


## The social participation of workers in the national workers' health policy: Construction process, advances and challenges

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### ABSTRACT

Workers' Health (WHS) policies in Brazil have a history marked by advances and setbacks, where the country has made significant progress in building a universal health system (SUS), and which includes WTS as one of its priorities. . There are still many challenges to be overcome, such as lack of resources, inadequate decentralization and resistance from business sectors. **OBJECTIVE:** To expand knowledge about the field of ST in Brazil and verify whether there has been progress in its implementation in Brazil and what challenges still need to be faced for its full consolidation. **METHODOLOGY:** The method of this study was an integrative literature review (RIL), with research carried out in the SciELO and Lilacs databases , with a total of 8 articles. **RESULTS:** The articles that were part of this study highlight the advances, challenges and perspectives for the future of ST. Regarding advances, we have the approval of the National Workers' Health Policy (PNST) in 2011, which established the guidelines for AIST in Brazil, the creation of the National Workers' Health Surveillance System (SINAN-T) , in 2015, and the implementation of ST programs in some states and municipalities. In relation to the challenges, it is worth highlighting the lack of financial, human and technological resources; lack of coordination of ST between the different sectors; lack of worker participation. **FINAL CONSIDERATIONS:** To overcome these challenges, there needs to be a joint effort between the government, workers and companies in addition to strengthening the decentralization of this policy.

**Keywords:** Workers' health, Advances, Social participation.

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## INTRODUCTION

Workers' health aims to promote the protection, promotion, recovery and rehabilitation of the health of workers who are subject to risks and injuries related to work activities (BRASIL, 1990, 2012). It is a complex and very challenging field of practices and knowledge, because it has technical, political, social and economic dimensions that are interconnected and because it is necessarily intersectoral .

For Minayo -Gomez and Thedim -Costa (1997), even with the conceptual advances brought by Occupational Health, actions focusing on the relationship between health and work remained hegemonic of the principles of Occupational Medicine and Occupational Health, which today , are overcome by the biologicist character , focusing on the prevention of occupational risks. For the authors, interventions in the workplace have always been under the responsibility of the Health Sector since the beginning of the 20th century, with emphasis on the Carlos Chagas Reform <sup>7</sup> that took place in 1923. However, this function became the responsibility of the Ministry of Labor , Industry and Commerce in 1930, after its creation (LACMAN *et al.* , 2020).

According to Hoefel and Severo (2011), this theoretical and practical conception was overcome in the 20th century, after the Second World War, by a new form of political action called Occupational Health, focusing on the conception of multicausal health, with interventions in the environment of work, with the aim of overcoming centrality with the involvement of other health professionals.

Still citing Heofel and Severo (2011), in the real field, the integration of workers is little expressed and, although Occupational Health represents an evolution when talking about the conception and practice of occupational medicine, it still maintains the worker as object of the actions, not giving him the right to participate in the preparation of intervention actions in the process of living and becoming ill at work. Occupational Health practices are focused on the treatment and prevention of diseases, maintaining the central objective of promoting the rapid return of workers to their *place* of work. Interventions in worker health must always seek to transform production processes, making them promoters of health and not illness and death, in order to guarantee comprehensive health care for workers, in addition to considering their insertion in production processes.

Since then, workers' health has represented a historical rupture in the conception of health practices in this field, emerging as a demand from workers themselves for the right to participate in the formulation of actions aimed at their care, thus overcoming action centered on the disease and

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<sup>7</sup> Public health, in the 1920s, acquired new importance in the discourse of power. There are attempts to extend its services across the country. The Carlos Chagas reform, of 1923, attempts to expand health care by the central power, constituting one of the Union's strategies for expanding national power within the ongoing political crisis, signaled by the lieutenants, from 1922 onwards (BRAVO, 2000).



incorporating health promotion actions and significant advances in the addition of new professionals in the process of caring for workers.

The Brazilian Health Reform movement was influenced by the processes developed in Italy in the early 1970s, with regard to the construction of public health policies. The first protection initiatives were carried out in Italy and Brazil, each country in its own time. For the working class as a way of confronting problems arising from the mode of production (SOUZA LIMA *et al.*, 2009). In the 1970s, Italian workers organized themselves (health professionals, health service technicians and researchers), bringing to light discussions about working conditions that lead to disease, as well as the need to change them. Workers, since then, have taken over the leadership of the struggle for better working conditions, under the principle of “non-delegation”.

According to Souza Lima *et al.* (2009), this movement had repercussions in Brazil in the mid-1970s, which was a historical period marked by the resurgence of social movements and the process of reorganization of society in a scenario of important movements for the end of the military dictatorship and redemocratization of the country. At this time in question, the bases of the Health Movement were formed, which had the support of workers, in particular, organizations linked to the premises of the “new unionism” and theoretical-conceptual formulations that were produced by the field of Public Health, the which favored the inclusion of worker health issues in the Brazilian Health Reform agenda. In this way, the Workers' Health movement in Brazil took shape in the late 1970s, implementing actions to defend the right to decent and healthy work; and assisting the participation of workers in decisions regarding the organization and management of production processes and in the search for ensuring comprehensive health care. In the meantime, the implementation of differentiated attention to workers' health, in the public health services network, contributed to the establishment of Workers' Health in Brazil.

This study aims to expand knowledge about the field of Workers' Health in Brazil and verify whether there have been advances in its implementation in Brazil and what challenges still need to be faced for its full consolidation .

## **METHODOLOGY**

The present study used an integrative literature review (RIL) method, which aims to gather and summarize scientific knowledge on the topic in question, allowing the search, evaluation and synthesis of available evidence to contribute to the development of knowledge regarding the topic ( MENDES; SILVEIRA; GALVÃO, 2008).

To prepare this integrative review, the following steps were taken: definition of the guiding question (problem) and research objective; establishment of inclusion and exclusion criteria for publications (sample selection); literature search; analysis and categorization of studies, presentation

and discussion of results. As a way of guiding the research, the following question was taken as a guide: What are the advances in worker participation in the PNSTT Policy with a focus on social participation?

A search for publications indexed in the following databases was carried out in November 2023: Latin American and Caribbean Literature in Health Sciences (LILACS) and electronic library Scientific Electronic Library Online (SciELO), using the descriptors "Worker's health", "Advances", "Social participation".

The inclusion criteria were: research that addressed the topic in question, published in Portuguese, that had a full summary, in article format, in the period from 2018 to 2023. Exclusion criteria: works that did not present full summaries in the databases, published in a foreign language, published before 2018. The abstracts were read and analyzed, and the productions that met the inclusion criteria were selected to compose this study. After this stage, they were read in full.

## RESULTS

27 studies were found, of which 01 was repeated, being published in both SciELO and LILACS. Thus, of the 26 publications chosen, 08 were able to participate in this study because they addressed the proposed topic. Below is Table 1, with an overview of the chosen publications:

SciELO databases .

DATA BASE	NUMBER OF ITEMS CHOSEN	NUMBER OF ITEMS EXCLUDED	TOTAL
SciELO	06	08	14
LILACS	02	10	12
<b>TOTAL</b>	<b>08</b>	<b>18</b>	<b>26</b>

As a result of searching for articles, 01 publications from 2018 (10%), 03 from 2019 (20%), 02 from 2020 (0%), 01 from 2021 (20%) and 01 article published in 2022 (10%) were found. , as shown in Table 2 below.

Table 2. Distribution of articles chosen for the study according to periodicals, by magazine and year of publication.

MAGAZINE	PUBLICATION YEAR
<b>SciELO</b>	
RSBO - Brazilian Magazine of Occupational Health	2018
CRH notebook	2019
Health Debate	2019
REBEN - Brazilian Nursing Magazine	2020
RSBO - Brazilian Magazine of Occupational Health	2021
Science & Public Health	2022
<b>LILACS</b>	
Public Health Notebooks	2019
Science & Public Health	2020

In Table 3, the objectives and methodology used in each article that made up this integrative literature review study were listed. Attention was drawn to 04 articles (40%) that did not present the methodology used neither in the abstract nor in the body of the article. Lakatos and Marconi (1987, 2021) explain that determining the methodology is fundamental in a study, as it answers several questions that underpinned the research: How?, With what?, Where?, When?.

Table 3. Distribution of articles by objective and methodology.

AUTHOR(S)	GOAL	METHODOLOGY
Jackson Filho <i>et al.</i> (2018)	Reflect on the role of intervention in worker health, its objects and modalities in the current context, characterized by the recently enacted labor reform and outsourcing law, new forms of management and transformations in production and service technologies .	Not defined in the abstract and body of the article.
Gomez, Vasconcellos and Machado (2018)	Initially address the process that preceded the insertion of ST into the SUS.	Not defined in the abstract and body of the article.
GOHN (2018)	It will focus on the first level – the theoretical conceptual –, aiming to rescue the foundations of the theories used by researchers, both to explain the theme of participation in civil society, via social movements and collectives, and the meanings used to explain society's participation in policies public, in interaction with the State and its management bodies.	Not defined in the abstract and body of the article.
Araújo, Pinho and Mason (2019)	Describe the initial trajectories of teacher health investigations in the Brazilian context; discuss elements that consolidated consensus regarding the characterization of work and the main health problems in this group; and systematize its main advances and challenges.	Not defined in the abstract and body of the article.
Lacaz <i>et al.</i> (2019)	Discuss whether what was understood as the narrow social basis of the Health Reform could have been overcome and faced with greater rapprochement between both movements, in a kind of political-programmatic synergy.	Bibliographic and documentary analysis, with special attention to the fragility of the social basis of the Health Reform.
Santana, Sarquis and Miranda (2020)	Reflect on psychosocial risks and their impacts on the health of healthcare workers in light of the economic context and the Brazilian Labor Reform	Reflective study about the Brazilian Labor Reform and its impacts on the health of healthcare workers.
Silva (2021)	Reflect on topics in the field of Workers' Health (WHS) that contribute to the lack of effectiveness of their actions and to the detriment of their comprehensive care.	Essay based on documentary and literature review.
Hurtado <i>et al.</i> (2022)	Analyze the development of Brazilian policies in Workers' Health based on historical contradictions	Scoping review that includes 64 theoretical, empirical studies and gray literature published between 1991 and 2019.

health is a field of activity that aims to promote, protect and restore workers' health through the prevention and control of occupational risks. In Brazil, workers' health is a right guaranteed by the Federal Constitution of 1988 and is regulated by Law No. 8,080/1990, which created the Unified Health System (SUS). With the creation of the SUS, worker health became a responsibility of the



State. The SUS included Workers' Health as one of its guidelines and created the PNSTT in 2011. The PNSTT established guidelines for comprehensive care in Workers' Health in Brazil (GOMES; VASCONCELLOS; MACHADO, 2018) .

As for the challenges, there are still some to be overcome for the consolidation of Occupational Health in Brazil in the view of these authors, citing the lack of financial, human and technological resources, which are not always available, the lack of coordination of Occupational Health worker between different sectors, such as health, work, education and social assistance and lack of participation of workers in issues of interest to the class (GOMES, VASCONCELLOS E MACHADO, 2018).

According to Gohn (2018), theories on social participation seek to understand the ways in which individuals and groups get involved in decisions that affect their lives. For the author, these theories are important for understanding social inequalities, as social participation can be a mechanism to promote inclusion and equity. However, there are challenges to be overcome in understanding social inequalities, based on theories on social participation. One of these challenges is that these theories are often generalist, and do not take into account the specificities of social inequalities.

Gohn (2018) explains that it is necessary to think about some strategies to promote social participation and reduce social inequalities, such as the development of public policies that promote equal access to institutions and resources. These policies include regulation of the labor market, investments in education and health, support for civil society organizations and the promotion of culture, encouragement of social participation, recognition of the diversity of social subjects. Promoting social participation is a complex challenge, but it is essential for building a more fair and equitable society, which can be achieved through education, communication and social mobilization.

Intervention in worker health is a complex process, which involves the identification, assessment and reduction of risks to workers' health. However, there are several challenges that make this intervention difficult to carry out. One of the main challenges is the complexity of health problems for workers, which can be caused by a variety of factors, including physical, chemical, biological, ergonomic and psychosocial risks. Identifying and evaluating these factors is a complex challenge, which requires specialized knowledge (JACKSON et al., 2018).

It is also pertinent to mention the difficulty in accessing health services, emphasizing that many workers do not have access to this type of service or have very limited access, and this makes the diagnosis and treatment of health problems of the worker difficult. /The. Furthermore, resistance from employers is still a major challenge, as many resist changes that would be good for the working class in the workplace, and this involves the cost of changes, fear of losing productivity, retaliation from employers and lack of knowledge about the benefits of prevention (JACKSON et al., 2018).



Jackson et al. (2018) present some strategies that can be used to overcome the challenges for intervention in worker health, namely: development of public policies to promote health and safety at work with a focus on regulating working conditions work, investments in education and support for research in Occupational Health; participation of workers in promoting worker health. Workers must participate in collective actions, unions and associations, to defend their rights and promote the necessary changes in working conditions; cooperation between employers and workers aimed at promoting worker health, adopting measures to improve working conditions and implementing actions to prevent work accidents and illnesses. Overcoming the challenges for intervention in worker health is essential to guarantee the health and safety of these workers.

Santana, Sarquis and Miranda (2018) discuss the Brazilian Labor Reform, enacted in 2017, which brought several changes to labor relations, including changes to the rules on working hours, outsourcing, teleworking and collective bargaining. These changes can have an impact on the health of workers, who are exposed to a series of ergonomic, psychosocial and relationship risks). In these authors' understanding, the Labor Reform can increase workers' exposure to psychosocial risks, since flexible working hours can lead to increased work overload, and increased outsourcing can lead to loss of job stability and the reduction of collective bargaining, which can make it difficult to defend workers' rights.

Santana, Sarquis and Miranda (2018) also report on the main psychosocial risks at work, listing some: emotional demands, which refers to the need to deal with emergency situations. An example of this are health workers who provide care to patients with serious and/or terminal illnesses, as dealing with death can greatly affect the mental health of these workers; control over work, that is, the lack of autonomy at work, as well as the lack of participation in decisions about work and even the lack of recognition for the work performed can contribute to stress and dissatisfaction among workers; social relationships, as conflicts at work, lack of social support from colleagues and lack of support from management can contribute to workers' anxiety and isolation.

Silva (2021) discusses the limitations, advances and challenges of AIST in Brazil, citing the following limitations such as lack of resources, lack of coordination between different sectors, lack of social participation. Regarding advances regarding AIST in Brazil, the author cites the Approval of the National Workers' Health Policy (PNSTT), in 2011, which established the guidelines for AIST in Brazil and the creation of the National Health System. Worker Health Surveillance (SINAN-T), in 2015. SINAN-T is a tool that allows the monitoring of worker health problems; implementation of worker health programs in some states and municipalities: some Brazilian states and municipalities have implemented worker health programs that have achieved positive results.

When it comes to challenges for AIST in Brazil, Silva (2021) cites the strengthening of coordination between sectors, in order to guarantee an integral and multi-professional approach,



guaranteeing the participation of workers, it is necessary to guarantee the participation of workers in the definition and implementation of worker health policies and actions, in order to ensure that these actions meet their needs; investments in primary health care: primary health care is the most appropriate level of care for the promotion and prevention of workers' health, and it is necessary to invest in its qualification and expansion.

Araújo, Pinho and Mason (2019) deal with the trajectories of investigations into the work and health of teachers in Brazil, highlighting the advances and challenges that still need to be overcome. Investigations into the work and health of teachers in Brazil began to develop in the 1980s, focusing on the physical and ergonomic risks associated with teaching work. In the 1990s, investigations began to focus on psychosocial risks, such as work overload, stress, anxiety and depression. In recent years, investigations have focused on analyzing the social determinants of teachers' health, such as working conditions, professional training and educational policies.

In the authors' understanding, there have been many advances in investigations into the work and health of teachers in Brazil as evidence of the health risks associated with teaching work, demonstrating that it is associated with a series of health risks (physical, ergonomic and psychosocial) ; development of explanatory models of the relationship between work and health, with explanatory models of the relationship between work and health, which allow a better understanding of the factors that contribute to teachers becoming ill; identification of effective interventions to promote the health of teachers, to promote the health of these workers, such as professional training, ergonomics and participatory work management (ARAÚJO; PINHO E MASON, 2019).

Lacaz et al. (2019) discuss the relationship between the Health Reform Movement (MRS) and the Workers' Health Union Movement (MSST), arguing that the two movements have common objectives, but different approaches and, therefore, are unable to articulate themselves effectively. The MRS, according to the authors, is a social movement from the 1970s, which emerged with the objective of promoting the reform of the Brazilian health system, in defense of a universal, public and quality health system, with a focus on PHC. The MSST is a trade union movement from the 1980s with the aim of defending the rights of health workers, always fighting for better working conditions, fair wages and professional recognition.

In the view of these authors, the disagreement between the MRS and the MSST is a serious problem for Brazilian public health, as the lack of coordination between the two movements makes it very difficult to defend the rights of health workers and the promotion of a universal, public and quality healthcare system. Lacaz et al. (2019) point out some suggestions for articulation between the MRS and the MSST: recognition of common objectives, with emphasis on the defense of public health and the rights of health workers; construction of a joint agenda and struggles, which encompasses the interests of both movements; strengthening the dialogue between these two





movements, with the intention of overcoming differences in approach and building an effective partnership, highlighting that the articulation between the MRS and the MSST can contribute to the promotion of Brazilian public health and the defense of workers' rights/ those of health.

Workers' health policies in Brazil have a history marked by advances and setbacks, where the country has made significant progress in building a universal health system, known as SUS, and which includes workers' health as a of your priorities. However, there are still many challenges to be overcome, such as the lack of resources, inadequate decentralization and resistance from business sectors (HURTADO et al., 2022).

The authors point out that to overcome these challenges, there needs to be a joint effort between the government, workers and companies, with the government increasing resources for worker health, strengthening the decentralization of this policy. Workers must organize and demand compliance with occupational health and safety standards and companies must assume social responsibility and invest in the health of their workers (HURTADO et al., 2022).

Some possibilities for developing worker health policies in Brazil, for Hurtado et al. (2022) include investments in education and training of workers; strengthening worker health surveillance; promotion of worker health; worker participation. In summary, worker health policies in Brazil are still under construction, requiring a joint effort from all sectors involved to ensure that this policy is fully effective and contributes to improving the health and safety of Brazilian workers. .

## DISCUSSION

The articles that were part of this study address worker health in Brazil, highlighting advances, challenges and perspectives for the future. Regarding advances, we have the approval of the National Workers' Health Policy (PNSTT) in 2011, which established the guidelines for AIST in Brazil, the creation of the National Workers' Health Surveillance System (SINAN-T) , in 2015, and the implementation of worker health programs in some states and municipalities.

In relation to the challenges, it is worth highlighting the lack of financial, human and technological resources; lack of articulation of worker health between the different sectors; lack of worker participation.

As perspectives for solidifying actions in Workers' Health we have: strengthening the coordination between government, workers and companies; investments in education and training of workers; strengthening worker health surveillance; actions to promote worker health, with the participation of the community, workers and businesspeople; strengthening workers' participation in issues at Federal, State and Municipal levels relevant to worker health.



The importance of workers' participation in promoting workers' health stands out here. Workers are the main stakeholders in improving working conditions and reducing occupational risks. Therefore, it is important that they organize themselves and participate in worker health actions.

## **FINAL CONSIDERATIONS**

Occupational health is an important area for promoting the health and safety of workers. In Brazil, there have been some advances in recent years, but there are still challenges to be overcome. It is necessary to strengthen coordination between the sectors responsible for worker health, guarantee the participation of workers and invest in resources for the implementation of worker health actions.

This study presented, through an integrative literature review, a comprehensive view of workers' health in Brazil, highlighting significant advances and perspectives for the future, but there are still some challenges to be overcome, for example, lack of financial and human resources, inadequate decentralization and resistance from business sectors. To overcome these challenges, there needs to be a joint effort between the government, workers and companies, with the Government increasing the allocation of resources to Workers' Health, in addition to strengthening the decentralization of this policy.

Nothing is built alone and therefore, workers must organize themselves to demand compliance with occupational health and safety standards, with companies assuming social responsibility and investing in the health of their workers.

The prospects for the future are positive, but there still needs to be a commitment from all sectors involved, to ensure that worker health is fully effective and contributes to improving the health and safety of employees. Brazilian workers.

The study achieved the proposed objective, even with few studies available in the databases consulted. The texts listed highlighted the importance of coordination between the different sectors involved in worker health, but with the exception that TS is still a complex issue, which involves different sectors, such as Government, companies, unions and civil society organizations. , but it is important that everyone works together to promote the health and safety of workers.



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