

Quality of life at work: a report about manicures
Qualidade de vida no trabalho: um relato sobre manicures
Calidad de vida en el trabajo: un relato sobre manicuras

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Work is an area of professional performance, and thus, the occupational therapist contributes to the prevention and promotion of health in the context of labor. This research aims to identify the quality of life of professionals in the manicure and pedicure services. A methodology with quantitative, exploratory, descriptive and cross-sectional approach was used. Data collection took place in the second half of 2012, using an anamnesis and questionnaire called WHOQOL-Bref, with the participation of 31 people from a beauty salon in Curitiba/PR. The results indicated a low score for the Social Relations domain (Self-esteem and Personal Relationships), and a high score for the Physical domain (Energy and Work Capacity). It was concluded that for a satisfactory quality of life, one must seek balance between the different areas of human occupation, aiming at better health and wellbeing.

Descriptors: Work; Quality of life; Occupational therapy; Beauty and aesthetics centers.

Sendo o trabalho umas das áreas de ocupação, o terapeuta ocupacional contribui para a prevenção e promoção da saúde no contexto laboral. Esta pesquisa tem por objetivo identificar a qualidade de vida de profissionais do serviço de manicure e pedicure. Utilizou-se metodologia com abordagem quantitativa, exploratória, descritiva e de caráter transversal. A coleta de dados aconteceu no segundo semestre de 2012, sendo utilizada uma anamnese e questionário denominado de WHOQOL-Bref, contando com a participação de 31 pessoas de um salão de beleza em Curitiba/PR. Os resultados apontam baixo escore para o domínio Relações Sociais (Autoestima e Relações Pessoais), e uma pontuação alta para o domínio Físico (Energia e Capacidade de Trabalho). Conclui-se que para uma qualidade de vida satisfatória almeja-se um equilíbrio entre as diversas áreas de ocupação humana, visando saúde e bem-estar.

Descritores: Trabalho; Qualidade de vida; Terapia ocupacional; Centros de embelezamento e estética.

Siendo el trabajo una de las áreas de ocupación, el terapeuta ocupacional contribuye a la prevención y promoción de la salud en el contexto laboral. Esta investigación tiene como objetivo identificar la calidad de vida de profesionales del servicio de manicuría y pedicuría. Se utilizó metodología con abordaje cuantitativo, exploratorio, descriptivo y de carácter transversal. La colecta de datos ocurrió en el segundo semestre de 2012, siendo utilizada una anamnesis y un cuestionario denominado WHOQOL-Bref, contando con la participación de 31 personas de un salón de belleza en Curitiba/PR. Los resultados apuntan una baja puntuación para el dominio Relaciones Sociales (Autoestima y Relaciones Personales), y una puntuación alta para el dominio Físico (Energía y Capacidad de Trabajo). Se concluye que, para una calidad de vida satisfactoria, se pretende un equilibrio entre las diversas áreas de ocupación humana, con el fin de conseguir salud y bienestar.

Descriptores: Trabajo; Calidad de vida; Terapia ocupacional; Centros de belleza y estética.

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INTRODUCTION

A job is more than the act of working or selling your work force for payment. It is through it that one goes through the process of altering one's own nature and transforming oneself. In a context of human subjectivity, work is understood as something that develops identity, since it generates meaning for itself and for its object¹.

Work determines a process where it allows the human being to develop abilities through personal effort. All the actions carried out are based on knowledge that, when exposed, evidences the things learned in the practice. Regardless of the task, the work acquires a different meaning for each individual^{1,2}.

The beauty industry in Brazil is growing, both in the creation of cosmetic and personal hygiene products and in the creation and expansion of services³. According to the 2012 Annual Report of the Brazilian Association of Personal Hygiene in Perfumery and Cosmetics Industry (ABIHPEC), in 2011 the sector grew 4.6%, an index higher than the total Brazilian Gross Domestic Product (GDP), which was 0.1%; a significant increase even with the international crisis and the high tax burden in Brazil⁴.

The manicure service is one of the most sought after in a beauty salon, and consists of taking care of and/or doing the nails^{3,5}. According to the Brazilian National Service of Commercial Apprenticeship (SENAC), the professionals working in the area of beauty who are qualified to practice the profession of manicure and pedicure are those who, through the use of adequate techniques, materials and equipment, carry out such service, according to the customers' needs⁶.

The profession of manicure, in its majority, is practiced by women. Often manicures act in beauty salons in conjunction with hairdressers, make-up artists and other professionals related to beauty. However, they can work in their own homes or at their clients'. Regardless of where this activity is carried out, this profession is characterized by autonomous professionals, with long work hours and few pauses.

It is also a sector of insecure work conditions. While the total number of Brazilian workers registered was 67% in 2014, those in the beauty sector were only 27%, and only 23% declared to pay Social Security³.

Law 13.352 of October 27, 2016⁷ regulates the profession of manicures and other beauty professionals. Even with this law, specific education is required to act as a manicure. The professionals are trained by experience and practice, but there is also a diversity of courses and training programs with the objective of promoting technical and behavioral knowledge, seeking to equip them according to the requirements of the market³.

Various hygiene and aesthetic criteria are required in the manicure area. Article 4 of the regulatory Law⁷ for the profession specifically determines the sterilization of the instruments, mainly due to their importance and specificity in the work of manicures⁷.

The process of sterilization is also important to prevent the transmission of diseases, other actions and skills are also necessary in the profession, such as the ability to handle small and/or sharp objects, improved aesthetic sense, adequate visual acuity, ability to communicate and a good understanding of requests from clients, as well as the capacity to concentrate and constantly improve in the area⁸.

Working at a beauty salon is an exhausting activity, as it involves contact and attention to the public and the handling of chemicals, which can cause health problems; in addition, the professionals almost always do they work in uncomfortable positions like standing or bent over the clients, causing repetitive strain injuries⁹. A study shows that the main complaints of this category are: pain in the lower back due to poor posture; fast work rhythm; activity performed without pauses for rest as well as physical and mental overburden in daily work¹⁰.

In this context, studying the quality of life at work (QoLW) is relevant for professionals involved in management and health, since good environmental and organizational conditions have a positive impact on satisfaction. Poor working

conditions impact negatively generating suffering during work and directly affecting the business itself due to illnesses and the absence of the worker.

Quality of life (QoL), according to the World Health Organization (WHO), can be defined as: "[...] the individual's perception of their position in life in the context of the culture and the value system they inhabit, in relation to expectancies, patterns and concerns.¹¹". The QoLW, involves physical, environmental and psychological aspects of the work environment, and it can be understood as a set of actions that the company or organization takes in order to promote and implement improvements and technological, managerial and structural innovations^{12,13}.

QoLW is found through the analysis following domains: degree of satisfaction of the worker; working environment conditions; and promotion of health¹⁴. Ergonomic studies¹⁵ point out that repetitive movements, the use of force, incorrect posture during work, allied to factors related to the organization of the activity and the work environment, can lead to health problems, increasing absenteeism and affecting other aspects of human activity.

With its theoretical concepts and bases, Occupational Therapy is a strong ally to the understanding of work processes and the subjective aspects of work activity, it can also help to minimize the effects of an inadequate physical and organizational work environment.

The occupational therapist can work with the company, the workers or in the work environment. They can work towards modifying the environment and the tasks performed, ensuring a positive change in this area. This professional is also able to intervene in the relation of the workers with their work, considering as a priority the working environment and the philosophical and organizational aspects of the company¹⁶.

Broadly speaking, the occupational therapy intervention involves educational, preventive, promotional and rehabilitation actions. These actions are applicable to individuals who present deficits in their work

abilities or an unsatisfactory performance in the work environment, and as such provide support for the internal balance of the worker^{17,18}. Therefore, this research aims to identify the quality of life of professionals in the manicure and pedicure service.

METHOD

This research had a quantitative, exploratory descriptive and transversal approach, developed by the Laboratory of Accessibility and Work Rehabilitation (LABRAT) of the Department of Occupational Therapy, and was carried out with individuals inserted in a real life context under influence of contemporary issues¹⁹.

The study occurred between July and November 2012, in the main unit of a beauty salon network, existing since 1971 and located in the city of Curitiba/PR. Currently this network has 34 units in the municipality, and metropolitan region.

The following inclusion criterias for participation in the research was chosen: professionals of the Central Unit of the beauty salon network and that were voluntarily interested in participating in the study. Of the 60 manicurists who worked in the unit, 31 participated in the study, of which 12 women had difficulty understanding the questions proposed in WHOQOL-Bref and requested assistance in responding.

Anamnesis and the WHOQOL-Bref were used for data collection. The purpose of the anamnesis was to identify the profile of the sample, being the following variable collected: age, gender, number of children, position held in the company, length of service in the institution, average daily attendance and information related to sick leave and their duration.

The WHOQOL-Bref questionnaire, an instrument validated by the WHO, is composed of 26 questions, two general questions and others 24 which compose 4 domains that are: Physical, Psychological, Social Relations and Environment¹¹:

1. Physical Domain: composed of questions related to pain and discomfort; energy and fatigue; sleep and rest; mobility; activities of

daily life; dependence on medications or treatments and work capacity;

2. Psychological Domain: contemplates positive feelings; thinking, learning, memory and concentration; self esteem; body image and appearance; negative feelings and spirituality/religion/personal beliefs;

3. Social Relations Domain: composed of personal relationships; social support and sexual activity;

4. Environment Domain: includes and physical security; home environment; financial resources; availability and quality of health and social care; opportunities to acquire new information and skills; participation in recreation/leisure opportunities and the physical environment (pollution/noise/traffic/climate).

The answers of WHOQOL-Bref follows a scale from 1 to 5, where the higher the score, the better the perception of quality of life.

To analyze the data, a spreadsheet were developed and used in the Microsoft Excel software, and where also were the calculations of scores and descriptive statistics were performed, as well as converting the inverted score questions, making them comparable with other questions²⁰.

This study was approved by the Ethics and Research Committee of the Health Sciences Sector of UFPR, under CAAE: 0486.0.000.091-1.

RESULTS

The initial anamnesis (Table 1) shows that, in relation to age, there was a predominance of the age group from 31 to 40 years (35%), followed by the age group up to 20 years (13%). Most of the workers are married (52%) and most of them are between 0 and 1 children (52%).

Table 1. Profile of the manicures interviewed, Curitiba, 2012.

| Variables | % |
|--|----------|
| Age group (years) | |
| 18 à 20 | 13 |
| 21 à 30 | 29 |
| 31 à 40 | 35 |
| > 41 | 23 |
| Marital status | |
| Married | 52 |
| Divorced | 6 |
| Single | 42 |
| Children | |
| 0 | 32 |
| 1 | 20 |
| 2 | 32 |
| 3 or more | 16 |
| Working time at the institution | |
| >1 year | 13 |
| 1 to 5 years | 45 |
| >5 to 10 years | 32 |
| >10 years | 10 |
| Average daily attendance | |
| Until 10 | 42 |
| 11 to 20 | 55 |
| >20 | 3 |
| Sick leave | |
| Yes | 90 |
| No | 10 |

Regarding the time of services provided in the salon, the vast majority, 45%, had from one to five years of work and only 10% have worked in the salon for more than 10 years (21%).

As for the number of daily attendance the majority (55%), attended from 11 to 20 clients. Considering that each client lasts 30 minutes, the manicures work around 6 to 10 hours a day. On Fridays and Saturdays, demand is increased and the workday is close to 10 hours.

About the number of sick leaves, it is noteworthy that 90% of the interviewees had a need to leave, having as main reasons: tendinitis, severe body aches and depression.

Initially, the results of QoL were analyzed by Domains (Physical, Psychological, Social Relations and Environment), allowing the identification of the means, standard deviation and general variation coefficient, as presented in Table 2.

Table 2. Mean, Standard Deviation and Variation coefficient of WHOQOL-Bref domains, Curitiba, 2012.

| Domain | Mean | Standard Deviation | Variation coefficient |
|-------------------------|--------------|---------------------------|------------------------------|
| Physical | 12.90 | 2.21 | 17.14 |
| Psychological | 11.55 | 2.95 | 23.53 |
| Social Relations | 11.40 | 5.00 | 43.86 |
| Environment | 12.73 | 4.07 | 31.97 |
| Self- evaluation of QoL | 10.45 | 4.37 | 41.84 |
| Total | 12.17 | 3.37 | 27.72 |

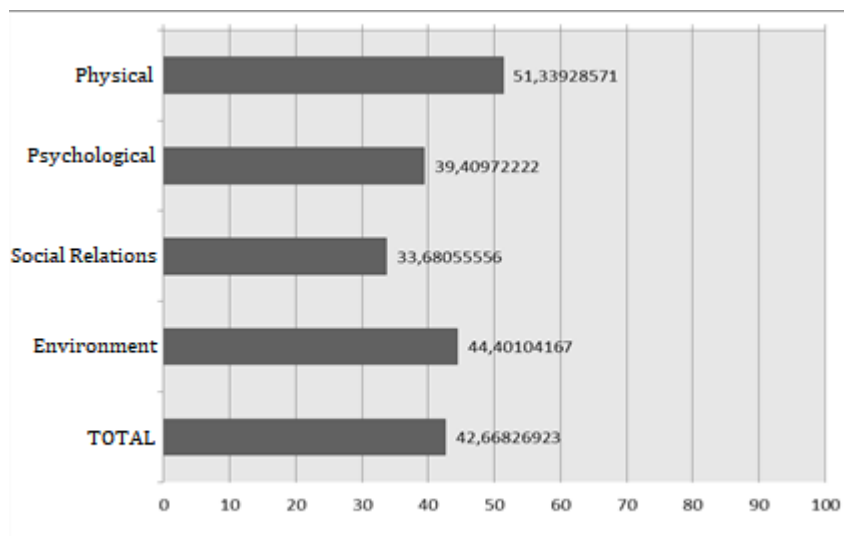
Comparing the results obtained by each item of the instrument, the lowest mean, with 10.45 (SD = 4.37), was the Self-evaluation of the QoL, and as the highest was the Physical Domain, with a mean of 12.90 (SD = 2.21). The total mean was 12.17 with a standard deviation of 3.37 and a variance of 27.72.

Considering all domains, the total QoL score was 42.66, as shown in graph 1. This value is below the average considered as a

adequate quality of life score, once the closer to 100, the better the QoL.

This score was calculated based on a simple arithmetic mean between the questions scores of the instrument. Such score is not present in the original WHOQOL-100 syntax, but through it, it can be observed that the lowest score (33.68) refers to Social Relations that covers personal relationships, social support and sexual activity. The highest score was identified in the Physical domain (51.33).

Graph 1. Score of QoL by Domain and Total, Curitiba, 2012.

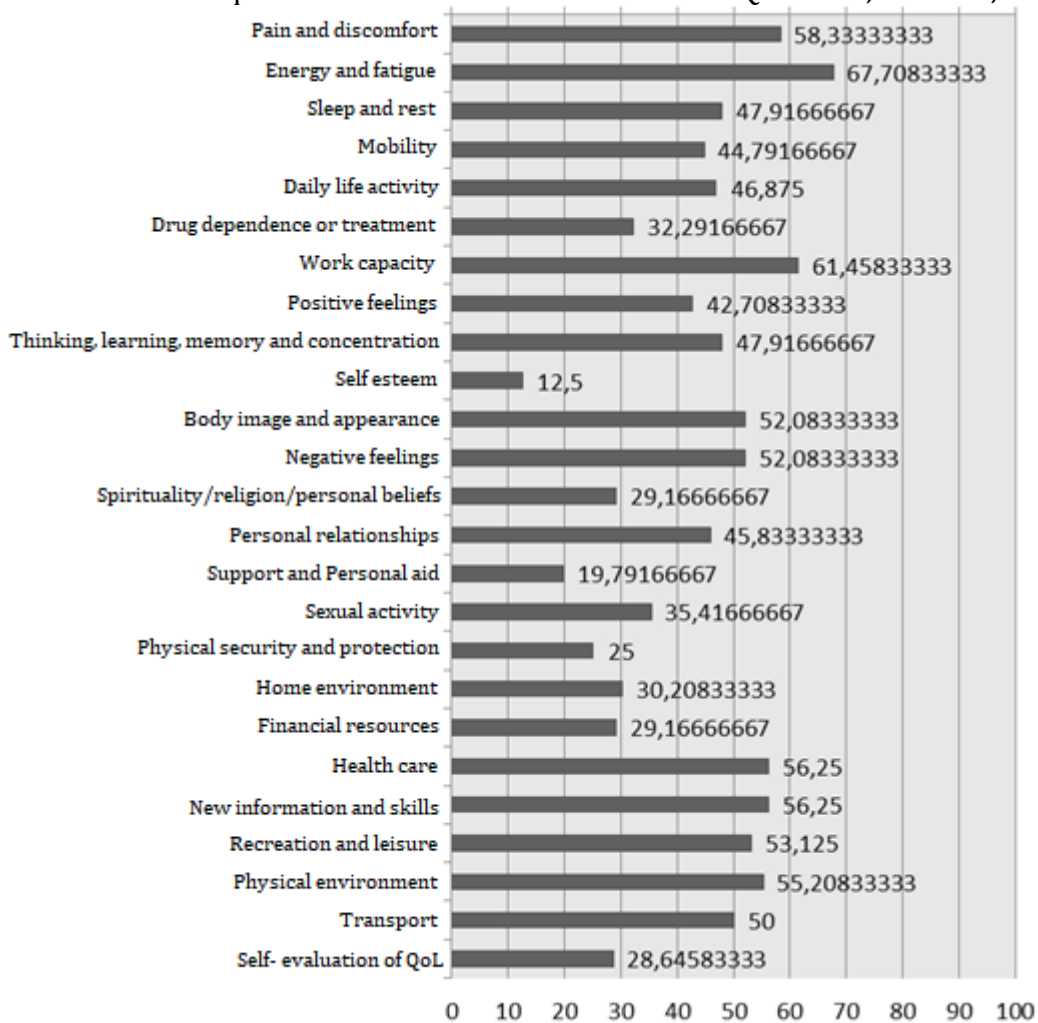


Graph 2 shows each question and their respective scores. Among the 25 questions, the highest score was Energy and Fatigue (67.70) and Work Capacity (61.45), which confirms the higher mean in the Physical domain. However, the questions of Self-esteem (12.5) and Support and Personal Aid (19.79) were statistically significant, with a lower score, which confirms the lower results

obtained in the domain related to Social Relations.

The Physical Security and Protection (25), Home Environment (30,20) and Financial Resources (29,16) questions represents the perception of the workers regarding their satisfaction with housing, payment and security conditions, and it can be observed that these results presents a low satisfaction with these aspects.

Graph 2. Score of the questions of each Domain of the WHOQOL-Bref, Curitiba, 2012.



DISCUSSION

Of the 34 units belonging to the beauty salon network, the one chosen was the "Central Headquarters", which was inaugurated in 2001 and has 6,800 m² of space available to customers, spread out in a building of 4 floors, being one for garage and three for services.

On the first floor there is a cafe, newsstand, some beauty products and accessories shops for clients, two bathrooms (one female and one male), 12 hair washbasins and 20 hairdresser's workbenches. On the second floor there is the make-up service, where it can be observed the work of 10 make-up artists, and also two bathrooms (one female and one male) plus 6 hair washbasins and 8 more hairdresser's workbenches.

On the third floor there is a space for depilation with 18 cabins and the male space with 5 benches for hairdressers and barbers. On this floor there is also a mini playground

for children to play and a space for children's services. The 60 manicures are spread over the three floors carrying out their activities according to the client's request.

The manicures, which are the object of this study, are hired after a selection process with the owner of the salon, who verifies the work done to guarantee the quality of the service. The salon has only 12 registered manicures, all the others are contracted as autonomous professionals and receive for productivity.

All 60 manicures pass on to the salon 40% of the value of the service provided, for the costs of water, light, sterilized material (pliers), other materials such as sandpaper, toothpicks and towels, and for the physical space itself. The nail polish and the nail bench should be from the manicure itself.

The working schedule, of the autonomous manicures, is determined by the worker herself, but the work dynamics of the

salon, related to days off and worked days should be respected. It is a working model in which the professionals work six days a week, or even seven, only free on Monday morning, when the saloon is closed.

There is no obligation to go to work on weekends, or to have at least one day off during the week. However, because remuneration happens through productivity, when the professional don't go to work they don't earn, forcing, in that way that the manicures are always available to work. In this context, the occupational therapist can act as an interlocutor between workers and organization in order to establish an agreement and/or norms for the work environment.

The number of sick leaves reasons was not representative, it occurs only when the pain is unbearable, preventing the execution of the work or in times of acute crisis. It was observed that the manicures complain of pain, but continue to work for financial reasons, since the salary is related to the production. There is a emotional influence of the work relations because there is a competitiveness for customer loyalty, since remuneration occurs directly through market demand²¹. That is, for the manicures, when there are no clients, there is no financial gain.

Considering the physical posture more comon for the performance of the work, with the neck flexed in a sitting position, most of the abdominal muscles are relaxed, with a static work only for the stabilization of the waist. From muscular activity point of view, the sitting position can be indicated as low risk for spinal pain, however, its articular structures are exposed to greater risk of injury²².

In this context, the occupational therapist can propose pauses during the day, in periods with little or no demand, to perform stretching and relaxation,

In relation to the domains of QoL, the Physical Domain can be highlighted, which confirms the results obtained by the anamnesis, where it was discovered physical complaints and/or distress. The result regarding the pain and discomfort score can be also highlighted, since the question asked

"to what extent do you think your physical pain prevents you from doing what you need?"

It was also verified that the question about dependence of medication and treatments presented a average score. A study showed that 32.0% of professionals reported pain in the spine and 35.2% used medication²³.

As most manicures work and perform their activities with pain, the score demonstrates a result greater than 50%. A survey²⁴ reported that 46.7% of the manicures lived with daily pain for a period greater than 6 months. In this context, there is a failure to know whether or not there is pain and discomfort in daily work.

The lowest score found in this study was the Social Relations domain. The low result in this area can be related to a long working day added to the fatigue, which has a negative impact on personal relations. The lack of awareness is directly related to the investments that support an internal organization of the worker.

Considering the social support, it can be linked to the structuring of work and the conflicts with colleagues¹⁸. This study showed the Physical Domain as the highest score, mainly due to the satisfaction with their capacity to work, energy to perform the activities on a daily basis and and ability to get around, but it is important to highlight that there is complaints presented in relation to pain.

It is observed that the Support and Personal Aid question is one with the lowest scores. This situation was identified in the workers' discourse, where the conflicts in the work environment interfered significantly with the satisfaction with personal relationships, since the perception of support received by colleagues is minimal.

With regard to the following questions "Positive Feelings and Negative Feelings", work is a central mediator of the individual's construction, development and complementation, and this relationship can become a source of illness or pleasure¹. By observing the results of these two questions, the work may have contributed to an increase

of negative feelings since it scored higher than the positive feeling question.

That are periods of the year that the demand is greater and in other months that it is smaller, which makes harder to organize the family budget, to acquire material goods for their home, as well as reduces the possibilities of choice for living in better and safer places. These difficulties can be noted when the questions of Physical Security and Protection and Financial Resources of the QoL instrument, present low scores.

Considering the high workload of the manicures it is observed that this load negatively influences the time of not working, making it impossible for the professional conduct leisure activities. However, the Recreation and Leisure questions had a high score indicating that, even with high labor demand, this study found that this situation does not present a significant loss of quality of time away from work.

The question that corresponds to the Self-evaluation of the QoL, obtained a very low score. This value indicates that the workers presented a low satisfaction with the current conditions of their quality of life and health, being these a reflex of the daily practices and of the reality lived by the populations¹⁸.

Based on the analysis of results obtained in this research, the occupational therapists researchers elaborated some actions regarding the organization and dynamics of the work of the manicures, which were presented to workers and managers, and are presented below:

- a) establishment of a pre-defined lunch schedule and a weekly mandatory day off through the group rotation system. Thus, when returning to work, the manicures would be rested and more willing, and could even increase their productivity, as well as the quality of care and provision of the service;
- b) proposal of organization of a adequate resting places during lunch hours and breaks, providing greater quality during the development of work activities and even a better organization of the routine of work;
- c) development of a flyer, as a visual tool, containing the main stretches, as a way to facilitate the realization of the movements;

d) suggestion of the organization of a commission responsible for raising the common needs of workers, thus identifying the demands and interests, in order to guarantee a better service and the well-being of the workers.

CONCLUSION

The manicures presented a deficit in the perception of quality of life, observed through the results of the domains of QV, obtained through the WHOQOL-Bref. Also, it was possible to verify the interference that the work causes in the occupation areas.

With this in mind, the occupational therapist, through acting as a consultant, is able to elaborate projects for prevention and promotion interventions in the work environment, as well as to establish a bridge and also mediating the relation between the human resources sector and the workers, with a view to enhancing the performance of the environment and of the individuals.

The ideal concept for a satisfactory quality of life would be a balance between the various situations, providing an adjustment between their demands, in all spheres of human occupation, aiming for a better health and well-being. To this end, it is necessary to encourage the development of programs with the purpose of providing benefits to both personal and professional life, with a final goal to a considerable improvement in the motivation, creativity and productivity of the work teams.

It has to be highlighted that this study has a limitation, once it is a punctual study and it can not be generalized for the entire category of professionals manicures.

Thus, for a coherent intervention it is necessary to analyze the complaints raised during the process of application of questionnaires. From these findings it is possible to understand more broadly the functioning and the dynamics of relationships in the salon network.

Finally, we suggest the continuation of researches with this professional category, with more specific approaches for the continuity of suggestions regarding the

promotion of the quality of life and health of these workers.

REFERENCES

1. Lancman S. Construção de novas teorias e práticas em terapia ocupacional, saúde e trabalho. In: Lancman S. Saúde, trabalho e terapia ocupacional. São Paulo: Roca; 2004. p. 71-83.
2. Gherardi S. Practice? It's a matter of taste! *Manage Learn*. 2009; 40(5):535-50.
3. Oliveira JA. Fazendo a vida fazendo unhas: uma análise sociológica do trabalho de manicure. [Thesis]. São Paulo: Universidade de São Paulo; 2014. 285p.
4. Associação Brasileira da Indústria de Higiene Pessoal Perfumaria e Cosméticos. Anuário 2012. 3.ed. São Paulo: Public Projetos Editoriais; 2012. 149p.
5. Gallon S, Bitencourt BM, Viana DD, Antonello CS. Formas de aprendizagem e saberes no trabalho de manicures. *RPCA*. 2016; 10(1):96-112. DOI: <http://dx.doi.org/10.12712/rpca.v10i1.655>
6. Serviço Nacional de Aprendizagem Comercial. Curso livre de técnicas de manicure e pedicure. São Paulo: SENAC-SP; 2013. 45p.
7. Presidência da República (Brasil). Lei nº 13.352, de 27 de outubro de 2016. Altera a Lei no 12.592, de 18 de janeiro 2012, para dispor sobre o contrato de parceria entre os profissionais que exercem as atividades de Cabeleireiro, Barbeiro, Esteticista, Manicure, Pedicure, Depilador e Maquiador e pessoas jurídicas registradas como salão de beleza [Internet]. D.O.U., Brasília, DF, 28 dez 2016 [cited in 10 jun 2017]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2016/lei/L13352.htm
8. Castro RX. Manicure e Pedicure. 1º ed. Instituto Federal do Norte de Minas. Montes Claros. 2015. [cited in 10 jun 2016]; 1(1):1-11. Available from: <http://ead.ifnmg.edu.br/uploads/documentos/1SYHHIZPWb.pdf>
9. Bittencourt JÁ, Campos LCN, Chaves FAV, Paulista JES, Matsumoto AS. Qualidade de vida no trabalho nos salões de beleza da cidade Satélite do Riacho Fundo. In: XI Simpósio de Excelência de Gestão e Tecnologia [Internet]; out 2014 [cited in 10 jun 2016]; Resende, RJ. Resende, RJ: Associação Educacional Dom Bosco; 2014. Available from: <https://www.aedb.br/seget/arquivos/artigos14/45420530.pdf>
10. Fonseca ES, Freitas NC, Fonseca IAS, Cupertino LL, Silva EP, Mafrá SCT, et al. Análise Ergonômica do Trabalho em um salão de beleza no município de Viçosa – MG. In: VI Workshop de Análise Ergonômica do Trabalho; III Encontro Mineiro de Estudos em ergonomia; VIII Simpósio do Programa Tutorial em Economia Doméstica [Internet]; jul-2013; Viçosa, MG. Viçosa, MG: UFV; 2013 [cited in 10 jun 2016]. Available from: <http://www.ded.ufv.br/workshop/docs/anais/2013/Estela%20da%20Silva%20Fonseca%20%20%20%20%20%20%20Tem%C3%A1tica%20Ergonomia.pdf>
11. Fleck MPA, Louzada S, Xavier M, Chachamovich E, Viera G, Santos L. et al. Aplicação da versão em português do instrumento abreviado de avaliação da qualidade de vida “WHOQOL-Bref”. *Rev Saúde Pública*. 2000; 34(2):178-83.
12. Chiavenato I. Gestão de pessoas: o novo papel dos recursos humanos nas organizações. Rio de Janeiro: Elsevier; 2010. 569p.
13. Limongi-França AC, Arellano EB. As pessoas na organização. São Paulo: Gente; 2002. p. 295-312.
14. Limongi França AC. Indicadores empresariais de qualidade de vida no trabalho: esforço empresarial e satisfação dos empregados no ambiente de manufaturas com certificação ISSO 9000. [Thesis]. São Paulo: Universidade de São Paulo; 1996. 352p.
15. Queiroz MFF, Maciel RH. Condições de trabalho e automação: o caso do soprador da indústria vidreira. *Rev Saúde Pública* [Internet]. 2001 [cited in 10 jun 2016]; 35(1):1-9. Available from: <http://www.scielo.br/pdf/rsp/v35n1/4129.pdf>
16. Watanabe M, Nicolau SMA. Terapia ocupacional na interface da saúde e do trabalho. In: De Carlo MMRP, Bartalotti CC. Terapia ocupacional no Brasil: fundamentos e

- perspectivas. São Paulo: Plexus; 2001. p.155-171.
17. Hagedorn R. Ferramentas para a prática em terapia ocupacional, uma abordagem estruturada aos conhecimentos e processos centrais. São Paulo: Roca; 2007.
18. Emmel MLG, Matsukura TS, Martinez CMS, Castro CB. Qualidade de vida e promoção em saúde junto a trabalhadores: uma proposição de diagnóstico e intervenção em terapia ocupacional. *Cad Ter Ocup UFSCar*. 2002; 10(1):30-41.
19. Godoy AS, Forte D. Competências adquiridas durante os anos de graduação: um estudo de caso a partir das opiniões de alunos formandos de um curso de administração de empresas. *Gestão & Regionalidade*. 2007; 23(68):56-69.
20. Pedroso B, Pilatti L, Reis DR. Cálculo dos escores e estatística descritiva do WHOQOL-100 utilizando o Microsoft Excel. *Rev Bras Qual Vida*. 2009; 1(1):23-32.
21. Cohen RL. When it pays to be friendly: employment relationships and emotional labour in hairstyling. *Sociol Rev*. 2010; 58(2):197-218.
22. Brito PM, Costa CKL, Medeiros Neto CF, Guedes DT, Másculo FS, Cardia MCG, et al. Análise da relação entre a postura de trabalho

- e a incidência de dores na coluna vertebral. In: XXIII Encontro Nacional de Engenharia de Produção; 2003; Ouro Preto, Brasil. Rio de Janeiro: ABEPRO; 2003. Disponível em: http://www.abepro.org.br/biblioteca/ENEG-EP2003_TR0406_1582.pdf
23. Vieira M, Silveira C. Condições de trabalho e vida de manicures de um município de Minas Gerais, Brasil. *Rev Port Saúde Ocup*. [Internet]. 2016 [cited in 10 jun 2016]; 1(1):1-11. Available from: <http://www.rpso.pt/condicoes-de-trabalho-e-vida-de-manicures-de-um-municipio-de-minas-gerais-brasil/>
24. Kinote APBM, Garcia AEA, Vidal LMD, Melo LTM, Vasconcelos RS, Abdon APV. Ocorrência de dor na coluna vertebral e sua relação com a qualidade de vida de manicures e pedicures. *Rev Bras Promoç Saúde*. 2013; 26(3):318-24.

CONTRIBUTIONS

Iranise Moro Pereira Jorge was responsible for the research. **Kelly Hellmann Dario** performed the data collection. **Amanda Nascimento Oliveira Belletti and other authors** contributed to the preparation, writing and revision of the manuscript.

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