

LACK OF EMPLOYMENT SECURITY IN THE SUS IN THE PERSPECTIVE OF HOSPITAL NURSING*

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ABSTRACT: This descriptive/transversal study is based on the concept of lack of job security in the ambit of the Unified Health System. It aimed to identify the working conditions among nursing staff in a public federal teaching hospital in Cuiabá, Brazil analyzing these in the perspective of the management of the work. The data were collected in the period February – March 2011, using the employee data files maintained by the hospital's personnel department, the data were organized and analyzed according to distribution and frequency. The condition of insecure employment was evidenced, as was the fact that this has grown to the detriment of the other forms of employment link. Thus, it was considered that the management of the work in the institution is not in harmony with the policy of making employment more secure in the Unified Health System, which could compromise the quality of the nursing professionals' work and lives.

DESCRIPTORS: Nursing; Labor market; Unified Health System.

A PRECARIZAÇÃO DO TRABALHO NO SUS NA PERSPECTIVA DA ENFERMAGEM HOSPITALAR

RESUMO: Estudo descritivo/transversal, construído a partir do conceito de trabalho precário no âmbito do Sistema Único de Saúde. Teve como objetivo identificar as condições laborais entre trabalhadores de enfermagem de um hospital público federal de ensino em Cuiabá – MT, analisando-as na perspectiva da gestão do trabalho. Os dados foram coletados no período de fevereiro a março de 2011 tendo como fonte as fichas funcionais mantidas pelo setor de pessoal do hospital. Os dados foram organizados e analisados conforme sua distribuição e frequência. Evidenciou-se a condição de trabalho precário e que esta tem crescido em detrimento das outras formas de vínculo. Assim, considerou-se que a gestão do trabalho da instituição caminha na contramão da política de desprecarização do trabalho no Sistema Único de Saúde, o que pode comprometer a qualidade do trabalho e vida dos profissionais de enfermagem.

DESCRIPTORIOS: Enfermagem; Mercado de trabalho; Sistema Único de Saúde.

LA PRECARIZACIÓN DEL TRABAJO EN SUS EN LA PERSPECTIVA DE LA ENFERMERÍA HOSPITALAR

RESUMEN: Estudio descriptivo/transversal, construido con base en el concepto de trabajo precario en el ámbito del Sistema Único de Salud. Tuvo como objetivo identificar las condiciones laborales entre trabajadores de enfermería de un hospital público federal de enseñanza en Cuiabá – MT, analizándolas en la perspectiva de la gestión del trabajo. Los datos fueron obtenidos en el periodo de febrero a marzo de 2011, utilizándose como fuente las fichas funcionales mantenidas por el sector de personal del hospital. Fueron organizados y analizados de acuerdo con su distribución y frecuencia. Se evidenció la condición de trabajo precario y que esta viene creciendo en detrimento de otras formas de vínculo. Se consideró, por lo tanto, que la gestión del trabajo de la institución camina en la dirección contraria de la política de “desprecarización” del trabajo en el Sistema Único de Salud, lo que puede comprometer la cualidad del trabajo y la vida de los profesionales de enfermería.

DESCRIPTORIOS: Enfermería; Mercado de trabajo; Sistema Único de Salud.

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INTRODUCTION

Although present since the emergence of paid work, the reduction in the security of the employment links between employer and employee figure in the current world setting as a condition of contemporaneity; which, levered by a capitalist society, in the context of globalization of the economy and of neoliberalism, has grown in significance since the 1970s⁽¹⁻⁴⁾.

In Brazil, in the ambit of the public sector, the condition of insecure employment is shaped based on the Constitutional Amendment 19 (EC-19)⁽⁵⁾. Termed an amendment for administrative reform, this aims to alter the provisions of the Federal Constitution referent to Public administration and to the labor relations between public servants and the State. Among the changes specified, emphasis is placed on those relating to the uniform administrative law and the modification of the rules relating to stability in public employment. Based on this context, the coexistence of multiple forms of employment links is permitted, ranging from statutory (uniform administrative law), following the Employment Laws, regulated by the Consolidation of Labor Laws (CLT, in Portuguese), through to temporary employment links (contracts for specified times) and tertiarized employments links⁽⁵⁻⁶⁾.

Based on this, as an emerging condition in the ambit of labor relations in the public sector, the lack of security of employment is mentioned as the labor link which results in uncertain and unpredictable conditions, in which its risks are mainly to the worker rather than the State, whose duty is to regulate and strive for labor relations so as to promote social protection^(1-4,7-8).

In the literature, one can observe a lack of conceptual precision relating to the term insecure employment, as it can refer to any of the following: a situation of deficit or absence of rights of social protection in labor relations; or, resulting from the insecurity of the link, from the point of view of the workers' interests; or, further, associated with labor conditions in specific sectors of the economy which create vulnerabilities for the workers when inserted in the world of work in these conditions. What the different concepts or understandings have in common is the condition of vulnerability, whether from the point of view of

ensuring the rights to social protection, or in the sense of the security and stability in the work^(1-4,7).

Currently, the Brazilian political and economic context, above all in the ambit of Public Service, has contributed to the managers – in their attempts to reduce costs – opting to reduce human resources or to flexibilize the labor relations, including tertiarization, these being factors which influence the quality of the services provided and the legitimacy of the labor interests^(1-2,4).

Some public institutions maintain their workforce with multiple forms of employment links and, consequently, different pay between workers who have the same training, a condition which can directly influence their income, causing demotivation which compromises the quality of the work undertaken. In this condition, the workers do not feel motivated to develop innovative projects in their institutions, nor do they seek courses or specialization to improve their skills, and as a result become dissatisfied and poorly-paid, or lack perspectives for growth⁽⁴⁾.

In the Brazilian public sector, especially that of health, the condition of insecure employment grew to such an extent that the Ministry of Health issued the policy of improving security of employment relations, instituting the Standing Negotiation Tables and setting up the Interinstitutional Committee for Improving Security of Employment in the Unified Health System (SUS)⁽⁷⁾.

In the sets of formulations which underpin the above-mentioned policy, the condition of insecure employment is defined by different social actors, according to the positions and places which these occupy in the setting of Brazilian public health. Thus, there is the position of representatives of the Government, through the National Council of Health Departments and the National Council of Municipal Health Departments, which states that this condition is

related to the labor links in the SUS which do not ensure the labor rights and social security rights established in law, whether through direct or indirect link. [arguing that...] Even if the link is indirect, it is necessary to guarantee the selective process and, above all, a democratic relationship with the workers^(7:13).

On the other hand, the segment representing the working class defends the position that, in addition to the aspects related to social protection,

this condition is defined as:

characterized not only as an absence of workers' rights related to social security established in law, but also as the absence of public examinations or public selection processes for permanent positions or public employment in the SUS^(7,13).

The interest in developing this study is particularly related to the conditions of the employment links of public servants in the setting of the SUS, in Cuiabá, Brazil.

Thus, the present study aims to identify the labor conditions among the nursing staff in a federal public teaching hospital in Cuiabá, analyzing these in the perspective of the management of work in the SUS.

METHODOLOGY

The present work is an excerpt from another project titled "a study on the composition of the nursing workforce in a Federal Public Teaching Hospital, in Cuiabá, in the perspective of the management of the work and of the health education" financed by the Research Support Foundation of the State.

It is a descriptive study, with a transversal design and quantitative approach, undertaken in the period September 2010 – November 2011 in a federal public teaching hospital in Cuiabá.

The hospital studied is maintained by the Ministry of Education/Federal University of Mato Grosso and has an agreement such that it provides services to the Unified Health System. Implanted in 1984, it currently has a capacity of 118 beds and provides services in the following areas: internal medicine, surgery, pediatrics, obstetrics and neonatal and adult intensive care units, as well as outpatient services in the different specialities.

The nursing service is organized in one directorate, with 281 workers with different levels of training, including the nursing attendants. Hence, the population studied was made up of nursing workers (nurses, nursing technicians, auxiliary nurses and nursing attendants) who make up the workforce of the hospital's nursing service. Given that this study is census-based this was considered 100% of the population.

The following were excluded from the study: only those nursing workers assigned to other bodies or who had not yet been allocated or who were not exercising duties as part of the hospital's nursing service.

The data were collected in the period February – March 2011; the source was the personnel records maintained by the hospital's personnel department, using a closed instrument containing identity data related to identification of job role, namely: the contracting institution, the nature of the employment link, whether they are full- or part-time, weekly work hours, the year the employee started in the institution, professional position/role, the role the staff member exercises, and where she is allocated, at which point she is in her career, and other links.

The data were organized and stored using the EpiData 3.02 statistical program. Once the data had been entered, and the database constituted, these were stratified based on the variable 'nature of the employment link', which defines the labor conditions as unstable or not.

Following that, the characteristics which the different labor conditions take on – including the comparisons between workers who lack employment stability and those who gained employment by public examination – were analyzed.

The definitions found in the Resolution of the National Health Council were observed and met during the study. As a result, the project of which this article is an excerpt was submitted for analysis and approval by the committee for ethics in research with human beings of the Júlio Müller University Hospital, of the Federal University of Mato Grosso, being approved under protocol n. 760/2010.

RESULTS

Of the set of workers investigated, made up of 281 professionals, based on the variable "position held", it was possible to observe that the hospital's nursing team is made up of 16.3% (46) nurses, 80.5% (226) nursing workers of the middle-technical level and 3.2% ⁽⁹⁾ of the elementary level, without a specific professional qualification (nursing attendant). Of the middle-technical level nursing workers, 42.6% (96) auxiliary nurses and

57.4% (13) are nursing technicians. It was shown that the majority of workers are female, with 87.6% (246) in comparison with men, at 12.4% (35). The most significant age ranges found were those over 40 years old, at 66.7% (188): of whom 18.8% (53) are over 55 years old and are close to completing the period of work entitling them to retire. In relation to length of service in the institution, there was a predominance of those workers who stated between five and nine years, with 44.1% (124), followed both those who stated that they had worked there for more than 25 years, with 19.9% (56). A considerable number of staff who stated that they had worked there for less than five years – 29.1% (65) – was also observed.

In relation to the weekly workload and to the workers' distribution in shifts, it can observe a variety in the forms of scheduling, including for the same position and work shift. Just for the day shift, the following were identified: full-time work days, of eight hours per day from Monday to Friday with 1%; three persons combined, with shifts of 12 hours followed by 36 hours off, with 4.9% (14); 12 hours on followed by 60 off, with 14.9% (42); and of six hours, distributed in the mornings, with 19.6% (55) or in the afternoons, with 19.3% (54). In the case of the night shift, on the other hand, shifts of 12 hours on followed by 60 hours off were identified, with 29.9% (84) and of 12 hours on followed by 36 hours off, with 10.4% (29).

It was observed that the majority of workers had a contractual link with the institution, represented as stable, due to length of service, and permanent, who had gained their positions via public examinations, with 74.1% (208). However, the coexistence of nursing workers with

unstable labor conditions was also identified, with 25.9% (73). In this same vein, it was observed that 100% of the workers who have temporary contracts have a direct link not with the institution which maintains the hospital, but rather with the Cuiabá Municipal Health Department (SMS/CBA).

There is also, with lower numbers, the presence of nursing workers assigned by the Mato Grosso State Health Department (SES/MT), with 2.4% (7), all of whom, however, maintained permanent links with the employing institution.

Table 1 details the characteristics relating to the nature of the links in relation to the employing institution, re-affirming the condition of stable or permanent employment, gained via public examination, of those nursing staff directly linked to the Brazilian Ministry of Education and of the service providers, with an employment link with the SMS/CBA, besides those which are permanent in the State Public Service and assigned to the hospital. Among the workers who lacked employment stability, none have a link with the Ministry of Education.

A more careful analysis of the data relating to the distribution over time of the nature of the subjects' employment link, between 1984 and 2011, shows the behavior of the form of access to public employment in relation to time, evidencing that since the hospital's implantation in 1984, the nature of the links has changed and that, since 2000, the unstable character of the work increased to the detriment of other forms of contracting, recruitment and selection of staff through public examinations.

Table 1 - Distribution of the subjects according to Employing Institution and Nature of the link. Cuiabá-MT-Brazil, 2011

Employing Institution	Stable	Permanent (public examination)	Temporary Contract
Ministry of Education	62	135	0
State Health Department	0	7	0
Municipal Health Department	0	0	73
Others	1	3	0
Total	63	145	73

DISCUSSION

The data revealed the distribution of the nursing workers according to the nature of the employment link, the employing institution, and the weekly workload. The combination of these three variables made it possible to respond to the study's central question, relating to the labor conditions in the perspective of the employment link.

Although the process of flexibilization of the work in the ambit of the Brazilian public sector has broadened since the EC-19/1998, one should take into account that in 2007 the Supreme Federal Tribunal suspended, through a precautionary measure, the modifications of the main section of Article 39 of the constitution, which happened through this amendment, re-establishing the uniform administrative law for the public servants of the direct public administration⁽⁵⁻⁶⁾.

Considering that workers with stable employment links are those who entered public service five years before the approval of the Federal Constitution of 1988, and the permanent workers are those who gained access to public service through a public examination; that is to say, all are subject to the uniform administrative law. In this way, it is evidenced that unconstitutionality is present in the management of the work in the hospital⁽⁹⁾.

Another characteristic which calls attention, based on the data presented, reasserting what has been stated above, is in the variable "hours of work", it being possible to identify that 100% of the workers with insecure employment have a weekly workload which is greater than those workers who are in secure or permanent employment. The coexistence of different hourly workloads and their forms of distribution was observed in a separate study, undertaken in the same hospital, even for the same shift and hospital department⁽¹⁰⁾, this distribution depending on the nature of the link – whether statutory or tertiarized. In this regard, workers were identified who occupied the same position and worked in the same department, but who had different hours of work, depending on the nature of the employment link.

According to information in the literature which refers to the issues of human resources in the SUS^(4,7), some public institutions have a workforce of professionals with different employment contracts and, consequently,

different pay between professionals with the same training and role. In this study, one can observe that to these characteristics one can add, as typical of insecure employment, the differentiation of the hourly workload to which those subjected to this condition are compelled; from which one can infer that continuance in the job depends on the worker's acceptance of the local working conditions relating to the insecure nature of the employment.

In widely-differing areas of work in the public sector and, in particular, in the area of health, the existence of insecure employment affects and results in major consequences, not only for the workers – who, for fear of becoming unemployed, end in subjecting themselves to the condition of absence of social protection – but also for their families and for the institution itself, as these workers submit to long working days and, in general, receive less pay than career public servants, consequently needing to work in a second job simultaneously; in the majority of cases, they do not receive or participate in continuing education or any type of professional training^(4,7).

According to a survey presented by the Jornal Online Diário de Cuiabá (Cuiabá Online Daily Newspaper) (2011), in the State of Mato Grosso, higher education in Nursing, which was formerly offered only by one Higher Education Institute, based in the capital, in the early 1990s, was, at the end of the decade 2000 – 2010 being offered by 17 faculties, both public and private, distributed throughout the State of Mato Grosso, with six in Grande Cuiabá alone⁽¹¹⁾.

The same occurred with mid-level training in nursing, following the issuing of the most recent Law of Directives and Bases for National Education⁽¹²⁾, which promotes the reformulation and broadening of Technical Level Professional Education in Brazil. These changes resulted in the termination of the qualification courses for auxiliary nurses at the same time as the offering of courses for training at a technical level was broadened.

In this context, the broadening of the offering of spaces for professionalization in the area of nursing, without the services broadening the offering of jobs in the same proportion, has caused what can be characterized as structural unemployment for this category, as the availability

of labor is far beyond the job market's capacity to absorb it^(1-2,4). Consequently, the availability of the offering of labor has facilitated the broadening of insecure employment, given that the worker ends up accepting worse labor conditions as a form of guaranteeing her continuance in the job and her income.

In the light of the evidence observed in the condition of unstable employment among nursing workers in the hospital studied, even though it was restricted to a quarter of its professionals, the growth of this condition calls into question how work is managed in that space, considering two fundamental aspects. The first is directly related to the worker herself and to how she works, based in the perspective put by the national policy for making employment in the SUS less insecure, the agenda of which is to recover the condition of workers in insecure employment, promoting their reinsertion in the world of work in accordance with the constitution, thus guaranteeing their labor rights and citizenship rights⁽⁷⁾. The second is directly related to the management of the work in nursing and the objectives of the hospital studied and its damaging effects resulting from maintaining the worker in insecure employment, in particular when one considers satisfaction in the work as the condition for a process of production in accordance with the institutional mission.

Considering this tendency, combined with the concentration of age ranges and length of service close to that entitling people to retire, and the fact that the majority are female, who have to work for fewer years in order to retire, if the institution does not review its work management practice, in the short or medium term, there will be a predominance of workers whose employment conditions are insecure, which is not in accordance with the National Policy for Making Employment More Secure in the SUS⁽⁷⁾.

In this regard, considering the role of the nurse regarding the management of the workforce as an integral part of the nursing administration work process⁽¹³⁾, the rendering insecure of the employment links is a major challenge, given that the concerns, expectations and satisfaction of the worker are among the fundamental elements for the production of quality care⁽¹⁴⁾.

Another aspect deserving attention based on the findings is related to the characteristics which insecure employment takes on within the context

studied, which goes beyond the mere absence of social protection and admission to employment without there being public examinations⁽⁷⁾. The evidence that the condition of being a worker on a temporary contract entails overburden of work hours and an indirect employment link with the institution where she works explains the feeling of estrangement and of being the weaker element in the power dynamic to which this set of workers is subjected. Considering in particular the aspects relating to differentiation of the work hours within the same professional group, explained only by the nature of the employment link, a discriminatory and excluding policy is evidenced, put into effect against the trend of the historic struggle of the category of nursing for the regulation of their work hours⁽¹⁵⁾.

In the light of this context, one must consider that this set of conditions extends and expands the concept of insecure employment, based on the current conceptualization in the ambit of the SUS^(1,3-4,7).

FINAL CONSIDERATIONS

This study evidenced the coexistence of multiple forms of contracts and employment links between the nursing workers, including those whose employment is insecure. It also observed that the removal of security of employment has been a tendency since the hospital's implantation, accompanying the emergence and the growth of this condition in the more general context of the public sector, in particular that of health.

In this context, the study identified conditions which are imposed on the contracted workers, which suggests the broadening of the concept of unstable employment, taking into consideration that, once in this condition, the workers are obliged to accept longer hours.

In the light of the evidence, regarding the form of being in work, and the harmful effect on the nursing worker's life and productive capacity; taking into account the centrality which this takes on in the context of hospital care, the issue of the challenge imposed on management of the work is raised here, as an integral part of the work process of nursing administration, an activity proper to the nurse.

In this context, attention is drawn to the work process of the nursing manager/administrator in

participating politically, as a way of seeking to guarantee working conditions which promote the worker's satisfaction and enthusiasm, in the perspective of the production of quality care within a humanized work environment.

It is also considered that the characteristics found are not restricted to the hospital studied, but resemble the international context of health work in the ambit of public service. In this regard, taking the Human Resources policy proposed as one of the structural axes of the SUS, the management of the work must: seek the valuing of the work and of the worker; the treatment of conflicts of interest; and the humanization of the work relationships, which must become part of a management agenda so as to revert the work conditions which compromise to such a degree both the services produced, and the workers' quality of life.

REFERENCES

1. Kalleberg AL. Crescimento do trabalho precário: um desafio global. *Rev. bras. cienc. soc.* 2009; 24(69):21-30.
2. Alves G. Dimensões da reestruturação produtiva: ensaios de sociologia do trabalho. 2ª Ed. Londrina: Praxis; 2007.
3. Amorim LKA, Carvalho CA, Souza NVDO, Cruz ESER, Silva MGV. O trabalhador sem vínculo previdenciário e a vivência cirúrgica: uma contribuição da enfermagem. *Cienc. Cuid. Saúde.* [Internet] 2012;11(2) [acesso em 15 de jul 2013]. Disponível: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/14931/pdf>.
4. Nogueira RP, Baraldi S, Rodrigues VA. Limites críticos da noção de precariedade e desprecarização do trabalho na administração pública. In: Barros AFR, Santana JP, Santos Neto PM, organizadores. *Observatório de recursos humanos em saúde no Brasil.* Brasília (DF): Ministério da Saúde; 2004. v.2 p. 81-103.
5. Congresso Nacional (Brasil). Emenda Constitucional n. 19 de 4 de junho de 1998. Modifica o regime e dispõe sobre princípios e normas da Administração Pública, servidores e agentes políticos, controle de despesas e finanças públicas e custeio de atividades a cargo do Distrito Federal e dá outras providências. *Diário Oficial da República Federativa do Brasil, Brasília, Congresso Nacional;* 1998.
6. Silva MM. A reforma administrativa e a Emenda Constitucional 19/1998. *Gestão Pública on line* [Internet]. 2005 [acesso em 15 nov 2011]. Disponível: <http://www.direitopositivo.com.br/modules.php?name=Artigos&file=display&jid=168>
7. Ministério da Saúde (BR). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão e da Regulação do Trabalho em Saúde. Programa Nacional de Desprecarização do Trabalho no SUS: DesprecarizaSUS: perguntas & respostas: Comitê Nacional Interinstitucional de Desprecarização do Trabalho no SUS Brasília; 2006.
8. Freitas GF, Fugulin FMT, Fernandes MFP. A regulação das relações de trabalho e o gerenciamento de recursos humanos em enfermagem. *Rev Esc Enferm USP.* 2006;40(3):434-8.
9. Brasil. Constituição da República Federativa do Brasil. Brasília: Senado; 1988.
10. Ribeiro AC, Mattos CMM. Dimensionamento de pessoal de enfermagem em uti-neonatal de hospital público federal de ensino. *Cogitare enferm.* 2011;16(3):455-62.
11. Anjos A. Enfermagem: manifestantes percorrem sete hospitais. 2011 [Internet] [acesso em 15 nov 2011]. Disponível: <http://www.diariodecuiaba.com.br/detalhe.php?cod=398045>
12. Brasil. Lei n. 9.394/1996, de 20 de dezembro de 1996. Estabelece as diretrizes e bases da educação nacional. *Diário Oficial da República Federativa do Brasil, Brasília, 23 dez. 1996. Seção1:1.*
13. Tronchin DMR, Melleiro MM, Takahashi RT. A qualidade e a avaliação dos serviços de saúde e de enfermagem. In: Gerenciamento em enfermagem. Kurcgant P. (organizadora). Rio de Janeiro: Guanabara Koogan; 2005. p. 75-87.
14. Sanna MC. Os processos de trabalho em enfermagem. *Rev. bras. enferm.* [Internet] 2007;60(2) [acesso em 22 jul 2013]. Disponível: <http://dx.doi.org/10.1590/S0034-71672007000200018>
15. Pires DEP, Lopes MGD, Silva MCN, Lorenzetti J, Peruzzo SA, Bresciani HR. Jornada de 30 horas semanais: condição necessária para assistência de enfermagem segura e de qualidade. *Enferm. Foco.* 2010;1(3):114-8.