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REFLECTION

Reflexões sobre saúde do trabalhador de instituição de ensino superior

Reflections on the health of faculty in institutions of higher education

Reflexiones en la salud del trabajador de institución de educación superior

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ABSTRACT

Objective: This theoretical essay aims to discuss on the health of faculty teaching at institutions of higher education. **Method:** A perspective, critical, and reflective analysis of articles and documents published on the health of workers was used. **Results:** Definitions and contradictions are presented in relation to health related needs from faculty - IES workers - and the need for conducting new investigations in order to assess this issue in more detail and in an exploratory way are suggested. **Conclusion:** Studying the working conditions, and in particular their effects on the workers' health, is fundamental for the identification of risk factors that may contribute or determine negative effects on health. Tracing profiles of complaints from faculty-related illnesses becomes necessary for the preparation of strategies to intervene in the intense biopsychic wear attested by the high frequency of illness complaints related to working conditions. **Descriptors:** Worker's health, faculty work, higher education.

RESUMO

Objetivo: Este ensaio teórico visa discutir sobre a saúde do docente-trabalhador de Instituição de Ensino Superior. **Método:** Utiliza-se uma perspectiva crítica e reflexiva na análise de artigos e documentos publicados sobre a saúde do trabalhador. **Resultados:** Apresentam-se definições e contradições em relação às necessidades de saúde do docente-trabalhador de IES, apontam-se para a necessidade de realização de novas investigações destinadas a avaliar, mais detidamente, de forma exploratória. **Conclusão:** Estudar as condições de trabalho e, sobretudo, os efeitos sobre a saúde do trabalhador, é passo fundamental para identificar fatores de riscos, que podem contribuir ou determinar repercussões negativas sobre a saúde do trabalhador docente. Traçar o perfil de queixas de doenças relacionadas ao docente, torna-se necessário para elaboração de estratégias para intervir no intenso desgaste biopsíquico, atestado pelas elevadas frequências de queixas de doença relacionada às condições de trabalho docente. **Descritores:** Saúde de trabalhador, trabalho docente, ensino superior.

RESUMEN

Objetivo: Este ensayo teórico tiene como objetivo discutir la salud del profesor de institución de educación superior. **Método:** perspectiva crítica y reflexiva en el análisis de artículos y trabajos publicados sobre la salud del trabajador. **Resultados:** son presentadas definiciones y contradicciones respecto a las necesidades de salud de los docentes del IES, indicando la necesidad de nuevas investigaciones para evaluar mejor, de manera más profunda. **Conclusión:** estudiar las condiciones de trabajo y, sobre todo, los efectos sobre la salud del trabajador, es un paso fundamental para identificar los factores de riesgos que pueden contribuir o determinar repercusiones negativas en la salud del profesor. Observar las quejas de enfermedades relacionadas a la enseñanza; se hace necesario para la elaboración de estrategias para intervenir en el intenso desgaste biopsíquico, atestiguado por las altas frecuencias de quejas de enfermedad relaciona a las condiciones de trabajo docente. **Descriptor:** Salud del trabajador, trabajo docente, educación superior.

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INTRODUCTION

In recent years, problems and elements related to the process of working seem to accumulate and point out to worker's suffering, making us to rethink on established relations between work and society. In this perspective, a job is more than the act of working; a social exchange at work exists as a social integration factor clamping changes. Such problems relate to the investigation of suffering¹; to the position of health professions and their social roles²; to the process of the capitalistic accumulation in health and labor organization³; to the organization of public and private health care⁴.

Work as an organizer of social life in the field of workers' health can be considered an area of designation and submission to capital but also to resistance and historical construction⁵.

The diversity of issues related to working in health, from humanization to tension between the individual and the collective, to the process of social change and production of humanization, influences the work practice in a society strongly dehumanized⁶.

The literature has shown that many factors are associated with accidents at work. Among the main factors are those related to inadequate working practices, availability of materials, personal factors, and the lack of adoption of preventive measures by employers and employees⁷.

Studies on faculty working conditions allow the characterization of labor processes and describe the profile of illnesses assessing potential associations between occupation and health. In Brazil, the literature on faculty working conditions and health is still limited, especially in relation to IES faculty⁸.

This article aims to discuss health issues related to faculty working conditions, in Higher Education Institutions, pointing out some elements and needs about faculty health that need to be addressed.

THE WORKER'S HEALTH

Moved by the development of new industrial processes and new equipment, the industrial technology evolves rapidly causing a new division of labor. In this process, the very Occupational Medicine presents difficulties in intervening on health problems caused by the production process. There is a rational and scientific response through the expansion of medical assistance directed to workers and intervention in the environment. Within this scenario arises the Occupational Health with features and organization of multi and interdisciplinary teams, with emphasis on hygiene; however, reflecting the historical origin of medical services. Above all, the scientific rationale of multidisciplinary performance is coupled with the strategy to intervene in the workplace with the purpose of controlling environmental risks⁵.

In industrialized countries, a renewed social movement leading to the participation of employees in Health and Safety issues occurred in the second half of the 60s.

This social process of change occurs between labor and health relations. The object of the Worker's Health is defined as the health and disease processes in human groups in its relationship with work; however, showing the development of interventions that lead to the transformation towards the workers' ownership and human division of labor. Many efforts have been employed in the field of Occupational Health to integrate the dimensions of individual and collective, biological and social, technical and politics, and private and general.

In Brazil, the Worker's Health is identified since the 80s, in the context of a democratic transition highlighting a new way of thinking about the health-disease process and its relationship with work, from getting sick and dying, from classic occupational diseases and work-related diseases, and from the emergence of new trade union practices followed by the CIPAs. In 1988, a series of discussions led to the inclusion of this theme in the Federal Constitution. Therefore, the name Workers' Health was incorporated into the new Organic Health Law establishing its conceptualization and SUS competencies⁹.

Despite the social process that begins with the Occupational Medicine until the Worker's Health, unfolding in a series of discussions in which a new form of thinking and acting is established on the process of health and illness by inserting the workplace. However, many difficulties are encountered for the deployment of a National Worker's Health Policy resulting from certain factors such as: historical deficiencies in the implementation of public and social policies in the country; low coverage by the social protection system; and the fragmentation of social security in the Constitution of 1988 to fully function. This situation is aggravated by the productive restructuring, which has been a transformation factor in the labor world and is configured by a systemic crisis reaching workers, representation of labor institutions, work policies, and proposals formulated by the Worker's Health and Scientific production¹⁰.

The Collective Health and Occupational Medicine allowed expanding the theoretical and practical understanding of relationships between health and work. The field of health considers the worker's condition as a social phenomenon of high significance in the health-disease process. The degradation of life caused by an exclusively economic sense given to the labor activity, with the generation of residues such as risk exposure, the brutal awareness of our slavery at work, no bargaining power over wages, and uncertain future result in a deficit in human health and life⁵.

Work within the capitalist system is considered productive to the extent that it produces capital, is inserted in the circuit of production of goods, add value, goes into circulation, and generates value. Work here can be understood as abstract, when social or human needs are ignored, and with them, the specificity of the worker¹¹.

However, it is common to define health as the simple absence of disease. Usually people consider themselves sick when physical, mental, or emotional discomfort keeps them from work or deal with the everyday life. These moments are seen only as a strictly individual problem. Disease is not something that comes from outside, is not a foreign body, but rather a way of expression in adverse circumstances, just as people's way of being, they also have a way of becoming ill that arises in critical circumstances¹².

Many times health professionals alienate themselves from relations with other humans when trying to identify the factors producing the disease mechanisms. There is a loss in the dimension of care for the work performed by health professionals when structured technologies, dependent on equipments, are prioritized for the objectification of health problems¹³. The author proposes resumption to the focus of attention to health and sees the means to re-establish a dialogue in the development of technologies of relationship, embrace suffering, solve problems, establish links and responsibilities, and stimulate the users' autonomy^{13.14}.

The dynamics of the work is marked by competitiveness and standardization of behaviors, bringing consequences as social exclusion, and the maintenance and promotion of health at the workplace. However, we cannot understand the transformations in the relationships between the human being and nature and other humans as transformations within the rhythm of life and perception and transmission of experiences, without first understanding the reciprocal relationships that each of these elements provide with the technical development¹⁵.

PSYCHODYNAMICS AND PSYCHOPATHOLOGY OF WORK

The psychodynamics of work aims at the study of relations between behaviors, behaviors and experiences of sufferings, and joys experienced from the organization and achievements at work. Conversely, research has allowed highlighting the gap between prescribed work organization and real work organization. And it is through language that the individual could express how he lives his work, suffers at work, builds and rebuilds with the work, relates to his work. Language is the means by which it is possible to build a survey in the psychodynamics of work. The methodology in the psychodynamics of work is based on the subject, in relation to the group, when it is possible to express their experiences and elaborate a reflection between suffering and pleasure at work. The analysis in the psychodynamics of work serves as a catalyst for formation, allowing access and individual and collective elaboration in the field of labor. It allows the development of shared experiences, facilitating the experience of collective elaboration about the meaning of work¹⁶. Dejours establishes the process that seeks to develop in the field of mental health and health at work as clinical work, as how workers feel and experience the gap that exists between prescribed and real work. In repeated tasks, the conditioned behaviors are not solely a consequence of labor organization but they structure the worker's life outside the job and thus, contribute to submit workers to productivity criteria¹⁷.

In 'work relationships', all human ties are created by the labor organization: relationships with hierarchy, with managers, with supervisors, and with other workers - who are sometimes unpleasant and even unbearable¹⁸.

Dejours points to the labor organization as the cause of a 'somatic fragilization' that can block the worker's efforts to adapt the need to produce to their mental structure. Dejours relates these working relationships, in which prevails the inequality in the division of labor, to issues of politics and power. Often, the leadership and management seek the causes of work absence and nature of treatments using sensitive information to psychologically manipulate individuals in the workplace, which characterizes harassment.

These relationships between employees create suspicions, rivalries, and perversity, shifting the conflict of power from a vertical to a horizontal direction, where contradictions arise.

The working class, as subjects inside the process of overcoming social relations of domination, needs to capture reality in its multiple determinations, knowing it in order to transform it. To transform the outside world and its relations means to strengthen and develop the self¹⁹.

The work process becomes a land of contradiction when workers develop a resistance against their own dehumanization²⁰.

Sato, referring to the theme of redesigning work, mentions the worker's health by citing a set of strategies aimed at preventing certain health problems. He defines "the strategies through which the everyday life in the workplace could be modified" as redesigning. For the author, depending on how the worker process is organized, the dynamization of everyday life in the workplace configures contexts in which the ways of working, relating, and dealing with time, space, and the equipment are known to be harmful to health²¹.

The literature has shown in recent years that many factors are associated with accidents at work. Among the main factors are those related to inadequate working practices, availability of materials, personal factors, and the lack of adoption of preventive measures by workers and employers. The authors point out that investing in the promotion of health at the workplace motivates workers, reduces absenteeism, social problems, and dispute between the workers, and promotes improved efficiency and performance. This makes us think about reinforcing the need to invest in studies that use models of health promotion in the workplace.

Working in the perspective of the integrality of matters related to Workers' Health is a critical step to develop new theoretical-methodological approaches that allow progress in the processes of analysis and intervention on situations, impacts, and effects, which workers are submitted in their workplace.

CONCLUSION

This preliminary study allowed surveying issues related to health in faculty from higher education Institutions pointing out to some elements such as their health's needs to be addressed. An analysis on faculty working conditions, and its effects on their health, was performed. The results identified risk factors that can contribute or determine negative effects on the health of faculty and could support appropriate measures of intervention. It is fundamental to establish profiles of complaints to define strategies that could intervene in the intense biopsychic wear attested by the high frequency of complaints of illness related to faculty working conditions.

In conclusion, we state that the reflection upon some issues related to human work, considering the Worker's Health, the psychopathology and psychodynamics of the work

involving teaching, could lead to effective transformations to adapt the work to the human being.

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