

Development and Validation of the Questionnaire of the Worker's Quality of Life (Worker Qol) - Focus Groups Stage

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ABSTRACT

Introduction:

The quality of life of the worker has become an interest of matter to the professionals engaged in the science of work, however, there's a lack of evaluative methods so far. Thus, the construction of a strong tool to analyse the workers in preventive and corrective actions that involve internal and external environment of which the worker is inserted, becomes extremely important to the academic community.

Objective:

Create focus groups to operationalize the construction and validation of the questions referring to the quality of life of the workers.

Methods:

Three focus groups of workers were fulfilled through the snowball sample (N = 30). The data were collected through written notes, audio recording, transcription and observational notes. The analysis and codification of the data was accomplished through the analysis of the content of the collected material.

Results:

The evaluative items of the quality of life of the worker were defined, which resulted in the creation of 108 questions, contemplating the domains and subdomains constituents of the quality of life of the worker.

Conclusions:

This study evaluates the concepts and developments of the quality of life of the worker. The thematic has provided a range of knowledge about the subject, serving as a method to the definition and formulation of the questions and the process of content validation.

Keywords: Focus Groups, Quality of Life, Questionnaire, Worker, Content Validation

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I. INTRODUCTION

Evaluating quality has become fundamental, due to its range of conditions related to the workers

emotions, perceptions and behavior given their exposure and their exposure to the variety of occupational risks[1]. Therefore, the “quality of life of the worker” has become an object of interest among researchers and professionals engaged in the health and work science. On the other hand, the terminology “quality of life” is already widely disseminated and discussed, for it compasses programs that emphasize individual aspects of the worker, as well as improvement actions in the condition of work environment and also the satisfaction with ergonomic and economic elements[2, 3].

However, evaluative methods that present a defined concept and that contemplate the meaning of “quality of life of the worker”, are yet to be formulated and standardized[4]. Since it concerns such fundamental matter, to analyse the worker’s profile resulting in guiding answers to analysis programs of the models of preventive and corrective actions that involve the internal and external environment of which the worker is inserted. Therefore, this approach is not restricted to region, or to the moment of work, but associates to all of the aspects that compose people’s lives, searching for the way of how they are involved in the productive processes and in the range of dimensions and singularities[3, 5, 6].

The data presented in this project refer to the second stage of the evaluation tool elaboration of the worker’s quality of life (Worker QoL), complying with the exploratory purposes in favor of the construction of the questionnaire questions[7, 8]. Therefore, we chose to apply the technique of qualitative research with the focus groups, with the objective of collecting data through the perspective of attitudes, opinions, perceptions and behaviors concerning health and quality of life of the workers, for the process of formulation, definition and validation of the questions’ content in the questionnaire about the worker’s quality of life.

II. METHODS

Qualitative study using focus groups of workers, approved by Ethics Committee on Research Hospital of Clinics of Porto Alegre - ECR/HCPA sob o nº 130118.

Participants

The focus groups were established through the representative characteristics of work and, for that matter, the location where the meetings were hosted were the cities of Porto Alegre, Vacaria and Ametista do Sul, strategically selected for its population and geographic position, as seen in Fig.1.

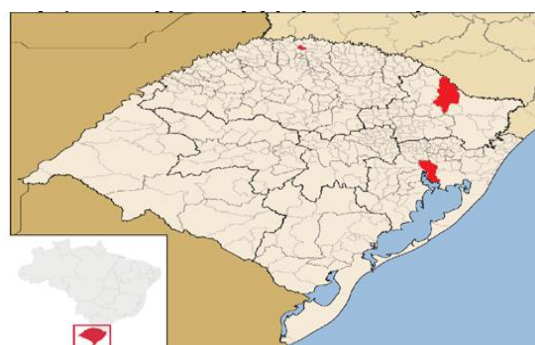


Fig. 1. Location of the participant cities.

The city of Porto Alegre was selected for being the capital of the state, represented by Organs and public or private entities, besides having important labor diversity. On the other hand, the city of Vacaria, located above the mountain range of the state, has its economy based of livestock, agriculture, floriculture and fruticulture. Lastly, the city of Ametista do Sul, part of the microregion of Frederico Westphalen, and which main economic activity consists of the mineral extraction sector, besides agriculture and minor land properties[9]. As for the selection of the participants, contacts with the representative center of each city were done, which invited workers of the region, therefore characterizing the snowball sampling[10]. The focus groups’ participants characteristics are described in the chart 1.

Chart 1. Focus groups’ participants characteristics.

Identification	Focus Group I	Focus Group II	Focus Group III
Age - years old	50 ± 11,96	45,77 ± 16,43	51,7 ± 12,8
Gender	5 male 3 female	9 male 3 female	10 male 0 female
Civil status	4 married 1 single 1 split	7 married 2 single 2 split	10 married 0 single 0 split

Educational level	2 divorced 2 primary incomplete 1 primary complete 3 high school complete 2 post-secondary	1 divorced 5 primary incomplete 1 primary complete 4 high school complete 2 post-secondary	0 divorced 5 primary incomplete 4 elementary school complete 1 high school complete 0 post-secondary
Occupation	Sindicalist Retired Manager Metal Worker Licensed practical nurse Teacher	Withdrawn worker Agriculturist Withdrawn worker Public Servant and agriculturist Agent of sustainable development Prospector Production auxiliary Lathe Operator Farm Worker Public Employee Artisan Intern	Prospector Agriculturist

According to the chart, there's a wide representativeness of workers with a variety of levels of instruction and with very distinct occupations, of which afforded diversity of opinions according to the relations and environment of which they were inserted. In the meetings, the participants spoke their opinions about the questions and also discussed which answers would be more suitable to the thematic of the study. We also highlight that the age of the participants enriched the discussions due to their work experiences.

Study Design

Previously to this study, we developed modules for the collection and analysis of the data that was published in the scientific literature, followed by discussions with the focus group formed by health professionals, those who identified key points to the construction and operationalization of the domains and subdomains referring to health and quality of life[11]. After accomplishing this stage, we developed questions about the perspective of representativeness of jobs and occupations, observing the differences between formal work and informal work, formulating the process of construction of a conceptual model of questions and the process of content validation. This process is represented in Fig.2, where the stages of the study elaboration is demonstrated.

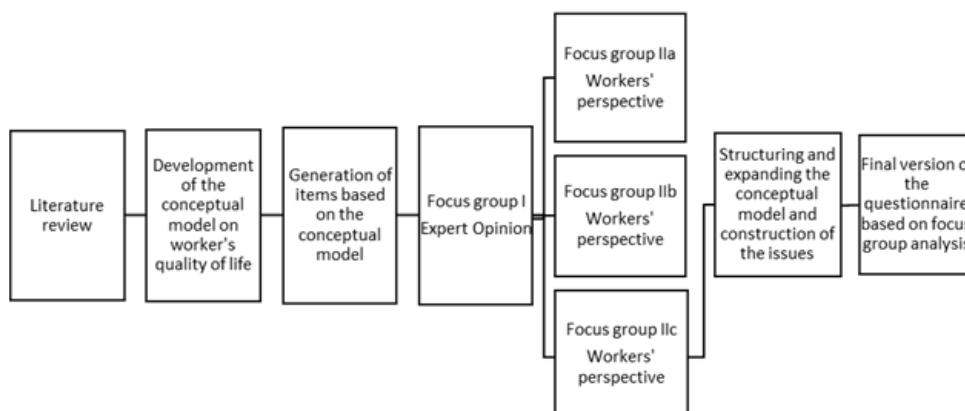


Fig.2 Schematic process of the development of the study.

Methodology for the development of the questions and the scale of answers of the questionnaire

After accomplishing the review of the literature and discussion with the focus groups of experts[11], structured questions were constructed and shaped in standard format to initiate each topic, following the criterias:

1. Thinking as a worker(...),
2. How far(...),
3. Do you feel(...),
4. How much(...),
5. For how long(...),
6. Being able(...),
7. In your perception(...),
8. Straight questioning (ex. your health(...))

In total, 380 questions were formulated, which were presented and discussed among the focus groups of workers with the intention to verify which model would be more suitable according to the understanding and comprehension.

After various discussions, the questions were defined. They were based, as much as possible, in the suggestions raised, aiming the reflection of the meaning proposed by the

definition of the constituent domains, using simple language, avoiding ambiguity in the words and sentences. Being necessarily composed of short questions, exploring only one matter at each time, avoiding denials and being compatible with the evaluation scale. Therefore, these questions are applicable to individuals with a variety of instruction and knowledge levels[12].

The answers to the questions were formulated on a scale of answers in a Likert style[13]:

“Intensity scale (none – extremely; in no way – extremely)

Capacity scale (none - completely)

Frequency scale (all the time – it doesn’t apply to my work)

Evaluation scale (very unsatisfied - very satisfied; very bad - very good; it didn’t interfere – it extremely interfered)”.

Anchor words were defined to each of scale (intensity, capacity, frequency and evaluation), all composed of an anchor score 0%; anchor 100%. Afterwards, words with intermediate meanings were selected between both anchor scores, of which present equivalent scores to the evaluative scale, those being 25%, 50% and 75%. As seen in Chart 2

Chart 2. Scale of the questionnaire’s answers

Scale of answers	
None	Very unsatisfied
A little	Unsatisfied
More or less	Neither unsatisfied or satisfied
Very	Satisfied
Extremely	Very satisfied
In no way	It didn’t interfere
A little	It interfered moderately
Moderately	It interfered
Very	It interfered a lot
Extremely	It interfered extremely
None	Very bad

A little	Bad
Medium	Neither good or bad
A lot	Good
Completely	Very good
All the time	Never
Most of the time	Sometimes
Sometimes	Often
Hardly ever	Very often
Never	Always
It doesn't apply to my job	

Focus groups moderator

The moderator was trained to perform interview and group dynamics, which conducted the meetings properly, counting with the presence of an enabler. In the beginning of the meetings, the moderator would introduce himself and then reported the objectives of the project, indicating the main points surrounding the discussions. Afterwards, the moderator would request a brief presentation from the participants, following an explanation of the basic operation rules, and then making sure that all the participants had read and signed the free consent term (TCLE).

The moderator was dominant of sensibility and reason, which was imperative to keep the focus in the interest of study conducted in the meetings, without interfering with the possibility of the participants' spontaneous expressions. Nevertheless, the moderator was able to introduce the discussion keeping it open, emphasizing the non existence of right or wrong answers, encouraging everyone to contribute with their opinion, with the intention of constructing relevant answers and comments to the study, also observing the nonverbal communication and the participants' own rhythm in the scheduled time of debate[14].

Data collection

The meetings took place in different contributor centers, with an average duration of two hours and a half. In this meetings, the means of interference of each domains and subdomains in their perception of quality of life were discussed, as well as the best question format according to the thematic proposed. The writing of the questions were performed according to the natural language and comprehensibility of the participants. All data were collected in the audio recording format, then transcribed and analysed to further analysis of the content of the material collected.

III. RESULTS

After the analysis of the transcription of all content, 108 questions were pointed out as

relevant, those of which we present in the following:

For the **Physical Domains**, 36 questions were formulated. Those questions were distributed between the subdomains presented in the reports:

Subdomain - Workers health

(S*) (...) Do you think that, thinking as a worker, your work activities contribute to the process of illness?

(S*) - Can you truly understand how the process of illness classifies?

(S*) - Both in healthy and sick people????

(S*) - (...) Because I have health problems you know, you're not disposed all the time, you know (...)

(S*) (...) I know, right (...) you usually say I'm healthy, I'm not sick (...) It does influence in your quality of life. Being healthy influences, because it means you're okay(...) Not being sick, how far is not being sick(...)

(S*)-(...) I can have a headache and be sick or I can have a controlled chronic disease and think(...), no, it's okay(...)

(S*)-(...) The health is influenced by the work performed and what you've developed during the day of work, if that makes you feel well or bad.

Subdomain - Sleep,

(S*)- I understand that if you work too much, if you're worried, you won't sleep well

(S*)- (...)it would be, theoretically, the influence of sleep on work and the influence of work on sleep

Subdomain - Pain,

(S*)- (...) here you all say you feel pain! But I don't feel pain, then what's going to happen(...)?

(S*)- (...) there are some people who don't feel pain, in the work environment(...) not all of them will(...). The pain felt outside the work environment(...)

(S*)(...)the repercussion of the pain in the activities and now is the quality of life then!

(S*)- (...) here we are thinking about how the work reverberate in the quality of life

(S*)- (...) you start working and warm up your body then the pain goes away?

(S*)- (...) a pain of when you've played football, I mean, this pain would influence in my work?

(S*)- (...)the pain felt at home will be felt at work too, I don't it would make any difference If I have a leg pain working standing up or seated down, at work or at home, I'll feel this pain either way. If it's an activity that provokes pain, for example, or a repetitive move, if you don't make that movement at home, you won't feel. If you're always in that same position at work, which causes you that joint disease, you'll only feel pain right on that place.

Subdomain- health treatment,

(S*)I think so, there are people who directly need it (...). A grande maioria needs it, in my opinion! (...)

(S*)- Here most people will need health attendance!

Subdomain - Being sick,

(S*)- (...) it seems like it fits if you think in a general sense

(S*)- (...) they are badly seen at work because they get sick!

(S*)- The state of illness affects the worker's life(...)

(S*)- (...) because at this moment I'm withdrawn from my company because of health problems.

Subdomain - Capacity of performing work,

(S*)- (...) I understand this is a straightforward question to the person! This thing is asking about me, about her, not only about the worker(...)

(S*)- (...) satisfied at helping - I feel capable!

(S*)- I don't know If I agree, capacity would be how much you're willing to do your work, unless this work evolves the participation of other colleagues, in this case being willing the help the work of a colleague fits, but not in all situations.

(S*)- So it should be added accomplishing your tasks and being willing to help the work of other colleagues?

Subdomain - Physical activity,

(S*)- (...) do you practice physical activities often?

(S*)- (...)there should be the two question,

Subdomain - Drug use

(S*)- (...) now you're applying the questionnaire and answering it as well! In your perception, how far does the drug use cause negative impacts in the quality of life? now this is totally your perception!

Subdomain - Energy.

(S*)- (...) this exhausted means tired. A physical exhaustion.

(S*)- just one point here, I think it should be put the physical exhaustion.

As for the **Environment domain**, 22 questions were formulated and distributed among the subdomains presented in the reports:

Subdomain - work environment,

(S*)- (...) the environment is not the interest, the interest is the service provided.

(S*)- (...)If the environment is favorable, there's conditions to execute a task. That's right(...)

(S*)- when it's talked about good work conditions, it's being included various of things, security questions, equipments for you to produce, I think it all encompasses there.

Subdomain - working hours,

(S*)- (...)accomplishing tasks beyond your working hours (...) if it's going to interfere in the quality of life of the worker

(S*)- It reflects, right?

(S*)- (...) here it's referring to working hours reflecting in the quality of life!

(S*)- (...) and today we are in a world where not only women do the housework, men too sometimes live alone, besides working and studying. They get home and do the laundry. clean the house. I think you don't need to put women there specifically.

Subdomain - Risks and job information,

(S*)- (...)It's awful, you know, just like in the civil engineering and rural, (...) the level of intoxication of workers.

Subdomain - Work concentration,

(S*)- It is asking, I think, (...) about distractions like noise etc.

(S*)- (...)I think this way: if you are concentrated you'll keep being the same, independently of the noise!

(S*)- Something else that distracts you is the amount of tasks that a worker has to accomplish. Cause he doesn't know what to do first.

Subdomain - Work problems.

(S*)- There are certain times that the job gets complicated! Not all the time (...) but there are jobs that is complicated!

(S*)- Here it can be the work routine and performance! (...) which alter your work routine and performance period!

(S*)- I don't think so! Because there's a work routine that's that one you have everyday, the work accomplished day by day and how you accomplished it! How your performance was!

(S*)- (...)it's kind of like, a job I did but depressed!

(S*)- (...) For example, this space here I don't know if, considering the time we got, faster or different rhythm, it would be an ugly situation, if this was a workplace. So I feel like anxiety has to do with this context there, environmental would be what exactly? Because you already leave your job anxious cause you've worked so many hours, right.

As for the **Psychological Domains** 22 questions were formulated and distributed among the subdomains presented in the reports:

Subdomain - Satisfaction / Pleasure,

(S*)- You'll choose if you are or not satisfied(...) it's a satisfaction question.

(S*)- If you observe the strikes numbers(...), you're never satisfied!

(S*)- If you're not satisfied you need to go after another job(...).

(S*)- If you don't feel well, the depression comes.

(S*)- (...) when you do something you like you feel more satisfaction.

(S*)- (...) I like what I do, the work I do, and that influences a bit I think(...) If we like what we do (...) We do something and then after some months, something else comes up(...) then I like to change man, not being always at the same job(...)

(S*)- (...) Look, in my case here, my job is differentiated(...) that means my job is a satisfaction. To me it becomes a satisfaction, it doesn't harm me

Subdomain - Respect,

(S*)- Are you respected by other colleagues when you're sick?

(S*)- (...) a lot of times it is not respected

Subdomain - Exhaustion,

(S*)- Work makes you emotionally exhausted, it's that thing! (...)

(S*)- Thinking as a worker, how far does your work makes you down? - it's either going to be all the time, most of the time or it doesn't apply to my job.

(S*)- For example, at a determined time in my job, they released me because of a private course I used to take, although I'd leave there extremely exhausted and down (because of work) and on test days, no way!!!(...)

Subdomains - Emotional problems,

(S*)- I don't believe someone would be lead by an emotional aspect! If so, nobody would work!(...)

(S*)- (...) Down as in a lighter way, and depressed as in a heavier way, more pathologic

(S*)- I also notice that. Because as a worker you're already with another problem and then it starts to accumulate.

(S*)- (...) Being down is one day or another in which the worker is not well, now being depressed is an everyday thing.

Subdomains - Personal problems,

(S*)- (...) it's a psychological matter! If I'm not okay I gotta look for an psychologist(...)

(S*)- (...) you're talking about external problems interfering(...)???

(S*)- For example, If a person divorces it will interfere(...)

(S*)- Personally would be all the time, because If I have a problem in my personal life, it affects work, it distracts me(...) In a way.

Subdomain - Physical appearance / Body image,

(S*)- How far is appearance important in your job!

(S*)- Even so, it is not determinant

(S*)- I had tendinitis and partial tendon rupture, and other infinite problems in the place I work at

for 20 years and at that time, around 18 years ago, when they started treating me they gave corticoid (S*)-(...)The physical appearance brings you problems

(S*)- Yes, it does, because I was putting on too much weight, the situation was out of control, the doctors didn't know how to explain to me what it was.

Subdomain - Interpersonal relationships.

(S*)- How satisfied are you with your work colleagues relation,

(S*) How far are you satisfied with the relations between you and your colleagues

As for Social domains 22 question were formulated and distributed among the subdomains and subdomains presented in the reports:

Subdomain - Daily life activities,

(S*)- (...) the interest really is to know if the worker can relax, have fun in their free time, besides being tired from work.

(S*)- It interferes life completely !

(S*)- there will be a time in which it can interfere sooner or later(...)

Subdomain - Transport,

(S*)- (...) the ones who depend on transport will choose this one!

(S*)- Here (...), most don't use transport!

(S*)- I, for example, have a self conduct, but my colleagues don't and they used to leave at 4am being squeezed inside a cab(...) so they wouldn't leave two behind, because they were 6 plus the driver.

(S*)- But there's also the peacefulness and security of walking or biking to work, not having to catch a bus que fits in 80 people with the capacity of 150, by car, if there's an additional person he's fined, and in the bus there's not inspector to count down how many people there are to fine the company

(S*)- (...)the type of transports (bikes or by foot) should be talked about, in relation to transportation costs and the time that takes to move around.

Subdomain - Habitation/family,

(S*)- It has to be in the social life, it interferes in the life of the worker. I see that with the fisherman, he doesn't have a social life, he isolates himself (he can't do anything), now he's raising a bit in life, but it's difficult you guys. So it does affects, if you only knew, there's the island worker (the fisherman) he gives all of himself, this anxiety, this thing no one knows, there's this hypothesis, he gives all of himself.

(S*)- (...)but sometimes, we the workers leave our houses at 5am and only come back at 7pm, most of the time we have little time for the family, I arrive at 7pm and I don't have time for my family.

(S*)- (...) Look, if the work is good, if the kids are okay in the school, the work influences positively,

of course. Now if your boy is fighting with someone(...) I won't feel okay. I'll feel bad automatically, might not even be able to work properly.

As for the **Worker Domain** 6 questions were formulated and distributed among the subdomains presented in the reports:

Subdomain - Wage,

(S*) (...) I (...) rural worker or workers, generally If I'm not satisfied with my job(...) I'll have problems with wage for the rest of my life(...)

(S*)- (...) the worker works, let's say, he will get a payment(...) With this payment you'll buy food, clothing, shoes(...) You'll pay your electricity and water bill(...) and it has to some money left for medicines if needed. You'll earn a minimum wage, let's say, this wage won't be enough for a month, how are you going to dress yourself in one month. You do the math and you realize you don't make that wage, and you're left with little money. There are people paying rent(...)

Subdomain - Professional progress and recognition,

(S*)- (...) or I consider suitable the financial return that the worker gets for the work he accomplishes.

(S*)- I think this satisfaction matter is important.

(S*)- But then this is a external matter, what comes after you've done the job. The work you perform gives you emotional return?

Subdomain - Stability.

(S*)- In my case, If I have stability I'm in peace.

(S*)- ((...)) and you gotta know how much the "not having stability" interferes in the worker's quality of life.

IV. DISCUSSION

As highlighted in the participant's reports, sleep deprivation or alterations affect the work capacity directly, turning into a trigger to initiate illness processes and impacting the worker's health and quality of life.

Therefore, a meta-analysis investigation with 116 studies involving 301.402 participants was done, of which analysed the chronic health conditions related to presentism. The authors demonstrate the impact in productivity when you're ill, moreover, they highlight the associations between presentism and its backgrounds to those workers with a preexistent chronic health condition[15].

The duration of sleep is a serious problem that causes risk of mental and physical disorders, affecting the productivity in the workplace as well. However, a clinical trial with the objective of implementing education about sleep health has demonstrated to be beneficial to good sleeping habits for the workers[16].

There's also the emotional weariness that these people are submitted to in their work relations,

becoming a significant factor in the determination of these disorders related to stress and depression, leading to the occurrence of psychosomatic diseases and other health problems that prompt to the increase of absence and withdraws levels[17-19].

The pain related to work is a factor that is associated with the goals and established productivity, as well as with the quality of the products and service and the increase of market competitiveness, which induces workers to physical and psychosocial limits by intensifying work, increase of working hours and strict prescription procedures, making flexibility and creativity manifestations impossible[20-22].

We've also observed that the work environment promotes influences in health and in the worker's quality of life, being interconnected with organizational factors of the working hour, which impacts the concentration of those. The work environment is a place where individuals spend most of the time of their days. For this reason, it's essential to comprehend the psychological well being and its perception, besides its attitudes and behaviors at work. Nevertheless, studying the factors that influence the feelings and emotions of the workers help to eliminate negative behaviors and encourage the workers to have a more positive attitude at work[23, 24].

Therefore, the organizational factors influence, positively and negatively, how the personal elements like the behavior of the individual, or outside of it, suffer profound influence of the social-cultural factors, like the values and standards of the society[25, 26].

Another factor pointed out in the discussions was the long working hours, of which we highlight the combination of the social factors with the economical and individual as well. In the following, the immediate, medium and long term negative outcomes are observed, with an occurrence of time of sleep reduction, symptoms of fatigue, stress and pain linked to the worker, his/her family and community[27].

For as much as, the transformation of the work environment into a health place can provide more satisfaction in the execution of the professional tasks, for the perception of the workers allows them the possibility of comprehension and appreciation of their quality of life[28]. On the other hand, the inappropriate workplaces increase the risks of occupational accidents and diseases, increasing the chances of musculoskeletal disorders which are related to work, inducing an intense request of some body

segments, altering physical and mental health, interfering in the quality of life[29].

Choi SL, et al.[30]; Ibrahim NK, et al.[31], demonstrates that work is extremely important to the individuals' lives and how much the worker is connected to personal satisfaction relating to the work he performs. This satisfaction is defined as a pleasant feeling, a consequence of the inherent perception to the realization of their own work. This work constitute a fundamental element to the human existence, allowing man specific characteristics that opens space to the capacity of production and creation, as well as the insertion of the worker in a social context according to their activities.

The Dejourian theory approaches the psychic process involving the confrontation of the subject with the reality of work. Dejours also considers that the pleasure of the worker results of subjective experiences of the workers and their pleasure-suffering process. He also believes that the pleasure of worker results of realization manifestations, satisfaction that allows the worker to focus in the activities that envision the increase of well being of their quality of life[32].

The expression "I don't have time for myself anymore" clarifies the influence of work on the daily life activities of the workers, [33], it demonstrates that technological evolutions were announced as freers of the individual, but they actually just cooperate to increase stress levels even more. However, these new technologies steals people's personal time, resulting in an illusory reduction of working hours, which invades the worker's life, as it does the leisure[34].

Therefore, the search for more qualification of work starts in the moment that the relation of the worker with his work is affected, in a way that they produce more in less time and with a decreased numbers of workers, who keep being reduced with time, starting to demand employees capable of acting in various types of work situations [35]. On the other hand, the social factor is related to worker's quality of life, reflecting the conditions of work and health directly under the risks of lack of security, health privation, education, income, living conditions, social participation and status[36].

In the wage context, the minimum wage earned by the worker's activity is a fundamental aspect in order to attend their basic vital needs, as well as their families, such as living, food, education, health, leisure, clothing, hygiene and transport[37].

When it comes to their professional progress, it could be said that it's noticed how the central component in the formation process of ethics and social relations based on the performed

work as a factor to leverage the growth and recognition[38, 39].

In this proportion, the appreciation and recognition is a point that reverberates, favorably, in the feeling of appreciation and recognition of work performed. Emphasizing that the recognition of the professional identity is a determinant factor to professional satisfaction with their work[40].

On the other hand, the insecurity promoted by the new kinds of contracts of work, as well as the restructure and internationalization, emerges as an important source of organizational and individual stress, often transforming the workplace into a hostile context and, above all, being extremely demanding of workers[41].

Development of the concept of the worker's quality of life

Therefore, the fundamental matters related to the construct of the worker's quality of life were based respecting the subjectiveness, multidimensionality and also the presence of positive and negative dimensions. According to these elements, the definition was conducted: "worker's quality of life as an extension of general quality of life, which involves aspects related to physical perception, the environment of which they are inserted, psychological aspects, social relations and the workers as an integrant part, therefore, there's no subdivision of quality of life inside or outside of work, but the existence of work influences in their lives and the life of work environment.

V. CONCLUSION

This study demonstrates the importance of collected data to the operationalization of the concepts of the workers' quality of life and development of the evaluative tool. In general terms, the themes obtained from the literature review related to the worker's quality of life were immensely dimensioned because they were discussed and reevaluated by groups of distinct discussions. In particular, the use of focus groups provided a range of perspectives about the worker's quality of life allowing an opened discussion and a greater knowledge about the subject. Therefore, finishing the questions of the tool and the process of content validation.

LIST OF ABBREVIATIONS

WORQER QOL – Questionnaire Of The Worker's Quality Of Life.

ECR/HCPA – Ethics Committee on Research Hospital of Clinics of Porto Alegre - ECR/HCPA.

TCLE – Free and informed consent form.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Approved by the research ethics committee of the Hospital de Clínicas, Porto Alegre, under number 130118.

AVAILABILITY OF DATA AND MATERIAL

Please contact author for data requests.

CONFLICTS OF INTERESTS

All the authors stated there's no conflicts of interest in the present study.

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AUTHORS CONTRIBUTIONS

All of the authors contributed to the design of this article. JC and MM contributed to the analysis of the data and wrote the manuscript. MS, contributed to the idea and orientation of this study development. All authors have reviewed the manuscript and have approved the final version.

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REFERENCES

- [1]. A. Ghesquiere, S. B. Plichta, C. McAfee, and G. Rogers, "Professional quality of life of adult protective service workers," (in eng), *J Elder Abuse Negl*, pp. 1-19, Jul 2017.
- [2]. D. B. Lindsay, S. Devine, R. M. Sealey, and A. S. Leicht, "Time kinetics of physical activity, sitting, and quality of life measures within a regional workplace: a cross-sectional analysis," (in eng), *BMC Public Health*, vol. 16, p. 786, Aug 2016.
- [3]. F. A. C. LACAZ, "Qualidade de vida no trabalho e saúde/doença," *Ciência & Saúde Coletiva*, Rio de Janeiro, vol. v.5, pp. p. 151-61
- [4]. B. S. Mattevi, J. Bredemeier, C. Fam, and M. P. Fleck, "Quality of care, quality of life, and attitudes toward disabilities: perspectives from a qualitative focus group study in Porto Alegre, Brazil," (in eng), *Rev Panam Salud Publica*, vol. 31, no. 3, pp. 188-96, Mar 2012.
- [5]. D. W. Black et al., "Psychological distress, job dissatisfaction, and somatic symptoms in office workers in 6 non-problem buildings in the Midwest," (in eng), *Ann Clin Psychiatry*, vol. 26, no. 3, pp. 171-8, Aug 2014.
- [6]. T. M. GILL and A. R. FEINSTEIN, "A critical appraisal of the quality of quality-of-life measurements.," *Journal of the American Medical Association* vol. v.272, pp. p.619-26
- [7]. D. C. Oliveira, C. Vass, and A. Aubeeluck, "The development and validation of the Dementia Quality of Life Scale for Older Family Carers (DQoL-OC)," (in eng), *Aging Ment Health*, pp. 1-8, Mar 02 2017.
- [8]. M. C. Pera et al., "Content validity and clinical meaningfulness of the HFMSE in spinal muscular atrophy," (in eng), *BMC Neurol*, vol. 17, no. 1, p. 39, Feb 23 2017.
- [9]. I. B. d. E. e. Geografia. (2017). IBGE.
- [10]. Y. F. Lai, A. Y. W. Lum, E. T. L. Ho, and Y. W. Lim, "Patient-provider disconnect: A qualitative exploration of understanding and perceptions to care integration," (in eng), *PLoS One*, vol. 12, no. 10, p. e0187372, 2017.
- [11]. J. C. Comel, M. A. Stefani, M. R. Martini, N. S. d. Rocha, C. O. Corso, and A. C. d. Santos, "THE CONCEPT OF WORKER QUALITY OF LIFE ACCORDING TO A FOCUS GROUP OF EXPERTS," *International Journal of Current Research*, vol. 8, no. 12, pp. 42878-42884. doi: 0975-833X
- [12]. M. C. Canavarro et al., "Development and psychometric properties of the World Health Organization Quality of Life Assessment Instrument (WHOQOL-100) in Portugal," (in eng), *Int J Behav Med*, vol. 16, no. 2, pp. 116-24, 2009.
- [13]. D. Elie et al., "End-of-Life Care Preferences in Patients with Severe and Persistent Mental Illness and Chronic Medical Conditions: A Comparative Cross-Sectional Study," (in eng), *Am J Geriatr Psychiatry*, Sep 2017.
- [14]. L. A. Wolf, C. Perhats, A. M. Delao, and P. R. Clark, "Workplace aggression as cause and effect: Emergency nurses' experiences of working fatigued," (in eng), *Int Emerg Nurs*, vol. 33, pp. 48-52, Jul 2017.
- [15]. A. McGregor, R. Sharma, C. Magee, P. Caputi, and D. Iverson, "Explaining Variations in the Findings of Presenteeism Research: A Meta-Analytic Investigation Into the Moderating Effects of Construct Operationalizations and Chronic Health," (in eng), *J Occup Health Psychol*, Oct 2017.
- [16]. Y. Nakada, A. Sugimoto, H. Kadotani, and N. Yamada, "Verification of effect of sleep health education program in workplace: a quasi-randomized controlled trial," (in eng), *Ind Health*, Aug 2017.
- [17]. M. I. P. Jáuregui, "Cuando el Estrés Laboral se Llama Burnout (Quemarse em el Trabalho). Causas y Estratégias de Afrotamiento.," vol. 1, pp. 28-35 Available: <http://www.psiqweb.med.br>
- [18]. M. M. Schenker M, "A importância da família no tratamento do uso abusivo de drogas: uma revisão da literatura.," *Cad Saúde Pública.*, vol. 20, pp. 649-59
- [19]. M. F. de Souza Porto, D. C. de Moura Juncá, Gonçalves, Raquel de Souza, and M. I. d. F. Filhote, "Lixo, trabalho e saúde: um estudo de caso com catadores em um aterro metropolitano no Rio de Janeiro, Brasil " *Cad. Saúde Pública*, Rio de Janeiro, vol. 20, pp. 1503-1514

- [20]. A. G. Brandão, B. L. Horta, and i. Tomas, "Sintomas de distúrbios osteomusculares em bancários de Pelotas e região: prevalência e fatores associados," *Rev Bras Epidemiol*, vol. 8, pp. 295-305
- [21]. F. A., *Intensité du travail, définition, mesure, évolutions. Séminaire sur l'intensification du travail. Centre d'études de l'emploi. Paris. 2000.*
- [22]. S. Dal Rosso, *Mais trabalho: a intensificação do labor na sociedade contemporânea*, 1 ed. São Paulo: Bomtempo Editorial, 2008.
- [23]. N. Singh et al., "Occupational burnout among radiographers, sonographers and radiologists in Australia and New Zealand: Findings from a national survey," (in eng), *J Med Imaging Radiat Oncol*, vol. 61, no. 3, pp. 304-310, Jun 2017.
- [24]. P. Buruk, Ö. Şimşek, and E. Kocayörük, "Higher-order Traits and Happiness in the Workplace: The Importance of Occupational Project Scale for the Evaluation of Characteristic Adaptations," (in eng), *J Gen Psychol*, vol. 144, no. 4, pp. 245-263, 2017 Oct-Dec 2017.
- [25]. C. P. James, K. L. Harburn, and J. F. Kramer, "Cumulative trauma disorders in the upper extremities: reliability of the postural and repetitive risk-factors index.," (in eng), *Arch Phys Med Rehabil*, vol. 78, no. 8, pp. 860-6, Aug 1997.
- [26]. G. G. J. Silva, M. L. P. de Souza, E. Goulart Júnior, L. C. Canêo, and M. C. F. Lunardelli, "Considerações sobre o transtorno depressivo no trabalho " *Rev. bras. Saúde ocup.*, vol. 34, pp. 79-87
- [27]. I. Rydstrom, L. Dalheim Englund, L. Dellve, and L. Ahlstrom, "Importance of social capital at the workplace for return to work among women with a history of long-term sick leave: a cohort study," (in eng), *BMC Nurs*, vol. 16, p. 38, 2017.
- [28]. S. A. da Silva et al., "Percepção da qualidade de vida no trabalho dos neurocirurgiões em São Paulo " *Arq Bras Neurocir*, vol. 30, pp. 60-65
- [29]. M. C. Ferreira, "A ergonomia da atividade se interessa pela qualidade de vida no trabalho? Reflexões empíricas e teóricas " *Cadernos de Psicologia Social do Trabalho*, vol. 11, pp. 83-99
- [30]. S. L. Choi, C. F. Goh, M. B. Adam, and O. K. Tan, "Transformational leadership, empowerment, and job satisfaction: the mediating role of employee empowerment," (in eng), *Hum Resour Health*, vol. 14, no. 1, p. 73, Dec 2016.
- [31]. N. K. Ibrahim et al., "Quality of life, job satisfaction and their related factors among nurses working in king Abdulaziz University Hospital, Jeddah, Saudi Arabia," (in eng), *Contemp Nurse*, vol. 52, no. 4, pp. 486-498, Aug 2016.
- [32]. A. E. Dejourns C, *Itinerário teórico em psicopatologia do trabalho. Psicodinâmica do trabalho: contribuições da escola dejouriana à análise da relação prazer, sofrimento e trabalho. 1994.*
- [33]. V. d. Gaulejac, *Gestão como doença social: ideologia, poder gerencialista e fragmentação social. 2007.*
- [34]. M. Stadin, M. Nordin, A. Broström, L. L. Magnusson Hanson, H. Westerlund, and E. I. Fransson, "Information and communication technology demands at work: the association with job strain, effort-reward imbalance and self-rated health in different socio-economic strata," (in eng), *Int Arch Occup Environ Health*, vol. 89, no. 7, pp. 1049-58, Oct 2016.
- [35]. G. L. P. TARTUCE, "O que há de novo no debate da "qualificação do trabalho"?. Reflexões sobre o conceito com base nas obras de Georges Friedmann e Pierre Naville.," *Faculdade de Filosofia, Letras e Ciências Humanas da Universidade de São Paulo, São Paulo, 2002.*
- [36]. F. L. R. Rocha, M. H. P. Marziale, and O.-S. Hong, "Work and health conditions of sugar cane workers in Brazil " *Rev Esc Enferm USP* vol. 44, pp. 974-9
- [37]. S. Karakolias, C. Kastanioti, M. Theodorou, and N. Polyzos, "Primary Care Doctors' Assessment of and Preferences on Their Remuneration," (in eng), *Inquiry*, vol. 54, p. 46958017692274, Jan 2017.
- [38]. D. V. Vaz and R. Hoffmann, "Remuneração nos serviços no Brasil: o contraste entre funcionários públicos e privados," *Economia e Sociedade, Campinas*, vol. 16, pp. 199-232
- [39]. J. Souza, "Uma teoria crítica do reconhecimento," *Luana Nova*, vol. 1, pp. 16-24
- [40]. A. Prochnow, C. L. C. Beck, R. M. da Silva, F. C. Prestes, and J. P. Tavares, "Fatores Que Favorecem E Dificultam O Trabalho Dos Enfermeiros Nos Serviços De Atenção À Saúde " *Esc Anna Nery*, vol. 14, pp. 490-495
- [41]. T. Ramaci, M. Pellerone, C. Ledda, and V. Rapisarda, "Health promotion, psychological distress, and disease prevention in the workplace: a cross-sectional study of Italian adults," (in eng), *Risk Manag Healthc Policy*, vol. 10, pp. 167-175, 2017.