

COMPLAINTS OF FEMALE NURSING WORKERS TO UNIONS: THE CHALLENGE OF RESISTANCE AND ACTION

DENÚNCIAS DAS TRABALHADORAS DA ENFERMAGEM AOS SINDICATOS: O DESAFIO DA RESISTÊNCIA E DA AÇÃO

DENUNCIAS DE LAS TRABAJADORES DE ENFERMERÍA A LOS SINDICATOS: EL RETO DE LA RESISTENCIA Y DE LA ACCIÓN

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Objective: analyze the complaints of female nurses, nursing technicians and auxiliary nurses to the unions representing these categories in the state of Bahia. **Method:** exploratory, qualitative and documentary research. The data were grouped in five typologies of insecurity. The analysis was based on dialectic materialism. **Results:** Sixty-four complaints were analyzed. The most frequent typologies of precariousness were Condemnation and discarding of labor laws (35.1%) and Vulnerability at work (23.9%). The complaints revealed that the workers were affected by the job precariousness, non-compliance with labor laws being the main manifestation of the precariousness. **Conclusion:** the number of nursing workers' complaints to the unions, despite being one of the forms to resist the job precariousness, was low, which may reveal the fear of losing their job, as well as these workers' alienation from the struggle for their rights.

Descriptors: Work. Nursing. Labor Unions.

Objetivo: analisar as denúncias realizadas por enfermeiras, técnicas e auxiliares de enfermagem nos sindicatos que representam essas categorias no estado da Bahia. *Método:* pesquisa exploratória, qualitativa e documental. Os dados foram agrupados em cinco tipologias da precarização. A análise baseou-se no materialismo dialético.

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Resultados: foram analisadas 64 denúncias. As tipologias de precarização mais frequentes foram Condenação e descarte do direito do trabalho (35,1%) e Vulnerabilidade no trabalho (23,9%). As denúncias revelaram que as trabalhadoras eram atingidas pela precarização do trabalho, sendo o descumprimento do direito trabalhista a principal manifestação da precarização. Conclusão: as denúncias realizadas por trabalhadoras do campo da enfermagem nos sindicatos, ainda que sejam uma das formas de resistência à precarização do trabalho, foram em número pequeno, o que pode revelar o medo da perda do emprego, como também a alienação dessas trabalhadoras em relação à luta por seus direitos.

Descritores: Trabalho. Enfermagem. Sindicatos.

Objetivo: analizar las denuncias reportadas por enfermeras, técnicas y auxiliares de enfermería en los sindicatos que representan esas categorías en el estado de Bahía. Método: investigación exploratoria, cualitativa y documental. Los datos fueron agrupados en cinco tipologías de la precarización. El análisis se basó en el materialismo dialéctico. Resultados: fueron analizadas 64 denuncias. Las tipologías de precarización más frecuentes fueron Condena y desecho del derecho laboral (35,1%) y Vulnerabilidad en el trabajo (23,9%). Las denuncias revelaron que las trabajadoras eran afectadas por la precarización del trabajo, siendo el incumplimiento del derecho laboral la principal manifestación de la precarización. Conclusión: las denuncias reportadas por trabajadoras del área de enfermería en los sindicatos, aunque sean una de las formas de resistencia a la precarización del trabajo, fueron en número reducido, lo que puede revelar el miedo de la pérdida del empleo y también la alienación de esas trabajadoras con relación a la lucha por sus derechos.

Descriptores: Trabajo. Enfermería. Sindicatos.

Introduction

The precariousness of labor can be conceptualized as a system of domination with the aim of forcing workers to submit and accept exploitation⁽¹⁾. The precariousness of labor has always been present in the capitalist system. In the 21st century, however, it is distinguished by the generalization of precariousness, which is strengthened by the events observed in recent times in European countries, such as the dismantling of the Welfare State. In the Brazilian case, an example is the dismantling of the labor policy established in the Consolidation of Labor Laws, which ensures a legal protection zone to the worker⁽²⁻³⁾. The fear caused by the loss of conquests by the working class has consolidated the workers' submission and acceptance of exploitation.

In the last four decades (2000, 1990, 1980, 1970), the increased precariousness of work has influenced the way workers organize themselves, resulting in the weakening of their organization. The precariousness of work affects the workers' organization, as the generalization of insecurity is reinforced by new and precarious forms of hiring, especially those caused by outsourcing,

by changes in the level of qualification and by so-called structural unemployment. These impacts of the restructuring process on trade unions were clear. Neoliberal policies have resulted in a reduction in minimum guarantees of rights for the workers, aggravating insecurity in the context of unemployment and precariousness⁽⁴⁾.

In this scenario of loss of achievements and increased competition among the workers themselves, one of the tasks of a union is to foster solidarity and articulate the political struggle among the working classes. In the decade of 2010, the context is still marked by an incipient organization of workers facing the challenges of precariousness. Although some unions tried alternatives, such as the incorporation of outsiders' demands in their strikes, in addition to their adherence to the wall movement⁽⁵⁾, a dual movement is observed: on the one hand, despite the various difficulties faced as a result of the precariousness phenomenon, trade unions have been able to secure economic rights, mainly related to workers' income; on the other hand, they have not been able to stop attacks on labor legislation and workers' achievements⁽⁶⁾.

In the state of Bahia, as a reflection of the union model adopted in Brazil - union pluralism - and also of the division of labor existing in the field of Nursing, which segregates and weakens the workers, the union organization of nurses, technicians and auxiliaries followed different paths. The Union of Nurses of the State of Bahia (SEEB), the third to be founded in Brazil, was created on June 6, 1980, arising from the Professional Association of Nurses of Bahia. Early in its creation, the main difficulties it faced were the composition of the ticket, as the nurses had no tradition of labor and union struggle. The SEEB exclusively represents the category of nurses, especially those employed in the private service and outsourced. SEEB's current banners are: to defend the nurses and their collective interests, to defend the rights of the worker; fight against outsourcing; to believe and defend the Unified Health System (SUS); call upon the nurses to truly join the union. By 2015, the SEEB had 803 members⁽⁶⁾.

It is important to note that, in Bahia, in 2016, 30,446 nurses were enrolled in the Regional Nursing Council⁽⁷⁾. That is, of the total number of nurses in the State, the number of union members does not reach 3%. Even when considering nurses affiliated with public institutions and members of other unions, this number remains low. This may reveal the nurses' lack of awareness about the union and its action; the political fragility of the class, given that they still resist working with the Union, perhaps because they do not recognize how the union struggle can intervene in their daily work.

The Health Workers' Union of the State of Bahia (*SindSaúde Público*) joins various categories of health workers who are state public servants, excluding physicians. Thus, this union represents tenured nurses, technicians and auxiliary nurses. *SindSaúde Público* was founded in September 1989, after a strike in the public health service of Bahia. In September 1990, the first elected board of directors was sworn in. The first banners of *SindSaúde Público* were the improvement of the salary and working conditions and implementation of the Unified

Health System (SUS) in Bahia. It should be noted that nursing workers are the largest category in this union⁽⁸⁾.

The Union of Workers in Santos Casas, Philanthropic, Charitable and Religious Entities and Health Service Establishments in the State of Bahia (*Sindi Saúde Privado*) originated from the Union of Nursing Professionals, Technicians, Shower Administrators, Massage Therapists and Employees in Hospitals and House of Health of the City of Salvador. The *Sindi Saúde Privado* represents all workers with secondary education who work in private health organizations. The categories represented include nursing technicians and auxiliary nurses⁽⁹⁾.

After the creation of several nurses' unions in the country, difficulties remained to strengthen these entities and forward the claims, due to the lack of political participation of the category. In order to improve the articulation among the unions and intensify the fight for workers' rights, in 1987, during the Second Meeting of Nursing Trade Unions in Porto Alegre, Brazil, it was decided to create the National Federation of Nurses (NFN), founded in the same year in Salvador, bringing together all nurses' unions⁽¹⁰⁾.

This division of the representation of the Nursing categories into three unions makes it difficult to establish a banner of the professional field's struggle, as well as to establish solidarity among the workers, deepening the gap among nurses, technicians and auxiliary nurses. The workers are unionized by their type of affiliation - whether statutory, contractual or outsourced - and by their professional category. This double separation does not permit the creation of solidarity among the workers, even when in the same professional category, like the nurses, as they are represented by different entities, depending on the type of affiliation.

The fact that nursing workers are unionized by employment bond and professional status results in the creation of barriers that make it difficult to understand the class, the implications of the precariousness of work that are common to all and, consequently, the need to unify struggles.

Studies conducted in the United States indicate that unionized nurses tend to receive better wages than non-unionized ones, and that services in which nurses are unionized have a better quality of care provided to patients when compared to services where these workers are hardly or not unionized⁽¹¹⁻¹²⁾.

These examples allow us to affirm that unionization not only improves aspects related to labor rights, but also seems to broaden the nurses' understanding of their role in a health organization, benefiting not only the worker, but also the user of the health services.

Although unionization in Brazilian nursing is recent and the female workers still hardly value it as a form of resistance to precarious work, this is still the most effective mechanism in the organization and struggle for labor rights, despite its contradictions, according to different studies in the area of work sociology(2-3,5).

Therefore, considering that the female nursing workers in nursing also suffer the consequences of precarious work, the aim in this article is to analyze the complaints of nurses, nursing technicians and auxiliary nurses to the unions representing these categories in the state of Bahia.

Method

This is an exploratory, qualitative, documentary study. For the SEEB and *SindSaúde Público*, the complaints written, sent by e-mail or fax by the workers were analyzed. Thus, it should be highlighted that the documents provided by the SEEB and the *SindSaúde Público* show the precariousness suffered by the workers, as they are the ones who report their situation. The period of the documents ranges from 2007 to 2015, as documents were available from the Trade Unions only for this period. Data were collected between January and June 2016, in the state of Bahia, Brazil.

The denunciations made in the *Sindi Saúde Privado* were not used because they were not

located, as this union turns the complaints into letters that are forwarded to the Court of Labor.

The analysis of the material was carried out in two stages: firstly, by completing a form, so that data could be compiled on the worker (gender, age group, professional category, when available), organization (type of organization, legal status), adding the types of precariousness⁽⁵⁾ identified in the complaints (Vulnerability of forms of insertion - in this category, complaints were included that were related to precarious contracts, without social protection; Intensification of work - complaints whose content revealed extension and intensification of the work journey; Vulnerability at work - refers to complaints that reveal abuse of power, moral harassment, violence, constraints in the development of the work process; Insecurity and occupational health - includes complaints about situations of the work condition that caused illness or exposed the worker risks; Condemnation and discarding of the right to work - groups complaints regarding non-compliance with labor legislation).

Then, the complaints were read to highlight the elements of the narratives that revealed the situations of precariousness denounced and their consequences for the workers. Given that the complaints pointed to more than one type of precariousness, the same complaint was included in more than one of the adopted types.

In the analysis, the resource used was dialectical materialism¹³, seeking to identify, as this method recommends, the contradiction, movement and totality contained in the complaints. This research received approval from the Ethics Committee of the School of Nursing at *Universidade Federal da Bahia*, CAAE No. 28046914.7.0000.5531.

Results

The total number of complaints and other documents analyzed has been described in Table 1.

Table 1 – Number of complaints per union. Salvador, Bahia, Brazil – 2007-2015

Union	No data	2007	2008	2009	2010	2011	2012	2013	2014	2015*	Total
SEEB	2	-	-	-	3	-	-	4	15	27	51
SindSaúde Público	1	2	1	-	2	3	1	3	-	-	13
Total	6	2	1	-	5	3	1	7	15	27	64

Source: Created by the authors.

* until May.

Obs.: Conventional sign used:

- Numerical data equal to zero not resulting from rounding.

The increase in the number of complaints to the SEEB, especially in 2015, may reflect the greater performance of this union, with better dissemination among the nurses (remodeling of the website, distribution of folders, etc.), as well as the aggravation of the precariousness of nursing work, which may be pushing female workers to report.

Concerning the health organizations targeted in the complaints, 25 (39.06%) are state or municipal public organizations under direct management, 8 (12.5%) are state-owned public organizations under indirect management, 38 (59.4%) are private, 4 (6.2%) are private philanthropic and, in 3 (4.7%) complaints, the organization was not mentioned. The same organization may have been subject to several complaints. Private companies are the main target because, amidst the economic restructuring, they

act under the regulation of the market, based on flexibilization, outsourcing and cost reduction.

As regards the distribution of complaints by type (Table 2), it is the Condemnation and Discarding of Labor Law that most aggregates complaints (35.1%), followed by Vulnerability at work (23.4% %). By union, we noticed that, in the SEEB, the distribution of complaints by type was more frequent for Condemnation and Discarding of Labor Law, followed by Vulnerability at work and Insecurity and health at work. In *SindSaúde Público*, the types of work intensification, Vulnerability at work and Insecurity and health at work (Table 2) are more frequent. It can be observed that, regardless of the union, the workplace or the type of bond, the situations of precariousness denounced are similar.

Table 2 – Proportion of complaints according to type of precariousness by union. Salvador, Bahia, Brazil – 2015

Type of precariousness	SEEB		<i>SindSaúde Público</i>		Total	
	n	%	n	%	n	%
Vulnerability of insertion forms	7	7.6	1	5.3	8	7.2
Intensification of work	13	14.1	6	31.5	19	17.1
Vulnerability at work	21	22.8	5	26.3	26	23.4
Insecurity and health at work	15	16.3	4	21.0	19	17.1
Condemnation and discarding of labor laws	36	39.1	3	15.8	39	35.1
Total	92	100	19	100	111	100

Source: Created by the authors.

Despite the typology assumed to present the various forms of precariousness of nursing work, it is noted that, in the complaints, the workers rarely report only one form of precariousness.

The situations reported always involve various forms, in which one strengthens and amplifies the other.

The nursing workers' complaints reflect the extent to which the companies disregard labor rights, despite the possibility of a public intervention through the Court of Labor. In complaint 2, we find the following report on workers' situation at a large private hospital in Salvador, Bahia, Brazil:

Through this complaint, I am reporting on an absurd and shameful practice that is going on with the payments of the health workers of company X. They are wrongly and deliberately paying our wages [...] This practice has been occurring for approximately 6 months [...] They are not paying extras for holidays, nighttime work and vacations. They do not correctly deposit the money for the food ticket [...] We went to the HR and even the head, who trifles with our situation. (Complaint 2, SEEB).

I worked for 2 years and 7 months as a nurse for the Health Department of city Y. My affiliation was a temporary contract! For political reasons plus the end of the contract, I was made redundant without any prior notice or FGTS. I never received a Christmas bonus. (Complaint 58, SindSaúde Público).

Vulnerability at work is related to the spread of management by fear, a new way of subjecting the worker to what the organization wants. The threat of unemployment in the private sector, moral harassment and disqualification in the private and public sector, as well as the violence the workers suffered by managers and the population, imposes a hostile work environment on the worker, where it is not possible to construct job satisfaction, nor bonds of solidarity. The reports analyzed reveal extreme situations of vulnerability at work, as can be read next:

We, collaborators of the Foundation [...] we hereby denounce the difficult and embarrassing situation we find ourselves in, from the moment when Mrs. [...] assumed the administrative coordination of the Emergency Care Unit G [...] From that moment onwards, our entire work structure was compromised, as this lady has been executing deplorable practices of power abuse, coercion, intimidation and moral harassment in all possible ways [...] The nursing technician is hired as an auxiliary nurse [...] is required to work double shifts [...] She will dismiss the employee who presents a medical certificate because, if you want salary at the end of the month, you have to produce [...] Everyone is terrified of taking action and being persecuted even more [...] (Complaint 78, SEEB).

In complaint 75, it is also noted that situations of power abuse are common, in which the organization holds the employee responsible for the continuation of the service and even for the

existence of the necessary conditions for this, which is the organization's responsibility.

I hereby file a complaint against the Hospital [...] which has, in an irregular and abusive manner, involving the nursing coordination, nurses so-and-so, deducted the nurses' wages, punishing them with fines for lack of nursing performance, such as: patient did not undergo the surgery: fine of R\$ 390.00. Knowing that this hospital does not provide the conditions for employees to work, there is a deviation of the nursing team's function [...] and the number of patients for nurses and nursing technicians is inhumane, reaching up to 70 patients for one nurse [...] (Complaint 75, SEEB).

In public and private health organizations, the intensity of work is mainly due to the under-dimensioning of nursing workers⁽¹⁹⁻²⁰⁾. The complaints reported reveal an insufficient numbers of nurses, technicians and auxiliary nurses to meet the users' demand in the services:

There is great overcrowding of patients, with stretchers and beds even in the corridors ... We emphasize that the previously identified lack of professionals persists, which makes it even more difficult to provide care. (Complaint 11, SindSaúde Público).

I have formalized a complaint regarding the excess of double shifts that occurred at the institution [...] in the inpatient unit, which today is understaffed due to dismissal and vacations. (Complaint 4, SindSaúde Público).

The high demand of patients (average of 12 patients per employee, maximum of 3 employees per shift), has compromised the objective of providing quality care [...] Patients with high dependence on the nursing staff have led to an excessive workload [...] (Complaint 8, SEEB).

One of the consequences of the precariousness of work reported in the complaints is the workers' illness. A number of complaints reveal depression, anxiety, arterial hypertension, among other conditions, due to the context the work is performed in, as can be observed in the following fragments:

Patients with high dependence on the auxiliary have led to an excessive workload and severe emotional damage deriving from the patients and companions' pressure. Mainly from the companions indicated by this institution's medical directors, who oblige us to privilege care for their relatives. (Complaint 8, SindSaúde Público).

This is a cry for help! I am getting ill, anxiety crisis, palpitations and sleeping on tranquilizers because I feel pressured and threatened at work! [...] My team doctor and another one advised me to seek medical help, because I have crying spells and my immunity is low due to the high stress level! I am counting on your help and advice, I also request secrecy! (Complaint 33, SEEB).

Discussion

Labor protection for private service workers - the Consolidation of Labor Laws (CLT) - has been made more flexible throughout the history of labor law in Brazil. At the same time, employers argue that CLT makes it difficult to create jobs in the country, as it imposes high social taxes on employers. This attack on labor rights reflects the weakening of the state as a regulator of the labor market and is linked to the liberal principles of flexibilization⁽⁵⁾. In this sense, the labor reform the Brazilian government proposed in 2016 prescribes an increase of the work journey and the prevalence of agreements over laws, severely limiting governmental action in labor matters.

In the complaints, it was noted that, in addition to non-compliance with labor rights, employers' organizations act with disdain and disrespect towards workers, washing their hands of the situation of wage arrears and non-compliance with other rights. These facts denote a situation of vulnerability, because the worker is prevented from attending to basic necessities, such as food, payment of expenses, leisure, among others. This means that the price of the workers' labor force is set below its value and, thus, does not allow them to sustain themselves with dignity⁽¹³⁾. On the other hand, the extent to which the nursing workers submit to this situation is noteworthy, as they take at least six months to file a complaint. This may reveal fear, but also little political preparation to cope with everyday situations of conflict with the employer.

In the new morphology of the precariousness of work in Brazil⁽⁵⁾, where unemployment is an important element, as it impels individuals who work to endure situations of noncompliance with their rights, organizations use the generalized sense of insecurity among them to take responsibility for their obligations. Thus, if workers are not politically organized, more abuse and disrespect will be committed.

The complaints also reveal one of the faces of vulnerability at work: management by fear, materialized by constant threats and harassment,

which weaken the workers' dignity. Fear of persecution and dismissal causes workers not to react⁽⁴⁾. This also reflects the situation Sennet(14:165) calls "We-the forbidden word", for nursing workers often want individual solutions, reflecting fragile class consciousness, political demobilization, and submission to the coercive logic of work. In the labor struggle, one cannot think of the worker-boss relationship only, as this relationship has to include the employees-boss as a group. Situations of harassment and management by fear should, like the others, be faced collectively.

In the current context of flexible and precarious work, a tendency pointed out in sociological studies is that the worker is the sole responsible for the occurrences in his work process, masking the responsibilities of the employers in relation to damage to workers and users. Thus, by fining the worker for work conditions that are a duty of the organization, the hospital that does so exempts itself from its responsibility and blames the worker for poorly performed care and service not provided, even if this is not related to malpractice, recklessness or negligence.

The intensity of the work is related to the worker's energy expenditure during the work process. This means that workers are required to increase by the quantity and quality of what is produced. The intensity is also related to the workers' creative and relational capacities⁽¹⁵⁾. Thus, the worker's physical, mental and emotional energy expenditure accumulates, leading to greater wear of the workforce. The intensity of work adds elements such as productivity, workload, number of workers, time and pace, besides the working condition. Nurses are subject to intense workload, as they assume multiple responsibilities and, consequently, multiple activities and roles in health organizations⁽¹⁶⁻¹⁷⁾.

By making the work of the nursing team more intense, employers put them at risk of becoming ill and also at risk of making mistakes. Time pressure and psychological pressure lead to fatigue, which leads to decreased attention to what is being done. This, in addition to the

high demand and a small number of female workers to attend to all patients, contributes to the occurrence of the error. This aspect is the systemic factor of error⁽¹⁸⁾.

It should be reminded, however, that according to the ethics code of nursing workers, nurses can refuse to act in conditions that put themselves or the user at risk. Nevertheless, as observed, the female workers end up submitting to such situations, instead of getting organized and seeking legal devices to combat them.

Considering that not every situation of precariousness materializes as a complaint, this study is limited by the analysis of the complaints reported to the unions. In addition, it refers only to workers in the state of Bahia. Focusing on the main forms of precariousness affecting nurses at work, this study contributes to the expansion of knowledge about this theme.

Conclusion

The complaints of nursing workers to the unions that represent them reveal the advance of precariousness in nursing work. Although the trade union and the complaint represent decisive steps to solve the precarious situation, the low affiliation and political participation in the trade union movement and the small number of complaints the unions receive stand out.

It is concluded that the female nursing workers' complaints to the unions, despite being one of the forms of resistance to the precariousness of work, were limited, which can reveal the fear of losing their job, as well as these workers' alienation from the struggle for their rights.

The private health organizations stood out in the analyzed data as the organizations the nursing workers denounced most. Among the adopted types of precariousness, three stand out: condemnation and disregarding of work, evidenced by non-compliance with labor rights (for example, lack of salary and guarantee fund payments) and management by fear, revealed by the abuse of power and harassment; intensification of work, manifested in understaffing, resulting in greater work load

and pace, associated with precarious working conditions, and the female workers' illness.

It is still not common for nursing workers to turn to the union. This may reflect the lack of knowledge of the entities that represent them, the alienation of the category from the work it performs, the lack of willingness for political struggle or surrender in the face of precarious work, accepting and naturalizing exploitation, feeling hopeless about the possibility of change, which is revealed in the workers' conscious submission.

The political organization the unions favor, for example, could serve as a strategy of resistance, collectively organizing the refusal to obey or cooperate with management due to the fear the employers impose. Such an adverse situation can mark the beginning of changes, depending on what the nursing workers want and what they can politically mobilize, as precariousness is a political system and relies on the political will of all, dominated and domineering, to persist. Such changes could mean greater gains for this working class or deeper exploitation of the only means they have to survive: the sale of their workforce.

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