

## Evaluation of health promotion actions within The Federal Public Service



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### ABSTRACT

The present work deals with actions to promote public health in the federal service, analyzing issues of administrative law and raising the hypothesis whether such actions constitute public policies in relation to this sector. For this, it uses doctrines, information from public agencies, other studies

already carried out and legislation. The research is of the exploratory type with documentary and bibliographic source. This study concludes considering that these practices offered by the Federal Public Administration to the federal public servant, are not characterized as public policies, since they are presented in a timely and differentiated manner in the different federative units of the Integrated Subsystem of Attention to the Health of the Server (SIASS). It is possible to transform fun into learning.

**Keywords:** Constitutional principles, health promotion actions, public server, federal civil service, worker's health, principles of administrative law, federal public administration.

## 1 INTRODUCTION

The author of this research, motivated by the function of social worker who has been working in the public service for a little more than fifteen years, in a Federal Higher Education Institution, in which during this period she has been serving federal civil servants, deepened studies on the subject of administrative law and health promotion actions, specifically with regard to those offered to federal public servants by the federal public administration.

In the search to understand this context, which is that of the federal public service, it was found that the history of the same dates to the coming of the empire of the royal family of Portugal to the distant lands of Brazil, whose objective was to escape from the army of Napoleon. Thus, the Brazilian public service began in the imperial period, and has undergone transformations over time, reaching today in contemporary times characteristics that denote the need to review paradigms both on the part of what is meant by public service, as well as on what is meant by public servant.

In the new contemporary context, the federal public service is today a target to be achieved by a relevant number of people who are interested in entering the labor market, or even those already inserted in it, continue to aim for better living conditions for themselves and their families whether in their own work environment or even outside it.



Given this, the research is justified because it is a theme that still needs publications, given the lack of doctrines, articles, as well as the growing interest in subjects interested in joining the federal public service. It is also necessary to consider the interest in identifying whether the fundamental rights provided for constitutionally, if they are found and fulfilled in the ordering of the universe of administrative law, regarding the federal public service, in a specific way, to the health promotion actions offered by the Administration, which constitute the theme of this work.

The main objective of the study is, therefore, to bring to the discussion whether the health promotion actions, offered to the public servant by the federal public administration, correspond to systematized actions, duly identified as public policies and legally recognized as such, considering that the current moment is marked by discourse of privileges for this category of workers by common sense, and the constant presence of interested parties seeking to achieve a vacancy.

The problem, therefore, seeks to answer the following question: Do the health promotion actions for the federal public servant offered by the public administration in fact constitute efficient public policies, or are they merely punctual actions, available to the fluctuations of the political scenario of the moment?

The present work is guided by exploratory research, whose technical procedures are based on documentary and bibliographical research, using for this purpose, references in the legal field, such as doctrines, as well as the primary sources of Law that govern the rules of Public Administration and the Consolidation of Labor Laws / CLT, as well as scientific articles published or still in press.

The research method used in the present study was the historical-dialectical, to analyze the trajectory of the legal system about the protection and health of the worker, especially the worker/federal civil servant.

To this end, the work was subdivided into five parts, so that the proposed content could be better exposed. After the introduction, some concepts of Administrative Law, as well as health as a fundamental right were presented, focusing on health promotion and legal support. At the later stage, the health promotion actions were presented within the scope of the federal public service, in a special way, through the presentation of data referring to three research already carried out involving the theme of health promotion within the scope of the federal public service. Subsequently, issues pertinent to the health of federal civil servants were discussed. Finally, the final considerations were outlined, exposing whether there was a perception that public policies are or are not, in fact, in health promotion actions, for now offered by the Federal Public Administration.

## **2 THE DEMOCRATIC RULE OF LAW AND HEALTH AS A FUNDAMENTAL RIGHT**

Celebrating the thirty years of existence and promulgation of the Federal Constitution that governs the country's legal system, the Democratic State of Law in Brazil has been controversially



constructed after the critical period of the military regime, with two impeachments carried out during the new democracy.

With a predominantly urban population, the State that promulgated in its Magna Carta the Social Security in its article 194 by its people, based on the tripod of social security, health and assistance, concentrated its actions with regard to the last two in systems of partnerships, with joint responsibilities in the three spheres of government, namely, municipal, state and federal, through SUS (Unified Health System) and SUAS (Unified Social Assistance System):

The Management proposed by SUAS is based on the Federative Pact where the competencies and responsibilities of the three levels of government in the provision of social assistance actions should be attributed and detailed. Thus, State Manager and the Federal District - DF celebrate commitments and responsibilities with the Federal Manager of SUAS. What does that mean? That the Pact is one of the requirements for the adhesion of the states and the Federal District to the system. (SUAS, 2009, digital work).

It is noted that the history of the Brazilian State was guided by a paternalistic culture, sometimes known as having a culture of "goodness", being recent the institutionalization of public policies proper to the democratic government that is currently proposed.

In the past, the country's social assistance model was shaped based on benevolence, marked by the absence of State responsibility and circumstantial actions. Now, the steps forward must be taken to consolidate the SUAS, in its main axes of organization (SUAS, 2009, digital work).

With a more recent regulation than the SUS, the SUAS had its idea preconceived in the Federal Constitution, but in a more effective way, it is identified as:

(...) result of the deliberation of the IV National Conference of Social Assistance, held in 2003 and expresses the materialization of the principles and guidelines of this important social policy that puts into practice the precepts of the Constitution of 1988 regulated in the Organic Law of Social Assistance, of 1993 (SUAS, 2009, digital work).

In this sense, the SUS was the precursor with regard to the standardization and standardization of procedures, as well as in the financing agreements, with regard to the operationalization of a macro system, in which all spheres of the country were directly involved, so that the provision of the service to the population was thought, planned and executed, reaching the tip the offer of a service that in fact was as universal as possible, in the best conditions of its feasibility.

It should be noted that the creation of the SUS (established by Law 8080/90, which establishes the rules and norms for the care of the entire public health system in Brazil) is a result of the Federal Constitution of 1988 (CF/88), as well as other orders that emerged in the following decade of the Constituent Assembly, such as the LOAS (Organic Law of Social Assistance, of 1993) and the Single Legal Regime (RJU), through Law 8112/90, which establishes the rules for public servants in the scope of the public service.



It is verified, therefore, that although the Federal Constitution in force consists of the "highest law" of the country, that is, all the others must be in line with its precepts for them to be considered valid, it is if compared with other laws that make up the Brazilian legal system, very recent from the historical point of view. While the first was enacted in 1988, the Consolidation of Labor Laws (CLT), for example, was sanctioned by President Getúlio Vargas during the Estado Novo period, in May 1943 through Decree-Law No. 5,452.

In this sense, with the creation of the Constitution, like the existing legislation, there was a reception of the already existing norms that were consistent with the larger order now promulgated, so that there was no antinomy of the norms, and it was possible to consider what was understood as a rule that contemplated the new legal horizons of the country.

But it is worth mentioning that the Constitution promulgated was not a work carried out instantaneously. The example of the care with which some principles were treated shows that in fact it was a joint creation, inspired in fact by an already existing order, in which there was a concern with the existing gaps, and that they sought in some way to contemplate such issues, as in the case of health protection. Supporting this position, Sarlet and Figueiredo (p.2, digital work) provide:

The constitutional consecration of a fundamental right to health, together with the positivization of a series of other fundamental social rights, can certainly be pointed out as one of the main advances of the Constitution of the Federative Republic of Brazil of 1988 (hereinafter referred to as CF), which links it, at this point, to the constitutionalism of a democratic-social nature developed, above all, from the post-World War II period. Before 1988, the protection of the right to health was restricted to some sparse norms, such as the guarantee of "public relief" (Constitution of 1824, art. 179, XXXI) or the guarantee of inviolability of the right to subsistence (Constitution of 1934, art. 113, caput). In general, however, the (constitutional) protection of health took place indirectly, within the scope of both the norms of definition of competences between the entities of the Federation, in legislative and executive terms (Constitution of 1934, art. 5, XIX, "c", and art. 10, II; Constitution of 1937, art. 16, XXVII, and art. 18, "c" and "e"; Constitution of 1946, art. 5, XV, "b" and art. 6; Constitution of 1967, art. 8, XIV and XVII, "c", and art. 8, § 2, later transformed into a single paragraph by Constitutional Amendment No. 01/1969), as well as the rules on the protection of workers' health and the provisions dealing with the guarantee of social assistance (Constitution of 1934, art. 121, § 1, "h", and art. 138; Constitution of 1937, art. 127 and art. 137, item 1; Constitution of 1946, art. 157, XIV; Constitution of 1967, art. 165, IX and XV)

Thus, with a regulatory system conceived at the national level, regarding health and care, which have become research topics for several areas, new concepts have also emerged in the Brazilian scenario, correlating the two themes in question, which are health and care, such as the term "health promotion actions".

Health promotion actions have been the subject of research in several areas of knowledge, such as psychology, administration, as well as areas related to health sciences and applied sciences. It is noted that in the scope of the public service, research on this theme has recently been conducted.

As the concept is very broad, it is necessary to understand that "health promotion" aims to relate health beyond the absence of disease, understanding the subject as an integrated being, considering the



living conditions in which he is inserted, as determinants for the triggering of life as it is presented. It also has a focus on the need and search for a healthy life, understanding as important the collective participation and the individual capacities of the subject that are applied in this process.

For Norman (2013, p.153), health promotion would correspond to the "preventive actions and care actions involved in the act of caring". In this sense, while in the private area there is, for example, a ranking of the best companies to work for, that is, there is a list listing the companies that stand out the most for offering their workers actions to promote health and quality of life, the same visibility is not given in the scope of the public service. The working conditions, and in a special way, the promotion of the health of the public servant still constitute a subject little commented even in the academic environment.

But what would have been based on the legal aspect, the modifications proposed by the Public Administration about the offer of actions to promote the health of the federal public servant? Would there be any constitutional backing or could such actions be considered as a boon to this specific audience of workers?

Such issues are relevant, since there is a growing search to fill vacancies in the federal public service, by a public increasingly thirsty for career stability, in financial life, in short, and may consider, according to Macêdo, Gomes, Costa and Finge (2016), a search for a more pleasant quality of life, but this search has occurred increasingly with a greater number of competitors for vacancy.

In this sense, it is even worth asking: would these health promotion actions be something temporary, a policy of a certain government, or a recognized right, which, because they are perennial or not, will eventually influence the lives of those newly admitted to the public service?

Thus, it is still necessary to clarify in the perspective of this work, another term that will be treated, that is, public policies. Therefore, one should consider the concept of Lima (2012), which understands public policies as a set of actions, and not an isolated action, so that the origin of the problem must be faced.

It is also noted, according to Lima (2012, p.50), that the studies related to public policies are

(...) still very recent, especially in Brazil, and there are still many conceptual divergences and it is necessary to discuss, think and rethink about the theme. According to Secchi (2010) any definition of public policy is arbitrary, because there is no consensus in the specialized literature on basic questions.

In this sense, the concept adopted in the present work about public policies, consist of the one presented by Lima (2012, p.52), especially described by him in which he cites Secchi (2010), that is, "the conceptual essence of public policies is the public problem. So, a public policy, gets this adjective, if it is intended to respond to a public problem."

Thus, it is essential to enter the scope of Law, so that the understanding with regard to the



aforementioned questions begins to be mitigated.

In addition to the legislation discussed so far, it is important to emphasize that with regard to the proposed analysis, that is, to verify on the health promotion actions offered to the federal public servant by the administration it is essential to enter into Administrative Law, and the constitutional principles that guide it, which are the legality, impersonality, morality, publicity and efficiency, provided for in art. 37, caput of CF/88.

In this sense, to enable a better reflection on this study, it is necessary to discuss, even if briefly, about each of the principles listed above, in the following way.

The principle of legality consists in imposing on the Public Administration that it satisfies the Law, under penalty of the public servant responding administratively, civilly and criminally, if it does not do so. In this aspect, Kildare Gonçalves Carvalho (2013, p. 375), already states in his work, "unlike the individual who is free to act, being able to do everything that the law does not prohibit, the administration, can only do what the law commands or allows".

In the principle of impersonality, there is the determination that there is a prohibition regarding discriminatory treatment by public agents towards the users of the service provided, either harming or even favoring them.

As for the principle of morality, it is not a matter of according to the doctrine (CARVALHO, 2013, p. 377), to be based on common morality, but rather to appropriate a legal morality, in which "the administrator, when acting, must decide not only between the legal and the illegal, the convenient and the inconvenient, the opportune and the inopportune, but also between the honest and the dishonest." The author also quotes André Ramos Tavares who exposes "if responsibility is necessary in private affairs, for much greater reason it is imperative in public ones" (CARVALHO, 2013, p. 377).

With regard to the principle of publicity, Carvalho (2013, p.379) presents that it does not correspond to a formative element of the administrative act itself but consists of a "condition of its effectiveness". Thus, by making public knowledge through official disclosure the act of the Public Administration, its respective external effects begin from there.

The principle of efficiency, in turn, recommends that the public administration adopt measures that evaluate the cost-benefit ratio, to optimize its resources "providing greater effectiveness to the actions of the State" (CARVALHO, 2013, p.379).

As they are provided for in this way, in a very illustrative way in the order, such principles are considered as expressed principles. It must be known that there are other principles that, although they have been accepted by the Constitution, are not expressly presented, and for this reason are considered as recognized principles or implicit principles, as is the case of those described in the aforementioned article, item XXI, and in §§ 5 and 6, namely, the bidding, as well as the prescription of administrative offenses, and the civil liability of the Administration. There is also the principle of reasonableness, also



called proportionality, which some authors consider as the principle of principles (GUERRA, 1999, p.59).

In the principle of the prescription of administrative offenses, it is noted that "only will not prescribe the right of the administration to compensation or indemnification of the damage" (CARVALHO, 2013, p. 381), having, therefore, prescription periods for other unlawful acts practiced by agents, servers, for example.

In the principle of civil liability of the Administration, the existence of a causal link between the action or omission and the harmful result is sufficient, without necessarily the one who felt injured, having to prove the occurrence of intent or fault of the agent causing the damage, so that the reparation can be made. In this case, a recourse action may be brought by the Administration, if the exclusive fault of a third party is proved.

According to Carvalho (2013, p. 382),

the constitutional rule extended the incidence of the obligation to indemnify the Administration, including damages caused by legal entities governed by private law, providers of public services, such as concessionaires or licensees.

Note that as the doctrine points out (CARVALHO, 2013), the civil liability of the State in no way depends on the criminal or even administrative responsibility of public agents, because they are considered independent instances.

It is possible to identify the protective character of this principle, that of the civil liability of the administration, in relation to the principle of efficiency, so that it is fulfilled in its maximum possibility. In the same way, that there follows the principle of public bidding, the custody of the principle of civil liability of the State. It is understood that there is, therefore, a tangle of protection of the principles among themselves, present about Administrative Law.

Customs are also sources of reference in public administration. In this sense, Bobbio defines on the question:

(...) the main problem of a theory of custom is to determine at what point a customary legal norm is distinguished from a non-juridical customary norm, that is, in other words, by what process a simple norm of custom becomes a legal norm. Unsolvable problem, perhaps because misplaced. If it is true, as we have tried to show so far, that what we commonly call law is a very complex phenomenon whose point of reference is an entire normative system, it is useless to look for the distinctive element of a legal custom regarding the rule of custom in the customary norm in particular. It should be answered, preferably, that a customary rule becomes legal when it becomes part of a legal system (BOBBIO, 1995, p.30,).

In addition to the principles mentioned, it is also necessary to emphasize the relevance of some other principles provided for in social security, which are the universality of care or subjective; the universality of coverage or objective and the diversity of the financing base, which are also identifiable in the health promotion actions offered by the Public Administration to the federal civil servant.



The range of employees of the federal public service is extensive, if evaluated in absolute terms, as well as their diversity with regard to education, positions, functions and staffing bodies.

In this sense, it is necessary to understand, therefore, that since the creation of the Own Pension Regime / RJU (Law 8.112 of 11/11/1990), federal public servants were bound by it, even belonging to different career plans such as what happens with education servers, especially the Federal Institutions of Higher Education (IFES). It is the example of teachers and administrative technicians who, although they share the same organizational environment, are subject to the same biological agents and environmental variables and, for example, have different categories each belonging to their own career plan.

Prior to this legislation, these employees (federal public servants) were framed in the General Social Security Regime, currently known as INSS, and in the past by INAMPS (National Institute of Medical Assistance of Social Security), before the specific regulation of the legislation that deals with Health/SUS, Law No. 8,080, of 1990.

According to Kertzman (2008, p.23), "in 1946 the Constitution uses the expression "social security", guaranteeing protection to the events of illness, disability, old age and death".

Thus, workers who were affiliated to Social Security would be covered or insured in the event of any circumstance involving any of the situations described above, which in a certain way, contributed to the maintenance of a social order, as well as the corroboration of the social rights already defined in an incipient way in the Constitution of 1934, when the recognition of the right of workers began (SCALQUETTE, 2008).

It is noted that currently the Social Security of the Public Servant, realizing the need, given the transformation of society and mobilization of social control, has been modified over time, as well as the legislation that deals with the General Pension System.

Today the Own Social Security Regime provides for the worker: Retirement (for disability; compulsory; by age; by age and by time of contribution; special); Sickness benefit (or leave for health treatment); salary-family and salary-maternity, as presented in the work "Social Security of public servants" (DAL BIANCO, 2009).

The work also presents that Own Social Security Regime provides for dependents: the death pension, when the worker dies or presents presumed death; and the aid-reclusion on the occasion of detention of the worker, provided that he does not exercise in his prison paid activity.

It is noted that even if there is a provision on pensions, these deserve attention apart, such are the changes that have occurred since the creation of Law 8.112/90 to the present. Constitutional amendments such as 41 and 47, among others, particularly direct the future of these workers. In this sense, some theorists understand the preparation for retirement as one of the possible actions to





promote the health of employees who are in this stage of life, such is the anguish and stressful factors that characterize this moment so particular to each one.

On the other hand, as the rules of the civil service until then were not very defined, the Ministry of Planning and Management decided to innovate and create the SIASS (which replaced the SISOSP – Integrated System of Occupational Health of the Civil Servant) guiding the government with regard to the aspects of occupational health, better defining the rules and institutional monitoring of licenses for health treatment, return to work with work readaptations, retirements, prevention programs among others.

It is noted that unlike the population that works in the private network, public employees did not have any definition or uniform protocol of procedures, flowchart of processes, being at the mercy of each institution and manager the "modus operandi" of the interurrences mentioned above, being legally supported only by Law No. 8,112 (11/12/1990), which provides for the Legal Regime of Civil Servants of the Union, of the Autarchies and of the Federal Public Foundations.

Thus, these procedures, being standardized, present a transformative character, in which the surveillance in workers' health, from a perspective of social control and transparencies of actions can present a proponent character of changes in the work processes, from the technological, ergonomic, organizational and environmental analyses carried out by the collective of institutions, unions, workers and companies, even surpassing the legislation itself (DOMINGUES, 2006).

Such actions can be understood as a search for a better quality of life in the workplace, through health promotion actions. In this sense, it should be noted the paintings exposed by Silva, Licorio and Siena (2014, p. 95-96), which did so in an enlightening way:



**Table 1 - Legislation regarding the promotion of public health**

Legislação	Aspectos Legais
<b>Constituição Federal 5 de Outubro de 1988</b>	Da seguridade social : Art. 196 – A saúde é um direito de todos e um dever do estado, garantindo mediante políticas e econômicas [...]. Art. 200 – Ao Sistema Único de Saúde compete [...] executar as ações de saúde do trabalhador [...].
<b>Lei Orgânica da Saúde 8080/ 19/91990</b>	Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, organização e o funcionamento dos serviços correspondentes e outras providências. Art. 5º. - É objetivo do sistema Único de Saúde SUS, item III. Art. 6º. § 3º. Entende-se por saúde do trabalhador - Ações de Promoção e Proteção a Saúde dos trabalhadores.
<b>Lei 8112/ 11/12/1990 com alteração dada pela Lei nº 11.907/2/2009, e pela MP nº 479/2009.</b>	Dispõe sobre o regime jurídico único dos servidores públicos civil da União, das Autarquias e das Fundações públicas federais e alterações.
<b>Decreto nº 7.602/7/11/2011</b>	Dispõe sobre a Política Nacional de Segurança e Saúde no Trabalho (PNSST).
<b>Decreto nº 6.833/2009</b>	Institui o Sistema Integrado de Atenção à Saúde do servidor Público federal – SIASS e o Comitê de Atenção à Saúde do Servidor
<b>Decreto 6856/2009</b>	Regulamenta o art. 206 da Lei nº 8.112/90 dispondo sobre os exames médicos periódicos
<b>Portaria Normativa nº. 3/25/3/2013</b>	Institui as diretrizes gerais de promoção da saúde do servidor público federais,
<b>Portaria Normativa nº 3/7/5/2010</b>	Estabelece orientações básicas sobre a Norma Operacional de Saúde do Servidor – NOSS aos órgãos e entidades do Sistema de Pessoal Civil da Administração Pública federal – SIPEC
<b>Decreto nº 99.328/19/6/1990</b>	Instituiu o Sistema Integrado de Administração de Recursos Humanos – SIAPE e integra o Sistema SIAPE SAÚDE.
<b>Decreto nº 436/28/1/1992</b>	Altera Decreto nº 347/21/11/1991, determina a utilização do sistema SIAFI e SIAPE no âmbito do Executivo Federal.

Source: Diário Oficial da União, 1988,1990, 1992, 2003, 2009, 2010,2011 – Seção 1

**Table 4 - Concepts and legislation**

Quality of work life	Guarantees by Law
<b>Health Protection</b>	Constituição Federal – Art. 196 Lei n 8.080
<b>Risk and prevention</b>	Decreto nº 7.602/2001 – PNSST Decreto nº 6.856/2009 Exames Periódicos
<b>Work conditions</b>	Decreto nº 6.883/2009 Portaria Normativa nº 3/2013

Source: prepared by the authors

It is also verified, in addition to the preventive character about the health of the worker, that the regulations are also presented as tools to control absenteeism, since these determine a greater control over the employee who usually faced a paternalistic institution.

Thus, after these significant changes, one must consider Levy (1997) who states that for the individual whose work is suddenly modified, the technical revolution manifests itself as a threatening other.



There are still some criticisms to be considered, about the civil service, duly commented by Souza and Mello:

Obviously, it is possible to find officials who are relaxed and uncommitted to the civil service exercised, however, this cannot be the image taken as a rule. The functionality of the public services provided, in part, is uncompromised and disconnected with the real social needs, but it is necessary to emphasize that not all public employees are at this level and, despite the difficulties inherent to the system adopted, seek to solve the problem presented by the population in the most efficient way possible (SOUZA, MELLO, digital work).

In this sense, health promotion actions can be aimed even with an educational character, working the local culture, and intervening in inappropriate situations such as the one mentioned above, providing moments of reflection, so that both the constitutional principles of fundamental rights, as well as those principles listed with regard to administrative law, are safeguarded.

### 3 PUBLIC POLICIES IN THE FEDERAL PUBLIC SERVICE

Some studies were carried out about health promotion actions within the federal public service, after the creation by the Ministry of Planning of its own ordinances, which aim to regulate this theme.

Thus, concepts were being constructed, as denotes Lobo (2009):

The concept of public service is not static. It undergoes transformations in time and space, according to the dynamics of the social, political and economic context in which it is inserted. Thus, the notion of public service must be interpreted according to the State model that is adopted, structured according to the level of state intervention in economic activity. Therefore, it is not possible to conceive a single concept of public service, because this historical interpretation is always indispensable, so that it is up to each society to build an adequate concept, in view of the current State model. However, it is correct to admit the existence of a common point to the development of the concept of public service in all historical contexts. This common point is the fact that the provision of public service is characterized whenever the State obligatorily assumes, directly or indirectly, the task of satisfying certain collective needs (LOBO, 2009, digital work).

Although there is a common condition of provision of various services by the public administration to society, which is the one mentioned above (LOBO, 2009, digital work), it is verified that there have been significant changes:

A relevant change in the constitutional treatment of public services was brought by EC No. 19 of 1998, which instituted a new management model in Public Administration, the so-called "Administrative Reform". Although it did not change article 175, EC 19 introduced management practices in the scope of Public Administration, implementing new concepts in the classical notion of public service, such as efficiency in its provision, promptness and agility, reverting the focus to the user of the service, the so-called citizen user (LOBO, 2009, digital work).

This modification ends up influencing the new way of understanding the work environment of the public service, going against the requirements provided for in the principles of administrative law. The society also modified starts to assume a more critical behavior, especially in



relation to the tax burden executed and the perceived counterpart offered by the State, the ombudsman offices of the public service are created and disseminated, which referenda Souza e Mello (digital work):

Citizens have realized that public services can be efficient, and it is up to the State to seek, little by little, to change its image before the population. Importantly, regardless of the government's partisan orientation, public service needs to be agile and efficient. It is necessary to have continuity of public policies, and for the effectiveness of this process it is fundamental to receive and discuss the criticisms suffered, as instruments of improvement and achievement of excellence in public service.

(...) Thus, the State is responsible for the formulation of public policies and training methods that encourage and prepare public employees to meet the expectations of the population, and, on the other hand, it is up to the population to analyze, criticize and demonstrate satisfaction or dissatisfaction with the service provided (SOUZA, MELLO, virtual work).

It is worth mentioning that at a certain moment, the public servant who a priori would receive the training and techniques for the service and provision of a service with the community, may become a client or even user of the service provided by another public servant, as denoted by Constantin (2018, in press), in his research carried out that focused on:

the promotion of the health of the federal public worker in a Reference Unit of the Occupational Health Care Subsystem (UR-SIASS) with emphasis on the organization of services, projects and programs and the way they are perceived by the managers and servers responsible for their implementation and maintenance. This is an analysis of the Federal Public Servant's Health Care and Safety Policy (PASS) and the health care of public servants. The general objective was to analyze how the federal public servants of a SIASS Reference Unit understand the initiatives aimed at promoting the health of the servers with emphasis on the focus of actions, projects, and programs; in the public served; in adhesion; as well as in the advances and challenges for the implementation of the PASS.

In this work (CONSTANTIN, 2018, in press), 71 workers of a SIASS Unit (64% of its total staff of servers) participated by answering the questionnaire applied and 22 participants responsible for the management of the Unit, the programs and projects developed, participated through interviews. In the results obtained, through descriptive statistics regarding the questionnaires and content analysis regarding the interviews, six thematic categories were identified, namely, server profile, policy and legal bases, conceptions of health, workers' health, challenges, and potentialities. The synergy between the practices of the SIASS Unit and the current policies, as well as the pioneering in the implementation of SIASS, was a highlight found in the work.

Analyzing the list of services offered, of the eleven areas/themes defined by SIASS, the unit presented the ten described below, leaving only the Internal Commission for Public Servant Health (CISSP) as a service not offered until the moment of conducting the research:

Let us now look at the programs, projects and services considered as part of the Health Promotion axis. In its characterization we used the classification of the SIASS Portal in relation to the topics of interest: 1) Occupational Health Prevention; 2) Improvement of Quality of



Life; 3) Promotion of well-being at work; 4) Control of body overweight and obesity; 5) Education and Retirement Preparation; 6) Health Education; 7) Prevention of Environmental Risks; 8) Psychosocial Assistance; 9) Chemical Dependence; 10) Prevention of dependence on alcohol and other drugs; 11) CISSP (CONSTANTIN, 2018, in press).

In this sense, according to other authors, it is perceived that there is a transformation occurring in the midst of the federal public service, because the concept of public service "stagnant", that is, "stopped", can be easily contradicted before the universe found in the research reported.

With this, authors such as Constantin (2018, in press) constitute an endorsement for what Souza and Mello (virtual work) expose with exquisite skill.

Thus, for there to be a paradigmatic transformation of the server it is of paramount importance that it has, on the part of the Public Administration, adequate support for such transformations, as well as work environments compatible with the functional execution of quality, and also the investment in training and motivation processes, as well as the decentralization and transparency of information to the public (SOUZA, MELLO, virtual work).

It happens, however, that studies such as the one mentioned by Constantin (2018, in press), are still incipient in the current reality of the federal public service. It is noticed that when evaluating the universe of workers who would need to be contemplated throughout the Brazilian territory, it is verified that the quantity is still small regarding the number of the units offered, or even in relation to the number of servers in these units, which would provide services serving other federal public servants.

It is noted that in a study conducted by Silva, Licorio and Siena (2014), which aimed to "identify and present the legal basis of the Policy of Attention to Health and Safety at Work of the Federal Public Servant", still about the Federal Public Administration (APF), it was identified that:

The legislation pertaining to the health of the server allows the public institutions of the APF to adopt and apply a set of actions and projects to promote health and quality of life, in a decentralized and transversal way through the areas of people management, health and safety at work, and that contemplates a participatory management, pursuant to Article 2 of Ordinance No. 3 of 3/25/2013 (SILVA, LICÓRIO, SIENA, 2014, p. 99-100).

The aforementioned authors present in their study the conceptual and strategic assumptions that would support the elaboration of health promotion projects and programs, based on the PASS (health care policy of the server) and SIAPESAÚDE (health information system) in the form of a table, as shown below (SILVA, LICORIO, SIENA, 2014, p. 97). To this end, a new terminology is presented, the Quality of Life at Work (QWL).



**Table 3 - Technical and Strategic Assumptions**

	QVT	PASS	SIAPE-SAÚDE
<b>CONCEPÇÕES EVOLUTIVAS DA PROMOÇÃO À SAÚDE</b>	<ul style="list-style-type: none"><li>• Diagnóstico no trabalho</li><li>• Formulação da política</li><li>• Formulação do Programa de QVT</li></ul>	<ul style="list-style-type: none"><li>• Universalidade e equidade</li><li>• Integralidade de ações</li><li>• Prevenção</li><li>• Acesso à informação</li><li>• Abordagem biopsicossocial</li><li>• Trabalho</li><li>• Valores</li><li>• Competência</li><li>• Produtividade</li></ul>	<ul style="list-style-type: none"><li>• Gestão de assistência à Saúde</li><li>• Sistema de Informação</li><li>• Gerenciamento de dados</li><li>• Perícia Oficial</li><li>• Equipe Multiprofissional</li><li>• Fomentar as ações de Promoção e vigilância à saúde</li></ul>

Source: Ferreira, Mário César, 2012.

Considering the scarce publication in the area, regarding the theme worked, which is the health promotion of federal public servants, it can be considered as relevant for the present study, the analysis of studies also carried out in the scope of quality of life at work (QWL).

In this sense, we have authors such as Ferreira, Alves and Tostes (2009), who denote in published research that although quality of life at work (QWL) programs have increased significantly in recent years, "the profile of QWL practices in Brazilian public agencies remains little explored." With an approach of 10 federal public agencies, the research in question resulted from documentary analysis and semi-structured interview, whose data were treated by content analysis, thematic categorical modality.

According to the results of this research, the practices of QWL would be characterized by a clear mismatch between existing problems and activities performed, and a QWL approach was also found, marked by a assistentialist bias, which has in the worker the adjustment variable. It is noted that according to the authors (FERREIRA, ALVES, TOSTES, 2009, p. 319), the elements arising from the analysis of the data of this research enabled the elaboration of a work agenda, both academic and organizational, with a preventive QWL approach.

Also in the work, the authors presented the following table with description of the activities found about quality of life at work, which could also be understood in this sense as health promotion actions (FERREIRA, ALVES, TOSTES, 2009, p. 323):



Table 1. Types of QWL activities (N=34) in federal public agencies

Físico-Corporais	Eventos Coletivos	Suporte Psicossocial
✓ Academia	✓ Apresentações artísticas dos servidores	✓ Acolhimento das pessoas afastadas, em reabilitação ou adaptação
✓ <i>Aikido</i>	✓ Campanhas assistenciais	✓ Acompanhamento psicossocial
✓ Alongamento	✓ Coral	✓ Curso de pintura
✓ Atividades posturais	✓ Feiras	✓ Cursos de línguas
✓ Caminhada	✓ Festas	✓ Grupos de apoio
✓ Capoeira	✓ Palestras	✓ Incentivo ao estudo
✓ Dança de salão	✓ Semana de Qualidade de Vida	✓ Inclusão digital
✓ Ginástica laboral	✓ Semana do Servidor	✓ Orientações e "ambientação" do servidor na instituição
✓ Ginástica localizada	✓ Torneios e competições	✓ Preparação para a aposentadoria
✓ Hidroginástica		✓ Readaptação e reabilitação funcional
✓ <i>Jump fit</i>		
✓ Medicina preventiva e saúde bucal		
✓ Natação		
✓ Reeducação alimentar		
✓ <i>Yoga</i>		

Source: *Sites dos órgãos e dados de entrevistas.*

Ferreira, Alves and Tostes (2009), also identified the predominant absence of a "clearly defined institutional policy to conduct QWL activities in the organs". So, it was found that there is,

In the daily life of these public organizations, momentary, topical and punctual actions (e.g., food reeducation) are largely implemented without a rigorous, systematic and pertinent methodological approach to the set of activities carried out.

It is verified, therefore, although there are implementation actions with regard to health promotion, the studies by Ferreira, Alves and Tostes (2009), agree with what was found by Constantin (2018, in press), who states that

The servers working in the SIASS Unit explained structural difficulties in the operationalization of the PASS, many of which are linked to the MPOG which, when implementing the SIASS, allowed each Reference Unit created to execute the policy according to its understanding/reality/convenience. There was no preparation of health professionals to act in the implementation of the policy; there was a lack of guidance, financial support and evaluation of the performance of the established Units.

#### 4 THE HEALTH OF THE FEDERAL CIVIL SERVANT

After the creation of the Own Regime, public service employees ceased to submit to the CLT (Consolidation of Labor Laws) and began to be guided by regulations of the Public Administration.

There are several devices and standards that regulate and discipline this segment of workers, for example, the performance of the periodic examination. In the private sphere, the CLT (Consolidation of Labor Laws), already provided for the performance of the examination as a mandatory procedure by the employer since 1989, while in the federal public service it was only adopted in 2009 through Decree 6856/2009.



Consistent with this historical and legal development, Tercio Sampaio Ferraz Junior highlights with propriety the relevance of the posture of the operator of the right and the consequences arising from it,

Although the legal scientist is not a man alien to the society in which he lives, the perception of the new situation leads us to consider the following:

- a) in the tradition of the protective and repressive State, the jurist, seeing the Law as a set of rules given with a sanctioning and negative function, tends to assume the role of conservative of those rules that he, then, "systematizes and interprets";
- b) already in the new situation of the promotional State, the jurist, facing the Law "also" as a set of rules, but in view of an implementing function of behaviors, tends to assume a modifying and creative role (BOBBIO, 1995, p.15-16).

In this sense, it is understood that there have been evolutions regarding the protection of the health of the federal civil worker, such as, for example, the Policy of Attention to Health and Safety at Work of the Federal Public Servant – PASS, which presents itself as a relevant beginning in health promotion, being consequently considered as a progress for the management of the health of the servers of the Federal Public Administration – APF.

For Silva, Licório, Siena (2014),

This is an initiative of the federal government in the area of personal management that establishes the process of building a transversal and articulated policy in the context of the institutions, having as its goal the axes and principles of the promotion of workers' health in order to consolidate the PASS and enable the implementation of actions that guide the promotion of the health of the server.

According to the authors (SILVA, LICÓRIO, SIENA, 2014, p. 101-102), it was possible to identify in the study reported, that the control of the APF over federal public servants was more present through tools created such as SIAPESAÚDE, available in all units of the federation, and which consists of a health information system, whose collection of data on the health of the server can be done by function - position, ICD (International Code of Disease), or even by workplace. These data demonstrate the conditions of work environments, as well as functional activities, or the biopsychosocial situation, making it possible to subsidize strategies for institutionalization of systematic monitoring practices, with a view to improving health promotion in the public service.

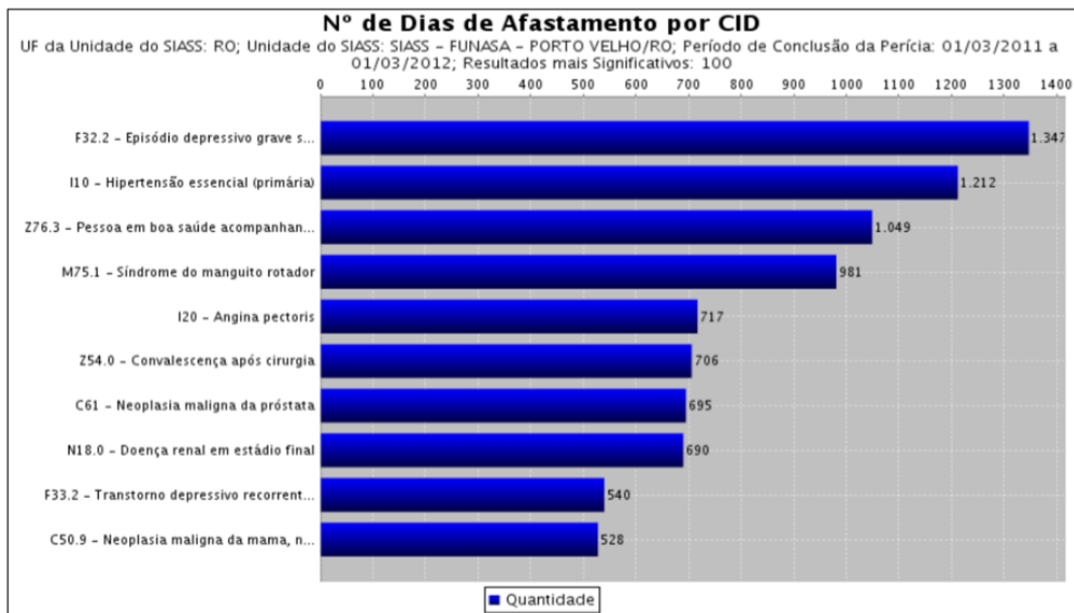
The issue of absenteeism that causes low productivity in organizations, and presenteeism, which corresponds to the physical presence of the worker in the work environment, with a mental and emotional distancing either by health disorders or even "personal problems", which also causes a compromise of productivity, are also identified as one of the nuances of the research.

According to the data presented in research conducted by SIASS (Integrated Subsystem of Server Health Care), in the period from 03/01/2011 to 03/01/2012, in care provided at a SIASS Unit in Porto Velho/RO, Silva, Licório, Siena (2014, p.102), the following data were obtained:





Figure 1. Number of days off by CID



Source: SIASS Rondônia

It is verified that the severe depressive episodes correspond to the index that leads in terms of the largest number of days, the absence of the server from work. It is worth mentioning with regard to the care offered by the SUS, specifically with regard to mental health, that this corresponds to a bottleneck of effective actions, whether preventive or curative, not having been resolved, even with the psychiatric reform, because there is a great deficit of qualified professionals, as well as adequate spaces and treatment conditions.

This situation also occurs due to the lack of coverage by medical plans, such as specialty such as psychiatry, which culminates in the alternative of seeking a particular treatment, often expensive and excessively expensive, which compromises the viability of the treatment until the patient's definitive discharge. It is also necessary to consider the stigmatized character of the diagnosis, which sometimes segregates the individual, compelling the one who was the subject of right to be considered as an accessory, deprived of his role as an actor in the spheres of daily life and decision-making, whether in the scope of work, as well as in that of personal/family life.

According to the authors,

The longest period of absence of the federal civil servant in Porto Velho is related to the severe depressive episode, characterized by loss of self-esteem and feelings of worthlessness or guilt. In addition to the endogenous aspects, the organizational environment usually contributes to the emergence or aggravation of this pathology. The second longest period of absence occurs due to essential (primary) hypertension, a chronic disease characterized by increased blood pressure levels in the arteries that, without obvious causes, may be associated with reduced life expectancy. The third largest absence, in number of days is due to the "ICD Z76-3 – person in good health accompanying sick person". The actions to promote the health and quality of



life of the federal server in Porto Velho, for their effectiveness, need to consider this scenario (SILVA, LICÓRIO, SIENA, 2014, p.103).

This scenario corroborates the situation reported by Constantin (2018, in press), as he states that "medical expertise and supplementary health are described as the actions best known by servers" in the SIASS Unit in which he did his research. Note that it would be premature and irresponsible to infer that there is as constant in all SIASS Units the above picture, but clearly, even evaluating under the temporal aspect, when analyzed the two studies cited here, the issue of mental health is still present as a relevant factor and that stands out with the SIASS Unit.

It is noted that in the works consulted Ferreira, Alves and Tostes (2009); Silva, Licório, Siena (2014); Constantin (2018, in press) there is a constancy of service provision with regard to health promotion actions, such as the modality of psychosocial care, support groups and preparation for retirement. And, according to the authors,

There is no problem with the existence itself of such activities (considered anti-stress) in organizations. However, restricting QWL practices to only this sphere certainly highlights a compensatory and palliative view of QWL care. The institutional causes of stress, burnout, fatigue (e.g., inadequate working conditions) remain untouched. The notion of the individual as an adjustment variable for the solution of problems that were not produced by him reappears with all force (Ferreira, 2006b). In this perspective, QWL practices effectively seek to increase the resistance of workers to continue inhabiting an adverse work environment (FERREIRA, ALVES, TOSTES, 2009, p.325).

According to Ferreira, Alves and Tostes (2009) it would be essential to question why QWL management practices are focused on anti-stress activities, if the critical factors to QWL refer to the charge and pressure that employees suffer as a result of the intense workload and the deficient infrastructure of their workplace?

It should also be noted that in the aforementioned research (FERREIRA, ALVES, TOSTES, 2009), the participants considered as harmful aspects for the participation of QWL actions, "lack of time of the servers to participate in the activities offered; lack of personnel to develop activities; bureaucracy to carry out activities, lack of knowledge of the servers about QWL; acceptance and/or adherence of the coordinators and heads to the program".

For Souza e Mello (digital work), one of the great obstacles to be overcome would be the search for an alternative that "enables change in the least traumatic and most efficient way possible for individuals, especially for those who militate in the public service, building, in such a way, the construction of quality care to citizens" (SOUZA, MELLO, digital work).



## 5 FINAL CONSIDERATIONS

Currently the inversion of the demographic pyramid is something that has concerned beyond scholars, the common population of every society. According to the 2010 census (PENA, digital work), more than 85% of the Brazilian population is urban, and is living in cities with more than 20 thousand inhabitants, and still in 2009, Brazil for the first time, identified as HDI (Human Development Index) equal to or greater than 0.700 (on a scale of 0.000 to 1.000), currently at 0.759. There are also records of an increase in GDP (Gross Domestic Product), with a consequent average increase in investments related to health and education, although such values are still considered low considering international standards.

Thus, the precariousness of public resources aimed at investments in preventive actions is still a reality, considering that the demands are poignant in several areas and resources are scarce, which ends up reinforcing a culture of "curative care". Thus, without investments in the areas and jobs, there is a disenchantment of the worker in staying in that space. In the case of the federal public servant who has stability, most of the time retirement is a chosen resource, often this is not yet the intimate desire, or even if he still has much to contribute with his experiences and knowledge.

It is known that there is a tendency for the body of federal civil servants to become a mass of the population composed of older people.

But concomitant with this transformation of the worker, who will naturally face significant changes due to age (such as the physical limitations of age, loss of muscle tone, impaired vision, altered hearing, empty nest syndrome, feeling of finitude closer, etc.), parallel to this, he will need to acquire a good resilience, to manage the frustrations arising from wage freezes and the declining purchasing power (considering political, social and economic issues of the country), and the lack of investment in the public agencies themselves, places where the worker of the present research performs his work daily.

Recalling that in the present case, the greatest public good to be protected and cared for, corresponds to the server itself, since each server is unique with regard to its experiences, knowledge and vicissitudes

According to the authors worked throughout the present study, what was highlighted was that health promotion actions are directly related to productivity. And, although there are high rates of absenteeism (absence and absences) of the servers in their referred workplaces, what would cause an impact on the functional as well as institutional levels, would be the slowness and excessive bureaucracy in the replacements, which results from the procedures of the public tender itself.

Thus, there is a need to modernize the management model of the public service, so that the server becomes more participatory and constitutes himself more as an agent, so that the greater good (worker) is recognized as a subject of action and rights. The participation of public servants in the



formulation of the actions to be offered as health promotion actions, perhaps is a way to modernize this model, which is the most participatory management.

Therefore, although there is a whole legal and technical apparatus regarding the health promotion actions offered by the Federal Public Administration for the federal public servant, it is verified that there is no efficient public policy that contemplates such actions, being the same applied in a punctual way according to the reality and possibility of each SIASS Unit.

This particular and individualized action does not correspond to the characteristics of an effective and efficient public policy, since it does not have homogeneity and uniformity, that is, there is a lack of universal accessibility for the public in question. Thus, the Federal Public Administration is not able to offer all its employees the same health promotion actions, in an equitable or impartial way.

The present work finds, therefore, that it is urgent to promote, in the midst of the actions already offered, a process of reflection with the federal public servants themselves about their importance as an agent promoting change, so that self-knowledge is worked together with the application of parallel measures, which in fact improve working conditions and environments, in addition to promoting with society, measures that enable the identification of the public servant as another worker, who provides services, and who also falls ill, thus distancing him from the infamous figure of the "Maharaja".



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