

Intervención psicoeducativa en la calidad de vida laboral en una institución mexicana

Psychoeducational intervention on the quality of working life in a Mexican institution

Intervenção psicoeducacional na qualidade de vida trabalhando em uma instituição mexicana

Enriqueta Rosas González

Universidad de Guadalajara, México

erosasg15@gmail.com

María Lourdes Preciado Serrano

Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara, México

malourdespre@gmail.com

Ana Rosa Plascencia Campos

Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara, México

anarosasp@hotmail.com

Cecilia Colunga Rodríguez

Investigadora del Instituto Mexicano del Seguro Social, México

ccolungar@yahoo.com

Resumen

El concepto de calidad de vida en el trabajo involucra dimensiones objetivas y subjetivas, cuyos indicadores valoran las condiciones de vida, del entorno laboral y del individuo. El interés primordial de una organización es que la calidad de vida impacte favorablemente en la salud y en el bienestar de quienes participan en ella, y por ende, en la productividad o en los servicios que ofrece. El objetivo es evaluar el efecto de una intervención psicoeducativa en la calidad de vida profesional de trabajadores del área de atención a usuarios de una organización gubernamental. El método utilizado fue un estudio cuasi-experimental con grupo intervención y dos controles. Participaron 93 trabajadores del área de atención a

usuarios, seleccionados aleatoriamente y con colaboración voluntaria. Se utilizó el cuestionario Calidad de Vida Profesional (CVP-35) adaptado al español. La intervención psicoeducativa se estructuró con seis temas, desarrollados uno cada semana con duración de dos horas: 1) concepto de salud en el trabajo, 2) estrategias de afrontamiento, 3) afrontamiento centrado en el problema, 4) plan de vida saludable, 5) lenguaje de las emociones, y 6) calidad de vida en el trabajo. En los resultados, 9 % (3) de los trabajadores del grupo intervención y uno del primer grupo control calificaron como deficiente la dimensión de apoyo directivo, en tanto que el resto se ubicó al nivel regular. Del 14 % al 25 % de los participantes valoraron como regular la carga de trabajo y más del 60 % indicó tener buena o excelente motivación intrínseca. Solamente tres trabajadores indicaron mejoría en la calidad de vida en el trabajo. No se encontraron diferencias significativas entre los grupos. En conclusión, los trabajadores participantes reportaron tener en general buena calidad de vida en el trabajo; los valores bajos refirieron la falta de apoyo directivo y sobre carga de actividades por la ausencia de compañeros.

Palabras clave: carga de trabajo, motivación intrínseca, apoyo directivo, salud.

Abstract

The concept of quality of life at work involves objective and subjective dimensions whose flags value life conditions, of the workplace and the individual. The primary interest of an organization is the quality of life to impact favourably on the health and well-being of those who participate in it, hence, in productivity or the offered services. The objective is to assess the effect of a psychoeducational intervention on the quality of professional life of workers in the area of attention to users of a governmental organization. The method used was a quasi-experimental study with intervention group and two controls. Attended 93 workers from the area of attention to users, selected randomly and with voluntary collaboration. We used the Quality of Professional Life (ProQOL-35) questionnaire adapted to the Spanish. The psychoeducational intervention was structured with six themes, developed one every week with two hours duration: 1) concept of occupational health, 2) coping strategies, 3) problem focused coping, 4) healthy lifestyle plan, 5) language of emotions, y 6) quality of life at work. In the results, 9% (3) of the workers in the intervention group and one of the first control group rated as deficient the dimension of

management support, while the rest stood at the regular level. From 14% to 25% of the participants they were valued as regular workload and more than 60% reported to have good or excellent intrinsic motivation. Only three workers suggested improvement in the quality of life at work. There were significant differences between the groups. In conclusion, the participating workers reported in general have good quality of life at work; the low values concerned the lack of executive support and on burden of activities by the absence of companions.

Key Words: workload, intrinsic motivation, management support, health.

Resumo

O conceito de qualidade de vida no trabalho envolve dimensões objetivas e subjetivas, cujos indicadores de condições de vida, o ambiente de trabalho eo indivíduo valor. O principal interesse de uma organização é a qualidade de vida de forma positiva o impacto sobre a saúde eo bem-estar das pessoas envolvidas nele, e, portanto, a produtividade ou serviços oferecidos. O objetivo é avaliar o efeito de uma intervenção psicoeducacional na qualidade profissional de vida dos trabalhadores na área de suporte ao usuário de uma organização governamental. O método utilizado foi um estudo quasi-experimental com grupo de intervenção e dois controles. 93 trabalhadores participaram da área de serviço do usuário, selecionados aleatoriamente e colaboração voluntária. a qualidade profissional of Life Questionnaire (CVP-35) adaptado para o espanhol foi usado. intervenção psicoeducacional foi estruturado com seis temas desenvolvidos um a cada semana com duração de duas horas: 1) conceito de saúde no trabalho, 2) as estratégias de enfrentamento, 3) enfrentamento focado no problema, 4) plano de vida saudável 5) linguagem das emoções, e 6) qualidade de vida no trabalho. Nos resultados, 9% (3) dos trabalhadores do grupo de intervenção e um do primeiro grupo de controlo foi classificada como pobre dimensão suporte gerencial, enquanto o resto estava no nível regular. De 14% para 25% dos participantes classificados como uma carga de trabalho regular e mais de 60% indicou ter boa ou excelente motivação intrínseca. Apenas três trabalhadores relataram melhoria da qualidade de vida no trabalho. Não houve diferenças significativas entre os grupos. Em conclusão, os participantes relataram ter trabalhadores em geral de boa qualidade de vida

no trabalho; os baixos valores relatados falta de actividades de apoio e de carregamento de gestão pela ausência de pares.

Palavras-chave: carga de trabalho, a motivação intrínseca, de apoio gerencial, saúde.

Fecha recepción: Enero 2016

Fecha aceptación: Julio 2016

Introduction

Rating the quality of life at work as one of the important subjective experiences in the workplace, allows to identify some effects in the Organization, productivity, in direct and indirect costs and, mainly, in relationships or the satisfaction of workers (Pérez-Zapata, Peralta-Montesinos, and Fernández-Dávila, 2013). Without a doubt, there is no unanimity on the definition of this concept, but it is important to consider it as one of the positive psychosocial generated by the interaction of the organizational conditions and the subjectivity of the worker.

Several studies identifies two methodological positions around the concept of quality of life at work (QLW), which either replace the term work, for Working Life (QWL) or professional (ProQOL). The organizational vision sees the term as a Macrosystem, emphasizes the origin of the QLW in the factors characteristic of the administrative structure, that is, in the chart, in the style of leadership, on the characteristics of the division of functions or in the distribution of the workload. Meanwhile, the actual psychological or microsistemica, posture has interest in motivation, expectations, beliefs and values of the worker (Bonfrenbrenner, 1970; Durán, 2010; Flores, Jenaro, González-Gil and García-Calvo, 2010; Sosa, Rivera and Rodríguez, 2010).

Thus, achieving the fulfillment of expectations and the mission of an organization requires the assessment of processes and products or services offered, which in general terms is called quality. This practice on the competitiveness of companies is extended, both environmental conditions and human development in the workplace. In general terms,

emerge diverse meanings of quality of working life involving frames of reference of the optimal performance of an organization and, in particular, individual evaluations of the aspirations of workers in relation to their activity and remuneration (Segurado and Agulló, 2002). For the purposes of this research, the quality of working life is conceived as the level of assessment of the physical environment and human relationships (habits, actions, feelings and values) of a contractual relationship. This means having clear or incipiently defined the aspirations, both employers and workers.

The lack of uniformity in the definition of the CVT has generated research that uses different questionnaires for its estimation, such as the Labor Quality of Life Inventory (Pérez, Peralta and Fernández, 2013), which collects information about the precept and feeling of well-being that (Management system, relationship with peers, relationship with bosses, motivation, identification-commitment, working conditions, stress-burnout, balance, work-life, satisfaction with the motivating role Subjective well-being derived from work, remunerative equity and personality characteristics). The questionnaire ProQoL5 (Stamm, 2010) incorporates two aspects: positive (compassionate satisfaction) and negative (compassion fatigue), which in turn consists of two dimensions: burnout and secondary trauma.

One of the most widely used questionnaires in Spanish-speaking population is PQL-35, developed by Karasek (1989) and adapted to Spanish as CVP-35 by Cabezas (2000). The items of this instrument are based on the theoretical model of demand-control in relation to social support that values three dimensions: managerial support, workload, intrinsic motivation and a specific item to estimate the quality of life at work .

Some studies demonstrate the relationship between quality of life with other labor or personal variables, eg Hegney, Rees, Eley, Osseiran-Moisson and Francis (2015) indicate that the high levels of the positive dimension are closely related to the concept of Resilience, while the negative dimension may indicate an impairment in psychological functioning, valued with ProQol-5. Grimaldo and Reyes (2014) demonstrate the relationship between CVP-35 dimensions and sleep, which they consider could influence work performance.

In another study, Díaz et al. (2013) compare a clinical management model between two care centers (primary or specialized) with the dimensions of CPV-35 and report that primary care shows a better professional quality in the managerial support dimension, whereas specialized care Refer to the workload. With the same instrument, Contreras, Espinosa, Hernández and Acosta (2013) determine a significant relationship between managerial support and workload with different styles of leadership. However, Cordova, Alvarado, Manrique, Lizarbe, Aguirre and Huaman (2014) determine that there is no significant relation with the nursing work performance.

Meanwhile, interventions to improve the quality of life at work are proposed in two ways: a) those that transform processes or the organizational structure (Farughi, Alaniazar and Mousavipour, 2014, Stefanescu, Constantinescu and Bogdanoin, 2009), and b) That deal with the training, training or therapeutics of the worker (Casañas, Catalán, Raya and Real, 2014; Gallagher-Thompson et al., 2010). The former make use of reengineering, with which it seeks to strengthen, fortify, analyze in a holistic way the organization and individual methods. Interventions that deal with training and education include techniques and strategies of education to facilitate and improve the behavior of individuals, seek to influence through the different psychological variables that interact in the work environment.

Traditionally, research in the workplace focuses on psychoeducational programs that may influence or modify the behavior of workers with some condition, such as stress, burnout, depression, among others (Redhead, Bradsaw, Braynion y Doyle, 2011; Uchiyama et al., 2013; Yilmaz, Soykan, Ayaz, Incekcalle, Gürman & Kumbasar, 2009; Yslado, Nuñez y Norabuena, 2010).

It should be mentioned that in the literature consulted, no studies were found that address psychoeducational interventions to improve the quality of life at work in personnel that serve public sector users in Mexico. Therefore, the purpose of this study was to evaluate the effect of a psychoeducational intervention on the quality of professional life of telephone service workers to users of a governmental organization, from the hypothesis that the effect is significantly better in the group Of intervention than in two control groups and taking care of the internal validity of social desirability in the answers of the test.

Method**Participants**

A quasi-experimental study with intervention group and two controls was performed. From 156 telephone call workers to users of a public organization, a random sample was obtained ($n = 96$), who would form the three groups. However, to comply with voluntary participation were: 32 in the intervention and in the first control, but 29 in the second control. Thus, 60% (93) of the target population was attended.

Instruments

Questionnaire CVP-35: Quality of Professional Life proposed by Salvador García, designed under the theoretical model demands-control-social support of Karasek and adapted to Spanish by Cabezas (2000). It conforms with 35 items that offer opinions on a scale of 1 to 10 points and qualifies as deficient: 1 to 2 points; Regular: 3 to 5 points; Good: 6 to 8 points, and excellent: 9 to 10 points. The questionnaire conforms to three dimensions: managerial support (13 items), workloads (11 items) and intrinsic motivation (10 items). Item 35 is assessed independently and identifies the perception of quality of life at work. The reliability is reported between .75 and .86 alpha by Cronbach (Martín, Cortés, Morente, Caboblanco, Garijo and Rodríguez, 2003) and criterion validity with other questionnaires such as MBI and GHQ-28 (Martín, Gómez, García, Del Cura, Cabezas and García, 2008).

Intervention

The psychoeducational intervention called "Quality of life and work", was developed in six sessions (one per week) with duration of two hours each. Topics were: 1) concept of health at work, 2) coping strategies, 3) problem-centered coping, 4) healthy life plan, 5) language of emotions, and 6) quality of life at work . Each session included four aspects: physical activity, thematic experience, reflection in plenary and extracurricular activities (see Chart 1).

Chart 1. Thematic content of the sessions of the psychoeducational program for quality of life at work

Tema	Objetivo	Procedimiento grupal
1 Concepto de la salud en el trabajo	Identificar los factores psicosociales positivos y de riesgo para la salud.	<ol style="list-style-type: none"> 1) Presentación de los participantes 2) AF: jugando con los globos 3) VT: identificar pensamientos, características y experiencias positivas relacionadas con el trabajo. 4) RP: a través de un video se analiza el concepto de estrés. 5) AEC: registrar aspectos positivos o negativos de la semana.
2 Estrategias de afrontamiento	Señalar situaciones de estrés y estilos de afrontamiento	<ol style="list-style-type: none"> 1) AF: bailando salsa 2) VT: registro de acontecimientos laborales relacionados con estrés. 3) RP: ejercicio para identificar estrategias de afrontamiento para el estrés laboral. 4) AEC: registrar acontecimientos de estrés y su respuesta en la semana.
3 Afrontamiento centrado en el problema	Reconocer actitudes positivas para la solución en un problema	<ol style="list-style-type: none"> 1) AF: Relajación muscular progresiva de Jacobson 2) VT: Análisis de actividades, valores y creencias de la última semana y metas para el resto del año. 3) RP: Calificación de las acciones registradas en categoría de urgente o hacer en otra oportunidad. 4) AEC: Registro de ingesta alimentaria de la semana.
4 Plan de vida saludable	Reflexionar sobre el plan de vida saludable	<ol style="list-style-type: none"> 1) AF: Movimiento corporal al ritmo de música: lento-rápido-lento. 2) VT: Registro del índice de masa corporal, 3) RP: Análisis del plato del buen comer y jarra del buen beber, pirámide de la buena activación física. 4) AEC: Registrar la experiencia afectiva de la semana.
5 El lenguaje de las emociones	Analizar la importancia de las emociones en la evaluación de las actividades cotidianas.	<ol style="list-style-type: none"> 1) VT: Presentación en plenaria de elementos importantes sobre la experiencia afectiva de la semana. 2) RP: Presentación de la clasificación de las emociones: básica y secundarias. Videos alusivos al tema. 3) AF: Bailando con la música relacionada con emociones. 4) AEC: Plan de actividad de la vida cotidiana.
6 Calidad de vida en el trabajo	Sintetizar los elementos constitutivos de la calidad de vida en el trabajo.	<ol style="list-style-type: none"> 1) AF: Relajación muscular progresiva de Jacobson 2) VT: Repaso de los temas tratados durante el curso. 3) RP: Evaluación a través de concurso con "Tablero dinámico". 4) AF: Con música de fondo en cartulina a manera de escudo escribir un mensaje de despedida a los integrantes del grupo.

Nota: AF = actividad física; VT = vivencia temática; RP = reflexión en plenaria; AEC = actividades extra curso.

Process

The management of the organization was requested to authorize the investigation. With the list of workers' records, participants were randomly selected for both the intervention group and the two control groups. Participants were informed of the purpose of the research and asked to sign a letter of consent to participate in the research.

The activities were carried out in the training room located in the facilities of the organization. The sessions were videotaped to analyze the participation of the workers in the topics discussed.

Three groups were randomly chosen, covering 60% of the target population. The intervention group was evaluated before and after the course with the questionnaires described. The first control group was evaluated when the pretest and the second control group were applied to the posttest of the intervention group. In this way it was tried to have internal and external validity according to the criteria established by Campbell and Stanley (1973).

The subjects and techniques implemented were performed by Dr. Preciado Serrano and a multidisciplinary team of psychologists, doctors, nurses, dentists and social workers participated, who were previously trained in the subjects and use of materials. In addition, two additional sessions (at the beginning and end of the psychoeducational program) were considered for the application of the questionnaire. The results were analyzed and delivered individually in a sealed envelope. During the intervention the products of workers' participative activity were analyzed. The material was of simple elaboration, with basic stationery: leaves, colors, puzzles, party balloons, children's balls, among others.

Ethical Considerations

The protocol of this study has the registration of the Evaluation and Ethics committees (CI-11308) of the University of Guadalajara. The investigation was carried out under informed consent and with the voluntary participation of the organization's staff. Work was done in compliance with the Regulations of the General Law on Health in the Field of Research for Health in Mexico (RLGS, 1986) and with the Declaration of Helsinki (2003).

Analysis of data

Statistical analysis of socio-labor data was performed with frequencies and measures of central tendency. To identify the significant effect of the intervention, we used the ANOVA statistic with significance level $p < .05$ and Scheffé post hoc test to compare the differences between the observations. Quality of life at work was assessed according to the parameters indicated in the CVP-35 questionnaire and the results were reported in frequency tables. Data were treated with IBM-SPSS software (version 19, USA), under university license.

Results

The sample consisted of 93 workers in the area of attention to users of a public organization. In the first group, 84% (27) were women and 16% (5) men; In the second, 84% (27) women and 16% (5) men and in the third, 55% (16) women and 45% (13) men. The data of age and seniority in the position are shown in table 1.

Table 1. Socio-labor data of workers attending users in a public organization

Variable	Grupo	Media	Desviación estándar
Edad	Intervención (n = 32)	40.06	8.71
	Control 1 (n =32)	41.38	6.41
	Control 2 (n = 29)	42.97	6.76
Antigüedad en el puesto	Intervención (n = 32)	11.49	6.33
	Control 1 (n =32)	13.43	6.54
	Control 2 (n = 29)	12.43	7.57

Fuente directa.

Descriptive statistics of the dimensions of the quality of life questionnaire in the workers are presented in Table 2, because the values of asymmetry and kurtosis were observed that do not present normal distribution.

Table 2. Descriptive statistics for the quality of professional life variable in public service workers in a governmental organization

Grupo	Dimensión	Media	Desviación estándar	Asimetría	Curtosis
Grupo A	Apoyo Directivo	41.78	17.44	3.74	17.22
	Carga de trabajo	66.53	14.98	-2.269	-.017
	Motivación Intrínseca	75.59	11.55	-.213	-0.693
	Calidad de vida en el trabajo	7.00	2.14	-1.011	.624
Grupo B	Apoyo Directivo	36.69	7.32	.481	.319
	Carga de trabajo	68.16	17.63	-0.100	.322
	Motivación Intrínseca	78.03	10.50	-.328	-.622
	Calidad de vida en el trabajo	7.13	2.15	-.856	.725
Grupo C	Apoyo Directivo	40.91	7.85	-.240	-.151
	Carga de trabajo	67.19	18.04	0.218	-.384
	Motivación Intrínseca	76.84	8.76	-.305	.523
	Calidad de vida en el trabajo	7.84	2.24	-1.836	3.860
Grupo D	Apoyo Directivo	42.45	7.77	-.376	-.626
	Carga de trabajo	74.21	19.20	-0.376	1.670
	Motivación Intrínseca	75.72	9.67	-0.255	-0.917
	Calidad de vida en el trabajo	8.00	1.48	-0.768	-0.083

Nota: Grupo A = pre test experimental; Grupo B = pos test experimental; Grupo C = control 1; Grupo D = control 2

Fuente directa.

The hypothesis test was performed with the ANOVA statistic with post hoc test with Sheffé. The data determined that there was no significant difference between group observations for any dimension of the CVP-35 questionnaire at the previously established level (see Table 3).

Table 3. ANOVA tests for the dimensions of quality of life at work in the groups of the telephone assistance area of a governmental organization

Dimensión		Suma de cuadrados	F	Significancia
Apoyo directivo	Inter-grupos	631.96	1.734	.164
	Intra-grupos	14702.24		
	Total	15334.19		
Carga de trabajo	Inter-grupos	1107.83	1.207	.310
	Intra-grupos	37015.82		
	Total	38123.65		
Motivación Intrínseca	Inter-grupos	121.97	.392	.759
	Intra-grupos	12562.70		
	Total	12684.67		
Calidad de vida en el trabajo	Inter-grupos	23.48	1.88	.137
	Intra-grupos	503.72		
	Total	527.20		

Nota: A = pre test experimental; B = pos test experimental; C = control 1; D = control 2; b = basado en rangos positivos; c= basado en rangos negativos.

Fuente directa.

The classification of the participants when assessing the quality of life at work indicated that for the managerial support dimension, 6% (2) of the workers rated as deficient the relationship with supervisors or managers, with a decrease in quality improvements and Their services, lack of promotion and improvement in the organization. Quality of life at work increased to 53% (6) after the intervention, a higher percentage than in the control groups. However, intrinsic motivation was reported as good and excellent. In addition, the item that values the perception of quality of life at work had a change from regular to good in three participants (see table 4).

Table 4. Distribution of participants according to level of quality of life at work in the groups of the telephone assistance area of a governmental organization

Dimensión	Observación	Deficiente		Regular		Buena		Excelente	
		n	%	n	%	N	%	n	%
Apoyo Directivo	A			30	94	1	3	1	3
	B	2	6	30	94				
	C	2	6	30	94				
	D			29	100				
Carga de Trabajo	A			7	22	24	75	1	3
	B			8	25	21	66	3	9
	C			8	25	19	59	5	16
	D	1	3	1	3	22	76	5	18
Motivación Intrínseca	A					20	63	12	37
	B					18	56	14	44
	C					22	69	10	31.3
	D					18	62	11	38
Calidad de vida en el trabajo	A	1	3	7	22	15	47	9	28
	B	1	3	6	19	17	53	8	25
	C	2	6	1	3	15	47	14	44
	D			2	7	15	52	12	41

Nota: A = pre test en grupo experimental; B = pos test en grupo experimental; C = grupo control 1; D = grupo control 2.

Fuente directa.

Discussion

The present study evaluated the effect of a psychoeducational intervention on the quality of life of workers in the area of attention to users of a Mexican organization. The results showed that after six sessions, the means of the scores with the CVP-35 questionnaire did not differ significantly between the intervention group and two controls. Only three participants in the intervention program indicated improvement in quality of life at work. Our hypothesis was that active participation in a workshop improves quality of life at work under the dimensions of managerial support, workload, intrinsic motivation and the overall assessment of this concept. However, this study did not modify the perception of difficulties with supervisors, dissatisfaction with the social benefits granted to them, lack of equity in the distribution of workload, the presence of conflicts with users and Occasionally with peers, as well as feel stressed and have negative health consequences. The minimum effect on the perceived improvement in quality of life at work may have been due to the evaluation system between the pre and post test (after a month and a half). In addition, the lack of objective indicators could be due to the lack of sensitivity to change offered by the CVP-35 questionnaire, as indicated by Pujol-Ribera (2008).

Other studies reveal that psychoeducational interventions in behavior modification or symptomatology generated in long periods may be insignificant, but relevant when the objective is the management of information and knowledge related to the construct treated (Redhead, Bradsaw, Braynion and Doyle, 2011; Uchiyama et al., 2013, Yilmaz et al., 2009). In our research, we analyzed action plans that could be implemented to improve the quality of life at work (for example, observe, attend and collaborate with peers to meet the institution's goals and reduce labor stressors, analyzed from Of the third session). However, the managerial support indicator did not show significant improvement. This can be attributed in part to the fact that communication with bosses was reported as scarce, and even with few modifications in the processes of attention to users by the organization.

As indicated, the concept of quality of life at work has different approaches in its indicators. Yilmaz et al. (2009), for example use the SF-36 (Life Quality Scale) and report that with a four-week psychoeducational seminar, analyzing communication issues, coping strategies, management of anxiety, psychosocial aspects, crisis intervention, saying Bad news, group-team concept and burnout, found no significant differences before and after the intervention, nor compared to a control group. However, they do report significant improvements in levels of burnout syndrome, assessed with MBI.

Taking into account that the present study was the first of its kind in our region, it is not practical to establish comparisons with other specific investigations. However, some scientific reports consider that the absence of depression, anxiety and stress are indicators of quality of life. For example, Fortney, Luchterhand, Zakletskaia, Zgierska, and Rakel (2013) report that the modified UW-Theory Mindfulness Program with eight sessions show a significant decrease in values obtained from depression, anxiety, and Stress of various health professionals, however, in the variables resilience and compassion no significant difference was obtained. Similar results report Shonin, Van Gordon, Dunn, Singh, and Griffiths (2014) using this same intervention technique using the same DSS scale (Depression, Anxiety, and Stress Scale) in office staff. However, the symptomatology typical of depression with specific treatments that involve contact between people, is in itself an opportunity to evidence the reduction or elimination of the symptom, unlike the conditions that are required to assess aspects of the quality of Life at work.

Thus, the results of Workman (2003) indicate that interventions in organizational reengineering have an impact on job satisfaction. Their study analyzes that group mediations involving changes in leaders, increased work feedback, knowledge and assessment of individual activity, as well as in the congruence of the organizational structure, increase the levels of satisfaction in the workers of a call center. However, in the present research, the subjects that were analyzed with the active participation of the workers, only offered verbal evidence of the perceived changes, for example, in the activities expressed greater group cohesion, respect for the rules, attention to the need Of the other work partner and fulfillment of the daily goal. Condition that did not reflect the CVP-35 test in the post evaluation.

The experience of a psychoeducational workshop on quality of life at work can be a viable alternative in promoting effective development in the health and well-being of the participants. The importance of knowing modifiable elements that generate stress, identifying coping styles, diversity in adaptive emotional response, and the planning of a healthy style is remarkable for both organization and research, since it could require Construction or generation of instruments to measure the quality of life at work with greater sensitivity to change or responsible involvement of decision makers in the planning and execution of actions in companies.

It is concluded that the participating workers reported generally having a good quality of life at work; The low values referred to the lack of managerial support and the overload of activities due to the absence of partners. Therefore, it is suggested to pay attention to the aspects of equitable distribution of functions for these user care workers, constant training in conflict resolution and administration of working time, in order to favor worker satisfaction and well-being. Since good diagnostic assessment levels were identified in the CVP-35 from the diagnostic process, the effects of significant change could be improved and maintained at the optimal level, with the participation of managers in psychoeducational programs that target operative workers.

Limitations of the study

Like all quasi-experimental work done in the natural site, variables outside the study were identified. As the participation of trade union representatives who used certain moments to try to convince their colleagues politically, the dissemination of the information sent by the workers in the session was not completely confidential, which generated disagreement among the participants. Second, the evaluation with the CVP-35 does not generate change-sensitive scores in the short term. Finally, the participation of a multidisciplinary team in facilitating and exposing the issues can intervene in the results.

Strengths of the study

The actions of each session were recorded by observers and video recordings, so these data served as a complement in the interpretation of the quantitative results. In addition, a randomized and controlled design was applied with subjects who had very similar functions, which favored in the experience of the processes for the application of the psychoeducational program.

Areas of weakness

The participation of facilitators from different professions (psychologists, doctors, nurses, dentists, nutritionists, social workers, administrators, among others) can generate controversies in the development of psychosocial issues. However, as the standardization of the content of the course "Quality of life at work", this weakness could have been minimized.

Conflict of interests

The authors declare that they have no conflict of interest.

Acknowledgement

To the governmental institution that favored the realization of the present investigation and to the University of Guadalajara for the support in the management of inputs for the field work.

Bibliography

- Brofenbrenner, U. (1970). La ecología del desarrollo humano. Londres. Harvard University. Press, Cambridge.
- Cabeza, C. (2000). La Calidad de vida de los profesionales. FMC 2000; 7 (Supl. 7): 53-68. En Tomás-Sábado, J. Sánchez-López, C., Maynegre-Santaulària, M., Porcel-Navarro, V.,
- Campbell, D.T y Stanley J.C. (1973). Diseños experimentales y cuasiexperimentales en la investigación social. Amorrortu Editores. Buenos Aires.
- Casañas, R., Catalán, R., Raya, A. y Real, J. (2014). Efectividad de un programa grupal psicoeducativo para la depresión mayor en atención primaria; ensayo clínico controlado aleatorizado. *Revista de la Asociación Española de Neuropsiquiatría*. 34, (1221). 145-146. Recuperado de: <http://www.redalyc.org/articulo.oa?id=265030533009>
- Contreras, F., Espinosa, J.C., Hernández, F., y Acosta N. (2013). Calidad de vida laboral y liderazgo en trabajadores asistenciales y administrativos en un centro oncológico de Bogotá Colombia. *Psicología desde el caribe*, 30, 569-590. Recuperado de: <http://www.scielo.org.co/pdf/psdc/v30n3/v30n3a07>
- Córdova, M., Alvarado, S., Manrique, H., Lizarbe, C.R., Aguirre, S.E., y Human, J. (2014). Calidad de vida laboral de los egresados y predicamento del empleador. Facultad de Enfermería de la Universidad Nacional San Luis Gonzaga de ICA. *Revista Enfermería Vanguardia*. 2(2), 151-160. Recuperado de: www.unica.edu.pe/alavanguardia/index.php/revan.
- Declaration de Helsinki AMM (2013). Ethical Principles for Medical Research Involving Human Subjects. Recuperado de: <http://www.wma.net/es/30publications/10policies/b3/>
- Díaz, C., Suárez, O., Fueyo, A., Mola, P., Racaño, I., Sánchez, A., Suárez, R & Díaz, C. (2013) calidad de vida en los profesores en el modelo de gestión clínica de Asturias. Elsevier España, S.L. 27(6), 502-507. Recuperado de: <http://dx.doi.org/10.1016/j.gaceta.2013.01.012>.

- Duran, M (2010). Bienestar psicológico: el estrés y la calidad de vida en el contexto laboral. *Revista nacional de administración*. 1(1), 71-84. Recuperado de: <http://dialnet.unirioja.es/download/articulo/3698512.pdf>.
- Farughi, H., Alaniaza, S. & Mousavipour, S.H. (2014). Presenting a Framework of Reengineering methodology for Organizational Diagnosis and Process Improvement (Case Study: Industrial Estate Company of Kurdistan). *International Journal of Management, Accounting and Economics*, 1(4), 295-310. Recuperado de: <http://archive.org/details/14144FarughiEtAl>
- Flores, N., Jenaro, C., González, F. y García. P. (2010). Análisis de la calidad de vida laboral en trabajadores con discapacidad. *Revista de Servicios Sociales*, 95-107. Recuperado de: <http://dialnet.unirioja.es/download/articulo/3262811.pdf>
- Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated Mindfulness Intervention for Job Satisfaction, Quality of Life, and Compassion in Primary Care Clinicians: A Pilot Study. *Annals Of Family Medicine*, 11(5), 412-420. doi:10.1370/afm.1511.
- Gallagher-Thompson, D., Wang, P., Liu, W., Cheung, V., Peng, R., China, D & Thompson L.W. Effectiveness of psychoeducational skill training DVD program to reduce stress in Chinese American dementia caregivers: Results of a preliminary study. *Aging & Mental Health*. 14, 263-273. Recuperado de <http://www.ncbi.nlm.nih.gov/pubmed/20425645>
- Grimaldo, M. y Reyes, M. (2014). Calidad de vida profesional y sueño en profesionales de Lima. *Revista Latinoamericana de Psicología* 47(1), 50-58. Recuperado de <http://www.elsevier.es/es-revista-revista-latinoamericana-psicologia-205>
- Hegney, D., Rees, C., Eley, R., Ossdeiran-Moisson & Francis, K. (2015). The contribution of individual psychological resilience in determining the professional quality of life of Australian Nurse. *Frontiers in Psychology*. 1-8. Recuperado de <http://journal.frontiersin.org/journal/psychology>
- Isidro-Abad, R. y Tor-Llacuna, A. (2011). Estructura factorial de la Escala de Calidad de Vida Profesional (CVP-35) en enfermeras de Atención Primaria. *Revista Psicología.com*. Recuperado de: <http://hdl.handle.net/10401/4289>

- Karasek, R. (1989). The political implications of psychosocial work redesign: a model of the psychosocial class structure. *Int J Health Serv*, 19(3), 481-508. Medline. Recuperado de: <https://www.ncbi.nlm.nih.gov/pubmed/2666318>
- Martín, J., Cortes, J., Morente, M., Caboblanco, M., Garijo, J. y Rodríguez, A. (2003). Características métricas del cuestionario de calidad de vida profesional CVP-35. *Revista Gaceta Sanitaria*. 18(2), 129-136. Recuperado de: www.sciencedirect.com/science/article/pii/S0213911104718178
- Martín, J., Gómez, T., Martínez, C., Del Cura, M., Cabezas, M. y García, S. (2008). Medición de la capacidad evaluadora del cuestionario CVP-35 para la percepción de la calidad de vida profesional. *Atención Primaria*, 40(7), 327-336. Recuperado de: [file:///C:/Users/Lourdes/Downloads/13124124_S300_es%20\(2\).pdf](file:///C:/Users/Lourdes/Downloads/13124124_S300_es%20(2).pdf)
- Pérez, D., Peralta, J. y Fernández, P. (2013). Influencia de variables organizacionales en la calidad de vida laboral de funcionarios del sector público de salud en el extremo norte de Chile. *Revista Universitarias Psicología*. 13(2), 541-551. Recuperado de: <http://www.javeriana.edu.co/universitaspysicologica>
- Pujol, E (2008). Reevaluando la validez del cuestionario CVP-35: sensibilidad al cambio, cambios importantes y mínima diferencia importante. *Atención primaria*. 40(7), 334-336. Recuperado de: <http://www.sciencedirect.com/science/article/pii/S0212656708703615>
- RLGS (1986). Reglamento de la Ley General de Salud en Materia de Investigación para la Salud. <http://www.salud.gob.mx/unidades/cdi/nom/compi/rlgsmis.html>
- Redhead, K., Bradshaw, T., Braynion, P & Doyle M. (2011). An evaluation of the outcomes of psychosocial intervention training for qualified and unqualified nursing staff working in in a low-secure mental health unit. *Journal of Psychiatric and Mental health Nursing*. 18, 59-66. doi: 10.1111/j.1365-2850.2010.01629.x
- Shonin, E., Gordon, W., Dunn, T., Singh, N., & Griffiths, M. (2014). Meditation Awareness Training (MAT) for Work-related Wellbeing and Job Performance: A Randomised Controlled Trial. *International Journal Of Mental Health & Addiction*, 12(6), 806-823. doi:10.1007/s11469-014-9513-2.
- Segurado, A. y Agulló, E. (2002). Calidad de vida laboral: hacia un enfoque integrador desde la Psicología Social. *Psicothema*. 14(4), 828-836. Recuperado de: <http://www.psicothema.com/pdf/806.pdf>

- Sosa, R., Cheverria, S. y Rodríguez, E.M. (2010). Calidad de vida profesional del personal de enfermería. *Revista de Enfermería Instituto Mexicano Seguro Social*. 18(3), 153-158. Recuperado de: <http://new.medigraphic.com/cgi-bin/resumen.cgi?IDARTICULO=29763>
- Stamm, B.H. (2010). *The Concise ProQOL Manual*. Segunda edición. Editorial Pocatello, ID: ProQOL.org. Recuperado de: http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
- Stefănescu, L., Constantinescu, M. & Bogdănoiu, C. (2009). *International Business and Tourism Society*. 3(1), 14-27. Recuperado de: www.ib-ts.org/ijmp.htm
- Uchiyama, A., Odagiri, Y., Ohya, Y., Takamiya, T., Inoue, S., & Shimomitsu, T. (2013). Effect on Mental Health of a Participatory Intervention to Improve Psychosocial Work Environment: A Cluster Randomized Controlled Trial among Nurses. *Journal of Occupational Health*. 55, 173-183. Recuperado de: www.ncbi.nlm.nih.gov/pubmed/23585499
- Workman, M. (2003). Results from Organizational Development Interventions in a Technology Call Center. *Human Resource Development Quarterly*, 14(2), 215. Recuperado de: <http://onlinelibrary.wiley.com/>
- Yilmaz, A., Soykan, A., Ayaz, T., İnce-Kale, E., Gürman, G., y Kumbasar, H. (2009). Burnout at a bone marrow transplantation unit in Turkey: effects of interactive psychoeducational seminars. *Turky Journal Medicine Sociality*. 39(6), 933-939. doi:10.3906/sag-0902-13, 933-939
- Yslado, R., Nuñez, Ll., y Norabuena R. (2010). Diagnóstico y programa de intervención para el síndrome de burnout en profesores de educación de educación primaria de distritos de Huaraz e Independencia. 2010. *Revista Investigación en psicología*, 13, 151-162. Recuperado de: http://sisbib.unmsm.edu.pe/bvrevistas/investigacion_psicologia/v13_n1/pdf/a09.pdf

Apéndice I

Tabla V Síntesis de la actividad de las sesiones del programa psicoeducativo para trabajadores del área de atención telefónica de una organización gubernamental		
Sesión	Tema	Síntesis de la actividad
1	Triángulo de la salud en el trabajo	Se inició con la actividad física: inflando globos y aventándolos en diversas direcciones al mismo tiempo que movían sus cuerpos al ritmo de la música. Posteriormente, se presentó un video con tres elementos básicos referidos a la salud en el trabajo: físico, social y mental. Se realizó una dinámica para la presentación de los participantes: “Filium animalia”. En subgrupos de tres los trabajadores analizaron características individuales que les permiten realizar su actividad. Se registraron características descriptivas de los trabajadores, tales como: “empático, creativo, alegre, responsable, leal, generoso, organizado, cooperativo, franco, sincero, honesto, honrado, trabajador, comprensivo”, etcétera. Se comentó en plenaria la importancia del cuidado de la salud mental como parte de la calidad de vida.
2	Estrategias de afrontamiento	La actividad física se llevó a cabo mediante el baile de salsa al ritmo de la música. Se invitó a formar subgrupos de cuatro o cinco integrantes para identificar situaciones generadoras de estrés (laboral como de la vida cotidiana). Se proporcionó material para el registro y la presentación en plenaria. Se presentaron situaciones como: llegar tarde al trabajo, no tener material para realizar la función, tratar con usuarios agresivos, enojados y violentos, reconocer que los supervisores tienen condescendencia con algunos compañeros, falta de apoyo de algunos compañeros, cambios imprevistos de lugar de trabajo, falta de motivación, incumplimiento de la normatividad, desorden en la empresa, entre otros. En plenaria se analizaron las posibles soluciones, identificando la responsabilidad y asumiendo compromisos.
3	Afrontamiento centrado en el problema	Se invitó a los participantes a realizar la técnica de relajación muscular de Jacobson. Se continuó con otro ejercicio “rompecabezas”: cada equipo tuvo el objetivo de formar una figura con las piezas correspondientes. En un contenedor se colocaron todas las piezas de cinco rompecabezas y cada trabajador cogería una para colocarla en el espacio adecuado. El facilitador presenta los estilos de afrontamiento de acuerdo a la teoría de Lazarus y Folkman (1986). Se proporcionó material para trabajar con situaciones de estrés cuya responsabilidad sean del propio trabajador, diferenciándolas de las que se generan por el ambiente laboral. En plenaria se analizó la capacidad de observar, atender y colaborar para cumplir con las metas fijadas disminuyendo los estresores.
4	Plan de vida saludable	Se da inicio a la sesión con la actividad física “Pares y Nones”, con el acompañamiento musical (lento-rápido-lento). Se integran grupos de acuerdo al número señalado por el facilitador. Posteriormente, se inició una dinámica de integración grupal en la que se formaron dos grupos, cada integrante tenía un dígito del 0 al 9 para que a la petición del facilitador formaran un número. El facilitador presentó los elementos básicos para elaborar un plan de actividades saludables, para la semana y a largo plazo, que incluyó el plato del buen comer, la jarra del buen beber y la pirámide de la buena activación física. Cada participante trabajó con su material asignado.

		En plenaria se revisó la importancia de la cohesión grupal, como respeto a las normas, atención a la necesidad del otro y cumplimiento de la meta.
5	El lenguaje de las emociones	En plenaria se analizó la experiencia afectiva de la semana, el cumplimiento del plan de actividades saludables y se aclararon las dudas. El facilitador hizo la presentación del tema “Emociones” y mediante material didáctico se registró una historia emotiva, con la aportación de ideas de cada uno de los integrantes. Finalizó la sesión con baile libre relacionado a las emociones básicas.
6	Calidad de vida en el trabajo	Se inició la sesión con relajación muscular progresiva de Jacobson. En plenaria se invitó a realizar una síntesis de los temas y las experiencias tratadas en el curso. El facilitador presentó mediante imágenes la síntesis del contenido. Finalmente se realizó a manera de evaluación una dinámica denominada “Tablero dinámico”, que mediante video el trabajador elegía una pregunta específica cuya respuesta tenía un valor previamente determinado, así al final cada uno tuvo la retroalimentación de su desempeño. El grupo se despidió con abrazos y mensajes motivacionales.