SYSTEMS & MANAGEMENT
Electronic magazine

PROPOSITION OF ACTIONS TO IMPLEMENT THE HEALTH AND SAFETY POLICY OF THE FEDERAL PUBLIC SERVANT: A CASE STUDY AT THE FLUMINENSE FEDERAL UNIVERSITY

Nathalia São Paio D'Amato Pôssas
nathydamato@bol.com.br
Fluminense Federal University, Niterói, Rio de Janeiro, Brazil.

Marcelo Jasmim Meirino
marcelojm@id.uff.br
Fluminense Federal University, Niterói, Rio de Janeiro, Brazil.

Márcia Vieira Pacheco
mar7mares@gmail.com
Oswaldo Cruz Foundation - Fiocruz, Rio de Janeiro, Rio de Janeiro, Brazil.

ABSTRACT

The public servants' health actions were characterized by isolated and assistance initiatives, depending on the vision of each agency. From 2007, the commitment to build and implement a Health Care Policy of the federal public servant (Política de Atenção à Saúde do servidor – PASS) was established. The objective of this study was to propose actions to contribute to the implementation of the policy at the Fluminense Federal University. Interviews were conducted at the Gragoatá Rectory and Campus, based on two roadmaps: one for servants to analyze knowledge and participation in relation to PASS initiatives; and another aimed at managers directly involved with policy implementation in order to meet the challenges for implementation. Following the analysis of the data as proposals to assist policy implementation, it is suggested a greater commitment of central management level to PASS actions, mobilization of policy implementers to propose an annual agenda, capacity building and continuing education of the interdisciplinary teams, and implementation of the Internal Health Committees of the Public Servant, among other actions presented in the article.

Keywords: Worker's health; Quality of life at work; Integrated Server Healthcare Subsystem.

PROPPI / LATEC
DOI: 10.20985/1980-5160.2019.v14n3.1507

Electronic Journal of Management & System
Volume 14, Number 3, 2019, pp. 323-334
DOI: 10.20985/1980-5160.2019.v14n3.1507

1. INTRODUCTION

According to Carneiro 2006, there was a mismatch between the actions related to the health care of celetist workers (a specific Brazilian system of labor laws) and civil servants. For the private sector, Andrade (2009) states that regulations and standards were created to monitor and supervise these actions, although they are restricted to occupational health. On the other hand, in the public sector there was no regulation of its own, which made it difficult to implement actions directed to the environments and work process focused on integral health to the public servant.

The absence of a National Server Health Policy led to the creation of health services with financial resources, physical and organizational structures and different expert criteria by the Ministries and other bodies that make up the Civil Personnel System of the Federal Administration (Sistema de Pessoal Civil da Administração Federal – SIPEC) (Brasil, 2008; 2010).

Since 2003, but especially in 2006 and 2009, the commitment has been established to build and implement, in a participatory manner, a Health Care Policy of the federal public servant (Política de Atenção à Saúde do servidor – PASS) as a result of the demands of the three National Occupational Health Conferences (Conferências Nacionais de Saúde do Trabalhador – CNST).

The PASS is based on the axes of surveillance and health promotion, server health care and health expertise, advocating the development of different actions aimed at improving the living conditions of servers. The creation of the Integrated Server Health Care Subsystem (Subsistema Integrado de Atenção à Saúde do Servidor – SIASS) is a strategic policy action to coordinate, integrate and operationalize the actions of the three axes.

Reference Unit was initially the name chosen for the place of operation of SIASS actions that are currently called SIASS Units. The Fluminense Federal University (Universidade Federal Fluminense – UFF), object of study, is a SIASS Unit. Assessing whether employees are aware of and participating in PASS initiatives, as well as identifying the difficulties and challenges encountered by managers to implement them, are fundamental objectives for proposing actions that contribute to the implementation of this policy at UFF.

PASS is an unprecedented policy of recent historical construction (Cavalcanti and Olivar, 2011). It is based on the assumptions of worker health and represents an important movement of the Federal Public Administration in the process of transformation of the attention paid to the health of the employees. (Nunes, 2013).

Therefore, this study aimed to propose actions that contribute to the implementation of PASS. It was also sought to identify the main difficulties of managers in the implementation of SIASS, analyze the knowledge of servers in relation to SIASS initiatives and evaluate if they participate in the initiatives implemented. The goal is to contribute to the construction of PASS, presenting the perception of servers and managers involved with the implementation of SIASS.

2. LITERATURE REVISION

In the postwar period, industrial technology developed rapidly, having as one of its consequences the revelation of the relative impotence of Occupational Medicine in its ability to intervene in the health problems generated by the "new" production processes. The dissatisfaction and questioning of workers, who were still seen as the "object" of actions and employers, grew. Occupational Medicine seeks to situate itself in this new scenario, with the composition and expansion of medical action directed at workers, with a scientific character, through intervention on the environment, incorporating technical instruments offered by other disciplines and other professions.

Occupational Health emerges to meet a production need, also promoting a shift from clinical to epidemiological. Occupational Health, identified by some authors as an intermediate stage between Occupational Medicine and Occupational Health, has a multiprofessional characteristic, with emphasis on industrial hygiene, having as a strategy the intervention in the workplace in order to control environmental risks. However, it has some limitations.

Despite advancing the scope of analysis and intervention in relation to its predecessor, Occupational Health fails to perform the appeal to interdisciplinarity, continues to treat workers as objects of action, transfers the responsibility for risk protection to workers by collaborating in the improvement and use of personal protective equipment, and does not fully incorporate the social determination of the health and disease process (Cavalcanti and Olivar, 2011).

Occupational Health is referenced by the concepts of health promotion, surveillance and participation. It is a set of activities whose objective is the promotion and protection of workers' health through epidemiological and sanitary surveillance actions, as well as the recovery and rehabilitation of health, when subjected to the risks and injuries arising from the organization and working conditions.

Concern about the human being in their work environment has been addressed in many studies and organizations (Andrade e Carvalho, 2012).

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DOI: 10.20985/1980-5160.2019.v14n3.1507

In public services, in the common sense, there is the perception that there are no impacts and harms on workers' health, because the environments should be healthy, and the work links should be formal and stable, with fixed and adequate wages and more horizontal, democratic and participatory relationships. However, this is not the case, since the state has been precarious in employment contracts. Add to this the degradation of public spaces, and taking into account that the well-established stability at work in the public sector no longer exists (Lourenço et al., 2017).

Today, workers are constantly subjected to new forms of labor management, which do not provide for public tenders, and hiring occurs through selective processes for a fixed period, in the form of outsourced services and/or contracts. (Druck, 2017). Cardoso and Morgado (2019) reinforce the importance of reflections and discussions on the construction of a national research in Brazil that identifies the relationship between work and worker health; an investigation that provides knowledge about the determinants of the disease process, supporting the various social actors, both in the micro space, in collective bargaining, as in the macro, in which rules and legislations are elaborated; therefore, for society to reduce suffering, illness and work-related accidents, it is not enough to continue to act primarily on its consequences.

For Vasconcellos and Oliveira (2011, p. 40), Occupational Health "transcends labor, social security and other limiting rights by specific effects of contracts and invokes the right to health in its full spectrum of full citizenship". It is in this context of full citizenship that the field of Occupational Health "[...] constitutes the permanent link between health action and political action with workers, as subjects and protagonists of political-institutional action, including the construction of Intervention Instruments".

The 1988 Constitution considers health as a right of the citizen and a duty of the state. Federal Law 8.080/1990 (Organic Health Law/Lei Orgânica da Saúde – LOS) establishes that Occupational Health is the area of action of the Unified Health System (Sistema Único de Saúde – SUS), and no longer the exclusive attribution of the Ministry of Labor and the Ministry of Social Security. The SUS was instituted under a new approach based on universality, comprehensiveness, equity and social control. In this context, the focus of attention to health at work is characterized by an intense disciplinary and thematic multiplicity, approaching the model of Occupational Health (Machado, 2005).

In 1990, it was created the Single Legal Regime (Regime Jurídico Único – RJU) of the Civil Servants of the Union, the Municipalities and the Federal Public Foundations to regulate labor relations in the public sector.

Until the 1988 Constitution, occupational health protection mechanisms were limited to the regulatory norms of the Consolidation of Labor Laws (CLT), based on the concept of occupational health, focusing on the preservation of the workforce with an intervention field restricted to assistance and supervision activities (medical expertise, periodic examinations, and risk and occupational accident prevention). For public servants there was no regulation and health protection instrument, which happens from the RJU, with specific regulation rules, restricted to sick leave and disability pensions. (Martins et al., 2017).

The implementation of actions aimed at occupational health becomes the attribution of the SUS, prescribed in the Federal Constitution of 1988 and regulated by the LOS. Other instruments guide the development of actions in this field, such as Ordinances No. 3.120/1998 and No. 3.908/1998, both of the Ministry of Health, which deal, respectively, with the definition of basic procedures for worker health surveillance and provision of services in this area. Operationalization of activities must take place at all levels (municipal, state and national), each with its own responsibility and attribution (Oliveira, 2014).

The 1990s and 2000s are characterized by a period of intense debate around the regulation and standardization of Occupational Health within the SUS, a debate that culminates in 2011 in the National Policy for Health and Safety (Política Nacional de Saúde e Segurança do Trabalho – PNSST), Decree Law No. 7,602, of December 7, 2011, and, in 2012, in the National Policy for Occupational Health (Política Nacional de Saúde do Trabalhador e da Trabalhadora – PNSTT). The PNSTT seeks to define the principles, guidelines and strategies to be observed in the three management spheres of SUS - federal, state and municipal, for the development of actions of Integral Attention to Occupational Health, aiming at health promotion and protection of workers' health and reduction of morbidity and mortality due to development models and production processes (Freire and Pacheco, 2016).

Within the scope of SUS, one of the areas of action that faces the most challenges for its effective implementation is that of Occupational Health. The reasons, beyond those found in other areas, lie at the heart of the social relations of production, in which the class conflicts and the hegemony of political and economic power in the conduct of public policies stand out. If the decision-making spheres of SUS management require only the notification of work-related injuries, without requiring intervention on their causes, the control and prevention of these injuries is unfeasible, perpetuating the cycle of diseases and deaths of Brazilian workers (Vasconcellos and Aguiar, 2017).

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For the public service, discussions were held at the then Ministry of Planning, Budget and Management (Ministério do Planejamento, Orçamento e Gestão – MPOG) with the participation of federal public institutions, union representatives and managers aiming at the elaboration of a specific policy for the public servants of the Union. In an attempt to structure and regulate a social protection system for public servants, this Ministry established in 2006 the Public Servant Occupational Health System (Sistema de Saúde Ocupacional do Servidor Público – SISOSP). Initially addressed to civil servants, the proposal was for SISOSP to universally cover all workers in the federal public service. At this early stage, the proposal was still based on the conception of occupational health.

The experience with the states and the debates in the different forums led to the reformulation and replacement of SISOSP by SIASS, which advances from an occupational health concept to the Workers' Health concept. In this concept, work-health relations presuppose interdisciplinarity and worker participation as active and central subjects in the planning and implementation of work process transformation actions. (Martins et al., 2017).

The state of Rio de Janeiro has excelled in the process of building and implementing SIASS. The creation, in 2009, of a Permanent Forum of Occupational Health in Rio de Janeiro, with representatives of the federal public institutions and workers, was a reference for the process of construction and implementation of SIASS. For the managers of the then Department of Standards and Benefits of the Server (Departamento de Normas e Benefícios do Servidor – DENOB/MPOG), RJ can be considered an example, where the proposal has been implemented collectively and participatively (Martins et al., 2017).

SIASS's actions propose information-based management, interrelationship between the axes, multidisciplinary teams, and assessments of local environments and working relationships. Such context may be favorable to the construction of a new relationship model between health and work in the Brazilian public service (Cavalcanti and Olivar, 2011).

The SIASS Portal, already implemented, aims to integrate and disseminate actions, legislation, health tips, news, articles, events and all information to strengthen collective construction, which is the new Health Care Policy of the Server. To ensure the effectiveness of PASS/SIASS, the following challenges are presented: the standardization of procedures, the transparency of technical criteria, administrative agility, and multiprofessional support in the constitution of teams. Such difficulties need to be discussed so SIASS/PASS can have a positive impact on workers' health.

The demands of a contemporary world in labor relations make it clear that it is necessary to better understand the role played by work in determining the health-disease process. Traditional models do not meet the new paradigms in the dynamics of a diverse, globalized world, requiring constant research, analysis and intervention in a continuous process of evaluation.

Knowledge of work-related risks and health hazards is fundamental for the planning of care, surveillance and intervention actions on work environments, as well as for the conduct of workers and society (Fernandes, 2017).

The three axes of SIASS

Health care

According to Ferreira and Brusiquese (2014), health care consists of actions aimed at disease prevention, health promotion, early detection and treatment of diseases, therapeutic assistance and health rehabilitation. Disease prevention is an early action aimed at preventing damage or harm to the health of the server resulting from behavioral factors and lifestyle, environment and/or work process.

Regarding the assistance, the Federal Government invested in the benefit of supplementary health, shared assistance between the Public Administration and the server, besides SUS, which is the right of all Brazilian citizens. (Brasil, 2010).

The active, inactive employee and the pensioner may apply for indemnity assistance, carried out by compensation, per beneficiary, even if the body or entity offers direct assistance or by self-management agreement, provided that the private contracting of a supplementary health care plan that meets the requirements contained in the basic reference term is proven. Aid may also be required to cover expenses with dental care plans (Brasil, 2010).

According to Zanin et al. (2015), regarding the health care of the server, the policy adopted by the Federal Government consisted of the adoption of public-private partnerships. As for the current health care services, existing in some agencies, the forecast is to keep them residual, discouraging the creation of new services and enabling their integration into the SIASS network (Brasil, 2010).

Health Expertise

The evaluation of the work capacity of federal servants has taken a new dimension with the concept of health ex-

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pertise by transcending the boundaries of the medical field and involving other health knowledge and by separating administrative concession from expert assessment, thus restricting documentary expertise (Carneiro, 2011).

The official health expertise is the medical or dental action with the objective of assessing the health status of the servant to perform their work activities. The model used to assess work capacity (understood here as the physical and mental condition for the exercise of productive activity, which does not imply absence of disease or injury) seeks to bring the expertise closer to reality and the scenario of the world of work in which the federal public servants live, promoting isonomy and safety, indispensable principles for medical expertise. It also aims to align the practices of expert professionals throughout Brazil, through the Official Health Expert Manual of the Federal Public Servants.

The expert assessment of employees and their legal dependents is the essential administrative act in the processes of leave for health reasons, disability retirement, readaptation, functional rehabilitation, accident, occupational disease, and work-related illness, among others provided for by law.

The electronic medical record, the expert's manual, the edition of the decree that regulates the licenses for health reasons and the qualification of the technical team make possible the construction of a new standard for the evaluation of the work capacity of the federal public servants.

Surveillance and Promotion

The main challenge of PASS/SIASS is to develop articulated actions to promote server health, which change work environments and processes and produce positive impacts on the health of federal employees.

The objective is to improve the quality of life at work, to encourage the development of attitudes and behaviors that contribute to health protection, as well as to increase solidarity, the sharing of responsibilities between the federal public administration, managers and servers, encouraging the active participation of servers in the processes that imply their health.

The health surveillance of the server is the set of continuous and systematic actions, thus making it possible to detect, know, research, analyze and monitor the determinants and conditioning factors of health related to work environments and processes, and which aims to plan, implement and evaluate interventions that reduce health risks or health hazards (Carneiro, 2011).

The surveillance and health promotion actions proposed in PASS are based on the multidisciplinary knowledge and participation of employees in all phases of the intervention process in the environments, to better understand the health-work relationship. Initiatives include: periodic medical examinations, the Server Health Operational Standard (Norma Operacional de Saúde do Servidor – NOSS), the mental health policy, the network of quality of life projects, and the creation of Internal Server Health Committees by Workplace (Comissões Internas de Saúde do Servidor por local de trabalho – CISSP).

Presenteeism is a growing problem in developed countries, mainly due to an aging workforce. Employers are seeking to implement workplace health and wellness promotion programs to improve workers' health and reduce gift giving. Depression and stress were the first and second leading causes of lost productivity, respectively, in a Canadian study of more than 8,000 employees of a financial services company (Ammendolia et al., 2016).

Periodic medical examinations are part of a set of evaluations necessary to monitor the health of the employees. They aim to preserve health, based on medical evaluation and early detection of work-related and non-work-related injuries through clinical examinations, and laboratory and imaging evaluations, based on the risk factors to which employees may be exposed during exercise of various activities in the federal public service. The information generated will compose the epidemiological profile of federal civil servants and are of great importance for the development of health promotion actions, disease prevention, as well as surveillance actions to work environments and processes.

Another initiative for monitoring the health of servers is the creation of local commissions of server health, in the process of regulation by the government since 2010. CISSP expands the scope of autonomy, so that employees can contribute to the regulation of their activities and negotiate with the Administration changes in the environment and work organization, focusing on the prevention of accidents and health problems. Thus, the CISSP should propose actions aimed at health promotion and humanization of work with stimulus to the participation of employees, understood as transforming agents of reality.

In 2013, the general guidelines for health promotion of federal civil servants were instituted, aiming to subsidize policies and projects to promote health and quality of life at work, to be implemented in SIPEC's bodies and entities, through the areas of people management, health, and work safety and which include participatory management. These guidelines prioritize the development of actions aimed at health education, the prevention of risks, health injuries and damages to servers, the stimulation of health protection

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factors and the control of certain diseases. With them, the objective is to improve work environments, organization and process, increase the awareness, responsibility and autonomy of employees, in line with government efforts to build a culture of health valorization to reduce morbidity and mortality through healthy living and working habits (Brasil, 2013).

3. METHODOLOGY

This research is a case study of the process of implementation of SIASS in UFF. In addition to literature review, field research was conducted at the university.

The target population is the active servers and managers related to the SIASS implementation process at UFF. The managers selected are those whose actions to meet the propositions of this Policy are configured as one of their competences. The Coordinator of the Coordination of Comprehensive Health Care and Quality of Life (Coordenadora da Coordenação de Atenção Integral à Saúde e Qualidade de Vida – CASQ), the Head of the Medical Expertise Division, the Head of the Health Promotion and Surveillance Division, and the Head of the Health Care Division participated in the research. For the interview with the servers, two campuses were selected (both in Niterói): the Rectory of UFF and the Gragoatá Campus.

What determined the choice of these campuses was the fact that they concentrate the largest number of servers. In addition, the Rectory locates health care services, expertise, and most health promotion activities, and it is assumed that staff located at this location would have a greater understanding of policy proposals.

Thirty active employees were interviewed, 15 in the Rectory and 15 in the Gragoatá Campus, and the four managers directly involved with the implementation of SIASS. It was used the semi-structured interview technique, based on scripts, already used by Nunes (2013), adapted to the reality of the UFF and aligned with the research objective. To verify the adequacy of the data collection instrument, a pre-test was conducted with interviews applied to five servers, which allowed the adjustment of the collection instrument to meet the research objectives. The manager's interview script has not been tested due to the limited number of managers involved in implementing SIASS.

Two interview scripts with open and closed questions were used. The questions directed to the servers aimed to understand if the servers are aware of and take advantage of the actions proposed by PASS. The questions directed to managers sought to know the challenges that managers face to implement the policy. Responses were documented by notes. For the answers that allowed graphical visualization, the data were quantitatively interpreted and, for the open answers, the content analysis was performed, removing from the answers presented by the interviewees information adhering to the objectives of this research.

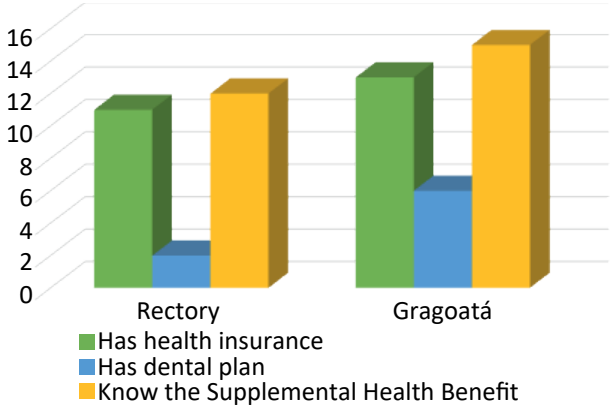
4. RESULTS ANALYSIS AND DISCUSSION

Servers Perception

When asked if they know about PASS, ten Rectory officials reported not knowing it, while the other five at least partially know its proposals. Of the servers interviewed at the Gragoatá Campus, 11 of them reported not knowing the proposals. The assumption that officials working in the Rectory would have greater knowledge on PASS, as most policy actions take place there, has not been confirmed.

Among the Rectory's employees, 11 have health insurance, of which three are covered by GEAP Health Self-Management (self-management agreement). At the Gragoatá campus, 13 employees have health insurance, none of them under GEAP. Two officials from the Rectory and six from Gragoatá have a dental insurance plan.

Regarding the benefit/reimbursement to cover part of the health contracting expenses, 12 of the interviewed officials in the Rectory (80%) and all 15 of Gragoatá are aware of it, suggesting that the latter pay more attention to the health care axis.



Graph 1. Representation of employees who have health and dental plans and knowledge about the supplementary health benefit

Source: Author

In the Rectory, of the 11 employees who have health insurance, seven receive the benefit, three do not receive because they are from GEAP and one, besides being unawa-

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re, is not entitled to the plan and, therefore, is not entitled to this right. At the Gragoatá Campus, of the 13 employees who have health insurance, ten receive the benefit, two do not receive it because they are not entitled to their plans, and one server alleges lack of time to go to the Rectory to open the process required for compensation. Therefore, of all interviewed servers that are entitled to receive the benefit, only one does not receive the benefit.

When asked about the importance this benefit had for the hiring/maintenance of the health plan, of the total number of employees interviewed: 10% reported that it contributed; 3.33% said it was essential because without the benefit they would not have access to the plan; 43.33% answered that he did not contribute; and 43.33% informed that this aspect was indifferent, since they already had and would maintain the plan even without the aid.

The answers suggest a need for reevaluation of the stipulated reimbursement values, because employees who do not have health insurance cannot hire them even with this benefit, and therefore need care at SUS, in private care or at the Division of Health Care located in the rectory. These care actions and services, according to the policy, will no longer be implemented in institutions that do not have them; in the existing ones, the proposal is that they continue, however, with a central focus on prevention and health promotion.

Regarding UFF's medical assistance, 21 employees have already used it. Of these, 14 are from the Rectory and seven from Gragoatá. Thus, since the health care service focuses on the Rectory, the data demonstrate the importance of decentralizing actions, aiming to reach all UFF campuses.

Regarding dental care, 13 officials from the Rectory and three from Gragoatá have already used it. It is noteworthy that the services of this type of assistance are also located in the Rectory, which may justify its greater use by servers working on site, for ease of access.

Among the Rectory's servers, ten are aware of the existence of care provided by a multiprofessional health team. The most cited professionals were psychologists and physiotherapists. The nutritionist was quoted only once. Eight servers know that courses or lectures are held addressing the health theme. About the Quality of Life Program, 12 servers know they exist, and six of them report having already participated. At the Gragoatá campus, seven employees know about the care provided by the multiprofessional health team, and the most cited were also psychologists and physiotherapists. Five know that lectures or courses on health are held. Regarding the Quality of Life Program, ten employees know that it exists, but only three reported having already participated. Of these, one participated while working at the Rectory, but when he was transferred to the Gragoatá Campus, he gave up.

The above data demonstrate that, to increase the coverage of the target audience, it is necessary to significantly expand the dissemination of actions, both from lectures addressing health issues, and the assistance services offered. The dissemination and effective decentralization of ongoing quality of life programs is also essential.

In terms of promotion, the present study verified the knowledge of active employees in relation to the institution and the degree of implementation of periodic examinations. Thirteen officials from the Rectory and two from the Gragoatá Campus are aware that the Policy provides for a periodic medical examination. Of the total number of servers, only nine, all from the Rectory, have performed the periodic examination in some period. The dissemination and operationalization of periodic medical examinations need to be more ostentatious, given the difference in terms of knowledge among Campi servers.

Table 1. Knowledge and participation in periodic medical examinations

QUESTIONS	YES		NO		TOTAL	
	Rectory	Gragoatá	Rectory	Gragoatá	Yes	No
Are you aware that the policy provides for periodic medical examination?	13	2	2	13	15	15
Have you done this kind of exam?	9	0	6	15	9	21

Source: Author

When asked about suggestions for improving actions related to the health of the server, some questions were cited several times, such as: better dissemination of actions, because few people are aware and enjoy the services (n=11); decentralization of both care actions and quality of life programs (n=6); mandatory periodic medical examinations (n=6); evaluation of the working environment and risk of sectors (n=4); Antônio Pedro University Hospital being a base for service to the servers with different treatment (n=4); and extending server assistance (n=2).

The responses of the servers show, at the moment, a greater concern with a welfare profile.

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Managers perception

In the interview with the four managers, only the Head of the Medical Expert Division said that they did not experience difficulties in the implementation of the PASS/SIASS proposals and could demonstrate greater weight and significance of the proposals of the health expertise axis. However, it pointed to a flaw in the computerized SIAPE-health system/module, which could be improved.

> "Portal access could be more dynamic. The multiprofessional team does not have access to the portal. The password expires if the professional does not make direct access. Referral to the entire multidisciplinary team should also be done through the portal, but that does not work." (Head of Medical Expert Division)

The speeches show use primarily by expertise, hindering the access of the multidisciplinary team and confirm stagnation of this system.

The information system, fulfilling its role of systematization, integration and wide dissemination to the Federal Public Administration as a whole, may provide reflection on PASS/SIASS's own actions, including a constant, expanded and critical return of this same information.

According to Freire and Pacheco (2016), with innovation and significant investment by MPOG, a computerized system called SIAPE-Saúde was built, and its full operation is only in the sub-modules of official expertise and periodic medical examinations. The health promotion sub-module had less investment. So far, the little punctual information generated are neither systematized nor integrated, nor have they been widely disseminated. Data are restricted to immediate management and/or sectoral technical area; therefore, this system does not fulfill its central role. The statements by the Director of Health Expertise and the Director of the Department of Health Promotion and Surveillance (Diretora do Departamento de Promoção e Vigilância em Saúde – DPVS) demonstrate this obstacle:

> "The entrance exam is a module promised since 2009, but has not been implemented. Many DPVS professionals (who do admission) cannot access. There will be a periodic module in the system, everything will be done online, the server will be called and will have 30 days to accept the exam or not. Health promotion programs must be in the system for patients to be referred directly, but they are not." (Head of Health Expertise Division)

The transparency of the processes, which is one of the goals of health forensic initiatives, was also evident in reports from the Head of Health Expert Division and the coordination of CASQ.

> "There was a change in the CASQ process in relation to the servers. The expertise began to be scheduled by appointment. Thus, the expert may have access to the servers' medical record in advance. Today, the boss's email is mandatory. The medical expertise is over, the report is released and it automatically goes to the boss." (CASQ Coordination)

> "Currently, management has access to information from the email server, which was a difficulty. Upon completion of the forensics, an email is sent to the manager. If the email field is not filled in, the expertise is not completed. Expertise data generates a report by ICD [International Classification of Diseases] during the last 12 months." (Head of Health Expertise Division)

Prior to the creation of SIASS, there was no general guidance for health conduct or a mechanism for systematizing data resulting from procedures and actions to draw an epidemiological profile. The statement by the head of the Health Care Division reports concern about the computerization of the other sections and not just the expertise: "It is important to computerize the rooms, because statistics are important for health promotion actions."

The integration of the existing team in the institution faces some resistance, because the work is done in isolation. This finding corroborates the study by Gomes (2015) who pointed out the construction of a headquarters as a solution to the lack of adequate environment for the team. However, there is no resource intended for this. Therefore, one of the main challenges pointed out is the insufficiency of the physical space.

As with the study by Freire and Pacheco (2016), in this study there was a clear structural fragmentation of the units and actions developed. There is a fragile coexistence of actions, that is, the absence of collective internal spaces for planning and evaluation.

> "We are managing to integrate better. People understand that they are part of the same coordination and, at some times, we will work on care and, in others, health promotion. These intersectoral relationships are better today." (CASQ Coordination)

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> "To have effective participation we should have more connection with DPVS. We even provide professionals, because we have extremely competent professionals, but it has no structure. In my opinion, there is a need to improve the physical space. Two locations have been seen to place the whole division, but the negotiation has not progressed." (Head of Health Care Division)

> "We will have a new place of operation close to medical and dental care, good for a reference. But what we want is to take actions to campuses. I bet we will have more visibility and greater compliance with the traveling DPVS." (Head of Health Promotion and Surveillance Division)

The above statement demonstrates concern and intention with the decentralization of actions.

Assistance is one of SIASS's axes, and its actions should not be forgotten, but aligned with prevention and health promotion. The Health Care leadership's statement demonstrates this concern: "In my view, SIASS contemplates more the Department of Health Promotion and Surveillance (DPVS) and expertise. Assistance is 1% of SIASS."

The concern with the service to outsourced professionals is found in the speech of the Head of the Health Care Division: "The public we serve are the technical-administrative staff and teachers, dependents and scholarship holders. We unofficially serve the outsourced because they are in need."

Noteworthy is the loss of the universal character of the system due to the flexibilization of labor relations in the public sector. Challenges include the need to broaden the dialogue and integration of health, work and management policies in Public Administration, in order to guarantee the principles of worker health and the universality of the system, evolving from the concept of public servant to public worker (Martins et al., 2017).

Some ongoing quality-of-life projects and the search for the resumption of others that were extinguished were identified, pointing to a concern with the health of the server not only in their workplace.

The dissemination of health actions and quality of life programs was identified as deficient by a large number of employees and ratified by managers.

The continuous training of the multiprofessional teams of the SIASS units is a concern of the managers that can be seen in the speech of the Health Expert Division's leadership: "A meeting explaining the system and how to feed it would be important. I also think it is important to propose an annual agenda, as well as facilitating the access of the health care and promotion team to the portal".

Periodic examinations, which are extremely important to draw an epidemiological profile of the servers, are not mandatory at UFF. Many servants stressed their importance in disease prevention.

To the Head of the Health Expertise Division: "The periodic examination has been carried out for some time, but for the small amount, was directed to few sectors."

5. PROPOSALS FOR ACTIONS

After analyzing the results of the interviews and identifying the difficulties encountered in the implementation of PASS/SIASS, a table was prepared with proposed actions to aid policy management at UFF. The table presents the issues in which each difficulty was pointed out during the interview, the proposal for management aid and the source consulted for the preparation of the proposal.

Some difficulties are beyond the scope of UFF Management, such as increasing the amount of compensation for supplementary health benefits and improving the SIAPE-Health system.

6. CONCLUSION

It is of fundamental importance that the employees have a better knowledge of the actions developed related to health promotion, prevention and assistance, as they must be the transforming actors of this reality. Despite significant advances, it is observed that there is a need for greater articulation with the principles that guide workers' health, such as comprehensiveness, interdisciplinarity and participation with the development of surveillance and assistance actions and focusing on prevention and promotion of health. Performing periodic examinations is extremely important for the planning and elaboration of actions according to the need of the servers.

The investment in spaces that reinforce the interdisciplinary character, aiming to change the vision and performance of professionals in this field, is an important strategy for SIASS managers to overcome the barriers that hinder the collective construction of work proposals aimed at preventing and promoting health.

The absence of universality of actions, the reported lack of knowledge of PASS/SIASS by the group of employees and the stagnation and incipient central role of SIAPE-Saúde were other relevant points identified in the interviews. Such

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Chart 1. Proposed actions

Difficulties found	Proposed actions	Source consulted
Many health professionals, who should be PASS implementing agents, do not know the policy.	Permanent training of servers involved with PASS. Annual presentation of the proposals and the agenda to be fulfilled this year, remembering the principles of the policy in which we are inserted.	IV Fórum SIASS RJ
Ignorance of PASS proposals by most UFF servers.	Broad dissemination of the policy initiatives, through personal email, on the UFF website and mainly through meetings and activities in the various campuses.	Moreira and Meirino, 2014; Gomes, 2015
Little participation of servers in Quality of Life Programs.	Pressure from the organized internal movement for superior management to promote projects aimed at prevention and health promotion, such as permanent campaigns, thematic lectures and the encouragement of these actions with the employees. Top management support is critical for servers to participate in programming. Implementation of the Internal Health Committees of the Public Servant (CISSP).	Freire and Pacheco 2016;
Difficulty of access to Quality of Life Programs and assistance services by servers who are not full in the Rectory.	Decentralization of Quality of Life Program activities and assistance. Program dissemination of activities to be developed on Campuses with rules and times for participation. Expansion of Quality of Life Programs through partnerships with the Euclides da Cunha Foundation (FEC) and third parties who work at the Fluminense Federal University (UFF).	Gomes, 2015; Suggestions from the servers and managers' questionnaire
Little participation of employees in periodic medical examinations.	Exams must be mandatory and scheduled along with the vacation. Those who have a recent private exam would be released, but would present the results to the work doctor at a previously scheduled time. The results of the exams are fundamental to the proposition of actions.	Suggestions from server and manager questionnaires
Difficulty of access to the SIAPE--Health system by the multiprofessional team.	It is necessary to request improvement of SIAPE-Health with the system managing body to facilitate the access of the multidisciplinary team and fulfill its role of disclosure.	Freire and Pacheco, 2016; III Fórum SIASS RJ.
Difficulty in systematizing data resulting from procedures and actions to draw an epidemiological profile.	Computerization of spaces so data can be easily accessed by staff when needed. Full access to the SIAPE-Health System. Wide dissemination of data with the construction of bulletins.	Suggestions from managers' questionnaires
Difficulty in integrating the existing team in the institution.	Firstly create a collective internal space for planning and evaluation of the actions developed. Creating a headquarters with the multidisciplinary team working together would be important for team integration and a reference for servers to inform about ongoing programs, lectures, rules for enrolling in activities; besides promoting the improvement of the physical space, for the accomplishment of the activities.	Freire and Pacheco, 2016; Gomes, 2015
Loss of the universal character of the system due to the flexibilization of labor relations in the public sector.	Service of outsourced servers in health care and promotion services performed at UFF. Proposed agreement with third parties for, in return, funding quality of life programs.	Martins et al., 2017; Suggestions from managers and servers' questionnaires

Source: the authors

points had already been highlighted as challenging by some authors.

As proposals to assist the implementation of PASS in the UFF, it is suggested a greater commitment of the central management level to SIASS actions, with incentive and financing to the quality of life programs and support for restructuring work environments; the need for mobilization of policy implementing agents; the training and continuing education of interdisciplinary teams; and the implementation of (CISSP) and dissemination of policy actions and data generated with the construction of bulletins.

It is also necessary to request continuous improvement of SIAPE-Health with the system managing body, to facilitate the access of the multidisciplinary team and fulfill its role of dissemination, as well as extensive systematized dissemination of data through bulletins.

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DOI: 10.20985/1980-5160.2019.v14n3.1507

As recommendations for future work, a diagnosis of all actions implemented in the UFF in the current management is suggested.

It is necessary to invest in disease prevention and health promotion and, in this sense, contribute to overcome the hegemony of the look and welfare approach, as well as the occupational health field in health-work relations.

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Received: Feb 06, 2019

Approved: Aug 21, 2019

DOI: 10.20985/1980-5160.2019.v14n3.1507

How to cite: Possas, N. S. P. D. A.; Meirino, M. J.; Pacheco, M. V. (2019), "Proposition of actions to implement the Health and Safety Policy of the federal public servant: a case study at the Fluminense Federal University", Sistemas & Gestão, Vol. 14, No. 3, pp. 323-334, available from: http://www.revistasg.uff.br/index.php/sg/article/view/1507 (access day month year).