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Quality of work life in the family health strategy during the Covid-19 pandemic

Qualidade de vida no trabalho na estratégia saúde da família durante a pandemia da Covid-19

Calidad de vida en el trabajo en la estrategia de salud familiar durante la pandemia del Covid-19

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ABSTRACT

Objective: to analyze the quality of life at work (QoWL) in the Family Health Strategy during the pandemic period and to identify suggestions for promoting quality of life in the work environment from the workers' point of view. **Methods:** quantitative study, carried out between October/2020 and June/2021 in the Primary Care Units of a Palmas, capital in Tocantins, Brazil. The sociodemographic profile, QoWL through the Quality of Working Life Questionnaire (QOWLQ-bref) and suggestions for its improvement were investigated. **Results:** the QoWL was satisfactory for 91.96% of the 112 participants, with medium to high levels in all domains. Those who did not consider work stressful achieved better QOWL. Of the 113 suggestions for promoting QOWL, aspects related to Working Conditions (29.19%) and Team Relationships (19.46%) stood out. **Conclusion:** despite the pandemic, most participants rated QOWL as satisfactory. Workers' suggestions can collaborate to maintain and improve QOWL, protecting workers' health.

Descriptors: Family Health Strategy; Worker's Health; Quality of Life; COVID-19.

RESUMO

Objetivo: analisar a qualidade de vida no trabalho (QVT) na Estratégia Saúde da Família durante o período pandêmico e identificar na visão dos trabalhadores sugestões para promoção da qualidade de vida no ambiente laboral. **Métodos:** estudo quantitativo, realizado entre outubro de 2020 a junho de 2021 nas Unidades Básicas de Saúde de Palmas, capital do Tocantins, Brasil. Investigou-se o perfil sociodemográfico, a QVT por meio do *Quality of Working Life Questionnaire* (QOWLQ-bref) e sugestões para sua melhoria. **Resultados**: a QVT foi satisfatória para 91,96% dos 112 participantes, com níveis médios a altos em todos os domínios. Os que não consideravam o trabalho estressante alcançaram melhor QVT. Das 113 sugestões para promoção da QVT, destacaram-se aspectos relacionados à Condições de Trabalho (29,19%) e Relacionamento na Equipe (19,46%). **Conclusão:** apesar da pandemia, a maioria dos participantes avaliaram QVT como satisfatória. As sugestões dos trabalhadores podem colaborar para manutenção e melhoria da QVT, protegendo a saúde do trabalhador.

Descritores: Estratégia Saúde da Família; Saúde do Trabalhador; Qualidade de Vida; COVID-19.

RESUMEN

Objetivo: analizar la calidad de vida en el trabajo (CVT) en la Estrategia de Salud de la Familia durante el período pandémico e identificar sugerencias para la promoción de la calidad de vida en el ambiente laboral desde la perspectiva de los trabajadores. Métodos: estudio cuantitativo, realizado entre octubre/2020 y junio/2021 en las Unidades Básicas de Salud de Palmas, capital del Tocantins, Brasil. Se investigó el perfil sociodemográfico, la CVL a través del Cuestionario de Calidad de Vida Laboral - Quality of Working Life Questionnaire (QoWLQ-bref) y sugerencias para su mejora. Resultados: la CVL fue satisfactoria para el 91,96% de los 112 participantes, cuyos niveles fueron de medios a altos en todos los dominios. Aquellos que no consideraban el trabajo estresante lograron mejor CVT. De las 113 sugerencias para promover la CVT, se destacaron aspectos relacionados con las Condiciones de Trabajo (29,19%) y las Relaciones de Equipo (19,46%). Conclusión: a pesar de la pandemia, la mayoría de los participantes calificaron la CVT como satisfactoria. Las sugerencias de los trabajadores pueden colaborar para mantener y mejorar la CVT, protegiendo la salud de los trabajadores.

Descriptores: Estrategia de Salud de la Familia; Salud del Trabajador; Calidad de Vida; COVID-19.

INTRODUCTION

In Brazil, the National Workers' Health Policy contemplates full guarantee of workers' health care among its objectives, essentially promoting a healthy environment by means of actions and interventions targeted at improving occupational quality of life[1].

Quality of Working Life (QoWL) not only encompasses clinical aspects of a person, that is, absence of diseases, but also the mental and environmental aspects, even contemplating interpersonal communication[2]. The discontent experienced in the professional workplace can promote emotional disorders and changes in a worker's way of life, affecting performance in the routine activities or even resulting in illness[3].

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Thus, instituting QoWL started to be beneficial both for workers and for institutions because it emerges as a prevention strategy against absences from work and even job abandonment, in addition to being closely related to work productivity, as it affects a person's motivation to carry out their activities[4,5].

In the pandemic caused by the SARS-CoV-2 virus, known as COVID-19, health professionals faced overload due to the calamity state experienced by the sudden increase in the care demand. Thus, addressing these professionals' QoWL becomes indispensable, especially in Family Health Strategy (FHS) workers, as it represents the main Primary Health Care (PHC) strategy and the gateway to the Unified Health System. Acting in a multidisciplinary way with a team minimally comprised by a General Medicine physician, a specialist in Family Health or a Family and Community Health physician, a generalist nurse or specialized in Family Health, a Nursing assistant or technician and Community Health Agents (CHAs)[6].

In PHC, the multidisciplinary team works mainly in monitoring the population in order to prevent diseases and promote health, taking into account the particularities of the territory; such proximity allows care to be centered on each person's needs[6]. With the emergence of the pandemic (COVID-19), PHC had to be reorganized so that, in addition to continue providing assistance with its essential services, it could also act directly on coping with the disease, mainly through education in health according to the needs found in each territory, welcoming, monitoring and, once the vaccines were developed, immunizing the population[7,8].

Thus, considering the FHS performance and scope along with the community in coping with COVID-19, its relationship with workers' health, productivity and quality of the work performed, seek to offer subsidies to improve the work environment conditions. Consequently, better results are obteined in care provision, the objective of this study is to analyze QoWL in the Family Health Strategy during the pandemic period and to identify suggestions for improving quality of life in the work environment from the workers' point of view.

METHOD

This is a field and cross-sectional study with a quantitative approach, conducted from October 2020 to June 2021 and developed by means of non-probability and for convenience sampling.

The research was carried out in 22 days at all 34 Primary Care Units (BHUs) from Palmas, capital city of Tocantins, Brazilian North region, where the Family Health Strategy (FHS) workers were invited to participate in the study. According to the Municipal Health Department locus of the study, the FHS has nearly 800 workers. Three participants that failed to answer more than 20% of the questions from the data collection instruments were excluded.

For data collection, a questionnaire was used to investigate the research participants' profile through questions targeted at identifying age, gender, personal income, schooling/professional training, training time in the performance area, job position, time working in the team, type of employment contract, mean number of weekly working hours, existence of another employment contract, it they considered their job stressful or if they performed any physical/leisure activity. The *Quality of Working Life Questionnaire* - QWLQ-bref, was used to Assess QoWL[2]: it consists of 20 questions subdivided into four domains: Physical/Health, Psychological, Personal and Professional; with answers based on a Likert scale (scores from 1 to 5). Sleep quality, comfort sensation, tiredness and physical activity indicators were evaluated in the Physical/Health domain. In turn, issues related to self-control, self-esteem, freedom of expression, pride in the job and confidence were assessed in the Psychological domain. In turn, in the Personal domain, own and family leisure indicators were verified, as well as of housing arrangement, preconceptions, personal privacy, personal fulfillment, boss/subordinate relationship, work/family relationship, family culture, values and personal beliefs. Finally, the questions in the Professional domain were related to the indicators about autonomy, bureaucracy, hour load, cooperation across hierarchical levels, credibility of the superiors, creativity, schooling, internal and external equality, schedule stability, skill and availability of employees[9]. An open question was used to identify suggestions to promote Quality of Working Life.

According to the COVID-19 prevention sanitary protocol, access to the workers was scheduled with the CHC managers. On the day and time agreed upon, the FHS workers were individually invited to participate in the study and were handed in all the pertinent information in an envelope containing the data collection instrument, along with the Free and Informed Consent Forms (FICFs). A day and time were agreed upon for the due returns, when the sealed envelopes should be delivered exclusively to the researchers, seeking to ensure secrecy and reliability of all the information.

The data were introduced by means of independent double typing in a Microsoft Office Excel® 2019 spreadsheet and exported to the Statistical Package for the Social Sciences for Windows (SPSS®) software, version 22.0, establishing the descriptive and inferential analyses pertinent to the study. QoWL was assessed by adding up the total items and by the overall mean value of the scores obtained in each factor/domain. Fisher's Exact test was used for the association

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between the participants' profile and the QoWL Classification (Not satisfactory, Average and Satisfactory), and the Mann-Whitney and Kruskal-Wallis tests were employed for the association with the QoWL domains and total score, considering p-values less than or equal to 0.05 as significant.

The Research in Health Quality and Transparency Recommendations set forth in the *Equator Network* were followed and, according to the ethical precepts of the legislation in force, the research protocol was approved by the Commission for the Evaluation of Research Projects belonging to the municipality where the study was conducted, as well as by the Research Ethics Committee.

RESULTS

Based on the questionnaire to characterize the participants' profile, it was possible to notice that, of all 112 workers, most of them were female (82.88%), with a mean age of 39.71 years old (SD=9.34; median of 40.00) and greater presence of the age group from 40 to 49 years old (37.84%); in addition, half of them stated earning personal incomes between 2,000,00 and 3,999.00 reais (50.00%), with a mean of 3,671.34 (SD=2,221.79 and median of 3,000.00).

In terms of schooling, the most frequent level was Complete High School (42.86%); there was greater participation of community health agents (32.11%) and of nursing assistants/technicians (28.44%). The mean time working in the FHS was 8.65 years (SD=7.66, median of 6.08), with predominance of at least 120 months (39.05%) and statutory work regime (tender) (65.82%); in addition, the majority (82.88%) declared not having any other employment contract and 67.39% worked between 31 and 40 hours per week. More than half stated performing some physical or leisure activity (55.05%) and do not consider their job stressful (53.77%).

Regarding the QoWL assessment, it was verified that, of all 112 participants, 91.96% presented satisfactory results, 6.25% average results and 1.79% not satisfactory results. The association analysis between the categorical variables is presented in Tables 1 and 2.

When investigating the association between the variables corresponding to the FHS workers' profile and the QoWL classification, statistical significance was only observed for “considering their job stressful” (p=0.047); in other words, the workers that did not consider work stressful obtained better QoWL assessment rates.

The following results were identified when analyzing QoWL according to its domains: Physical/Health with $\underline{x}$=3.72 (SD=0.61; minimum of 2.50; maximum of 5.0; median of 3.75), Psychological with $\underline{x}$=4.04 (SD=0.70; minimum of 1.67; maximum of 5.00; median of 4.00), Personal with $\underline{x}$=4.17 (SD=0.69; minimum of 1.50; maximum of 5.00; median of 4.25) and Professional with $\underline{x}$=3.74 (SD=0.62; minimum of 2.22; maximum of 5.00; median of 3.77). The overall mean score for QoWL was 3.87 (SD=0.56; minimum of 2.35; maximum of 4.95; median of 3.95).

TABLE 1: Association of the sociodemographic and occupational categorical variables corresponding to the FHS workers with the Quality of Working Life Classification. Palmas, TO, Brazil, 2021.

Variable (n)	n (%)	Not satisfactory	Average	Satisfactory	p-value*
Gender (111)					
Female	92 (82.88)	1	7	84	
Male	19 (17.12)	0	0	19	0.670
Age group (111)					
Less than 30 years old	24 (21.62)	0	3	21	
30-39 years old	29 (26.13)	1	2	26	0.409
40-49 years old	42 (37.84)	0	1	41	
50+ years old	16 (14.41)	0	1	15	
Schooling (111)					
Complete High School	48 (43.24)	2	3	43	
Complete Higher Education	46 (41.44)	0	2	44	0.514
Graduate Studies	17 (15.32)	0	2	15	
Personal Income (88)					
Less than 2,000.00	11 (12.50)	0	1	10	
From 2,000.00 to 3,999.00	44 (50.00)	2	3	39	0.744
From 4,000.00 to 5,999.00	17 (19.32)	0	0	17	
More than 6,000.00	16 (18.18)	0	2	14	

Notes: *Fisher's Exact test; CLT-*Consolidação das Leis do Trabalho* (Consolidation of the Labor Laws).

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TABLE 2: Association of the sociodemographic and occupational categorical variables corresponding to the FHS workers with the Quality of Working Life Classification. Palmas, TO, Brazil, 2021.

Variable (n)	n (%)	Not satisfactory	Average	Satisfactory	p-value*
Job position (109)					
Community Health Agent	36 (33.03)	2	2	32	
Nursing Assistant or Technician	29 (26.61)	0	2	27	
Nurse	17 (15.59)	0	1	16	
Dental Surgeon	10 (9.17)	0	0	10	0.812
Physician	10 (9.17)	0	2	8	
Oral Health Assistant or Technician	4 (3.67)	0	0	4	
Epidemic Control Agent	1 (0.92)	0	0	1	
Psychologist	1 (0.92)	0	0	1	
Speech-Language Pathologist	1 (0.92)	0	0	1	
Type of employment contract (79)					
Statutory	52 (65.82)	2	3	47	
Hired for a given period of time	20 (25.32)	0	2	18	0.290
CLT	4 (5.06)	0	1	3	
Other	3 (3.80)	0	1	2	
Has another job? (111)					
Yes	19 (17.12)	0	1	18	1,000
No	92 (82.88)	2	6	84	
Time working in the FHS (105)					
Less than 6 months	6 (5.71)	0	0	6	
From 6 to 11 months	7 (6.67)	0	0	7	0.874
From 12 to 35 months	25 (23.81)	0	3	22	
From 36 to 71 months	12 (11.43)	0	0	12	
From 72 to 119 months	14 (13.33)	0	0	14	
120+ months	41 (39.05)	2	3	36	
Weekly working hours (46)					
Up to 30	2 (4.35)	0	0	2	1,000
From 31 to 40	31 (67.39)	0	2	29	
More than 40	13 (28.26)	0	1	12	
Considers work stressful? (106)					
Yes	49 (46.23)	1	6	42	0.047
No	57 (53.77)	1	1	55	
Performs any physical or leisure activity? (109)					
Yes	60 (55.05)	1	2	57	0.332
No	49 (44.95)	1	5	43	

Notes: *Fisher's Exact test; CLT-*Consolidação das Leis do Trabalho* (Consolidation of the Labor Laws).

Table 3 presents the association analysis between the QoWL domains and the workers' profile.

TABLE 3: Association of the sociodemographic and occupational categorical variables corresponding to the FHS workers with the Quality of Working Life domains. Palmas, TO, Brazil, 2021.

	Physical/Health	Psychological	Personal	Professional	QoWL Total score
Gender*	**0.025**	0.138	0.246	0.065	**0.050**
Age group**	0.387	0.773	0.873	0.845	0.785
Schooling**	0.333	0.051	**0.001**	**0.004**	**0.003**
Personal Income by group**	0.928	0.069	**0.048**	0.062	0.087
Job position**	0.543	0.409	0.636	0.627	0.646
Type of employment contract**	0.565	0.379	0.183	0.300	0.395
Has another job*	0.154	0.495	0.574	0.549	0.409
Time working in the FHS In months**	0.503	0.469	0.461	0.293	0.380
Weekly working hours**	0.809	0.605	0.851	0.518	0.666
Considers work stressful*	**0.008**	**0.022**	0.203	0.071	**0.035**
Performs any physical or leisure activity*	0.507	0.138	0.069	0.239	0.167

Notes: *Mann-Whitney's U test; **Kruskal-Wallis test

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Statistical significance was identified between the following elements: gender and the QoWL Physical/Health domains and total score (p=0.025 and 0.050, respectively), where women presented lower mean values than men; income and the Personal domain (p=0.048), where workers earning between 2,000 and 3,999 reais presented the lowest mean values; schooling and the QoWL Personal (p=0.001) and Professional (p=0.004) domains and total score (p=0-003), where workers with High School obtained the lowest scores; and between considering their job stressful and the QoWL Physical (p=0.008), Psychological (p=0.022) and Professional (p=0.071) domains and total score (p=0.035), with higher mean values for those who do not consider work stressful.

Of all 112 participants, 63 suggested 113 actions to improve QoWL. The answers were evaluated, grouped into categories and quantified (Table 4).

TABLE 4: Factors suggested to improve Quality of Working Life. Palmas, TO, Brazil, 2021.

Actions suggested to improve Quality of Working Life		N	%
Working conditions (33; 29.19%)	Improve staffing	15	13.27
	Increase in material resources/equipment	7	6.19
	Adequate physical structure	5	4.42
	Workday control/Rest between appointments	6	5.31
Relationships within the team (22; 19.46%)	Empathy, respect, union	15	13.27
	Dialog between team members	6	5.31
	Freedom of expression	1	0.88
Professional recognition (22; 19.46%)	Greater appreciation of workers	14	12.39
	Better remuneration	6	5.31
	Recognition of the managers	2	1.77
Training and development (9; 7.96%)	Training	9	7.96
Others (16; 14.16%)	Physical activity	8	7.08
	Gratitude, satisfaction and affection towards the others	8	7.08
Planning (5; 4.42%)	Recognizing the work process	3	2.65
	Flow improvement	1	0.88
	Team organization with clarity regarding functions and responsibilities	1	0.88
Workers' health (4; 3.54%)	Psychological support	4	3.54
Communication mechanisms with the community (2; 1.77%)	Electronic means to communicate with the population	1	0.88
	Improve the professionals' availability for the population in the unit	1	0.88
Total		113	100.00

First of all, the “aspects related to better Working Conditions” category stands out, which was indicated 24 times (30.78%), including a suggestion to increase the number of professionals/improve staffing (16.67%), increase in material resources/equipment (6.41%), adequate physical structure (3.85%) workday control/rest between appointments (3.85%).

Subsequently, factors related to Relationships within the team were measured 17 times (21.79%), where empathy, respect and union (12.82%), dialog between team members (7.69%) and freedom of expression (1.28%) were proposed. Elements referring to Professional recognition (20.51%), Training and development (8.97%), Workers' health (3.85%), Planning (3.85%), Communication mechanisms with the population (2.56%) and Others (7.69%) were also pointed out as conditions favoring improvements in QoWL.

DISCUSSION

This study investigated QoWL in FHS workers during the COVID-19 pandemic, where most of the participants belonged to the female gender and had worked for more than 120 months in the profession. The highest and lowest QoWL scores were found in the Personal and Physical/Health domains, respectively. In general, QoWL was assessed as satisfactory, with female workers, those with mid-level schooling and those who considered work stressful assigning lower scores to some QoWL domains. Regarding the factors contributing to improvements in QoWL, the most frequently indicated referred to better working conditions, thus suggesting an increase in the number of workers, followed by better relationships within the team and professional recognition.

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In relation to the sociodemographic characteristics, the prevalence of the female gender is a fact similar to what was found in various already published studies conducted with workers from the health area, both in the national[10] and international[11] scope, evidencing the feminization of the work process, which can be justified by the fact that women see in the health area a job opportunity outside the family environment[10].

Unlike what was found in the literature[10,12], where most of the FHS professionals work under a temporary contract regime, there was predominance of statutory regimes with working times over 120 months. This factor was considered beneficial because high turnover in Primary Care can impair bonding between professionals and users, thus hindering the assistance to be provided[12].

Most of the participants where CHAs, which can be explained by the higher presence of these professionals in the FHS. The minimum schooling level required for the CHA position was also changed, justifying the predominance of High School among the participants[13]. However, the high Higher Education rates among the participants were also observed in other studies, evidencing the workers' concern in their qualification process[9,11].

Regarding QoWL, the Personal domain, which encompasses aspects related to housing arrangement, leisure and personal fulfillment, and the Psychological domain, which assesses issues referring to self-esteem, self-control and confidence[9], obtained the highest scores. On the other hand, the Physical/Health domain, related to sleep, physiological needs and comfort, and the Professional domain, concerned with hour load, equality and autonomy[9], obtained the lowest mean values.

A similar result was observed in another study, which found the highest and lowest scores in the Personal and Professional domains, and such findings may evidence the interference of personal factors in health work. In addition to reinforcing the importance of good working conditions (both environmental and social), thus evidencing that workers do not only depend on themselves to develop good quality work and, consequently, to improve their QoWL[14].

It is also known that Quality of Life interferes in QoWL and it has been addressed in studies on occupational health[15]. A research study conducted in the same municipality locus of this study with nursing technicians from an Emergency unit, using the World Health Organization Quality of Life Group (WHOQOL)-bref instrument, also identified the highest score in the Psychological domain[16].

Satisfactory QoWL levels were found in research studies conducted with PHC workers from other regions of the country, using QWLQ-bref[14-17-18]. In this sense, it is worth noting that, even in a pandemic context marked by coping with COVID-19, less than ten percent of the participants assessed QoWL as average or as not satisfactory in the current study. However, the increase in fear, demands and work overload caused by COVID-19 in primary care workers is undeniable[7].

When associating the FHS workers' profile with the QoWL classification, it was noticed that those who did not consider work stressful assessed QoWL as more satisfactory and, in the association with the QoWL domains, significance was also observed with the QoWL Physical/Health and Psychological domains and total score, with lower mean values for those who considered their job stressful. Such result represents a reality resulting from the work process transition, especially when facing a pandemic, where greater concern is perceived towards mental disorders caused by stressful work given the fear of contamination, overload and stress faced by front-line workers[19].

Among the stressful factors in the work environment, issues regarding management, organization, communication difficulties and low commitment in some team members can be identified. Lack of control over one's own work corroborates with the stress experienced by the professionals, which can exert direct influences on QoWL[20].

When performing the association between the QoWL domains and the workers' profile in this study, the “schooling” variable presented statistical significance in the QoWL Personal and Professional domains and total score, where workers with higher schooling levels obtained better scores. Schooling exerts an impact both on QoL and on QoWL since, due to lower preparedness, workers with low schooling levels tend to face greater difficulties in their ability to solve daily problems[21].

Regarding the association of the “gender” variable with the QoWL Physical/Health domain and total score, where the participating women obtained lower mean values, it can be related to a research study in which female Nursing workers from Primary Health Care presented a feeling of work overload[22]. Which can justify the finding in the current study since, when compared to men, traditional social expectations require women to perform the caregiver role and be responsible for administrating the household, which can lead to feelings of dissatisfaction and burden[23]. The fact that women assume family care and are emotionally involved in this process may have exerted an even greater influence

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during the pandemic period due to the fear of contagion and death in close family members, thus impairing sleep and comfort. In the work environment, overload is related to high care demand, reduced staffing due to scarcity of workers and low availability of Personal Protection Equipment, which also impaired meeting the physiological needs, such as adequate eating and hydration and eliminations.

In addition to that, the Primary Care professionals' income is an important factor for QoWL, as inadequate remunerations generate dissatisfaction in the professional and personal scopes[23]. This fact can corroborate the finding of the current research, where the "income" variable was statistically significant in the association with the QoWL personal domain. Consequently, it is fundamental to ensure fair and adequate wages to meet basic needs, including housing and leisure, as this can assist in improving quality of working life.

Regarding the factors mentioned by the professionals themselves as important to improve QoWL, a study conducted in a municipality from Rio de Janeiro, where a support group for workers' health was developed in a Family Health Strategy unit, noticed prevalence of overload and stress feelings among the professionals, thus evidencing the need to better manage the team[24]. Poor working conditions associated with overload can generate both physical and mental distress, thus causing occupational stress[25].

An integrative review conducted with Nursing professionals aimed at assessing stress in these workers identified in dialog a way to overcome the difficulties experienced[26]. Good relationships within the team exert a positive influence on workers' health, thus contributing to better performance at work and, consequently, to better QoWL[25]. In this way, it is fundamental that there is good interaction between the team members, with qualified listening and welcoming between the workers and the superiors.

The sensation of low professional recognition evidenced by low remunerations, prolonged workdays with significant demands and non-existence of a wage floor directly corroborates for Nursing workers to feel especially dissatisfied in the pandemic scenario[27].

A study conducted in the FHS from a Mato Grosso municipality verified that, of all 78 participating workers, 80.7% reported attending training programs; however, most of them stated that the topics failed to address their needs, showing the importance of assertively identifying the themes for professional qualification[12].

Another study, carried out in the Family Health Expanded Center (*Núcleo Ampliado de Saúde da Família*, NASF) and correlating QoL with physical activity levels, concluded that there was an association between them, where workers who regularly practices some activity performed better at work[28]. It is known that the benefits of practicing physical exercise include both physiological issues, with the possibility of assisting in weight reduction and in metabolic control, and psychological issues, reducing stress and anxiety[29]. In this context, continuing to perform physical activity following the distancing recommendations was a great ally during COVID-19 coping[30,31].

Finally, considering that professionals from the health area are more likely to develop Burnout Syndrome for working directly in human beings' health-disease process, those working in the FHS, in addition to being in direct contact with the community, need to meet the continuous demands for the prevention and monitoring of diseases in a context marked by scarcity of human and material resources, also facing demands regarding productivity[32].

Considering the importance of mental health in the QoWL rates and coping with adverse situations such as the pandemic context experienced, it is crucial for institutions to perform a situational diagnosis of their workers in terms of the psychological distress levels[33] and, concomitantly, that they assume responsibility towards providing political and managerial actions aimed at promoting improvements and maintenance of good QoWL levels, thus preserving workers' health.

Study limitations

The following stands out as a study limitation: the method does not allow attributing causality, added to the fact that data collection was conducted during the pandemic, where safety measure were necessary due to sanitary issues, hindering access to the professionals working in the Primary Care Units, both due to their high demand and to the number of professionals on medical leave, as well as due to transfers to meet the service needs. In addition, non-participation of the workers distanced from the work environment may have influenced the results related to QoWL, as professionals with low rates might have been away. It is also necessary to note the difficulties experienced in the search for studies directly involving quality of working life in the FHS during the pandemic period.

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CONCLUSION

Based on the results obtained, it was possible to map the sociodemographic and occupational profile, in addition to analyzing the FHS workers' quality of life levels, thus enabling supporting planning actions for QoWL promotion and strengthening of workers' health in the municipality under study.

Despite the pandemic scenario and all the consequent challenges, more than ninety percent of the participants indicated a satisfactory result in the QoWL assessment, with workers who did not consider work stressful obtaining better QoWL assessment rates.

When analyzing QoWL according to the domains, lower scores were identified in the Physical domain. In the association between the QoWL domains and the workers' profile, statistical significance was observed in at least one of the domains with schooling level, considering work stressful and performing some physical activity.

In this sense, following the strategies proposed by the workers, such as providing better working conditions, factors that stimulate strengthening of the team, greater professional appreciation and training programs, among others, may assist in preserving and improving QoWL in the FHS, collaborating for workers' health protection and with repercussions on the quality of the service provided to the community.

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