

Neoliberalist influences on nursing hospital work process and organization

Influência do neoliberalismo na organização e processo de trabalho hospitalar de enfermagem
La influencia neoliberal sobre la organización y el proceso del trabajo hospitalario en enfermería

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ABSTRACT

Objectives: To describe and analyze the influence of the neoliberal economic and political model on the nursing hospital work process and organization. **Method:** Qualitative descriptive research, having as its scenery a university hospital. The subjects were 34 nursing workers. The data collection took place from March to July 2013, through semi-structured interview. The data treatment technique used was content analysis, which brought up the following category: working conditions precariousness and its consequences to the hospital work process and organization in the neoliberal context. **Results:** The consequences of neoliberalism on hospital work process and organization were highlighted, being observed physical structure, human resources and material inadequacies that harms the assistance quality. In addition to wage decrease that cause the need of second jobs and work overload. **Final considerations:** There is a significant influence of the neoliberal model on hospital work, resulting on working conditions precariousness.

Descriptors: Work; Nursing; Politics; Working Conditions; Worker Health.

RESUMO

Objetivos: Descrever e analisar a influência do modelo econômico e político neoliberal na organização e no processo de trabalho hospitalar de enfermagem. **Método:** Pesquisa qualitativa e descritiva, tendo como cenário um hospital universitário. Os participantes foram 34 trabalhadores de enfermagem. A coleta ocorreu de março a julho de 2013, por meio de entrevista semiestruturada. A técnica de tratamento dos dados foi a análise de conteúdo, que fez emergir a seguinte categoria: precarização das condições laborais e suas repercussões para organização e processo de trabalho hospitalar no contexto neoliberal. **Resultados:** Evidenciaram-se repercussões do neoliberalismo na organização e no processo de trabalho hospitalar, verificando-se inadequações na estrutura física, nos recursos humanos e materiais, que afetavam a qualidade da assistência. Além de perdas salariais que levam à necessidade de outros empregos e sobrecarga de trabalho. **Considerações finais:** Há forte influência do modelo neoliberal no trabalho hospitalar, resultando na precarização das condições laborais.

Descritores: Trabalho; Enfermagem; Política; Condições de Trabalho; Saúde do Trabalhador.

RESUMEN

Objetivos: Describir y evaluar la influencia del modelo económico y político neoliberal sobre la organización y el proceso del trabajo hospitalario en enfermería. **Método:** Estudio cualitativo y descriptivo en un hospital universitario. Participaron 34 personales de enfermería. Se recolectaron los datos mediante entrevista semiestructurada en el periodo de marzo a julio de 2013. La técnica de análisis de datos empleada fue el análisis de contenido, del cual surgió la categoría: precariedad de las condiciones laborales y repercusión en la organización y el proceso de trabajo hospitalario en el ámbito neoliberal. **Resultados:** El neoliberalismo influye en la organización y el proceso de trabajo hospitalario, sea en la inadecuada estructura física o en los

recursos humanos y materiales, que afectan a la calidad de la asistencia. Además de descensos en el sueldo lo que conlleva la necesidad de otros empleos y la carga excesiva de trabajo. **Consideraciones finales:** Se señala una gran influencia neoliberal en el trabajo hospitalario, lo que implica la precariedad de las condiciones laborales.

Descriptor: Trabajo; Enfermería; Política; Condiciones Laborales; Salud del Trabajador.

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INTRODUCTION

This study's subject addresses the neoliberal economic and political model's influence on the hospital nursing work setting and process. That subject arose from a delimitation of the master's thesis defended at Universidade do Estado do Rio de Janeiro⁽¹⁾.

The interest on investigating the setting of health services organization is a result of academic and professional experiences, through which it was observed that workers health issues are influenced by the macrostructural context, especially by the globalization phenomenon and by the development of neoliberalist thinking. These phenomena are conditions that arose on the global scenery in the 80s, sparked especially by the oil crisis emerged in the 70s, when it was observed an effort made by developed countries and the International Monetary Fund, along with the World Bank, in order to avoid the collapse of the capitalist system, founding the basis of neoliberalism.

Globalization is defined by the great mobility of capital mass, by the growth of transnational corporations and by the dominance of investment on the financial area instead of the productive ones, with greater capital valorization, also by industrial or services corporations⁽³⁾. On neoliberalism, it is considered it had its origin on liberal thinking, defining it, among other characteristics, as an economic policy of deregulation of financial-economic relations by the state and the indiscriminate opening of national market to international one⁽²⁾. However, neoliberalism is not only an economic philosophy, but also a social way of life, which influences cultural and psycho-emotional values and has been transforming society life and work relationships.

From that point of view, the labor world transformation by capitalism that occurred in the last 30 years has redefined health and work processes risks. Moreover, contemporary labor world has been marked by the technological modernization and by the new management models, which affect work processes and organization⁽⁴⁾.

Therefore, this whole scenario implies changes in work content, nature and meaning. Many work processes and organizations are set, nowadays, by excessive workload, heavy work rhythm, strict activity control, time pressure and the need for versatile and multifunctional professionals. It is clear that this context has reflexes on workers' health and on the quality of the services, including health area and, in turn, nursing⁽⁵⁾.

Nursing work, organized by service norms and routine, comprises a technical performing model, marked as a productive activity whose health actions are diverse as well as a work organized by the thinking of Taylorism management,

constituted as a work split in tasks, ranked and ordered in professional classes workers⁽⁶⁾. And, in that view, there are suffered influences that can be credited to the neoliberal work management model, such as work conditions and relationships precariousness, workers versatility and multifunctionality as well as heavy work rhythm. It is also highlighted the combination between Taylorism/Fordism models and the neoliberal model inside hospital scenario, and this phenomenon is negatively impacting the worker in various ways, echoing on the service quality and on the professional groups health⁽⁷⁾.

Furthermore, it has been observed that, researching the literature on the theme on the main data basis of the *Biblioteca Virtual de Saúde* (BVS – Health Virtual Library), there is initial scientific production on the relation between neoliberal model and nursing work. Therefore, it is important to investigate about it in order to apprehend its complexity and multiple sides on nursing work and workers.

From that point of view, it was determined the investigation of the referred object, having as its guiding question: How are the neoliberal model characteristics constituted on the nursing and hospital work process and organization?

OBJECTIVES

The suggested objectives for this study are: to describe and analyze the influence of the neoliberal model on the nursing hospital work process and organization.

METHOD

Ethical aspects

This study preceded by the approval of the Human Beings Research Ethic Committee of the Universidade do Estado do Rio de Janeiro, complying with the ethic and scientific requirements for research involving human beings.

It is important to inform that, in order to meet the Resolution 466/2012, subjects' anonymity and secrecy were guaranteed, as well as the making of an Informed Consent Form, which explained the research objectives, the benefits and rights of research subjects and researchers' duties. By signing the form in two copies, one remained in the subject possession and the other was kept with the researchers⁽⁸⁾.

Study type

Being this research objective to look for the nursing workers world view, impressions, knowledge on the neoliberal model characteristics in the nursing hospital work process and organization, it was considered adequate to conduct it throughout a qualitative descriptive approach⁽⁹⁾.

Study scenario

The research scenario was a public university hospital in the State of Rio de Janeiro. The study subjects were 34 nursing team workers: 14 nurses who work in management or assistance and 20 nurse technicians. Both groups in current acting, that is, that were not on vacations any kind of leave. Two subject search techniques were used: 1) *convenience sampling*, when the study begins with a convenience sample (also called voluntary sample), a technique used for the selection of the first five subjects of this study; and 2) *snowball sampling*, in which the first subjects recommend other subjects to the research⁽⁹⁾. This happened through the presentation of a name list, containing the full names of all professionals, and, at the end of each interview, the subject would recommend three names of other workers that made up the referred list.

The subject inclusion criteria were: the requirement that professionals should be developing their activities at the institution before or since the 90s, a period marked by the intense transformations on labor world, distinguished by the insertion of neoliberalism/flexibility in Brazil; and the requirement that nursing professionals should work under a state employment bond, considering that hired employees present a high rate of staff turnover and uncertain period of stay at the institution.

Data gathering closure was given by the information saturation criterion, since the obtained data started to present, in the researcher's opinion, some redundancy or repetition.

Data gathering and organization

The data-gathering instrument used was a semi-structured interview containing two items, the first being the subject profiling and the second comprised of the following questions: 1) Since you joined this hospital, have you noted any changes on the work process? Talk a bit about possible changes related to human resources, material resources, labor dynamics and wage. 2) Which factors do you believe might have contributed to the current setting in your work environment?

All interviews were applied during morning, afternoons and evenings, in a reserved room inside the subjects own work environment, from March to July, 2013. The interviews were recorded with a multimedia player equipment, listened carefully, entirely transcribed and typed. This material was formatted in Microsoft Word 2007 version, Times New Roman font, size 12, line spacing of 2.0, being condensed into 160 text pages for further analysis.

Data analysis

For findings analysis, the phases prescribed by thematic content analysis⁽¹⁰⁾ were followed, which recommend text break-up operations into unities and categories, according to analog regrouping. Among the various ways of categorization, the investigation through themes is considered efficient and fast on the case of simple and direct discourses. The phases followed were: pre-analysis, material exploration, results handling, inference and interpretation.

During pre-analysis, there was the floating reading of findings and initial content appropriation, with a latter selection of most relevant parts to the research objective for the study *corpus*

building, throughout representability, homogeneity and relevance criteria. At the end of the phase, selected data were edited for analysis. The second phase was permeated by breakdown operations, in order to achieve the definition of categories, throughout the cutout of core meaning units from the subjects' speech, which granted meaning to the aspects analyzed in the study. Therefore, the transcriptions had highlights emphasizing relevant parts, latter copied to another document.

During the last phase, selected data were handled in order to be valid and significant. In that way, inferences and interpretations were made aiming to highlight main information found during the research and to display it in a clear way⁽¹⁰⁾. After the final analysis, from this technique application, the following category rose up: work condition precariousness and its effects on the hospital work process and organization inside the neoliberal context. There were also three subcategories: material and human resources qualitative and quantitative inadequacy; economic issues that interfere with the work; and inadequate input and physical structure related factors.

RESULTS

Among the 34 subjects, 28 (82.35%) were female and six (17.64%) were male. The average age was 51 years-old, being the youngest 43 and the oldest 67. The practice time on the areas they acted was from seven months to 28 years, and the time working at the aforementioned hospital ranged from 15 to 32 years.

After the interview analysis, main ideas and key expressions were identified, bringing up a category comprising three themes, which are presented and discussed subsequently.

Work condition precariousness and its effects on the hospital work process and organization inside the neoliberal context

This category was formed by 789 record units, comprising the following themes: material and human resources qualitative and quantitative inadequacy; economic issues that interfere on the work; and inadequate input and physical structure related factors and the nursing work process.

Material and human resources qualitative and quantitative inadequacy

This theme had a high rate representability, since 25 study subjects identified that, at the studied scenario, the lack of material resources to keep the work process was constant; besides that, 14 subjects mentioned the lack of material resources at their workplaces. As it is shown in the following speech, there was dissatisfaction with material provision at the subjects' units:

Nowadays, we have more difficulties related to material resources [...], but we also suffer with the lack of basic things, of some basic resources, as gauze pads, cotton, syringes, bandage, and this affects directly the assistance. (I07)

One week we are short of gauze pads, on the other we are short of syringe, it is always like that [...] there are days we are short of cotton, syringe, there are days we are short of bedsheets, so you want to work, you want to give the

assistance needed to the patient, and you don't have that amount of syringe, you have to keep on saving. It's complicated, saving to take care of the patient. (I08)

The professionals highlighted the inconsistency of material resources, there having in some months plenty of some material resources and, in others, lack of the same materials, especially when close to the end of the year. The lack of material resources affects directly on the assistance's quality because it creates the need for adaptations and improvising, something that puts the professionals and patients' safety at risk. Therefore, according to the subjects, this situation made difficult the safe and excellent care. The speeches presented bellow describe this result:

There is a great gap in relation to materials, there are months in which we have too much of a certain kind of material, in the next month we are already short of the same kind of material. It's unstable, we don't know why there is a gap between a month and the next. In one month, a lot changes, in the next it's already broke and so on. (I21)

Here, we always had phases, phases in which you receive, it usually is like this: in March, you start receiving material, it goes until the end of the year and then it starts to disappear because the budget is over. (I25)

Professionals have also blamed the slow biddings that happened in the institution for the lack of materials; because they ended up holding back the care development since the labor organization would spend many months selecting the companies to be able to meet the needs for material resources. The selected speech demonstrates such result:

It got worse because of the bidding, that are slow and there is also the material, material-buying centralization. When I started here it wasn't like that. (I23)

We always have to go through biddings, it's always a problem, the headship can't do anything because it depends on buying, and all that is linked to the State is more complicated. (I32)

Another result that was brought up is the lack of human resources in the hospital environment. This personnel lack was another factor that caused working overload, work rhythm increase, work process adaptations, affecting the quality of the performed care. This theme occurred in the speeches of 24 subjects, as selected bellow:

I get sad, because I see few people working. There is a great lack of human resources, for example, I came from the second last public tender and there wasn't any other. So, how are you going to replace personnel if there are no tenders, and you don't call the ones that are waiting? (I13)

This gets you more stressed out, dissatisfied, in my case, as a head of service, I see an unit with a huge personnel deficit. A personnel amount way lower than what is prescribed by the COREN laws, of personnel count, and I don't have

how to adjust this gap between what we have and what is prescribed. And you know: if you offer worse working condition, everybody is prone to more mistakes, stress, falling ill. It's what has been happening. (I25)

It was observed that there was a high rate of contract staff turnover, creating the need of constant training for these workers to know the working dynamics, the knowhow of that working environment. As a result, there was a high wearing out of permanent workers, once the training process is never ceases.

The contract employees come and go all the time and we have to coach these people. This happens because their salary is too low. They earn much less than tendered employees and are much more exploited. (I02)

I don't differentiate this in my area, but they [contract employees] earn less, the rights aren't the same as the permanent employees'. I think that's why there is this personnel's high turnover, what makes us help, coach and qualify these people all the time. And this is boring and tiresome. (I07)

Economic issues that interfere with the nursing work

Another issue that rose up during the speeches were the wage losses that occurred in the last 15 years and the consequential decrease in purchase power and quality of life. Thus, the low salaries offered by the institution induce workers to make other employment bonds. That way, from the 34 subjects, 31 had other two or three jobs, in order to meet their needs.

I suffer a lot, me just as her [contract employees], because we have to split ourselves, have more than one job to earn a little better. I suffer the consequences of having low income, her even more than me, since here she earns less than I do, you have to have two, three jobs. (I17)

Us nursing workers, when things get hard, we already think of getting another job, isn't it? I've got two, but it I earned well here I wouldn't have two jobs, then I wouldn't be tired anymore, I wouldn't be stressed out anymore, do you understand? It's what everybody is doing, because our wage is so obsolete, because if they paid us well, the right minimum wage, we wouldn't need two and three jobs. On the other hand, we keep on waiting for a good soul to give us a little raise. (I33)

Inadequate input and physical structure related factors

This theme related to the physical environment was cited during the speech of 11 subjects, highlighting the small workplaces, having inadequate lighting, lack of employee resting areas, old and rusted furniture. These data can be made clear on the following speeches:

The facilities here are difficult, we always have complicated situations with landslides, flooding, plagues. Everything you can think of has already happened in this hospital. (I03)

The hospital has a capital H, that is, horrible! The nursing bay is extremely far from the beds, dislocations are huge, this affects the health, I am always stressed out because of that, I've got a lot of pain in the leg, everything hurts. (I34)

It's despairing to be inside an area that at any moment has water pouring from behind [...] that last rain that happened last week flooded the whole rear area, I am thinking all the time that the ceiling might fall off. (109)

The speeches grasped the means of work, equipment, furniture precariousness, which are insufficient, inadequate or obsolete:

I struggle with lighting, the bandage cart is all rusted, the pole stands for serum too, the furniture is falling to pieces and it's far from being ergonomic. In a nutshell, it's all bad. (125)

In the bathroom, the shower chairs don't fit and the wheels don't roll because they are rusted, but we need to shower the patients. The toilet seats don't have lids, the patients' and ours as well, there is a lot of mold, lots of cracks. (133)

DISCUSSION

One of the main neoliberal principles is the reduction of public spending, aiming a smaller State financial burden. Paradoxically, the same State must be in charge of basic services, such as: education, transport, safety and health. In this context of spending reduction, the government balances itself between taking on neoliberalist model's principles and not causing popular dissatisfaction; as a result, it on-lends decreasingly budget to said services, making it precarious in material input, human resources, disregarding the buildings and equipment's maintenance^(2-3,7).

In view of this, it is observed that the hospital environment precariousness creates impacts for the work process and organization. That is because one of the factors that mostly benefits the nursing work dynamics is the adequate material resources distribution, quantitative and qualitatively. The availability of those materials provides good labor conditions to the worker, ensuring, thus, peacefulness and safety to the activities development, avoiding workers and patients' emotional suffering and physical attrition⁽¹⁾.

Consequently, this hospital equipment and input shortage, precariousness speech context has been a characteristic of working organizations based on the neoliberal productive model, which aims to increase profit by the reduction of personnel and material spending⁽¹¹⁾. This analysis approaches another study that investigated a similar theme, for having constant lack of basic resources, highlighting the following: there is lack of gauze pads, syringe, medicine, needles, being necessary to practice adaptation and improvising to ensure assistance⁽¹²⁾.

Such analysis is also linked to the conclusions of another research, in which it was determined that the changes in hospital units' access and availability of material resources depend on certain time of the year. That is, depending on the time, it is observed material resources abundance or shortage. This situation results on an irregular offer of nursing work resources, creating insecurity towards how the assistance will be performed⁽⁷⁾.

It is important to emphasize that, on their daily lives, the nursing workers face all kinds of difficulties, inside work and out, they have to handle a series of activities, pile up many functions and transform themselves into an actual machine

of client assistance performing. And, as already mentioned, the neoliberal model demands from the worker multifunctionality, versatility, heavy work rhythm, work breaks denial and subjective worker control⁽⁷⁾.

Moreover, such worker performs the activities at unhealthy and distressing environment that does not offer adequate conditions for the work process development due to the precarious conditions and work relationships, excessive physical and mental work, working hours accumulation, low wage or the employment bond that creates instability⁽¹³⁾.

As it was already presented, the insufficient human resources affects the nursing work process and, due to such issue, the worker has his/her health negatively affected, presenting anguish, frustration, sadness, dissatisfaction, labor stress, tachycardia, back and backbone pain, tiredness and other alterations that spoil the health-illness process⁽¹⁴⁾.

It is also highlighted that the insufficient quantity of professionals creates an inadequate professional scaling and workplaces, resulting in work overload, assistance failures and workers wearing out. It is also emphasized that the human resources reduction happens due to not opening new public tenders, what makes impossible to hire state bond workers^(7,15).

This issue agrees with the neoliberal principles, which aim to reduce the State's spending on permanent workers, using other ways of meeting the demand for human resources, such as outsourcing and cooperatives, that help the State to reduce public spending, decreasing personnel spending⁽¹⁶⁾. On the other hand, the workforce hired precariously, has often a precarious technical-scientific education, something that impacts on the quality, mostly low or below clients and more experienced and tendered professionals' expectations, of the performed assistance⁽¹⁷⁾.

Moreover, international data highlights that human resources deficiency is decisive and happens due to area remodeling, whose neglect during the last ten years caused negative consequences to the health work process development. Therefore, it is observed, around the whole world, the human resources reduction in health area, especially after the 90s remodeling, a landmark of the globalization and neoliberal principles strengthening⁽³⁾. In that sense, nursing workforce also suffers the impact of this model on its employed quantity in the public area, There having, then, precariousness of employment bonds and the existence of a supply workforce army, that also causes precariousness on wage, assistance and workers' health quality^(7,16).

It is emphasized that work organizations, concerned about minimizing spending and increasing profit/productivity, reduce permanent personnel board and hire workers in precarious bonds. This enables important thinking, that help to understand the neoliberal model phenomenon in health services and the precariousness that has settled itself at public hospitals⁽¹⁶⁾. Such situation is originated by extremely low wage, workers without labor rights or having little benefit, resulting in the search by these workers for better work conditions and fair salaries^(7,16). In this sense, it is explained the high rates of staff turnover found at the study scenario.

It can be considered that the reduction of material and human resources follows the management thinking of cost

rationale considering the rising prices of medical-hospital input. That thinking, at the milestone of productive remodeling, combined to the intense economy globalization process since the 80s, imposed changes in the ways of work subjectification by workers. According to a research developed in France⁽¹⁷⁾, it was verified that the so-called management modernization has changed professionals' minds and behavior, creating a real individualization. There is an effective rupture on the workers' collective ability of mobilization, well shown in the speeches that recognize the exploitation ways, but do not convey a thinking of workers' union collective struggle. According to the author, these changes, which aims to modernize and gain trust, trigger apprehension, and, consequently, self-defense reactions⁽¹⁷⁾.

As aforementioned, precarious workers usually hold education levels far from permanent workers expectations; moreover, the worker, by entering a new labor context, requires information, explanations, and knowledge complementation to act safely and with the abilities required by such work process. This qualification and training process is done by the work group and by leadership; however, when it occurs continuously, it wears whoever takes on the training duty out, since this process requires time spending, higher focus and attention on the task, as well as the performance of the same activity multiple times, without a coherent reason, which demands psychosomatic energy spending and psychophysical suffering⁽¹⁸⁾.

The contract worker, besides earning a lower salary, also does not have the guarantee of job stability, let alone the lesser labor rights, performing, however, the same tasks of a permanent worker. Therefore, a working environment defined by uncertainties, social injustice and, thus, dissatisfaction and suffering is observed. Such characteristics are cited as promoting occupational stress and are defined as important elements that negatively affects the work process, harming it⁽¹⁹⁾.

Besides that, in the nursing work, is it observed the presence of professionals with more than one employment bond due to the low salaries earned and to the low minimum wage considering 44 hours worked per week⁽²⁰⁻²²⁾. Another study has verified that there were double employment bond in 72% of nursing workers studied, against 28% having only one employment bond⁽¹²⁾.

In that sense, the shift and duty system present on the nursing work opens up the perspective to the multiple employment phenomenon. Consequently, a professional culture approves and joins the double employment bond, since there is free time due to the shifts to obtain another job; also, because the profession's history has always included low salaries, not existing the claim for minimum wage increasing, but for the compensation of low salaries, supplement the wage⁽²³⁾.

Along with the neoliberal model outset, applied on health organizations, this double employment bond situation grew sharp, in which many workers have up to five employment bonds, defined as the multiple employment. Adding to it, the lack of salary adjustment at public institutions at the State of Rio de Janeiro for, at least, nine years shows that this State is in agreement to the neoliberal principle of public spending reduction⁽²³⁾.

In this context, the changes coming from neoliberalism cause many losses to the workers, specially concerning low

salaries; moreover, this issue has been worsened by the steady grow of nursing professionals in the labor market, since the supply has been bigger than the demand in the country's great urban centers⁽²⁴⁾.

Another issue that rises up in the speeches was the inadequate physical environment to the development of assistance activities, since there are many transgressions and breaches in the hospital environment structure norms. This situation causes workers dissatisfaction and emotional suffering, as well as exposing them to labor accidents, also changing the work process.

The assistance units plant's planning and execution, in many cases, are done without important information and essential ergonomic knowledge, moreover, those who perform the work are not consulted at the site. Most of the times, the project designers do not know the activities actually developed by servers and disregard essential elements for the new organization project. Important aspects are put aside, because participative methods are not used during the realization of technical organizational projects, something that makes the professional working dynamics difficult⁽²⁵⁾.

Hospitals, throughout decades, have been showing physical inadequacy to its working subject, demonstrating to be more and more precarious, having ceilings, floors and walls that do not conform to the rules defined by the Collegiate Board Resolution – RDC 50, from Agência Nacional de Vigilância Sanitária (National Agency of Sanitary Surveillance)⁽²⁶⁾. The present research reveals a similar situation, highlighting cracks, water infiltration, cracked painting, mold, exposed electric wiring, which favors contamination and accidents, for the worker as well as for the patient.

Hospital physical area precariousness reveals itself in many ways, being the furniture and assistance equipment conditions a great sign of a perverse side of management technical and ethical responsibility. This negatively rebounds on the workers subjective dimension e puts them to risk of mental and psychosomatic illness, besides putting the performed assistance quality and the work development to risk⁽¹⁵⁾.

Study's limitations

Among the study's limitations, are underlined the complexity of neoliberal model and its applicability to Brazilian reality and to the nature of qualitative research, which does not aims to generalize its findings. However, it is recommended the development of researches that can investigate a model feasible and adequate to all these specificities, creating coherent, less fragmented, more humanized and appropriate organizations and work processes.

Contributions to the nursing, health or public policies areas

Through this study, it is aimed the contribution to a more thoughtful and critical view by nursing workers of the work process and organization in which they act; and thus, it intends to broaden the analysis ability and to enable the understanding that nursing work is linked to a macroeconomic and political context which, in turn, is related to the dominant productive model in society. This understanding may enable nursing workers to critical thought and allow the creation of

collective and individual strategies in order to minimize the negative effects of neoliberalism on nursing work and workers.

FINAL CONSIDERATIONS

It is concluded that neoliberal model produces changes, throughout the years, on the hospital nursing work process, whose labor organization suffocated by the model ends up conforming to its principles, facing the precariousness of many resources. It is observed that the quantitative and qualitative shortage of permanent workers, the lack of material resources, the disregard towards physical plant and equipment maintenance is creating obstacles to a quality and safe assistance.

In this view, nursing work process is settled as having a heavy, fragmented and rational work rhythm. Besides that, it has been verified material resources and permanent personnel reduction, something that also affects nursing high rate staff turnover, as the work organization started to hire professional with precarious employment bonds, creating low salaries and labor rights losses by these workers. Therefore, the material resources shortage and the quantitative and qualitative

reduction of nursing professionals caused negative impacts on the quality of the performed assistance, since there are precarious infrastructure conditions to develop nursing care.

On a slightly different note, it is understood that health is a good, an essential human value to be protected by governments. The production and profit thinking cannot be applicable to health services neither should the State consider reducing budget for such area, since it is impracticable to take care of people without material and structural elements to the work process. Besides that, each human being has specificities and individuality, which need to be take into account during the care process; thus, coming from the neoliberal production perspective, work process and organization guided by this thinking are incoherent.

Therefore, it is necessary to suggest a productive model and a work organization that comprise the specificities of health and nursing work. That means, which regards workers' subjectivity and that this work should produce more pleasure than suffering, that it should build positive individual and group identity and enables safe and excellent assistance to be performed.

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