

SOCIODEMOGRAPHIC AND PROFESSIONAL PROFILE OF NURSES OF A PUBLIC HOSPITAL OF CUIABÁ – MT¹

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ABSTRACT

Taking into account the centrality of nursing work in care production and the relevant participation of nurses in the organization, planning, and assessment of the care process, the goal of this study was to outline the sociodemographic and professional profile of these workers. This is a descriptive cross-sectional study that used a structured questionnaire, including information concerning the socioeconomic and working conditions of the subjects. From the major characteristics found, it is possible to infer that the group was predominantly composed of young and female individuals; it was subject to precarious job; it had low specific qualification for hospital care; and it also had low political organization power, evidenced by the insignificant participation with the representative entities of the category. The results point to the urgent need for investment in the nursing workforce, both in the sense of redemption from the majority status of precarious job and the sense of better qualification in order to ensure comprehensive and quality care without risk of damage to the user.

Keywords: Nursing. Human Resources. Unified Health System.

INTRODUCTION

The issue of human resources in Brazil, particularly with regard to the quantitative and qualitative health workforce, has been on the political agenda of managers of the three government spheres. This aspect was already present in the recommendations of the final report of the VIII National Conference on Health, which subsidized the construction of the 1988 Constitution, in which the Unified Health System (UHS) was formally constituted⁽¹⁾.

The political importance of the issue, in a context of funding difficulties in the sector, is included in the issues linked to the management of work and education in health, recurrently cited as one of critical problems that should be taken into consideration for the implementation of the UHS^(2,3).

Over the course of almost two and a half decades of the advent of the UHS, the issue "human resources in health", both quantitatively and qualitatively, added to the current and growing problem of precarious jobs in the sector, has still occupied a central position on the

agenda of managers at different government levels and researchers, who have sought to understand the relationship state-work-health and society⁽¹⁻³⁾.

In nursing, given the centrality of its practices in the processes of cure/care, and due to representing the largest amount of the health workforce, the issues of its characteristics and availability are of great importance in the organization of services from the perspective of health actions completeness⁽⁴⁾. Due to its unquestioned social value, nursing is essential to a health system that provides quality care based on a process of modern and technically acceptable work in developed societies⁽⁵⁾.

Despite these aspects, the number of studies carried out in order to better know the nursing process, it seems not to have proportional weight compared to its importance. Even though the research "Profile of Nursing in Brazil" is in progress seeking to characterize the contingent of nurses, technicians, and assistants in activity in the country, through sociodemographic aspects of professional training and access to technical and scientific information, insertion in the world of work and political and ideological

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aspects of the profession⁽⁵⁾, it is essential to have specific and updated pictures of how the category is processing its insertion in specific contexts.

In this sense, the goal of the present study was to identify the social, demographic, and professional characteristics of nurses who work in a given institutional context from the understanding of their insertion and permanence at work in the public hospital space. The study also sought to contribute from the reflection of the process of nursing training directed to specific practices of their professional activities and the working conditions to which they are subjected, given the current human resources policy practiced in different areas of the Brazilian/regional health system.

METHOD

This is a descriptive cross-sectional study whose goal was to trace the sociodemographic and professional profile of the nurses involved in the management of care and hospital nursing service units. The study was drawn from the doctoral thesis entitled "The work of nurses: the relationship between the regulated, said, and done in the hospital daily routine", developed in the nursing service of a municipal hospital of Cuiabá, State of Mato Grosso.

The hospital has a capacity of 224 beds, including surgery, medical clinic, and pediatrics, plus intensive therapy, annexed to the only municipal emergency room of the capital of Mato Grosso. The institution constitutes the main reference for medium and high complexity care provided by the UHS in Greater Cuiabá.

The population assessed was composed of professionals employed and in-service in the hospital nursing service in the role of nurses, including nursing technicians and assistants who, having completed a bachelor degree, although in middle-level positions, occupy the service scale in the higher-level functions. Thus, the population was comprised of 71 nurses, and of these, one refused to participate in the study and another had been on sick leave for more than 30 days at the time of data collection, which resulted in the participation of a total of 69 subjects.

The data were collected from May to July 2009 by means of a structured questionnaire containing closed questions, whose application was made with interviews held by the researcher.

The instrument was organized into four issues, namely: (1) sociodemographic (year/location of birth, sex, marital status, children, head of the family, number of jobs, economic classification); (2) professional training (year and nature of the training institution, funding for training, remunerated activity during training, previous experience in the field, another undergraduate and continuing education in the field, membership in technical-scientific entities, subscription to journals of the field); (3) employment (type of employment, position/function, sector, and work shift); and (4) political, scientific and cultural participation (party affiliation and labor union membership).

Concerning the economic classification, the already validated questionnaire "Brazilian Criterion of Economic Classification" of the Brazilian Association of Research Companies (ABEP), 2007 version, was used⁽⁶⁾.

The data were organized in a database using the SPSS-19 software and subsequently analyzed and described according to their distribution and frequency.

The research project was submitted to the Ethics Committee of the Federal University of São Paulo, being approved under Protocol No. CEP/UNIFESP/09 No. 1.398/09.

RESULTS AND DISCUSSION

The data were organized into four topics, as the abovementioned issues, which show the profile of the nurses of the hospital.

Topic 1 - Nurses' social and demographic characteristics

It was possible to observe the predominance of women (56 - 81.2 %) in the distribution of all nurses by sex, which corresponds to the historic participation of women in nursing, especially since the organization of hospitals as a place for cure and care. Such reality is configured as one of the possibilities of women's work outside the domestic sphere, given the assistance and caring nature of their activities and the role formerly attributed to women. The female predominance

in nursing and the context of women's participation in health care activities have also been observed in other studies that assessed the profile of Brazilian nursing⁽⁷⁻¹¹⁾.

Feminization is a strong characteristic of the sector, since most health workforce is female. It currently represents more than 70% of the entire contingent and the growth of this trend is expected in the coming years; even though, in the case of nursing, the data also show a growing presence of the male contingent⁽⁵⁾.

The nurses under study were relatively young, showing more expressive concentrations in the age groups with 19 nurses between 25 and 30 years (27.5%), followed by age groups between 41 and 45 years with 14 nurses (20%), and between 36 and 40 years with 11 nurses (15.9%). With respect to the Brazilian state of origin, 38 nurses (55.2%) reported they had been born and had always lived in the State of Mato Grosso.

Of all nurses, 42 (60.9%) reported that they were single, whereas 25 (36.2%) reported they were married or in a common law marriage. Although most nurses were single, with respect to the variable "having children", 39 nurses (56.5%) responded positively and the number of children ranged between one and three. Comparing the two variables, it is possible to observe a considerable percentage of nurses who

raised their children without the direct participation of their partners, which certainly requires a relative effort with domestic obligations and the workday at the hospital. In this sense, there were 34 (49.3%) professionals who stated that they were heads of families.

Given the abovementioned conditions, the findings related to the number of jobs among the subjects are considered consistent, ranging from one job held by 15 (21.8%) subjects to the highest expression among those who had two jobs, represented by 47 (68.1%) subjects. In addition to nurses who had more than one job, there were eight (11.6%) nurses who stated that they performed another remunerated activity outside the nursing field. In the national context, the growth of "multi-jobs" due to low wages—especially in the public health subsector—is a trend in the nursing labor market⁽⁵⁾. Such a condition is not uncommon; therefore, it is described as a risk factor for the condition of occupational stress and diseases arising from this situation⁽¹⁰⁾.

Still, regarding the group's economic classification⁽⁶⁾, nurses were more expressively classified between levels B1, with 27 (39.1%) nurses, and B2, with 19 (27.5%) nurses; nine (13%) were classified at level A2; and 14 (20.3%) at level C. There was no classification regarding the other levels.

Table 1. Social and demographic characterization of nurses of a municipal hospital, Cuiabá, MT, 2009.

General data of the subjects (N = 69)		No.	%
Sex:			
	Male	13	18.8
	Female	56	81.2
State of origin:			
	Mato Grosso	38	55.2
	Other states	31	44.8
Age group:			
	Under 25 years old	4	5.8
	25 to 30 years old	19	27.5
	31 to 35 years old	9	13.0
	36 to 40 years old	11	15.9
	41 to 45 years old	14	20.3
	Over 45 years old	12	17.4
Marital status:			
	Single	42	60.9
	Married/Common law marriage	25	36.2
	Legally separated	2	2.9

Children:		
Yes	39	56.5
No	30	43.5
Self-declared as being head of the family:		
Yes	34	49.3
No	35	50.7
Number of current jobs:		
One job	15	21.8
Two jobs	47	68.1
Three jobs	7	10.1
More than three jobs		
Do you have another remunerated activity outside the health/nursing field?		
Yes	8	11.6
No	61	88.4
Economic classification:		
A2	9	13.0
B1	27	39.1
B2	19	27.5
C	14	20.3

Topic 2 – Characteristics of training to work for the hospital clinical model.

The time elapsed since the completion of graduation had bigger expression with 38 (55.1%) nurses who reported less than five years, and 11 (15.9%) who reported between six and ten years, as opposed to four (5.8%) nurses who reported time of training greater than 20 years. It is worth mentioning the report of experience prior to graduation in the nursing field, with 28 (40.5%) nurses, distributed between one (1.4%) nurse with experience as a nursing auxiliary; 17 (24.6%) as nursing assistances; and 10 (14.5%) as nursing technicians.

The significant number of nurses who already had experience in the field can be related to the increase in the offer of private courses in Mato Grosso. Only in the metropolitan region of Cuiabá, from 1990 to 2007, three new undergraduate courses were created, representing an increase of 1,120% in the provision of annual vacancies, which expanded the possibilities of access to higher education for mid-level professionals.

This correlation is also suggested by two other characteristics found: 1) the nature of the educational institution of these workers, which shows that 34 (49.3%) of them were graduates

from private institutions; and 2) the location of the educational institutions, since 64 (92.8%) nurses were graduates from schools based in Greater Cuiabá.

It is true that the increase in the offer of vacancies for the nursing degree promoted greater access to courses; however, two other situations enabled crucially the permanence in school: 1) 14 (20.3%) nurses reported having resorted to some type of funding to gain access to higher education; and 2) 42 nurses (60.9%) mentioned they had remunerated activities during graduation, which certainly demanded considerable effort from these workers to maintain their permanence in school.

In this context, it is worth noting the possible accumulation of exhaustive workload, especially at night, with shifts of 12-hour work and 36-hour off, and the process of nursing training, which possibly compromise its quality. In addition to the previous experiences in the field, it was found that six (8.7%) nurses already had completed another higher education course outside the field of nursing.

With respect to continuity of studies, 30 (43.5%) participants reported additional training at specialization level (*sensu lato*), but only five (16.6%) reported that their studies were related to the field of hospital nursing. There were no

reports of studies at master's or doctoral levels (*sensu stricto*).

This result was expected, considering that even though there were four schools of higher education in nursing in the metropolitan region of Cuiabá, there were no programs with specialization level regularly offered. The few *sensu lato* programs offered were private or offered by institutions of other states of the Federation. In both cases, the fees charged were above the possibilities of reality of wages paid by the UHS in Cuiabá.

The exception was the Public Health School of the State of Mato Grosso, which provided a *sensu lato* graduate program in health care. However, their courses were geared to the strengthening of basic care and the health management process.

Thus, the conditions of access to continuing training for work can explain the fact that 25

(83.4%) specialized nurses reported that their specialization training was not related to hospital practice. Still, with respect to the qualification process for work, 34 (49.3%) nurses reported that they had not participated in any training or updating course with duration equal to or greater than 40 hours over the past five years, which also suggests the low investment in continuing education for the hospital workers under study.

Considering the varied forms of access to professional updating, the present study aimed to identify: nurses who subscribed to health care and/or nursing journals (23 - 33.3%); those who had participated in a scientific event in the field of health and/or nursing over the last five years (13 - 18.8%); and/or those who were members of any scientific/cultural institution in the field (8 - 11.6%).

Table 2. Characterization of the professional profile of nurses of a municipal hospital, Cuiabá, MT, 2009.

General data of the subjects (N = 69)		No. %
Time after graduation in years:		
Up to 5 years		38 55.1
6 to 10 years		11 15.9
11 to 15 years		9 13.0
16 to 20 years		7 10.1
21 to 25 years		2 2.9
Over 25 years		2 2.9
Legal nature of the educational institution:		
Public		35 50.7
Private		34 49.3
Did you work during undergraduate studies?:		
Yes		42 60.9
No		27 39.1
Have you received funding (FIES*) to carry out your undergraduate studies?		
Yes		14 20.3
No		55 79.7
Origin (state) of the educational institution		
Mato Grosso		64 92.8
Other states		5 7.2
Experience in nursing before graduation:		
No		41 59.5
Yes (Nursing auxiliary)		1 1.4
Yes (Nursing assistant)		17 24.6
Yes (Nursing technician)		10 14.5
Complementary studies (<i>sensu lato</i>):		
Yes		30 43.5

No	39 56.5
Are your complementary studies (<i>sensu lato</i>) related to the area in which you work at the hospital or to the hospital sector? (N = 30)	
Yes	5 16.6
No	25 83.4
Have you attended any training course linked to the field you work in over the last five years with workload bigger than or equal to 40 hours?	
Yes	34 49.3
No	35 50.7
Do you subscribe to a scientific journal in the nursing field?	
Yes	23 33.3
No	46 66.6
Have you participated in any scientific event in the nursing field over the last five years?	
Yes	13 18.8
No	56 81.2
Are you a member of any technical-scientific institution in the nursing field?	
Yes	8 11.6
No	61 88.4

*Financing fund for students, Ministry of Education.

Topic 3 – Characterization of the institutional affiliation and employment

As regards the employment offer practiced by the institution, this study aimed to characterize the nature of nurses' employment taking into account the way of access to public office. Thus, it was found that all had direct link with the employer institution; however, 56 (81.2%) nurses were employed through a temporary contract, characterized as precarious job, because it failed to ensure "labor and social security rights enshrined in law, either through direct or indirect link"^(12;13)

Regarding the position held by the nurses, it was found that 13 (18.8%) nurses held mid-level positions, nine (13.0%) were nursing assistants, and four (5.8%) were nursing technician, a fact that characterizes diversion of function. Such characteristic is explained by the condition of those mid-level workers in nursing that have completed their undergraduate courses; however, given the absence of public tender, they work as nurses in the institutions but in the mid-level career.

On the one hand, the study showed a search for mid-level professionals due to best qualification for the job and, on the other hand, the absence of a human resources policy that embraced the career mobility or access to a higher-level position via public tender. It is certain that the change of position characterizes

career advancement, which the Federal Constitution only allows via public tender. However, if the institution maintains the diversion of function, it is because there are job vacancies for nurses, which could be corrected by the lawful manner of access to public office^(13,14).

Another worth mentioning aspect was the difference of the working day between the nurses with permanent jobs and those with temporary contracts. The first—except those who were in charge of management—had a weekly workload of 30 hours, with a financial bonus for the on-duty regime. The second had a weekly workload of 40 hours, not including the bonus.

Two conditions found clarify and expands the concept of precarious job^(11,12), as mentioned previously. First, in the case of those who had approved a public tender, they work in a mid-level position and perform the functions of another higher-level position without due remuneration and other benefits conferred by the position/career. This situation can be considered a "half social protection"; since, in the event of retirement or death, the workers or their dependents would be provided with values relating to salaries of mid-level position, in spite of their dedication to working in a higher-level function.

Second, different working days and remuneration for the same job title and function—justified only by the nature of employment—leave the nurses who are subjected to precarious jobs in a condition of inferiority and discrimination in relation to those who have obtained job stability in accordance with what the law requires. This way, it is possible to observe not only the expansion of the concept of precarious job, beyond the absence of social protection, but also the injustice promoted by inequality concerning the absence of career, remuneration and working conditions.

Table 3 - Characterization of the institutional affiliation and working relations of nurses of a municipal public hospital, Cuiabá, MT, 2009.

General data of the subjects (N = 69)	No.	%
Type of employment:		
Permanent	1	1.4
Employed through public tender	30	43.5
Temporary contract/service provision	38	55.1
Position:		
Nurse	56	81.2
Nursing technician	4	5.8
Nursing assistant	9	13.0
Function performed:		
Technician-Auxiliary	65	94.2
Management	4	5.8
Weekly working hours:		
30 h	31	44.9
40 h	38	55.1

Topic 4 – Characterization of social and political participation of the professionals

This study aimed to identify the level of political participation of nurses from their insertions in political and social processes, both in terms of party affiliation and internal policy of the field/profession, which has been defined by the labor union membership. The first was unimpressive, reported only by eight (11.6%) nurses. With respect to the labor union membership, the reports of participation were more expressive, with 39 (56.5%) reports concerning the membership to the labor union of the category, and 12 (17.4) memberships to the general labor union of municipal public servers of the capital city.

Considering the issues related to employment and labor relations discussed in the previous topic, the low power of nurses' social organization can be observed, when considered that only via the organization of the category, from labor unions representative of health/nursing, it would be possible to enforce the claims in order to solve the distortions in labor relationships, since the National Policy of Human Resources agenda for the UHS includes aspects such as negotiation tables and the improvement of working conditions in health⁽¹²⁾.

FINAL CONSIDERATIONS

Back to the consideration of the centrality that the nursing work assumes in the context of hospital care, considering legal prerogatives set to the nurses by the Law of the Professional Exercise of the Brazilian nursing, the findings point to the need of better qualifications for the job, to the extent that, for the nursing care within a hospital environment that is constituted as a reference for trauma care, only the graduation hampers the effective participation of nurses in the sub-totality of the work process that is related to intervention in the hospital clinical model.

On the other hand, the data call attention to the working conditions of nurses regarding the nature of the employment that defines the precarious job, with the aggravating circumstances related to diversion of function and wage inequality. This last issue is expressed by the condition of those professionals—nursing assistants and technicians—who have completed graduation; but who, due to the absence of public tenders that would allow occupying the position of nurses, perform higher-level functions remaining in a mid-level position/career.

Considering the conditions of employment, it can be inferred that the working conditions of the nurses studied are against the policy settings for the UHS, to the extent that the structuring/definition and the investment in health worker's career, and the issue of improving the working conditions are included on the political agenda of work management for the sector.

Finally, there is one last observation that relates to the two previous issues and characterizes an apathetic professional group from the point of view of its insertion and maintenance in the labor market. The apathy of nurses participating in the study is explained by their low power of organization and political

participation through the nursing labor union organization and participation, here considered as one of the possibilities/ways to discuss collectively, seeking to overcome the problems pointed out relating to the management of work and education in health.

PERFIL SOCIODEMOGRÁFICO E PROFISSIONAL DE ENFERMEIROS DE UM HOSPITAL PÚBLICO DE CUIABÁ - MT

RESUMO

Considerando a centralidade do trabalho da enfermagem na produção do cuidado e a relevante participação do enfermeiro no processo de organização, planejamento e avaliação da assistência, buscou-se delinear o perfil sociodemográfico e profissional desses trabalhadores. Trata-se de um estudo descritivo transversal que utilizou um questionário estruturado, incluindo informações relativas às condições socioeconômicas e laborais dos sujeitos. A partir das principais características encontradas, pode-se inferir que o grupo era predominantemente composto por jovens e do sexo feminino; estava submetido a trabalho precário; tinha baixa qualificação específica para a assistência hospitalar; e possuía baixo poder de organização política, evidenciado pela insignificante participação junto às entidades representativas da categoria. Os resultados apontam para a urgente necessidade de investimentos na força de trabalho de enfermagem, quer no sentido do resgate da condição majoritária de trabalho precário, quer no sentido da melhor qualificação na perspectiva da garantia de uma assistência integral e de qualidade, sem riscos de danos ao usuário.

Palavras-chave: Enfermagem. Recursos Humanos. Sistema Único de Saúde.

PERFIL SOCIODEMOGRÁFICO Y PROFESIONAL DE ENFERMEROS DE UN HOSPITAL PÚBLICO DE CUIABÁ – MT

RESUMEN

Teniendo en cuenta la centralidad del trabajo de enfermería en la producción del cuidado y la relevante participación de los enfermeros en el proceso de la organización, planificación y evaluación de la atención, este estudio buscó delinear el perfil sociodemográfico y profesional de estos trabajadores. Se trata de un estudio descriptivo transversal que utilizó un cuestionario estructurado, incluyendo informaciones sobre las condiciones socioeconómicas y laborales de los sujetos. A partir de las principales características encontradas, se puede inferir que el grupo estaba compuesto predominantemente por jóvenes y del sexo femenino; estaba sometido a trabajo precario; tenía baja cualificación específica para la atención hospitalaria; y poseía bajo poder de organización política, evidenciado por la insignificante participación con las entidades representativas de la categoría. Los resultados señalan la urgente necesidad de inversión en la fuerza de trabajo de enfermería, tanto en el sentido de la recuperación de la condición mayoritaria de trabajo precario, como en el sentido de una mejor calificación a fin de garantizar la atención integral y de calidad, sin riesgo de daños al usuario.

Palabras clave: Enfermería. Recursos Humanos. Sistema Único de Salud.

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