ORIGINAL ARTICLE

THE WORK ABILITY OF HOSPITAL WORKERS IN THE PANDEMIC CONTEXT

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Highlights: (1) Work ability was affected during the COVID-19 pandemic. (2) There is a relationship between work ability and the type of labor activity. (3) Workers showed an impaired Work Ability Index.

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ABSTRACT

Objective: To evaluate the Work Ability Index in hospital workers in the context of the COVID-19 pandemic. **Methodology:** This cross-sectional, quantitative study was conducted with 79 workers at a private hospital in a town in the state of Goiás. The Work Ability Index was used for data collection. Data were analyzed descriptively and inferentially, with a significance level of 5%. **Results:** Most professionals were female (79.74%); 49.35% were married or living with partners; 31.64% had graduate degrees. The highest labor activity rate (60.74%) was among professionals with direct patient contact; 62.02% worked the day shift, and 79.94% were direct hospital workers. As for work ability, the general categorization showed that 50.63% of hospital workers had good work ability. In the analysis of labor factors, significance was found ($p = 0.003$) using Fisher's test for work requirements, both physical and mental. The variable "being from the health area" showed a greater predisposition to a reduction in the Work Ability Index. **Conclusion:** The analyses show evidence that workers are becoming ill and, consequently, their work ability is declining. These factors can directly affect the health and quality of life of workers in hospital environments.

Keywords: Worker's Health Care; Pandemic; Hospital Care; Work Ability.

Introduction

The concept of Work Ability (WA) originated in Finland, from the Finnish Institute of Occupational Health, which defined how well a worker is at the present moment or in the near future, as well as how he/she can perform his/her labor activities according to the conditions of his/her health status, including his/her physical and mental abilities. WA aligns with an indicator analogous to physical health, psychosocial well-being, individual ability, and work organization conditions[1,2].

This indicator considers the concept of "wear-and-tear stress," where wear-and-tear characterizes the effects of physical and mental overload arising from labor activities. Changes in work ability occur due to the imposition of physical and mental overload in response to the specific demands faced by these workers[3].

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Over the years, WA tends to decrease, and an imbalance arises between the worker's know-how and the conditions imposed by the work, leading to the understanding that the better a worker's health condition, the better his/her WA will be[1].

Within the scope of worker's health, it is pertinent to evaluate WA resulting from the impact generated by the workforce, due to premature aging together with the demographic transition resulting from population aging. Accordingly, this evaluation supports plans and actions that promote or maintain WA, favoring workers with a healthy life and better conditions in their labor activities[4].

It is also pertinent to highlight that evaluating WA in health workers contributes both to worker's health and to the reduction of costs for labor organizations, since it enables the implementation of actions and strategies for the prevention and promotion of WA. By improving labor quality, there is consequently a decrease in losses for organizations[5].

One of the available possibilities for evaluating WA is the use of the Work Ability Index (WAI), which represents the worker's self-evaluation of his/her ability to work. In Brazil, this instrument was translated and validated in 2005. It is understood as an indicator of WA that supports both individual and collective actions, thus being considered a tool that enables the understanding and promotion of self-care and the maintenance of work ability, which are fundamental aspects of worker's health[3].

Work in hospital units is multifaceted and permeated by various factors that affect the physical and mental health of workers, taking into account that emergency care, surgical procedures, research demands, health education, and the prevention of new diseases and conditions contribute to daily overload—situations that may lead to changes in WA[6].

Considering that the work ability of hospital workers has been severely affected by the COVID-19 pandemic, long hours in the face of high labor demands may have contributed to workers becoming exhausted. The scarcity of academic research on the Work Ability Index after the pandemic period among hospital workers motivated the development of this study. Thus, the objective of this study was to evaluate the Work Ability Index in hospital workers in the context of the COVID-19 pandemic.

Methodology

Study design, population, and sample

This was a cross-sectional, quantitative study conducted in a private hospital located in a town in the state of Goiás, Brazil. At the time of the research, the hospital had a staff of 297 workers across various areas, including direct patient care (doctors, nurses, physiotherapists, and psychologists), administrative services (management, finance, accounting, and information technology), general services, pharmacy, laboratory, and kitchen.

Considering the pandemic context due to COVID-19, it was decided to conduct a population-based study using a convenience sampling technique, which, after applying the selection criteria, resulted in a total of 79 participants.

The inclusion criteria for participation were: being a hospital worker, being over 18 years old, and having an active employment contract for more than 6 months. The exclusion criteria encompassed workers on vacation at the time of the first meeting for the presentation of the research proposal, workers on leave due to illness or health-related reasons during the study period, and workers who were working from home.

Instruments

The questionnaire applied was the WAI. The analyzed instrument does not require adjustment for the analyses and was classified based on the score: (1) 7 to 27 points – low – restore work ability; (2) 28 to 36 points – moderate – improve work ability; (3) 37 to 43 points – good – support work ability; and (4) 44 to 49 points – excellent – maintain adapted work ability. For inferential analyses, the WAI was dichotomized into adequate (good and excellent) and compromised (low and moderate). In order to identify sociodemographic and labor data, a specific questionnaire developed by the authors was used.

Data collection

The research was conducted in three stages, with data collection taking place over a total period of three months. Regarding data collection, in the first stage, a meeting was held between the lead researcher and hospital workers at a collective time determined by departments, limited to a maximum of 10 people per session, with a one-meter distance

between them and the use of masks, to comply with necessary safety measures given the pandemic situation, ensuring that it did not occur during designated rest or meal times. This schedule was previously presented to the management board, with five minutes allocated to each group, during which information about the research was provided, including an invitation to participate and the presentation of the Free and Informed Consent Form – FICF, emphasizing voluntary participation.

In the second stage, workers interested in participating in the survey were taken to a room individually to ensure the confidentiality and privacy of the participants.

In the third stage, participants completed two printed questionnaires, using pens previously sanitized and provided by the researchers. In a restricted room and individually, the responsible researcher was present to clarify any possible doubts during completion. After self-completion, the instruments were placed in envelopes, sealed, and stored by the researchers. This stage took place over a period of 45 days, between May and June 2022, with approximately 10 participants approached per day.

During data collection, some difficulties were observed, especially considering that the study took place during a critical period of the COVID-19 pandemic. There were significant refusals to participate by some workers, mainly due to workload and fear of prolonged exposure in collective environments. Additionally, external factors, such as the high rate of absenteeism and the emotional impact related to the pandemic, may have influenced the research, representing relevant limitations of the study.

Statistical analysis

The statistical analysis was performed using the Statistical Package for the Social Sciences – SPSS (25.0). Participant characterization data were analyzed using descriptive statistics, with the calculation of relative and absolute frequencies for qualitative variables; in turn, for quantitative variables, the mean and standard deviation were used. Quantitative data were subjected to the Kolmogorov–Smirnov normality test, yielding a p-value > 0.05, which indicated a normal distribution, leading to the use of parametric tests. The Student's t-test was used for comparisons between two means.

The Chi-square test was used for the analysis of nominal variables. The reliability of the WAI instrument was verified using Cronbach's alpha, which showed a satisfactory result of 0.703.

The multivariate analysis for the prediction of WAI was performed using a Poisson model with robust variance. Variables were included in the initial model jointly and removed individually, with the model re-estimated each time a variable was removed, using the highest Wald statistic p-value as the criterion. For inclusion in the model, a significance level of less than 20% in the chi-square test for independence was considered and, for a variable to remain in the model, a Wald statistic p-value of 0.05 was required. All conclusions were drawn considering a significance level of 5%.

Ethical aspects

The present study was approved by the Human Research Ethics Committee (HREC) of the Federal University of Catalão (UFCAT, as per its Portuguese acronym), under opinion number 5,255,372. All participants signed the Free and Informed Consent Form (FICF). The hospital institution authorized the conduct of the research.

Results

It was possible to identify that the workers were predominantly female (79.74%), most were married or living with a partner (49.36%), and 38.01% had a degree. The highest labor activity rate (60.76%) was observed among professionals with direct patient contact; 62.02% did not work in alternating shifts and 79.74% were direct hospital workers.

Table 1. Descriptive data of workers according to the sociodemographic characteristics. Catalão – GO, Brazil, 2022. n (79).

Variables		n	%
Sex	Male	16	20.26
	Female	63	79.74
Marital status	Single	36	45.57
	Married or with a partner	39	49.36
	Divorced	4	5.07
Education	Elementary school	1	1.26
	Technical course	11	13.91
	High school	12	15.18
	Undergraduate degree	30	38.01
	Graduate degree	25	31.64
Labor activity	Group 1*	23	29.10
	Group 2 †	48	60.76
	Group 3 ‡	4	5.07
	Group 4 §	4	5.07
Shifts	Yes	30	37.98
	No	49	62.02
Direct Workers	Yes	63	79.74
	No	16	20.26

*Administrative workers, secretarial workers, and IT technicians. † Biomedical staff, nurses, physiotherapists, doctors, nutritionists, and psychologists. ‡ Radiology and laboratory services. § General services.
Source: The authors.

Table 2 displays the description of the variables "WAI", "age group", and "work experience". On average, participants were 34.11(± 9.61) years old, had a WAI score of 41.0 (± 4.4), and work experience of 44.96 (± 77.41) months.

Table 2. Descriptive analysis of the Work Ability Index related to the variables "age" and "length of service" at the hospital. Catalão – GO, Brazil, 2022. n (79)

Variables	Average	±SD	LL(95%)	UL(95%)
Age	34.11	9.61	31.96	36.27
Work experience (months)	44.96	77.41	27.62	62.30
WAI	41.0	4.4	40.0	42.0

SD: Standard Deviation; LL: Lower Limit; UL: Upper Limit.
Source: The authors

In the comparison between WA and work experience, the average number of months of work for the low/moderate WA classification was 33.46 (± 39.58) months. For workers with good/excellent WA, the average was 47.23 (± 82.88) months of work ($p > 0.05$). Table 3 displays the data obtained in the study according to the WAI categories: low, moderate, good, and excellent.

Table 3. General categorization for work ability. Catalão – GO, Brazil, 2022. n (79).

Work ability	f	%	LL(95%)	UL(95%)
Low (Restore)	2	2.5	0.1	5.8
Moderate (Improve)	11	13.9	7.7	23.1
Good (Support)	40	50.6	40.3	62.2
Excellent (Maintain)	26	32.9	62.2	44.3

Source: The authors.

In the analysis of the general categorization of WA, 50.6% of the evaluated hospital workers were classified as having good work ability, followed by 32.9% as excellent, 13.9% as moderate, and 2.5% as low work ability. When re-categorized, the impaired WA group accounted for 13 workers (16.4%) and the adequate WA group for 66 workers (83.6%). In the analysis of labor factors, the significance test showed p = 0.015 for work requirements, both physical and mental, as displayed in Table 4.

Table 4. Analysis of the factors related to the Work Ability Index according to labor variables. Catalão – GO, Brazil, 2022. n (79).

		Work ability				
		Impaired		Appropriate		
		f	*%*	*f*	*%*	*p-value*
Service providers	Yes	1	8.3	16	23.9	
	No	11	91.7	51	76.1	0.256
Direct Workers	Yes	11	91.7	51	76.1	
	No	1	8.3	16	23.9	0.256
Shifts	Yes	4	33.3	27	40.3	
	No	8	66.7	40	59.7	0.691
Work requirements	Mental	3	25.0	13	19.5	
	Physical	2	16.7	0	0.0	
	Both	7	58.3	54	80.5	**0.015***
Labor activity	Health	10	83.3	39	58.3	
	Administration	2	16.7	28	41.7	0.110

* Fisher's exact test significance.
Source: The authors.

Among the surveyed workers, 76.1% of direct workers and 23.9% of service providers were classified as having good/excellent WA, while 91.7% of direct workers and 8.3% of service providers had low/moderate WA ($p > 0.05$).

The association between WA and shifts (day and night) showed that among those categorized as having good/excellent work ability, 59.7% worked during the day and 40.3% worked during the night or on alternating shifts; for low/moderate work ability, 66.7% worked during the day and 33.3% worked during the night or on alternating shifts ($p > 0.05$).

Considering labor activity requirements, among workers with good/excellent WA, 80.5% had both mental and physical requirements, and 19.5% had only mental requirements. Among those with low/moderate WA, 58.3% had both mental and physical requirements, 25% had only mental requirements, and 16.7% had only physical requirements ($p = 0.015$).

Concerning labor activity, among workers with good/excellent WA, 58.3% were professionals directly related to health and 41.7% were administrative workers; in the low/moderate category, 83.3% were health workers and 16.7% were administrative workers ($p > 0.05$).

In order to construct a predictive model, the variables "sex," "age," "type of worker" (direct or service provider), "type of work requirement" (mental, physical, or both), labor area, and education level were included, as displayed in Table 5.

Table 5. Poisson regression with robust variance of factors related to work ability. Catalão – GO, Brazil, 2022. n (79).

	β	p-value	PR*	CI (95%)	
				Lower	Upper
Constant	5.032	0.018	153.298		
Sex (F)	0.764	0.542	2.148	0.184	25.004
Age	-0.001	0.990	0.999	0.919	1.087
Direct (yes)	-1.406	0.262	0.245	0.021	2.866
Requirement (mental)	-1.274	0.218	0.280	0.037	2.124
Area (health)	-2.494	**0.035**	0.083	0.008	0.834
Education (high school)	-0.155	0.863	0.856	0.147	4.975

.* PR: Prevalence Ratio
Source: The authors

It was possible to identify that, at a significance level of 5%, health workers participating in this study showed a reduction in WA ($p = 0.035$), with a coefficient of -2.494 at the intercept. Therefore, these health workers had an 8% likelihood of belonging to the impaired work ability category compared to workers not in the health area.

Discussion

The current study indicated that WA was related to the requirements arising from the work environment; being a health worker was associated with reduced work ability compared to administrative workers, and a significant portion of workers exhibited impaired WA.

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The hospital environment can cause physical and mental distress for those who work there; however, personal and professional self-realization contributes to a positive perception of work ability in these organizations. Considering the rapid spread of COVID-19 and its impact on the daily lives of health workers due to working conditions, it became necessary to study the health conditions of these professionals, leading to analyses of work ability during the pandemic period[6,7].

Thus, considering the hospital environment and work ability, studies support the use of the WAI as an important tool for evaluating and developing labor activities from the worker's entry into his/her role, enabling actions that promote health and well-being and, consequently, increasing productivity[8,9].

In the current study, male workers showed higher work ability compared to female workers, similar to other studies reporting greater work ability among male participants, albeit with a reduction in quality of life. The findings regarding female workers' work ability align with studies indicating that women often face double work shifts, greater physical effort, and the complexity of care responsibilities—factors that contribute to lower work ability[10,11].

A study conducted with 3,051 nursing workers in the state of São Paulo identified a relationship between age and the WAI, showing that younger workers tend to have better work ability compared to older individuals, who experience a gradual decline in work ability. The impact of remote work during the pandemic and the deteriorated working conditions to which nursing workers are subjected are factors that, along with age, contribute to a reduction in WA[8,12].

Regarding the association between age and WA, the literature indicates that as age increases, WA decreases, and that younger groups tend to have higher WA, which is consistent with the findings of the current study, where younger groups showed excellent and/or good work ability[1].

Although there is controversy in the literature regarding the influence of work experience on WA, contrary to findings from a study that analyzed workability factors and WA in 306 Brazilian workers using the WAI—suggesting that time alone is not a determining factor for worsening quality of life[13]—the current study found that, even with longer length of service at the hospital, workers maintained good work ability.

As for the results related to work shifts, a large proportion of the evaluated participants worked during the daytime, had fixed work schedules, and showed good/excellent WA. This was also observed among most workers with low/moderate WA, who also worked during the day. These findings are consistent with the literature, which indicates a significant correlation between WAI and work shift, showing that daytime workers have lower scores compared to those who work during the night[8,14].

A study conducted at a professional education institution reported that 59.2% of workers considered mental requirements to be good and 44.2% considered physical requirements to be very good, indicating that the work was not highly physically challenging. This fact contrasts with hospital workers, especially during the pandemic period. Similarly, the results of the current study indicated that workers with low/moderate WA reported both physical and mental requirements in their labor activities[12].

In view of the relationship between work ability and the performed labor activity, the most health workers showed low/moderate WA compared to administrative workers. This finding should be considered, as workers with direct patient contact experience greater physical and mental requirements, reflecting the period in which the research was conducted—during the COVID-19 pandemic—a factor that supports studies indicating that most administrative workers have WA ranging from good to excellent compared to health workers[15].

In this study, a large proportion of workers showed good WA, followed by excellent. The literature recommends that hospital managers develop actions according to the resulting WAI classification: if WA is good/excellent, working conditions should be supported and maintained; if moderate, improvements should be encouraged through physical activity, rest, sleep, diet, and social interaction; and if low, efforts should focus on restoring WA by implementing interventions in the work environment aimed at improving conditions[13,16].

The results of this study have important practical implications for hospital management and the formulation of public policies aimed at worker's health. The finding indicating that work ability was more compromised among health professionals, especially women and those exposed to high physical and mental requirements, highlights the need for institutional strategies focused on promoting occupational health. In this regard, hospital

managers can use the Work Ability Index (WAI) as a tool for continuous monitoring, supporting preventive and corrective actions related to working conditions, working hours, team organization, and psychosocial support.

Furthermore, the evidence can guide public health policies for workers, encouraging the creation of intersectoral programs for physical and mental monitoring, as well as strengthening continuing education and self-care practices. By considering the challenges imposed by the pandemic, these measures become even more urgent to ensure safe, healthy, and sustainable work environments. Accordingly, this study contributes not only to the scientific understanding of work ability but also to the practical transformation of health management, promoting the appreciation and well-being of hospital professionals.

Despite the relevance of the findings, it is recognized that the study has some methodological limitations that deserve consideration. The use of a convenience sample may have introduced selection bias, as participants who agreed to take part may have different characteristics from those who refused, especially in the context of high workload during the pandemic. Additionally, the specific context of a private hospital limits the generalization of the results to other institutional settings, such as public hospitals or smaller units, which may have different working conditions and professional profiles. Another relevant point is the absence of longitudinal follow-up, which makes it impossible to observe changes in work ability over time, particularly in the post-pandemic period. Nevertheless, these limitations do not compromise the validity of the presented results, but they reinforce the importance of interpreting them with caution and of expanding future investigations with more comprehensive designs, contributing to transparency and the strengthening of scientific evidence on the topic.

Conclusion

The results of this study allowed us to conclude that hospital workers, especially those in the health area and women, showed lower work ability, while younger professionals exhibited more appropriate levels. It was also noted that the length of service at the institution was not a determining factor in the reduction of work ability.

When relating these findings to the pandemic context, it is noteworthy that physical and emotional overload, increased labor requirements, and the shortage of human resources significantly impacted the health and performance of these workers. These results reinforce what was discussed in the introduction: the need to understand Work Ability (WA) as a fundamental indicator of occupational health, influenced by individual, organizational, and contextual factors, such as the COVID-19 pandemic scenario.

Furthermore, the study helps to fill an important gap in the literature, as research on the Work Ability Index (WAI) among hospital workers in the post-pandemic period is still scarce. By providing empirical evidence on WAI in this context, the results can support managers and health professionals in developing strategies to promote, prevent, and maintain work ability, with a focus on workers' physical and mental health.

Finally, it is underlined that, although the sample size and the particularities of the pandemic period constitute limitations, this research reinforces the importance of periodic evaluations of the WAI and encourages further investigations into the relationship between working conditions, health, and professional performance, strengthening management and health care practices in hospital environments.

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Authors' contributions	
Ana Carolina Mesquita Nascimento:	Conceptualization; Data curation; Data analysis; Research; Data presentation design; Drafting of the original manuscript.
Sérgio Valverde Marques dos Santos:	Conceptualization; Data curation; Research; Drafting of the original manuscript.
Ludmila Grego Maia:	Conceptualization; Data curation; Research; Project management; Writing—review and editing.
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