

Quality of life, sociodemographic and occupational factors of working women

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Abstract *This article aims to evaluate the quality of life of working women and its relationship with sociodemographic and occupational aspects. Cross-sectional study in a sample of 579 working women in a city with a population of 318,000. Data was collected by means of questionnaires for sociodemographic, occupational and WHO-QOL-BREF characteristics. For the analysis, we used descriptive statistics, t-student test and the Pearson correlation. The working women on average were 42.70 ±13.74 years old; there was a predominance of Caucasians with 9 to 12 years of formal education and an individual monthly minimum-wage income at a single job as a registered employee or civil servant. The average Quality of Life was 72.87, with a better result in the area of Social Relations and the lowest in the area of Environment. The Environment domain was significantly more compromised in women who did not have rest breaks during work, those who did not have good relationships with their co-workers, had more diseases or injuries, less formal education and lower monthly income. The Social Relations domain was significantly compromised by the number of injuries or diseases.*

Key words *Women's work, Quality of life, Occupational health*

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Introduction

The various changes in the world economy in the last decades of the twentieth century have had an impact on the relations of trade, production and work. In Brazil, the increasing urbanization and expansion of industrialization contributed to an environment favorable to the entry of new workers into the labor market, including women¹. Thus, it is important to emphasize that any analysis of the labor market in Brazil must take into account the progressive participation of women in economic activity, which has been occurring since the end of the 1960s, concomitantly with the decline in fertility rates. It is the increase of female participation that has sustained the intense growth of the active population².

From then on it is possible to observe that the difficulties got worse in the lives of these women who started to accumulate activities, since they have to reconcile their domestic, family and professional activities.

They still experience gender inequalities in the work environment, since they work in different occupations, are present in different sectors, study and qualify more than men, but still continue to receive lower wages than them³. This condition can directly influence their physical and mental health, especially when this context causes family conflicts.⁴

The economic unpredictability also affects the economically active population causing insecurity and malaise, and the workers begin to take this reality into and out of their work activity⁵. With working women, this condition can be exacerbated, as social changes and their presence in the labor market have influenced the family structure, and many become responsible for most of the family income and/or are mothers without the help of the companions in child care⁶. In the face of all these occurrences, it is possible that the workers may suffer losses in their quality of life (QOL)⁵. Thus, it is pointed out the need to consider the proposals for care and health promotion, the integrality perspective that relates work, health and quality of life⁷.

In this sense, the National Policy on Workers Health (PNST), established in 2012, has among its objectives the promotion of health, environments and processes of healthy work, incorporate the work category as determinant of the health-disease process and ensure that the identification of the work situation of users is considered in the actions and health services of SUS⁸.

Westphal⁹ reports that the reading of several authors allowed him to observe the fact that

QOL is determined by objective factors, such as the material conditions necessary for a survival free of misery, or by subjective factors, such as the need to relate to other people, to form social identities, feeling socially integrated and in harmony with nature.

In addition, the World Health Organization (WHO) defines the term QOL as “the individual’s perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”¹⁰. This definition is based on the multifactorial aspect of QOL, with reference to the four domains in the abbreviated version of the questionnaire that guide the differences of human beings, such as physical and psychological health, social relations and the environment¹¹.

When the quality of life of workers is known, it is possible to identify the changes necessary for the promotion of well-being, because depending on the domain that is changed, the workers may face a variety of disorders that may even compromise their functions and job assignments¹². This study aimed to evaluate the quality of life of working women and to correlate it with sociodemographic and occupational aspects.

Method

Cross-sectional prospective study with a quantitative approach. This research is part of a project called the Women’s Health Survey (ISA MULHER), performed in residences of the urban area of the city of Uberaba – MG in 2014.

The women participating in this sample were selected from a probabilistic sampling in multiple stages. In the first stage, 24 of the 36 neighborhoods were randomly selected, respecting the population proportionality of each district in relation to the number of neighborhoods. In the second stage, within each neighborhood previously drawn, 25% of the census sectors were randomly selected and again the population proportionality of each neighborhood was respected in terms of the number of census sectors. Within the census sector previously drawn, households were systematically selected from the sample interval, which consists of dividing the number of households in the census sector by the number of women who should be interviewed. Within each neighborhood the census sector was selected and this was done by random lottery in the first visited home, the others were considered from SI to SI (Sampling Interval), i.e., from 32 in 32 house-

holds¹³.

The ISA MULHER project consisted of a total of 1,580 women interviewed, who were 18 or older. For this study were selected the participants who were workers, totaling 579 women. The classification of this population as a worker was based on the definition of the National Police on Workers Security and Health (PNSST) which considers as workers “all men and women who carry out activities to support themselves and/or their dependents, regardless of their form of insertion in the labor market, in the formal or informal sector of the economy”¹⁴.

Data were collected at the women’s home, after approval by the Ethics and Research Committee (CEP) of the Federal University of the Triângulo Mineiro (UFTM), protocol no. 1826. The instruments used were filled by 22 interviewers, who were undergraduate students of several UFTM courses and underwent a selection and training process, being monitored by the researchers, in order that the ethics and honesty of the research were maintained, as well as the quality of the data record.

In this study it was used three instruments. The first one was aimed at sociodemographic and clinical characterization and this was done through a questionnaire formulated by researchers from the ISA MULHER group, in which it was composed of variables such as: age, marital status, schooling, skin color, religion/doctrine, head of the family, smoking, use of medication, the number of self-reported injuries and diseases diagnosed by doctors by means of a list of 51 diseases. To obtain the occupational characteristics, a questionnaire formulated by the ISA MULHER project team was used, which includes variables such as: individual monthly income, number of jobs, type of employment relations, occupation, working time in that job, number of hours/day worked, number of weekly days off, pause for rest, targets to meet, away from work for less than 15 days, away from work for more than 15 days, good relationship with co-workers and good relationship with immediate boss.

The evaluation of the QOL of working women occurred through the questionnaire *World Health Organization Quality of Life (WHOQOL - bref)*. This instrument was developed by the World Health Organization (WHO) Quality of Life Group and was validated for use in Brazil. It consists of four domains: physical, psychological, social relations and environment¹⁰. The answers are on a kind of Likert scale in the aspects: intensity, capacity, frequency and evaluation, relat-

ed to the domains¹³. Therefore, the higher scores indicate a better quality of life¹⁰.

The QOL analyzes were performed by means of the calculation of each domain of the WHO-QOL-bref instrument, using its computerized syntax that allowed the separate analysis of the domains. The score varies from zero to one hundred, in which the highest score corresponds to the best Quality of life. The internal consistency measures were used, using the Cronbach alpha coefficient.

For the categorical variables were calculated absolute and percentage frequencies. Then, the univariate analysis was used, through the measures of central tendency and variability as average, median, minimum and maximum for numerical variables. The bivariate analysis was then performed, applying the Pearson correlation (*r*) with significance level of 5% and *t test of Student*.

Results

Among working women the average age was 42.70 years (± 13.74). As for the marital situation, women with a partner (married or living with partners) predominated (53.40%) compared to the unmarried (single, separated and widowed) (46.50%).

In relation to schooling, there was a greater predominance of women with 9 to 12 years of schooling (34.50%), white (51.30%), most of the women were using medication (60.10%) and did not declared themselves as the head of the family (55.40%) (Table 1).

As for the injuries or diseases diagnosed by a doctor, according to the interviewees, there were predominant dysfunctions of the emotional aspect, the respiratory system and the cardiac system. There were also observed among the ten prevalent dysfunctions the presence of musculoskeletal, neurological and gastrointestinal dysfunction.

In the labor activity, there were more than fifteen professions, the most predominant being in descending order: salesperson (46 – 6.3%), domestic maid (37 – 5.1%), seamstress (32.4.4%), day care worker and teacher (30 – 4.1%), cook and caregiver (16 – 2.2%), hairdresser (15 – 2.0%) and general services (13 – 1.8%).

Continuing the professional characteristics, they were more predominant to individual monthly income of up to a current minimum wage (38%), with the employment relationship registered in a professional card or public em-

Table 1. Sociodemographic characterization of economically active women (n = 579). Uberaba (MG), 2014.

Sociodemographic variables		N	%
N= 579			
Marital status	Has a partner	309	53,40
	No partner	269	46,50
	Not answered	1	0,20
Years of schooling	No schooling	6	1,00
	1 to 4 years	71	12,30
	5 to 8 years	125	21,60
	9 to 12 years	200	34,50
	12 or more	147	25,40
	Not answered	30	5,20
Skin color	Caucasian	297	51,30
	Brown-skinned	189	32,60
	Black	75	13,00
	Asian	9	1,60
	Red	2	0,30
	Other	4	0,70
	Not answered	3	0,50
Medications	Yes	348	60,10
	No	228	39,40
	Not answered	3	0,50
Head of family	Yes	242	41,80
	No	321	55,40
	Not answered	16	2,80
Total		579	100,00

Source: Data collected by the author (2014).

ployee (49.10%). In relation to working time, the period of 49 months or more was predominant, i.e., more than 4 years (51.30%), with 8 hours of work per day (40.80%).

There was a greater proportion of participants with two days off during the week (47%), pauses to rest during the work activity (58.90%), did not have targets to meet within the work (64.10%), had a good relationship with service colleagues (78.40%) and with the immediate superior (79.40%) (Table 2).

Regarding Quality of Life, the internal consistency of the domains of the WHOQOL-bref instrument was assessed using the Cronbach reliability coefficient. The values found were higher than 0.60, indicating the good internal consistency of the WHOQOL-bref in the population studied.

The results for the domains of QOL are presented in Table 3. It can be verified that the domain that presented the best average was So-

cial Relations (72.87 points) and the result with the lowest average was the Environment (60.66 points).

The Table 4 presents the analyzes between the averages of each WHOQOL-bref domain and the variables: having a partner, being a head of family, smoking and using medication. It was observed that there was no statistically significant difference between the variables surveyed and the average of the Social Relations domain. Women who consider themselves heads of families had a significantly lower average for the Physical domain. The workers who use medications had significantly lower averages for the Physical and Psychological domains.

The analyzes between occupational variables and Quality of Life domains are shown in Table 5. It is observed that the Social Relations domain did not present a statistically significant difference with the variables analyzed. Compared to this situation, the averages were statistically significant between licenses of less than 15 days, licenses of more than 15 days and the Physical domain, pause for rest, good relationship with colleagues and good relationship with the immediate boss and the Psychological domain; pause for rest and good relationship with colleagues working with the Environmental domain.

The Table 6 shows the correlations between domains of Quality of Life and age, number of injuries or diseases, years of schooling, monthly income of working women and working time in this service, identifying that most of the correlations were statistically significant.

It was verified that the greater the age, the more committed is the Physical domain and the increase in the number of lesions or diseases interferes in a negative way in all the domains of the QOL. But the greatest number of years of schooling and higher monthly income act positively on Psychological and Environmental domains of QOL.

There was no statistically significant correlation between working time in current employment and the quality of life of workers.

Discussion

The QOL of working women in Uberaba-MG had averages above 60.66 for all domains. It can be verified that the domain that presented the best average was Social Relations (72.87 points), which addresses aspects related to personal relations, social support and sexual activity¹⁰.

Table 2. Occupational characterization of economically active women. Uberaba (MG), 2014.

Occupational variables		N	%
N= 579			
Individual Monthly Income (Gross value in Reais)	Up to 724	220	38,00
	725 to 999	86	14,90
	1,000 to 1,999	158	27,30
	2,000 to 2,999	52	9,00
	3,000 or more	37	6,40
	Not answered	26	4,50
Employment relation	With registration in the portfolio or civil servant	284	49,10
	Self-employed with social security	89	15,40
	Self-employed without social security	181	31,30
	Not answered	25	4,30
Working time in this service (In months)	Up to 12 months	119	20,60
	13 to 24 months	77	13,30
	25 to 48 months	63	10,90
	49 or more months	297	51,30
	Not answered	23	4,00
Hours of work per day	4 hrs	85	14,70
	6 hrs	159	27,50
	8 hrs	236	40,80
	12 hrs	62	10,70
	Not answered	37	6,40
Number of days off per week	1 day	174	30,10
	2 days	272	47,00
	3 days	45	7,80
	More than 3 days	44	7,60
	Not answered	44	7,60
Pause to rest	Yes	341	58,90
	No	218	37,70
	Not answered	20	3,50
Meet targets	Yes	185	32,00
	No	371	64,10
	Not answered	23	4,00
Has good relations with co-workers	Yes	454	78,40
	No	14	2,40
	Not answered	111	19,20
Has good relation with immediate boss	Yes	460	79,40
	No	20	3,50
	Not answered	99	17,10

Source: Data collected by the author (2014).

Table 3. Measures of central tendency, of variability and internal consistency for the domains of quality of life (WHOQOL-bref). Uberaba-MG, 2014.

Domains	Average	Median	Minimum	Maximum	Standard Deviation	Cronbach's coefficient α
Physical	71.04	75.00	10.71	100	17.76	0.82
Psychological	69.10	70.84	4.17	100	15.60	0.72
Environment	60.66	62.50	18.75	100	14.40	0.60
Social relations	72.87	75.00	8.33	100	15.85	0.71

Table 4. Distribution of the average scores of the Quality of Life domains of working women according to the variables: having a partner, being a head of family, smoking and using medication, Uberaba – MG, 2014.

Variables	Physical Domain			Psychological Domain			Social Relations Domain			Environmental Domain			
	N	Mean	s	N	Mean	s	N	Mean	s	N	Mean	s	p
Have a partner													
Yes	309	70.50	18.18	309	69.41	16.40	308	73.40	16.57	308	60.67	14.1	0.95
No	267	71.65	17.28	267	68.78	14.70	269	72.20	15.00	268	60.61	14.77	0.83
Head of family													
Yes	240	69.52	18.41	240	68.89	16.30	241	71.80	15.61	240	60.47	14.8	
No	321	72.39	17.19	321	69.40	15.20	321	73.90	15.84	321	60.73	14.21	
Take Medications													
Yes	347	67.70	18.26	347	67.93	16.20	347	72.50	15.78	347	59.94	14.40	0.12
No	227	76.08	15.70	227	71.10	14.40	228	73.80	15.47	227	61.82	14.30	

s:Standard deviation, p:t Test of Student, *Statistically significant, considering $p \leq 0.05$.
Source: Data collected by the authors (2014).

Other studies with working women found similar results. Pereira et al.¹⁵ evaluated a sample of teachers of basic education in Florianópolis with 83.4% composed of women whose average values for Quality of Life was 63.75 points, and the domain that obtained the best score was Social Relations with 73.10 points and the domain that reached the lowest score was the Environmental with 53.93 points. The results of a survey with Community Health Agents in the interior of Bahia also identified that the domain that obtained the highest score was Social Relations (76.9 points) and the lowest value was Environmental (47.4 points)¹⁶.

In the social relations domain, the question that presented the highest score was q22 which refers to support received by friends, where 137 (29.70%) women presented the best response on the scale.

According to Dyniewicz et al.¹⁷ who found similar results in workers of both genders of a metallurgist in the metropolitan region of Curitiba, these findings can mean satisfaction in the environment in which they live and work and that the relationships in the work and interpersonal are essential components for the QOL, being reflected in well-being, motivation and even productivity. Another important aspect in the context of social relations that stands out is that the work environment facilitates friendly relations. Schujmann and Costa¹⁸ report that due to the fact that the workers stay long periods in their place of work, they spend time with each other and consequently there are relationships of friendship between them.

Corroborating with Dyniewicz et al.¹⁷ and Schujmann and Costa¹⁸, the present study also identified that good relations with colleagues interferes positively in the environmental domain of QOL.

Still, in the line of interpersonal relations, the good relation with the boss interfered positively in the psychological domain of the evaluated women.

Study with professionals belonging to the nursing team in a medium-sized municipality in Minas Gerais, also showed that good relations at work are fundamental for the health of the worker. He also added that negative interpersonal relations influence the sickness of the professional, this deficit in health may be associated with the feeling of exclusion and loneliness, because when there are no good relationships the worker does not have with whom to share their frustrations and if this difficulty extends to the boss it will

Table 5. Distribution of the average quality of life scores of working women according to occupational variables, Uberaba – MG, 2014.

Variables	Physical Domain			Psychological Domain			Social Relations Domain			Environmental Domain					
	N	Mean	s	P	N	Mean	s	P	N	Mean	s	P			
Pause for rest				0.09				0.03*				0.18			
Yes	339	72.23	17.39		340	70.16	14.67		341	73.70	15.34		340	62.25	14.22
No	218	69.66	18.20		217	67.34	17.02		217	71.89	16.72		217	58.47	14.3
Not answered	22			0.79	22			0.97	21			0.67	22		
Targets to meet at work															
Yes	184	71.08	17.06		184	69.23	16.76		184	72.64	16.51		184	61.24	14.77
No	370	71.49	17.95		370	69.18	15.13		370	73.24	15.70		370	60.76	14.07
Not answered	23			0.007*	23			0.58	23			0.59	23		
License for less than 15 days															
Yes	130	67.53	19.02		131	68.51	16.68		131	73.66	15.92		131	62.4	15.4
No	424	72.28	17.12		423	69.38	15.39		424	72.82	15.94		423	60.3	13.98
Not answered	25			0.005*	25			0.17	24			0.69	25		
License for more than 15 days															
Yes	130	67.16	19.58		130	67.4	18.53		131	72.52	17.03		131	61.69	15.56
No	414	72.54	16.9		414	69.83	14.62		414	73.16	15.65		413	60.46	13.95
Not answered	35			0.14	35			0.02*	34			0.22	35		
Good relation with co-workers															
Yes	453	71.17	17.48		454	69.21	15.64		453	72.71	15.36		453	60.88	13.97
No	14	64.29	13.06		14	59.52	16.45		14	67.56	18.06		14	51.34	16.38
Not answered	112			0.18	111			0.007*	112			0.17	112		
Good relation with immediate boss															
Yes	458	71.04	17.45		459	69.27	15.44		459	72.73	15.57		458	60.53	14.13
No	20	65.71	16.32		20	59.58	18.97		20	67.92	17.37		20	55.31	15.84
Not answered	101			0.007*	100			0.17	100			0.10	101		

s Standard deviation. p T Test of Student. N Number of respondents. * Statistically significant, considering $p \leq 0.05$.

Source: Data collected by the author (2014).

Table 6. Correlation between the average scores of Quality of Life domains with age, number of injuries or diseases, years of schooling, monthly income and working time in this service of working women, Uberaba – MG, 2014.

Variables	Physical Domain		Psychological Domain		Social Relations Domain		Environmental Domain	
	r	p*	r	p*	r	p*	r	p*
Age	-0.13	< 0.001*	-0.01	0.78	0.01	0.69	0.05	0.23
Number of injuries or illnesses	-0.2	< 0.001*	-0.16	< 0.001*	-0.18	< 0.001*	-0.18	< 0.001*
Years of schooling	0.05	0.17	0.15	< 0.001*	0.07	0.07	0.17	< 0.001*
Monthly income	0.06	0.13	0.19	< 0.001*	0.05	0.20	0.21	< 0.001*
Working time in this service	0.04	0.26	0.01	0.77	-0.04	0.3	0.04	0.32

r Correlação de Pearson. ** Estatisticamente significativo, considerando $p \leq 0,05$. Fonte: Dados coletados pela autora (2014).

affect job satisfaction generating emotional exhaustion¹⁹.

In this way, understanding that relations established in the work interfere directly in the quality of life, especially of the workers, bringing benefits both for personal and professional life, it is necessary that the services have knowledge of the importance of the subject so that they can be structured and to organize their work activity in order to promote good relations reducing the negative effects that the conflicts exert on the worker and consequently reflecting in a qualification of the QOL. The stimulation of healthy interpersonal relations among professionals should be one of the main fronts in promoting worker health.

In contrast to the domain of social relations, the environment domain that assesses, among other aspects, physical security and protection, the home environment, financial resources, health and social care (availability and quality), opportunities to acquire new information and skills, participation and recreation/leisure opportunities, physical environment (pollution, noise, traffic, climate) and transportation¹⁰, presented the lowest average (60.66 points). Also, q24, addresses satisfaction with access to health services, was the one that received the worst response 68 (11.7%).

It is known that the worker's health care is broad, but that a network of organized and efficient health services is necessary. However, the present study identified that in the analyzed population, the effectiveness of the health system is affected, since the most compromised issue in this area was related to care with health and social aspects. Other research has found similar

findings in which, among the issues that presented highest commitment of this domain, are those related to health and social care, financial resources and recreation/leisure. They also add that access to health services becomes difficult as a result of low pay²⁰.

Studies indicate that women are the most prevalent in the search for health services than men. However, because they are in the context of work, they also find difficulties in health care, one of the greatest obstacles being the opening hours of such places²¹. In view of this, it is possible to observe that the worker can present damages in her health due to difficulty in accessing health services. Therefore, public health services should increase their working hours, so that this working population has greater access and, consequently, a better QOL.

Still, the results of a greater commitment of this domain among women workers may be due to daily aspects of personal and family life, family responsibility and protection, and the financial problems encountered among Brazilian workers¹⁷.

Given this, work becomes paramount and necessary, leading the individual, particularly the workers who act as financial aid in their homes, to experience work as a form of survival and not as a personal fulfillment. In this context they work excessively and as a consequence there may be an increase in the number of injuries or illnesses. This can be even more pronounced in women who consider themselves heads of family, and can explain the results of the present study, where they presented greater commitment in the physical domain, which includes items related to pain and discomfort, energy and fatigue, sleep

and rest, mobility, daily life activity, dependence on medications and treatments and capacity¹⁰.

In this sense, public policies directed at working women must take into account that there has been an increase in female heads of household due to the change in the role of women in society, the female presence in the labor market and the increase in schooling associated with drop in fertility rate²² and that it is necessary to implement actions that favor the promotion of their health.

Illness in working women can lead to the compromise of all aspects of their QOL. This data was verified in the present study, where it was evidenced that the workers with the highest number of lesions or diseases presented significantly lower quality of life results for all domains.

Other authors have found results that corroborate with those of this study, noting that health problems have affected all domains of QOL²³.

In this same line, Mascarenhas et al.¹⁶ verified that pain resulting from injuries interferes in QOL specifically in the Physical domain, since this symptom can compromise the activities of daily living, resulting in restrictions in the life of these professionals. This can also compromise the emotional aspects leading to the emergence of emotional stress, low self-esteem among others that insidiously affect the Psychological domain of QOL.

Also, the use of medications, which may be associated with these injuries, is also indicative of QOL impairment, since in the present study, it resulted in a significant decrease in QOL in the physical and psychological domains. A study composed of women workers in clothing industries found that 54.4% of them use medication²⁴.

According to a study that analyzed the experience of professionals in the activity of reception in basic health units, the pharmaceutical branch is considered one of the richest and most powerful departments, which exert a great influence on the population. Alongside to this pharmaceutical highlight, we have seen that there has been an increase in spending on medicines in Brazil, and these are becoming higher than the total expenditures on health²⁵.

However, it should be considered that the presence of medication in the life of the worker may be linked to physical and emotional overload. Therefore, it is a significant fact to be exploited for preventive measures to address the demystification of overuse of medications, self-medication, adequate time for drug use and the influence of the pharmaceutical industry on excessive medicalization.

In addition, injuries or illnesses, when present, generate various discomforts and also withdrawals from work, high costs with indemnities, treatments and others such as reintegration and rehabilitation procedures²⁶. The results of the present study corroborate this assertion, since workers who have already left work for less than 15 days or more than 15 days presented greater impairment in the physical domain of their QOL.

Absence in the work activity is a broad and complex aspect, since multiple causes may be involved, involving personal factors and associated with the environment and work organization. Excessive licenses also have a direct impact on QOL and on labor capacity. Due to this fact, some actions can be used to reduce the licenses between them, the installation and effective action of an Integral Program to the Health and Safety of the worker, which would make possible the epidemiological profile with identification of data that could be used as support for health promotion and prevention of injuries, collaborating in the reduction of work permit.

Therefore, it is important to raise the awareness of employers about the importance of care for the health of workers and among measures to prevent illness are established pauses to rest, once the results of the present study indicated that the workers who pause during the work activity present better QOL, especially in the environmental and psychological domains. Still, the literature shows that when the worker pauses for rest there is a reduction in both accidents and illnesses and this reflects in the worker's productivity and in the quality of the service and life, since the professional will be exercising his/her labor activity within the possibilities of their body²⁷.

Another fact to be considered is the age of the workers. In this sense, the present study indicates that the greater the age the greater the impairment of the physical domain of QOL. This result can be explained by the fact that at 30 the individual achieves complete intellectual, sensory and motor development and at this stage can achieve his or her best performance. But when aging begins, a process of modifications begins in the body and then causes progressive losses that can affect the work²⁸.

Considering the study of Sampaio and Augusto²⁹ which reports that in the coming decades, the number of elderly and working-age people tends to increase, and in Brazil this factor will occur more quickly, due to the reduction of birth rates and mortality, and forecast is that by 2020, 13% of the economically active population will

be made up of elderly people, it is highlighted the need to implement public policies that improve working conditions, minimizing the risk of the consequences for QOL over the years.

The present study also identified that higher schooling and income are associated with better QOL in the psychological and environmental domains. Therefore, as well as with employers, the government should invest in the education of workers and professional qualification, and one of the ways is the National Qualification Policy that seeks better conditions in the face of new labor market challenges. It is also highlighted that when investing in the economically active individual there are reflexes not only at work but also in society. It is also important to associate these actions with the issues of the Psychological and Environmental domains, in order to have excellence in the results³⁰.

Final considerations

The present study showed that the average QOL of the economically active female population was 72.87 and that the domain with the highest score was Social Relations and the lowest level was the Environment. The physical domain was significantly more compromised in women who considered themselves head of household, used medication, had already been away from work for less than 15 days, in older women and with more diseases or injuries.

The Environment domain was significantly more compromised in women who did not have rest pauses during work, did not have good relations with their colleagues, had more diseases or injuries, less study time and lower monthly income.

The psychological domain was significantly more compromised in women who used medication, had no pauses for rest during work and did not have good relations with colleagues and management.

The social domain was significantly compromised by the number of injuries or diseases of workers.

Collaborations

PR Marcacine: Collection and analysis of data, preparation of results and discussion. SS Castro: Participation in the preparation of the project, supervision in the analysis and collection of data, preparation of results and discussion. IAP Walsh: Participation in the elaboration of the project, supervision of data collection and analysis. SS Castro: General coordinator of the research project, participation in the supervision of data collection. MCCC Meirelles: Participation in the elaboration of the project and supervision of data collection. GA Pereira: Elaboration of the methodology and population sampling process.

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