

QUALITY OF WORK LIFE: PERCEPTION OF HEALTH PROFESSIONALS IN A PUBLIC HOSPITAL UNIT

QUALIDADE DE VIDA NO TRABALHO: PERCEPÇÃO DOS PROFISSIONAIS DE SAÚDE EM UMA UNIDADE HOSPITALAR PÚBLICA

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Abstract

Quality of Working Life (QWL) has stood out in academic and professional studies, is seen as an instrument that allows meeting the needs of employees and leveraging organizational results. Hence, this study analyzes health professionals' perception in a public hospital unit on Quality of Working Life (QWL). Through quantitative-descriptive research, an adaptation of Junior's questionnaire QWLQ-78 (Quality of Working Life Questionnaire) (2008) was applied, using a sample of 253 employees of a hospital, who work in administrative positions, assistance to health and general services. The data were analyzed using descriptive statistics techniques. The results showed an excellent QWL, emphasizing health concerns, the concentration at work, self-esteem, family support, and burnout avoidance. On the other hand, there was a need for actions on labor gymnastics or physical activities.

Keywords: Quality of Working Life; Hospital; Public Sector; Health Professionals; QWLQ-78.

Resumo

A Qualidade de Vida no Trabalho (QVT) tem se destacado nos estudos acadêmicos e profissionais, sendo vista como um instrumento que permite satisfazer as necessidades dos colaboradores e alavancar os resultados organizacionais. Assim, este estudo tem como objetivo analisar a percepção dos profissionais de saúde em uma unidade hospitalar pública sobre a QVT. Através de uma pesquisa quantitativa-

descritiva, foi aplicado uma adaptação do questionário QWLQ-78 (*Quality of Working Life Questionnaire*) de Junior (2008), utilizando-se de uma amostra de 253 colaboradores de um hospital, que trabalham em cargos administrativos, assistência à saúde e serviços gerais, sendo os dados analisados por técnicas de estatística descritiva. Os resultados apontaram uma QVT satisfatória, com destaque para preocupação com a saúde, concentração no trabalho, autoestima, apoio familiar e não ficarem doentes devido ao trabalho. Em contrapartida, verificou-se a necessidade de ações relativas à prática de ginástica laboral ou atividades físicas.

Palavras-chave: Qualidade de Vida no Trabalho; Hospital; Setor Público; Profissionais de Saúde; QWLQ-78.

1. Introduction

The need for organizations to remain stable and well-positioned in the market-led them to guarantee the quality of technical and productive aspects, invest in the people involved in these processes (KLEIN et al., 2017). The importance of interventions in the work environment makes it possible to correct and improve employees' difficulties in activities and health promotion. Impact on workers' quality of life and efficiency (HIPÓLITO et al., 2017; KLEIN; PEREIRA; LEMOS, 2019), since work has taken up most of the people's time and life (LÍRIO; SEVERO; GUIMARÃES, 2018).

Quality of Work Life (QWL) is based on satisfying the needs of employees, being related to greater involvement in work and less professional exhaustion (SINVAL et al., 2019). The management of a good QWL can provide workers with a healthy and productive work environment, improve their commitment (LÍRIO; SEVERO; GUIMARÃES, 2018) and influence the search for their personal and professional success (BONFIN et al., 2017). For organizations, QWT is seen as an instrument that allows leveraging organizational results, which has led several researchers to seek to understand its variables and consequences in the business environment (CERIBELI; CERIBELI; FERREIRA, 2016). Thus, QWL seeks to improve employees' productivity, consequently generating reciprocity between the organization and workers' interests (PAIVA et al., 2017)

Working in a hospital environment causes tremendous physical and emotional stress (SANTANA; ANDRADE; JESUS, 2016). Also, public organizations differ from private organizations regarding the analysis of QWL programs. The public nature of organizations presents a highly bureaucratic environment characterized by roles, rules, control, power, and hierarchies. In addition, society is accountable for better use of financial resources and better results (KLEIN; PEREIRA; LEMOS, 2019).

Considered a rising theme, both in academic and professional studies (CAMPOS; RUEDA, 2017; LÍRIO; SEVERO; GUIMARÃES, 2018; MILHOME; ROWE, 2016), QWL has stood out due to the collaborators' health-disease process directly on absenteeism and the quality of work provided (TEIXEIRA et al., 2019). The authors Milhome and Rowe (2016), Vital, Paiva and Pereira (2020), point out the need for further research on QWL, in its most diverse aspects and with varied samples, as a way to assist in its better development and understanding.

This study is justified because it addresses aspects regarding the well-being of professionals in a public hospital, enabling the construction of a favorable environment that can maximize performance and improve employees' working conditions.

Consequently, improving the quality of life and the organizational climate since working in a hospital environment causes tremendous physical and emotional stress (SANTANA; ANDRADE; JESUS, 2016).

Studies on QWL in this research context are incipient and there is a need for further research (MENDONÇA; ARAÚJO, 2016; VIEIRA et al., 2019a; VITAL; PAIVA; PEREIRA, 2020), as most existing ones used only the sector nursing as a sample (ZAVALA; KLINJ; CARRILO, 2016; AZEVEDO; NERY; CARDOSO, 2017; HEMANATHAN et al., 2017; VIEIRA et al., 2018; SANTOS; PAIVA; SPIRI, 2018; SOUZA; SOUZA, 2018; ITZKOVICH; DOLEV; SHNAPPER-COHEN, 2020). However, few findings addressed multi-professionals in the health field, but with a reduced sample size (DIAS et al., 2016; VIEIRA et al., 2019b; FELÍCIO et al., 2021).

Therefore, this research seeks to fill a gap in the literature by analyzing the QWL in the general context of the public hospital, allowing to compare its incidence in the most diverse positions and functions. Descriptive corroborating with previous studies regarding the multidisciplinary as a result of the obtained sample. Therefore, research on the QWL construct is still relevant, as a more pleasant, harmonious, and favorable environment for stress reduction influences workers to seek their personal and professional success (BONFIN et al., 2017; KALANLAR; AKÇAY; KARABAY, 2021).

This article seeks to answer the following question: what is employees' perception regarding QWL in a public hospital? To answer this question and to assist in the discussion on the topic, this article aims to analyze the perception of health professionals in a public hospital unit about the quality of life at work.

Regarding the theme of QWL, this article initially presents its conceptual bases, its importance in organizations, and QWL in the context of health. Then, the methodological procedures were used. Finally, the main results of this research and the final considerations are presented.

2. Theoretical reference

2.1 Quality of work life

Although human issues related to work have been discussed since 1924 by Elton Mayo and his collaborators, the individual's work environment and health started to explain QWL in the 1950s (MILHOME; ROWE, 2016). The pioneer in researching QWL was Richard Walton (1973), who created QWL measurement models based on several dimensions: payment, environment, opportunities, and personal life (FERNANDES, 1996; KLEIN et al., 2017). Walton (1973) argues that QWL represents environmental and human principles, which have been neglected by industrial society with technological developments. Following this thought, Walton (1973) further ponders that QWL practices depend on the harmony between work and other personal aspects of each individual

In Brazil, studies on QWL started in 1990, with Limongi-França, Moraes, Goulart, Sant'Anna and Kilimnik, Sampaio, Piccinini and Tolfo, Fernandes, among others (ZWIELEWSKI; TOLFO, 2016). Since then, the theme has been addressed in the professional and academic environment, in the search for the humanization of work, based on the worker's satisfaction and well-being (MILHOME; ROWE, 2016).

Quality of life involves the perception of the person and their position in life, culture, and value systems in which they live, about their expectations, goals, and

standards (ZWIELEWSKI; TOLFO, 2016). A better quality of life is associated with people's satisfaction with themselves, family, religion, social life, and work. In this sense, work is inseparable from human life, as people spend a good deal of time within companies (EL-AOUAR; VASCONCELOS; NETO, 2016). The demands of companies on employees characterized by overtime, night shifts, constant travel and happy hours with superiors and customers, physically and mentally distance employees from the comfort of home (VASCONCELOS, 2001), making it necessary to discuss QWL.

QWL is considered a subjective and complex concept (COUTO; PASCHOAL, 2017), broad and diverse (AGUS; SELVARAJ, 2020). It encompasses many meanings that reflect the evolution and improvement of its definition by inserting new variables over time in the most different areas in which it is applied (KLEIN et al., 2017; KLEIN; PEREIRA; LEMOS, 2019). In administration, QWL consists of a wide range of meanings and approaches (VIEIRA; KILIMNIK; NETO, 2016). Despite receiving different names in different contexts, QWL has always aimed at facilitating or providing satisfaction and well-being to the worker in the performance of their tasks (VIMIEIRO; PEREIRA; LANGE, 2009). Milhome and Rowe (2016) consider that QWL can be understood based on two dimensions: physical health (working conditions) and psychological (social integration, work, and life) of employees.

Walton (1973) considers that QWL meets human needs and aspirations based on the company's idea of humanization and social responsibility. Westley (1979) points out the efforts aimed at humanizing work in the search to solve problems caused by the very nature of productive organizations. In a contemporary perspective, QWL is understood as a movement for the humanization of work (MILHOME; ROWE; SANTOS, 2018), is associated with happiness, well-being, job satisfaction (SINVAL et al., 2019), and in attending the aspirations and needs of employees (ZWIELEWSKI; TOLFO, 2016). The factors that explain QWL can be intra-organizational or extra-organizational (MILHOME; ROWE, 2016).

The need to develop QWL programs in companies arises from the growing changes in the world of work (FERREIRA; ALVES; TOSTES, 2009). QWL programs aim to meet the individual expectations of each employee, since they do not have standardized behaviors (AMORIM, 2010), seeking to promote a healthy and meaningful work environment for the individual (BOAS; MORIN, 2016a). These programs are intended to facilitate the development of employee activities within the work environment (RIBEIRO; SANTANA, 2015), with actions that provide their well-being (BARREN; JACOB; MENDONÇA, 2017).

Organizational actions in favor of QWL can influence satisfactory aspects related to the organization's results, which lead to a positive perception on the part of the worker regarding the organization, which contributes to their satisfaction and well-being (MILHOME; ROWE, 2016). Employees become committed when they meet their expectations through a satisfactory QWL (VITAL; PAIVA; PEREIRA, 2019). The well-being offered by the company to its workers can also be considered a matter of competitiveness, avoiding the loss of its employees to other companies (JUNIOR; PILATTI; PEDROSO, 2011).

If it is in organizations that people spend most of their lives, it would be attractive if they were pleasant and healthy places to carry out their work activities (VASCONCELOS, 2001). Hipólito et al. (2017) point out some interventions in the workplace that can favor ways to acquire healthy habits and ease mental demands

about QWL. The incentive to physical activities, such as exercises to improve posture, gymnastics, and weight reduction programs, providing health benefits to employees. Intervention in mental demands resulting from work, such as poor sleep quality and an inadequate work environment, will improve health and well-being. These interventions can be beneficial as long as they are properly planned, implemented, and evaluated.

Bearing in mind that this article seeks to analyze employees' perceptions about QWL, it is necessary to understand some variables that interfere with their satisfaction. Limongi-França (1996) considers some variables of QWL satisfaction from the perception of employees: organizational, social, psychological, and biological.

Chart 1 - Variables of employee satisfaction with QWL

Area	Description	Indicators
Organizational	Perceived satisfaction with regard to organizational policy: what the company does and reflects on the employee.	Company's image; product enhancement; and quality of information generated for internal communication.
Social	Perceived satisfaction regarding social support of legal and spontaneous benefits.	Family involvement; assistance to formal education; and sports.
Psychological	Perceived satisfaction meeting individual needs for recognition, self-esteem and development.	Recruitment / selection criteria; performance /career evaluation; camaraderie; and preserved personal life.

Source: Adapted from Limongi-França (1996, p. 247).

As shown in Chart 1, for Limongi-França (1996), the practical understanding of QWL needs to be expanded, identifying new approaches related to employees. These indicators must emerge from the needs of employees. They must not be pre-defined by the company, as they may vary according to the organizational context and the needs of its employees. They are corroborating this perception; Lima, Baggio, and Fernandes (2018) state that in order to be able to obtain QWL, it is necessary to have a balance between the objectives of the employees and those of the organization. This balance has a positive impact on the individual's quality of life and organizational performance.

Workers' satisfaction with organizational values impacts QWL. Thus, organizations need to reflect on the values they declare, and those put into practice, promoting greater congruence with the workers' perspectives and positively impacting QWL (CAMPOS; RUEDA, 2017). There is a need for employees to seek a balance between personal and professional life. Looking for a more humanized work, tasks that give them greater pleasure and career self-management, not expecting the organization to fully take care of QWL, meet their expectations and take responsibility for their well-being and professional growth (ZWIELEWSKI; TOLFO, 2016).

2.2 Quality of work life in the health context

The QWL of health professionals should be excellent, as they have the knowledge and means necessary to prevent risks and carry out self-care actions.

However, this reality is not experienced in this professional context since many health professionals face many problems (ZAVALA; KLINJ; CARILLO, 2016). Thus, it is worth highlighting the importance of QWL in the health field, given that the improvement in the QWL of these professionals contributes to better results in health systems (ALHARBI et al., 2019), contributing to the quality of care provided to patients and families, through the improvement of work processes (SANTOS; PAIVA; SPIRI, 2018).

In this context, it is worth mentioning the research carried out by Farias and Zeitoune (2007), who observed that nursing professionals worked with high-stress levels, making it difficult to carry out their work. Accordingly, Rodrigues, Barrichello, and Morin (2016) state that the leading cause of stress and conflicts is the relationships guided by the hierarchy in which subordinates' subordination prevails.

Cordeiro (2012) found that the factors that interfere with nurses' quality of life are low wages, occupational risk, and little time for leisure. Corroborating with these findings, Zavala, Klinj, and Carrillo (2016) also identified that the most significant indicator of dissatisfaction among nursing professionals concerned salary and contractual rights. The authors also pointed out that meeting the needs of the nursing staff represents a quality standard that directly reflects on the people who receive care.

Akter, Akter, and Turale (2019) point out some barriers to QWL that negatively influence the level of QWL of nurses. For example, heavy workloads include direct and indirect patient care; and lack of accommodation and transportation. Many employees live far from work and face difficulties to arrive on time; they suffer from pain in the lower back, knee, neck, and joints. Nevertheless, lack of support from the nursing supervisor, lack of opportunities for promotion; hospital policies and procedures hampering the nurses' work context; and lack of subsidies for professionals exposed to.

Kalanlar, Akçay, and Karabay (2021), in a study carried out with health professionals in a rehabilitation hospital, demonstrated that the physical work environment is a decisive factor in increasing the QWL. The study also found that QWL improves as perceived stress decreases. The authors suggest that implementing and developing individual and institutional practices is needed to improve QWL and reduce work stress.

Raeissi et al. (2019) point out that nurses' QWL can be improved through fair promotion policies, greater participation in decision-making, managerial support, measures to reduce stress at work, better payment conditions, and increased job security. The creation and implementation of strategies to improve working conditions and workers' health care programs provide improvements in QWL, resulting in significant repercussions on improving the quality of care provided by health professionals to their patients (TEIXEIRA et al., 2019).

It is plausible to consider the need to provide health professionals with support facilities and services with better QWL for nurses, doctors, and other professionals in the health sector (ZAVALA; KLINJ; CARILLO, 2016). Managers need to understand health policies, how the system and services work (VIEIRA et al., 2019) to adopt and implement measures that improve employees' working conditions and their work and motivational capacity. Consequently, it will impact the quality of life, productivity, and efficiency of these professionals (KLEIN; PEREIRA; LEMOS, 2019).

Thus, health professionals must be recognized through a greater appreciation of their work activities. It is up to the managers to intervene in the work processes performed by these professionals, offering better working conditions, opportunities for growth, and security about their jobs. In this way, the QWL can be considered an essential component for satisfaction at work and in health professionals' lives, contributing positively to the quality of the services provided (DIAS et al., 2016).

3. Methodology

The study is classified as a quantitative approach, seeking to analyze the relationship between variables, which instruments can measure to analyze the numerical data statistically (CRESWELL, 2010). The research is also considered a cross-sectional study since it aimed to describe the situation at a given moment. This research addressed the current reality identified within the universe studied the existing results (ARAGÃO, 2011). Its focus is characterized as descriptive to describe a specific population phenomenon in this study regarding their conceptions about QWL. Descriptive research is assumed in general, in the form of a survey carried out in this article (MARCONI; LAKATOS, 2017).

The instrument used was the QWLQ-78 (Quality of Working Life Questionnaire), validated and qualified by Junior (2008), covering 78 questions in four analysis domains: physical/health, psychological, personal, and professional. Before applying the questionnaire, the pre-test was carried out to verify the understanding of the questions provided in the instrument, understanding of the axes, and the average time is taken to answer it. Minor adjustments were made after this pre-test procedure. Thus, aiming not to have an extensive questionnaire for employees to answer, three professors made a selection of questions, and three professional consultants specialized in the QWL area, taking into account the research question and the purpose of this article. The selection made by the specialists and consultants was accepted, and the questionnaire was adapted, totaling 54 questions, divided into four domains: physical/health (13 questions), psychological (6 questions), personal (10 questions), and professional (25 questions).

The questionnaire used a Likert scale of 5 points, varying according to the question and with some scales of inverted answers purposely, according to the model proposed by Junior (2008). In order to standardize the analysis of the results, the model also proposes a scale in which the results are classified as: very unsatisfactory, unsatisfactory, neutral, satisfactory, and very satisfactory. The calculation method by McDaniel and Gates (2005) was used to determine the sample. Simulating the population size equivalent to the total number of hospital employees, approximately 300 employees, with a 95% confidence level and a 2% margin of error, a sample size of 253 participants was obtained, being a non-probabilistic sample for convenience.

The questionnaires were made available for completion in print and via the web through Google Forms in February and March 2019. The sample consisted of 253 respondents who work in the public hospital unit in administrative positions (52), health care (159), and general services (42). Finally, data analysis is performed using data obtained from questionnaires using descriptive statistical techniques (mean, standard deviation, and frequency). According to Creswell (2010), data is to be obtained for analysis, and conclusions are drawn from them. The instrument's reliability measurement, the Cronbach's Alpha coefficient, was calculated, which resulted in a value of 0.853, being higher than the value indicated by Hair et al. (2009) (< 0.60).

Microsoft Excel software and SPSS - version 24 were used to assist with statistical techniques.

4. Analysis and discussion of results

The research was carried out in a public hospital unit located in the north of the state of Mato Grosso, located approximately 800 km from Cuiabá (capital of the state), which has a staff of approximately 300 employees. The choice of the study object was due to the importance of the hospital located in the regional population, serving approximately 100,000 (one hundred thousand) inhabitants of the six cities participating in the Intermunicipal Health Consortium of the Alto do Tapajós Region, namely: Carlinda, Nova Canaã do North, Nova Monte Verde, Alta Floresta, Apiacás, Nova Bandeirante, and Paranaíta. Table 1 shows the profile of employees who work at the hospital.

Table 1 - Sample profile

Gender	Quantity	%	Children	Quantity	%
Male	191	75	Yes	160	63
Female	62	25	No	93	37
Age	Quantity	%	Salary range (monthly)	Quantity	%
18 to 25	48	19	From 1,1 to 3,1 minimum salaries	227	90
26 a 35	113	45	From 3,1 to 5,1 minimum salaries	25	09
36 a 45	70	27	More than 5,1 minimum salaries	1	01
Older than 45	22	09	Job position	Quantity	%
Marital status	Quantity	%	Administrative duties	52	21
Single	89	35	Health assistance	159	63
Married	135	53	General service	42	17
Stable union	26	10	Company time	Quantity	%
Divorced	3	02	Less than 1 year	17	07
			Between 1 e 2 years	133	52
			Between 3 e 5 years	56	22
			More than 5 years	47	18

Source: developed by the authors (2020).

Analyzing the sample profile, most employees are female (75%) and between 26 and 45 (72%). Regarding marital status, married people are predominant (53%), who have children (63%) and receive between 1.1 and 3.1 minimum wages (90%). Most employees are in health care positions (63%) and work for the company between 1 and 5 years (74%). According to Silva et al. (2016), QWL influences employee satisfaction and well-being and, consequently, turnover and length of service. Corroborating the profile presented, the research by Dias et al. (2016), Azevedo, Nery and Cardoso (2017), and Kalanlar, Akçay, and Karabay (2021) carried out in the health area, specifically in nursing, also highlights the predominance of some similar characteristics, such as women, approximated age group, married and with children.

The results obtained from the questionnaires applied to the 253 employees are presented below, divided into four analysis domains: physical/health, psychological, personal, and professional.

4.1 Physical domain/health

The physical/health domain portrays aspects associated with health, work-related illnesses, and employees' healthy habits (JUNIOR, 2008). Health is verified in research on QWL, especially in the incidence of stress, such as occupational stress or its stressors, in addition to research on burnout and coping, the environment, care, and work assistance (FERREIRA, 2012).

Table 2 shows the values obtained in the questionnaire referring to the physical/health domain, with their respective variables, mean, standard deviation, and Cronbach's Alpha.

Table 2 - Physical Domain/Health Variables

Variables	Mean	Standard Deviation	Alpha de Cronbach
05 - How much do you worry about your health?	3,6	0,7	0,652
07 - How much do you worry about pain or discomfort at work?	3,0	0,9	
12 - Do you regularly exercise?	2,3	0,9	
16 - Do you have any difficulty sleeping?	3,5	1,3	
21 - To what extent does a problem with sleep affect your work?	3,7	1,0	
27 - Do you suffer from migraine (headaches)?	3,2	1,0	
30 - Do you suffer from stomach pains?	3,6	1,1	
35 - To what extent do you need to take medication to be able to work?	4,1	1,0	
39 - Do you suffer from inherited diseases (cholesterol, high blood pressure)?	4,8	0,6	
41 - At the end of the workday, how tired do you feel?	2,5	0,7	
44 - To what extent does your pain and /or health prevent you from doing what you need to do?	4,2	0,7	
47 - Are your basic physiological needs adequately met?	3,2	0,6	
50 - Do you practice labor gymnastics or other physical activity in the company?	1,2	0,6	

Source: developed by the authors (2020).

The results shown in Table 2 demonstrates that 77% of the variables were classified as satisfied or very satisfied by employees in their physical/health domain. However, some variables were classified as neutral (15%) and dissatisfaction (8%).

The variables that had the highest averages were related to suffering from hereditary diseases (4.8), pain/health preventing individuals from doing what they need (4.2), and the need for medication to be able to work (4.1). These results indicate good quality of health for employees, which can be justified by the concern with their health, which presented an average of 3.6 classified as satisfactory.

The lowest averages were concerning the practice of labor gymnastics or physical activity in the company (1,2), regular physical exercise (2,3), and tiredness at the end of the working day (2,5). This result is in line with the findings in the research by Migowski, Piccoli, and Quevedo (2016), who also found the practice of labor gymnastics as the highest level of dissatisfaction among health professionals who worked in a hospital in southern Brazil.

Guirado et al. (2020) point out that workplace gymnastics associated with ergonomics is considered a resource to reduce musculoskeletal and cognitive disorders on employees and consequently improve employees' quality of life in the workplace. In addition, Fischer et al. (2002) and Zavala, Klinj, and Carrillo (2016) presented evidence that health professionals are usually affected by intensive working hours, which directly affect their health.

The low standard deviations of the variables with the lowest averages indicate a homogeneity in the employees' responses, demonstrating a consensus in believing that the lack of physical activities is a negative factor. Thus, it is recommended that the hospital unit implement a program of labor gymnastics or physical activity practices.

4.2 Psychological domain

The psychological domain refers to the aspects corresponding to personal satisfaction, work motivation, and employees' self-esteem (JUNIOR, 2008). The psychological aspect seeks to demonstrate the influence of each individual's internal attitudes in their work and the relevance of the intrinsic meaning of individual needs for their work involvement (LIMONGI-FRANÇA, 1995; ALBUQUERQUE; LIMONGI-FRANÇA, 1998). Table 3 shows the results related to the psychological domain.

Table 3 - Psychological Domain Variables

Variables	Mean	Standard Deviation	Alpha de Cronbach
01 - To what extent do you assess your self-esteem?	3,7	0,6	0,437
08 - How much can you focus on your work?	3,9	0,7	
13 - To what extent do you assess your motivation to work?	3,1	0,9	
22 - To what extent do you assess pride in your profession?	3,4	1,2	
28 - How do you assess safety in the workplace?	3,0	0,8	
31 - To what extent does noise in the workplace bother you?	3,1	1,1	

Source: developed by the authors (2020).

Table 3 shows that all the averages obtained are classified as satisfactory (83%) or very satisfactory (17%). The highest average presented is related to concentration at work (3.9), followed by self-esteem (3.7), pride in the profession (3.4), and motivation (3.1). According to the averages obtained in this domain, it can be said that the intrinsic motivational factors (self-esteem and pride) of employees are met. This result contrasts with those found in the study by Santos, Paiva, and Spiri (2018). They

presented the lowest scores for concentration and feelings to nursing professionals in the psychological domain.

According to Batista et al. (2005), employees' satisfaction and motivation can affect the harmony and psychological stability within the work environment. Santana, Andrade, and Jesus (2016) complemented stating that motivation is an essential factor to be discussed within organizations that seek to improve QWL and the performance of their employees. Boldo, Severo, and Guimarães (2018) demonstrated through their empirical research that QWL actions are relevant factors for motivation.

The results did not show averages considered neutral or unsatisfactory, demonstrating employees' satisfaction with the personal domain. This fact can also be evidenced by the low standard deviations presented.

4.3 Personal Domain

The personal domain is linked to family aspects, such as personal and religious beliefs and cultural aspects that influence employees' work (JUNIOR, 2008). The quality of personal life influences and is influenced by QWL (ZWIELEWSKI; TOLFO, 2016) since it aims at the personal development of employees and the exercise of organizational citizenship in the work environment (FERREIRA, 2016). Table 4 shows the results obtained in the personal domain.

Table 4 - Personal Domain Variables

Variables	Mean	Standard Deviation	Alpha de Cronbach
02 - How do you assess your ability to self-assess at work?	3,4	0,9	0,634
17 - How do you assess your personal privacy at work?	2,7	1,0	
18 - Do you feel fulfilled with the work you do?	3,4	1,1	
23 - How do you assess the quality of your relationship with your superiors and/or subordinates?	3,5	0,8	
32 - Do you experience any difficulties in the family because of your work?	4,0	1,1	
36 - Do you experience any kind of difficulty at work because of your family culture?	4,3	1,1	
42 - To what extent are your personal and/or religious beliefs respected in your work?	4,0	0,8	
45 - To what extent are you respected by your colleagues and superiors?	3,8	0,6	
48 - To what extent do you have adequate means of transportation to work?	3,7	1,1	
51 - How satisfied are you with your ability to help others in your work environment?	3,7	0,7	

Source: developed by the authors (2020).

According to the averages in Table 4, most variables (90%) had satisfied or very satisfied results with the employees' domain. The highest averages presented were

related to suffering from difficulty at work because of family culture (4.3), suffering from difficulty in the family because of work (4.0), and having their personal and religious beliefs respected (4, 0). This result contrasts with Grande et al. (2013). They point out family life as a negative association to QWL since employees say they do not suffer difficulties associated with their family. Regarding personal and religious beliefs, Boas and Morin (2016b) point out that a person's beliefs about the role that work plays in their life are affected by the social context and related to the meaning of work, which can be considered a positive factor for QWL in the context addressed by this research.

The lowest average was 2.7, classified as neutral, relative to the workplace's variable (17) personal privacy. As a personality right representing the individual's moral values, privacy deserves special attention in the work environment, mainly due to the intensification of technology, which is considered an essential element for establishing a healthy work environment (BURMANN, 2011). As for the standard deviation, all variables show a relatively low percentage between 0.6 and 1.1, indicating no excellent dispersion of the exposed data. They are close to the average and consequently have homogeneity.

In general, the personal control of the employees of the hospital unit showed positive results. Job satisfaction with elements that promote personal development, recognition, and self-realization enables improvements in well-being in the work environment that reflect increased productivity and organizational results (BRONDANI, 2010; VIEIRA et al., 2018).

4.4 Professional Domain

The professional domain discusses the organizational aspects that can influence employees' quality of life (JUNIOR, 2008). These aspects involve working conditions, such as work equipment, information policies, compensation, training, benefits, and the organization of work, such as the adaptation of time and the division of activities (KLEIN; PEREIRA; LEMOS, 2019). Table 5 details the results obtained in the professional field.

Table 5 - Professional Domain Variables

Variables	Mean	Standard Deviation	Alpha de Cronbach
03 - How often do you miss work because of illness?	4,0	0,9	0,776
04 - How often do you get sick from your work?	4,2	0,7	
06 - How do you assess the quality of medical care received at work?	3,1	1,1	
09 - How do you assess your autonomy at work?	3,6	1,1	
10 - How do you assess your daily workload?	3,5	1,1	
11 - How do you evaluate cooperation between hierarchical levels at work?	3,1	0,8	
14 - How do you assess treatment equality among employees?	2,6	0,9	
15 - How often are you forced to change your routine at home due to work?	3,8	0,9	
19 - How often do you think about changing your job radically?	3,8	1,1	
20 - How proud are you of the organization you work for?	3,0	0,9	
24 - To what extent do you feel safe about accident prevention at work?	3,2	0,8	
25 - How do you assess your knowledge on all the organization's work processes?	3,8	0,8	
26 - To what extent are you aware of the goals and objectives of your work?	3,5	0,7	
29 - How satisfied are you with your level of participation in the company's decisions?	2,5	1,1	
33 - Does your organization make it possible to build a career and/or salary advances?	2,6	1,2	
34 - How do you assess your remuneration for work?	2,7	1,1	
37 - How often do you need other sources of money to support yourself?	3,0	1,2	
38 - How often are your benefits and labor rights respected?	2,7	1,0	
40 - Are you satisfied with the feedback given by the organization about your work?	3,0	1,2	
43 - Are you satisfied with the training given by the organization?	3,0	0,9	
46 - Are you satisfied with the variety of tasks you perform?	3,4	0,7	
49 - Do you feel stable in your job?	2,7	0,9	
52 - How much support do you get from your colleagues at work?	3,3	0,7	
53 - How fast can you access information at work?	3,2	0,7	
54 - How satisfied are you with your quality of life at work?	3,3	0,7	

Source: developed by the authors (2020).

The variables presented in Table 5 were mainly classified as satisfactory (68%), followed by neutral (24%) and very satisfactory (8%). The highest averages were: getting sick due to work (4.2), missing work due to illness (4.0), changing routine (3.8), changing jobs (3.8), knowledge about processes (3, 8), and autonomy at work (3,6). These good averages can be related to the employees' health domain (Table 2). The possibilities of autonomy can result in the empowerment of health professionals, assuming that the employee can assume the role of work and relationships, resulting in the construction of functional spaces of performance and fulfillment at work (FISCHBORN; CADONÁ, 2018).

The lowest averages are related to the level of participation in company decisions (2.5), equal treatment between employees (2.6), and building a career and salary advances (2.5). These results are in line with the findings of Raeissi et al. (2019) when investigating the QWL of nurses in a public hospital reporting negative implications for the lack of promotion policies, inadequate payments, and participation in decisions. QWL could be increased by more significant employee support, fair promotion policies, and employee participation in decision-making. Ceribeli, Ceribeli, and Ferreira (2016), in research on QWL, also demonstrated the negative highlight for the female gender concerning decision committees and career opportunities.

4.5 QWL Domains

Regarding the final results of the presented variables, a general average was obtained for the four domains covered: physical/health, psychological, personal, professional, and the QWL as a whole. The results are shown in Table 6.

Table 6 - QWL Domains

Domains	Mean	Standard Deviation	Coefficient of variation	Minimum Value	Maximum Value	Amplitude
Physic/health	3,3	0,9	25,9	1,2	4,8	3,6
Psychological	3,4	0,9	26,2	3,0	3,9	0,9
Personal	3,7	0,9	25,2	2,7	4,3	1,6
Professional	3,2	0,9	28,8	2,5	4,2	1,7
QWL	3,4	0,9	26,5	2,4	4,3	1,9

Source: developed by the authors (2020).

In the media of the four domains shown in Table 6, the proximity in their indexes, classifying all as satisfactory. The highest average was found in the personal domain (3.7) and the lowest average in the professional domain (3.2). The standard deviation shows homogeneous results since all registered domains register an index of 0.9. Thus, the highest variation coefficient was for the professional domain (28.8) and the lowest variation coefficient for the personal domain (25.2).

In the maximum and minimum values, the highest and lowest indexes (4.8 and 1.2) are found in the personal domain, a fact that justifies the greater amplitude presented (3.6). In contrast, the lowest amplitude recorded was for the psychological domain (0.9), where the maximum and minimum values are close (3.9 and 3.0). According to health professionals' perception, to obtain a general classification of

QWL, a general average of 3.4 was obtained, classifying the QLW of the public hospital as satisfactory.

5. Conclusion

In health, professionals deal with human life and provide services that require a high commitment to activities. Also, the public environment consists of high bureaucracy, a lack of financial resources, and the demand from society for these professionals to deliver a quality service. In this environment, organizations deal with the difficulty of providing a healthy and productive work environment and guaranteeing the well-being of employees and their commitment to work. QWL emerges as a relevant topic, both from an academic and managerial perspective, aiming at better working conditions and employee satisfaction regarding health, psychological, personal, and professional aspects. In this sense, this research aimed to analyze health professionals' perceptions in a public hospital about QWL.

Regarding the physical/health domain, professionals report having concern for their health and not having illnesses that impair the exercise of their activities. On the other hand, the worst average found (1,2) was related to the company's lack of labor gymnastics and physical activities. The hospital unit was responsible for the search for improvements in this aspect since it was considered the biggest complaint from health professionals. Only positive results were observed in the psychological domain, demonstrating that professionals are well attending this domain. The focus on work, self-esteem, pride in the profession, and motivation stand out as factors contributing to the QWL of employees.

Employees report receiving family support in the personal domain and having their personal and religious beliefs respected at work. A factor identified as neutral on QWL was the lack of personal privacy in the workplace. Finally, in the professional domain, employees say they do not get sick due to work and do not miss work due to illness, showing good health quality. However, there is a lack of participation in decision-making, equal treatment, and opportunity for a career path.

In general, health professionals' perception when the QWL in the hospital was analyzed and classified as satisfactory. The domains mostly presented positive results, demonstrating the hospital's concern with the employees' QWL. As a theoretical contribution, this article aimed to fill a research gap presented in the literature, with professional respondents from all hospital sectors and not just from the nursing area as respondents. In addition, researching a geographical region far from large centers also has its theoretical contribution, distance from the differences between Brazilian regions. The review of the reduced questionnaire also contributes to the literature, presenting a new model that can be used in scientific research since its reliability coefficient showed a value above the acceptable.

From a managerial perspective, this research can help the hospital unit improve QWL, providing a stimulating work environment and mainly its employees as partners to achieve organizational goals. The findings can also contribute to guidance and development of improvement strategies in public hospitals, impacting the quality of life of their professionals.

As a limitation of this study, there is the singularity of application in a single institution, not allowing generalizations to be made to other public hospital units. In addition, data were collected through self-administered questionnaires, and the potential due to self-reported results can be a limitation for the study. Another limitation found was regarding data collection, as not all hospital employees participated by answering the questionnaire. As a recommendation for future research, it is suggested to apply research in different samples, such as private and community hospital units, so that it is possible to compare the results obtained with those carried out in different contexts. It is also suggested to carry out future research to explore the implementation of QWL programs to verify the benefits that these programs can bring to the organization and employees. Finally, in order to get in-depth experiences from participants, a qualitative approach is deemed necessary.

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