

THE CONTEMPORARY ACCELERATION AS DEMARICATION OF STYLES AND QUALITY OF WORKING LIFE AMONG HEALTHCARE PROFESSIONALS

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Abstract: This study aimed to investigate the meanings attributed to the quality of life at work for healthcare professionals at a tertiary public hospital in northeastern Brazil, taking into account the new time in which we live, marked by hyper-accelerated lifestyles and by a hedonistic culture that worships immediate and ephemeral sensations. This is a qualitative study, carried out through field work, in the work environment where professionals perform their activities. Data were collected through participant observation and interviews with a semi-structured script. The methodology focus for the analysis of the thematic brief was guided by the following question: For you, what does the quality of working life mean? The method of the Discourse of the Collective Subject - DCS - as a tool for organizing and analyzing data enabled us to identify the meaning of quality of life at work related to the balance between work and personal life, socio-professional relations, reducing overload and occupational stress and a less accelerated way of life. The study results indicate that the hyper-accelerated lifestyles in contemporary society interfere decisively in the styles and quality of life of the worker, causing an imbalance between work and other spheres of life and thus compromising labor satisfaction.

Keywords: Labor; Quality of Working Life; Lifestyles; Contemporary Society; Healthcare Professionals.

Introduction

Rush is one of the worrying phenomena of modern life. About this phenomenon, Beriain (2008) states that acceleration produces a new social time that compresses time in hyper accelerated lifestyles, where speed takes the driving of current human being life, because it is able to provide the individual intense emotions. From this results in psychological distress, in which a person suffers from the disease of rush, stress and hyperstimulation. The contemporary individual is compelled to perform various actions simultaneously, and the complaints of lack of time are greater than the lack of money or freedom.

Notwithstanding the increase in technology, transport and communications, which reduce the time required to perform the activities, and that could generate free time, thus contributing to the slowdown in the pace of life, this is not what is observed in modern life. Instead, people seem always eager to try more things simultaneously, to fulfill all the time they have left with more tasks. Life becomes nervous and acceleration is the engine that drives lifestyle.

Lipovetsky (2004), master of modern society, uses the term hypermodernity to highlight the new face of Modernity and set the new time in which one lives, marked by the end of ideology, the emergence of a hedonistic culture, by mass consumption, by psychologism and by the cult of the body. In such a society, where technological innovations reach unimagined degrees and almost everything becomes disposable, concepts like "welfare", "satisfaction" and "quality of life" are immediately associated with exacerbated consumption activities, in which the immediate and ephemeral sensations are worshiped. A great reversal of values occurs, and it is marked by the loss of traditions. As Bauman expresses (2001), suggesting the expression "Liquid Modernity" for our time, all that is solid becomes fluid, volatile, less the mercantile system, which intensifies in the human the feeling of incompleteness, which is already inherent in the human condition.

Berian (2008), describing the current society, argues that social acceleration through the exponential speed increase intends to make the present the only time. Such acceleration is in the way of thinking, acting and being, permeating all uses of modern time. According to the author, we do things more quickly because speed is fun, it produces excitement and subtracts from us the boredom, and this is one way of trying to enhance existence.

Wealth and rapidity become values that move the world, aiming to surpass oneself, to go beyond all measure achieved. As a result of this social dynamic, there is an increase of nervous life, with a prevalence of anxiety symptoms, the desperate struggle of postmodern man trying to keep up the pace of acceleration. The anxiety as punctuated by Berian (2008), is the social pathology of late capitalism, it is characterized by the fear of losing something and the paralysis in the face of pressure from an overburdened of demands social reality.

In parallel to technological changes, emphasizing the historical acceleration of transportation, communications and biotechnology systems, there are changes in attitudes and values, as well as ways and lifestyles, social relations, languages, social practices and habits change at a pace even greater. Consequently the rates of speeding

up the cultural and social innovation is a contraction of the present time. This becomes a lapse in which spaces and horizons of experiences coincide.

Through the optical acceleration, highlighted by Berain (2008), it is intended to live as much experience in the shortest possible time, before the endless possibilities available. The time that was used for a certain activity, when compressed, allows the individual to have more time to enjoy new and intense experiences, since the absence of a focus on the center of life pushes this subject to a momentary and superficial search of satisfaction taken on by the attraction of novelty.

In the context of labor relations in capitalist society, time was converted into a commodity in the production process, assuming enormous value in the world of work, being the marker of maximum productivity. It was fostered the premise that it was necessary to achieve maximum productivity in the shortest time.

In this scenario, the healthcare professional is fit in as a professional who seeks meaning for his actions amid hyper accelerated lifestyles, being the healthcare an environment that encourages health professionals to have many jobs or extend their hours in order to respond to the demands of both, either institutional or personal. Given this context, we look into what the interference of accelerated lifestyles in the quality of life of healthcare professionals, who were the subjects of this investigation.

The present study aimed to investigate the meanings attributed to the quality of work life for healthcare professionals from a tertiary public hospital in northeastern Brazil, taking into account the new era we live in, marked by accelerated lifestyles, by mass consumption, for a hedonistic culture that worships immediate and ephemeral sensations, as Lipovetsky expresses (2004).

This is a qualitative study, which occurred through fieldwork, in the healthcare work environment, where professionals performed their activities. Data were collected through participant observation and interviews with semi-structured script. The methodology focus for the analysis of thematic brief was guided by the following question: For you, what means quality of working life? How does the organization of work and how it interferes in the quality of working life?

Studies show that there is little investment of the public institutions in the quality of work life (QWL) and that actions are contingent, fragmented and discontinuous, changing according to the will of the manager. They are only for the recovery of energy, but the worker returns to the job and finds the same unfavorable conditions.

It can be noticed in the literature, that most studies refers to determine the perception or evaluation on the implementation of specific quality of work life management programs. A small quantity of studies are dedicated to understand the quality of work life from the reference of the professionals themselves.

There is no denying that the work has become a major source of illness in contemporary society and thus the greatest interest in the study of QWL is justified by the remarkable increase in the occupational stress and work-related diseases, which affect professionals in all areas and endanger their well-being and productivity. Such situations impel organizations to assess the conditions of life at work and manage these conditions to ensure health, safety and good personal performance.

The relevance of the study of the quality of work life in hyper accelerated times, today, is manifested in the overall size of the company. The value of quality of life is incorporated into all aspects of life in society. It is told of good quality of life to the body, mind and spirit, concerning the environment relationship with other human beings and in relation to the quality of the products and services we consume.

All these considerations hitherto exposed serve as basis for understanding the *modus vivendi* of the contemporary worker, who has the personal and professional life hit by this new order and disorder in the world, and is seeking for a meaning in his existence. The meanings attributed to happiness and well-being in contemporary society, inextricably linked to the values that it propagates, are put into question So, these issues of contemporary society influence the way of life of workers and the way this professional give meaning to his quality of life and job satisfaction.

1. Theoretical reference outline

1.1. Quality of Work Life

Literature defines the term Quality of Work Life emerged in the 1970s in the U.S., to cope with international competitiveness, in the scenario of the great success achieved by the styles and management techniques of productivity programs in Japan, focused on employees in an attempt to incorporate the interests of employees and employers through management practices that sought to reduce conflict. It arose in the context of the structural crisis of taylorism-fordist models, as a supposed instrument of humanization at work, welfare and employee participation in decision making.

However, the logic of productivity is imposed over the welfare in the organization, considering that what makes the organization move is to make it more productive, more efficient and competitive, subordinating the interests in the human aspect.

One of the authors referenced in QWL, widely quoted in the scientific literature, is Walton (1973). According to this author, the quality of life depends intimately on the balance between work and other spheres of life, of the social role of the organization and the importance of conciliating productivity with QWL. He focuses on the role of QWL related to productivity, emphasizing the importance of satisfaction and motivation.

The model of Walton (1973) uses eight conceptual categories to propose a classic analysis of experiments on QWL, detailed by Souza Freitas (2009) and Vasconcelos (2001), namely: fair and adequate compensation; safety and health conditions at work; opportunity to develop human capacities; opportunity for growth and security; social integration in work organization; Constitutionalism in the work organization; room for personal and social relevance of work in life.

Ferreira, Alves and Tostes (2009) identify, in general, two approaches for Quality of Work Life: a classic one, eminently of assistencialism character, and other counter-hegemonic, of preventive nature.

The welfare approach is, according to the authors, what concentrates most of the studies on the QWL and the responsibility lies with greater emphasis on worker. The activities proposed for the wearing that workers experience are of a compensatory nature, with emphasis on productivity. In such approach, various activities are offered for the physical well-being (gymnastics, dance, massage, among others) or to promote psychophysical balance (yoga, choir, tai-chi-chuan, for example), without, however, considering what are in fact the needs of individuals.

In this approach, we identify three major limitations: the foundation in activities like anti-stress, the desire to compensate wearing without addressing the causes and acting within the individual as adjustment variable, leaving the institutional responsibility on second place. The result is a decreasing adherence to actions and institutional programs. These activities are off the treatment of the institutional causes of stress, fatigue and desgaste at work.

Ferreira, Alves and Tostes (2009) bring a counter-hegemonic proposal, preventive nature, based on studies, surveys and interventions. The focus of the approach is in acting on the causes of the malaise at work in the context of production, working in

three dimensions already mentioned. In this conception, QWL is understood as the task of everyone in the organization, and demands the search for a balance between welfare, efficiency and effectiveness in organizational environments.

Regarding the objectives of this study, it is worth mentioning some studies that have addressed the issue of quality of work life from the professional perspective. Rock and Felli (2004) conducted a research in 2001, with nurses faculty of the nursing school at Universidade Católica de Santos on the meanings they assign to QWL, through interviews with structured script. They obtained as a result: working conditions, consistent wages, professional identification, interpersonal relations and professional recognition.

Research conducted by Lima (2008), with 359 employees, that have passed public service exams, of the Legislative Chamber of the Federal District, which aimed to investigate the interrelationship between people management and QWL, it approached through questionnaires, the meaning assigned to QWL and obtained as results the categories: work appropriate physical conditions, appropriate place for the exercise of the job, good socio-professional relationship and pleasurable and flexible work. Servers considered, overall, that the QWL was associated with aspects of working conditions, such as physical space, equipment, and tools; work organization, in terms of flexible working hours, and socio-professional relations, as postulated by Ferreira (2006).

Rosalino and Bardagí (2008) conducted a study that aimed to examine the perceptions of employees within an organization of urban transport on the quality of work life. They used semistructured interview to 11 employees from different areas. The perception of QWL was mainly associated with adequate physical conditions at workplace, in the constancy of programs and tools for human resources and also the time balance between work and personal life. The results indicated the need for more internal information to employees regarding QWL programs and greater knowledge about the company perceptions of the employee needs.

The QWL will be designed, in this research, especially in terms of the subjects in the institutional context, understanding how they perceive and feel their quality of life at work.

1.2. Healthcare work

The healthcare work includes the provision of services as part of the tertiary sector of the economy and, although it is not directly in the productive sphere, it maintains a relationship imbricated with the production process.

Merhy and Franco (2003) defend the argument that health professionals act based on a specific way of being and acting in the world, guided by the singularities. They can take actions ranging from one pole of a bureaucratic caution, careful and somewhat ineffective, to a caring atmosphere. In *modus operandi*, which is singular, there is always the intention of each one.

The work organization in hospital is very precisely, with the division of tasks and routines in a standardized way, and various models of professional action, based on skills and knowledge of multiple professionals, with roles, structure, division of labor, hierarchy, goals and rules that govern it. It is a place characterized by asepsis, by specialization and fragmentation of knowledge, and follows routines very well structured, with the goal of maintaining control over the patient and his disease.

At the hospital, the attention of care depends on the combination of the work of various occupational categories in a diverse, specialized and fragmented acts of individual caregivers, but that operate interdependent with the interaction of multiple caregivers. It occurs, this way, as Merhy and Franco (2003) analyze, a complex web of actions, procedures, flows, routines, knowledge comprising the health care.saúde.

2. Methodological Approach

The study was guided by a qualitative design, considering that the qualitative method, according to Minayo (2006), applies to the study of history, relationships, representations, beliefs, perceptions and opinions, interpretation products that individuals make about how they live, make their world and themselves, feel and think.

The selected field for this study was a large tertiary public hospital, part of the Unified Health System (SUS), belonging to the health care network's of Health Office of the State of Ceará (SESA) in Fortaleza / BR, reference in procedures of high complexity for the state. The institution has a teaching mission, being a hospital recognized by the Ministry of Education - MEC, as a teaching hospital, having 22 medical residency programs, interns and internships in various undergraduate courses.

2.1. Research participants

Fifteen workers were elected as study participants. They are healthcare professionals of an elective internment unit, in the specialties of Clinical Medicine, Oncology and Hematology, a total of 70 professionals. The inclusion criteria for the study were: working in the hospital for over a year and availability to participate in the study. There were excluded from the sample the professionals that did not fit it the profile.

The study also had the help of informants who contributed to the clarification of information on the researched reality, and served as a bridge to other informants, enabling a larger network of contacts.

The profile of participants provides information to contextualize the obtained data: gender - 13 females and two males, ages 30-57 years old, average of 46 years old; schooling - 4 with high school education and 11 University graduation; marital status - 4 single, 10 married and 1 divorced; employment - 6 outsourced and 9 public servants; weekly working hours - between 20h and 40h: 5 professionals, above 40h: 10 professionals. We interviewed 15 employees from different professional categories: three doctors, four nurses, four nursing technicians, a physiotherapist, one social worker and two nutritionists.

This research was evaluated and approved by the Committee of Research Ethics and each subject was duly informed about the objectives of the study and signed the Instrument of Consent. Attempted for the secrecy advocated by Resolution 196/96, the National Health Council, the subjects were identified by the abbreviations S1, S2, S3 and so on. Data were collected from January to April 2012.

The interviews were recorded after the consent of the subjects and later they were transcribed in full.

2.2. Instruments for data collection

As an instrument for data collection participant observation and interviews were used. The semi-structured interview is, according to Trivinos (1992), one of the main ways that the researcher has to perform data collection. This, while it values the presence of the investigator, offers all possible perspectives for the informant to reach the necessary freedom and spontaneity, making the research richer.

Considering the difficulties inherent of healthcare professionals making some time off work environment available, we chose to perform the interview at the workplace, indoors and free of interruptions.

The approach taken in the field during the period of participant observation was critical to establish bonds of trust with informants and obtain a comprehensive view of the scenery. As Trivinos (1992) points out, the researcher must perform a number of preliminary activities to clarify his vision about each one of the informants. This involves establishing informal contacts with the greatest possible amount of people who are involved in the social process of interest.

2.3. Procedures

For the organization and analysis of data, we used the method of Discourse of the Collective Subject. When working with the DCS, it is assumed that this person has a reference group, expressing, in typical way, the set of experiences of his group. As Lefèvre and Lefèvre (2005) defined, the Discourse of the Collective Subject is a technique that seeks to solve the impasse that the researcher faces when he intends to process declaration in qualitative research using questionnaires with open questions, and if they want to get as final result representations or collective opinions of groups or categories of people living in society.

As elucidated by Lefèvre and Lefèvre (2005), the proposal basically consists in analyzing the collected oral material, extracting from each of the depositions the central ideas and / or anchors and their corresponding key expressions, and, thereafter, it is comprised one or more synthetic discourses in the first person singular. The key expressions consist of clippings or literal transcriptions of speech that should be highlighted by the researcher and that reveal the essence of the statement; the central idea can be understood as statements that reflect, in summary form, accurate and reliable, the essential discursive content explained by the subjects in their statements, the discourse of collective subject is the rebuilding, with fragments of individual speeches of many synthetic discourses as needed to express a given thought or representation of a phenomenon.

The expression form of collective subject is preceded by a speech delivered in the first person (collective) singular. This first person speaks on behalf of the community, expressing then a collective reference that enables a social thinking.

Once it is identified the words or expressions appropriate to represent the statements, there is what is called a category. The DCS brings together in a single category, different contents and arguments that structure the same opinion or concept, which is shared by a group of people.

3. Data presentation and analysis

After the application of the technique, according to the procedure outlined in the previous section, it was reached (04) four categories which are described below:

Table 1: Discriminated Categories

Guiding question	Identified categories	Qty of Subjects
For you, what means quality of working life?	A. Satisfaction and pleasure in teamwork	10
	B. Enjoy adequate working conditions, with less overload and less stress	5
	C. Balance between personal life and professional life	4
	D. Less accelerated lifestyles	4

Source: made by the researchers.

3.1. Results and discussion

There will be presented, then, the results of the qualitative research, based on the found categories and in the speeches that allowed them. The data were analyzed in the light of conceptual approaches that guided the study, from the four identified categories.

Category A: satisfaction and pleasure in teamwork

In hospitals, the focus of care is in close relation with the connections of various professional categories in a diverse, specialized and fragmented set of acts of individual caregivers, forming a network of interdependent connections that are building possibilities by permanent flows between individuals who are operative, symbolic, political, subjective and communicational. The health production local is permeated by encounters and when relationships are produced, we produce ourselves. In these spaces, expressed by Franco (2006), there are acts of speech, listening, touching and looking constituent of work processes. Nevertheless, the subject of this discourse complained of lack of time to interact in a more informal way with working partners, as it can be seen by DCS1 presented below:

It is feeling good at the place where you are working, with people that you work with. It means having a good relationship with the team, either it is the boss or colleagues who are with you on duty, seeking to have harmony with your work, respecting yourself, having that interaction, that integration. So, this way, feel that we have made partnerships, that everybody is thinking the same. Usually we work with many people, then there is always relationship problem. It would be good if we had more time to interact with the people who we work with.

It can be inferred, in these discourses, that the interdependence of the acts of care promotes affective approaches, and it entails complicity, resulting in the satisfaction

and pleasure of teamwork. Dejours and Abdoucheli (2009) attribute a significant importance to relations that professionals establish among themselves in the workplace, working in psychic functioning. Labor relations are the most prominent component in the concept of work organization, including therein the relationships among peers and the hierarchical links.

Category B: enjoying adequate working conditions, with less overload and less stress

The speeches of these individuals conceptualize the quality of work life by removing something that is missing and that causes suffering labor: poor working conditions, occupational stress and overload.

Based on the concept of Ferreira (2006), who understands the working conditions as one of the central parameters in studies and interventions on quality of work life, it is noticed the negative interference of these factors as causes of malaise at work. In the public service, it is common place to live with shortages of supplies and equipment obsolescence. It is necessary to manage the shortage daily, seeking for creative solutions. The DCS 2 makes it explicit:

It is having good working condition, having supplies within our unit so we can perform our job well. We need to have working conditions, have material so we can work, not missing anything for the patient, no lack of medication, the necessary work material. There comes the idea so you do not work in a place where you feel overwhelmed. It is getting in my work, perform my duties without too much stress and not much desgaste, have a brake at work, a time for meditation, and that these working conditions gave me will and desire to return the next day.

The high psychic load acts as an element that hinders job satisfaction. Accordingly, the employee has a personal story that sticks in their aspirations, desires, motivations and psychological needs, integrating his life story.

The stress and fatigue, as symptomatic manifestations of psychological distress that affect the subject in the world of work, result from the imbalance between the body and the organizational environment. This way, the expressions of the subjects of the speech wave to the need for psychic load flow at work by reducing overload. Nevertheless, the nature of the healthcare work causes on professionals a permanent state of alert, generator of suffering.

Category C: balance between personal life and professional life

The subjects of the speeches wave on a sense of finding a balance between personal and professional life. In this direction, it is possible to make an approximation of the conceptual categories of Walton (1973), widely cited in the literature. One of the eight criteria identified by the author is "Work and total life space." The author expresses that the work experience of a person can have positive or negative effects in various spheres of life. The relationship between work and total life space is understood through the concept of balance.

In today's society, which values are settled on productivity and economic growth, the most valuable time is the productive time and even time off from work obligations is captured by industry and by the ephemeral pleasures consumption and leisure, which could be a choice made with total freedom, it is incorporated into the media industry to be consumed as pure commodity in the form of pre-made packages. It can be observed in DCS 3:

Do you know what does quality of work life refers to me? To Finland, Norway, northern Spain, where people go home at 15h, 16h, go have some ice cream with their children. Less working hours, having only one job, with the quality of life with their children, getting ready for life, making your holiday trips possible. It addresses the matter of quality of life outside the work environment, because it is important to strike a balance between the two spheres. If you're okay out there, therefore you will not get here in the hospital in a bad mood, angry ... it is important to have that care.

The subjects of this discourse reveal that they aim other social times for enjoyment with family, friends and themselves, seeking experiences of leisure and recreation in their free time. Thus, the quality of work life must be understood in this continuum between work and other aspects of life.

Moreover, in contemporary society, which has rush as one of the conductor fuel of actions of the subject, it becomes increasingly difficult for this to find the desired balance between work and personal life, and the greater portion of their time is used in the workplace, which still occupies a third part of their lives.

Category D: less accelerated lifestyles

Beriain (2008) warns for the life course that happens to be dominated by increased nervous acceleration that weaves the fabric of social relationships. As a result of this acceleration, distance and space are shorten, versus the desire of doing things

simultaneously and immediately. The discourse of the collective subjects makes it evident:

The quality of work life is related to how I ride to get here, because I often come here with my blood pressure at 180 ... of such excitement. If I come from home, no problem. But if I come from another job... It is stressful. I come in a rush, and I think it really messes with the quality of work life. The anxiety of not being on time... For me, the quality of work life would be waking up in the morning having time to eat breakfast at home, good transit (traffic jam is a problem, because we lose time). I have to transform the time I'm in traffic jam, 40 minutes, into a moment of pleasure, listen to radio, music, sometimes I read during transit. It looks absurd, but I do read... then would be this issue ...not leaving home in such a hurry... that work were less dense, that we got to work calmly, not having to run so much.

Indeed, the discourse of the subjects brings the anguish of contemporary life on the intention to manage time in order to provide a life with less rush, where simple actions of everyday life could be lived with greater tranquility, and we did not have to run against time, but that it would be an ally to a life with quality.

Among the increasing of technological resources, which reduce the distances and the desire the immediate thinking, acting and feeling, and offer greater convenience to people, paradoxically, it was not engendered a time saving that would allow the person to enjoy time with total freedom. All the free time tends to be filled with other simultaneous actions, in the illusion that it can give more time to be filled again with new activities. It is notorious to point out that one who complains about the haste and lack of time are reluctant to reduce their tasks, particularly if they are directly linked to productive activity. So there is an existential conflict in this race that is not known where is the end.

Final considerations

The study results indicate that the lifestyles in contemporary hyper accelerated society interfere decisively in styles and quality of life of the worker, causing an imbalance between work and other spheres of life and thus compromising labor satisfaction.

The important role played by socio-professional relationships evidenced in the discourse of the collective subjects, in defining the satisfaction and pleasure in teamwork as an essential component for the quality of work life, then confirming the assumptions of Merhy and Franco (2003) who inscribe socio-professional relations as

the main component of the work organization, in which the relational technologies offer new ways of providing care.

The verbalization of workers reinforced the lesson of Ferreira (2006) regarding the interdependence of working conditions in work organization and labor relations in the elaboration of the concept of quality of work life, from which the management can intervene, seeking to act in the generating causes of labor malaise.

In the second category highlighted by professionals as significant to the quality of work life - working conditions - the subjects complained of overload, stress and lack of rest breaks. The psychic high load acts as a element that hinders the quality of work life. Accordingly, the expressions of the subjects waved to the need for psychic load flow at work by reducing overload. Nevertheless, the nature of the work causes in healthcare professionals a permanent state of alert, generating psychological distress.

Another meaning attributed to the quality of work life was related to the balance between work and personal life. In this direction, the subjects expressed a desire to reduce their workloads, expressing the intention to work in only one place and experiencing other social times full of possibilities, in their free time. Paradoxically, the subject overvalues the productive activity that, on one hand, attends to basic needs and, secondly, the needs that were created in the culture of urgency and excesses.

When representing the quality of work life as a continuum job among the different spheres of life, workers have brought the issue of long working hours in discussion, with the vicissitudes that this engenders. There is, however, the paradox between a life with more quality out of work and not wanting to give up the *owera* and *bona* of those choices.

Data obtained from the Discourse of the Collective Subject associate the quality of work life to a way of life less accelerated and thus it is sent to the inflections of Beriain (2008) when asserting that modern human being feels compelled to get into the flow of acceleration to achieve accomplishing several simultaneous actions, with the intention of having more free time, but being busy with new requirements driven by the imperatives of a vicious circle of frenetic haste, where it is desired to go in all directions, even without knowing where the end is.

It is believed that it is through programs of welfare and paternalistic character, that lead contingent, fragmented and compensatory actions, working solely in the effects of the malaise that organizations will promote actions and programs on quality of life

work, capable of responding to the concerns of workers. First, one has to access the speech of these workers, to understand the specific needs that permeate daily work.

It is emphasized that this study can foster reflections on the workspace from the perspective of awareness of managers to a more continuous practice of listening to workers, believing that it is through listening to professionals that one can face the madness of work and preserve health.

It is expected that this work can contribute to foster better understanding of issues related to contemporary lifestyles and quality of work life, for the development of other studies on the focused aspects of this thematic, and that the results contribute to reflections, opening new possibilities of studies, compared to the possibilities presented through this study.

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