

Work capacity: occupational and socioeconomic factors of economically active women***Capacidade para o trabalho: fatores ocupacionais e socioeconômicos de mulheres economicamente ativas****Capacidad para el trabajo: factores ocupacionales y socioeconómicos de mujeres económicamente activas****Received: 20/12/2019****Approved: 15/04/2020****Published: 15/05/2020****Patricia Ribeiro Marcacine¹****Sybelle de Souza Castro²****Marilita Falangola Accioly³****Jéssica Carvalho Lima⁴****Juliana Martins Pinto⁵****Isabel Aparecida Porcatti de Walsh⁶**

The objective of this study was evaluating the capacity for work and verifying the influence of sociodemographic and occupational characteristics in economically active women. This is a cross-sectional study, with women workers from Uberaba-MG, Brazil, in 2014. In the evaluation of the work capacity the Work Capacity Index was used. The age of participants varied from 18 to 82 (42.70±13.74) years. It stands out that the work capacity of 21.20% of women was excellent, while it was good for 32.3% of them, moderate for 19.3%, and low for 4.10%. Women who declared themselves to be family heads, that used medication, the older ones, and those who were on leave from work presented a significantly lower work capacity. Also, the greater the individual monthly income, the better the capacity. Evaluating and monitoring workers through the Work Capacity Index can subsidize actions to regulate work and health relations, in addition to complementing the exams of occupational health programs.

Descriptors: Work; Women, Working; Work capacity evaluation.

O objetivo deste estudo foi avaliar a capacidade para o trabalho e verificar a influência das características sociodemográficas e ocupacionais em mulheres economicamente ativas. Trata-se de um estudo transversal, com mulheres trabalhadoras na cidade de Uberaba-MG, em 2014. Na avaliação da capacidade para o trabalho utilizou-se o Índice de Capacidade para o Trabalho. A idade das participantes variou de 18 a 82 (42,70±13,74) anos. Destaca-se que 21,20% das mulheres apresentaram ótima capacidade para o trabalho, 32,3% boa, 19,3% moderada e 4,10% baixa. As mulheres que se declararam chefes de família, que usavam medicamentos, as mais velhas e as que já se afastaram do trabalho apresentaram capacidade significativamente menor. Ainda, quanto maior a renda mensal individual, melhor foi a capacidade. A avaliação e o acompanhamento por meio do Índice de Capacidade para o Trabalho pode subsidiar as ações de regulação das relações entre trabalho e saúde, e complementar os exames dos programas de saúde ocupacional.

Descritores: Trabalho; Mulheres trabalhadoras; Avaliação da capacidade de trabalho.

El objetivo de este estudio fue evaluar la capacidad para el trabajo y verificar la influencia de las características sociodemográficas y ocupacionales en mujeres económicamente activas. Se trata de un estudio transversal, con mujeres trabajadoras en la ciudad de Uberaba-MG, Brasil, en 2014. En la evaluación de la capacidad para el trabajo se utilizó el Índice de Capacidad para el Trabajo. La edad de las participantes varió de 18 a 82 (42,70±13,74) años. Se destaca que 21,20% de las mujeres presentó una óptima capacidad para el trabajo, 32,3% buena, 19,3% moderada y 4,10% baja. Las mujeres que se declararon jefes de familia, que usaban medicamentos, las mayores y las que ya han dejado el trabajo presentaron capacidad significativamente menor. Además, cuanto mayor el ingreso mensual individual, mejor fue la capacidad. La evaluación y el acompañamiento por medio del Índice de Capacidad para el Trabajo puede subsidiar a las acciones de regulación de las relaciones entre trabajo y salud y complementar los exámenes de los programas de salud ocupacional.

Descritores: Trabajo; Mujeres trabajadoras; Evaluación de capacidad de trabajo.

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INTRODUCTION

Bhe health of workers is defined as a set of activities carried out through epidemiological and sanitary surveillance actions, aiming to promote, protect, recover, and rehabilitate the health of workers who are submitted to risks and health problems that result from work conditions.¹ It can be affected by many factors, including physical, mental, and environmental demands, in addition to the biopsychosocial aspects that involve the professional. When these factors are inadequate, the productivity and health of the professional are affected, and their capacity for work (CW) can become diminished.²

The CW can be defined as "how well the worker is or will be in the present or in the near future and how well will the worker can execute their job, considering its demands, the worker's health situation, and their physical and mental capacities"³. Considering that, through one's professional trajectory, many changes can take place, it is challenging to keep the balance between the demands of the work and a good capacity for its performance⁴.

Among the CW determinants, there are many aspects, which can be distributed in three major groups: individual conditions (which include age, psychosomatic alterations, the perception of one's own health, musculoskeletal symptoms, and life habits); work-related aspects (including factors related to work activities, such as the environment, ergonomic, physical, and mental aspects, organizational and interpersonal relations); and factors that are external to the work environment⁵.

The actions of CW promotion impact positively on the health of the worker, as well as in the feeling of satisfaction in all parts of life. They make it so workers feel well as they carry out their functions. Therefore, as a consequence of these benefits, there is a reduction in costs associated with reestablishing the health of the worker, absenteeism, and productivity is improved⁶, which brings benefits for both worker and employer.

The inclusion of women in the workforce outside of their houses has been increasing considerably⁷, in such a way that females are under a greater risk of losing their CW, since it is impacted by their lower conditions of work and their lower wages when compared to those of men, problems which are also made worse by their double shift⁸.

The evaluation of the CW has showed itself as relevant in the field of worker's health, subsidizing actions and strategies to manage and promote health, seeking to improve the conditions of work and life. Low CW levels indicate the relevance of changes in the organization of work, of environmental risks, and of the encouragement to the adoption of healthier lifestyles. This diminishes the number of days spent on leave, early retirement, and premature aging due to work.

Therefore, this study aims at evaluating the capacity for work and verifying the influence of sociodemographic and occupational characteristics in economically active women.

METHOD

This is a cross-sectional and quantitative study. This research is part of a broader work, called the Inquiry of Women's Health (ISA Woman) in the city of Uberaba - MG, carried out in 2014.

The female population that made up this sample was chosen based on the 2010 census of the Brazilian Institute of Geography and Statistics (IBGE). The sample was probabilistic in multiple stages. In the first stage, 24 of the 36 neighborhoods in the city were casually selected. The number of people in each district was respected with regards to the number of neighborhoods.

In the second stage, from each neighborhood previously selected randomly, 25% of the sectors of the census were chosen. Again, the proportion of each neighborhood was respected, considering the number of sectors. Within the census sector randomly selected, the houses were systematically selected, considering the sample interval. The number of houses in the

sector was divided by the number of women to be interviewed. One census sector from each neighborhood was selected randomly in the first house visited. The others were approached according to a sample interval (SI), that is, one house in every 32.

The sample of the ISA Woman project included eighteen years old or older women who lived in the urban area of Uberaba/MG. Among them, only the workers were considered and initially selected for the study. The definition of worker considered was the one presented in the National Policy for the Safety and Health of the Worker (NPSHW), which considers, as workers, "all men and women who exercise activities for their own livelihood and/or that of those who depend on them, whatever the way in which they are inserted in the work marked, be it in the formal or the informal sector of the economy"⁹.

Data collection took place in the house of the interviewees, from February to October 2014. The instruments were filled-in by 22 female interviewers, previously selected by the researchers among the students from the courses of graduation in physical therapy, nutrition, occupational therapy, social services, psychology, and among the master's degree students of the Post-graduation Course in Healthcare at UFTM. All interviewers were trained.

Information was gathered, preferably, in a single visit to the interviewee. In some cases, other meetings were scheduled to finish filling the instrument in.

For this study, the workers answered three questionnaires. The first one was for sociodemographic characterization through a questionnaire elaborated by the ISA Woman 2014 researchers. It evaluated the variables age, marital status, educational level, color of the skin, religion/doctrine, family head, smoking, and the use of medications.

The second questionnaire, also elaborated by the researchers, was related to occupational characteristics. The variables it assessed were individual monthly income, number of jobs, type of employment bond, profession, time in the current occupation, number of working hours/day, number of days off per week, intervals for resting, goals to reach, work leaves for less than 15 days, work leaves for more than 15 days, good relationship with work colleagues, and good relationship with one's immediate superior. Regarding women who declared to have more than one formal work, the one that the workers considered as the most important was taken into account.

To evaluate CW, the Work Capacity Index (WCI) was used. It is an instrument developed by the Finish Institute of Occupational Health in the decade of 1980³. Its aim is evaluating the CW according to the perception of the worker, and as a result, to promote the CW. This directly impacts in the quality of work, as well as in the quality of life and in the well-being of the worker¹⁰. The score is calculated according to the answers to ten questions that are separated in seven dimensions³, and can vary from 7 to 49, indicating a low (7-27), moderate (28-36), good (37-43), or great (44-49) capacity for work.

The WCI is destined to be used in occupational health services and can be used in the scientific field due to its precise and reliable nature. The results can be reproduced and used for researches and/or individual and collective monitoring. They can also evaluate both the functional capacity of the worker and the factors associated to it. The instrument was validated and adapted to Brazilian Portuguese by a group of researchers of the Public Health College at Universidade de São Paulo, through a partnership with other universities and public and private Brazilian institutions, in the end of the 1990 decade³.

All the analysis used central tendency and variability measures, such as means, medians, minimums, and maximums. Later, a bivariate analysis was carried out, using Student's T and Pearson's Correlation (r), calculated using the IBM software Statistical Package for the Social Sciences (SPSS), version 24.0.

This study was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro (UFTM) under protocol No.1826. All workers who participated in this study signed the Free and Informed Consent Form.

RESULTS

The project ISA Woman included 1486 women, among which 579 were workers. From these, 133 (23%) were excluded because they did not answer completely all questions regarding occupational characteristics or the Work Capacity Index (WCI). Therefore, 446 women workers were included. In the case of 163 (34.98%) women who declared to have more than one formal work, the occupational characteristics of the one they see as the most important were considered. The results of an inferential analysis associating CW and sociodemographic variables are present in Table 1.

The age of the participants varied from 18 to 82 years of age (42.70 ± 13.74). Most (53.4%) had a partner (were married or lived with a partner), 34.5% had from 9 to 12 years of formal education, 51.3% were white, 54.1% were catholic, and 71.3% did not smoke. Most workers (60.1%) use some medication and 55.4% did not consider themselves as the head of the family.

With regards to their work, more than 15 different professions were found. From the most common to the least, they were: salesperson (46 – 6.3%), maid (37 – 5.1%), dressmakers (32 – 4.4%), temp maid and teacher (30 – 4.1% each), cook and caregiver (16 – 2.2% each), hairdresser (15 – 2%), and general services (13 – 1.8%).

Regarding their professional characteristics, 38% had an individual monthly income of up to R\$ 724.00; 68.7% had only one job, and from these, 49.1% had a formal job (registered in their documents or government employee). Regarding the time in the same occupation, 51.30% had been working for 49 months or more, that is, more than 4 years, dedicating 8 hours a day to the same job (40.8%).

It was also found that 47% of the participants had two days off per week, 58.9% had quick breaks to rest during their work, 64.1% did not have goals to meet at work, 78.4% had a good relationship with work colleagues, and 79.4% had a good relation with their immediate superiors.

The WCI score varied from 18.00 to 49.00 (39.17 ± 6.11), and its median was 40.00. It stands out that 21.20% of women presented a great CW, 32.3% presented a good one, 19.3% a moderate result, and 4.10%, a low one.

Table 1. Capacity for work and sociodemographic variables. ISA-Woman, Uberaba, 2014.

Variables	Work Capacity Index				
	r	P			
Age	-0.11	0.01*			
Years of study	0.03	0.42			
Individual Monthly Income	0.18	<0.001*			
Number of employment bonds	-0.07	0.1			
-0.05	-0.05	0.21			
	N	%	Medium	SD	p
With partner					
Yes	239	53.6	39.11	6.13	0.82
No	206	46.2	39.24	6.11	
Did not answer	1	0.2			
Smoker					
Yes	88	38.87	6.43		0.55
No	355	39.30	5.97		
Did not answer	3				
Head of the family					
Yes	188	42.2	38.07	6.58	0.002**
No	249	55.8	39.96	5.68	
Did not answer	9	2			
Uses medication					
Yes	272	61	38.17	6.29	<0.001**
No	172	38.6	40.73	5.49	
Did not answer	2	0.4			

*Pearson's correlation; **Student's t test. Statistically significant ($p < 0.05$); SD = standard deviation.

The results of the inferential analysis associating CW and occupational variables are presented in Table 2. Women who declared themselves to be heads of family and who used medications had significantly lower CWs, while having a partner or not was not relevant to their capacity. Still, the higher the age, the worse the CW, and the higher the individual monthly income, the better the capacity. Years of formal education did not have a significant correlation with the CW. Women who were on leave from work (both for less or more than 15 days) presented significantly CW scores ($P < 0.001$).

Table 2. Capacity for work and occupational variables. ISA-Woman, Uberaba, 2014.

Variables	Work Capacity Index			p
	N	Medium	SD	
Working hours/day				0.70
6 hours or more	241	39.14	6.31	
Up to 6 hours	185	39.37	5.66	
Did not answer	20			
Resting breaks				0.50
Yes	270	39.34	5.93	
No	171	38.93	6.45	
Did not answer	5			
Goals				0.12
Yes	143	38.11	6.62	
No	297	39.75	5.78	
Did not answer	6			
Work leave for less than 15 days				<0.001**
Yes	105	37.39	5.98	
No	333	39.75	5.99	
Did not answer	8			
Work leave for more than 15 days				<0.001**
Yes	103	36.72	6.66	
No	329	39.85	5.80	
Did not answer	14			
Good relationship with work colleagues				0.10
Yes	366	39.36	5.97	
No	10	34.00	8.54	
Did not answer	70			
Good relationship with superior				0.10
Yes	368	39.38	5.94	
No	16	32.93	8.66	
Did not answer	62			

**Statistically significant ($p < 0.05$), Student's t test; SD = standard deviation.

DISCUSSION

36.65% of women interviewed had a paid job. These numbers are below national means, since, according to the 2014 National Household Survey by Sample (PNAD)¹¹, 58% of the female population were economically active in this period.

Work activities were very diversified. The most predominant were in the service sectors: salesperson, maid, dressmaker, temp maid, teacher, cook, caregiver, hairdresser, and general services. This fact can be seen as positive, since it allowed a broader perception in regards to the type of work they perform. These results are in accordance to another research¹², according to which women are currently the minority in the factory worker class. On the other hand, they are the majority in the commerce and in services.

A systematic review¹³ aimed at describing the profile of scientific production about CW and Brazilian workers and identify the prevalence of factors associated to it, found that the workers that researches usually investigate are nursing professionals (nurses and nursing auxiliary and technicians), and those from the production sector (factories and multinational

companies of school supplies, textiles, food, and beverages), suggesting differences from the studies that evaluate the female workers.

The mean CW score was found to be good (39.17 ± 6.11). It stands out that 21.2% of women had a great capacity for work, 32.2% had a good one, 19.3% a moderate one, and 4.1% a low one. A study¹³ found that the prevalence of inadequate CW varied from 0.0% (among information technology interns) to 81.2% (among workers from the production sector of a factory with repetitive strain injuries - RSI - or other musculoskeletal work-related disorders); and from 18% (among school and office supply producers) to 81.2% (among workers from the production sector of a factory with RSI).

Other studies that evaluated the CW in women had a similar population than that of this investigation^{14,15}. A research with nursing workers from a hospital made up of 90.0% females showed that 40.91% of workers had good CW¹⁴. Also, in an assessment¹⁵ involving outsourced cleaning agents, there was a prevalence of women (94.45%) and 40.91% were verified to have a good CW.

The prevalence of inadequate CW is different among the categories of workers, due to the characteristics of the working functions performed, the sociodemographic make-up of the groups investigated, working conditions, work environments, work organization, risks, and to the exposure to diseases¹³.

Although the mean CW of the participants of this study was good, that does not mean it does not need promotion, maintenance, and improvements, since it can decrease with age and time working. Also, it must be considered that people are increasingly economically active. That means that healthcare strategies must be elaborated to preserve the CW and, consequently, promote an active aging process.

The relation between the diminution of CW and the age can be observed in this study. An investigation¹⁶ suggested that the CW tends to diminish with age, especially if no preventive measures are put in place to maintain it. Also, the decline in CW, related to age, can be influenced by both biological and environmental factors¹⁷. Age is a determining factor in the decline of physiological functions, such as physical strength, respiratory, hormonal, and mental capacities. These are intimately tied to the loss of functional capacity in the activities that are more physically demanding¹⁸.

Functional aging is noticed before chronological aging, and, simultaneously, working activities, be them voluntary or formal, can be seen to bring benefits to the elder worker¹⁹. Among these benefits, are protective effects against disabilities, depression, fragility, preservation of wellbeing and cognitive levels, continued physical activities, and the permanence of the worker in an active state.

Considering that senior citizens are increasingly present in the working market, more investments in the health of this population become necessary, especially with regards to musculoskeletal and cardiopulmonary systems, to the practice of physical activity in the work environment, and to the importance of public policies related to work and targeted at this population. With these measures, it is possible to delay the harm that the aging process does to CW, making it easier to continue working¹⁹.

This study also found that higher wages increase the capacity for work ($p < 0.001$, $r = 0.18$). These results are in accordance to those of other studies, according to which there is a significant correlation between the CW and one's degree of satisfaction with one's wage¹⁹. Socioeconomic features are important factors with regards to health, and CW, and investigations have found that women in lower working and wage conditions tend to lose their capacity⁸.

As a result, in 2008, data from the PNAD about female incomes showed that the economically active female population tend to have a lower income, showing that the difference between genders tend to be lower among younger women, and that there are still clear

challenges for women to reach better positions at their work, and as a result, receive better salaries²⁰.

Despite these differences, when women receive adequate wages, the challenges confronted by them become smaller, especially those related to the many roles they need to assume in their lives²¹.

This study did not show any correlation between years of formal education and CW. However, the important and direct relations between educational level, income, and CW should be highlighted, since, regardless of age, workers with higher educational levels, better income, and who have fruitful work experiences show intellectual improvement, and are healthier than those who are in vulnerable contexts of life and work. It is relevant to encourage female workers to invest in the improvement of their professional knowledge, which will increase the quality of their work and, consequently, help them receive a better income, thus reflecting in the state of their health and in their CW²².

This study did not find any significant result in the correlation between having or not a partner and the CW. However, it was found that women who consider themselves to be the heads of their family presented a lower CW. Consequently, the responsibility of being the head of the family seems to affect the CW of women more than living with no partner.

These results, at a first glance, may seem contradictory. However, further studies could classify the characterization of family heads, stating whether: the woman lives alone; the woman lives with her children as a single, divorced, or separated mother; the woman did not want or had the opportunity of establishing a stable union; or if, despite living with a partner, the woman is the provider, or the person who makes the decisions regarding house and family.

Regarding the women who live alone, it should be emphasized that changes have been taken place in the very structure of society. Increasingly, people live alone (in single-person families), which does not necessarily mean they are isolated, since they explore several social relationship resources, among which the Internet, living alone by choice and considering themselves as happy in this condition²³.

The number of women who take on the role of person responsible for the family, who are responsible for the household, its maintenance, for the protection and livelihood of house and family, for the education of the children and the provision of the emotional conditions required for the growth and development of the family, increased from 22.2% to 37.3% in ten years, from 2000 to 2010²⁴.

Similarly, the reports of interviews conducted with women in a Unit for the Attention of Women²⁵ stated that most were the providers in their houses and the ones responsible for taking the initiative to solve the problems. However, they felt tired due to the lack of support from their partners, both with regards to financial help and with regards to the attention to the children and household chores. They show dissatisfaction with regards to the expectations of roles which should, traditionally, be developed by men.

Therefore, the ingress of women in the economic world did not balance the functions attributed to the genders; it did the opposite. The disadvantages experienced by women were worsened, since they currently share with the men the burden of providing financially for their families, while there are still few mechanisms to adequately divide household chores, when there are any. This leads to a work overload on women which can be considered as unfair²⁶.

These, among other factors, can explain the diminution in the CW of these women. Here, the role of the Brazilian state in the life of these women can be questioned. These are mothers, family heads who must work many hours a day, who have more than one job (formal and/or informal), who cannot participate effectively in the lives of their children, and can find themselves in personal and social risk or be excluded from basic social policies (work, education, health, housing, nutrition)²⁶.

The use of medications and working leaves for less or more than 15 days negatively influenced the CW. This study did not aim to identify the causes of work leaves or the possible

diseases that meant these women had to require leave from their works and use medication. However, these factors can be intimately associated to working conditions, since, through history, there has been an expressive increase in the number of work-related diseases, which calls the attention of professionals and researches who aim to promote health at work²⁷. Therefore, the dynamics of the socioeconomic transformations seen in the last decades had a profound impact in work. The types of suffering and the diseases connected to the exercise of work have become more numerous and diverse: generalized fatigue, muscular pain, stress, anxiety, anguish, depression, fear, professional exhaustion (Burnout Syndrome), Panic Syndrome, RSI, and cardiac problems²⁸.

Common Mental Disorders are also among the main work-related diseases, being the third most common responsible group of diseases to require long periods of work leave for Brazilian workers²⁹.

Many aspects, such as precarious work conditions, changes in working process and in work organizations that result from a productive restructuring, must be considered to periodically evaluate the CW of workers both active and on leave, to promote active aging, a return to healthy work, changes in the work environment, and contributions for the reduction of social, economic, and health problems for this population¹³.

Consequently, the adoption of policies or actions targeted at the worker's health and at the improvement of their CW should be encouraged. One type of intervention that could enhance and maintain this capacity would be the development of actions, together with the workers, towards raising awareness of factors related to work and lifestyle that can preserve or harm one's CW³. Efforts should be made to encourage initiatives to promote this capacity (advice regarding healthy life habits such as adequate eating habits, regular practice of physical exercises, time for leisure, resting, social activities, among others).

CONCLUSION

Working women in the city of Uberaba had a mean score of 39.17, showing a good CW. The higher their income, the higher their CW. Being older, the head of the family, using medications, and having been on leave from work imply a lower CW.

Evaluating and monitoring workers through the WCI can subsidize actions to regulate work and health relations, in addition to complementing the exams of occupational health programs. The WCI can also be used to evaluate the professional rehabilitation of workers before and after a work leave.

A limitation of this investigation is that it does not allow results to be generalized to other territories than the city of Uberaba. However, the work makes it possible to understand the reality of women workers in the region, and the improvement of local public policies.

REFERENCES

1. Presidência da República (Brasil). Lei nº 8080, 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências [Internet]. D.O.U., Brasília, DF, 20 set 1990 [cited in 03 fev 2020]. Available from: http://www.planalto.gov.br/ccivil_03/leis/L8080.htm
2. Godinho MR, Ferreira AP, Greco RM, Teixeira LR, Teixeira MTB. Capacidade para o trabalho e saúde dos vigilantes de uma universidade pública. *Rev Latinoam Enferm*. [Internet]. 2016 [cited in 01 set 2019]; 24:e2725. Available from: http://www.scielo.br/pdf/rlae/v24/pt_0104-1169-rlae-24-02725.pdf. DOI: <http://dx.doi.org/10.1590/1518-8345.0616.2725>
3. Tuomi K, Ilmarinen J, Jakhola A, Katajarinne L, Tulkki A. Índice de capacidade para o trabalho. In: Fischer FM, coordenadora. São Carlos: EdUFSCar; 2010, p. 59.
4. Coomer, K., Houdmont, J. Occupational health professional's knowledge, understanding and use work ability. *Occup Med*. [Internet]. 2013 [cited in 01 set 2019]; 63(6):405-9. Available

- from: <https://academic.oup.com/occmed/article/63/6/405/1369549>. DOI: <https://dx.doi.org/10.1093%2Foccmed%2Fkqt070>
5. Alcantara MA, Medeiros AM, Claro RM, Vieira MT. Determinantes de capacidade para o trabalho no cenário da educação básica do Brasil: Estudo Educatel, 2016. *Cad Saúde Pública* [Internet]. 2019 [cited in 01 set 2019]; 35(Sup1):e00179617. Available from: <http://www.scielo.br/pdf/csp/v35s1/1678-4464-csp-35-s1-e00179617.pdf>. DOI: <http://dx.doi.org/10.1590/0102-311x00179617>
6. Teixeira JRB, Mussi FC, Araujo TM, Boery EN, Casotti CA, Pereira R, et al. Fatores associados à capacidade para o trabalho de mototaxistas. *Ciênc Saúde Colet*. [Internet]. 2019 [cited in 01 set 2019]; 24(10): 3957-67. Available from: <http://www.scielo.br/pdf/csc/v24n10/1413-8123-csc-24-10-3957.pdf>. DOI: <http://dx.doi.org/10.1590/1413-812320182410.24702017>
7. Cunha MS, Vasconcelos MR. Fecundidade e participação no mercado de trabalho brasileiro. *Nova Econ*. [Internet]. 2016 [cited in 09 set 2019]; 26(1):179-206. Available from: <http://www.scielo.br/pdf/neco/v26n1/1980-5381-neco-26-01-00179.pdf>. DOI: <http://dx.doi.org/10.1590/0103-6351/2390>
8. Martinez MC, Latorre MRDO, Fischer FM. Capacidade para o trabalho: revisão de literatura. *Ciênc Saúde Colet*. [Internet]. 2010 [cited in 09 set 2019]; 15(Supl 1):1553-61. Available from: <http://www.scielo.br/pdf/csc/v15s1/067.pdf>. DOI: <http://dx.doi.org/10.1590/S1413-81232010000700067>
9. Ministério do Trabalho e Emprego, Ministério da Previdência e Assistência Social, Ministério da Saúde (Brasil). Portaria Interministerial nº 800, 03 de maio de 2005. Aprova a Política Nacional de Segurança e Saúde do Trabalhador. *Diário Oficial da União*: Brasília, DF, 05 maio 2005.
10. Silva Junior SHA, Vasconcelos AGG, Griep RH, Rotenberg L. Confiabilidade teste-reteste do Índice de Capacidade para o Trabalho (ICT) em trabalhadores de enfermagem. *Rev Bras Epidemiol*. [Internet]. 2013 [cited in 01 out 2019]; 16(1):202-9. Available from: <http://www.scielo.br/pdf/rbepid/v16n1/1415-790X-rbepid-16-01-0202.pdf>. DOI: <http://dx.doi.org/10.1590/S1415-790X2013000100019>
11. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostras de Domicílios: síntese de indicadores de 2014 [Internet]. Rio de Janeiro: IBGE; 2015 [cited in 03 fev 2020]. Available from: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv94935.pdf>
12. Hirata, H. Tendências recentes da precarização social e do trabalho: Brasil, França, Japão. *Cad CRH* [Internet]. 2011 [cited in 08 out 2019]; 24(1):15-22. Available from: <http://www.scielo.br/pdf/ccrh/v24nspe1/a02v24nspe1.pdf>. DOI: <http://dx.doi.org/10.1590/S0103-49792011000400002>
13. Cordeiro TMSC, Araújo TM. Capacidade para o trabalho entre trabalhadores do Brasil. *Rev Bras Med Trab*. [Internet]. 2016 [cited in 08 out 2019]; 14(3):262-74. Available from: <http://www.rbmt.org.br/details/120/pt-BR/capacidade-para-o-trabalho-entre-trabalhadores-do-brasil>. DOI: 10.5327/Z1679-443520165115
14. Silva TPD, Araújo WN, Stival MM, Toledo AM, Burke TN, Carregaro RL. Desconforto musculoesquelético, capacidade de trabalho e fadiga em profissionais da enfermagem que atuam em ambiente hospitalar. *Rev Esc Enferm USP* [Internet]. 2018 [cited in 08 out 2019]; 52:e03332. Available from: <http://www.scielo.br/pdf/reeusp/v52/1980-220X-reeusp-52-e03332.pdf>. DOI: <http://dx.doi.org/10.1590/s1980-220x201702290332>
15. Gemma SFB, Fuentes-Rojas M, Soares MJB. Agentes de limpeza terceirizados: entre o ressentimento e o reconhecimento. *Rev Bras Saúde Ocup*. [Internet]. 2017 [cited in 08 out 2019]; 42:e4. Available from: <http://www.scielo.br/pdf/rbso/v42/2317-6369-rbso-42-e4.pdf>. DOI: <http://dx.doi.org/10.1590/2317-6369000006016>
16. Tuomi K, Vanhala S, Nykyri E, Janhonen M. Organizational practices, work demands and the well-being of employees: a follow-up study in the metal industry and retail trade. *Occup Med*.

- [Internet]. 2004 [cited in 09 out 2019]; 54:115-121. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/15020730>. DOI: 10.1093/occmed/kqh005
17. Rutanen R, Luoto R, Raitanen J, Mansikkamäki K, Tomás E, Nygard CH. Short- and long-term effects of a physical exercise intervention on work ability and work strain in symptomatic menopausal women. *Saf Health Work* [Internet]. 2014 [cited in 09 out 2019]; 5(4):186-90. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4266772/>. DOI: 10.1016/j.shaw.2014.08.003
18. Sluiter JK. High-demand jobs: age-related diversity in work ability? *Appl Ergon.* [Internet]. 2006 [cited in 09 out 2019]; 37(4):429-40. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16764815> DOI: <https://doi.org/10.1016/j.apergo.2006.04.007>
19. Linhares JE, Marcis J, Tonello R, Pessa SLR, Oliveira GA. Evaluation of the Work Ability of workers in the furniture sector of a city in the south of Brazil. *Gest Prod.* [Internet]. 2019 [cited in 09 out 2019]; 26(3):e3619. Available from: <http://www.scielo.br/pdf/gp/v26n3/0104-530X-gp-26-3-e3619.pdf>. DOI: <https://doi.org/10.1590/0104-530X3619-19>
20. Vilela T, Araújo E, Ribeiro EP. Análise do diferencial de renda do trabalho em 2008 entre diferentes gerações de trabalhadores no Brasil. *Rev Econ.* [Internet]. 2012 [cited in 10 out 2019]; 13(2):385-414. Available from: http://www.anpec.org.br/revista/vol13/vol13n2p385_414.pdf
21. Senicato C, Lima MG, Barros MBA. Ser trabalhadora remunerada ou dona de casa associa-se à qualidade de vida relacionada à saúde? *Cad Saúde Pública* [Internet]. 2016 [cited in 10 out 2019]; 32(8):e00085415. Available from: <http://www.scielo.br/pdf/csp/v32n8/1678-4464-csp-32-08-e00085415.pdf>. DOI: <http://dx.doi.org/10.1590/0102-311X00085415>
22. Padula RS, Comper ML, Moraes SA, Sabbagh C, Pagliato Junior W, Perracini MR. The work ability index and functional capacity among older workers. *Braz J Phys Ther.* [Internet]. 2013 [cited in 10 out 2019]; 17(4):382-91. Available from: <http://www.scielo.br/pdf/rbfis/v17n4/1413-3555-rbfis-nahead2332012.pdf>. DOI: 10.1590/S1413-35552013005000107
23. Costa CSN, Freitas EG, Mendonça LCS, Alem MER, Coury HJCG. Capacidade para o trabalho e qualidade de vida de trabalhadores industriais. *Ciênc Saúde Coletiva* [Internet]. 2012 [cited in 11 out 2019]; 17(6):1635-42. Available from: <http://www.scielo.br/pdf/csc/v17n6/v17n6a26.pdf>. DOI: <http://dx.doi.org/10.1590/S1413-81232012000600026>
24. Instituto Brasileiro de Geografia e Estatística. Censo 2010: mulheres são mais instruídas que os homens e ampliam o nível de ocupação [Internet]. Rio de Janeiro: IBGE; 2012 [cited in 03 fev 2020]. Available from: <https://censo2010.ibge.gov.br/noticias-censo.html?view=noticia&id=3&idnoticia=2296&busca=1&t=censo-2010-mulheres-sao-mais-instruidas-que-homens-ampliam-nivel-ocupacao>
25. Echeverria, JGM, Oliveira MHB, Erthal RMC. Violência doméstica e trabalho: percepções de mulheres assistidas em um Centro de Atendimento à Mulher. *Saúde Debate* [Internet]. 2017 [cited in 11 out 2019]; 41(Esp):13-24. Available from: <http://www.scielo.br/pdf/sdeb/v41nspe2/0103-1104-sdeb-41-spe2-0013.pdf>. DOI: <http://dx.doi.org/10.1590/0103-11042017s202>
26. Costa FAO, Marra MM. Famílias brasileiras chefiadas por mulheres pobres e monoparentalidade feminina: risco e proteção. *Rev Bras Psicodr.* [Internet]. 2013 [cited in 12 out 2019]; 21(1):141-53. Available from: <http://pepsic.bvsalud.org/pdf/psicodrama/v21n1/a11.pdf>
27. Santana LL, Sarquis LMM, Brey C, Miranda FMD, Felli VEA. Absenteísmo por transtornos mentais em trabalhadores de saúde em um hospital no sul do Brasil. *Rev Gaúcha Enferm.* [Internet]. 2016 [cited in 12 out 2019]; 37(1):e53485. Available from: <http://www.scielo.br/pdf/rgenf/v37n1/0102-6933-rgenf-1983-144720160153485.pdf>

28. Cardoso ACM. O trabalho como determinante do processo saúde-doença. *Tempo Soc.* [Internet]. 2015 [cited in 14 out 2019]; 27(1):73-93. Available from: <http://www.scielo.br/pdf/ts/v27n1/0103-2070-ts-27-01-00073.pdf>. DOI: <http://dx.doi.org/10.1590/0103-207020150110>
29. Carvalho DB, Araújo TM, Bernardes KO. Transtornos mentais comuns em trabalhadores da Atenção Básica à Saúde. *Rev Bras Saúde Ocup.* [Internet]. 2016 [cited in 14 out 2019]; 41:e17. Available from: <http://www.scielo.br/pdf/rbso/v41/2317-6369-rbso-41-e17.pdf>. DOI: <http://dx.doi.org/10.1590/2317-6369000115915>

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