

Position Plans, Careers and Salaries: perspective of health professionals from the Central-West of Brazil

Planos de Cargos, Carreiras e Salários: perspectivas de profissionais de saúde do Centro-Oeste do Brasil

Tatiana de Medeiros Carvalho Mendes¹, Renata Fonsêca Sousa de Oliveira², Juliana Marques Nogueira Mendonça³, Antônio Medeiros Junior⁴, Janete Lima de Castro⁵

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¹Universidade Federal do Rio Grande do Norte (UFRN), Observatório de Recursos Humanos em Saúde - Natal (RN), Brasil. Orcid: <https://orcid.org/0000-0002-5824-3801>
tameca@hotmail.com

²Universidade Federal do Rio Grande do Norte (UFRN), Observatório de Recursos Humanos em Saúde - Natal (RN), Brasil. Orcid: <https://orcid.org/0000-0002-8103-4127>
fonrenata@hotmail.com

³Universidade Federal do Rio Grande do Norte (UFRN), Observatório de Recursos Humanos em Saúde - Natal (RN), Brasil. Orcid: <https://orcid.org/0000-0002-0423-351X>
juli.deusefiel77@gmail.com

⁴Universidade Federal do Rio Grande do Norte (UFRN), Departamento de Saúde Coletiva - Natal (RN), Brasil. Orcid: <https://orcid.org/0000-0002-5928-2896>
soriademjunior@gmail.com

⁵Universidade Federal do Rio Grande do Norte (UFRN), Departamento de Saúde Coletiva e Observatório de Recursos Humanos em Saúde - Natal (RN), Brasil. Orcid: <https://orcid.org/0000-0003-1823-9012>
janetecastro.ufrn@gmail.com

ABSTRACT The improvement of working management practices is a requirement for health services in all regions of the Country. The present study analyzes the implementation of the Position Plans, Careers and Salaries (PCCS) in health institutions, from the perspective of health professionals in the Central-West region of Brazil. This is a documentary study, with a qualitative approach. The textual content of the documents was submitted to the lexicographical analysis and Descending Hierarchical Classification (DHC), with the help of the Iramuteq software. The documents were analyzed in the light of the Bardin Content Analysis. The research universe consisted of 211 documents. As for the profile of the professionals whose testimonies are contained on the research documents, it was observed the predominance of female servers, in the age group of 36 to 50 years, with a higher education level and from the state sphere. Despite the challenges, such as unfavorable working conditions and non-compliance of labor rights by some managers, the PCCS shows itself as a motivational instrument to the workers, contributing to the valorization, fixation and career prospects, especially at the federal level.

KEYWORDS Health manpower. Organization and administration. Work. Career mobility. Unified Health System.

RESUMO O aperfeiçoamento das práticas de gestão do trabalho constitui uma exigência para os serviços de saúde de todas as regiões do País. O presente estudo analisa a implantação do Plano de Cargos, Carreiras e Salários (PCCS) nas instituições de saúde, a partir da perspectiva dos profissionais de saúde da região Centro-Oeste do Brasil. Trata-se de um estudo documental, de abordagem qualitativa. O conteúdo textual dos documentos foi submetido à análise lexicográfica e Classificação Hierárquica Descendente (CDH), com auxílio do software Iramuteq. Os documentos foram analisados à luz da Análise de Conteúdo de Bardin. O universo da pesquisa se constituiu de 211 documentos. Quanto ao perfil dos profissionais cujos depoimentos constam nos documentos da pesquisa, observou-se predominância de servidores do sexo feminino, na faixa etária de 36 a 50 anos, de nível superior e da esfera estadual. Apesar de persistirem desafios, como condições desfavoráveis de trabalho e não cumprimento dos direitos trabalhistas por parte de alguns gestores, o PCCS mostra-se como um instrumento de motivação dos trabalhadores, contribuindo para valorização, fixação e perspectiva de carreira, principalmente no âmbito federal.

PALAVRAS-CHAVE Recursos humanos em saúde. Organização e administração. Trabalho. Mobilidade ocupacional. Sistema Único de Saúde.



Introduction

The intense transformations that affect the world of work have presented continuous challenges for the management of work in the Unified Health System (SUS). In this context, the reflection on the practices of work management becomes a necessity, and its improvement, a demand.

For the so-called area of work management of health institutions, it has been defined, within the governmental framework, a set of attributions which, often, do not come to fruition in the day-to-day management of health services. This situation of non-concreteness is usually analyzed as a reflection of the distancing of the managers of so-called 'HR issues', as well as it also reveals the complexity of a problem that has been perpetuating in the scope of SUS: insufficiency and or fragility of instruments, practices or strategies that have as presupposition the organization of work and the valuation of the health worker. This is perhaps one of the great paradoxes of public administration.

In the daily routine of the state and municipal health secretariats, some instruments of labor management are long-known names, such as: Performance Evaluation of the workforce and Career Plan, Posts and Wages (PCCS). Others are more recent, such as Negotiation Table and Personal Sizing. However, although they are considered fundamental for the structuring, organization and qualification of management¹, these instruments tend to go through a long discussion process and often do not have their implementation ensured.

This article addresses the PCCS, understanding it as a personnel policy management tool that guides the insertion and establishes personal and professional development incentives for workers². The PCCS consists of a set of rules that guides the career trajectory of workers in order to value the server³. Through it, the worker can inform himself/herself about his/her possibilities of professional and financial development⁴.

However, it is important to emphasize that career management is not a purely technical matter. The socioeconomic structures and the historical context within which professionals are involved must always be considered⁵. In this perspective, Vieira et al.⁶ emphasize that the process of implanting a career plan should not be understood as a neutral piece, that is, it can only be justified by administrative rationality. This process will always have, as well, a political, economic, social and cultural character.

Career institutionalization through the implementation of the PCCS is considered an important attractive policy for the workers of the SUS and a powerful way of establishing them, since it enables a career perspective and the commitment of health institutions with the development of the worker⁷. It is also considered a form of motivation and valorization of workers⁸.

However, it is observed that, despite the existence of the whole legal framework and the recognition given to this theme, which occupies a prominent place in the discussions and deliberations of the main forums held in the last decades, the contingent of secretaries who do not use the PCCS as a management tool is still high. However, even with the recognition by managers of the advantages in adopting this instrument, numerous challenges are mentioned, such as legal, financial, technical and political issues, which constitute restrictive barriers to their viability¹.

Thus, in view of the need to reinforce the discussion on strategies and labor management instruments, this article aims to analyze the implementation of PCCS in health institutions from the perspective of health professionals in the Central-West region of Brazil.

Material and methods

This is a documentary study, with a qualitative approach. The documents were produced in the period from November 2014 to January 2016, in a virtual platform of Specialization Courses and Improvement in

Work Management and Health Education. They are made up of reports from health professionals, students of the course (middle and higher level), from the Central-West region of Brazil, in discussion forums about PCCS in the mentioned courses.

The forum represents an effective communication tool in distance learning courses, as it facilitates the interaction and support of educational activities between students and tutors throughout the teaching-learning process. The use of this resource allows the creation of democratic spaces based on significant statements about a particular theme, thus favoring the construction of knowledge⁹.

Documents with statements from health professionals who had PCCS exclusive to the health sector in their institutions were included. Professionals with one of the following profiles participated in the courses: professional managers or members of the management team, responsible for the formulation and execution of policies in the area of work management and health education/human resources of the SUS; managers, members of the management team or teachers of the Technical Schools of SUS or of the Public Health Schools of SUS; members of the permanent negotiating tables of the SUS or members of the labor negotiating spaces of the SUS, formally established; health secretaries, regional health managers or health districts; members of the management teams of Human Resources Management/Labor Management and Health Education of the representation offices of the Ministry of Health in the states; managers of hospitals, Reference Units or Basic Health Units; members of the Human Resources Management/Labor Management and Health Education team of the offices of the Oswaldo Cruz Foundation (Fiocruz), located in the states where the course took place; and members of the technical team of the Council of Municipal Health Secretaries (Cosems) or the Bipartite Interactive Commission (CIB).

The exclusion criteria used were: documents of professionals who did not belong

to the Central-West region, documents with repeated statements, as well as documents and excerpts from the documentary writing of the forums that were not adequate to the scope of the study.

After selecting the documents, the *corpus* was prepared for textual analysis. The data were processed from March to June 2017. The textual content of the documents was submitted to the lexicographical analysis and Descending Hierarchical Classification (CDC), with the aid of the Interface de R software pour Analyzes Multidimensionnelles de Textes et de Questionnaires (Iramuteq).

Iramuteq is a software that enables different types of textual data analysis, from basic lexicography (word frequency calculation) to multivariate analysis (similarity analysis and descending hierarchical classification). The Iramuteq software presents statistical rigor and allows the researchers to use different technical resources of lexical analysis¹⁰.

The Descending Hierarchical Classification was used as method of treatment of the data. This analysis aims to obtain categories that the program calls classes, which consist of homogeneous words among themselves and different words in relation to the other classes/categories. After performing textual statistical calculations, the software organizes the data analysis in a dendrogram that illustrates the relationships between these classes/categories. In an interpretative scope, the meaning of the classes depends on the theoretical framework of each research¹¹.

After the conformation of three semantic classes by the software, the documents were analyzed in the light of the Content Analysis, which, according to Bardin¹², consists of a set of techniques and analysis of the communications that aims to obtain, through systematic procedures and objective description of contents of the messages, indicators that allow the inference of knowledge regarding the conditions of production/reception of these messages.

The study was carried out based on the principles of bioethics and submitted to the analysis of the Ethics and Research Committee

of the University Hospital Onofre Lopes (HUOL), in compliance with Resolution nº 466/2012, being approved with Opinion number: 1.908.863 and CAAE: Collective 63139316.7.0000.5292.

Results and discussion

The research universe consisted of 211

documents, 42.2% from Goiás, 36% from Mato Grosso, 11.4% from Mato Grosso do Sul and 10.4% from the Federal District. As for the profile of the professionals whose testimonies are included in the textual documents of the research, a predominance of female employees (79.6%) was observed, in the age group 36-50 years (46.4%), from higher education (91.9%) and from the state sphere (54%), as seen in *table 1*.

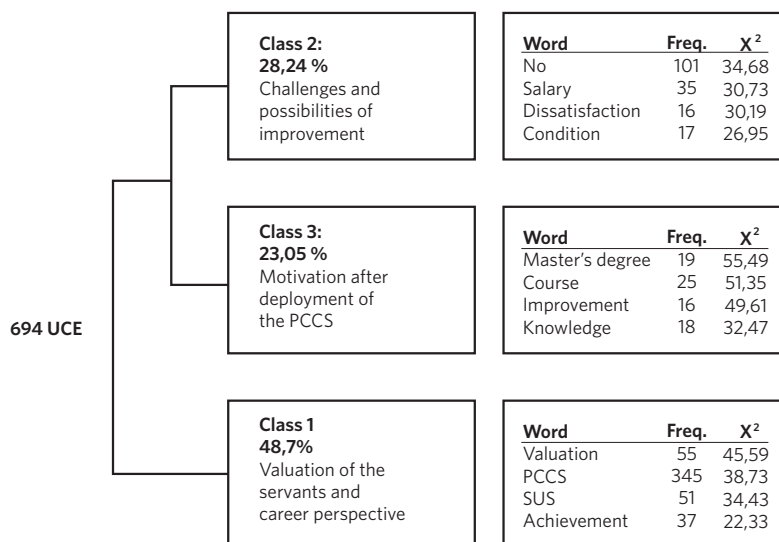
Table 1. Characterization of subjects of the research, Central-West region, Brazil, 2017

VARIABLES		TOTAL (n%)
Gender	Female	168 (79.6)
	Male	43 (20.4)
Age range (years)	20 to 35 years	81 (38.4)
	36 to 50 years	98 (46.4)
	51 to 66 years	31 (14.7)
	No information	1 (5)
Education	Middle Level	12 (5.7)
	Higher Level	194 (91.9)
	No information	5 (2.4)
Administrative sphere	Municipal	74 (35.1)
	Estate	114 (54)
	Federal	16 (7.6)
	No information	7 (3.3)

The analysis of the *corpus*, from the documents, resulted in 27.571 occurrences of words, distributed in 3.653 forms. By means of the Descending Hierarchical Classification, 694

text segments were analyzed, with retention of 89.32% of the textual *corpus* for the construction of the three classes derived from the content partitions (*figure 1*).

Figure 1. Dendrogram of the corpus Positions Plans, Careers and Salaries. 2017



Source: Own elaboration.

The three classes will be presented and commented next, exemplified with themes corresponding to each one. The subjects were identified numerically, according to the administrative sphere (M: Municipal, E: State, F: Federal).

Valuation of servers and career perspective

Class 1, titled 'Valuation of servers and career prospects', grouped 48.7% of the textual corpus analyzed and denoted as significant words: 'valorization', 'PCCS', 'SUS' and 'accomplishment'. Through this class, it is understood that the more the professional feels valued, the more he/she will be motivated to provide a quality service to the population.

It has been perceived a differentiation of documents when comparing the different administrative spheres, so that professionals at the federal level expressed more feelings of professional appreciation, as well as a greater contribution of the PCCS to the motivation and the fixation of the servers.

With regard to servers from the municipal

sphere, although the PCCS promoted the valorization and establishment of servers in some municipalities, in many others there was no such fixation, due to unfavorable working conditions and non-compliance with labor rights by the management.

[...] The valuation policy of workers, through the PCCS in the institution, helped to motivate and fix the professionals of the workforce, promoting better quality of services in the promotion of health for the community. [...]. (M 123).

[...] The PCCS of our municipality is not one of the worst, but it requires some improvements in what concerns, mainly, the valuation of the professional who qualifies. It is a recent achievement, but it is helping to fix servers in some categories. [...]. (M 194).

[...] Certainly, the Plan served as an incentive for the server to create even more link with the municipality, based on the possibility of career advancement. However, the current management has not complied with the provisions foreseen in the PCCS, that is, employees are not receiving

properly their progressions, which should be paid every 2 years by right, as provided in the Law of the PCCS. [...]. (M26).

For some authors, the implementation of the PCCS has been considered as a fundamental tool for the management development of the health services, to help in the fixation of the workers and, consequently, to consolidate SUS¹³.

Schuster and Dias¹⁴ point out that the PCCS allow for professional growth and that there is a chain reaction, since, perceiving the possibilities of development and growth within the institution, the professional can see new possibilities in this environment, motivating themselves to work and being influenced in their personal planning. All these factors, integrated, can generate more motivation and commitment, reflecting on positive results for the organization.

The literature shows that difficulties of attraction and fixation are still challenges for the management of the SUS. In this context, the absence of PCCS is mentioned as one of the factors that make even more difficult the fixation of health professionals, besides factors such as remuneration and working conditions below expectations, difficulty in accessing workplaces, demands for fulfillment of full-time workload or exclusive dedication, low opportunity for professional progression, lack of professionals, precarious ties, among others¹⁵.

Regarding the state sphere, in the speech of some professionals, it is observed the lack of priority of the managers of some states regarding the fulfillment of the PCCS. However, in other states, one can perceive the feeling of valorization of the worker in the segments of highlighted texts:

[...] There is no doubt that the PCCS assists and a lot in the fixation of the servant in the state, however, it still needs to be reformulated, since it is already in deficit. It is still a good tool for professional appreciation. [...]. (E 185).

[...] The implementation of the PCCS of the servants of the SUS was a great victory for the

workers more than 10 years ago. It represented valorization, coherence and incentive to qualification and research in the field of Public Health. Today, it bitters total neglect on the part of the managers. Many of their prerogatives, which have already served as models for other Brazilian states, are disrespected and cruelly neglected, such as the encouragement of continuing education and qualification [...]. (E 167).

[...] Through the PCCS, the valuation of the employee, better remuneration and recognition of the acquired qualification were ensured, assuring benefits, as an opportunity for training, qualification and progression, advantages extended to all professionals through wage isonomy, maintenance of all income in a single subsidy, right to actions of safety and health of the worker, among others. [...]. (E 162).

The PCCS must be built in a democratic way, with the presence of the workers. Moreover, establishing a career plan by itself does not ensure that the objectives of that instrument are achieved. The quality of the career plan and its effective implementation will determine these objectives¹⁶.

It is fundamental to implement the plan according to what was planned, since the PCCS below the original proposal causes dissatisfaction or at least indifference on the part of its target audience⁴.

In addition, it is known that the plans must be adjusted when necessary. In this sense, the need to reformulate the plan was also present in the speech of some servers. A similar result was found in a study with managers from municipalities in the South and Northeast of Brazil, where the need for revision and adequacy of PCCS was expressed in the reports of municipal secretaries who showed an interest in starting discussions on the topic, either through the formulation of local commissions or by hiring consultants¹⁷.

The motivation and fixation of the servers, due to the implementation of the PCCS, were more present in the documents of the servants

of the federal sphere, as it is observed in the segments of text following.

[...] despite the inefficiency of some bodies, I believe that the PCCS did help to fix the workers in the institutions, and it is a motivating tool for the work, a great achievement of the public servant. (F 44).

[...] Regarding the fixation of the servant, because it is a public body, where the admission is through a public tender, the fixation is already guaranteed. The valuation of the worker occurs and the improvement of the quality of the services provided, but the greatest motivation is the improvement of the salary [...]. (F 47).

[...] The policy of the PCCS at the Hospital... has been a great incentive to the improvement and policy of progression of the servant. The federal public worker has his policy of progression flowing in a calm manner. This certainly creates motivation on the servant, contributing to his fixation and creating career perspectives [...]. (F 46).

The findings of this research are in line with the results of the study by Scalco, Lacerda and Calvo⁸, who affirm that the valorization of the worker represents one of the determining factors for the motivation and maintenance of the worker in the services. The authors emphasize that constant changes of professionals can generate disruption of activities and make it difficult to link professionals with patients and the community, and, as a factor of valorization of professionals, they present the implementation of PCCS in institutions.

Therefore, in a general way, when actually implanted and implemented by managers, the PCCS has been shown as a motivating factor and of establishment of the professionals in public institutions. In this perspective, the literature shows difficulties of fixation of health professionals due to factors such as the lack of implementation of a PCCS¹⁸.

Vieira⁶ emphasizes that the implementation of a PCCS does not only mean earnings in terms of remuneration, since it can be a

powerful tool for improving working conditions, professional training and, above all, worker recognition.

Challenges and possibilities for improvement

Class 2, with 28.24% of the analyzed corpus, denotes the 'Challenges/Limitations and Possibilities for Improvement' after implementation of the PCCS. It presented the most significant words: 'no', 'salary', 'dissatisfaction', 'condition', with emphasis on the dissatisfaction of workers, caused by poor working conditions, low salaries and non-implementation of PCCS by managers.

[...] In the beginning, all perspectives were guaranteed, but now the demotivation has taken over the servant, and there are many servers applying for tenders for other areas and abandoning the current one. This is due not to the financial term, but to the dehumanizing question that the current Secretary of State faces, both physically and humanly. Most servants find themselves overwhelmed and unwilling to expect changes or see them happen. (E 153).

[...] The current management has been not complied with the determinations set forth in the PCCS, that is, employees are not receiving properly their progressions, which should be paid every 2 years by right, as provided in the Law of the PCCS [...]. (M26).

[...] It's a young plan. However, there was only a progression of letter, and the dissatisfaction took over the servants not only for this, but mainly for better working conditions [...]. (M 40).

[...] We are going through a critical health moment, accompanied by a lack of professionals in the units, lack of material resources, depredated units and unsatisfied employees. All this generates what we have been following for some time: the discontent of the poorly assisted population. We realize, with this reality, that a plan should

not be implemented without observing and monitoring basic principles [...]. (E 11).

It is noticeable, mainly in the textual segments of the states and municipalities, demotivation and dissatisfaction due to poor working conditions. Having a great work environment is an important factor for the professional to feel motivated and satisfied with the work he/she does¹⁹. Also, as a limitation, the population studied cited the fact that PCCS exist on paper, but are not put into practice by managers.

Rufino and Cagol¹⁶ highlight that public organizations are deprived of management practices and tools from efficient, effective and active people. In addition, they emphasize that the assurance that the PCCS will add value to the organization and to the workers depends on its coherent practical application, in addition to its integration with other instruments and work processes of people management.

In this sense, a study of the perception of servers regarding the PCCS shows dissatisfaction or, at least, indifference. In the evaluation of the indicators used in the study, it can be seen that the PCCS analyzed falls short of its original proposal⁴.

Furthermore, in the present study, dissatisfactions were observed regarding low wages, lack of opportunity for qualification and the fact that some plans do not contemplate all categories.

[...] There is a PCCS, but it does not include all categories. This leaves many servers dissatisfied. They are professionals who work in health, but who were left out; which caused great discontent among the professionals [...]. (M 80).

[...] It did not help in fixing. The low incentives made the workers migrate to other contests in other nearby cities, or have to work in other institutions for a wage supplement, negotiating schedules in their sector and reducing productivity. (M 102).

[...] As for wages, it is not agreeable to all, because, for those professions that do not have

a salary floor set up, there was not much gain, however, it improved in the face of salary reality. (M 171).

[...] Without providing the opportunity for the servant to attend more courses and specializations to increase these percentages, they have generated dissatisfaction and discouragement among the different professional classes [...]. (M 99).

Needs for improvements in working conditions were also evidenced in a study on motivation, carried out by Azevedo et al.²⁰. They showed that feelings of demotivation and devaluation, resulting from unfavorable working conditions, directly interfere with the quality of care provided. The authors pointed out, also, that other challenges need to be overcome in order to motivate professionals, such as better salary incentive, reduced workload, increased human and structural resources, among others.

In the documents, it is still perceived the dissatisfaction on the part of some participants of the research, due to the fact that the PCCS does not contemplate all professional categories, showing the non-adherence of some municipalities to the principle of universality, present in the national guidelines of PCCS-SUS, which determine that the plans of all public organs and institutions of the SUS must cover all workers².

A study carried out by Vieira et al.⁶ analyzed the implementation of PCCS in municipal and state health secretariats and observed challenges regarding the coverage of the plan. The authors emphasize that the greatest difficulties of inclusion are given to the administrative professionals, considered by the management as 'systemic' professionals, that is, those who, despite working in the health area, are hired to work in any of the sectors that exist in the within the municipality/state.

Another category not contemplated by the Plan of Charges is that of the outsourced workers. The outsourcing of services under the SUS excludes a large part of the employees from the scope of work management policies

and prevents, mainly, the implementation of public career projects in SUS²¹.

Some possibilities for improvements mentioned in the documents refer to the struggle of the workers for their rights, greater involvement of the population and participative management.

[...] Yes, we are on strike. But the war should be for everyone, including the population, who are truly massacred because they do not have quality access to public services. But our people still don't understand, and it may take a few generations to understand and participate [...]. (M 38).

[...] Having a participatory and committed management is fundamental. Maintaining the dialogue between the parties involved and ensuring that the negotiations are carried out is a key task in the valuation of professionals [...]. (E 11).

[...] And these PCCS are not updated together, because each category needs to fight, and hard, to guarantee the rights gained. The lack of valorization of the servers makes the good professionals look for other contests. And it is exhausting for the server to have to fight for their rights and also for work improvements. Working in precarious environments actually contributes to an inefficient service, discouraging employees from exercising co-responsibility, resolutivity in assistances, and increasing absenteeism [...]. (M 52).

It is understood that the elaboration and implantation of a PCCS, despite being institutional decisions, most of the time, are driven by the demands of the professional entities⁵. In this manner, the direct participation of the workers in the discussions must be permanent, seeking to consolidate plans that contemplate all the rights ensured.

However, despite the fact that the implementation of the PCCS is seen as a struggle of all health professionals and, even, of the population, it is perceived that the issue is incipient as a public policy of management, besides being a subject of little domination

of the users, trade unionists and workers of the health sector in the studied municipalities²². In this way, it is the job of the workers the challenge to continue to build collective organizational strategies that defend their interests against the management²³.

Motivation after implementation of the PCCS

Class 3, 'Motivation after implementation of the PCCS', represents 23.05% of the *corpus* analyzed and addresses some implications of the implementation of PCCS in health institutions, highlighting the motivation of health professionals for qualification. The most significant words were 'master's degree', 'course', 'improvement' and 'knowledge'.

Organizational motivation, within the organizational sphere, is related to the quality of the performance and the efforts of its employees, and it is fundamental to search for alternatives that motivate professionals, in order to achieve the desired results¹⁹.

The PCCS includes among its objectives motivating people to be more effective in their work. Motivation should be seen as a necessary and possible strategy to be implemented in health institutions, since factors that interfere in work satisfaction influence the behavior of the team. Therefore, managers must reflect and create strategies that result in the desired effects²⁴.

For Castro²⁵, the purpose of the implementation of the PCCS should be to make possible the valorization of the worker and the implantation of the career process in the institution. Regarding the motivation, it is highlighted, also, a greater demand for professional qualification courses by health professionals from the three administrative spheres, as can be seen in the text segments of the following documents:

[...] The PCCS valued the career of the professionals encouraging the improvement. Over 90% of middle level workers have completed college, master's degree. We have fellows approved in public contest, with a doctorate degree.

Therefore, the PCCS of the category has brought benefits to the category [...]. (M74).

[...] It has created motivations in several colleagues, encouraging them to take courses of improvement, specialization, masters, doctorate, with the objective of obtaining an additional degree, considering the career perspective. And, with this, they end up acquiring an innovative knowledge, bringing positive implications for the institution, as it will have more qualified professionals, as well as for workers and users [...]. (E 59).

[...] Among the consequences, were the increase in financial gains due to bonuses related to professional qualification (postgraduate, specialization, master's degree or doctorate), reflecting the quality of health care and the permanence and motivation of professionals in the institutions. Another motivation from the PCCS refers to the perspective of expanding the attributions and competencies of the work, since the PCCS contemplates the broad position [...]. (F 29).

The PCCS, therefore, has proved to be a great motivator for professionals to seek professional improvement and career advancement within the institutions in which they work. The results corroborate other studies in the literature²⁶, which affirm that PCCS is strongly linked to server motivation, since it enables professional growth.

The maintenance of constant benefits in the PCCS, as achievements in favor of public servants, creates new opportunities, in addition to the incentive and the recognition to the academic improvement²⁶.

The incentive to education and training of health workers is a fundamental strategy that must be adopted by health institutions in order to strengthen the workforce, and is considered an important initiative for the management of the SUS²⁷.

Work is also considered a source of personal fulfillment. The human being seeks to satisfy his/her needs through stability in public office and career plan. In this sense, besides offering

this possibility and stability, the PCCS can foster the organization of individual and professional life of the worker¹⁴.

Final considerations

Apart from being important management tools in the area of work management and health education, PCCS are directly related to the motivation, professional qualification, fixation and valorization of health workers.

Thus, this study made it possible to know, from the perception of health professionals, the implications of the implantation of PCCS in the health institutions of the different administrative spheres, subsidizing new arrangements capable of seeking the effectiveness of the plans and, consequently, professional valuation.

This research observed that the absence of PCCS, associated with the non-compliance with labor rights and unfavorable working conditions, is a factor that generates demotivation and a feeling of devaluation among professionals. These feelings were more present in the speeches of health professionals from the municipal and state spheres.

It is important that the development of the PCCS takes place democratically, counting on the participation of the main interested parties, that is, the workers. In order to do so, it advocates creating spaces for discussion, such as the Work Negotiation Table and the mobilization of workers by their direct.

The current study presents as a limitation the difficulty of generalizing the findings, since it is a qualitative research, involving testimony of the subjects who participated in the postgraduate courses already mentioned.

It is hoped that this work will contribute to broadening the range of debates in the area of work management, seeking to achieve improvements in working conditions, and showing the need to (re)think

about new management practices, which may encourage strategies that favor the valorization and motivation of health professionals.

Collaborators

Mendes TMC and Oliveira RFS contributed substantially to the conception, planning, analysis and interpretation of data, elaboration and critical revision of the preliminary version and participated in the approval of the final version of the manuscript. Mendonça JMN

contributed significantly to the conception, planning, analysis and interpretation of the data, elaboration of the draft and participated in the approval of the final version of the manuscript. Medeiros Junior A contributed substantially to the conception, planning, analysis and interpretation of data, critical review of content and participated in the approval of the final version of the manuscript. Castro JL contributed substantially to the conception, planning, analysis and interpretation of the data, elaboration of the preliminary version and participated in the approval of the final version of the manuscript. ■

References

1. Pierantoni CR, Varella TC, Santos MR, et al. Gestão do trabalho e da educação em saúde: recursos humanos em duas décadas do SUS *Physis* [internet]. 2008 [acesso em 2018 jan 11]; 18(4):685-704. Disponível em: <http://www.scielo.br/pdf/physis/v18n4/v18n4a05.pdf>.
2. Brasil. Ministério da Saúde. Diretrizes nacionais para a instituição de planos de carreiras, cargos e salários no âmbito do Sistema Único de Saúde: proposta para discussão e aprovação. Brasília, DF: Ministério da Saúde; 2006.
3. Castro JL. Gerência de Pessoal nos Serviços de Saúde. In: Escola Politécnica Joaquim Venâncio (organizadores). Texto de apoio Administração: série trabalho e formação em saúde. Rio de Janeiro: Fiocruz; 2001. p. 79-116.
4. Soares LACF, Soares Filho AAF, Oliveira Júnior AR, et al. Plano de carreiras, cargos e salários (PCCS) e motivação dos trabalhadores em saúde: a percepção dos funcionários da secretaria municipal de saúde de Manaus. *Revista de Administração Hospitalar* [internet]. 2013 jan-maio [acesso em 2018 jan 11]; 10(1):61-74. Disponível em: <https://revistas.face.ufmg.br/index.php/rahis/article/view/2038>.
5. Castro JL, Vilar RLA, Liberalino FN. Gestão do trabalho e da educação na saúde. Natal: EDUFRRN; 2014.

6. Vieira SP, Pierantoni CR, Magnago C, et al. Planos de carreira, cargos e salários no âmbito do Sistema Único de Saúde: além dos limites e testando possibilidades. *Saúde debate* [internet]. 2017 mar [acesso em 2018 fev 11]; 41 (112):110-121. Disponível em: <http://www.scielo.br/pdf/sdeb/v41n112/0103-1104-sdeb-41-112-0110.pdf>.
7. Oliveira MS. Estratégias de fixação de profissionais de saúde no Sistema Único de Saúde, no contexto do Pacto pela Saúde. *Divulg saúde debate*. 2009 maio; 44:29-33.
8. Scalco SV, Lacerda J, Calvo MCM. Modelo para avaliação da gestão de recursos humanos em saúde. *Cad. Saúde Pública* [internet]. 2010 mar [acesso em 2018 jan 11]; 26(3):603-614. Disponível em: <http://www.scielo.br/pdf/csp/v26n3/17.pdf>.
9. Tenório A, Júnior JF, Tenório T. A visão de tutores sobre o uso de fóruns em cursos a distância. *Rev. Bras. Aprendiz. Aberta Distância* [internet]. 2015 mar [acesso em 2018 fev 11]; 14:55-70. Disponível em: <http://seer.abed.net.br/index.php/RBAAD/article/view/264>.
10. Camargo BV, Justo AM. Iramuteq: um software gratuito para análise de dados textuais. *Temas psicol.* [internet]. 2013 [acesso em 2018 fev 11]; 21(2):513-518. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-389X2013000200016&lng=pt.
11. Camargo BV, Justo AM. Tutorial para Uso do Software Iramuteq. Universidade Federal de Santa Catarina Brasil [internet]. [Santa Catarina]: UFSC; [acesso em 2018 out 29]. Disponível em: <http://www.iramuteq.org/documentation/fichiers/tutoriel-en-portugais>.
12. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2011.
13. Mora CTR, Rizzotto MLF. Gestão do trabalho nos hospitais da 9ª região de saúde do Paraná. *Saúde debate* [internet]. 2015 dez [acesso em 2018 mar 13]; 39(107):1018-1032. Disponível em: <http://www.scielo.br/pdf/sdeb/v39n107/0103-1104-sdeb-39-107-01018.pdf>.
14. Schuster MS, Dias VV. Plano de Carreira nos Sistemas de Gestão Público e Privado: Uma Discussão a Luz das Teorias Motivacionais. *Revista de Administração IMED* [internet]. 2012 mar [acesso em 2018 fev 11]; 2(1):1-17. Disponível em: <https://seer.imed.edu.br/index.php/raimed/article/view/123>.
15. Santini SML, Nunes EFPA, Carvalho BG, et al. Dos 'Recursos Humanos' à Gestão do Trabalho: Uma Análise da Literatura Sobre o Trabalho no SUS. *Trab. educ. saúde* [internet]. 2017 ago [acesso em 2018 mar 13]; 15(2):537-559. Disponível em: <http://www.scielo.br/pdf/tes/v15n2/1678-1007-tes-1981-7746-sol00065.pdf>.
16. Rufino JD, Cagol F. Plano de Cargos, Carreira e Salários no contexto do Sistema Único de Assistência Social Suas do Paraná. *Cad. Gestão Pública* [internet]. 2012 jul-dez [acesso em 2018 jan 11]; 1(1):43-65. Disponível em: <https://www.uninter.com/revistaorganizacaoorganizacao/index.php/cadernogestaopublica/article/view/146/59>.
17. Silveira DS, Facchini LA, Siqueira FV, et al. Gestão do trabalho, da educação, da informação e comunicação na atenção básica à saúde de municípios das regiões Sul e Nordeste do Brasil. *Cad. Saúde Pública* [internet]. 2018 [acesso em 2018 mar 13]; 26(9):1714-1726. Disponível em: <http://www.scielo.br/pdf/csp/v26n9/05.pdf>.
18. Ney MS, Rodrigues PHA. Fatores críticos para a fixação do médico na Estratégia Saúde da Família. *Physis (Rio J.)* [internet]. 2012 [acesso em 2018 fev 14]; 22(4):1293-1311. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312012000400003&lng=en.
19. Pedroso DOO, França NS, Oliveira SS, et al. Importância da Motivação dentro das Organizações. *Rev. Ampla Gest. Empre.* [internet]. 2012 out [acesso em 2018 fev 14]; 1(5):60-76. Disponível em: http://www.revistareage.com.br/artigos/primeira_edicao/05_a_importancia_da_motivacao_dentro_das_organizacoes.pdf.
20. Azevedo PD, Azevedo VD, Nunes EM, et al. Aspectos de motivação na equipe de enfermagem e sua influ-

- ência na qualidade da assistência. *Temas Saúde*. [internet]. 2016 [acesso em 2018 fev 14]; 16(2):498-517. Disponível em: <http://temasensaude.com/wp-content/uploads/2016/08/16228.pdf>.
21. Paim JS. A Constituição Cidadã e os 25 anos do Sistema Único de Saúde (SUS). *Cad. Saúde Pública* [internet]. 2013 out [acesso em 2018 fev 14]; 29(10):1927-1936. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2013001000003&lng=en.
22. Lacaz FAC, Vieira NP, Cortizo CT, et al. Qualidade de vida, gestão do trabalho e plano de carreira como tecnologista em saúde na atenção básica do Sistema Único de Saúde em São Paulo, Brasil. *Cad. Saúde Pública* [internet]. 2010 fev [acesso em 2018 mar 14]; 26(2):253-263. Disponível em: <http://www.scielo.br/pdf/csp/v26n2/05.pdf>.
23. Eberhardt LD, Carvalho M. Gestão do Trabalho e Organização Coletiva de Trabalhadores do Setor Público de Saúde. *Trab. educ. saúde* [internet]. 2016 nov [acesso em 2018 mar 14]; 14(1):45-65. Disponível em: <http://www.scielo.br/pdf/tes/v14s1/1678-1007-tes-14-s1-0045.pdf>.
24. Silveira CD, Stipp MAC, Mattos VZ. Fatores intervenientes na satisfação para trabalhar na enfermagem de um hospital no Rio de Janeiro. *Rev. eletr. enf.* [internet]. 2014 jan-mar [acesso em 2018 mar 14]; 16(1):100-108. Disponível em: <https://revistas.ufg.br/fen/article/view/21002/0>.
25. Castro JL. Saúde e trabalho: direitos do trabalhador da saúde. *Rev. Direito Sanitário* [internet]. 2012 [acesso em 2018 mar 14]; 13(1):86-101. Disponível em: <http://www.revistas.usp.br/rdisan/article/view/55695>.
26. Silva AT, Silva EM. Uma análise da importância da motivação no cotidiano do profissional da educação dentro do contexto do PCCS. *Rev. Cient. Semana Acadêmica* [internet]. 2014 [acesso em 2018 mar 14]; 1(63). Disponível em: https://semanaacademica.org.br/system/files/artigos/uma_analise_da_importancia_da_motivacao_no_cotidiano_do_profissional_da_educacao_dentro_do_contexto_do_pccs_2.pdf.
27. Pinafo E, Domingos CM, Gimenez C, et al. Gestor do SUS em município de pequeno porte no estado do Paraná: perfil, funções e conhecimento sobre os instrumentos de gestão. *Rev Saúde Pública Paraná* [internet]. 2016 jul [acesso em 2018 mar 14]; 1(17):130-137. Disponível em: <http://pesquisa.bvsalud.org/sus/resource/pt/lil-795873>.

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