

THE PRECARIOUSNESS OF EMPLOYMENT LINKS FOR NURSES IN MUNICIPALITIES IN NORTHERN MINAS GERAIS

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Abstract: Objective: To evaluate the employment bond of the nurses of the Family Health Strategies of the north of Minas Gerais regarding the stability offered to this professional. Method: Quantitative research carried out in database - CNES - National Register of Health Establishments. The studied population was composed of 679 nurses working in the municipalities of the North of Minas Gerais in the public health units registered in the CNES. Establishments). Results: Most of the bonds offered to these professionals are precarious links. Fixed-term employment contracts do not guarantee stability and bring as a consequence the break in the link between professional and population and the discontinuation of care. These precarious links in the Family Health Strategy are fragile and subject the worker to political instability and are not able to guarantee the labor rights of nurses. Conclusion: Part of the municipalities in the north of Minas Gerais does not follow the Federal Constitution that determines the access to the public service by the competition. The instability of a bond directly interferes with the actions that should be developed within the service, because without a guarantee of permanence, the professional can not make a plan that guarantees the continued assistance to the patient, which directly influences the relationship of trust between the professional and the population.

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INTRODUCTION

The proposition of a new health model in Brazil occurred due to the need for society to systematically democratize the care offered to the population. The process of redemocratization of the Brazilian political context, which encompasses the Health Reform, resulted in the formulation and creation of the Unified Health System (SUS) and was defined by the health doctrine as a right of all and a duty of the state. (BRAZIL, 2003)

Health has become a constitutional duty of all spheres of government, whereas before it was only the federal government and the insured worker was relative. The concept of health was expanded and linked to social and economic policies. The assistance is designed in an integral way (preventive and curative). Participatory management was defined as an important innovation, as well as the command of financial funds for each sphere of government. The 8th National Health Conference - CNS in 1986 configured the effectiveness of the Federal Constitution in 1988, providing a new discussion related to health in Brazil. (BRAZIL, 1998)

The SUS constitutes its regulation through the Organic Health Laws 8.080/90 and 8.142/90, legally composing its bases and establishing its principles and guidelines. While Law 8.080/90 establishes the conditions for the promotion, protection and recovery of health, the organization and operation of the corresponding services and provides other provisions. Law 8,142 deals with community participation in the management of the SUS and intergovernmental transfers of financial resources in the health area and provides other provisions, thus establishing the legal bases for regulating the system based on levels of care. ((BRAZIL, 2011)

The Family Health Strategy (FHS) was implemented in Brazil as the main and most important means for reorganizing health care, as recommended by the principles and guidelines of the SUS. Its actions represent the conception of health centered on the promotion of quality of life through its main objectives, which are: prevention, promotion and recovery of health. (FERNANDES, J.S et al, 2012)



The FHS aims to strengthen the bond between the professional-user, and it is necessary to know each person and their previous history in order to intervene in the real problems of that assisted population. (MEDEIROS, C. R. G et al 2010)

The work of nurses, inserted in health institutions, is often multifaceted, divided and submitted to a diversity of positions that generate exhaustion. On the other hand, work is also a source of pleasure and satisfaction, which enhance human capacities, in the promotion of health and life. (TAKAHASHI, E et al, 2009)

Fernandes et al, (2012) state that the nurse's practice is complementary to that of other health professionals and community partners, being responsible for identifying the needs of individuals, families and groups in a given geographical area and ensuring the continuity of care, establishing the necessary articulations. In the FHS, nurses work for eight hours a day developing tasks listed in the National Primary Care Policy (PNAB) (Table 1).

Table 1: Activities of the Nursing profession in the FHS

I - Health care for individuals and families linked to the teams in all life cycles;
II - Nursing consultation, procedures, requesting complementary exams, prescribing medications according to protocols, clinical and therapeutic guidelines;
III - Reception with qualified listening and risk classification;
IV Risk stratification and develop a care plan for people who have chronic conditions in the territory;
V - To carry out group activities and refer, when necessary, users to other services;
VI - To plan, manage and evaluate the actions developed by nursing technicians/assistants, community health agents and endemic community agents;
VII - Supervise the actions of the nursing technician/assistant and CHA;
VIII - Implement and keep updated routines, protocols and flows related to its area of competence;
IX - To perform other duties in accordance with professional legislation, and which are of responsibility in their area of activity.

Source: PNAB (2017)



In recent years, issues related to health workers have raised debates regarding the main problems of the low qualification and training of professionals and the precariousness of work in public administration, among others. However, little attention has been paid to the professional's fixation in his or her job, which generates worker dissatisfaction, causing high turnover. (MORAIS AJD et al, 2018)

The present study aims to demonstrate the types of employment contracts of nurses in the North of Minas Gerais.

PROPOSED METHODOLOGY

The descriptive evaluative study was carried out using a quantitative method. The study population consisted of 679 nurses working in the municipalities of the North of Minas Gerais, in the public health units registered in the CNES (National Registry of Health Establishments).

The main tool comes with the creation of DATASUS through Decree 100 of 04/16/1991, whose data provide concrete justifications for a series of public health policies. In this sense, for the provision of health information, the Department of Informatics of the SUS – DATASUS – was created. The Department is formalized by decree 100 of 04/16/1991. Together, FUNASA – National Health Foundation – was created. (MOURA and SILVA et al, 2005)

The survey was conducted in January 2019. On the CNES/DATASUS page, the data were selected in the following sequence: queries option; establishments by geographic location; state of Minas Gerais, selecting only the municipalities in the north of the state. In each municipality, data were collected regarding the employment relationship of the nurses in the UBS.

Data analysis was performed using Excel spreadsheets.



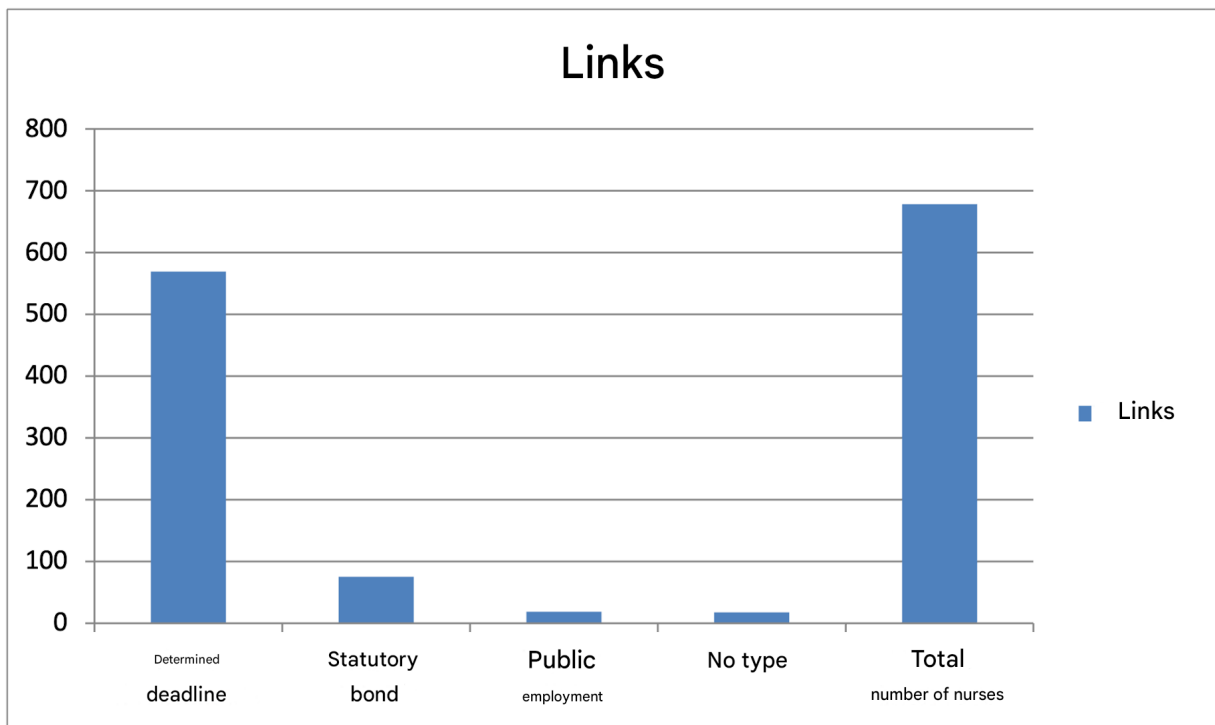
FINDINGS

The search carried out on the CNES/DATASUS website showed a total of 679 nurses linked to the UBS in the North of Minas. Regarding the employment relationship, 569 professionals have a fixed-term contract, 75 have a statutory employment relationship, 18 nurses have a position for public employment and 17 do not have the type of relationship specified (Graph 1). Most of these professionals (83.8%) have a precarious administrative contract and only a small portion of the nurses (11%) have tenure as public servants (Table 2). The type of public employment relationship refers to professionals hired under the CLT regime – Consolidation of labor laws. (BRAZIL, 1998)

The results found point to a reality of precariousness of the employment relationship of nurses allocated to public health in the north of Minas Gerais. This scenario does not comply with what is determined by the Federal Constitution (FC) of 1998, in its article 37, paragraph II, which determines that “investiture in public office or employment depends on prior approval in a public examination of tests or tests and titles, according to the nature and complexity of the position or employment, as provided for by law [...]”. The Magna Carta also determines in the same article, in paragraph IX, that “the law shall establish the cases of hiring for a fixed period to meet the temporary need of exceptional public interest”. (CONASS, 2007)



Graph 01 – Employment relationship of nurses in the north of Minas Gerais



Source: Sourced from the survey (2018)

Table 02 – Percentage analysis of the employment contracts of nurses in the north of Minas Gerais

Bond Type	No. of nurses	%
Deadline	569	83,80
Statutory bond	75	11,00
Public employment	18	2,65
Typeless	17	2,55
TOTAL	679	100,00

Source: Sourced from the survey (2018)

DISCUSSION

In the present study, the employment relationship of nurses found in its majority was a fixed-



term employment contract. Brazilian legislation describes that there are the following direct ways of hiring professionals in the SUS: statutory servant, CLT civil servant, special regime (precarious temporary contracts), special regime (commissioned positions), outsourcing, cooperatives, work indirectly linked through service orders, management contracts with Civil Organizations of Public Interest, work indirectly linked through philanthropic entities and private foundations. (CONASS, 2007)

The statutory regime is the most appropriate for the public sector. The CF also recommends that the public worker must enter the career through a public competition. However, it is perceived that labor relations in the SUS point to different bonds. (BRAZIL, 1998)

Hiring with temporary contracts in the SUS is justified by managers as an imposition of the legal restrictions provided for by the Fiscal Responsibility Law, which established the limits of personnel expenses at up to 60% of net current revenue. This justification corroborates the result found in the study. (CONASS, 2009)

In a study carried out by the Department of Primary Care (DAB), it was observed that most SUS workers had precarious contracts and accumulated other types of jobs to supplement the family income. (Brazil 2006). In 2003, in an attempt to combat precarious work and the fragility of bonds, the National Program for the Deprecarization of Work in the SUS (Desprecariza SUS) was created, which provided for the valorization of health professionals and counted on the partnership of municipal managers and unions in order to adopt stable work relationships ensuring the rights of SUS workers. (LACAZ, F.A. C. et al, 2014)

Fixed-term employment contracts do not guarantee stability and bring as damage the rupture of the bond between professional and population and the discontinuity of care (LOURENÇO, E.C. et al, 2009). These precarious bonds in the Family Health Strategy (FHS) subject workers to political instability, competition from municipalities, which have different ways of retaining professionals and generate high turnover. This insecurity generated by temporary hiring is related to the search for multiple jobs, which affects the integrality of health care. (TAVEIRA, Z. Z, 2010)



The labor bonds that guarantee more protection to workers are the statutory and CLT bonds. These links should prevail in the public service, especially within the scope of the SUS (MUROFUSE et al, 2014). In this sense, because the health area is an essential sector, it is necessary that workers who work in the SUS care network have an employment relationship capable of guaranteeing rights and stability at work, so that it is possible to meet all the needs and demands of the health system, as proposed in the SUS legislation. (BRAZIL, 2007)

Throughout the 90s, the number of informal contracts and the non-payment by many employers of the social charges for which they were responsible increased significantly, depriving workers of rights guaranteed to them by law, such as vacations, Guarantee Fund for Length of Service (FGTS), leaves, thirteenth salary and retirement. Without this protection, professionals remain at the mercy of political-party instability and the difference between governments that succeed each other in power, so present in the reality of Brazilian municipalities. (COTTA, R. M. M et al, 2006)

The type of temporary contract makes it difficult for the professional to establish a bond with the service and with the population served, which is a strong characteristic of work in the FHS. In addition, the ease of political use in the granting of these positions, allowed by this form of contract, may infer that there is a well-recognized political-party bargain in small municipalities. Therefore, it is up to managers to implement policies that ensure workers' rights and that lead to overcoming the high turnover of these professionals and the discrimination of their fear and that of the population by reprisals of political background. (COTTA, R. M. M et al, 2006)

It is necessary to rethink human resource management policies in the public sector. Contract inequalities, performance goals in search of efficiency, precarious working conditions and relations that, in turn, put at risk social protection and labor rights, conquered through the path of public tender. A career in the public service is possible, it depends on managers to implement a decent career plan for health workers, reducing hiring for precarious contracts. (SANTOS, E.J et al, 2017)



CONCLUSION

The results of the present study reflect the managers' thinking that the lack of financial and human resources in the health area promotes the adoption of various forms of hiring and retaining health professionals in the municipalities to meet the realities of society, causing a change in employment relationships, valuing other types of contractual labor relations. (SANTOS, E. R, 1999)

The employment relationship of nurses working in the FHS in the north of Minas Gerais is predominantly precarious, contrary to what is determined in the Federal Constitution. It is necessary to change this scenario, as professional stability can improve the quality of life of professionals, since they would not need to have more than one job, reduce the turnover of workers, and consequently improve the supply of care in the FHS.

It is understood that the stability of an employment relationship is beneficial for all parties involved, for users who have the right to quality and continuous care, for professionals, with their labor rights guaranteed, and for managers, containing expenses and adapting their services to a previously established law.

This research can contribute as a source of information to improve the employment relationship of nurses within the scope of the SUS. However, more in-depth studies can extend this research to links with other professionals, since the FHS is based on teamwork. Thus, understanding the employment relationships of other SUS workers, holding public examinations for Primary Care, implementing a national career and creating career plans can contribute to the improvement of health care within the public health system.

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