ORIGINAL RESEARCH

Health Reform and Its Impact on Healthcare Workers: A Case Study of the National Clinical Hospital of Cordoba, Argentina

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Abstract

Since the mid 1990's, health in Argentina has no longer been considered a social function of the State but was transformed into a market commodity. Neoliberal decentralization favored the introduction of corporate methods and incentivized privatization. In practice, this led to self-management for hospitals, deregulation of social services and incorporation of private capital to the public health business. This exploratory study looks at the impact of these reforms in the public health services sector. It analyzes living and working conditions, changes produced in the organization of work and their effect on labor relations and on participation in union, political and social activities by workers at the National Clinical Hospital of Cordoba, Argentina. Data was primarily collected through an interview survey of a convenience sample of 68 workers from the non-teaching staff; this represents 10% of the total professional, administrative and maintenance staff of the hospital. The interviews demonstrate deterioration in income and living conditions. Hospital self-management for these workers led to increased competition, the fragmentation in the work spaces, tension and the distrust between co-workers, as well as increased intensity in the workload of some employees. The profile of these healthcare workers is structured and marked by silence, the resolution of the conflicts by means of individual action in the workplace, and minimal participation in social-political-union or community organizations.

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Introduction

Since the mid 1990s, health in Argentina is no longer considered a central social function of the State and is instead seen as a service delivered within the logic of the marketplace and its economic rationale. This new strategic framework conceived of health as a commodity. This together with neoliberal decentralization, favored the introduction of corporate managerial mechanisms and stimulated privatization (Laurell, 1992) in the health sector. This meant, among other things: self-management for public hospitals, deregulation of social services and the systematic incorporation of private capital into the business of public health. Thus, in the conversion of health from "right to commodity", (Iriart, Merhy and Waitzkin, 1999) the decision making capacity over which services were to be provided to the population was transferred from physicians to accountants and administrators.

This investigation analyzes the changes produced in the practice and the organization of work and their effect on social and labor relations in the public health services sector, examining the effects of neoliberal public health polices implemented as part of a reform started in Argentina in the 1970s and carried out during the 1990s. The analysis and results of this work are part of an exploratory investigation centered in a

survey; this research is, multidisciplinary, involving several sites and originated at the University of Buenos Aires. The work was replicated at the Universities of La Plata and Cordoba. The study seeks to understand the situation of workers in present day Argentina through the examination of case studies.[α]

Study site

The study was carried out at the National Clinical Hospital in the city of Cordoba: this is one of the two teaching hospitals of the Faculty of Medical Sciences at the National University of Cordoba. Founded in 1878 as a multipurpose hospital, it had 400 beds and all specialties functioning as a teaching, treatment and research facility.

Since the 1990s, modifications were made to the hospital's infrastructure; VIP rooms and areas for dermatology and esthetic interventions were restructured, equipped and modernized for upper tier treatment. For plastic surgery, fee scales and tariffs depended upon the expertise of the professional and the time at which the surgery was performed. This responded to the logic of the market, allowing better competition with the private sector.

Since 1995 the hospital adopted decentralized management. At the institutional level, self-management was presented as an opportunity to improve institutional operations, offering possibilities for professional development and economic growth for the workers. Income generated by self-management would go to guarantee free treatment of indigent patients, as well as wage improvement through a redistribution of the surplus. National decree 1269/92 and its update in decree 939/00 advocated for a fund that would be *"distributed monthly between all personnel of the hospital, without distinction of categories and functions, in agreement with the rules and in the percentage that the jurisdictional authority would determine on the basis of criteria of productivity and efficiency of the establishment*".

The institution is organized into three different areas: teaching professionals; non-teaching professionals (this includes professionals, technicians and administration); and maintenance services. At the moment the non-teaching sector consists of 700 workers who enjoy different labor and wage conditions (permanent, contracted, *ad honorem*, workers hired by subcontractors, interns, etc.).

The personnel work in fixed shifts. Saturdays and Sundays are considered working days for the medical service, infirmary and maintenance sectors. Overtime work is remunerated based on criteria derived from self-financing. In some areas of the hospital technological changes took place (computers, equipment) that modified the labor process with very visible structural changes derived from the new logic that the health market imposes. *The inpatient sector progressively saw a reduction in the number of beds, which are currently 136 units.*

The organizational changes, product among other things, of the strategy of decentralization of health services, favored the adoption of managerial mechanisms, stimulated the outsourcing of services (hiring of companies for the provision of services that were previously carried out by the permanent hospital staff) and privatization. Without budgetary increases, with direct and indirect cuts, successive changes and sustained increase of demand, the policies of the University Hospital were focused in the last decade to generating their own resources.

Material and Methods

The project combines diverse methodological strategies:

a) In depth interviews of two hospital workers, one from the health team and the other from the electronic equipment maintenance area, both considered key informants. The general conditions of the Hospital were explored internal organization of the establishment, contractual relations, work schedules,

[α] Pablo Pozzi is director of the research project "Workers Today in Argentina: Worker's Survey, Cordoba" *"Los trabajadores en la Argentina Actual, Encuesta Obrera, Córdoba"*, presented to the Secretariat of Science and Technology of the UNC. The participants of the study were: the School of History of the Faculty of Philosophy and Humanities, the Faculty of Psychology, the Sanitary Psychology B and the Public Health sections of the Schools of Audiology and the Nursing School of the Faculty of Medical Sciences.

technological and/or labor modifications, union representation and the possibilities of access to the institution for the carrying out of the surveys. These interviews were carried out on site during work hours. A non institutional route and a convenience sample were judged as being optimal to successfully carry out the survey. According to our informants it would be difficult to get institutional approval given the characteristics of the survey which would not be in the interests of the management.

b) Direct observations of the workplace on the part of the investigators

c) Survey[β] (used for the investigation of all cases). The survey consists of a questionnaire with 113 open, closed, and multiple choice questions; it seeks to evaluate the living and work conditions as well as evaluate union, political and social participation by the workers. It was applied to a convenience sample of 68 "non-teaching" staff, which represents 10% of the professional, administrative and maintenance staff of the hospital.

The instrument was applied during the months of September and October of 2005 to all the workers who voluntarily agreed to respond to the questionnaire. The application of the instrument took approximately two hours, and was undertaken in the workplace.

Results

From self-management to the self-financing

Self-management as a policy in the health sector is a system by which a Public Hospital uses monies received from the treatment of insured patients to create a solidarity fund for investment and distribution among the personnel. The goal is to foment the efficient and rational management of healthcare and to improve the levels of accessibility for the population without coverage.

According to our observations and interviews, during the transformation from University teaching hospital to self-managed University hospital, fees were established for the provision of services and benefits. The "voluntary" contribution (what the user pays for the service they receive) was transformed in fact into "obligatory tariff" for the patients without social insurance. Self-management turned into self-financing; the workers never received any of the "redistribution." Needy patients and the "new excluded" (the unemployed, people without social insurance, etc.) were forced to pay for treatment unless they can demonstrate their condition of poverty convincingly. Of all the free care provided prior to self-management, today only 2% receive this benefit.

Changes in labor relations

Within the Hospital Self-management framework, changes and restructuring took place in the labor relations brought on by labor flexibility in relation to wages and functions. The competition between workers intensified, work spaces became fragmented, the tension and distrust among co-workers increased, and some workers experienced an increased work load. This led to conflicts occurring under conditions characterized by political clientelism and the play of personal influences in a search to improve meager wages. According to informants: "… *in this hospital you have to pay attention, it is like in the jungle, you turn around and you lose...*" "… *the only way to get by here is to get along with the director or with the union, which is the same thing...*" "*….better not to speak of certain subjects, because you don't know who got the person who you are talking to hired…*".

Political clientelism, essential to maintain governability, is a sign of inequality in the work load, the working conditions and in monthly incomes (Giacone, M. 2003).

Description of those surveyed

Of the non-teaching staff interviewed, almost 50% were between 35 and 49 years old and 24% more than 50 years old. At the time of the interview 50% lived with their partner; the percentage of married men exceeded that of women by over 20% and 30.9% of men were single.

The level of education of the workers of this sample is high, 11.8% had some tertiary or university and 38.2% had completed university. Almost 25% of

[β] The survey was designed by the research team that Christian Castillo and Pablo Pozzi coordinate.

the population at the time of the interview attended undergraduate or graduate programs. The percentage of women attending university (60%) is noteworthy. 32.4% do not own a home. Of this sub-group, 66.7% pay rent between $350 and $400 monthly, this is more than 35% of the income that families depend on for sustenance.

76.5% of the people interviewed have children. Of those 86.5% have between 1 and 3 children, and 13.5% have 4 or more children. The data of the survey indicate that 26.5% of those interviewed have a single source of income for the family, while 45.6% have two or more sources of monthly income.

Economic situation of non-teaching staff

The average family income does not surpass $1000 per month for 45.6% of those surveyed, 48.5% have an average income between $1001 and $2000. Only 5.9% reported having an income over $2000.

When considering the basic market basket index (INDEC- October 2005) which establishes the poverty line at $ 809.33 per month for a family with two children between 5 and 8, we can affirm that nearly half of the workers of this study group lives above the poverty line. Living conditions worsen for those who rent housing, who earn an average wage below the poverty line.

As a result of the implemented reform policies, 10,3% of those interviewed make less than 500 pesos per month for their work at the Hospital, almost three quarters of those interviewed make between 501 and 1000 and 20,6% make from 1001 to 2000; only 1,5% surpassed 2000 pesos. 10% of this group of workers makes less than what is established as the minimum wage ($650) and more than three quarters of them earn incomes below or very near the poverty line.

It is necessary to examine these results to understand the reason why work in a university hospital - considered a symbol of prestige - has become a devaluated occupation.

75% consider their socio-economic situation between regular and bad. A similar response is observed in relation to the possibility of saving (nearly 75% were unable to do so). More than 70% consider that the wage they receive is not a fair remuneration for the work they perform, whereas 23.5% perceive it as fair.

67.6% of those surveyed declared not feeling exploited at work; 8.8% do not know or did not answer and only 23.5% recognize this condition of exploitation. 50% of those interviewed expressed that in relation to the possibilities of access to the health, consumption, and vacation, they are in worse economic conditions than their parents.

Work conditions

In relation to work conditions we observed that the reform process carried out at the Hospital has resulted in the intensification of work and deterioration of labor rights for the workers.[χ]

With the incorporation of new technologies 45.6% saw their task modified, while 32.4% spoke of changes in the organization of the work.

26.5% of those interviewed expressed having an excessive work pace, whereas 67.6% considered it suitable. Paradoxically, almost 70% expressed the necessity of increasing the amount of personnel in order to complete the assigned workload; 48.5% consider that the workload has increased in the last year, 47.1% say it has not changed and 4.4% report that the workload has diminished.

30.9% express that the conditions of hygiene in the institution are not adequate. 26.5% stated that work related accidents are common and 39.7% stated that work related illnesses are frequent. If we add to these data the intensification of working pace and the necessity of more personnel in certain services we can see a critical issue in the working conditions. Significantly, the idea of a non-exploitative workplace is contradicted by our data in relation to increasing workload and working conditions, the need for more personnel, the precarious hygienic conditions, and the increase of work related illnesses and accidents.

It is worth noting that nearly 70% of the respondents do not relate self-management with obtaining resources for the operation of the hospital. In the present organization of work it would seem that

[χ] The new collective agreement, signed in 2006 between the government and Federation of University Workers (FATUN), accepts labor multifunctionality and flexibilization.

charging fees for services provided has been normalized because those fees serve the purpose of replacing the cuts in budget destined for the hospital.

Political-union participation

In considering to political-union participation by workers, and methods for solving labor conflicts, we found two significant issues: On the one hand silence or refusal to answer questions related to participation in politics and union activities, and on the other, a preference for addressing these conflicts individually.

66.2% of the workers refused to respond or to comment on union related problems; 70.6% refused to comment on work conflicts. We should emphasize that the majority of workers in whom we observed fear or refusal to respond or comment had stable employment (almost 90%) and strong feelings of belonging to the institution (75%). Silence appears as a response (when associated with age, sex and occupation) and is related to participation in union activities and in other spheres of social conflict. We are referring to workers who participate in: *marches for the day of the worker, in defense of the rights of women, against the easy trigger* (a skill observed in the security agents, so that the weapon "without intentionality" goes off, to finish or to try to end the life of generally poor young thieves); *the participation in "cacerolazos"* (peaceful street protests in which beats "empty" pots with double purpose of making noise and demonstrating that wages are not enough to fill the pots); *sit ins and cuts* (groups of workers and ex- workers that block highways and/or streets in protest or discontent), *organization with other sectors, boycotts, strikes, etc.*

In relation to these actions of resistance - like *assemblies, petitions, work stoppage, and mobilizations- the* participation varies between 22.1% and 30.9% of the total non-teaching staff interviewed. Considering the more active practices - like *blockades, taking over buildings, and boycotts,* the workers display a more significant reticence to talk, refusing to respond (affirmatively or negatively) in numbers that oscillate between 66.2% and 70.6%.

It is important to emphasize the difference we found when we asked about sociopolitical ideas. Silence is replaced by words and the workers do respond about the *political tendency of the family*, and about their *political self identification*. They also comment on the justness of the *capitalist system*, on if an alternative economic-*political system* is *necessary*, and on the *payment of external debt*[δ].

We found paradoxical situations, certain contradictions between the silence/refusal to respond and the answers that give account of some labor problems such as *ideological persecution, discrimination and sexual harassment*[ε]. The high numbers of those who refused to respond are in opposition to the low percentage that report experiencing these labor problems. It would seem that it is "possible" for them *to separate from the induction to silence* as the questions become less relative to the institution.

When analyzing the relation between the type of occupation and the methods they choose to solve labor conflicts, we observed that workers prefer individual solutions. When offered three possible options, there was agreement in the first option chosen by administrative, professional and services employees groups: the preferred strategy is to go to the manager and to solve the problem individually.

[δ] . On the *political tendency of the family the* workers say that 51.5% are Peronist; 23% radicals 23%; 8.8% non-political; 4.4% left; 1.5% right and 5.9% no response/do not know. In relation to *political self identification* they responded that 51.5% are non-political; Peronists 16.2%; others 10.3; left 5.5%; center left 4.4% and no response/do not know 8.8%.
For 83.8% of the workers *Capitalism is not a just economic system;* for 4.4% it is and 11.8% no response/do not know. 70.69% say that an *alternative economic-political system* is necessary, 5.9% say that it is not and 23.6% no response/do not know. On the *payment of the external debt* 63.3% think that it is not necessary to pay it, 22.1% think that it is and 14.7% no response/do not know.

[ε] When questioned about *ideological persecution* 50% declared that they do not experience it, 22.1% respond that they do and 27.9% no response/do not know. In relation to *discrimination* 54.4% do not feel discriminated, 14.7% respond that they do and 30.0% no response/do not know. On *sexual harassment* 64.7% said they do not experience it, 1.5% do experience it and 33.8% did not respond.

Table: Preferred method to resolve labor conflicts
Non-teaching employees, National Clinical Hospital, Cordoba
Numbers represent percentages of persons picking each option.

Administrative personnel			
	1st choice	**2nd choice**	**3rd choice**
Go to the manager	50	21.4	50
Speak with fellow workers	12.5	21.4	00
Go to the union	12.5	14.3	12.5
Speak to a lawyer	20.8	7.1	37.5
Others	4.2	35.8	00

Professional personnel			
Go to the manager	71.5	11.8	40
Speak with fellow workers	14.3	58.8	0
Go to the union	4.8	5.9	0
Organize a meeting	9.5	5.9	50
Go to the delegate	0	17.6	0
Others	0	0	10

Maintenance staff			
Go to the manager	52.,4	11.8	18.2
Speak with fellow workers	23.8	41.2	0
Organize a meeting	4.8	5.9	27.3
Speak with the delegate	4.8	1.8	9.0
Go to the union	4.8	17.6	00
Speak to a lawyer	9.4	11.8	45.5

47.1% of the workers of the group in study were members of the union (50% not affiliated and 2.9% did not answer); 12.5% of the office staff and 4.8% of the professional and service personnel used the union to solve conflicts. 42.6% of the workers said that the union did not defend its interests, 22.1% expressed that it did and 35.3% claimed not to know or deal with any delegates of the union.

Discussion

For the workers of the National Clinical Hospital of Cordoba, we found that the framework of the health sector reforms meant marked wage deterioration, loss of labor rights, fear, silence, individualism and distrust in trade union organizations and political parties.

The data we collected takes on meaning in the context experienced by workers since the coup of 1976. Since then the distribution of income for the workers has been redefined along with a process of institutional repression that continues today. The deterioration in the income of this study group reflects how the neoliberal trade model ("modelo aperturista") created institutional conditions in the mid-1970s that - for workers – meant a decline in real wages and in their share of income distribution, a decline unheard of in the previous four decades of Argentina's history. In 1976 alone real wages declined by 37% in relation to 1974-1975, while the share in income distribution dropped from 44% to 28%. (Torrado, S. 1994). This deterioration was possible thanks to the installation of repressive mechanisms that dismantled the horizontal organization of the work place. Hence, the motivation not to respond, to remain silent as an operational model for self-preservation, is one of the psychological effects of the political repression in Argentina since the military coup in the mid 70s. This perverse practice emerged during the years of terror, continued as a functional device and was consolidated at the end of the 80s when hyperinflation assaulted already meager salaries and fear became tangible with the beginning of progressively greater levels of unemployment.

Obedience to the mandate of silence in interpersonal relations brings about situations of isolation and difficulties at work (Kordón, Diana, Edelman, Lucia, 1986).

Fear of losing one's job and the threat of greater future uncertainty causes workers to accept discipline and maintain a submissive attitude. They feel forced to perpetuate labor conditions that they revile. Thus, fear, uncertainty, rigidity are some of the by-products of this discipline, as pointed out by Dulce Suaya says (2003). Although there were no dismissals of workers in the hospital, transfers to positions of lower rank in other areas of the University were used as tools of threat and punishment. After the implementation self-management the hospital's financial management staff were transferred.

Silence, the resolution of labor conflicts by means of individual action, the meager participation in social-political-union and community organizations characterize these health workers.

Can it be that "control" within the framework of "management by threat" and job insecurity favors the development of silence as a response, and an attitude of "every man for himself"? (Dejours, Christophe, 2006).

Are silence and the refusal to respond defensive strategies which lead workers into isolation and indifference? When we relate these facts to the data obtained through in depth interviews and the direct observations of those who we interviewed we can affirm that in the University Hospital these practices became normalized, forestalling the possibility of collective action in the face of labor problems, and establishing individual resolution of conflicts under the logic of "save yourself if you can".

The systematic deterioration of the public sphere, the exaggerated individualism, the defense of the individual as the supreme value of the market and of social life, have undermined rights and social values such as solidarity. These changes in social life have partly destroyed the idea "of shared and solidaristic duties" on which community life rested (Galende Emiliano; 1997).

In the choices of the workers we can observe the force that the social acquires in neoliberalism, as seen in the imposition of subjective values and the impact on the practices of these workers. The disintegration of group loyalty and of social bonds seems to partially explain the lack of participation in the workplace. Thus, individualism and its values, so antagonistic to the values of solidarity in the social sphere, express themselves in all aspects of life (Dejours Christophe, 2006).

It is notable that during years characterized by social discontent, mobilizations and protest over the political, economic and social situation, those left out of the job market, - teachers, judicial representatives - all went out to join the struggle. The fact that the workers of the university hospital were absent and did not take part in the social unrest, is a strong indicator of congruence between the values, attitudes and conducts promoted in the non-teaching staff with the social relations of production that strengthen and legitimize the existing social structure.

The attitude of the workers towards the union and trade union delegates and their tendency to solve labor problems on individual terms reveals the weak institutionalization of the unions as legitimate agents of representation and negotiation. Along the disintegration of the unions went the loss of opportunities for participation, isolating the opposition and inhibiting collective action as a way of resolving conflicts.

The position adopted by workers when comparing their family's political tradition (Peronist for more of 50% of this group) with their own self-identification as apolitical, probably corresponds with the breakdown that Party of Justice underwent. This party, again in the power in the 90s, expected incorrectly that the principles generated in the 40s and 50s would still hold. The workers' attitude could also be attributed to the distrust in the institutionalized political parties and their tendencies towards political clientelism and corruption within a neoliberal ideological framework. But we observed that they are not reluctant to make value judgments in relation to structural aspects of politics, such as the injustice that the capitalist system generates, the nonpayment of the external debt and the necessity for the establishment of a workers' party. This situation leads us to the conclusion that in fact, the workers of the Hospital of Clinics are non-partisan rather than non-political, as a result of the deception and the rejection that double talk generates, the trivialization of politics and the corruption that permeates all arenas of power.

In conclusion, Hospital self-management and the multiple programs on which the health reform is organized, intensify; competition, fragmentation in the workplace, tension and distrust between coworkers and the work load. This forces us to engage in a struggle to improve wages, the atmosphere of office power politics and influence, and that which modifies the subjectivity of workers and conditions their health-disease status.

Conclusion

A characteristic of the organization of work in the Hospital is that it is centered in the handling of authority and its intermediaries. On this depends the whimsical hiring and stability of personnel. This leaves workers at the mercy of this structure so as not to lose "benefits" that are exclusively dependent upon the individual relationship that each person has with the authorities. This was expressed, for example, by one informant who said: "they act as if the teaching hospital were a private clinic". Those who are considered conflictive receive punishments such as transfer or isolation, leaving them without function. This situation would be deemed grave in any historical moment, since it implies the loss of potentialities and talents that could make key contributions for social transformation and open new ways of thinking and doing in the face problems that deserve to be addressed in new and innovative ways.

There is a resigned acceptance of the imposed conditions, demonstrating that the systematic strategy of emptying and extermination continues marking the practices of workers, their destinies and their health. The environment of these relations as they currently exist complicates the possibility of thinking of building an experience whose effect is the questioning and the

denormalization of the existing order, whatever it may be. The difficulty in generating spaces that include the possibility of building collective projects of action and the low levels of interaction in daily life could become potential components of destructive processes affecting the health of this group of workers.

Is the absence of understanding that both the past order and the present one are both contingent, a barrier to the possibility of interpreting the events that involve the workers with their future?

The powers that direct the current state of affairs will have to pay attention to a new arena of political struggle that has been deepening since the beginning of the century and may become a matrix for new forms of organization.

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