Quality of Life at Work: Server Appreciation Program

Qualidade de Vida no Trabalho: Programa de Valorização do Servidor
Calidad de Vida en el Trabajo: Programa de Valoración del Empleado

RESUMO
Objetivo: Analisar o diagnóstico situacional da Qualidade de Vida no Trabalho da população de servidores públicos de um Complexo Hospitalar do Estado de Minas Gerais. **Método:** Tratou-se de uma pesquisa de campo, descritiva e quantitativa com aplicação do Questionário validado – QWLQ-bref. Aprovada pela Comissão de Ética da FHEMIG, com registro CAAE 65848922.8.0000.5119 e Parecer nº 5.851.336 datado de 13/01/2023. **Resultados:** A amostra analisou 302 participantes. A qualidade de vida no trabalho, de maneira geral, apresentou-se satisfatória sendo mais influenciada, no sentido positivo, por questões do domínio pessoal e psicológico e mais influenciada negativamente por questões relacionadas ao domínio profissional. **Conclusão:** Observa-se que existem ações a serem tomadas para melhorar os índices e escores para os domínios e para a Qualidade de Vida no Trabalho dos servidores.
DESCRITORES: Qualidade de vida; Saúde ocupacional; Promoção da saúde; Pessoal de saúde.

ABSTRACT
Objective: To analyze the situational diagnosis of the Quality of Life at Work of the population of public servants in a Hospital Complex in the State of Minas Gerais. **Method:** This was a descriptive and quantitative field research study using the validated questionnaire – QWLQ-bref. Approved by the Ethics Committee of FHEMIG, with registration CAAE 65848922.8.0000.5119 and Opinion No. 5.851.336 dated 01/13/2023. **Results:** The sample analyzed 302 participants. Overall, quality of work life was satisfactory, being more positively influenced by personal and psychological issues and more negatively influenced by professional issues. **Conclusion:** It is observed that there are actions to be taken to improve the indices and scores for the domains and for the Quality of Life at Work of the employees.
DESCRIPTORS: Quality of life; Occupational health; Health promotion; Health personnel.

RESUMEN
Objetivo: Analizar el diagnóstico situacional de la Calidad de Vida en el Trabajo de la población de servidores públicos de un Complejo Hospitalario del Estado de Minas Gerais. **Método:** Se trató de una investigación de campo descriptiva y cuantitativa utilizando el Cuestionario validado – QWLQ-bref. Aprobado por el Comité de Ética de FHEMIG, con registro CAAE 65848922.8.0000.5119 y Dictamen No. 5.851.336 de fecha 13/01/2023. **Resultados:** La muestra analizó 302 participantes. La calidad de vida laboral, en general, fue satisfactoria, siendo más influenciada positivamente por cuestiones del dominio personal y psicológico y más influenciada negativamente por cuestiones relacionadas con el dominio profesional. **Conclusión:** Se observa que hay acciones a tomar para mejorar los índices y puntajes de los dominios y de la Calidad de Vida Laboral de los empleados.
DESCRIPTORES: Calidad de vida; Salud ocupacional; Promoción de la salud; Personal de salud.

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Kelby Adriane de Lima Simão
Specialist in Occupational Nursing, Batista College of Minas Gerais. Specialist in Public and Hospital Health Management, Batista College of Minas Gerais. Specialist in Urgent and Emergency Care, ISEIB/FIBH College of Belo Horizonte, MG. Specialist in Intensive Care, ISEIB/FIBH College of Belo Horizonte, MG.
ORCID: https://orcid.org/0009-0007-7342-7928

Julianne Santos Mangualde
Master's in Nursing with a focus on Health Promotion and Diseases, Federal University of Minas Gerais (UFMG). Specialist in Occupational Health, Faculdade Integrada Jacarepaguá, Rio de Janeiro. Specialist in Intensive Care Medicine, IPEUNI, MG. Specialist in Urgent and Emergency Care, IPEUNI, MG. MBA in Health Management – Currently pursuing the degree at Unimed College of Medical Sciences, Minas Gerais.
ORCID: https://orcid.org/0009-0007-0749-5201

Tatiane Regina Pereira de Souza
Specialist in Occupational Nursing, Barra Mansa University Center. Specialist in Health Educator Training, Federal University of Minas Gerais (UFMG).
ORCID: https://orcid.org/0009-0001-7647-3010

Daniela Aparecida Guanaes Tonidandel
Specialist in Hospital Infection Surveillance and Control. Federal University of Minas Gerais, UFMG.
ORCID: https://orcid.org/0009-0004-6863-7996

INTRODUCTION

The world is undergoing profound transformations such as globalization, rapid change, intensified competition, and profit maximization, all of which impact workers' lives, making it necessary to analyze the workplace to elucidate the relationship between work and Quality of Life at Work (QLW). Thus, it is essential to consider the various environmental and organizational risks to which workers are exposed depending on their role and integration into work processes. The hospital environment can expose workers' health to various illnesses, making it important to develop health promotion and disease prevention initiatives to avoid harm and complications.[1-2]

Studies show that satisfaction and dissatisfaction affect workers' health, impacting mental health, physical health, absenteeism rates, and, in nursing, potentially compromising the care provided to patients. Therefore, healthcare professionals need good physical and mental health to provide care and assistance with minimal risk to themselves and their patients. The workplace is viewed as a whole, embedded in society with the potential for both harm and protection. Consequently, programs with activities that promote prevention and health promotion have been observed, addressing broader needs and fostering harmony between employees and organizations. [3-4-5]

Quality of Life at Work (QLW), according to Limongi-França, refers to the pursuit of a dynamic balance between biological, psychological, social, and organizational needs, combined with ergonomically correct and sustainable work practices, where worker satisfaction is associated with productivity, and physical and mental health, while dissatisfaction is linked to absenteeism, accidents, strikes, and mental disorders, impacting health and social and professional behavior. [6-3] QWL gains relevance in the face of social transformations and new demands for work-life balance, healthy habits, social justice, sustainability, self-esteem, and equity, requiring organizational processes that reconcile employee well-being, user satisfaction, and institutional objectives, constituting a collective and organizational responsibility. [7-5]

Work is a central pillar of social life; it can be a space for domination and resistance, and it determines workers' living conditions and health. This makes it essential to intervene in production processes to promote health and prevent illness and death, ensuring comprehensive care for workers' health in accordance with their role in the workforce. [8–9]. According to Limongi-França [6], Quality of Life at Work involves employee satisfaction with the company, environmental conditions, concern for health, and recognition of talent, with satisfaction being fundamental to performance, well-being, and mental, physical, and social balance, while respecting individual needs and limitations. [6]

Collective management of work situations is fundamental to health promotion, requiring spaces for dialogue, collective debates, and educational initiatives that foster critical thinking and worker autonomy, enabling an understanding of risks and the development of prevention strategies without impositions, thereby promoting local changes and effective health outcomes. [10-9]

Job satisfaction and dissatisfaction influence workers' physical and mental health, as well as their professional and social behavior. [3] According to Junior, Pilatti, and Pedroso, Quality of Life at Work consists of indicators organized into the Physical/Health, Psychological, Personal, and Professional domains, which encompass aspects of health, motivation, personal relationships, and cultural and organizational

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values, and can positively or negatively influence employees. [8] The adoption of organizational policies focused on physical and emotional well-being directly impacts performance, strengthens the bond with the company, and contributes to greater satisfaction, happiness, and a sense of purpose at work.

According to Alves et al.[11] studies demonstrate a variety of implemented Workplace Quality of Life initiatives and programs that have yielded positive results and can be viewed as models to be followed, such as exercise physical therapy and workplace exercise programs, employee training and development, ergonomics, performance evaluations, job and salary analyses, alcohol and drug testing, retirement planning, nutritional guidance, alternative therapies, and smoking cessation programs—all of which can increase stress tolerance, improve interpersonal relationships, and boost productivity, self-esteem, and professional performance.

Therefore, this research is justified by the need to plan and develop initiatives focused on organizational climate, health promotion, disease prevention, workplace safety, and quality of life at work among healthcare professionals. The aim is to analyze the situational diagnosis of Quality of Life at Work among the civil servant workforce of a Hospital Complex in the State of Minas Gerais.

METHOD

This is a descriptive, quantitative field study using previously validated methods involving mean and standard deviation, targeting staff members at a public hospital complex in the Minas Gerais state network that comprises two hospital units. Identified in the study as Public Hospital A, considered a leading general hospital in pulmonology and thoracic surgery, as well as high-risk pregnancies, and classified as a large hospital; and Public Hospital B, which provides specialized care in Oncology and 24-hour emergency care for cancer patients, performs Head and Neck Surgery, Oncological Surgery, Thoracic Surgery, Surgical Gynecology, Mastology, General Surgery, Urology, Proctology, General Practice, and consultations in Clinical Oncology, Chemotherapy Administration, and Upper Gastrointestinal Endoscopy and Colonoscopy examinations.[12]

This study has been approved by the FHEMIG Ethics Committee, under registration number CAAE 65848922.8.0000.5119 and Opinion No. 5,851,336 dated January 13, 2023. Participants were informed about the study's objectives and methodology and, if they agreed, were invited to sign an Informed Consent Form (ICF), respecting the professionals' decision to participate or not. All individual data from the samples and ICFs are kept confidential, and the questionnaire poses no risk to the physical, moral, or psychological well-being of the volunteers.

The questionnaire used was the QWLQ-bref instrument, an abbreviated version of the QWLQ-78, which allows for the assessment of the domains and dimensions of QWL. It consists of 20 questions and allows for the assessment of frequencies and descriptive measures of the questions using a 1-to-5 Likert scale, where 1–2 represents a negative rating, 3 is neutral, and 4–5 represent positive ratings; that is, 1 represents a very negative response and 5 a very positive response. The parameters for data analysis, scores, and indices are described as follows: 0 to 22.5—very unsatisfactory index; 22.5 to 45—unsatisfactory; 45 to 55—neutral; 55 to 77.5—satisfactory; and 77.5 to 100—very satisfactory.[13]

The data collection form included sociodemographic questions (5 items) and the QWLQ-bref questionnaire (20 items). All completed forms were considered valid since they had 100% response rates, in accordance with the criteria established by Cheremeta et al.[13] — a minimum of 80% of questions answered in each domain and only one response per participant allowed—QWLQ-bref. Responses were evaluated both for the Hospital Complex as a whole and for separate units: Public Hospitals A and B. The survey began with employees in the administrative department, followed by the general management and clinical care departments, due to the number and diversity of functions and sectors within the complex. The link for data collection was available from February 16, 2023, to June 14, 2023, to ensure a higher response rate. Thus, the data collection form was available for responses for 118 days via the access link shared within the Complex. The form was submitted via GOOGLE FORMS using the link: https://docs.google.com/forms/d/e/1FAIpQLSfskLWTvSRh6EgKBN8jaXFF6Zma3cvXFU2BhyO6-Mcr9eY4ww/viewform?usp=sf_link across two tabs: the first being the Informed Consent Form, and the second tab could only be filled out if the professional agreed to participate in the survey; the second tab contains 5 questions regarding sociodemographic data and 20 questions using a Likert scale, formatted in Forms as required fields, and the participant could only submit the responses after answering all questions. Data tabulation was performed using Microsoft Excel 2010.

RESULTS

The general population of the Hospital Complex consists of 2,195 employees, with 1,518 at Hospital A and 677 at Hospital B. The study sample comprises 302 employees participants (14% of the general population), including 103 from Hospital A and 199 from Hospital B. Thus, the population of each unit analyzed individually ac-

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counts for 34% from Hospital A and 66% from Hospital B in the sample.

The Hospital Complex employs professionals with permanent and contract positions, with a job and career structure subdivided into Nursing Professionals (PENF—Bachelor's degree in Nursing, High School Diploma, or Nursing Technician), Health Operational Technicians (TOS—Technicians in any field of knowledge except nursing: Pharmacy, Chemistry, Civil Engineering, Others), physicians (MED—Bachelor's Degree in Medicine), Health Management and Care Analysts (AGAS—Bachelor's Degree in various fields of study, except Medicine and Nursing: Administrators, Lawyers, Engineers, Dental Surgeons, Psychologists, Educators, Biologists, Pharmacists, Others), and Health Support Assistants (AUAS—Incomplete Elementary Education).[14] Thus, of the 302 professionals who responded to the survey, 63.6% are nursing professionals (PENF), 7.9% are Health Management Analysts (AGAS), 6.3% are Physicians (MED), 22.2% Health Operational Technicians (TOS), with no responses from Health Support Assistants (AUAS). Regarding the sociodemographic profile, it was found that 80.8% of the professionals are female and 19.2% are male. Regarding employment status, 89.1% of the professionals are permanent employees and 10.9% are contract workers, and the majority of respondents are between 31 and 45 years old. (Table 1)

Table 1. Sociodemographic profile of health professionals working at the Hospital Complex of the public health system in Minas Gerais, Brazil, 2023.

Variable	Healthcare	Professionals
Position	No.	%
PENF	192	63.6%
AGAS	24	7.9%
MED	19	6.3%
TOS	67	22.2%
AUAS	0	0%
Gender	No.	%
Male	58	19.2%
Female	244	80.8%
Employment status	No.	%
Permanent	269	89.1%
Contract	33	10.9%
Age	No.	%
18 to 30 years old	0.9	3%
31 to 45 years old	168	55.6%
46 to 60 years old	115	38.1%
Over 61	10	3.3%

Source: Survey Data, 2023.

All positions (AGAS, MED, PENF, TOS) at CHE and its constituent units, Hospitals A and B, had overall scores with satisfactory indices for the psychological domain, with values above 60. In the professional domain, the indices for the Hospital Complex and Hospital B are neutral, while at Hospital A, the indices fall within the satisfactory range and are close to neutral. When analyzing the positions, it is observed that TOS and PENF had satisfactory indices and scores close to neutral, AGAS and MED had neutral indices, while MED had a score close to unsatisfactory.

The personal domain showed satisfactory scores with parameters above 65, with Hospital A's score at 70.5, a value close to very satisfactory, while the MED scores were close to neutral (57.57). The physical/health domain predominantly showed scores below 60, despite being classified as satisfactory. In the MED category, they show a neutral index with a score of 53.62.

The QWL data for the Hospital Complex, Hospital A, and Hospital B show scores around 60 and indices classified as satisfactory. The AGAS, TOS, and PENF positions showed satisfactory indices, with the highest score among the positions being for PENF (62.06), followed by TOS (60.82) and AGAS (59.55), while MED positions showed satisfactory indices with a score close to the neutral index (55.10). (Figures 2, 3, and 4).

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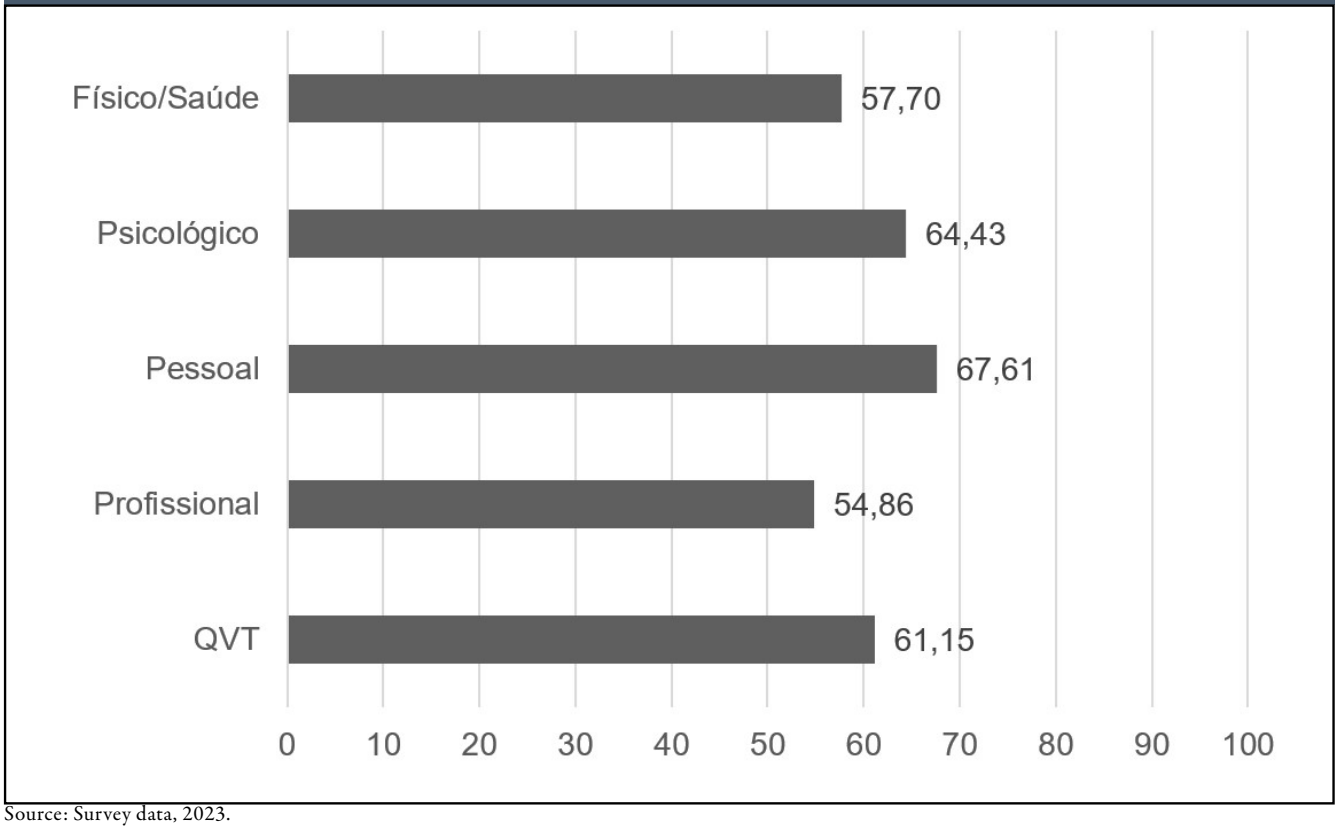
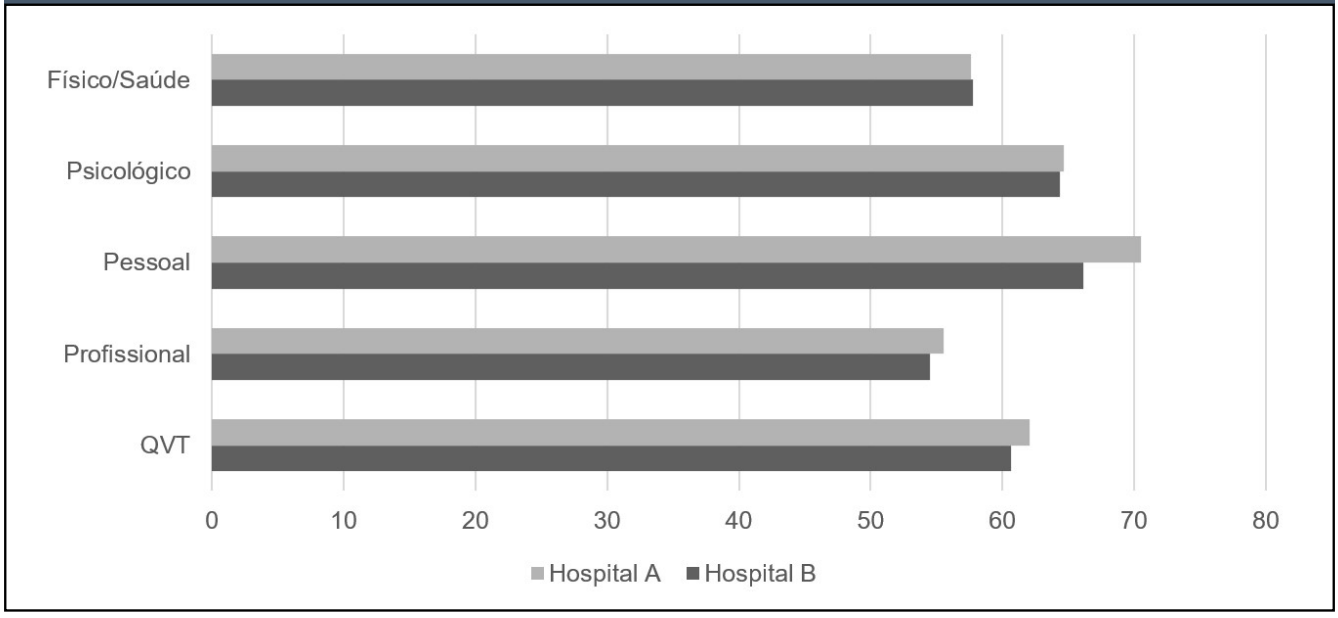
Figure 2. QWLQ-bref results for the public hospital complex in Minas Gerais, Brazil, 2023.



Source: Survey data, 2023.

Figure 3. QWLQ-bref results for Hospitals A and B of the Hospital Complex of the public public of Minas Gerais, Brazil, 2023



Source: Survey data, 2023.

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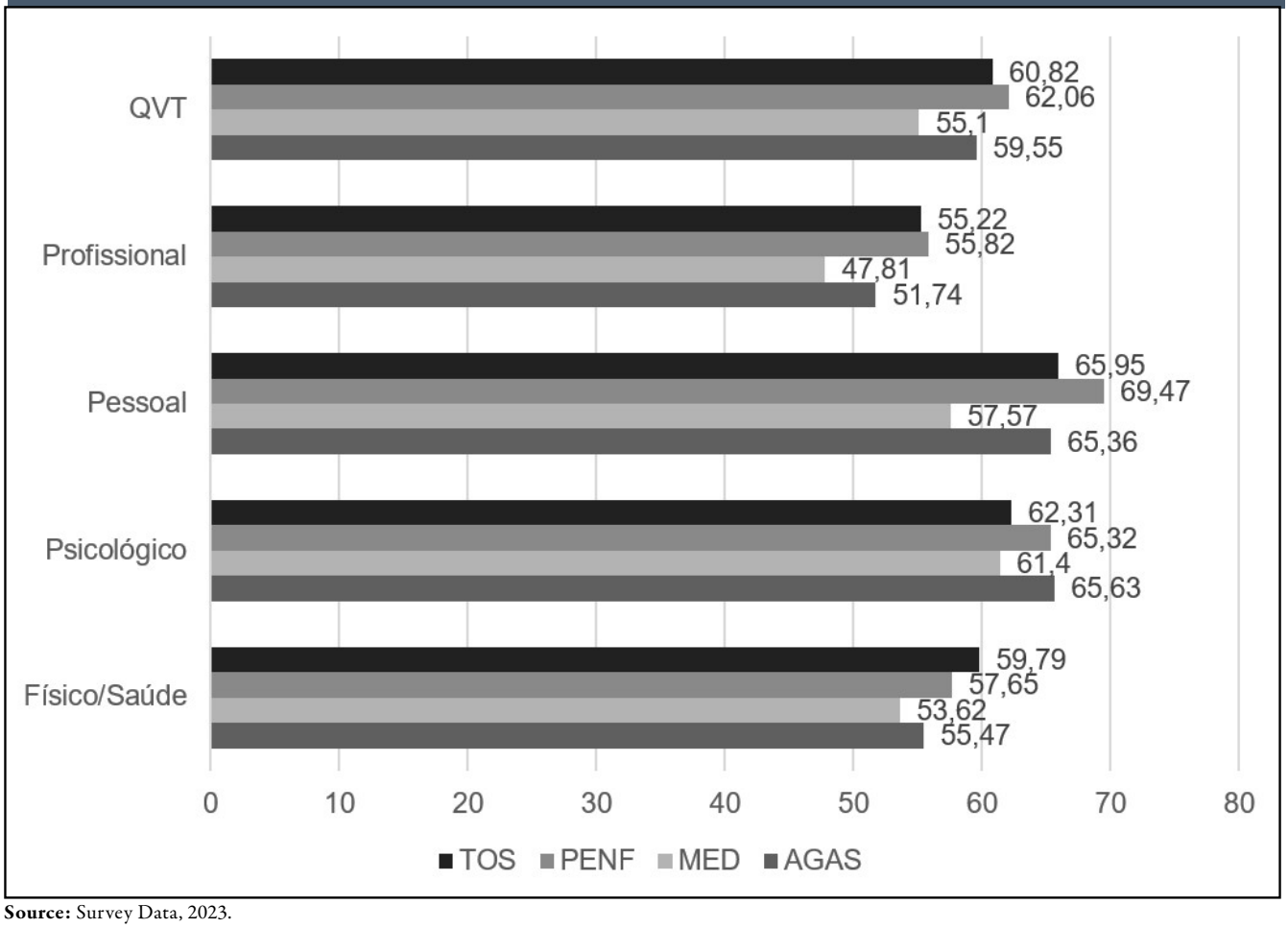
Figure 4. QWLQ-bref results for positions at the Hospital Complex of the public health system in Minas Gerais, Brazil, 2023.



Source: Survey Data, 2023.

It is worth noting that the QWLQ-bref instrument allows for the analysis of data frequencies and distribution width; specifically, the CHE shows the lowest standard deviation for the Physical/Health domain, with a mean of 3.3 (±0.6), and the highest standard deviation for the Psychological domain, which had a mean of 3.6 (±0.9), that is, regarding the Physical/Health domain, there is greater uniformity in the responses compared to the Psychological domain.

DISCUSSION

According to Da Costa and Ladeira[14] , the demographic characteristics in their study regarding a hospital network in Minas Gerais show a distribution of 74% female professionals and 51.8% nursing professionals. The data from this study confirm the prevalence of female professionals and nursing professionals (PENF) in the public hospital network of Minas Gerais. The Physical/Health domain addresses aspects related to health, occupational diseases, and healthy habits among workers.[13] Santos et al.[15] describe data from the physical/health domain with a score of 58.66 for nurses in a hospital generally affiliated with the SUS. It is important to note that people's physical and mental health in the workplace impacts their productivity and organizational outcomes. According to Silveira Machado et al.[(16)] work environments in which professionals develop health problems can lead to decreased productivity and absenteeism. The current study presents satisfactory and neutral scores and indices when addressing this domain. Satisfactory scores are below 60, with higher scores in the satisfactory parameter for TOS and lower for AGAS. In contrast, MED professionals show a neutral parameter with a score of 53.62. It should be noted that the satisfactory parameters are close to the neutral score, making it important to reflect on ways to enhance improvements and actions that promote well-being in the workplace.

The psychological domain addresses aspects related to personal satisfaction, work motivation, and self-esteem. It examines motivation to work, freedom

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of expression at work, and pride in the profession.[13] According to Silveira Machado et al.[16] personal satisfaction and self-esteem are important factors for work motivation and should be encouraged so that people's potential is unleashed and effectiveness maximized; one of the factors that causes workers to experience psychological distress is when they perceive their work negatively and tend to believe that their work has no meaning, nor does the environment in which they work. Santos et al.[15] report a score of 59.72 for healthcare professionals (nurses), which corresponds to a satisfactory level. The current study presents scores above 60, with the highest scores for AGAS positions, followed by PENF, TOS, and MED. Thus, based on the results, it is understood that the institution positively influences employee satisfaction and provides a sense of security and stability. It is important to note that the closer the scores are to 100, the better the Quality of Life at Work. Therefore, measures and actions aimed at personal satisfaction, work motivation, and self-esteem should be implemented to achieve higher scores that can reach the "very satisfactory" classification level.

With regard to the personal domain, Cheremeta et al.[13]describe that it addresses family matters, personal and religious beliefs, and cultural aspects. According to Silveira Machado et al.[(16)], a satisfying work environment enables employees to pursue other commitments in their lives, and personal satisfaction is often linked to knowledge management because it is a process of this reciprocity can also lead to improved relationships among the work team. The scores and indices for the Hospital Complex, Hospital A, and Hospital B show satisfactory results for the personal domain, with Hospital A having the highest score at 70.51. However, when analyzing the job categories, it is observed that although all present a satisfactory index and scores above 65, the MED category maintains a satisfactory index with a value close to the neutral index (57.57). The study by Beluci et al.[4] reports a score of 76.56 for nursing professionals, which is classified as very satisfactory. Based on the results, it can be inferred that the professionals enjoy good social, family, and cultural relationships, especially the PENFs, followed by the TOS and AGAS, except for the MEDs, who, despite a satisfactory classification, have the lowest score in this domain and values close to neutral. It is important to reflect on and implement measures to provide a satisfactory work environment that allows workers to pursue other commitments in their lives and fosters better relationships among the work team, ensuring scores closer to 100 and enabling ratings within the "satisfactory" and "very satisfactory" categories.

When examining the professional domain, a satisfactory index was obtained for Hospital A, TOS, and PENF, with parameters close to neutral. The Hospital Complex, Hospital B, and the AGAS and MED positions showed neutral scores and indices. It is worth noting that the lowest result in the study was for the professional domain, which, according to Cheremeta et al.[13], addresses organizational aspects. Da Silva *et al.*[17] reported a very satisfactory index in their study, with a score of 77.78 for this domain. However, Santos et al.[15] , in a sample of nurses from general hospitals affiliated with the SUS, reported a score of 52.81, classified as neutral. Beluci et al.[4] , in a study with nursing professionals, describe that the professional aspect had the lowest score (62.85) and an index classified as satisfactory. It is worth noting that the Professional domain depends on working conditions, the benefits offered, and the company's social responsibility.[17] Lima, Gomes, and Barbosa[18] reveal that improvements in QWL do not depend solely on workers, but also on the working conditions and benefits offered by the company. Silveira Machado et al.[16] describe that people's aspirations in the workplace are to grow professionally, improve their skills and knowledge, and De Oliveira, Ferreira, and Teixeira[19] consider that the professional factor is more closely related to the workplace's commitment to improving the quality of workers' lives. Thus, even if a worker changes habits that are harmful to their health in an effort to improve their quality of life, positive actions on the part of the organization will still be necessary in the professional sphere.

Regarding QWL, calculated based on the average of the Physical/Health, Psychological, Personal, and Professional domains, the values found for all domains were satisfactory, with scores close to 60; however, the MED scores were satisfactory but close to neutral. According to Da Silva et al.[17], QWL can be characterized as a balance between professional and personal life, satisfaction in the work environment, as well as appreciation, respect, and a sense of inclusion within the work group; their study presented a score of 78.82, considered very satisfactory. Studies such as those by Beluci et al.[4] , present a score of 68.40, and Santos et al.[15] a score of 59.72, both classified as satisfactory. Thus, it can be said that the participants' satisfactory perception of their overall QWL in the present study was more positively influenced, in the case of the Hospital Complex, Hospital A, Hospital B, TOS, and PENF, due to personal domain factors related to feelings and emotions favorable to work performance, such as pride, satisfaction, and appreciation of family, while MED and AGAS were positively influenced by the psychological domain. On the other hand, it was more negatively influenced, for all, by issues related to the professional aspect of work within the organization. Thus, the domain with the greatest impact on quality of life

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at work was the professional domain, followed by the physical/health and psychological domains, and the domain with the least impact was the personal domain; however, for MED and AGAS, the aspect with the greatest impact was the professional domain, followed by the physical/health and personal domains, with the psychological domain having the least impact.

Alves emphasizes the importance of conducting a situational assessment prior to implementing Workplace Quality of Life programs, in order to guide health promotion strategies according to short-, medium-, and long-term needs and organizational performance standards [11] . Programs such as physical exercise, workplace fitness, ergonomics, training, benefits, performance evaluation, alcohol and drug testing, retirement planning, nutritional guidance, and alternative therapies demonstrate positive results, leading to increased productivity and service quality, improved physical and mental health, strengthened interpersonal relationships, reduced absenteeism, and lower costs and health risks.

CONCLUSION

Overall, employees are satisfied with the Institution regarding Global QWL; this includes issues related to feelings and emotions conducive to work performance, such as pride, satisfaction, and valuing family; aspects related to personal satisfaction, motivation, and self-esteem; and aspects related to health and healthy habits. However, in some areas—such as organizational aspects involving perceptions of comfort, the valuing of individual skills, freedom of expression, the level of participation, training opportunities, equitable treatment, and the relationship between supervisors and subordinates—the index rating was neutral.

It is worth noting that the score scale ranges from 0 to 100, and the closer to 100, the better the indicator; the data obtained by the current study using the QWQL-bref indicate scores and indices rated as satisfactory and neutral, and we did not obtain any ratings of "very satisfactory."

In this regard, it is evident that steps need to be taken to improve the indices and scores for the various domains and for the quality of work life (QWL) of CHE's civil servants. It is recommended that the assessment and monitoring of QWL be ongoing within the institution in order to minimize conflicts, misunderstandings, and failures that may occur in communication. Implementing measures to improve Quality of Life at Work brings numerous benefits to the organization and to employees alike, as it promotes well-being, reduces absenteeism and sick leave, increases productivity and the quality of services provided, improves interpersonal relationships, and minimizes expenses, workplace accidents, and health risks.

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