

Quality of Life at Work in the Period of the COVID-19 Pandemic

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ABSTRACT

The present study aims to discuss the quality of life at work in the period of the COVID-19 pandemic. The study is characterized as a narrative review of literature with descriptive analysis, where the selection of research was carried out in a database, such as, BVS, LILACS, SCIELO, using the descriptors of "Quality of Life", "Occupational Health" and "Covid-19" in the period from 2008 to 2021. The research addressed discussions present in articles that portrayed contributions referring to the causes and consequences of the absence of quality of life at work. Studies have reported that the nursing profession is one of the most likely to trigger dissatisfaction and suffering at work. Of the highlighted symptoms are present: stress, depression, emotional disorders, professional disinterest, dissatisfaction, among others. The causes mentioned refute the idea of professional negligence, the excess of demands, the high expected workload and the present low quality of life. Such reflexes emit, as supposed, emerging needs to design strategies that contribute to quality professional security. It was concluded at the end of the study that the aspects related to the approaches manifested in the selected research points out the causes as issues of excess demands, and the minimization of quality and leisure time for these employees. As an improvement mechanism, they guide institutions that present these professional profiles to study projects that include improvements in this framework, thus refuting an adequate personal and professional quality of life.

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Received: February 10, 2022; **Accepted:** February 16, 2022; **Published:** February 23, 2022

Keywords: Work, Quality of life, COVID-19

Introduction

It is known that the health professional performs a series of activities and discontinuous tasks that involve some factors such as responsibility according to the function performed, in addition to the overload of dealing with life and death. Also, health professionals, due to the types of tasks they usually perform in their daily lives, is a category that is exposed, over the time of service, to the wear and tear of their vital capacities, whether physical, psychological or biological.

It is also known that health professionals are constantly exposed to psychosocial risks that are associated with the development of depression, stress, anxiety, among others. It is believed that this is linked to the fact that these professionals are directly in contact with the suffering and pain of others, and must also know how to deal with death.

Considering that the health work environment is an environment with a complexity of work activities that favors the exposure of workers to different risks, it is considered that the professional who works in environments where great suffering, frequent deaths, confinement are, monotonous and/or exhausting routines and often insufficient in material and human resources, often with double working hours, in different institutions, the health professional usually suffers from the lack of quality of life at work (QWL).

The absence of QWL impacts worker satisfaction, increases staff turnover and hospital costs, and even impacts the quality of patient care.

Having made these initial clarifications, the present study aims to discuss the quality of life at work in the period of the COVID-19 pandemic, presenting possible preventive measures for implementation in occupational health services.

Methodology

The criteria established for searching the literature included articles indexed in the LILACS, ScieELO, BDENF and VHL databases, published between 2008 and 2021, using the following DECS/MSH descriptors and their corresponding words in English and Spanish: Occupational Health (Occupacional Health; Salud Occupational); Quality of Life (Quality of Life; Calidad de Vida); and COVID-19 (COVID-19; COVID-19) in a single or combined search.

The categorization adopted was as follows: "worker health", which covered the results of the descriptors "quality of life" and "COVID-19".

Occupational Health

The Meaning of Work in the Worker's Health/Disease Process

Currently, work is a sophisticated activity when it accompanies technological changes, transforming itself into a position, a status that enhances and gives importance to the human being, as well as a means and resource for survival. Man also works for the emotional satisfaction he feels with the accomplishment and the results he reaps through his effort [1].

From a biological point of view, human beings do not need work. It may not infrequently, because it is excessive or even dangerous, be harmful to the body, causing work-related illnesses due to the

dedicated physical or psycho-emotional effort [2].

The advent of neoliberalism and the new labor relations arises with the Taylorist and Fordist productive model, which introduce characteristics of division of labor allied to changes in the organization, and require more qualification of the worker and, in this context, the intensification of workloads[3].

This whole scenario has influenced changes in working conditions and the consequent precariousness, which has contributed to a change in the pattern of morbidity of the working class, which over the years has presented diseases that were not previously part of studies that address the health problems of workers[4].

Currently, we seek to better understand the more subjective aspect of the work-health relationship, paying greater attention to the relationship between mental health and work, in the perspective that some types or characteristics of work act in a decisive way for mental illness, since mental disorders have been gaining prominence in the study of worker health, caused by the so-called psychosocial risks[5].

Originating within the scope of work organization, psychosocial risks and their outcomes, although not as visible as work accidents and/or occupational diseases, can be evident in the survey of problems such as presenteeism, absenteeism, turnover, occupational performance or even stress at work [6].

Coelho in a bibliographic survey on psychosocial risks, found several definitions for the term[7]. In these various definitions he noticed that the term was used as a synonym for psychosocial factor, in another as a psychosocial risk factor and sometimes confused with the concept of stress.

Understanding, therefore, the psychosocial risk as negative social interaction and the term psychosocial, as the relationship that must exist between the psychological approach and the social approach as reported by Coelho it was decided to adopt the definition of the ILO as it encompasses the mentioned aspects [7,8].

The definition adopted by the International Labor Organization is as follows:

Psychosocial factors consist of interactions between the work environment, content, nature and working conditions on the one hand and the abilities, needs, customs, culture and living conditions of workers outside work on the other. On the other hand, these factors are likely to influence health, income and job satisfaction [8].

The relationships between the psychosocial factors found in the organizational environment and the characteristics of the individual related to their life history and their family and social relationships can impact the outbreak of occupational diseases [9].

Occupational diseases refer to work-related diseases, and have been recognized since antiquity. Among the main etiological agents of occupational diseases, they are grouped into four groups, being the mechanical agents, composed of muscles, ligaments and bones; biological agents, represented by living organisms with pathogenic actions that attack the human organism; physical agents, whose nature acts directly or indirectly as adverse factors, such as noise or extreme temperatures; chemical agents, represented by substances that can chemically appear in solid, liquid or gaseous form [2].

Physiological and emotional damage to the worker

Work occupies a central position in human life and its double potential, that of being able to trigger illness or acting as a health operator, depending on the psychodynamic processes involved in working [10].

Studies developed in France, Brazil and several Latin American countries point to the triumph of the neoliberal discourse in management modes, resulting in increased pressures and aggravation of suffering, which has reached levels considered to be pathogenic [11,12].

Organizational constraints are manifested in forms of work organization that are harmful to health, associated with forms of management related to the flexible accumulation of capital, which destroy the social fabric and cooperation, resulting in an environment marked by individualism and competition. Isolation and loneliness predominate, a common element to new pathologies related to work [13].

Research developed in Manaus shows that neoliberal ideology permeates the management discourse. Complaints of suffering are abundant, causing collectives of workers to structure defensive strategies to deal with suffering at work without getting sick [12].

Dejours, Abdoucheli and Jayet indicate that the maintenance of relations of domination requires a certain level of alienation, in which the power to act in search of change is paralyzed [10]. The study of defensive strategies, which are constituted from unconscious processes of euphemization of suffering at work, points to the denial of reality in several groups of workers.

Defense strategies are ambivalent: on the one hand, they are structured to defend against suffering, avoiding psychopathological decompensation in the face of work organization constraints; on the other hand, they act to offer resistance to change. Which means perpetuation of the deleterious conditions from which they aim to defend [12]. Analyzing the defenses, Dejours, Abdoucheli and Jayet indicate that they obstruct the powers of thought and become propellers of servitude and domination [10]. They can also compromise and hinder the mobilization of intelligence.

A survey carried out at the PIM indicated the existence of a defensive strategy that consists of denying work-related illness. Operators minimize the perception of muscle pain and the initial symptoms of RSI/WRMDs; they avoid seeking medical care, because those who need to leave for health care are discriminated against by their peers. Despite protecting the psyche, this defensive strategy results in a delay in diagnosis and in seeking help, contributing to the worsening of the condition. In this way, it becomes an instrument of voluntary servitude and maintains domination.

The scenario of aggravation of suffering, which leads to illness, is driven by voluntary servitude and is related to the triumph of individualism, which adopts the management discourse, including the denial of suffering and the imposition of the triumphalist discourse, which denies the reality of experience. However, there is a conflict between management discourse and subjective experience [14].

To avoid suffering, workers protect themselves from alienation, which extends to other spaces of life outside the work environment [10]. The intensification of suffering can lead to the exacerbated

use of defensive strategies, which presents the risk of leading to the establishment of a defensive ideology, whose purpose is to “defend the defense”. In this context, Dejours, Abdoucheli and Jayet recommend the collapse of thought under the empire of fear, which leads to alienation and illness [10].

Quality Of Life At Work

From the beginning, as a vigorous movement of intervention in organizations, the expression “quality of life” already implied an important load of meaning of the well-being of workers in the work context. Its accelerated evolution, however, seemed to reduce to its minimum exponent the idea of QWL as a program aimed at improving the feeling of well-being.

According to Srivastava and Kanpur QWL is the existence of a certain set of conditions or organizational practices [15]. This definition often argues that there is a high QWL when democratic management practices are used, employees are treated with dignity, and safe working conditions exist. In recent years, the expression “Quality of life” has been used with increasing frequency to describe certain environmental and humanistic values neglected by industrial productivity and economic growth. In business organizations, attention has been focused on the quality of the human experience in the workplace. At the same time, many companies question their viability in increasingly competitive world markets. These dual concerns have created a growing interest in the possibilities of redesigning the nature of work. Many current organizational experiences seek to improve the organization’s productivity and the quality of professional life of its members.

Pinto understands QWL as the degree of satisfaction and physical, psychological and social well-being experienced by workers in their work environment [15]. The author includes a double dimension: the objective, which refers to working conditions, and the subjective, which considers people’s perceptions and valuations.

In the 1980s, the apology of exhaustive dedication-workaholics occurred. The workaholic ethic was not to work to live, but to live to work. On the other hand, there was a large contingent of workers who increasingly complained about a greater work routine to the detriment of the abdication of leisure. They complained of inadequate conditions, often even inhumane. The consequences arising from such a situation were perceived in greater labor turnover, increased complaints and strikes, having a considerable effect on the mental and physical health of workers [17]. In this context, QVT acquires relevance as a globalizing concept, given the need to face issues related to productivity and total quality, a fad of companies at this time.

Still based on Ferreira , QWL emerges as a way to achieve humanization in the work environment, but a humanization more at the service of the interests of capital and guaranteeing competitiveness. It is observed that the form of work organization requires the need for the individual to adapt to the parameters of the organization, without taking into account their desires and aspirations.

The QWL approach, then, incorporates some worker demands in the planning and administration of organizational systems, in order to achieve some level of individual satisfaction, with a view to making them more productive. QWL concept, as well as the culture of quality of life at work, are numerous. Productivity, attention and motivation increase, organizational environment

improves, healthcare-related expenses decrease, turnover rates decrease, talent retention and profits increase, among other things.

Motivation programs should predominantly target QWL. From a biological perspective, QWL programs are concerned with the biological aspects of work and the environment in which the individual is inserted. In this aspect, it is also sought to understand physical-chemical issues that can affect the individual in his relationship with work. In the psychological dimension, the subjective issues that affect the person’s performance at work, conscious or unconscious, are considered. The social aspect, on the other hand, is related to group integration, cultural and collective aspects that interfere in the work environment, values and training of people as a collective within the organization.

In this context, it is important to rethink well-being and malaise at work. Ferreira when addressing the issue of well-being in the organizational environment based on the construct of subjective well-being, emphasize that the elements associated with positive bonds are those that refer to involvement and satisfaction with work, as well as the affective organizational commitment [18]. On the opposite pole, the vast majority of studies indicate that precarious working conditions, professional exhaustion, individual variables and stress are listed as the biggest factors. In the meantime, Albuquerque states that the identification of sources of well-being is essential, as they indicate the existence of QWL and negative representations reveal the presence of malaise in the organizational context, implying a risk of illness for the worker and compromising the effectiveness of the work. your work performance [19].

According to Ferreira QWL evolved from legislative issues to strategic ones, which involve personal quality, planning, professional and cultural qualification, citizenship, meaning of work, communication, production and the market [18]. In general, in all these aspects, there is a discussion of the living conditions and well-being of people, groups, communities and even the planet itself, in its insertion in the universe.

In the legalistic aspect, the objectives of quality of work life programs are limited to following the rules imposed by current legislation or by specific obligations made by certain clients. From this perspective, such programs are seen as an obligation, and companies seek to comply with the minimum requirements prescribed by legislation.

Another view that can be assumed by QWL programs is paternalistic. In fact, the programs are carried out with the aim of promoting well-being in the work environment. The concern and main objective are exclusively the individual, with no interconnection with organizational strategies.

In the third view highlighted by Pinto the strategic one, programs are conceived as an integral part of the organizational strategic view, associated with the result of organizational planning [16]. They are linked to goals and budgets within the proposal and organizational structure.

A polysemy of meanings and approaches related to QWL is observed in the literature. There is no consensual definition, and there is no single model adopted by professionals who study the subject or work with QWL. It is common to describe it in terms of indicators of satisfaction and involvement with work, productivity, absenteeism, stress, autonomy, organizational commitment, fair remuneration, among others.

Aiming at a conceptual delimitation and the creation of theoretical models of QWL in use in Brazil, Campos carried out a study of national literature review, proposing that “QWL is a theoretical umbrella that rests on three core concepts: humanism (which sometimes rests on motivation, sometimes on satisfaction), employee participation in management decisions and well-being.” At the end of his research, the author notes the scarcity in the articulation of work practices with the central concepts of QWL, stating that the biggest challenge for QTV is the production of valid knowledge that encompasses the work organization as a whole and the new forms of work relationship [20].

Quality of life in times of a COVID-19 pandemic

Working conditions are defined by Dejours, Abdoucheli and Jayet as the physical, chemical, mechanical and biological pressures of the workplace, which have as their main target the workers’ body, and end up generating wear, aging and diseases. Somatic [10]. However, working conditions should not be reduced to objective aspects, because, according to the author, work is a space for the construction of meaning, for the conquest of one’s identity, for continuity and, finally, for the history of the worker. . It works as a mediator of the destabilization and weakening of workers’ health when the work situation, as well as their social relationships and the form of management chosen by the organization lead to pathogenic suffering.

From this perspective, work becomes harmful when the organization of work demands more than what the worker is capable of performing, reducing their possibilities of building health, preventing them from avoiding the risks arising from the content of the work, mitigating them or eliminating them. them, thus determining the construction and deconstruction of their health [11].

According to Karasek and Theorell psychological demand expresses the psychological demands that the worker faces to perform their tasks, such as time pressure, concentration, interruption and dependence on tasks performed by other professionals [21].

The high psychological demand in active work produces beneficial effects, favoring learning and high productivity. However, a job with high levels of demand can lead to psychological wear and tear. Factors such as the institution’s high control over work, direct relationship with human suffering, the pace of work, the relationship between the multidisciplinary team, among other factors, can also generate tension and professional exhaustion [22].

SARS-CoV-2, the novel coronavirus, which causes COVID-19, was initially mapped in the city of Wuhan, Hubei province, in the People’s Republic of China, on December 1, 2019, with the record of the first case of contamination. on the 31st of the same month and year. A few months later, on March 11, 2020, the World Health Organization - WHO released a report on the spread of the disease around the world, characterizing it, from then on, as an ongoing pandemic [23].

Due to the severity of the disease, which can lead people to death in a short space of time, and the speed of its spread, measures to combat the disease have been decreed in several parts of the world, including Brazil - among them , social isolation. However, for professionals in some areas considered essential services, this measure was not applied, in view of the need to continue providing care to the general population – as was the case with

health professionals. However, in relation to them, an aggravating factor is verified: normally, they are workers who already live with strenuous working hours, which were aggravated by the pandemic and the necessary presence of these to serve the population [24].

In a study conducted to investigate the psychological adjustment of health professionals during the peak of the COVID-19 pandemic, evaluating differences according to whether or not they work with patients affected by COVID-19 and in areas with more severe spread of this pandemic, Trumello observed higher levels of burnout in professionals who work with patients with the disease, highlighting the need to implement prevention and intervention programs aimed at this case [24].

In this regard, Sanghera [25] point out that interventions aimed at supporting the mental health of health professionals, especially those on the front line of fighting the disease, should be based on several factors, among them, organizational factors, signaling the relationship between the work environment and the journey to professional burnout [25,26].

The same notes are found in Fitzpatrick and Giorgi who presented data from research carried out by them (field and literature review), demonstrating that the situation of occupational stress, observed in the first two to three weeks of facing the pandemic due to the strenuous workday, were worsening over time, until they reach the point of professional exhaustion [27 -30].

Conclusion

It is known that the exercise of any profession is linked to personal and social aspects that are determined by the person’s experiences throughout his life. This combination of factors allows the creation of different perspectives and trajectories during the professional career and can influence the perception of well-being of the professional.

Thus, the expression “career” is necessarily associated with issues of the professional path of a given individual, generally characterized as something stable, which brings security and is capable of promoting hierarchical ascension. However, such characteristics are presented in a particular way, since their peculiarities are in the variations that occurred in this trajectory, which can culminate in progress and setbacks during this period.

According to the data discussed in this research, the need to discuss these specifications that involve conditions of social isolation, psychological conceptions, and conditions of precarious quality of life is highlighted.

The professional who is faced with pressures present in their daily lives, and an intense exhaustion in professional aspects, without self-control, and possible conditions for interaction.

The causes identified in our research point to conditions related to overwork, the intense demand of pressure suffered in favor of results and aptitude. These characteristics of a long working day, together with the conditions of little leisure time and family life, moments that should lead the employee to a time of tranquility, directly impact the aspects related to the loss of QWL.

This research highlighted that the absence of pleasant conditions added to the high demand of requirements to be consolidated in professional spaces culminate in conditions related to the absence of QWL.

According to data shown in the selected studies, in addition to issues related to psychological and emotional actions, the physical can also be directly modified, from the emotional impact on the physical, raising immunity to issues lower than those necessary for quality physical conditions.

As these are issues related to health workers, some preventive measures become specific to this aspect of the unit of professional activity.

Regarding the COVID-19 pandemic, it had a negative impact on the health of health workers, especially those working on the front line of combating the disease. The conclusion reached after carrying out the present study is that there is a direct relationship between work in health institutions in times of a pandemic and occupational health and QWL, contributing to the illness of health professionals, especially those in the line of work. front of the fight against the disease, faced with the duty to act to serve the population and respect for their personal needs, related to their health.

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