Objective: to describe the professiographic profile of nurses in the city of Petrolina/PE. Method: descriptive, exploratory and quantitative study, conducted from June to July 2013. We used the Datasus database through the Cadastro Nacional de Estabelecimentos de Saúde (National Register of Health Facilities - CNES), which has information about public and private health facilities. The variables presented were: number of professionals registered, type of relationship, working hours and specialty. Results: nurses represented 6.8% of the total registered professionals, of whom 96% had links with the Brazilian Health System. The majority (37.5%) was hired by Social Organization, 17.8% had a contract for determined time, not ensuring labor rights or stability. The journey of 40 hours per week prevailed and 30% of records specified specialization. Conclusion: the CNES data shows gaps with respect to the variables analyzed regarding the notification of information. Descritores: Nurse; National Register of Health Facilities; Human Resources in Nursing.

RESUMO
Objetivo: descrever o perfil profissiográfico dos enfermeiros do município de Petrolina/PE. Método: estudo descritivo, exploratório e quantitativo, no período de junho a julho de 2013. Utilizou-se a base de dados Datasus por meio do Cadastro Nacional de Estabelecimentos de Saúde (CNES), que possui informações sobre estabelecimentos de saúde públicos e privados. As variáveis apresentadas foram: quantidade de profissional cadastrada, tipo de vínculo, jornada de trabalho e especialidade. Resultados: os enfermeiros representaram 6,8% do total de profissionais cadastrados, destes, 96% possuíam vínculo com o Sistema Único de Saúde. A maioria (37,5%) era contratada por Organização Social, 17,8% tinham contrato por tempo determinado, o que não assegurava os direitos trabalhistas nem estabilidade. Predominou a jornada de 40 horas semanais e 30% dos cadastros especificavam especialização. Conclusão: os dados do CNES apresentam lacunas em relação às variáveis analisadas quanto à notificação de informações. Descritores: Enfermeiro; Cadastro Nacional de Estabelecimentos de Saúde; Recursos Humanos em Enfermagem.
The term Professiography or Professional Profile (PP) refers to the profession and is a type of methodology used to identify morphological, physical and psychological demands required for the performance and qualifications relating to professional functions. In addition, it is observed that the compatibility of the field of action is in line with its goals, named: health promotion, disease prevention, productivity, accident prevention, worker’s physical safety.\(^1\)

One important aspect for a professional to act properly is to have their PP compatible with the activity developed in their area, avoiding possible damage to health in performing tasks. The PP is based, therefore, in the requirements of the exercise of the function of and in the adverse conditions to which the worker will be submitted, in order to evaluate and offer better working conditions, better quality of life for those who work and better service.\(^1\)

The implementation of successful health policies depends on the profile of their human resources, since they materialize the actions that can qualify the new health care model proposed by SUS, indicating a trend of better quality of health information, access to training and greater autonomy of nursing professionals.\(^2\)\(^3\)

This qualification can be achieved through the development and adoption of more consistent health measures that can adapt to the real needs of the population.\(^4\)

The establishment of the nurse profile depends on the understanding that everyone has the right to adequate nursing care, considering the human being as a whole and in constant interaction with the environment. Therefore, one must consider the nurse as an acting subject in various fields of action and in several health care levels, which requires from this professional effort to be constantly updated.\(^2\)\(^5\)

To understand nursing in Brazil, in the scope of health workforce, it is necessary to establish two points of reflection proposed here: nursing as a social practice apart from work; and what is meant from workforce and professional profile expected for the current context that shapes the need for comprehensive health care.\(^5\)\(^6\) In this sense, the quality of work and of nursing workers are among the main factors that can ensure their best performance. Therefore, the nurse should take the role of central protagonist in this qualification process, printing certain directions in the technical, ethical and/or political scope, since they must be able to plan, organize, develop and evaluate actions to respond to health needs.\(^4\)

It is understood that nursing practice is heterogeneous in several companies in each historical moment and in each context in which develops, acquires characteristics in meeting the health needs. To deal with the innovations and changes in the labor market, it is necessary for professionals to readapt to the market, to local and regional differences, with subsidies to managers of health and education sectors, as well as to the organizations representing categories of nursing, in designing and reordering policies for professional practice and for the regulation of work.

There are few published studies of national or regional scope on the nursing profile, the last was held on the initiative of the Brazilian Association of Nursing (ABEn) and Federal Council of Nursing (COFEN) in 1982 -1983, and these data are outdated and do not correspond the current reality on the national scene.\(^7\) In this sense, this research is justified by the scarcity of studies on this theme. It is necessary to elucidate factors such as the quantity of nurses, type of employment relationship, working hours and specialty exercised by them. The city of Petrolina, located in the Northeast region of Brazil, was selected for this research, as it is a macro-regional healthcare hub in the state of Pernambuco and has been a highlight in job generation over the past decade. Thus, this article aims to describe the professional profile of nurses in the city of Petrolina, Pernambuco, Brazil.

**METHOD**

This is a descriptive study with a quantitative approach, setting up a systematic observation of cataloging of secondary data, using the technical procedure of documentary type, as it explored materials that have not received analytical treatment.

We used the DATASUS database through the analysis of the National Register of Health Facilities - CNES of the city of Petrolina. This city has a total area of 4,558.537 km\(^2\) and an estimated population of 294,081 inhabitants, is located in Mesoregion of San Francisco and stands out as center of change in Pernambuco in job creation. The city of Petrolina has a Human Development Index (HDI) of 0.747, ranking among the municipalities considered of medium human development (HDI between 0.5 and 0.8).\(^8\)
Data were obtained by consulting the reports provided by the Ministry of Health on its website of National Register of Health Facilities (CNES), which contains updated information of the operating structure of health facilities. All services should be registered, regardless of the management sphere (service provider to the National Health System or not), from the most complex to the simplest. The responsibility for registering facilities located within their territories relies on municipal and/or state manager, so the registration is considered the key building block for the construction of the planning of health care, and is essential for contracting, scheduling and regulation.

The data collection procedure was held from June to July 2013 through a semi-structured instrument made by the researchers. The variables of interest contain data involving aspects related to professional profile of the nurse, such as: number of nurses in registered establishments, type of employment relationship, weekly working hours and specialty.

The statistical analysis was descriptive using absolute and relative frequency and data were transcribed and double tabulated in Microsoft Office Excel 2010® spreadsheet. Later, they were processed by statistical package SPPS version 20.0, and presented in graphics and tables. As the study was produced by collecting secondary public data, which suffered no analytical treatment, it was not necessary to submit it to the Ethics Committee.

**RESULTS**

According to the CNES in the city of Petrolina-PE, there are 300 registered establishments, of which only is not covenant with the National Health System (SUS), and 99 of them have registered nurses. Regarding the number of professionals (of all specialties), there were 4,531 registered and among them, 308 are nurses, representing 6.8% of the total of professionals.

Most nurses have employment relationship with SUS, accounting for 96% (N = 297) of the total, whereas 4% (N = 11) perform their activities not linked to SUS. The type of relationship of these professionals is configured in a diversified manner, represented in the figure below (Table 1).

<table>
<thead>
<tr>
<th>Type of employment relationship</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estatutário</td>
<td>71</td>
<td>23</td>
</tr>
<tr>
<td>Contrato por tempo indeterminado</td>
<td>55</td>
<td>17.8</td>
</tr>
<tr>
<td>Celetista</td>
<td>12</td>
<td>3.9</td>
</tr>
<tr>
<td>Contrato verbal/informal</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Cargo comissionado</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Emprego público</td>
<td>38</td>
<td>12.3</td>
</tr>
<tr>
<td>Indeterminado por organização social</td>
<td>115</td>
<td>37.5</td>
</tr>
<tr>
<td>Bolsa</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>Sem tipo</td>
<td>11</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>308</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: CNES 2013.

With respect to the working hours in relation to the weekly working hours, there were variations, as shown in Figure 1.
Health Facilities

The CNES is a database that serves as a foundation for other information systems such as the Primary Care Information System (SIAB) and the National Regulatory System (SISREG), thus its update becomes critical to a survey of current and reliable information. The professional profile can make use of the information contained in this system because it is the best and most complete instrument for the assessment of health facilities in Brazil, whether public or private.10

This research revealed that of all registered establishments in CNES, only one has no link with SUS. Such data can be explained by the fact that it is a Ministry of Health database, that contains a single system information on all health facilities in Brazil, whether or not they provide service to users of SUS, which include contracts in such data.11

Quantity of Nurses x CNES

No distinction was made, in its entirety, of nurses working or not in health services, or even those who are working in their own profession, for the CNES only scales the number of active professionals, providing health care, as well as information about the working relations in all the health services. Therefore, it is not possible to quantify the professionals working in the profession in other sectors of the economy (administrative or teaching and research functions), since there are two institutions with educational offering with Undergraduate courses in Nursing: University of Pernambuco (UPE) and University Vale do São Francisco (UNIVASF).12
Such data does not corroborate the information found in the study conducted in Minas Gerais, which found population and economic differences in the state, and established relations with the labor market for nurses. There are other elements that can be considered in occupation of functions in the informal market, which were not the subject of this analysis due to the database limit, but that stimulate, however, the development of new studies.

It was observed that the amount of registered nurses (N = 308), although it was classified as the category with the largest labor force, was reduced in amount compared to the total professionals; however, besides the research does not include the other category representatives (nursing technicians and assistants and midwives), many establishments were not related to nursing services such as dental and physical therapy offices, so there was no nurses working in these establishments.

**Type of Employment Relationship**

The research findings show the types of professional relationships. The predominant forms of employment in the municipality were undetermined link by Social Organization (OS) (37.5%), followed by statutory relationship (23%), which is the only one who has job stability and social protection. However, the bond mediated by OS, found in the majority, does not offer stability in the service and 17.8% are contracts for a fixed period that not ensure labor rights or stability, their contracts are sometimes subject to different hiring and personnel policies, whose definition also depends on the culture of the organization management, with the creation of temporary contracts, making it difficult to establish professional ties with the service.

Such models of contract, when related to public services, do not guarantee for the employee the right guaranteed by the Federal Constitution such as the realization of civil service exam, in which the employee is subject to the statutory regime or to the public employment relationship (12.3%), ruled by the Consolidation of Labor Laws (CLT).

The corresponding to 3.9% of the professionals had CLT employment relationship, and still 5.5% had forms of contracts such as verbal contract, commissioned position, scholarship, and 11 professionals registered had no type of relationship determined.

**Working hours**

In Brazil, the nursing category follows the standards of CLT, obeying Decree Law 5452/43 since it does not have, until now, a law regulating the hours of professional practice. This CLT was reformulated in 1988 and working hours were reduced from 48 to 44. After two decades, this issue was again discussed by the society in accordance with the proposal of a new official reduction.

The research revealed that most nurses (N = 202) works in establishments registered at CNES in 40 working hours regime, even though they are categorized according to CNES as workers linked to SUS, where, generally, in the public sector many states and municipalities have already adopted 30 hours. This model exists in the city of Rio de Janeiro, which was approved by Law 5,489/2012 in João Pessoa, by Decree No. 7926 of July 16, 2013, and in Tocantins State, under the municipal law No. 2320 of 30 March 2010.

The findings also showed that there are nurses who face in a workload higher to what the Labor Code regulates, such as 48 and 60 hours per week. This fact can be explained by deregulation of working hours, which makes the professional submit to the conditions imposed by the market.

Given the current situation, in which the nursing category faces, besides the very high workload, low salaries, disproportionate staff to the existing demand and great responsibility in the face of the complex nature of the assisted cases, there is an old propose expressed by the Law Project 2295/00, fixing in 30 hours the weekly workload of nurses, nursing technicians and assistants and midwives, which is ready to be analyzed by the Plenary. The intent of this project is to ensure equality of category with other health professionals such as physical therapists and occupational therapists.

**Specialty**

Whatever the formation is, the market demands a constant search for updating and titration that necessarily does not guarantee entry into the labor world. According to Resolution No. 389/2011 of COFEN, there are regulatory specialties (postgraduate) of the nursing profession in 44 areas. However, the study reveals that only seven specialties were registered in the CNES, which corresponds to 30% of the professionals; the other 70% are classified as general nurses.

Although the CNES presents the registration option on nurses’ specialty, there is underreporting due to the non-mandatory registration with respect to real titration of the professional, making this set information,
to some extent, inconsistent. Therefore, one can assume that given the various institutions offering postgraduate courses and the necessity required by the labor market regarding vocational qualification, such professionals have some type of post-graduation that may not have been informed.

**CONCLUSION**

Despite the workforce of nurses be significant in health services, the data show that it is still precarious the form of recruitment of nurses, who have workload higher than recommended by CLT and, mostly, fulfill the exhausting journey of 40 hours weekly.

Despite the existence of a COFEN Resolution and the registration option by specialty, the latter is not considered at the time of the professional register. There is a need to value the specialty at the time of hiring the professional, or even the correct report of their professional data.

Although CNES is an important source of data for the Brazilian health system, its data have some gaps regarding the notification of information. The study points out the need to deepen the management of this information system increasing the mandatory variables registered.

**REFERENCES**


Submission: 2014/04/07
Accepted: 2015/05/13
Publishing: 2015/07/15
Corresponding Address
Rachel Mola de Mattos
Universidade de Pernambuco
Departamento de Enfermagem
BR 203, Km 2 s/n, Campus Universitário
Bairro Vila Eduardno
CEP 56328-903 – Petrolina (PE), Brazil

Englis/Portuguese
J Nurs UFPE on line., Recife, 9(Suppl. 6):8653-9, July., 2015