



ENFERMAGEM DO TRABALHO NO BRASIL: ONTEM E HOJE LABOR NURSING IN BRAZIL: YESTERDAY AND TODAY

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ABSTRACT

Resumo:

Trata-se de uma breve pesquisa sobre a saúde e as condições de trabalho do Enfermeiro do Trabalho no Brasil.

Palavras chave: enfermagem; historia da enfermagem, saúde do trabalhador.

Summary:

This is a brief survey on the health and working conditions of the Work Nurse in Brazil.

Keywords: Nursing, History Of Nursing, Worker

Introduction

This study aims to identify aspects of the history of Work Nursing in Brazil and the working conditions of the work nurse, without the pretension of instituting any relationship between the successions of events in the past present or future nursing work in the country. The idea is to present future perceptions, starting from a recent past, highlighting some facts that may favor a greater understanding in the nursing care for the health of the nursing worker.

As Labor Nursing Teachers we are responsible for the training of these professionals, a noble task and we would like to know a little more about the beginnings of the Worker's Health in the Country, as well as the insertion of the Work Nurse in this context.

We know how important the quality of life in the work environment is, and the existence of a daily nurse in these environments, translates confidence, being a highlight in the Brazilian health scene, even because it was a conscious achievement, coming to mark a space consistent in the Brazilian nursing currently.

With this interpretation, the debate on this theme has stimulated us to review some requirements regarding work nursing insofar as these issues were articulated in the set of social actions in Brazil during that moment of its particular history. We know the importance of the specialization in nursing of the work, and the relevance in the public opinion that stimulate these professionals to look for a consistent formation in the Renowned Faculties of Nursing.

We can not start any matter concerning nursing without mentioning Florence Nightingale, even because she was affected by an occupational disease when she took care of the soldiers in the Wars of Scutari and Crimea. Thus, due to

their work and care of injured workers, two very significant events in Florence's life demonstrate the existence of the relevant binomial pertinent to the field of occupational health.

Perhaps because of this, if she had paused a bit in the reflection of these two aspects - occupational illness and work accident - modern nursing probably would have since developed as a specialty directed directly at workers' health. ¹

Theoretical Framework

Regarding Occupational Health, we can not refer to this subject before we talk a little about the introduction of Occupational Health in the world, since 1633 with the birth of Bernardino Ramazzini, in Capri in Italy, being a historical landmark. He was historian, poet, clinical philosopher, scholar, epidemiologist, physician, meteorologist and specialist in Public Health. ²

Around 1700 more precisely in the century, VII, in Italy Ramazzini published the book "De Morbis Artificum Diatribe" (The Diseases of the Workers), since considered creator of the Medicine of the Work. In 1841, the first Labor Law was created in France. The Factories Act was implemented in 1867 when it came to require protection against accidents, mechanical ventilation to eliminate dust and prohibition of meals by workers in the work environment. ²

In 1919 the International Labor Organization (ILO) was founded in Geneva, with Brazil as its signatory. In the same year the National Department of Public Health of the Ministry of Interior and Justice was created, where the first measures concerning Occupational Medicine were established. ²

In 1966, the National Center for Safety, Hygiene and Occupational Medicine (FUNDACENTRO) was set up in

Brazil, with effective action since 1969, perfecting the national apparatus for the protection of workers.

From 1987, with the Ordinance No. 34, it became mandatory in Brazil, for all companies, the registration of employees in the Laws of the Consolidation of Labor Laws, and also the obligation of a Specialization Service in Safety and Medicine Labor Code (SESMT), as explained in Regulatory Norm Nr. 4.³

However, prevention of work-related health and physical aggression arose only with the incorporation of the nineteenth-century paradigm of social medicine, which recognizes working conditions as one of the important aspects of living conditions.⁴

It is emphasized that the technical discourse articulated to the relations of power to discipline work legally institutionalized in Brazil only in the 1970s under the dictatorship Military, when the Ministry of Labor and Social Security, through ordinances, regulates the Specialized Services in Safety Engineering and Occupational Medicine (SESMT) in 1972 and 1975, but the incorporation of this subject to scientific investigations occurred only later, In medical schools.⁵

It is worth highlighting as a record of recent history the important achievement of the Brazilian social movement through the Sanitary Reform, which contributed to the fact that in the 1980s this reality changed. Better explaining: health is assumed as a right in the perspective of citizenship, and the State, through the Unified Health System (SUS), should assume responsibilities in the field of Worker's Health, now considered a public health activity, disputing the hegemony of the "Sector" work and occupational health-occupational health.⁵

From the old chairs of legal medicine whose field of knowledge housed the infortunística, that covers occupational diseases and accidents, arose precursory theses of the medicine of the work in the academic spaces. However, it was with the exponential expansion of postgraduate programs in Brazil in the 1990s that theses and dissertations focused on the major national problems in the area of worker health.⁶

Authors claim that the historical background of knowledge about the relationships between work and health effects can be grasped through theses and dissertations, especially in a period of history in which journals of research in journals were rare in a review of literature Pioneer on the historical antecedents of the pathology of work in Brazil, this theme had presented negative results⁶.

In this context, they also recognized the fundamental role of Júlio Afrânio Peixoto in the construction of knowledge bases in workers' health, by assuming the chairs of legal medicine in the medical and law faculties in Rio de Janeiro at the beginning of the last century. Dedicate to the infortunística, publishing several texts on this subject.⁷

A similar process happened later in São Paulo, where important documents such as the "Treatise on Accidents at Work", written by Afrânio Peixoto, were also produced as

part of the academic activities on the Inferential of the Legal Medicine Chair, Flaminio Fávero and Leonídio Ribeiro.⁷

In this sense, the State action on workers' health perceives health as an instrumental reason or as a factor of production, which will characterize its performance from the Ministry of Labor, Industry and Commerce (MTIC) to the Ministry of Labor and Social Security, with Total omission of the "sector" health.⁵

On the other hand, it is also noticed that in the 70's, when the studies stopped in an illness or injury, or to a certain group of workers of a company, and from the decade of the 80 the health of the worker happened to involve great Analytical categories such as absenteeism, or even social inequalities in a refined perspective of epidemiological analysis.⁸

It is worth mentioning that the Specialization Course in Labor Nursing, in Rio de Janeiro, started in 1974 as a result of the struggle of DESP / EEAN / UFRJ, and ABEN, highlighting here the first Nursing School in Brazil, the Anna Nery School. The specialization was based on Resolution 112/59 - WHO / ILO. Subsequently, the course was disseminated to other Universities and Regions of the Country.

Recommendation No. 112/59 was only able to produce some effect during the period known as the "economic miracle," just when there was an influx of unqualified labor, and without adequate conditions for the work that was proposed to it, industries.⁹

As a result, many accidents occurred, leading to the creation of legislation that would protect the health of the workers in the companies, creating the Ordinances for the training of Safety, Hygiene and Occupational Medicine professionals. Then the Ministry of Labor based on these considerations described the training of Doctors, Engineers, Safety Supervisors and Labor Nursing Assistant.

This attitude led to a joint denunciation of the Brazilian Nursing Association (ABEN) and the Anna Nery School of Nursing, since the nurse was not sizing, and only the professionals mentioned. The attempt to modify the Ordinance and the inclusion of the professional in the Worker Health Team has become a major challenge for nurses.

The instrument used for this demand was precisely the Specialization Course for Nurses of Work carried out by EEAN of the Federal University of Rio de Janeiro in 1974, having 36 students in the first group. In the year 1975, the second Class, with Recognition by the Ministry of Labor with the promulgation of Administrative Rule 3460 of December 31, 1975.⁹

In the run-up to legislation that made nursing a specialty, from 1953 to 1972, counted on the presence of the nursing in companies of diverse fields of activity in some states of the federation among them: Rio de Janeiro, Amapá, São Paulo and Minas Gerais. Companies involved in the manufacture of cement, ore industries, agricultural and oil

production. And it is attributed to the nurse Delzuite de Souza Cordeiro to be the precursor of the nursing of the work in Brazil.³

In Brazil, the demands for better working conditions began in 1912, influencing the creation of the 1st Work Accident Law (Legislative Decree No. 3724 of January 15, 1919), which served as legal protection for accidents And diseases of work.¹⁰

In this context the nursing of the work and the improvement of this class, counts with the participation of the nurses, with the co-responsibility and necessity of participation of the category. Another important thing is the nurses' knowledge about the CLT regarding worker health.

Therefore, it is important to point out that stress-induced diseases in the workplace, the Repetitive Strain Injury (RSI) should be monitored so that good patient care is essential, and that there is satisfaction in doing daily.

Authors claim that job satisfaction refers to workers' subjective assessment of the degree to which aspects of work may be detrimental or beneficial to their well-being. This evaluation is dynamic, that is, the state of satisfaction or dissatisfaction may change according to the general conditions of work offered.¹¹

Continuing, care nursing needs moments of rest due to the characteristics of care, because stressful factors remain in these environments, even because musculoskeletal disorders, infections, changes in mental health and, in the long term, cardiovascular, metabolic and neoplastic diseases, can affect these professionals.¹²

It is believed that by working with appropriate management styles, nurses can achieve satisfaction in their daily lives. It is possible to glimpse that satisfaction in the nursing, as well as the contribution of well-being to worker health, clearly improves as the management style is participatory and autonomous.

On the other hand our thinking in relation to what is exposed throughout this article is that it is possible to support a notion that building authentic leadership skills among managers and strengthening nurses' positive intrapersonal resources can be a promising strategy for maintaining the future of the workforce nursing job

It is concluded that this research supports and suggests a higher quality of the working conditions created by the leaders to play important roles as the professionals perceive the negative health consequences in their work organization, and intercede for themselves, before the level of Absenteeism grows, or presenteism is installed daily as is common for the work force in the outpatient clinics.

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