Editorial

Is it possible to overcomel abor precariousness of workers in the health sector?

*MauricioTorres-Tovar**

[1] Physician, Occupational Health Specialist, Master in Political Studies, PhD in Public Health. Associate Professor, director Department of Public Health, coordinator of the Masters in Public Health. Faculty of Medicine, Universidad Nacional de Colombia, Bogotá branch. Member of the Research Group on Environmental and Occupational Health of the Public Health interfaculty doctorate mhtorrest@unal.edu.co

Torres-Tovar M. Is it possibleto overcomel abor precariousness of workers in the health sector?.. Rev. Fac. Nac. Salud Pública. 2023;41(3):e354685 doi: https://doi.org/10.17533/udea.rfnsp.e354685

Various investigations have shown that, as a result of the structural reforms of privatizing nature implemented globally during the 1980s and 1990s and with great force in Latin America, which led, among others, to changes in labor, social security and health systems, a process of flexibility and intermediation was extended that generated a process of labor precariousness for workers in the health sector [1,2,3,4,5,6].

This labor phenomenon has been expressed by forms of temporary hiring for multiple tasks, including missional ones, mainly through figures, like service provision orders, union contracts, labor work or through associated labor cooperatives, which has led to job insecurity characterized by intermediated and unstable forms of hiring, decreased wages, increased working hours, intensification of the workload, lack of health protection at work, and little or no possibility of organization and possibility of collective bargaining [7,8]. A situation that in the health sector has led, as a way to compensate for income, to workers having several jobs simultaneously, which leads to a greater workload and greater wear and tear on their health and lives.

This labor phenomenon is global, impacting different regions of the world. For Latin America, some studies evidence the low quality of the work life of health workers in the region, linked to shortcomings in promotion opportunities and in the personal motivation of workers and the presence of risks to their physical and emotional health, as well as dissatisfaction with labor remuneration, establishing as causes poor working conditions, work overload, salary dissatisfaction, and limited availability of supplies and work tools; situations that arise in public and private health institutions [9,10].

Labor precariousness in the health sector in Colombia

Legislation 100 of 1993 reorganized how health services are provided in Colombia, by incorporating them into a services market with the presence of intermediary institutions for the administration of resources (EPSs) and health service providers (IPSs), which led to work being governed by the managerial logic of market rationality that has interpreted labor as a component of capital extraction and accumulation [8,11]. In this sense, EPSs and IPSs have established a flexible and outsourced hiring model, together with reduced wage amounts, with a work organization that controls times and rhythms and the types of diagnostic and therapeutic resources that can be ordered. This work dynamic has relegated the scientific-technical knowledge of health-sector workers under the cost-benefit managerial logic, leading to deterioration in the quality of life of workers and the quality of services provided. An issue that has been possible due to weak state authority in matters of labor regulation and loss of organizational capacity by workers.