

The Occupational Health and Safety Care Policy (PASS): The Case of the SIASS UNIVASF Unit

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Abstract— The aim of this article was to analyze the Health and Safety at Work Policy of the Federal Public Servants (PASS), based on the case study of the SIASS Univasf Unit. The theoretical dialogues in this study were built from the concepts that make up Worker's Health. A qualitative and quantitative research was chosen as a methodological approach. In order to infer its results, we opted for the triangulation process consisting of a combination of three technical collection procedures: documentary research, in-depth particulars and online surveys. Qualitative data were prepared using content analysis based on Bardin (2016) with the support of the Atlas.ti 8 software and quantitative data using univariate descriptive statistics using Microsoft Excel.

I. INTRODUCTION

There is growing interest in the field of study called Public Policy (PP), aimed at analyzing the relations between governments, governments and citizens. From this perspective, the PP are nothing more than the State in action, which includes the study of institutions, rules and analytical models that govern its political cycle. Furthermore, talking about PP is talking about its social actors (SOUZA, 2012; VIANA; BAPTISTA, 2012).

From a theoretical-conceptual point of view, public policy is not limited to the field of political science, being an interdisciplinary field, object of analysis by other areas of knowledge, such as: administration, law, economics and sociology (SOUZA, 2012).

Studies aimed at economic development have opened a new course of investigation, in which social and health policy are considered within the broader framework of the relationship between the State, economic development and

social protection systems, in the so-called Social Welfare State (DRAIBE, 2001; 2012).

Within the scope of Health Policies (HP), based on integrality, universality, equity and social participation, basic principles of the SUS, a new model of health care for workers emerges, supported by actions of assistance, promotion, surveillance and prevention of related diseases to work, called worker's health. A field that manifests itself at the heart of a democratic society, embodied in the achievement of rights and the free organization of workers (MARTINS et al., 2017).

Despite advances in the field of worker health in the private sector, it is observed that there remains a large gap in the health care of public servants. Only within the scope of the federal public administration is it defined the commitment to build and implement, in a shared way, a policy aimed at federal public servants governed by the Single Legal Regime (RJU), called the Health and Safety at Work Policy of the Federal Public Servant (PASS), a

movement that culminated in the creation of the Integrated Subsystem for Servant Health Care (SIASS), in 2009 (BIZARRIA et al., 2013).

According to the federal government, the PASS is configured as a transversal policy of workers' health, involving the different bodies of the federal public administration in three support axes: health care; health expertise; health promotion, prevention and monitoring. In turn, the institution of SIASS, as a structuring system, represents an advance in health care for federal employees, a way to guarantee and make the policy effective (BRASIL, 2010).

Like all social policies and programs, PASS and SIASS aim to guarantee the best living conditions for federal civil servants, making use of the management capacity of their implementing agents (public managers) to fulfill the wishes of their beneficiary agents (federal public servants).

That said, the Health and Safety at Work Policy of the Federal Public Servants in the perception of its social actors (implementing agents and beneficiaries) becomes fundamental in sustaining this work, carried out at the SIASS UNIVASF Unit. The case was chosen because of its importance for the regional development of the semi-arid Northeast, bringing together federal institutions from three states of the federation: Pernambuco, Bahia and Piauí.

From this perspective, this study proves to be extreme to expand and discuss scientific production in the field of public health policies, which play a fundamental role in the full exercise of citizenship, in the realization of different rights of collectivities and in the construction of a State with greater effectiveness in the field of worker's health, as established in the Federal Constitution of 1988 and in Law No. 8.080, of September 19, 1990, which, among others, consigns work as a determining and conditioning factor in the scope of the objectives of the SUS (BRASIL, 1988; 1990).

II. WORKER'S HEALTH

The field of workers' health, as a public policy, was built on the different combinations of strength between capital, labor and the State. From the practices aimed at health-work relations, a transition process between the three models can be observed: occupational medicine, occupational health and worker health. Models that are present and alternate in hegemonic terms due to prevailing labor relations, the level of organization of workers and institutional policies (RAMMINGER; NARDI, 2007; ANDRADE, 2009).

Occupational medicine, as a medical specialty, emerged in the 19th century, in England, with the Factories Act, being the first legislation to be included in the field of

worker protection. Thus, the presence of a doctor inside the factories represented both an investigation of the causes that led to illness, and a way of recovering the worker's health, which is fundamental for the emerging production and industrialization line. Centered on the figure of the physician, in the context of work, reflecting a propensity to isolate specific risks and act on their consequences, medicalizing their symptoms or associating them with a legally recognized disease. In the same way, the diagnosis of disease in the selection phase works as a way to prevent the contracting of an agreement, whose health is compromised (MINAYO-GOMEZ; THEDIM-COSTA,

In addition to occupational medicine practices, the occupational health model emerges as a more extensive proposal. Despite this reduction and expansion, in practical terms, there are limitations related to the field of occupational medicine, as protective measures end up restricted to specific measures on the most evident risks. The use of individual protection equipment is emphasized, to the detriment of other collective protection instruments. Safety standards are established as a form of symbolic prevention, charging subordinate workers with the burden of accidents and illnesses, resulting in a double penalty (MACHADO; MINAYO-GOMES, 1995).

In this perspective, workers' health arises from the need for the State to intervene more importantly in the relations of the production process, in order to promote more dignified working conditions for workers. In a context of critical reflection, it goes beyond the conceptions and practices of the models in force until then, related to occupational medicine and occupational health, creating a way to deal with the work-health relationship in work environments and to introduce care practices to workers' health. It should be noted that the field of workers' health is under permanent construction, guided by the assumptions of collective health, in terms of the hegemonic conceptions of occupational medicine and occupational health (MINAYO-GOMES; THEDIM-COSTA, 1997; MINAYO-GOMEZ et al. al 2018).

On the other hand, the achievement of civil, political and social rights was responsible for the transformation of the State, expanding as institutions and as PP related to the functioning of Justice, the electoral system and the provision of social benefits, transforming achievements were fundamental for the consolidation of citizenship through the development of social protection systems in the Welfare State (FLEURY, OUVÉNEY, 2012).

The protection of workers' health in Brazil occurs late compared to developed countries, being intensified from the 1980s onwards, with the promulgation of the 1988

Constitution and the institution of the Unified Health System (ANDRADE et al 2012; BIZARRIA et al., 2013).

Law n° 8,112 / 1990 is established as an important legal framework in the protection of the health of federal public servants, who until then did not have any instrument of protection. Despite advances in this area, the RJU's activities were limited to regulating medical leaves, occupational additional and the granting of disability pensions (MARTINS et al., 2017).

In this context, a Policy for Health and Safety at Work for the Federal Public Servants was born, an initiative, for a time, by the Ministry of Planning, Budget and Management (MPOG), aimed at providing health care to the civil servant based on the health relationship. - work, whose "government emphasis has always been on training and compensating public servants, without prioritizing the relationship between health and work" (RAMMINGER, NARDI, 2007, p. 217).

III. THE PASS AND THE SIASS

The federal government, with the objective of minimizing the effective costs of the lack of a policy aimed at the health of the civil servant, through the Ministry of Planning, made efforts to institutionally respond to the gaps left in the health care of public servants, establishing the initial milestones for the construction of a health care policy for federal public servants, fulfilling the aspirations of the post-constituent political scenario and of international bodies such as the World Health Organization - WHO and the International Labor Organization - ILO (BIZARRIA et al., 2013).

From this perspective, a collective process of construction of the Policy for Health and Safety at Work for the Federal Public Servants begins through a broad debate carried out by the Federal Public Administration, with the formation of work groups composed of different federal institutions, union representatives and managers working in the area of worker health care (BIZARRIA et al., 2013).

The PASS is a cross-cutting worker's health policy, involving the different bodies of the Federal Public Administration, with actions in the areas of health care, official expertise and promotion, prevention and monitoring of the health of federal public servants (BRASIL, 2010)

The inclusion of the worker's health field in the Brazilian governmental political agenda, provided by the broad debate in the different established participation forums, results in the creation of the Integrated Subsystem of Health Care for Servants (SIASS). A member of the Federal Administration Civil Personnel System (SIPEC), SIASS was established by Decree No. 6,833 of April 29, 2009,

under the Ministry of Planning, Budget and Management (MPOG), aiming to "coordinate and integrate actions and programs in the areas of health care, official expertise, health promotion and monitoring of the direct federal, autarchic and foundational administration" (BRASIL, 2009, p. 4).

For the federal government, the institution of SIASS represents an innovation in health care for federal public servants, a way to ensure sustainability and give effectiveness as PASS actions. As a structuring system, it enabled the articulation between the different bodies of the direct federal, autarchic and foundational public administration to standardize procedures and collectively create norms, actions, training projects and communication channels (BRASIL, 2010).

From this perspective, it started from a conception restricted to occupational health to the concept of worker's health, in which "work-health relations presuppose interdisciplinarity and the participation of workers as subjects and centers for planning and implementing the actions of processing the processes of work "(MARTINS et al., 2017).

The Ministry of Planning assumes a strategic role in the articulation and implementation of the SIASS Units, with the signing of Technical Cooperation Agreements (ACTs) between the bodies and the optimization of existing and dispersed human, physical and material resources among the various Administration institutions Federal Public (BRAZIL, 2009).

The PASS aims to offer public servants, in particular managers of people and health professionals, a set of parameters and guidelines to guide the development of projects and the achievement of health and safety care actions, which presuppose the development of actions based on the work of a multidisciplinary team, on epidemiological information, on the assessment of work environments and relationships and on the dialogue between its three axes of action (BRASIL, 2010).

Consider the support axes of the PASS pursuant to Article 3 of Decree No. 6.833 of April 29, 2009:

I - health care: actions aimed at prevention, early detection and treatment of diseases and also the rehabilitation of the civil servant's health, comprising the various areas of action related to healthcare for federal civil servants;

II - official expertise: medical or dental action with the objective of evaluating the state of health of the server for the exercise of their work activities; and

III - health promotion, prevention and monitoring: actions with the objective of intervening in the civil servant's illness process, both in the individual aspect and in collective relationships in the workplace (BRASIL, 2009, p. 4, our emphasis).

Given the above, a triad formed by the axes that support the policy must be based on interdisciplinary actions that modify work environments and processes, allowing its social actors (implementing agents and beneficiaries) to become active and central subjects in its planning and execution (MARTINS, 2017).

IV. METHODOLOGICAL PROCEDURES

This research stands out as descriptive and exploratory, proposing to know the perceptions of social actors about the PASS in the SIASS UNIVASF Unit and the way in which it is being implemented in federal institutions.

Taking a stand on philosophical, ontological and epistemological conceptions, a social constructivist conception was adopted in this study, which aims to trust the participants' perception of their own reality (CRESWELL, 2010).

To reach the proposed research proposal, qualitative and quantitative approaches are used, understanding that together these approaches are greater than one or the other in isolation. In this sense, the mixed method and the sequential exploratory strategy based on Creswell (2010) were adopted, a procedure determined to be more appropriate to the interdisciplinary nature of this study.

Regarding the sequential exploratory strategy, a qualitative phase was carried out before, aimed at the managers of the institutions and, later, a quantitative phase involving the institutions' federal civil servants, with greater weight being given to the qualitative phase.

The research strategy adopted was the incorporated single case study based on Yin (2015) and included 10 (ten) units of analysis and multiple sources of evidence, through a triangulation process, which forms the development of convergent lines of investigation, consisting of a combination of three technical collection procedures: documentary, private, in-depth individual research and an online survey.

As for the analysis of the results obtained, qualitative data were found in the content analysis based on Bardin (2016) with the support of the Atlas.ti 8 software and quantitative data in the univariate descriptive statistics with the aid of Microsoft Excel®.

Regarding the time frame, a cross-sectional study was carried out during a six-month period, between March and August 2019, at the SIASS UNIVASF Unit.

The scientific research is based on the perception of the social actors of the PASS that make up a SIASS UNIVASF Unit, that is, the implementing agents (federal public managers) and beneficiaries (federal public servants) of the institutions participating in the ACT 2018.

A manager from each participating institution of the ACT celebrated with a SIASS UNIVASF Unit was selected to respond to the individual in depth. The corpus of this research was composed altogether by 10 (ten) individual in depth, and of the 10 managers interviewed, only 01 did not have higher education. In addition, the time in the exercise of the function varies between 08 months and 10 years, depending on the manager.

An online survey aimed at federal public servants participating in the ACT of the SIASS UNIVASF Unit was carried out through Google Forms and concluded with a total of 672 respondents, corresponding to 22.4% of the universe.

It is evident that the institutions with the highest number of respondents were the Federal Institute of Sertão Pernambucano (IF SERTÃO) and UNIVASF, with 212 and 203 participants, respectively, a result proportional to the number of employees working in each institution. Employees working in 33 municipalities belonging to the three States assisted by the SIASS UNIVASF Unit participated in this research: Pernambuco, Bahia and Piauí. The majority (489), located in the cities of Petrolina / PE (336) and Juazeiro / BA (153), a result that highlights the scope of action of the Reference Unit and the study carried out

V. THE CASE OF THE SIASS UNIVASF UNIT

The Federal Employee Health Care Integrated Subsystem Unit - SIASS UNIVASF, was established on 06.10.2010 under the Ministry of Planning, through the Technical Cooperation Agreement No. 12/2010 as an integral part of the Health Care Policy and Workplace Safety of the Federal Public Servants (PASS). Headquartered on the headquarters of the Federal University of Vale do São Francisco (UNIVASF), it is a single reference unit in the interior of the State of Pernambuco, operating in three states: Pernambuco, Bahia and Piauí. It currently has 10 (ten) participating federal institutions

As a structuring body of PASS, it coordinates and executes a policy for a total of 3,000 (three thousand) federal civil servants, belonging to the different bodies

participating in the Technical Cooperation Agreement (ACT) signed.

The SIASS UNIVASF Unit has a multidisciplinary team formed by 17 (seventeen) professionals from different areas of activity, including physicians, nurses, psychologists, nutritionists, occupational safety technicians, completing care actions, injuries and health promotion of federal public servants under their responsibility.

Regarding its physical structure, it has its own headquarters, inaugurated with investments from the Ministry of Planning on April 25, 2015, including facilities that are modern and comfortable, with a wellness room, a social room, three rooms for multidisciplinary care, an auditorium with 40 seats, in addition to administrative rooms, to better serve the federal public servant.

VI. THE IMPLEMENTATION OF THE PASS IN THE SIASS UNIVASF UNIT

The documentary research consisted of verifying, at the local level, the implementation of PASS actions in the participating institutions, through the fulfillment of the signed ACTs and respective work plans, whose supervision and monitoring of actions are the responsibility of an inter-institutional committee by a representative of each participating institution.

It was found that between 2010 and 2018, a total of 8,633 (eight thousand, six hundred and thirty-three) consultations were carried out for civil servants, dependents and visitors in transit in the expert sector of the SIASS UNIVASF Unit.

Based on the basic numbers, it is possible to observe that most demands for official expertise in health come from institutions, to demonstrate the scope of the technical cooperation agreement signed and the full functioning of this axis of the policy.

Based on the accounts of the managers in the depth of people, it was identified that only 02 (two) institutions implemented actions in the three axes of the policy, which indicated the low level of involvement of the implementing agents with the celebrated ACT. It was also evidenced that for the vast majority, the agreement is limited only to material exchanges and existing human resources as a result of the medical expertise carried out by the SIASS UNIVASF Unit.

From the point of view of the beneficiary agents, it was verified, from the online survey, that there is a significant level of ignorance about the PASS in the participating institutions, revealing that although the SIASS Unit is recognized for the importance of its actions for the public servant federal government, is not perceived by its

beneficiaries as the executing agency of a public health care policy.

Based on the triangulation of the results obtained through documentary research, in-depth individual needs and the online research carried out, it can be attested that, in addition to representing most of the demand, the official expertise in health is the only axis carried out by the Reference Unit base for the 10 (ten) participating institutions of the celebrated ACT.

It is also noted that the responsibility for implementing the health promotion and surveillance axes in the SIASS UNIVASF Unit was expressly transferred to the participating institutions, through the work plan drawn up from the celebrated ACT. However, the civic commitment assumed by the institutions themselves is not being fulfilled in its entirety and neither is it supervised by the interinstitutional commission translated to this manufacturer, contrary to the legal precepts contained in Decree No. 6.833 / 2009 that instituted the SIASS in national terms.

It was also evidenced that the PASS is not perceived by managers and federal public servants as a public policy for the health of the public servant. Therefore, it is perceived by its social actors (implementing agents and beneficiaries) as a mere partnership to carry out expertise in health, which reflects a fragmented view of the policy, which should invoke health in its unrestricted and integral sense, embodied in interdisciplinary actions in its three support axes: promotion, health surveillance and official expertise, respectively in that order (MARTINS, 2017).

From this perspective, it is possible to infer an inversion in the general scope of the policy, idealized and conceived within a worker's health model, benchmarks are prevention, promotion and health surveillance, contrary to the conceptions and practices restricted to operations performed after the illness of the civil servant, which refer to the retrograde models of occupational medicine and occupational health (MINAYO-GOMEZ et al 2018).

VII. CONCLUSIONS

Without intending to exhaust all theories on the subject, the result presented shows a clear gap between the central objective of PASS - preventing illness and promoting the health and safety of the server's work - and the way it is being implemented and perceived by its social actors in the participating institutions in the SIASS UNIVASF Unit. In practice, only the official health expertise axis was fully implemented.

In view of the factual situation, as Martins (2017) points out, promoting health surveillance and promotion actions

that modify work environments and processes, transforming the main causes of illness into information that promote the improvement of health care for federal public servants is the PASS's main challenge pointed out at the SIASS UNIVASF Unit in the field of worker's health.

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