

Discontinuity of practices in environmental health: perception of municipal professionals in Southern Brazil

*Descontinuidade de práticas em saúde ambiental:
percepção de profissionais de município
do Sul do Brasil*

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ABSTRACT

This research investigates how professional knowledge could be employed as a conceptual strategy to understand the dismantlement of public policies regarding health and the environment. The goal was to examine the conditions and limitations perceived by health surveillance professionals involved directly with environmental issues and how that can affect their knowledge and professional practices. This research was based on a qualitative approach and an empirical nature, as it was performed through semi-structured interviews with an environmental health surveillance team linked to a public agency in a municipality in southern Brazil. Data analysis was performed by thematic coding and categorisation. The interviewees mentioned several recent performance difficulties linked to the concept of professional knowledge. Thus, the research concluded that the reduction in the number of professionals and other difficulties of environmental health teams represent negative impacts on the continuity of the work and preservation of the professional knowledge accumulated over the years.

Keywords: Health and Environment. Public Health Surveillance. Health Policy. Dismantlement. Brazil.

RESUMO

Esta pesquisa consistiu em investigar como o uso dos saberes profissionais pode ser empregado como estratégia conceitual para compreender o desmonte das políticas de saúde e ambiente. O objetivo foi examinar as condições e limitações percebidas por profissionais de vigilância em saúde envolvidos diretamente com questões ambientais e como isso pode afetar seus conhecimentos e práticas profissionais. Tratou-se de pesquisa com abordagem qualitativa e de natureza empírica, realizada por meio de entrevistas semiestruturadas com uma equipe de vigilância em saúde

ambiental ligada a órgão público de um município do Sul do Brasil. A análise de dados foi feita por codificação e categorização temáticas. Os entrevistados citaram diversas dificuldades recentes de atuação que foram articuladas ao conceito de saberes profissionais. Dessa forma, a pesquisa concluiu que a redução do número de profissionais e outras dificuldades de equipes de saúde ambiental representam impactos negativos para a continuidade do trabalho e preservação dos saberes profissionais acumulados ao longo dos anos.

Palavras-chave: Saúde e Ambiente. Vigilância em Saúde Pública. Política de Saúde. Desmonte. Brasil.

1 INTRODUCTION

Brazil has faced significant advances and setbacks in its environmental and health policies over the last few decades. Gusmão and Pavão (2020) point out several advances in environmental planning and management in the Brazilian context between 1970 and 2010. However, from the 2010s to the 2020s, there were significant setbacks, mainly with the New Brazilian Forest Code enacted in 2012 and the various attempts by the federal government, as of 2019, to extinguish environmental agencies, reduce protected areas and make environmental legislation more flexible.

If, on the one hand, the idea of environmental setbacks at the federal level is seen as recent, on the other hand, social policies that are intensive in human resources, such as education and health (NEY; GONÇALVES, 2020), seem to suffer for a longer time with successive and recurrent setbacks in all administrative spheres of the country. In the health area, in particular, the situation has worsened since the Constitutional Amendment No. 95 of 2016, which establishes a ceiling for federal public spending for 20 years, and the Covid-19 pandemic (PERES *et al.*, 2020; SOUZA, 2020).

In this same context, the articulation of health policies with the environmental issue has been increasingly evident in recent decades, being observed in national and international conferences, in the Federal Constitution of 1988 and in the law creating the Brazilian Unified National Health System (SUS) (BRASIL, 2009; STEDILE *et al.*, 2015). In Brazilian health surveillance services, the responsibility for planning and implementing public health measures related to environmental factors is mainly assigned to environmental health surveillance. From the institutional point of view of the Brazilian Unified National Health System (SUS), this is the most recent area of health surveillance compared to the areas of sanitary, epidemiological and occupational health surveillance. It has been implemented and organised in different ways within the Brazilian states and cities without a national policy and with constant changes in its regulatory structure (BARCELLOS; QUITÉRIO, 2006; BEZERRA, 2017).

Considering this, it is essential to develop conceptual and methodological strategies for a better understanding of the phenomenon of dismantling in public health and environmental management. One of the possible approaches is to explore its impacts through the perceptions of its workers, articulating these perceptions with the definition of different types of professional knowledge. These types of knowledge are those constructed and involved in work processes, originating from the formal dissemination of technical-scientific knowledge and practical experience (RAMOS *et al.*, 2017). They are classified into three types: technical-scientific, relational and ethical-political.

Thus, this research investigated how these different types of professional knowledge can be employed as a conceptual strategy to understand the dismantling of health and environmental policies. The goal was to examine the conditions and limitations perceived by health surveillance professionals directly involved with environmental issues - the so-called environmental health surveillance - and how this can affect their knowledge and professional practices.

In order to achieve that goal, this research explored the perceptions of an environmental health surveillance team working in a public agency in a municipality located in the South Region of Brazil

and which has suffered from contexts of reduction in the number of professionals, among other difficulties in recent years. The site where we conducted the research is located in a municipality with a population of almost one and a half million people. It is nationally recognised for its efforts in establishing health surveillance in the 1990s and environmental health surveillance in the mid-2010s.

2 METHODOLOGY

We adopted an empirical qualitative approach following the guidelines for qualitative research by O'Brien (2014). Minayo (2012) considers that qualitative research is more suitable for scientific investigations of groups, delimited and focused segments, of social histories from the point of view of social actors, of relationships and for analysis of discourses and documents. In this way, we justify the choice of this approach to enrich the understanding of the different notes of public health professionals about their operating conditions in the field of environmental health.

We followed the guidelines of authors Minayo (2012) and Turcato (2005) on sampling in qualitative research. For the authors, the representativeness of the sample in this type of approach is not necessarily in numerical (probabilistic) criteria but in the meaningful connection that the subjects have with the studied phenomenon and the researcher's ability to understand the homogeneities, diversities and intensities of individual and collective meanings of this phenomenon to people's lives. Although in the exploratory phase, there was the intention of covering interviews with multi-professional health teams from the four areas of surveillance (sanitary, epidemiological, environmental and occupational health), the empirical focus of the interviews was directed to the area of surveillance operating in environmental health. This focus was chosen because of the difficulties encountered during the Covid-19 pandemic context and because the multidisciplinary team in question brought a wealth of pertinent and sufficient data for this study.

This way, we defined as participation criteria the inclusion of professionals from the multidisciplinary team of health surveillance who were acting or had acted for at least six months in the planning and/or execution of actions in environmental health in the municipality of study and whose results are part of a broader research, still in progress, on notions of the environment in health surveillance.

A preliminary meeting occurred between researchers and public health professionals within the inclusion criteria to explain the research objectives. We collected data through semi-structured interviews and applied directly between August and October 2022. A script of questions divided into three axes guided data collection: professional training and performance, practices in environmental health and the meaning of environment. The research ethics committee of the health department of the respective municipality approved the research. Participants received the Term of Free and Informed Consent.

There was no refusal to participate in the interview, so the six participants who were invited answered the questions in a reserved room at the work institution itself, four individually and two in the same interview. The average duration of the interviews was one hour, registered through standard audio recording and transcription. In addition, we entered the data in a field notes right after the meetings and interviews.

For data systematisation, we used the thematic coding and categorisation technique by Gibbs (2009) with the help of the NVivo qualitative data analysis software. The interviews were first coded by the attribute of conditions and limitations on the general and specific difficulties of the team's performance. Afterwards, the coding was based on the three types of professional knowledge according to Ramos *et al.* (2017): technical-scientific, relational and ethical-political knowledge. These codifications were categorised by thematic groupings being articulated to the preliminary literature review. For the presentation of results and analyses, we divided the text into four topics: 1)

Characterisation of the place of study, 2) Conditions and limitations of performance, 3) Professional knowledge, which sought to articulate the trajectory narratives of the participants with the definition of professional knowledge and 4) The impacts of the emptying of professional knowledge, which sought to explore the consequences of the quantitative and qualitative reduction in the number of professionals in multidisciplinary environmental health teams.

3 RESULTS AND DISCUSSIONS

3.1 CHARACTERISATION OF THE PLACE OF STUDY

The health surveillance service in the municipality where the study was carried out is an agency linked to the municipal health department, created in the mid-2000s. It provides worker health care and health surveillance services through sanitary surveillance, epidemiological surveillance and environmental health surveillance. Aimed at implementing the municipalisation process of several health services, this municipality incorporated at the time the alternative model of health surveillance (AERTS *et al.*, 2004).

Porto (2017) revisited categorisations such as those by Teixeira *et al.* (1998) and other studies from the 1990s to define two health surveillance proposals still in dispute today. For this author, the restricted aspect of health surveillance would be the classic model of control of specific problems based on Public Health. It is still the prevailing perspective in the Ministry of Health and the Brazilian Unified National Health System (SUS) organisation. The expanded aspect, on the other hand, constitutes a critical alternative to the medical assistance and/or sanitary-campaign-based model. It has foundations in Collective Health, in the understanding of the health-disease process and goes back to the very discussion of the care model that was being built in the early 1990s in Brazil. For some authors, this strand is called health surveillance, while the restricted strand, is surveillance on health (SILVA, 2006; TEIXEIRA *et al.*, 1998).

The creation of a team in this municipality to act specifically in what would be environmental health surveillance took place in 2009. Although there are several possible sectoral divisions of action in environmental health surveillance, in the case of this municipality, actions in environmental health declared themselves to what is known as non-biological factors related to air and soil contamination, environmental contaminants and chemical substances, natural disasters, physical factors and work environment factors.

Currently, practices refer to receiving complaint reports, inspection, guidance and/or notification of internal and external environments in relation to air quality and exogenous intoxications from chemical contaminants. Within the actions on the risk of exposure to chemical contaminants, the team collaborates with an association of agroecological producers that acts in the participatory certification of organic production.

3.2 PERCEPTIONS ON INSTITUTIONAL CONDITIONS AND LIMITATIONS

The first codification had as an attribute the conditions and limitations for the performance of the environmental health team, mainly in the latter. Gibbs (2009, p.67) defines conditions or limitations as the precursor or cause of events or actions, things that limit behaviour or actions. For the analysis, only the items related to the institutional aspect were considered, without considering the speeches about the conditions and limitations in relation to the population, such as the lack of knowledge of the municipality's population about the performance of environmental health surveillance.

It is a consensus among the interviewees with the longest experience that some practices in the team have been reduced or suppressed over the last five years. In the reports, there is a temporal marker of before and after regarding the performance in the field of environmental health. The participants' reports brought this temporal aspect when we asked them to make a brief report on the current practices of the team.

The professionals used different terms to characterise the current context in which this team operates: "precariousness", "dismantling", "disqualification", "limitation", and "obstacles". These are difficulties of different kinds perceived by them in the context of public services and municipal health surveillance, as well as specific difficulties related to environmental health activities, such as lack of professionals and resources, outsourcing, difficulties in integrating with other teams and agencies, lack of recognition by the municipal management, uncertainty regarding the fate of health inspectors and changes in the organisational structure. Finally, they mentioned the Covid-19 pandemic as a factor that recently changed the team's performance.

For the analysis, only some of these difficulties were deepened, such as the lack of professionals and resources, difficulties in integrating with other teams and agencies and changes in the organisational structure. According to the reports, the decrease in the number of professionals was one of the aspects that most impacted the team's performance in recent years. In one decade, at least five professionals retired. At the time of the interviews, the staff was composed of six professionals, five from their own staff and one outsourced, most female.

According to Chart 1, the performance time varies between one and ten years. Five have been working for approximately ten years, almost coinciding with the team's creation; however, none of the team's founding professionals is still performing. Only one professional has less time of experience, approximately one year. She acts as coordinator (manager) of the environmental surveillance unit as a whole and has previously worked in health surveillance.

Chart 1 | Performance and education level of professionals in the environmental health team

<i>Participant</i>	<i>Time working in the team</i>	<i>Job position</i>	<i>Education level</i>
P1	Approximately 10 years	Receptionist	Technic course
P2	Approximately 10 years	Administrative assistant	University graduate
P3	Approximately 10 years	Inspection Agent	Specialisation
P4	Approximately one year	Veterinarian	University graduate
P5	Approximately 10 years	Nurse	Specialisation
P6	Approximately 10 years	Inspection Agent	Specialisation

Source: Elaborated by the authors.

Regarding the team's organisational structure, two changes affected the team's performance. The first one was the team's disarticulation of duties related to the worker's health. The second change occurred in 2021 when the environmental health team was reorganised and incorporated as a nucleus in the human consumption water surveillance team.

Another difficulty pointed out is the lack of recognition by other teams and the municipal management of the role of surveillance in environmental health. Ivancko *et al.* (2021) point out that, as the environmental area is more recent in relation to the other areas of health surveillance (sanitary, epidemiological and occupational health), it does not have the same visibility on the part of the population and on the part of health professionals and managers themselves. The visibility and articulation of the team's actions could take place through intersectoral meetings.

The lack of logistical and operational support was another factor mentioned, especially the availability of vehicles for actions outside the institution. As an example, one professional mentions training actions with public primary health care professionals on air pollution that the team carried out in recent years within the scope of the National Environmental Health Surveillance Program for Populations Exposed to Atmospheric Pollution.

In summary, reports of general difficulties in health surveillance are related to a lack of professionals and resources, outsourcing, difficulties in integrating with other teams and agencies, lack of recognition by municipal management, etc. Some studies point to these same difficulties from the perception of managers, technicians and other professionals who work in health surveillance (GARIBOTTI *et al.*, 2006; SILVA, 2018; SOUSA, 2017).

3.3 TYPES OF PROFESSIONAL KNOWLEDGE

According to the situation presented, it can be observed that some practices adopted at work are not in accordance with what was previously established, which can generate a feeling of frustration in some of the participants involved. This dissatisfaction is not only expressed in the quantitative aspect of the workforce and available resources, as it is also expressed in the set of different types of knowledge that does not seem to echo in the team's practices as before. The second codification was elaborated according to the definition of professional knowledge.

The study coordinated by Ramos *et al.* (2017) on the work of Family Health team *technicians* helps to think about this feeling shared by the participants through what the authors call professional knowledge. That is the knowledge constructed and involved in the work processes, which originates from the formal dissemination of technical-scientific knowledge and practical experience. There are three types of health technicians in this context: technical-scientific, relational and ethical-political. This division is for analysis purposes only, as, in reality, they are always present and intermingled. Although data were not collected from the script of questions presented by Ramos *et al.* (2017), several of the participants' statements fit the three types of knowledge presented.

Technical-scientific knowledge refers to "the sciences that underlie the profession/speciality and the techniques appropriate to the respective procedures" (RAMOS, 2017, p. 59). Chart 1 reveals that five of the six professionals have a higher education level than required for the position. An important case is that of two health inspectors, positions with initial training in high school: both highlighted the importance of their qualification to act as an agent assigned explicitly to health surveillance³.

The two other contents of professional knowledge refer to relational and ethical-political knowledge. Ramos *et al.* (2017) recall that knowledge learned through experiences is obtained through work processes and everyday life, such as in one's family environment, community, and territory, as well as in social, political, union, religious and cultural movements.

The relational knowledge, as defined by Ramos *et al.* (2017, p. 50), refers to the knowledge and skills related to communication, collaboration, and teamwork, which are essential in complex work environments and for successful organisational performance. Regarding this type of knowledge, all participants mentioned colleagues who have already retired and who influenced and contributed to the formation and performance of the team. It is understood, therefore, that they were professionals with a propositional and articulating profile, which partly explains the pioneering history of several actions of this team, including at the national level.

Thus, it can be seen that the team's actions aimed at education and health promotion were driven more by the individual and collective engagement of the professionals than by an agenda defined by the different municipal administrations. The partnerships established with the health council, executive

and legislative organs of the municipality, judicial organs and, more recently, with an association of organic farmers are the result of the individual and collective trajectory of these professionals in seeking transversality of surveillance actions in environmental health.

However, these actions became increasingly rarefied in the context of recent retirements and the lack of replacement of professionals. This lack of replacement directly hindered practices based on knowledge built through the professionals' own experience and trajectory. This knowledge is not "ready" in manuals and training but rather shared throughout their respective trajectories through multidisciplinary and plural contact with other professionals from this and other teams.

The professionals who retired were key professionals who directly participated in the process of municipalisation of health surveillance, being close to primary care and the notion of territorialisation of health. Likewise, they had contact with the discussion about the health surveillance model to be implemented in the municipality in the mid-1990s.

Although the types of professional knowledge in relation to what would be an expanded health surveillance are marked in their experience and trajectory regardless of their education level, it is necessary to emphasise that there are professional trainings that are fundamentally important to think about this expanded model, represented by the field of human sciences and social sciences. In the case of this team, professionals from social work and sociology stand out. These are essential training courses to consider the link between health services and the population. In addition to the permanent staff, professionals and students from different areas have already worked in professional internships and residency programs, such as biology, anthropology, geography, and social work, among others not specifically from the health area.

The interviewees praised the function of health surveillance, especially environmental health surveillance, establishing contact with the population beyond the aspect of applying a certain sanitary or even environmental norm. In the case of the health inspectors, they emphasise supervisory and repressive purposes and preventive and educational ones. The two health inspectors seek to enhance their performance beyond the power of administrative police. For example, one of the inspection agents mentions that the team collaborates with an association of agroecological producers for participatory certification of organic production.

This action is an example of how the ethical-political engagement of professionals can stimulate a perspective of health promotion, in this case, through the appreciation of agroecology. By emphasising this action as positive and persisting in it, even while stating the disinterest of municipal management, they also defend an expanded health surveillance model discussed in the context of Collective Health.

3.4 THE IMPACTS OF PROFESSIONAL KNOWLEDGE AND PRACTICES LOSS

In summary, there was an emptying of the team, which is not only quantitative or workforce, but also of professional knowledge. Consequently, there is a negative impact on the possibilities of thinking and acting in environmental health surveillance. This is because the reduction in the number of professionals and several other perceived difficulties represent a challenge for the continuity of the work and for the maintenance of knowledge and practices accumulated over the years. Sousa (2017) calls this emptying of knowledge a "loss of institutional memory".

From the point of view of knowledge, the loss of diversity of technical-scientific knowledge characterised by multi-professional teams reduces the ability of health and environmental services to seek solutions for complex and unequal contexts related to the environmental health of the Brazilian population. The loss of relational and ethical-political knowledge has a direct negative impact on

reducing the ability of services to establish partnerships and engage popular participation in health and environment policies.

From the point of view of practices, it restricts them to the scope of the inspection, leading mainly to the discontinuity of health promotion and education actions, as well as environmental education. These limitations affect the ability of agencies to plan and execute broader agendas related to social and environmental rights, including the difficulty of designing and applying an expanded health surveillance model (PORTO, 2017). Extending this case to a larger context, we can thus relate the knowledge and practice loss in certain public agency teams with the discontinuity of actions and, consequently, with the dismantling of public policies.

4 CONCLUSIONS AND FINAL CONSIDERATIONS

This study sought to report the several difficulties of acting at the municipal level of environmental health surveillance from the perspective of public health professionals. We emphasise that there are limits to the research data analysis since they are linked to previous research with a different objective and that the results may be different for municipalities with smaller populations. Even so, the comparison with previous studies showed that these are shared difficulties in health surveillance, mainly at the municipal level.

In this scenario, it is necessary to rescue the principles that sought to guide the implementation of health surveillance at the municipal level, re-establishing a territorial agenda that includes the availability of professionals and resources to implement environmental health actions in line with the respective Health Promotion Policies and Health Surveillance Policy.

The dismantling of public policies is a broad phenomenon that characterises the discontinuity of actions necessary to carry out a public agenda represented by constitutional norms. We conclude that using professional knowledge can be a conceptual strategy to understand the dismantling of health and environmental policies. The main contribution of this study was to highlight the negative impacts derived from attempts to deplete professional knowledge in certain teams of public agencies, especially those related to the environmental area of health surveillance.

This approach can help other studies to identify practices and specific knowledge of the professionals involved in these policies and highlight the negative impacts of dismantling. This way, it is possible to relate the emptying of knowledge and practices in certain teams of public agencies with the discontinuity of actions and, consequently, with the dismantling of public policies. Thus, there is a methodological context to understand this dismantling from the professionals' perspective.

NOTES

- 1| In order to avoid or reduce risks to the interviewee's privacy, names and other identification data were omitted.
- 2| It was from the Normative Instruction of 01/2005 of the Ministry of Health that this division became more evident. It regulated the competencies of the Union, states and municipalities in the area of environmental health surveillance, especially in the areas of water for human consumption, air, soil, environmental contaminants and chemical substances, natural disasters, accidents with dangerous products, physical factors and the environment of work.
- 3| Nursing assistant and Nursing technician, Dental assistant and Dental technician, Endemic Control Agent and Community Health Agent.

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