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## The various meanings of the rejection to the nursing basic remuneration floor<sup>1</sup>

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Two and a half million plus nursing professionals struggled for more than ten years to achieve the right to have a basic common remuneration, called a national Nursing Remuneration Floor, but in only 30 days the big companies in the health sector obtained an injunction suspending this right through a Precautionary Measure in the Direct Unconstitutionality Action (ADI in the Portuguese acronym) presented to the Federal Supreme Court by the National Confederation of Health, Hospitals and Establishments and Services (CONSaúde) <sup>(1)</sup>.

This context, and the time elapsed in each of the events, synthesizes the interests and forces present on each side. On one side, the nursing professionals' struggle for the recognition of their contributions to the health care of the Brazilian population and their right to adequate working conditions, which includes a remuneration floor that corresponds to the extension and complexity of their work. On the other hand, the large private health companies with their economic and legal capital.

The speed with which the ADI was presented, with threats of closing hospitals, massive staff layoffs, and reduction of hospital beds, on pages 3 and 25 of the Precautionary Measure<sup>(1)</sup>, drew our attention.

The author of the ADI presents a set of arguments against the nursing remuneration floor which is the object of the referred Injunction, highlighting: the risks to the autonomy among federative entities, particularly the financial and budgetary autonomy of States and Municipalities; the consequences on the employment level in the sector; the threat to the survival of numerous hospital institutions and the provision of services itself.

These arguments and their details, which will be addressed below, also deserve ample debate by the nursing category and society, since they directly and indirectly concern health care, more specifically health care and nursing care. This is due to the broad meaning that the Brazilian Constitution attributes to health, including promotion, protection, prevention of risks and injuries, recovery, rehabilitation, and palliative care. It therefore implies the recognition of the health needs of users/patients, families, and communities in both Primary Health Care services and in Specialized and Hospital Care, making health care in the country a right of the Brazilian citizens.

The ADI cites a research<sup>(1)</sup>, conducted by the author of the action, in which agents from 2,511 private hospitals were interviewed about the measures to be taken to ensure the payment of the nursing remuneration floor. The results mentioned point out that for 77% of the participants, it would lead to a reduction of the nursing staff, for 65% to a reduction of

<sup>1</sup>By constitutional mandate, every professional group should have a basic national minimum monthly remuneration established by law. This remuneration is called the "national remuneration floor"

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personnel in other areas, and for 51% to a decrease in the number of beds. Given the high level of agreement among the participants and its serious implications for the health sector, we regret the absence of the link to access the survey in the mentioned document (Brazil, 2022), which would allow to identify the method and the validity criteria adopted.

Another argument against the application of the nursing remuneration floor alleges that it will cause “a decrease in the quality of services, due to the substitution of workers with higher qualifications by others who do not have the same qualification”<sup>(1)</sup>.

This deserves special attention, as it refers to the possible compromising of the quality of health care for users/patients and the population, therefore those to whom the existence of health services and nursing care is devoted.

Brazilian nursing has been fighting for many decades to improve the composition of the workforce in the country, but also on this front it has been facing many resistances and difficulties. According to a World Health Organization publication, Brazil is one of the countries presenting an intense imbalance between the percentage of nurses (higher education) and the percentage of nursing technicians and assistants (middle level professional education). Considering the global landscape, the Region of the Americas and Brazil, there were 69%, 59%, 24% of professional nurses and 22%, 37%, 75% of nursing technicians and assistants or analogous respectively<sup>(2,3)</sup>. In Brazil, most of the nursing workforce is made up of nursing technicians and assistants, while the opposite occurs in most countries of the Region of the Americas and globally, i.e., the registered nurses are predominant among nursing professionals.

This should not be understood as considering the contributions of nursing technicians and assistants in health care of lesser relevance, but rather that it would be expected that they would not be the majority of the nursing workforce in the country. The quality of nursing care results from the integrated work between nurses, technicians, and nursing assistants with a focus on the needs of users/patients and the population.

Robust research developed in central countries shows an association between the qualification of nursing professionals and improvement in health indicators. That is, the higher qualification of nursing professionals is directly associated with a decrease in hospital mortality and hospital infection, and with the improvement of nursing care-sensitive indicators, such as: pressure ulcers, catheter losses, falls, among others<sup>(4-6)</sup>.

Four decades ago, the country had 8.5% of nurses in the nursing workforce and, after 40 years, the health sector could only improve the qualification of the workforce with a quarter of this contingent composed of nurses. Analyzing the composition of the nursing workforce in the country over time, it is evident that there has been no effective attention from companies in the health sector to improve the qualification of the nursing workforce. In this sense, it calls our attention and concern that the author of the ADI and its constituency entities have only now began to show concern about the decrease in the quality of care by the substitution of more qualified workers by others with less qualification, as a consequence of a payment of the nursing remuneration floor.

What is the reason for the persistent interpretation in Brazil that it is better to keep the less qualified nursing staff working in the health services?

It is not a matter of problems of supply of professionals in the market, since in the last three decades there has been an accelerated and disorderly expansion of undergraduate nursing courses, reaching the mark of 1,241 undergraduate courses in activity with 193,217 vacancies and 82,000 distance learning vacancies each year<sup>(7)</sup>. As for the strong presence of Distance Learning courses, it is worth questioning the training of nurses in this modality, since their work is characterized by care, whose core is social interaction, and by care management.

A possible answer to the doggedness on maintaining the intense unbalance of the nursing workforce, as well as raising threats of layoffs and closing of hospital beds in face of

the application of the category's remuneration floor, may be found in the healthcare model and the conception of health still dominant in most hospitals of the private network. The services are still centered on the biomedical logic in which health care is organized around the medical action of diagnosis and medication, and nursing professionals are conceived as mere physician's aides. This is an old understanding of what health and health services are, since for several decades, and especially since the year 2000, the urgent need to promote 'Interprofessional Health Practice and Education' has been emphasized as a fundamental component to improve the quality of health care, patient safety, and ensure access to services, both by international agencies such as the World Health Organization and renowned institutions like the National Institutes of Health in the United States, and by the literature in the area based on scientific research.

Therefore, there is no room for going back, but for progress - with the application of Law 14.434/2022 of the nursing wage floor; the investment in the improvement of the qualification of the nursing staff of health services that starts following the Resolution COFEN 534/2017 that recommends the parameters of nursing staff dimensions per modality of service provided; and ensure adequate working conditions such as making available material and technological resources pertinent to the care needs of users/patients, as well as permanent education for technical update and reflection on nursing practices, quality criteria, and the participation of users/patients in decision-making about care.

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