

WORKING CONDITIONS OF NURSES, NURSING TECHNICIANS, AND ASSISTANTS IN PUBLIC HOSPITALS

CONDIÇÕES DE TRABALHO DE ENFERMEIRAS, TÉCNICAS E AUXILIARES DE ENFERMAGEM EM HOSPITAIS PÚBLICOS

CONDICIONES DE TRABAJO DE LOS ENFERMEROS, TÉCNICOS Y AUXILIARES DE ENFERMERÍA EN LOS HOSPITALES PÚBLICOS

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ABSTRACT

Objective: to analyze the working conditions experienced by nurses, Nursing technicians, and assistants in public hospitals. **Method:** this is a qualitative, descriptive study, in which 122 Nursing workers from 15 public hospitals in a state in the northeast of Brazil were interviewed. Data collection took place between March 2015 and February 2016, in healthcare sectors, including outpatient clinics, wards, and highly complex units. The instrument used was a semi-structured questionnaire with trigger questions. The data were organized and processed using the Iramuteq software, which generated a word cloud and similarity tree. **Results:** from the analysis, four categories emerged that through the workers' speeches revealed that the lack of inputs, the inadequate place to rest, the impossibility of enjoying the breaks resulting from overtime worked and low wages are factors that allow classifying as the working conditions of nurses, Nursing technicians and assistants in the studied public hospitals are precarious. **Conclusion:** due to the precarious conditions offered by the State, the strain on the workforce of Nursing professionals can contribute to the illness of workers and expose patients to risks, as they directly imply the quality of care delivery.

Keywords: Working Conditions; Nursing Service, Hospital; Nursing Staff, Hospital; Nursing; Hospitals, Municipal.

RESUMO

Objetivo: analisar as condições de trabalho vivenciadas por enfermeiras(os), técnicas(os) e auxiliares de Enfermagem em hospitais públicos. **Método:** estudo qualitativo, descritivo, em que foram entrevistadas 122 trabalhadoras de Enfermagem de 15 hospitais públicos de um estado do Nordeste do Brasil. A coleta de dados ocorreu entre os meses de março de 2015 e fevereiro de 2016, em setores assistenciais, incluindo ambulatórios, enfermarias e unidades de alta complexidade. O instrumento utilizado foi um questionário semiestruturado com questões disparadoras. Os dados foram organizados e processados com o auxílio do software Iramuteq, que gerou nuvem de palavras e árvore de similitude. **Resultados:** da análise emergiram quatro categorias que revelaram, por meio dos discursos das trabalhadoras, que a falta de insumos, o local inadequado para descanso, a impossibilidade de gozar as folgas advindas das horas extras laboradas e os baixos salários são fatores que permitem classificar como precárias as condições de trabalho de enfermeiras, técnicas e auxiliares de Enfermagem nos hospitais públicos estudados. **Conclusão:** o desgaste da força de trabalho de profissionais da Enfermagem, em decorrência de condições precárias ofertadas pelo Estado, pode contribuir para o adoecimento das trabalhadoras e expor usuários a riscos, pois implicam diretamente a qualidade da prestação da assistência.

Palavras-chave: Condições de Trabalho; Serviço Hospitalar de Enfermagem; Recursos Humanos de Enfermagem no Hospital; Enfermagem; Hospitais Públicos.

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RESUMEN

Objetivo: analizar las condiciones laborales de enfermeros, técnicos y auxiliares de enfermería que trabajan en hospitales públicos. **Método:** estudio cuantitativo, descriptivo para el cual se entrevistaron a 122 trabajadores de enfermería de 15 hospitales públicos de un estado del noreste de Brasil. La recogida de datos se efectuó a través de un cuestionario semiestructurado con preguntas desencadenantes, entre marzo de 2015 y febrero de 2016, en sectores que incluyeron consultorios externos, enfermerías y unidades de alta complejidad. Los datos se organizaron y procesaron con la ayuda del software Iramuteq, generador de una nube de palabras y un árbol de semejanzas. **Resultados:** del análisis surgieron cuatro categorías. A través de los discursos de los trabajadores se constató que la falta de insumos, los espacios de descanso inadecuados, la imposibilidad de disponer de días libres por horas extras trabajadas y los sueldos bajos son factores que señalan las precarias condiciones de trabajo del personal de enfermería en los hospitales objeto de este estudio. **Conclusión:** el desgaste de la fuerza laboral del personal de enfermería, debido a las precarias condiciones que ofrece el estado, puede afectar la salud de los profesionales sanitarios y exponer a los usuarios a riesgos a causa de la calidad de la atención brindada.

Palabras clave: Condiciones de Trabajo; Servicio de Enfermería en Hospital; Personal de Enfermería en Hospital; Enfermería; Hospitales Municipales.

INTRODUCTION

Working conditions can be conceptualized as a set of variables that influence the work, activity, and life of the worker. The variables concern the wage, ergonomic, autonomy and job satisfaction aspects, and the stability of workers in employment and the flexibility of work, which are characteristics of the scenario of changes in the “world of work”.¹ Therefore, working conditions are related to everything that affects the worker in their daily work.²

In the capital-labor relationship, the employer must provide the worker with the necessary conditions for the work to be carried out. In this sense, working conditions are affected by economic, cultural, organizational, environmental factors, the existence of laws to protect workers, among others. In the health area, the conditions in which the work is carried out directly influence the assistance that is provided to the patient.^{1,3}

Since the 1970s, the world is having transformations affecting the work. Among these transformations, we can highlight the productive restructuring with the advent of Toyotism, the advance of neoliberalism as an economic and ideological policy, the flexible accumulation, and, consequently, the precariousness of work to a degree never known.^{4,5}

The precariousness of work affects all aspects of working life and is defined by Bourdieu as a political system of domination that aims to subordinate workers to the situation of exploitation of and at work.⁶ One of the aspects of precarious work is the retreat of the State in its role as an intermediary in the relationship between capital and labor, as we can observe in the Brazilian case with Law 13,467 approved in 2017, also known as Labor Reform.⁷

In public services, the State has a dual role: both as regulator and inspector of working conditions, based on regulatory and other norms, and as an employer, who must provide working conditions. However, there is a contradiction: the same State that regulates and inspects working conditions is also what makes them precarious in their services, putting users and workers at risk, like in public health services.

The problem of Nursing work has objective and subjective aspects that impact on their practices in a given social context. The precarious working conditions for Nursing workers have been the object of research in several national and international studies.^{5,8,9} Studies of these conditions, specifically in public services, as the core analyzer are still insufficient. Thus, this research was conducted to deepen themes related to working conditions that would enable us to know the meanings of these issues for Nursing workers.

The capital production process is presented as a guiding axis for the production of knowledge about the work process in public hospitals in the search to understand how social individuals - nurses, Nursing technicians, and assistants - mean working conditions. In this way, in the professional Nursing area, knowing their imaginary about working conditions will enable them to highlight nuances about labor relationships from social knowledge and how the workers perceive the dual role of the State: as an employer and as supervisor of working conditions. In this segment, the question is: how do nurses, Nursing technicians, and assistants perceive working conditions in public hospitals where they perform their work activities?

OBJECTIVE

To analyze the working conditions experienced by nurses, Nursing technicians, and assistants in public hospitals.

METHOD

This article is part of the PPSUS Umbrella project, entitled “Analysis of the Nursing work process in SUS Bahia”, with a quantitative and qualitative approach. The research places were 15 public hospitals with direct administration and seven with indirect administration from the State Health Department of Bahia (Secretaria da Saúde do Estado da Bahia - SESAB), who agreed to participate in the research and provided the registration of Nursing workers.

We estimated the size of the population to be interviewed using the software STATA version 11 and we considered the information provided by the aforementioned records.

As the prevalence of the studied phenomena was unknown ($p = 0.50$), a sampling error of 3% ($d = 0.03$) was admitted under the 95% confidence interval ($\alpha = 0.05$). The total number of elements in each stratum corresponded to the total number of Nursing workers registered in organizations with direct management ($n = 7,140$: 1,712 nurses, 2,597 Nursing technicians and 2,831 Nursing assistants) and in organizations under indirect management ($n = 1,681$: 436 nurses, 1,160 Nursing technicians and 85 Nursing assistants).

The distribution of stratified sampling with the proportional allocation of workers was calculated according to the type of administration, category, and employment, totaling 265 nurses ($n = 161$ statutory and $n = 104$ outsourced) and 810 Nursing technicians and assistants ($n = 597$ statutory and $n = 213$ outsourced).

The collection took place from March 2015 to February 2016. The prolonged collection time was due to operational issues related to the transfer of research resources that affected the displacement of the team, as we included hospitals located in the capital and the state.

The instrument used was a semi-structured script, with closed and open questions, divided into seven sessions: I. Sociodemographic characteristics; II. Information on other employment relationships; III. Information about this work; IV. Work process information; V. Information on working conditions; SAW. Information on domestic activities; and VII. Wage information. The elaboration of the instrument was supported by an extensive literature review and the experience of nurses working in health organizations. A pilot test of the script was carried out, validated in workshops with expertise in work in Nursing and statistics.

The team of researchers responsible for conducting the interviews was composed of 10 people, all trained for data collection. There was no exchange of researchers until the end of the collection. The researchers applied the interview script and manually recorded the workers' answers. On average, the interviews lasted 50 minutes.

The researchers used the direct approach for the systematic selection of workers in the respective sectors of activity, configuring a sampling for convenience. The inclusion criteria were: professionals with more than six months of work proven in the health organization. We excluded participants on vacation or leave.

For this article, a cut of open questions was carried out, which allowed the qualitative treatment of the data. The answers in section V, "Information on working conditions", were selected. From the questions that make up this section, the triggering question was chosen: "Are the working conditions adequate to the patient's severity profile?" When assessing whether working conditions are appropriate or not to the patient's severity profile,

the worker summarizes the aspects involved in carrying out her work. The remaining questions in this section are closed and have been dealt with statistically in other studies.¹⁰

In a health service, we expect that working conditions always correspond to the patient's severity profile; however, we did not observe it in the research. Of the total number of workers interviewed, 122 answered that the working conditions were not adequate to the patient's severity profile and explained the reasons for this answer. Of these, 30 were nurses and 92 Nursing technicians and assistants. We considering that about 90% of the participants in this study were female.

The following distribution was observed in the work sectors according to the category of nurses: two worked in the reception/risk classification; two on an outpatient basis; four in surgical and obstetric centers; five in emergencies; eight in inpatient units; one in support service; seven in a semi-intensive unit; and one in the intensive care unit. For Nursing technicians and assistants, the distribution was: one worked on reception/risk classification; two on an outpatient basis; 14 in the surgical and obstetric center; 20 in an emergency; 32 in inpatient units; seven in support services; seven in a semi-intensive unit; and seven in the intensive care unit.

For the analysis, we typed all the answers and formed the corpora for the treatment with the Iramuteq Software (Interface of *R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) 0.6 alpha 3.10. The software performs textual analyzes of qualitative data, such as similarity and lexical analyzes.¹¹

The approach of this article is qualitative and descriptive and adopted the theoretical reference of Sociology of Work, specifically addressing the precariousness of work, to analyze the working conditions of nurses, Nursing technicians, and assistants in professional practice in public hospitals.

The textual corpus composed of the workers' speeches enabled their processing. The first corpus comprised all workers and resulted in 122 answers analyzed to understand the meaning given to working conditions by the group of participants. In the search for possible specificities between the perception of professionals with higher education and professionals with technical education, a second corpus was formed and processed with 27 answers referring to nurses and a third corpus with the 58 answers of Nursing technicians. The answers provided only by Nursing assistants (37) were not analyzed separately.

In the organization of the data, initially, the semantic approximation was performed using statistics, enabling to organize the 122 units of initial contexts (UIC) in each of the three corpora. Then, similarity analysis was carried out, which resulted in three graphs generated by the software. Similitude analysis is based on graph theory and allows the identification of co-occurrences between words. Its result indicates the connection between words and their identification in the textual structure.¹¹

Thus, the similitude analysis provided the organization and distribution of vocabulary from the answers of the 122 workers, in an easily understandable and visually clear way through the generated graphics, which allowed the improvement of the text analysis. In this study, we used the frequency of 10 or more cutoff point in all analyzed corpora.

We decided to elaborate on the word cloud for the total group of 122 workers. In this cloud, the grouping and graphic organization of the words took place according to their frequency, which enabled the rapid identification of keywords in the textual corpus and simple lexical analysis.

The interpretative analysis of the graphs (similarity tree and word cloud) obeyed the ordering of the axes with more co-occurrence, in each of the figures elaborated by the software, considering the frequency of the words that are repeated in the text content and the set of characteristics in a given fragment of the content.¹² Based on the answers to the triggering question, in the process of exhaustive reading of the empirical material, four categories were predefined for interpretative analysis: compromised patient care due to insufficient material and equipment; inadequacy of the place to rest; wage dissatisfaction; and, dissatisfaction with the lack of time off.

We used speech fragments to deepen the lexical analysis in the process of categorizing and interpreting the results. The discussion of each of the categories was based on the sociology of work, specifically looking for job insecurity.

To preserve the anonymity of the participants, the excerpts of the speeches were identified according to the professional category, with the letter "N" (nurses), "NT" (Nursing technicians), and "NA" (Nursing assistants). The research followed the ethical precepts issued in Resolution 466/12 of the National Health Council and was assessed and approved by the Ethics Committee of the Nursing School of the Federal University of Bahia, Opinion number 398.772 / 2013. The participants signed the ICF.

RESULTS

Most study participants were female (nurses: 90.1%; technicians and assistants: 86.9%), concentrated in the age group from 31 to 55 years old (nurses: 76.9%; technicians and assistants: 82.9%), with experience in the profession between six and 15 years (nurses: 79.8%; technicians and assistants: 48.1%) and with a higher proportion in the black race (nurses: 83.9%; technicians and auxiliaries: 91.3%).

For the group of 122 workers, the first corpus generated Figure 1. The graph shows semantic ramifications from the most frequent words, such as patient, more-condition, material, and wage. The term "patient" presented the greatest number of connectivity, showing an important core of meaning in the workers' discourse.

The representation provided by the similarity tree for nurses presented a semantic range composed of words that presented the highest frequencies, such as condition, patient, environment, lack, and duty (Figure 2).

In the tree consisting only of answers from the Nursing techniques, there are semantic fans from the terms wage, patients, material, Nursing, and rest (Figure 3).

The word cloud graphic was generated for all 122 participants (Figure 4). The words that obtained the highest absolute frequency were patient (41), condition (38), material (26), absence (25), assistance (25), rest (17), wage (17), equipment (16).

Figure 4 shows that the workers recognize that precarious working conditions (38) affect the quality of care and patient safety (41). The words wage (16) and rest (17) also had relevant frequencies.

INTERPRETATIVE ANALYSIS CATEGORIES

COMMITMENT TO PATIENT CARE DUE TO INSUFFICIENT MATERIAL AND EQUIPMENT

Due to the precarious working conditions, the commitment of care was reported several times in the workers' statements and occupies a prominent position in the three trees of similarity and word cloud. Although they are not responsible for providing working conditions, nurses, technicians, and assistants feel constrained by the conditions in which they assist the patients, according to the statements below:

It is difficult to perform the function due to lack of material, and this embarrasses us, seeing the patient suspend the surgery for lack of material (NT).

The working conditions are precarious, lack of inputs, and human resources (N).

In hospitals with precarious working conditions, the demand of patients to satisfy their needs increases the intensity of the work of the Nursing team, as they need to improvise to replace resources, and recreating the organization of their work to meet the needs even with a limited number of workers or supplies. The workers reveal the connection between the precarious working conditions, the intensity of the work, and the absence of inputs, according to the statements:

The lack of material is a deficiency, as it is a public hospital, as well as the lack of personnel, there are 16 patients and 2 technicians, there is no way to provide good assistance (NT).

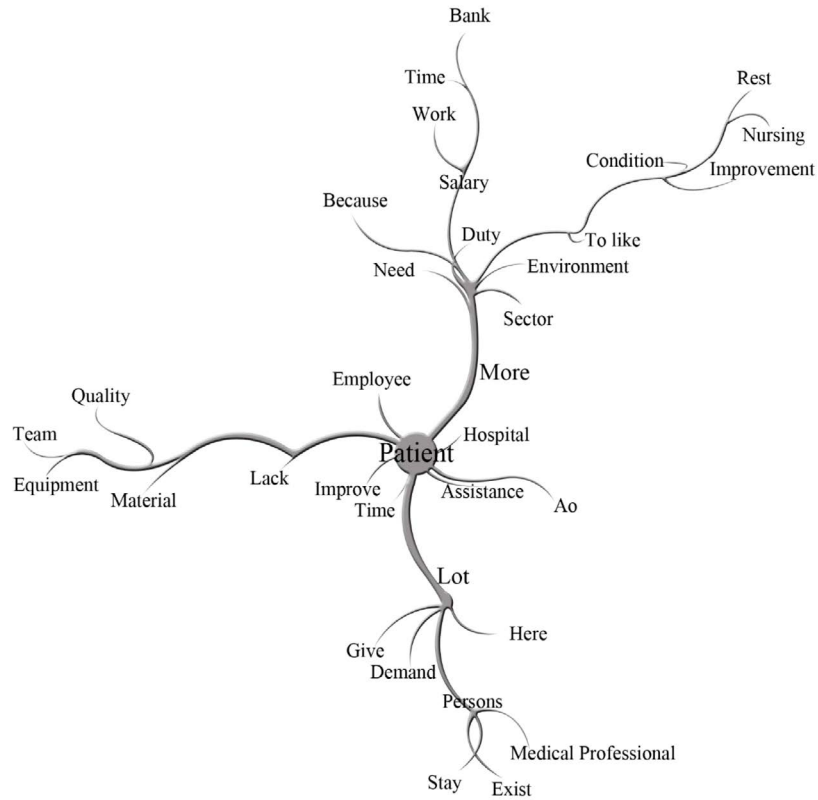


Figure 1- Similarity analysis of work condition and suitability to the patient's severity profile. Salvador, BA - Brazil, 2018 (n = 122)

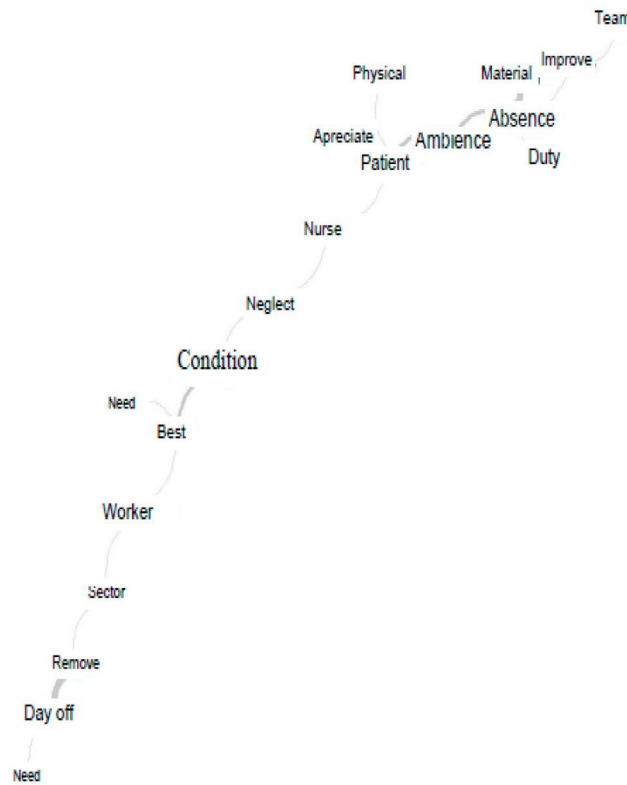


Figure 2 - Similarity analysis of work condition and adequacy to the patient's severity profile for nurses. Salvador, BA - Brazil, 2018 (n = 27)

bathroom, there are people who rest in the car, I operated my back and I know it was because of work (NT).

WAGE DISSATISFACTION

The low and insufficient wages were reported by the participants of this study and as a consequence, the accumulation of bonds as a way to achieve higher wages. The salary difference according to the type of employment was also scored. The following statements highlight these findings:

I would like that we as professionals have a decent wage and that it would be sufficient to maintain only one service scale without having another bond. The greatest number of errors in the profession is due to the abusive scale, the overwork to cover our personal needs (NT).

I would like the salary to be better, there are colleagues here who work in the private sector and have worse conditions than mine, they earn less and work more (NT).

Difficulty taking time off work due to lack of staff. The government has to look a lot at health, I don't know if it's a lack of funding or administration. We have wage delays. There is a difference of more than a thousand reais between outsourced and statutory. The salary of a statutory employee pays two from the contracted worker (NT).

DISSATISFACTION WITH THE LACK OF TIME OFF

Regarding basic labor rights, in addition to wages, another indicator of dissatisfaction mentioned by the workers was the lack of time off. Among the implications already mentioned of the neoliberal model in the socioeconomic and health policies that contributed to the strong scrapping of the public hospital network, which is increasingly evidenced by the precariousness of working conditions, the loss of labor rights, and under-sizing stand out. Although there are hourly banks, the employing institutions of the interviewed workers have not enabled conditions for the enjoyment of overtime worked, as shown in the following statements:

I can't take time off from the hour bank, we should have the dignity of work for workers and users, we should have a time and place of rest (NT).

I can't take the hours out of the hour bank, there is a lack of commitment to our salary, we are entitled to the regulated additional, but we do not receive it, there is no personal protective equipment, we often use it collectively (N).

I cannot take time off from the hour bank due to the lack of more workers in the work environment, I have been suffering several constraints due to work overload, I do not report it, as I could suffer retaliation, being allocated in a much worse sector (N).

DISCUSSION

From the results of this study, we highlight that the working conditions of nurses, Nursing technicians, and assistants in public hospitals are characterized by inadequate professionals' resting place, inadequate supply of material and equipment necessary for work, and the workers' dissatisfaction with the values of their wages and not having time off. Such factors, in the perception of the Nursing team, directly contribute to the compromise of the care provided to the patient.

In this work, although the workers did not comment on it, elements suggestive of moral suffering are evident. Inadequate working conditions is the factor that most contributes to the precariousness of the nurse's work, ranking second for Nursing technicians and assistants.⁹ Thus, working conditions have referenced by the literature, including in Nursing, as a factor strongly related to moral suffering.¹³

The words salary, hour, and bank appear prominently in Figure 1. The salary in the Nursing area is classified as low and insufficient.^{9,14,15} As a consequence, there is the accumulation of bonds as a way to achieve a higher salary, with direct implications for the illness of the workers and their absence from work.¹⁶ The salary conditions and the increase in hours worked to contribute to the suffering of the workers were manifested through physical discomfort, frustration, and distance from the patient. As a consequence, female workers are made to request leave and/or resignation.¹⁷

As already shown in research, low wages are a concrete fact in the Nursing area.^{14,15} Some factors contribute to the low price paid to nurses, such as the sexual division of labor and gender relationships, given that a work performed by a woman is considered inferior and less valuable than work performed by a man; the system of moral values, which attributes to Nursing work qualities known as feminine such as docility, obedience, but does not recognize the qualifications necessary to be a nurse; competition among female workers, which reduces wages; the division of labor in the Nursing area, which causes the entry of complementary labor in the field, such as caregivers and community health agents; and the incipient political organization of the workers, which is reflected in little or no wage struggle.¹⁸

In the similitude analysis, when disaggregating the corpus by category with professionals with higher education and technical education, we noticed that nurses and Nursing technicians bring different meanings to the working conditions.

This is possibly related to the place occupied by workers in the Nursing and health work process. Nurses occupy a managerial-assistance position in the work process, and for this reason, they are responsible for predicting and providing the necessary inputs for carrying out the assistance. This explains why the term “condition”, in Figure 2, is the center of the similarity tree, linking to the word “better”. The nurse feels pressured daily by workers and patients when the absence of inputs and equipment is detected in the unit as if this responsibility was from the worker and not the employer.^{9,19}

Nursing technicians have a work process in which they perform assistance procedures based on the demand generated by medical or Nursing prescriptions. Thus, their contact with the patient is greater and longer, which is reflected in the term “patient” in the center of the similarity tree of these workers (Figure 3).

The inadequacy of the “resting” place was a theme that was frequently addressed by the group of workers, regardless of their level of education. The lack of infrastructure in the resting places for the Nursing team shows that the professionals cannot adequately recover to return to work. In this sense, residual fatigue still results in musculoskeletal discomfort and affects the ability to work. Thus, one of the consequences may be the existence of errors, given that tired workers are more prone to distractions.^{5,20}

The guarantee of an adequate place to rest is not yet regulated by the State. Therefore, its existence depends on the concession of employers, which ultimately refers to the dispute between workers and employers for the right to dignified rest. The Bill of Law 4,998/201636, which provides for decent rest for Nursing workers, is in the Chamber of Deputies. According to this project, the resting places must be specific for resting, ventilated, with a bathroom, adequate furniture, and thermal and acoustic comfort. However, although the existence of a law is important, its compliance will depend on the ability of workers to mobilize to demand that employers make available what is legislated.

The precariousness of work in state services has affected the health of nurses (technicians) and Nursing assistants. One of the factors that influence this scenario is the absence of an adequate resting place in health services. The adequate place to place is one of the ergonomically most effective strategies for the cognitive recovery of the worker.¹⁷

Another aspect of the work condition reported by the group of workers was the time off. The enjoyment of time off is the extra hours worked by the worker. However, it is the working time and flexibility. The limitation of the working day is essential to avoid the strain of the worker; thus, the State must regulate the maximum period that a worker can put his workforce for sale without causing damage.²¹

With the neoliberalism, several forms of flexible working hours were instituted. The hour bank is one of the most used strategies, given that the weekly limit worked increases, and the compensation is annual, the financial payment is not required. The hour bank is a matter of criticism and dissent in labor law, as for some authors the extension of the workday is capable of affecting the health of workers, and this system violates the constitutional right to limit working hours and payment in cash for overtime. The hour bank is one of the modalities of lengthening the working day used by employers of nurses in public hospitals.²²⁻²⁴

Also, it is a common practice for companies not to record the time of workers, which hinders for these workers to monitor overtime hours worked. Overtime compensation is not made promptly or according to the worker’s need since the employer has up to one year to compensate.²¹

With the Labor Reform, the hour bank regime changes and the fifth paragraph provides that the hour bank can be adopted by individual written agreement (before the Reform this was only possible by collective labor agreement), as long as the compensation is performed in six months. On the one hand, there is an advance in compensation time, which benefits the worker, on the other hand, the adoption of this modality without union assistance contributes to increasing the flexibility of the workday, without the worker being able to resort to union protection.²⁴

As we observed in the speech of the workers, although the hour bank exists, they cannot enjoy time off, which in practice means that they are working. Thus, they are not compensated, either for rest or remuneration for overtime worked, on time to meet their needs.

In a study on the quality of life at work of Nursing staff at public health institutions, we found that the greatest indicator of dissatisfaction observed was precisely for wages and contractual rights. However, there were still variations in the general quality of life at work in the form of hiring since this quality is better in those who have permanent employment contracts than those who have a temporary contract.²²

Whether in the public or private sector, the earnings by workers in the Nursing area are not compatible with the hours worked or with the work developed. The situation is even more aggravated for Nursing technicians and assistants, who perceive “wage earners”, showing the existence of underemployment for these professional categories.⁹

The limitation of this study was the participation of nurses, technicians, and assistants who work in a single state and public services. The results allowed access to elements that can contribute to rethinking and doing Nursing in union organizations or not when discussing working conditions and class struggle. The scarcity

of recent studies on the subject hindered to establish analogies between the research findings and the reality of female workers in different national contexts.

The development of this research showed elements that do not deviate from the context of Nursing and gender, contributing to the expansion of discussion forums aimed at strengthening the class, such as the struggle for 30 hours and the minimum wage for the category. Moving through the quantitative approach at the first moment, the research process exposed the situation of workers and awakened our view at qualitative questions to highlight latent senses and meanings about the theme investigated.

FINAL CONSIDERATIONS

In public hospitals, through the speeches of the working conditions of nurses, Nursing technicians, and assistants, we observed precariousness, inadequacies, and dissatisfactions. The factors that most implied working conditions were the lack of inputs, an inadequate place to rest, the inability to take time off from overtime, and low wages, regardless of educational level.

The study found that Nursing professionals perceived that certain actions by the State corroborate the strain on their workforce, contributing to their illness. Also, the meaning of the discourse exposes the workers' concern for the patient and the argument that the State, in this sense, also puts patients at risk by not providing adequate conditions for the assistance to be provided.

REFERENCES

- Silva MC. Condições de trabalho da enfermeira nos hospitais do sistema único de saúde da Bahia [dissertação]. Salvador: Universidade Federal da Bahia; 2016[cited 2019 Apr 24]. 100p. Available from: <https://repositorio.ufba.br/ri/handle/ri/24905>
- Souza EA, Teixeira CF, Souza MCB. Análise da produção científica nacional sobre o trabalho da enfermeira (1988-2014). *Saúde Debate*. 2017[cited 2019 Apr 24];41(113):630-46. Available from: <http://dx.doi.org/10.1590/0103-1104201711322>
- Forte ECN, Pires DEP, Padilha MI, Martins MMFPS. Erros de Enfermagem: o que está em estudo. *Texto Contexto Enferm*. 2017[cited 2020 Aug 19];26(2):e01400016. Available from: http://www.scielo.br/pdf/tce/v26n2/pt_0104-0707-tce-26-02-e01400016.pdf
- Antunes R, Praun L. A sociedade dos adoecimentos no trabalho. *Serv Soc Soc*. 2015[cited 2019 Aug 14];123:407-27. Available from: <http://dx.doi.org/10.1590/0101-6628.030>
- Silva-Santos H, Araújo-dos-Santos T, Alves AS, Silva MN, Costa HOG, Melo CMM. Error-producing conditions in Nursing staff work. *Rev Bras Enferm*. 2018[cited 2019 Dec 10];71(4):1858-64. Available from: <http://dx.doi.org/10.1590/0034-7167-2017-0192>
- Bourdieu P. *Contrafogos: táticas para enfrentar a invasão neoliberal*. Rio de Janeiro: Zahar; 1998.
- Presidência da República (BR). Lei nº 13.467, Altera a Consolidação das Leis do Trabalho (CLT), aprovada pelo Decreto-Lei nº 5.452, de 1º de maio de 1943, e as Leis nº 6.019, de 3 de janeiro de 1974, 8.036, de 11 de maio de 1990, e 8.212, de 24 de julho de 1991, a fim de adequar a legislação às novas relações de trabalho. *Diário Oficial da União*; 2017[cited 2020 Mar 15]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/13467.htm
- Duque-Castro JA, Ortiz-Urbano J, Rengifo-Arias DM. Entorno y cuidado: circunstancias que influyen en la calidad de la atención médica percibida por los colombianos. *Med UNAB*. 2018[cited 2020 Feb 22];21(2). Available from: <https://doi.org/10.29375/01237047.2799>
- Machado MH, Aguiar Filho W, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Mercado de trabalho em Enfermagem: aspectos gerais. *Enferm Foco*. 2016[cited 2020 Feb 22];7:35-53. Available from: <https://doi.org/10.21675/2357-707X.2016.v7.nESP695>
- Araújo-dos-Santos T, Silva-Santos H, Silva MN, Coelho ACC, Pires CGS, Melo CMM. Job insecurity among nurses, Nursing technicians and Nursing aides in public hospitals. *Rev Esc Enferm USP*. 2018[cited 2020 Feb 22];52:e03411. Available from: <http://dx.doi.org/10.1590/S1980-220X2017050503411>
- Salvador PTCO, Gomes ATL, Rodrigues CCFM, Chivone FBT, Alves YA, Bezerril MS, et al. Uso do software Iramuteq nas pesquisas brasileiras da área da saúde: uma scoping review. *Rev Bras Promoç Saúde*. 2018[cited 2020 Feb 22];31(Supl):1-9. Available from: <http://dx.doi.org/10.5020/18061230.2018.8645>
- Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2011.
- Woods M. Moral distress revisited: the viewpoints and responses of nurses. *Int Nurs Rev*. 2020[cited 2020 Feb 22];67(1):68-75. Available from: <https://doi.org/10.1111/inr.12545>
- Chang LY, Yu HH, Chao YFC. The relationship between Nursing workload, quality of care, and Nursing payment in intensive care units. *J Nurs Res*. 2019[cited 2020 Jan 12];27(1):1-9. Available from: <https://doi.org/10.1097/jnr.0000000000000265>
- Paulino GME, Matta ACG, Camillo NRS, Simões AC, Nishiyama JAP, Oliveira JLC, et al. Professional satisfaction and work environment of the Nursing team in Intensive Care Units. *REME - Rev Min Enferm*. 2019[cited 2020 Jan 20];23:e-1271. Available from: <https://doi.org/10.5935/1415-2762.20190119>
- Schaefer R, Zoboli ELC, Vieira M. Sofrimento moral em enfermeiros: descrição do risco para profissionais. *Texto Contexto Enferm*. 2018[cited 2020 Feb 13];27(4):e4020017. Available from: <http://dx.doi.org/10.1590/0104-07072018004020017>
- Rebelo AMS. *Descanso noturno: influências da ergonomia na adaptação do trabalho de Enfermagem [dissertação]*. Rio de Janeiro: Universidade Estadual do Rio de Janeiro, Faculdade de Enfermagem; 2017[cited 2020 Feb 18]. Available from: http://www.bdttd.uerj.br/tde_busca/arquivo.php?codArquivo=12897
- Santos TA, Melo CMM, Leal JAL, Rodrigues VG, Santos HS. The Value Nurse Workforce. *Inter J Nurs*. 2016[cited 2020 Feb 18];3(1):29-37. Available from: <http://ijnnet.com/vol-3-no-1-june-2016-abstract-4-ijn>
- Aeschbacher R, Addor V. Institutional effects on nurses' working conditions: a multi-group comparison of public and private non-profit and for-profit healthcare employers in Switzerland. *Hum Resour Health*. 2018[cited 2020 Feb 18];16(58). Available from: <http://dx.doi.org/10.1186/s12960-018-0324-6>
- Silva TPD, Araújo WN, Stival MM, Toledo AM, Burke TN, Carregaro RL. Musculoskeletal discomfort, work ability and fatigue in Nursing professionals working in a hospital environment. *Rev Esc Enferm USP*. 2018[cited 2020 Feb 18];52(11):e03332. Available from: <https://doi.org/10.1590/s1980-220x2017022903332>
- Soares MO, Piva RC. A responsabilidade dos sindicatos na elaboração de instrumentos negociais coletivos em relação ao banco de horas. Curitiba; 2016[cited 2020 Feb 18]. Available from: <http://indexlaw.org/index.php/revistadtmat/article/view/1231/1662>
- Zavala MOQ, Klinj TP, Carrillo KLS. Qualidade de vida no trabalho do pessoal de Enfermagem de instituições públicas de saúde. *Rev Latino-AmEnferm*. 2016[cited 2020 Feb 18];24:e2713. Available from: <http://dx.doi.org/10.1590/1518-8345.1149.2713>

23. Araripe GL, Barros LA. Auditoria em Banco de Horas nas Empresas do Ramo Hoteleiro do Litoral Norte da Bahia: uma realidade de violação dos direitos e garantias dos trabalhadores. *Rev Baiana Insp Trabalho/Sindicato Aud Fisc Trab Estado Bahia*. 2016[cited 2020 Feb 18];1(2):91-111. Available from: <http://ftp.medicina.ufmg.br/osat/biblioteca-outros/REVISTA-SAFITEBA-SITE-03-04-2017.pdf>
 24. Oliveira LTS. Do passado ao futuro: flexibilização da jornada de trabalho, banco de horas e a nova reforma trabalhista [monografia]. Caruaru: Centro Universitário Tabosa de Almeida; 2017[cited 2020 Feb 18]. Available from: <http://repositorio.asces.edu.br/bitstream/123456789/1181/1/TCC%20-%20FINAL%20-%20LAYSA.pdf>
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