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Characteristics of Human Resources and challenges in the Work of Surveillance coordinators of Health in the Inland of Pernambuco

Características dos Recursos Humanos e desafios no trabalho de coordenadores de Vigilância em Saúde no interior de Pernambuco

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ABSTRACT

Introduction: The professional qualification of human resources in health affects directly the quality of the services offered to the community. **Objective:** This study aimed to characterize the formation of managers of health surveillance in the inland of Pernambuco State, Brazil and identify the main fragilities and potentialities in the daily prosses of work. **Method:** The data was collected by interview using a semi structured questionnaire. **Results:** The results revealed a variety of problems in human resources in health surveillance in the region, like the absence or incompatible education level, poorly work conditions and precarious financial resources. On the other hand, some positive points, was identified a good offer in actions of permanent education in health. **Conclusions:** Should find alternatives that meet the situation of professionals into the system and minimize the effects of lack of training and inadequate training, as well as the necessity to discuss the review of the national curricular guidelines of health sciences courses, promoting educational institutions to train professionals for health surveillance, as well promote the better distribution of financial resources.

KEYWORDS: Health Professionals; Human Resources in Health; Environmental Surveillance; Epidemiological Surveillance; Health Surveillance

RESUMO

Introdução: A formação e qualificação dos recursos humanos em saúde afetam, diretamente, a qualidade dos serviços ofertados à coletividade. **Objetivo:** Caracterizar o perfil de formação dos coordenadores de Vigilância em Saúde do interior de Pernambuco e identificar as principais fragilidades e potencialidades no cotidiano dos processos de trabalho. **Método:** A produção de informações ocorreu por meio de entrevista com auxílio de instrumento semiestruturado. **Resultados:** Os resultados revelaram uma variedade de fragilidades nos recursos humanos da Vigilância em Saúde na região, entre elas, a deficiência na formação acadêmica dos trabalhadores, condições de trabalho deficientes e ausência de recursos financeiros. Por outro lado, como ponto positivo, foi identificada uma grande oferta de ações de Educação Permanente em Saúde. **Conclusões:** Sugere-se aos gestores em saúde, a busca por alternativas que atendam à situação dos profissionais atualmente inseridos no sistema e minimizem os efeitos da formação deficiente, assim como a necessidade de discussões para revisão das Diretrizes Curriculares Nacionais dos cursos da área da saúde, fomentando a formação de profissionais para a promoção em saúde, além de distribuição adequada e melhorias na alocação de recursos para a Vigilância em Saúde.

PALAVRAS-CHAVE: Profissionais de Saúde; Recursos Humanos em Saúde; Vigilância Ambiental; Vigilância Epidemiológica; Vigilância Sanitária

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INTRODUCTION

Health is recognized and proclaimed as a fundamental right of the human being. It is an essential need of all individuals and groups[1]. In Brazil, only in the late 1980s, with the citizens' constitution and the organic health laws, health came to be defined as a right of all and the duty of the state[2,3,4].

The quality of health services is the result of several factors, and the consensus among the professionals of the Brazilian Unified Health System (SUS), in all its spheres, is that the education and qualification of human resources directly affects the quality of the services offered to the community[5,6].

In Brazil, epidemiological, sanitary, environmental and occupational health surveillance agencies have different degrees of development and institutionalization. The first two were created before the SUS. Occupational health surveillance was instituted after the 1988 Constitution, together with the SUS itself, and environmental surveillance is the most recent initiative[7].

Later, in 2003, The Department of Health Surveillance of the Ministry of Health (SVS/MS) was created and, after 2006, the funds previously allocated to different surveillance areas became part of a single financial block called "Health Surveillance"[8].

Health Surveillance aims at the permanent observation and analysis of the health of the population, articulating itself in a set of actions to control determinants, risks and damages to the health of populations living in certain territories, guaranteeing full the assistance to the citizens, including individual and collective approaches to health issues[9].

The Health Pact, created in 2006 by the Ministry of Health to address the shortcomings and bottlenecks of the SUS, emphasizes its concern with health-related education[10]. It prioritizes the implementation of the National Policy of Permanent Education in Health (PNEPS), considering it as a SUS strategy for the training and development of workers in the sector. However, Matta and Morosini[11] stated that the implementation of this policy is a challenge and depends on a close relationship between the stakeholders, among them, the Ministry of Health, for it formulates the national policy of professional development and permanent education of healthcare professionals; the Institutions of Higher Education, for they offer the theoretical training, in which the students acquire the knowledge that will be applied in the health institutions; the State Health Departments, which have an irreplaceable role in constituting the Health Management and Attention Network, and in this way, identify training needs, mobilize on-the-job training and the production and dissemination of upstream knowledge; and, finally, the municipalities, because they are responsible (decentralization) for managing the health of the population themselves.

According to Miranda, Carvalho and Cavalcante[12], because of the gradual process of implementation and intergovernmental decentralization of the SUS, new competences and responsibilities are required for governmental management, such as the manager's competence to organize and use the information monitoring and evaluation systems that support decision-making processes, planning and logistics. The authors also highlight the gap in the production of studies and research on processes and practices of monitoring and evaluation oriented to the governmental management of health, particularly at the municipal level.

Recent initiatives in professional training have been devised in local and regional instances of the SUS, such as the Regional Management Committee. These relate more effectively to the process of regionalization and decentralization of the national health policy, contributing to an improvement in the quality of healthcare professionals[13]. However, there is no scientific production in the area that characterizes the profile of professionals somehow related to Health Surveillance.

Peduzzi[14] pointed out the scientific gaps in the field of human resources in health work. This type of research is necessary to consolidate and deepen the approach to Work and Education in Health. The author also highlights that these approaches are promising, as they provide the knowledge to strengthen and consolidate health practices in the SUS.

With that in mind, we questioned whether the coordinators of Health Surveillance bodies have the academic training and/or the necessary skills to perform as expected, face the challenges of their work and spread information that can trigger discussion between the academic community and managers. Although this could lead to improvements in the provision of SUS services, there are no reports in the literature on the subject in question nor analyzing the challenges of the work processes of Health Surveillance coordinators. This is, as far as we are concerned, the first study on that matter. We believe that due to the scarce data of previous research, Health Surveillance professionals have a deficient academic background, which may affect the quality of the service they provide.

This study aimed to characterize and analyze academic training and professional qualification, as well as to identify the difficulties faced by Health Surveillance coordinators in the state of Pernambuco, Brazil.

METHOD

The study adopted a quantitative-qualitative approach. Information was obtained through an individual interview and a semi-structured form, following the methodology proposed by Minayo[15], adapted to the objectives of the study. The interview was composed of closed (or structured) and open questions, allowing the respondent to discuss the proposed topic, without answers or conditions pre-established by the interviewer. In addition to the description of the individual case, we sought to understand the particularities of the groups and to ensure the comparability of local-regional particularities.

The research subjects were the Health Surveillance coordinators of the 21 municipalities of the Southern Agreste region of

the state of Pernambuco, Brazil. These municipalities form the V Regional Health Management (V Geres) of Pernambuco.

The questionnaire was organized in three thematic blocks, with the following variables: block I - Education: questions related to professional training (schooling, undergraduate and postgraduate courses, participation in short and medium term courses and ongoing education in health); block II - Job-related matters (type of employment relationship/tie, time in the job, workload, working in more than one surveillance coordination, duplication of labor relationships) and block III - Issues related to working conditions (major problems they face and that affect service performance).

Data was collected between September 2015 and April 2016, with initial contact via telephone and e-mail for appointment scheduling. If they were not located in the first contact attempt, two more attempts were made before we excluded the respondent from the survey. The interviews were audio recorded and then transcribed. Audio files were discarded.

The data obtained was entered into an Excel database, which was subsequently exported to the Statistical Package for Social Sciences for Windows Version 23[16] and subjected to descriptive analysis.

The research was carried out with the consent of the State Department of Health, duly approved by the Research Ethics Committee of the University of Pernambuco, through Approval n. 48031315.4.0000.5207, and respecting the ethical precepts contained in Resolution n. 466, of December 12, 2012, of the National Health Council. Prior to the interview and the filling of the questionnaire, the participants signed a free and informed consent form (FPIC).

RESULTS AND DISCUSSION

The respondents and the distinct situation of Health Surveillance coordinators

In total, 26 (26/28) Health Surveillance coordinators of 14 (14/21) municipalities agreed to participate in the study. Some did not agree to participate due to the constant occurrence of technical meetings and training courses related to the chikungunya, dengue fever and zika epidemics that affected Pernambuco in the period of the research.

It should be noted that in 78.57% (11/14) of the municipalities we visited, there was no structured Worker Health Surveillance service. In the municipalities where the service existed, there was no exclusive coordinator for this management, so worker health surveillance ended up under the responsibility of the coordinators of other surveillance areas. This is due to the initial implementation process of Worker Health Surveillance in the region.

Professional training

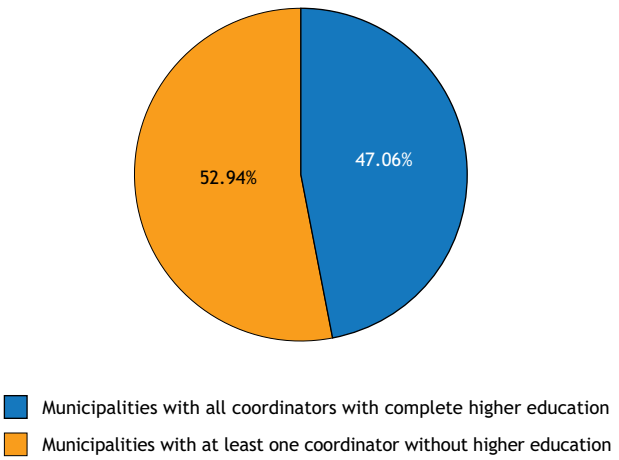
Regarding the academic training of these professionals, we found that 61.54% (16/26) of the coordinators had completed higher education, and of these, 53.07% (9/16) had done some postgraduate course in the area (for example: Collective Health, Public Health and Epidemiology), as shown in Table 1. The results of this stratified data by municipality are shown in the Figure. Regarding the area of training, 81.20% (13/16) graduated from health sciences courses and 18.80% (3/16) graduated from courses in other areas (e.g.: Marketing, History and Pedagogy).

With regard to short and medium-term courses and permanent education activities, 96.10% (25/26) of the respondents reported participating in training courses, congresses, updates and other

Table 1. Characterization of the professional training of the coordinators of Health Surveillance of the V Regional Health Management (Geres), Pernambuco, 2016.

Variables	N.	%
Level of education		
Complete high school	8	30.77
Incomplete higher education	2	7.69
Complete higher education	16	61.54
Postgraduate studies		
Collective health	3	17.76
Public health	4	23.55
Epidemiology	2	11.76
Did not do	7	47.05
Short courses		
Yes	25	96.10
No	1	3.90
When you did the last one		
< 1 year	18	72.00
1-5 years	7	28.00
Funds for the course		
Own	3	12.00
City/State Department	22	88.00

Source: Authors.



Source: Authors.

Figure. Distribution of the municipalities in regard to the level of education of the Health Surveillance coordinators, V Regional Health Management (Geres), Pernambuco, 2016.

activities. The majority (72%) of them reported having participated in at least one of these activities less than one year ago. In 88% of the cases, the courses were held or financed by the Municipal or State Health Departments (Table 1).

This data reflects the implementation of a local policy of permanent education for healthcare professionals, with an integrated approach in the clinical, surveillance, promotion and management axes, as recommended by the National Health Surveillance Guidelines, in which the integration between health surveillance and primary healthcare is a mandatory condition for the delivery of full assistance, with the development of a work process that is consistent with the local reality[9].

We observed that academic training and/or professional experience were not prerequisites for the hiring of the Health Surveillance coordinators in most of the municipalities. The Ordinance that regulates the responsibilities and defines guidelines for Health Surveillance actions by the federal, state and municipal governments does not make any reference to mandatory academic training and/or experience in health[17,18]. Moreover, there is still no clear-cut national policy implemented in Brazil for the training of professionals who work in Health Surveillance.

Therefore, there is currently no consensus on the curriculum profiles required for Health Surveillance coordinators nor a definition by the Ministry of Health of a national policy for professionals working in surveillance systems. However, according to the Basic Operational Norm of Human Resources for the SUS (NOB/RH-SUS), public tenders should be the only way for professionals to enter the healthcare career in the public service. Nevertheless, the National Health Surveillance Guidelines and Ordinance n. 1.378, of July 9, 2013, which defines the guidelines for the execution and financing of actions in Health Surveillance, leaves it up to the municipal administrations to choose how to hire surveillance professionals and how to use the funds to pay them[9,18].

The legal flexibility is reflected in the hiring of professionals through commissioned positions and political nominations, resulting in people who do not have the necessary training and education to work in a position of Health Surveillance coordination, be it environmental, epidemiological or sanitary.

The findings of our study also corroborate the diagnosis of human resources done by the Brazilian Sanitary Surveillance Agency, in which, in addition to health, there are workers with education in various areas, such as lawyers, zootechnicians, pedagogues, engineers, physicists and geographers, among others. Furthermore, in municipalities with less than 20,000 inhabitants, such as the municipalities visited in this study, there is a predominance of workers with high-school level. Finally, of those who have a college degree, only 50.3% have some type of specialization[6,19].

It is worth emphasizing the importance of multi, inter and cross-disciplinary activities and the education of Health Surveillance teams, which contribute enormously to the theoretical and technical production in the area, with health benefits for the entire population. See the examples of the Caesium-137 incident in Goiânia and the hemodialysis case in Caruaru, both in Brazil, which revealed previously undisputed aspects in the construction of Health Surveillance practices and, in particular, the health surveillance system as the destination of various professional categories[20].

Positively, the availability and routine of meetings and courses of medium and short duration offered by the municipal and state spheres stand out. These are in line with the PNEPS guidelines, aimed at improving institutional policies, the quality of care and the relationships in and between work teams. They are also in line with the Guidelines for the Management of Health Surveillance Education and the Permanent Education Policy of the SUS. However, these policies are not supposed to replace academic education and should not be the only source of professional qualification for managers[21,22,23,24].

Employment situation

As far as professional ties are concerned, only 30.8% of the coordinators have had ties for more than 5 years; these were the only fully hired professionals (Table 2). About the workday, only 7.7% of them work less than 30 hours per week, but 38.45% coordinated more than one surveillance area and 11.54% worked in more than one municipality (Table 2).

Results similar to those verified in this study have already been reported in the National Census of Health Surveillance Workers, in which the diversity of ties and wages between municipalities and states reveals the existence of statutory public servants, CLT-regime employees, outsourced workers

Table 2. Characterization of the professional tie of the Health Surveillance coordinators of the V Regional Health Management (Geres), Pernambuco, 2016.

Variables	N.	%
Type of tie/relationship		
Contract (temporary)	18	69.23
Permanent (public tender)	8	30.77
Time of relationship		
< 1 year	6	23.08
1.5 year	12	46.15
> 5 years	8	30.77
Hours (hours/week)		
15 h	2	7.70
30 h	9	34.61
40 h	15	57.69
Number of surveillance areas he/she coordinates		
1	16	61.54
2	6	23.07
3	4	15.38
Duplicate tie/relationship (other municipalities)		
Yes	3	11.54
No	23	88.46

and civil servants provided by other institutions, working 20, 30 or 40 hours a week[6, 19].

In addition to being precarious, there are often forms of relationships and ties that are outside the legal limits. This eventually impairs the quality and continuity of the assistance. These conditions also affect the commitment of the professionals and the legal integrity of states and municipalities[25].

Improving the structure of Job, Career and Wage Plans (PCCS) in the SUS is the only way to avoid high turnover, duplication of ties, overwork and consequent workers' dissatisfaction. This has been the main cause of complaints that have not yet been solved due to fiscal and administrative constraints[26].

Furthermore, despite the clear progress of NOB/RH-SUS, we still recommended it be discussed and reviewed. In spite of its importance as an HR reference for the SUS, it is impossible to establish a single policy for the entire country that would fail to consider local and regional diversity[27].

Main difficulties reported

The greatest difficulty mentioned by the respondents was the achievement of goals related to routine activities, mainly inspections, especially due to highly demanding tasks. They said that this is mainly due to the lack of vehicles (92.3%) and the small number of employees (80.77%).

> *The municipality is good to work, people are helpful and concerned, but what makes the work difficult is the absence of a car, it is difficult to visit and provide assistance in remote areas without a car";*

> *Even though it is a small town, working conditions are bad, despite people's goodwill, it is hard to work here. We are understaffed and without a vehicle, so it is impossible to cover the whole city equally"*

The National Health Surveillance guidelines determine the destination of the funds and resources of the Health Surveillance component. This determines whether the funds are to be used for costing expenses, such as consumer material (e.g.: parts and supplies for vehicle maintenance, personal protective equipment and office supplies) and for capital expenditures, such as the purchase of vehicles and other permanent equipment/materials (e.g.: computers, fax, cameras)[9]. However, according to the reports, these funds have not been properly managed by the Health Departments, which reveals failures in the administration of resources for Health Surveillance.

Many coordinators (53.84%) also reported a strong feeling of depreciation when compared to other health workers, like those in primary care. Dissatisfaction with the wage was mentioned by all the respondents, which resulted, according to them, in the search for other professional ties:

> *The wage is low for the workload and, to make matters worse, it's only me for the three surveillance areas. I do the work of three people but get paid as one!*

In addition to wage dissatisfaction, the respondents also mentioned other weaknesses, like the lack of political support and, in certain cases, even political interference, especially regarding punitive measures and the use of police power:

> *There is a lot of political meddling in the municipality. You should see what happens here when we have livestock and agriculture trade shows or harvest festivals...*

A new SUS management model, according to Campos et al.[28], should reduce turnover, motivate workers in their activities, avoid duplication of ties and inadequate recruitment, and improve the performance of management processes in all spheres[7]. However, the difficulties mentioned by the respondents demonstrate how far this model is from the existing reality of the area. Similar results were reported in the state of Santa Catarina, where professionals mentioned difficulties and suggested improvement in staff, materials and resources, as well as professional recognition, wage equalization, improvement in working conditions and physical structure[29].

CONCLUSIONS

The results of this study start from a highly complex subject and require broad reflection and discussion in order to find alternatives to improve the situation of professionals currently included in the system and of the population that benefits from the service. The shortage of professionals and the precariousness of work relations have a direct impact on the SUS consolidation and on the assistance it provides. Changes in the composition of the workforce, regulation processes and professional training, hiring and remuneration, all these are challenges for the evaluation and monitoring of HR policies in health. These matters have already been discussed in State Health Surveillance Conferences and will be addressed in the future, at the National Conference on Health Surveillance, to be held in mid-2018. This debate is important because these points are not yet clearly defined in the current Health Surveillance Guidelines, hindering the implementation of decentralized actions in the municipalities.

After this analysis, we believe that Health Surveillance professionals have a deficient academic background, which can affect the quality of the service they render. Health professionals must be trained and educated as part of a continuous process, which begins in college education and is maintained throughout their careers, through partnerships between health services, higher education institutions, the community and other sectors of civil society.

Finally, in order to face these challenges and seek solutions to the aforementioned issues, we suggest creating forums for discussion of human resources in the managers' agenda, recognition and review of NOB/RH-SUS, as well as discussing the PCCS and evaluating the different state and municipal structures and realities. This is already being done respectively through the state and municipal Health Surveillance conferences, in the last months of 2017, for further discussion at the national level in the National Conference of Health Surveillance.

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Conflict of Interest

Authors have no potential conflict of interest to declare, related to this study's political or financial peers and institutions.