDCap program.
- We have obtained a basic assessment of the professional quality of life of doctors in the Osona region, which allows for monitoring and tracking and evaluating the effectiveness of improvement measures implemented by healthcare organizations.
- This Bachelor's Thesis has introduced the topic of professional quality of life in the Osona region into academic and professional debate and could serve as a basis for the establishment of an Observatory for the medical profession in Osona.



6.6 Future lines of research

- In future research in this field, considering the importance of organizational commitment, it would be beneficial to differentiate between different management models within healthcare organizations.
- Examining how managerial support and leadership styles within organizations shape organizational commitment and ultimately modify professional quality of life would be valuable.
- Studying the relationship between doctors' professional quality of life and their motivation for public service could provide further insights.
- Repeating the study in subsequent years to monitor the professional quality of life of physicians and the effectiveness of changes implemented in healthcare organizations (considered as a baseline) by systematizing this evaluation through the CatSalut for different healthcare regions in Catalonia.
- Expanding the study to include other healthcare professionals and healthcare workers would provide a broader perspective.
- Another line of research could explore the relationship between physical activity and professional quality of life using a properly designed survey (without categorizing the response). Based on the information collected regarding physical activity, I am considering treating energy expenditure as a continuous variable, both in terms of activity type (vigorous, moderate, and light) and the number of days per week.

7 CONCLUSIONS

The main conclusions of this study, which address the main hypothesis and objectives, are listed below:

- The main hypothesis of this study, which suggests differences in professional quality of life between doctors working in CAP and doctors working in a non-CAP environment, could not be demonstrated as no differences were found.
- The overall professional quality of life among doctors in Osona is average.

Regarding the main objectives of the study:

- Comparing the level of professional quality of life between professionals working in CAP and those working in a non-CAP environment, as well as according to socio demographic variables: No significant differences in professional quality of life were found based on the study variables: age, gender, professional group, primary work location outside the Osona region, employment contract type, years with the company, and commuting time to the workplace.
- Comparing the level of organizational commitment between doctors working in CAP and those working in a non-CAP environment: Differences close to the threshold of statistical significance were obtained, with a higher level of organizational commitment observed among CAP doctors compared to those in the non-CAP environment.
- There is a moderate positive correlation between professional quality of life and organizational commitment, meaning that higher organizational commitment is associated with a higher quality of professional life.
- Direct support is the dimension of the QVP-35 with the strongest correlation with organizational commitment.
- A higher level of direct managerial support was found among doctors working outside Osona compared to those working within Osona, although this difference was not statistically significant.

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9 ANNEXES

9.1 Annex A

Enquesta sobre la qualitat de vida dels professionals de la Medicina d'Osona

Des de la Facultat de Medicina de la UVic-UCC i amb el suport de la delegació del Col·legi de Metges d'Osona estem fent un estudi per conèixer la qualitat de vida dels/les professionals de la Medicina d'Osona. Aquest estudi serà la base d'un Treball de Fi de Grau d'un estudiant de la Facultat.

La seva col·laboració es molt important, i agraïm d'antuvi la dedicació i el temps invertit en contestar l'enquesta. No es demanen dades identificatives personals. En el cas que amb les dades es pogués identificar a alguna persona, els responsables de l'estudi respectaran la Llei de confidencialitat de dades personals (Ley Orgánica 3/2018).

Edat:

Gènere:

Home Dona No Binari

Anys a l'empresa:

0-5 anys 6-10 anys 11-20 anys 21 o més anys

Tipus de contracte:

Indefinit/estable a temps complert
 Indefinit/estable a temps parcial
 Temporal/interí a temps complert
 Temporal/interí a temps parcial
 Altres

Lloc de treball (CAP, Hospital...)

CAP
 Hospital
 Sociosanitari
 Altres

Lloc de treball principal fora de la comarca d'Osona

No Sí

Temps de desplaçament al lloc de treball:

0 a 29 minuts
 de 30 minuts a 59 minuts
 d'1 hora a 1 hora i mitja
 més d'1 hora i mitja



Grup professional (indiqui la seva especialitat):

- AL·LERGOLÒGIA ANÀLISIS CLÍNICA ANATOMIA PATOLÒGICA ANESTESIOLOGIA I REANIMACIÓ
 ANGIOLOGIA I CIRURGIA CARDIOVASCULAR APARELL DIGESTIU BIOQUÍMICA CLÍNICA
 CARDIOLOGIA CIRURGIA CARDIOVASCULAR CIRURGIA GENERAL I APARELL DIGESTIU
 CIRURGIA ORAL I MAXIL·LOFACIAL CIRURGIA ORTOPÈDICA I TRAUMATOLOGIA CIRURGIA
 PEDIÀTRICA CIRURGIA PLÀSTICA, ESTÈTICA I REPARADORA CIRURGIA TORÀCICA
 DERMATOLOGIA MEDICOQUIRÚRGICA I VENEROLOGIA ENDOCRINOLOGIA I NUTRICIÓ
 ESTOMATOLOGIA FARMACOLOGIA CLÍNICA GERIATRIA HEMATOLOGIA I HEMOTERÀPIA
 HIDROLOGIA MÈDICA IMMUNOLOGIA MEDICINA DEL TREBALL MEDICINA EDUCACIÓ FÍSICA I
 ESPORT MEDICINA FAMILIAR I COMUNITÀRIA MEDICINA FÍSICA I REHABILITACIÓ
 MEDICINA INTENSIVA MEDICINA INTERNA MEDICINA LEGAL I FORENSE MEDICINA PREVENTIVA I
 SALUT PÚBLICA MICROBIOLOGIA I PARASITOLOGIA NEFROLOGIA NEUROCIROURGIA
 NEUROFISIOLOGIA CLÍNICA NEUROLOGIA OBSTETRÍCIA I GINECOLOGIA ONCOLOGIA MÈDICA
 ONCOLOGIA RADIOTERÀPICA OTORRINOLARINGOLOGIA PEDIATRIA I ÀREES ESPECÍFIQUES
 PNEUMOLOGIA PSIQUIATRIA PSIQUIATRIA INFANTIL I DE LA ADOLESCÈNCIA RADIODIAGNÒSTIC
 REUMATOLOGIA UROLOGIA

A les següents preguntes marqui la resposta que més s'adequa a la seva situació personal i professional amb una puntuació d'1 a 10. Considerant 1 com "Gens" i 10 com "Molt"

	1 Gens	2	3	4	5	6	7	8	9	10 Molt
1 Quantitat de feina que tinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Satisfacció amb el tipus de feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Satisfacció amb el sou	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Possibilitat de promoció	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Reconeixement del meu esforç	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Pressió que rebo per realitzar la quantitat de feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Pressió que rebo per mantenir la qualitat de la meva feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Presses i ofecs per manca de temps per fer la meva feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Motivació (ganes d'esforçar-me)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Suport dels/les meus/meves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Suport dels/les companys/es	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Suport de la meva família	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Ganes de ser creatiu/va	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Possibilitat de ser creatiu/va	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 "Desconnecto" en acabar la jornada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Rebo informació dels resultats de la meva feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Conflictes amb altres persones de la feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Manca de temps per a la meva vida personal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Incomoditat física a la feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



20	Possibilitat d'expressar el que penso i necessito	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Càrrega de responsabilitat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	La meva empresa tracta de millorar la qualitat de vida del meu lloc de treball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	Tinc autonomia o llibertat de decisió	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	Interrupcions molestes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Estrès (esforç emocional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Capacitació necessària per fer la meva feina actual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	Estic capacitada per la meva feina actual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	Varietat en la meva feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	La meva feina és important per a la vida d'altres persones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	És possible que les meves propostes siguin escoltades i aplicades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	Tinc clar el que he de fer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	Em sento orgullós/sa de la meva feina professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	La meva feina té conseqüències negatives per mi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	Qualitat de vida en la meva feina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	Em sento orgullós/sa de treballar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

En cas d'ocupar un càrrec directiu (director/a d'equip d'atenció primària, inclou direcció de programa, caps de secció o d'unitat) responeu la següent pregunta:

Tinc el suport del meu equip

1 Gens 2 3 4 5 6 7 8 9 10 Molt

A continuació, 3 preguntes sobre el compromís amb el centre on treballa:

	1 Gens	2	3	4	5	6	7	8	9	10 Molt
Em sento orgullós/sa quan li dic a la gent que treballa per aquesta organització	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Em sento identificat/da amb el que aquesta organització representa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Si m'oferissin un treball similar em costaria deixar aquesta organització	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Per acabar, soc un estudiant apassionat de l'atletisme. Per això no poden faltar 7 preguntes que m'agradaria que responguéssiu relatives a la pràctica d'activitat física:

En els últims 7 dies, quants dies ha realitzat activitat física vigorosa (que el/la fes respirar fort) com és ara aixecar pesos pesants, fer aeròbic o similar, anar amb bicicleta a marxa ràpida? Pensi només en les ocasions en què va realitzar aquesta activitat física durant almenys 10 minuts.

Cap dia 1-2 dies 3-4 dies 5 o més dies

En total, quant de temps sol fer activitat física vigorosa en un d'aquests dies?

menys de 10 minuts al dia entre 10 y 149 minuts al dia 150 minuts o més al dia

Una vegada més, pensi únicament en l'activitat física que ha realitzat durant almenys 10 minuts. En els últims 7 dies, quants dies ha realitzat activitat física moderada (que no el/la fes respirar fort), com per exemple transportar pesos lleugers, anar amb bicicleta a ritme regular, jugar a tennis partits de dobles? No hi compti el temps de caminar.

Cap dia 1-2 dies 3-4 dies 5 o més dies

En total, quant de temps sol fer activitat física moderada en un d'aquests dies?

menys de 10 minuts al dia entre 10 y 149 minuts al dia 150 minuts o més al dia

En els últims 7 dies, quants dies ha caminat com a mínim 10 minuts? Compti si camina a la feina i a casa, si camina per anar d'un lloc a un altre, i qualsevol altra vegada que camini per esbarjo, per practicar esport, exercici o com a lleure.

Cap dia 1-2 dies 3-4 dies 5 o més dies

En total, quant de temps sol caminar en un d'aquests dies?

menys de 10 minuts al dia entre 10 y 149 minuts al dia 150 minuts o més al dia

En els últims 7 dies, quant de temps en total ha estat assegut/da en un dia laborable? Es refereix al temps que vostè està assegut/da els dies laborables a la feina, a casa, assistint a classe i en el temps lliure. Compti el temps que està assegut/da al despatx, de visita a casa dels amics, durant els desplaçaments o assegut/da o estirat/da mirant la televisió.

menys d'1 hora 1-2 hores 3-4 hores 5-6 hores 7-8 hores més de 8 hores

9.2 Annex B: Professional Quality of Life questionnaire (QVP-35)

Emmarqueu amb un cercle la vostra resposta. Gens (1) Una mica Bastant Molt (10)

1. Quantitat de feina que tinc (CF) 1 2 3 4 5 6 7 8 9 10

2. Satisfacció amb el tipus de feina (RD) 1 2 3 4 5 6 7 8 9 10

3. Satisfacció amb el sou (RD) 1 2 3 4 5 6 7 8 9 10

4. Possibilitat de promoció (RD) 1 2 3 4 5 6 7 8 9 10

5. Reconeixement del meu esforç (RD) 1 2 3 4 5 6 7 8 9 10

6. Pressió que rebo per realitzar la quantitat de feina (CF) 1 2 3 4 5 6 7 8 9 10

7. Pressió que rebo per mantenir la qualitat de la meva feina (CF) 1 2 3 4 5 6 7 8 9 10

8. Presses i ofecs per manca de temps per fer la meva feina (CF) 1 2 3 4 5 6 7 8 9 10

9. Motivació (ganes d'esforçar-me) (MI) 1 2 3 4 5 6 7 8 9 10

10. Suport dels meus caps (RD) 1 2 3 4 5 6 7 8 9 10

11. Suport dels companys (RD) 1 2 3 4 5 6 7 8 9 10

12. Suport de la meva família (MI) 1 2 3 4 5 6 7 8 9 10

13. Ganes de ser creatiu (MI) 1 2 3 4 5 6 7 8 9 10

14. Possibilitat de ser creatiu (RD) 1 2 3 4 5 6 7 8 9 10

15. "Desconnecto" en acabar la jornada 1 2 3 4 5 6 7 8 9 10

16. Rebo informació dels resultats de la meva feina (RD) 1 2 3 4 5 6 7 8 9 10

17. Conflictes amb altres persones de la feina (CF) 1 2 3 4 5 6 7 8 9 10

18. Manca de temps per a la meva vida personal (CF) 1 2 3 4 5 6 7 8 9 10

19. Incomoditat física a la feina (CF) 1 2 3 4 5 6 7 8 9 10

20. Possibilitat d'expressar el que penso i necessito (RD) 1 2 3 4 5 6 7 8 9 10

21. Càrrega de responsabilitat(CF) 1 2 3 4 5 6 7 8 9 10

22. La meva empresa tracta de millorar la qualitat de vida del meu lloc de treball (RD) 1 2 3 4 5 6 7 8 9 10

23. Quantitat de feina que tinc (CF) 1 2 3 4 5 6 7 8 9 10

24. Interrupcions molestes (CF) 1 2 3 4 5 6 7 8 9 10



25. Estrès (esforç emocional) (CF) 1 2 3 4 5 6 7 8 9 10

26. Capacitació necessària per fer la meva feina actual (MI) 1 2 3 4 5 6 7 8 9 10

27. Estic capacitat per la meva feina actual (MI) 1 2 3 4 5 6 7 8 9 10

28. Varietat en la meva feina (RD) 1 2 3 4 5 6 7 8 9 10

29. La meva feina és important per a la vida d'altres persones (MI) 1 2 3 4 5 6 7 8 9 10

30. És possible que les meves propostes siguin escoltades i aplicades (RD) 1 2 3 4 5 6 7 8 9 10

31. Tinc clar el que he de fer (MI) 1 2 3 4 | 5 6 7 8 9 10

32. Em sento orgullós de la meva feina professional (MI) 1 2 3 4 5 6 7 8 9 10

33. La meva feina té conseqüències negatives per mi (CF) 1 2 3 4 5 6 7 8 9 10

34. Qualitat de vida en la meva feina 1 2 3 4 5 6 7 8 9 10

35. Em sento orgullós de treballar (MI) 1 2 3 4 5 6 7 8 9 10

En cas d'ocupar un càrrec directiu (inclou direcció de Programa, caps de secció o d'unitat i supervisió d'infermeria) responeu la pregunta següent:

36. Tinc el suport del meu equip (MI) 1 2 3 4 5 6 7 8 9 10



9.3 Annex C: Organizational Commitment

A continuació, 3 preguntes sobre el compromís amb el centre on treballa:

	1 Gens	2	3	4	5	6	7	8	9	10 Molt
Em sento orgullós/sa quan li dic a la gent que treballo per aquesta organització	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Em sento identificat/da amb el que aquesta organització representa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Si m'oferissin un treball similar em costaria deixar aquesta organització	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>