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## Precariousness in the labor market: particularities in the Brazilian health sector

From the academic point of view, precarity and precariousness correspond to notions that emerge and gain strength in the field of sociology of work from the end of the 1970s, but relate to a social phenomenon that precede them. The theme of the precariousness was already the subject of discussion in the 1960s in Europe, labor unions and academy, when expressions such as 'precarious labor' and 'precarious employment' were used only occasionally, according to Cingolani (2007).

Precarity and precariousness are the terms most often used in studies that address the deregulation of employment, the intensification and the deterioration of working conditions, the extension of working hours, the reduction of wages, the growing lack of social protection, the increase of physical and/or mental distress related to work and structural unemployment. These terms express the changes occurring in the labor world in different societies, justified by the accumulation crisis experienced by the world capitalism over the past four decades, with effects also on the traditional means of worker's organization and representation, and on worker's social areas.

However, the precariousness phenomenon would not be exactly new. In capitalist societies, social relations develop historically from an unequal relationship established between the workers and the owners of the means of production, who buy this workforce always seeking to extract more value from it. In this sense, it may be asserted that the precariousness is an intrinsic condition of capitalism and integrates the capital's own contradictory dynamics, although it may assume particular characteristics according to the different historical contexts and the correlation between the forces of the capital and labor in the various social formations.

Although not necessarily categorized as a productive work, the work in health care forms a specific field of contradictions between the needs and the rights of workers in general – and of the health care professional, specifically – and the desire for profit of the capitalists, who invest in the widespread conversion of all the spheres of human life in the market. It is under this permanent tension that the Unified Health System (Sistema Único de Saúde – SUS) has developed its scope of work, which, for two and a half decades, disputes with the private sector health public policies in Brazil, simultaneously with the State's conversion to the neoliberalism.

In this context, the precariousness has been constituted in several ways. However, its most prominent face is the irregular forms of hiring processes to the point of setting up an equivalence between the ideas of 'precariousness' and unregulated employment contract . The ease of assimi-

lation of this idea was not without reason. The implementation of the SUS, while creating more job positions, especially on the municipal level, was accompanied by the dismantling of the State's apparatus and their careers, as well as by constraints imposed on public administration and by expenditures restrictions, notably Camata Law, 1995 and Fiscal Responsability Law, from 2000.

This situation has become even more complex with the increased participation of the private sector, mainly by contracts secured between public entities and the third sector for the provision of services and work management in the SUS, replacing the State. The regulation of Social Organizations (SO), Civil Society Organizations of Public Interest (OCSPI) and State Foundations of Private Law (SFPL) offered new institutional arrangements that contributed for greater 'flexibility' in the labor management, despite the differences between their legal settings. The SOs and OCSPIs facilitate the hiring of personnel indirectly, contributing to the outsourcing of the workforce in health and SPFLs, even if promoting direct hiring, follow the rules of the private sector, according to the Consolidation of Labor Laws (CLT), which is also under threat currently.

The multiplicity of hiring processes in the sector is striking. Thus, the working relationships are a key issue and its importance has been highlighted both by the discourse of policies as by studies whose object is the precariousness of health care work. However, to focus solely on this dimension of social precarity process may hide other dimensions produced, for example, by adherence to forms of management of services and mainly, of work, originated in the private sector, with managerial and production-driven character, introducing mechanisms and organization tools, performance evaluation and work control based on predetermined goals.

Increasingly widespread and recommended as measures of rationalization of resources, and of the correction and optimization of work, the new forms of management affect the work in health care, promoting changes in the content and form of work, leaning towards its simplification and instrumentalization, breach of trust relationships, introduction of competitive processes and productivity at the expense of solidarity between the workers and construction of collective projects that promote autonomy.

Even if the phenomena associated with precariousness reach all the health care workers, they affect them in different ways, reflecting the particularities of the various professional groups. Within these characteristics we highlight the professional qualification, including education, the social value attributed to their diplomas and work, their organization as a category and the political power of their corporative and representative instances. The socially constructed inequalities are expressed in unequal labor relations, for example, differences in wages, in workload, in profile assignments and the

positions they occupy in the hierarchical organization of the work process, notably unfavorable to mid-level workers.

If, on one hand, it is something structural, relative to the social and technical work division, on the other, it shows conjuctural characteristics, as a result of the current balance of forces and interests that compete for the SUS configuration and sharpen the process of social precariouness of work in health care. Tensions that may be summed up in the inexorable conflict between the understanding of health care as a collective good, fully attended by public policies and services, and health taken as a commodity, segmented according to capital accumulation goals and accessed as the purchasing power of different strata of the population (classes and class fractions).

Either by the approval of Law Project 4330/2004 by the Chamber of Deputies, in 2015, which extends the possibilities of outsourcing, or by the reactionary agenda presented by the federal government, with the so-called Welfare Reform and attacks on CLT, turning the rights of labor, instituted by law, in benefits to be negotiated, the issue of precariousness arises urgently. This edition of the *Trabalho, Educação e Saúde* dedicated to its analysis is more than timely, is required.

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