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Quality of life at work according to the perceptions of civil servants of a Brazilian Basic Health Unit (BHU)

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Abstract:
Background*: The theme quality of life at work (QWL) encompasses multifaceted views that vary according to the perceptions that individuals attribute to the organizational context in which they are inserted. It is, therefore, a fundamental theme to be discussed in all areas of professional activity, especially in sectors such as health. This is because workers in the health segment are exposed to several risk factors, which eventually leads to the emergence of physical and/or psychological diseases among such individuals. Thus, in view of the recurrence of harmful work situations in the health segment, this research aimed to analyze the main perceptions that health professionals of a basic health unit (BHU) in Brazil have about the theme Quality of Work Life (QWL).*
Materials and Methods*: This research was characterized as exploratory with a qualitative approach. To carry out the study, a semi-structured interview was applied with fifteen employees of a public health institution that is located in Brazil. Data were analyzed using the discourse analysis technique, which involved five stages: text selection, reading of transcripts, data coding, data analysis and discourse analytical writing.*
Results*: As a result, it was found that the main perceptions of employees about what it is to have quality of life at work are associated with job satisfaction, thus involving elements such as well-being and pleasure. In the servers work routine, there is a prevalence of beneficial factors such as good interpersonal relationships, however, there is a prevalence of harmful aspects such as inadequate infrastructure and lack of materials.*
Conclusion: *It is concluded that the employees had their quality of life at work affected due to the organizational problems existing in the institution. Thus, it is essential that the institution invests in strategies and actions that promote quality of life at work, ensuring a healthy and productive environment for its employees, and consequently, providing quality health services to the population.*

Key Word*: Quality of Life at Work (QWL); health professionals; well-being.*

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I. Introduction

Over the past decades, the theme Quality of Life at Work (QWL) has been gaining more and more repercussions in the academic and business sphere. According to Camargo et al. (2021), this began to occur, especially after the globalization processes, which caused social and economic transformations that changed the way in which man relates to work.

Since then, the changes resulting from globalization have required greater competitiveness among companies, as well as a greater need for innovation. However, most organizations have not been able to absorb the above changes without generating negative impacts on the health of workers, which ended up impacting directly on the quality of life of such individuals (RODRIGUES, 2014).

Given this scenario, it began to give greater attention to well-being in the workplace, in order to take into account different aspects of work, such as the behavioral, social, environmental, affective, motivational and psychosocial components. Thus, the expression Quality of Life at Work (QWL) emerged, according to Chiavenato (2020), as an initial concept of quality of life, however, tied to the representations of pleasure that professionals build in the work environment.

Authors such as Jarruche and Mucci (2021) reiterate that psychological and physical wear are ubiquitous problems in contemporary work and, because of this, Quality of Life at Work (QWL) has become a theme with great relevance for projects that seek solutions in favor of the employees' health.

In this perspective, the psychological and physical wear are aggravated, especially in the public health sector, since the professionals of this branch work in a context characterized by diseases and, therefore, become susceptible to acquire some occupational disease. Nevertheless, the lack of materials and the precariousness of public health institutions in Brazil contribute to further aggravating the routine of these employees, thus generating harmful effects on their health (JARRUCHE; MUCCI, 2021).

According to the above, this study sought to investigate, as problematization, the following research question: "What are the perceptions that employees of a basic health unit (BHU) in the municipality of Três Rios have about the theme Quality of Work Life (QWL)? In this sense, the research was limited to public employees of a basic health unit (UBS) located in the center of Três Rios/RJ, and the time frame is tied to the second half of the year 2021.

II. Review of Literature

In this section, the theoretical framework of this research will be presented. Thus, topics about the contextualization and concepts related to Quality of Life at Work (QWL) will be addressed.

II.I Contextualization of Quality of Life at Work (QWL)

The concern over improvements in working conditions has been present in the history of mankind since ancient times. In its early days, work was based on a dynamic of gathering and extractive activities, which was later directed by fishing, hunting and herding. Later, with agriculture, it began to produce a surplus of products, before what could consume and trade (CAVALCANTE et. al, 2018).

In the eighteenth century, with the industrial revolution, it began to advocate a new paradigm of work organization, which was characterized by specialization and division of tasks. From this milestone, the concerns of well-being at work were accentuated, resulting in the emergence of the term Quality of Life at Work (QWL) (BUSS et. al, 2020).

The term Quality of Life at Work (QWL) appeared, according to Fernandes (1996), in the 1950s, after Eric Trist used a sociotechnical approach at Tavistock Institute. Such an approach was made "based on the analysis and restructuring of the task, seeking to improve productivity, reduce conflicts and make the lives of workers less painful (FERNANDES, 1996, p. 40)."

In the 1960s, according to Fernandes (1996), the United States created the National Commission on Productivity, in order to assess the reasons for low productivity in the country's industrial environment. Then, the Americans created the National Center for Productivity and Quality of Working Life to conduct studies and serve as a laboratory on productivity and quality of life of the worker. Given these creations, began to strengthen the studies and research center on QWL.

However, the term quality of life at work was only publicly introduced in the early 1970s by Professor Louis Davis, who was expanding his work on the project of outlining jobs. At this time, with the crisis in the American production system, it began a diligence to bring together the interests of workers and the company through managerial practices, in order to minimize conflicts and, consequently, maximize the motivation of employees (RODRIGUES, 2014).

Until the early 1980s, some researches stood out in the international panorama, such as Hackman and Lawler (1971), Walton (1973), Hackman and Oldham (1974) and Westley (1979). These authors were concerned with developing and researching, before a functionalist viewpoint, the variables that could result in improvements in working conditions.

Currently, Sampaio (2012) points out that the perspectives of the theme Quality of Life at Work (QWL) have been related to the meaning of work or psychological well-being in the work environment, requiring a reflection and production of a valid knowledge through the new work relationships. For this, it depends on a greater articulation of researchers, teachers, consultants and QWL professionals in public and private organizations.

II.II Concepts of Quality of Life at Work (QWL)

According to Medeiros (2002), the quality of life at work manifests itself in order to seek the balance between the individual and the organization, so that workers get used to the company. Corroborating with this understanding, Aquino (1980) makes a relevant reflection to define quality of life at work, stating that it is important the reconciliation between the interests of individuals and organizations to balance the worker's satisfaction with the improvement of the points about productivity.

In this way, when the worker does not feel integrated or accepted in his work environment, he starts taking care of his private interests and, only if there is time left, he performs the activities inherent to the job. Such

circumstances generate a lack of commitment, which leads to delays in tasks and, consequently, impact the organizational results.

In addition, Pranee (2010) highlights that QWL involves issues related to occupational risks, occupational safety, human resources development, well-being, vocational training, physical conditions, improvement of facilities, wage claims, reduction in working hours, benefits and improvements in working conditions.

These factors are derived, in short, from organizational, environmental and behavioral causes, which make work meaningful, then offering a path to self-realization, professional growth, possibility of obtaining rewards, developing skills and satisfaction.

In this vein, Rodrigues (2014) and Roeder (2003) point out that job satisfaction cannot be restricted only to the individual's private life as a whole, being necessary to consider their social life. Thus, QoL receives influences by the environment which is included as a set of social, biological, cultural, economic, religious, political and ecological relationships, which together form a context that interacts with the human being where both can be modified or transformed.

One of the main authors who addressed the QWL theme in their research was Walton (1973). This author developed a model that addressed eight criteria linked to the quality of life at work, in order to consider the organizational and extra-work factors, such as: fair compensation, adequate working condition, use and development of skills, development opportunities, social integration in the organization, constitutionalism, total space of life and a social relevance of work.

Therefore, it is noticeable the absence of a consensus on this variable that instigates researchers from different areas to develop instruments to evaluate it. Therefore, in view of the concepts of quality of life at work in its conceptions over the years in different ways of being understood, it can be seen that it is a subject discussed until the present time given its importance. This is because quality of life at work reflects not only at work, but also in family and social spheres of individuals, having as one of its attributions the search for a humanized working environment that can provide the company with better results.

II.III Quality of Life at Work (QWL) in the Healthcare Sector

The organizational environment - the environment in which the individual develops his/her work actions, the interpersonal relationships and the necessary conditions for the development of his/her activities - may be a source of pleasure or suffering. In the case of health care work, professionals work in a work context characterized by diseases, and are therefore subjected to constant situations of physical and/or mental wear (DEJOURS, 2004; LUZ; TOSTA; MILANEZE, 2009).

Health workers face all sorts of difficulties, both outside and inside the workplace, being subjected to a series of activities. With this, such professionals accumulate several functions, becoming true machines for the assistance to patients. In this perspective, most of these employees work in unhealthy and painful environments, being exposed to the most diverse harmful agents, such as the precariousness of the work due to the accumulation of working hours, poor remuneration and/or the employment relationship that entails instability (RAMOS, 2009).

Moreover, health professionals are susceptible to constant alienation. This disruption produces dissatisfaction, anguish and suffering, which, as Santos and Trevisan (2002) point out, can lead to psychosocial disorders with expressions in the collective and individual space.

In addition, the routine of assisting numerous ill individuals puts the multidisciplinary team in a position of living with pain, suffering and death. This presents itself as a stressful factor that may lead the worker not to take care of his own health to the detriment of integral care with the patients' well-being in mind. It is a job that requires a constant state of alert and high consumption of physical, mental and emotional energy (LIMA et al., 2013).

Corroborating the above, Luz, Tosta, and Milaneze (2009, p. 2) emphasize that:

> To act in an organization, whose process is eminently human, and whose product is subjective, i.e., health, people must be healthy both from the physical point of view, and from the psychological point of view Additionally, it can be cited that the work environment within a Hospital Institution is characterized by a daily living with human suffering, which demands additional energy in the tasks to be performed.

Ramos (2009) defends the prerogative that, when raising a discussion about QoL, one should consider that the worker's suffering is related to the contradiction between the prescribed work and the actual work. For Dejours (2004), the prescribed work corresponds to what precedes the execution of the task and, thus, encompasses a record that satisfies a need for guidance, bureaucratisation and supervision. It is, therefore, a source of recognition and punishment. Real work, on the other hand, is the very moment of execution that is not prescribed, which involves the real action of the worker.

In the health field, there are an infinite number of unforeseen events that can happen at the moment of execution, such as: unpredictability, unforeseen events, contradictions, ambivalence, failures, laws, norms and

rules of the organization. Therefore, it often becomes impossible to perform the prescribed work, which ends up generating a disorganization that leads the worker to suffering, because he feels powerless to perform what he was assigned (RAMOS, 2009).

The gap between the prescribed work and the reality of the work is what causes illness and, consequently, impairs the QoL of health professionals (DUARTE; GLANZNER; PEREIRA, 2018). Therefore, it is observed that quality of life at work, regardless of the places of performance, is a complex issue, since it covers fundamental survival issues - the satisfaction of human needs - associated with the improvement of living conditions at work.

III. Material And Methods

The present research was characterized as exploratory, which allows privilege the observation, the record and the analysis of the phenomena under study. As to the approach, the methodology used followed the qualitative orientation. As Godoy (1995) points out, the qualitative approach refers to an analysis that aims to delve into the discourse of individuals in order to enhance the content presented by the subject and, at the same time, obtain in-depth information about a particular theme.

In the case of this research, we chose to analyze the perceptions of individuals around the theme Quality of Life at Work (QWL), and the sample consisted of 15 workers from a basic health unit (BHU) located in the center of the city of Três Rios/RJ. The individuals were selected before a non-probabilistic sample for convenience, which is, according to Malhotra (2011), a form of selection based on the availability of respondents and, therefore, does not require statistical calculations.

After the sample definition, it proceeded to the field work, thus involving a direct contact with the workers within the company. For data collection, a request was made to the site manager, and the request was promptly met. Given this, the field work began with the application of a semi-structured interview, which is characterized, according to Godoy (1995), by a flexible model that holds a script of predefined questions and that also allows the questioning of new questions during the interview.

The pre-defined script was an open questionnaire that was divided into two parts, the first being linked to the profile of workers, whilst the second part addressed perceptions around the theme Quality of Life at Work (QLW). The first part of the research instrument enabled the identification of the respondents' profile through demographic variables, i.e., elements such as gender, education, age, etc. The second part of the questionnaire, on the other hand, allowed us to analyze the perceptions of workers. To this end, questions were asked about what it is to have quality of life at work, what are the beneficial and harmful aspects of work and what suggestions for improvements could be given for a better experience in the workplace.

The data was collected in the year 2021 and transcribed by means of notes. In addition, it was decided to record, upon the respondents' agreement, all the interviews, so as to ensure the clarity and accuracy of the answers. It is important to emphasize that, due to the Covid-19 pandemic, all data collection occurred according to the recommendations given by the World Health Organization (2020) and, because of that, there was the use of personal protective equipment (PPE), 3 meters distance and the cleaning of materials.

Subsequently, data analysis was performed through the technique of discourse analysis, because the meanings of the messages given by the interviewees were privileged. The discourse analysis occurred through the selection of the text, reading the transcripts, coding, data analysis and analytical writing of the discourse, as recommended by Vergara (1997). It is worth mentioning that, due to the need for confidentiality, the interviewees were named with fictitious names.

IV. Result

During this research, it was found that, among the 15 individuals in the sample, eleven were women, while four were men, i.e., such results show a greater female workforce in the basic health unit (BHU) under study. Regarding age, the age ranges ranged from 22 to 44 years and, when asked about marital status, eleven individuals (73.33%) reported they were married and four (26.67%) said they were single. Finally, regarding the position, the sample was composed of six nursing technicians, three receptionists, two laboratory technicians, two cleaning ladies, one psychologist and one social worker.

After the identification of the respondents' profile, questions were asked around the theme Quality of Life at Work (QWL). The first question sought to analyze the perceptions of employees about what it is to have quality of life at work and, as a response, it was possible to observe that most of them, a total of six people, answered factors associated with satisfaction at work, as can be evidenced in the statements of respondents E1 and E4 below:

> I believe that having quality of life at work is to feel satisfied as a professional. Spending the rest of your life without doing what you like and with a sense of dissatisfaction is very harmful to our health. I chose my profession to take care of people, there's nothing better and gratifying than that. Being a nursing technician is an act of love (I1).

> In my perception, quality of life at work is related to the way the individual feels at work. It is to be well, feeling idealized and satisfied with their tasks. This, of course, goes beyond a short-term circumstance, because we must feel satisfied over time and not merely in a moment (E4).

Given the above, it can be seen that job satisfaction involves a general attitude of the individual in relation to the activity performed within the organizational context and, therefore, the concept of job satisfaction varies from person to person. In this case, the six employees pointed out, in short, two different conceptualizations of what it is to have satisfaction in the work environment, being linked to the feeling of well-being, as well as in doing what each one really likes. It is, therefore, two elements that are intrinsically interconnected, after all, when an individual chooses to follow a career that he/she likes, there is a greater susceptibility to obtain pleasure in the desired tasks and, consequently, well-being. From this, the routine becomes less stressful, thus favoring the quality of life at work.

Besides satisfaction, three individuals pointed out that having quality of life at work is to live harmoniously with teammates, two highlighted that it is to have a salary compatible with the function, two reported that it is to have good working conditions, one reported that it is to have recognition at work and, finally, one emphasized that it is to have a balance between personal and professional life.

The second question was in relation to the positive factors that exist in the clinic and that, consequently, contribute to favoring quality of life at work. In this sense, it was verified that the main factor mentioned was the good interpersonal relationship, as nine respondents emphasized aspects such as a good team, pleasant people, friendship, respect and good coexistence with colleagues. Interviewees E11 and E8 even reported the subsequent statements

> The main positive factor at work, without a doubt, are people. I have a very good and friendly team, where everyone here has respect for each other. This helps a lot to have a better work routine at the clinic. We are more than work colleagues, we are a family (E11).

> The good relationship I have with my co-workers. Everyone here works and coexists under the same conditions, so everyone is aware of the problems and, together, we try to make it less stressful (E8).

In view of the above, it is evident that there is a favorable social integration in the post, where professionals act synergistically at work through good coexistence with other employees. Thus, there is a sense of community in the company and respect for individuality, corroborating what the Walton model (1973) provides. Such factors contribute to providing a favorable organizational climate within the clinic, making the environment more harmonious. After all, work is an important mechanism for social contact and the way individuals relate directly impacts organizational results.

In this view, quality of life at work does not come from material aspects such as good salary and growth opportunities, it comes, above all, from the human treatment that exists within the clinic. Furthermore, it is worth mentioning that three individuals mentioned stability at work as the main beneficial factor, two highlighted the labor benefits and one pointed out that it is the proximity of the home to the workplace.

As for the main negative factors that affect the quality of life at work, it was possible to observe that the main factor mentioned by a total of eight people was the inadequate infrastructure of the health center. The servers work in precarious conditions to serve the population, thus generating a difficulty in the work routine. It was observed, in this case, that the air conditioners do not work, which directly impacts the air conditioning of the environment and, at the same time, the provision of services.

In addition to poor air conditioning, the physical infrastructure has cracks in the walls and old electrical installations, which ends up compromising the safety of individuals within the work environment. As pointed out by interviewee E7, "the lack of a good infrastructure to work ends up hindering the work. The space is small and there is no air, so working here is very exhausting, especially on hot days". Complementing this, respondent E12 even commented on the subsequent line.

> The lack of a good infrastructure to work in hurts our work a lot. Imagine you serve the population of an entire neighborhood in a place with old structure and old wiring [...]. Once, my blood pressure dropped due to the stress and excessive heat that it is here. You can't talk about quality of life without taking into account the environment in which we live. It is necessary that there are healthy conditions so that we can perform our activities in the best way (I12).

It should also be noted that four people reported the lack of materials to serve the population as the main factor harmful to the quality of life at work. Thus, the lack of resources for patient care contributed to affect the efficiency of the service provided and, consequently, impacted the employees of the Basic Health Unit (BHU), making them susceptible to acquiring stress.

Likewise, unlike an industry where the lack of materials affects the production processes, in the public health sector the employees are dealing with people and, therefore, the lack of inputs also impacts the lives of

patients. Finally, the other three individuals cited three distinct harmful factors, which were: low salary, incomprehensible patients and the heavy work routine.

In view of the problems evidenced, the servers were asked about suggestions for improvements in order to obtain quality of life at work. With that, most individuals mentioned the need to carry out work in the clinic, which shows a direct correlation with the main harmful aspect that affects the well-being of employees, which is the precarious infrastructure existing in the institution. Furthermore, the following suggestions were also pointed out: supply of materials, hiring of more employees and greater recognition.

In this sense, the physical conditions of work are configured as a key element for Quality of Life at Work (QWL) from the perspective of employees. In a work environment with good physical conditions, workers perform their work activities with greater comfort, which generates a higher rate of satisfaction and well-being. Ergonomic practices are, therefore, essential to ensure the occupational health of employees and improve productivity, after all, the environment in which individuals are inserted is able to influence, positively or negatively, the life and organizational performance of each one.

V. Conclusion

Through this exploratory research of qualitative approach, conducted in a health post in the municipality of Três Rios/RJ, it was found that the main perceptions of employees about what it is to have quality of life at work are associated with satisfaction in the workplace. In practice, it was found that the main beneficial factor for quality of life in the institution was the interpersonal relationship among employees, while the main harmful factors were linked to the inadequate physical conditions of work and the lack of materials.

Thus, it was observed that there is a social integration in the organization that favors the quality of life at work, which corroborates what is foreseen in Walton's model (1973). In addition, it was possible to understand that the problems faced by employees are not isolated cases of the health post under study, given that, as evidenced in the article, the Brazilian public health institutions present an infrastructural precariousness and a lack of resources that further aggravate the routine of professionals in this branch.

In this sense, it is proposed that the health post seeks to provide, through a public quality management, the satisfaction and well-being of employees, in order to reduce the harmful factors at work. To this end, ergonomic improvements are necessary in the place, especially with regard to infrastructure and air conditioning of the environment. In addition, the supply of materials should be highlighted, since there is a constant lack of basic inputs used in the provision of services to people.

By promoting quality of life at work, the basic health unit can increase the satisfaction, engagement and productivity of employees, in addition to contributing to the retention of talent and improving the quality of health services provided to the population. Thus, it is essential that the institution invests in strategies and actions that promote quality of life at work, ensuring a healthy and productive environment for its employees, and consequently, providing quality health services to the population.

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