

## Expanded Conception on Health Technicians - Concept Note

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Traditionally, the expression “health technicians” refers to workers trained in technical courses in the area whose professionalization is regularized in both the field of work and education, having as parameters the primary education of high school level and technical professional training. This conception will be called technical workers in the strict sense.

The Joaquim Venancio Polytechnic School of Health of the Oswaldo Cruz Foundation (EPSJV/Fiocruz), historically, works with a broader conception that covers, in addition to the technicians, those professionalized workers in the health area with elementary and higher education (technologists). It also welcomes unprofessionalized workers, regardless of education, who work in functions that mobilize knowledge and practices of a technical nature (Escola Politécnica de Saúde Joaquim Venâncio, 2003). This expansion sought to include workers who were denied the right to vocational training or who had this training associated with the fundamental level of primary education, even though they play primordial roles in the health work process, as Guimarães, Pereira, and Morosini (2010) recall.

This movement tries to highlight situations of exclusion in relation to education, training or professional regulation that characterize an important part of the health workforce. A notorious example of the latter case are the community health agents (CHWs), whose large-scale technical professionalization began to be promoted only in 2023 by the Ministry of Health, 19 years after the publication of the Curricular Reference for the Technical Training of the

Community Health Agent (Brasil, 2004), 21 years after the publication of the Law that created the profession (Brasil, 2002) and 32 years after its incorporation into the Unified Health System (SUS), as strategic workers in the scope of Primary Care. It is worth remembering that, from 1991, when the CHWs joined the SUS, until 2002 when the profession was created, the education requirement for these workers to work in health was only to know how to read and write.

At the Observatory of Health Technicians (OTS) of EPSJV/Fiocruz, we realized the need to resume and update this conception due to the challenges encountered in studies and research on the reality of work, training, and the health workforce.

Revisiting its foundations, we return to the notion of professional qualification, understood as a social relationship that mobilizes dimensions related to training and work in an inseparable way. Such dimensions concern the policies and legislation of both fields, the conformation of the education system, the curricular organization of vocational training courses, the system of classification of positions and salaries, the definition of the scopes of practices and attributions at work. Its effects include the organization of the process and labor relations, the classification and hierarchy of jobs, as well as the delimitations of different professional groups (Morosini, Lopes, Chagas, Chinelli and Vieira, 2013).

From this perspective, articulating criteria of schooling, training, scope of practices and labor regulation, we revalidate the conception disseminated initially by the Polytechnic School, summarized as follows: workers who work in the health area, with varied education – elementary, high school and higher education – and technical or technological higher professional training, as well as those who work without professional training in the area, with knowledge acquired in and through work.

To better understand this large group of workers, four subgroups were characterized, defined in relation to their situation in the process of professional regulation – standardization of their training and work – compared to health

technicians in the strict sense. In other words, the workers traditionally recognized as health technicians are placed in a central position as a comparative parameter for the definition of subgroups, that is, those whose professionalization is regulated both in the field of work and in education, having as structuring parameters primary high school education and technical professional training.

It is based on the idea that technical training is the minimum necessary condition for professional training in our country, whether in health or on any other front of action. It implies understanding that high school education is a right that needs to be universalized for the entire Brazilian working class. It is, therefore, a construction, at the same time, ethical-political and theoretical-methodological. Ethical-political because it seeks to give visibility to workers who fulfill strategic functions fundamental to Brazilian health but who often do not receive qualifications, nor are they recognized and valued socially as they should. It is theoretical-methodological because it concerns the expanded understanding of health, which refers to the inseparability of its multiple determinations: biological, environmental, psycho-affective, cultural, and socioeconomic, among others. Likewise, it refers to the understanding of health work as a complex work, formed by varied and complementary fields of knowledge and integrated by scopes of diverse and equally complementary practices, all important for the process and result of the work.

The four subgroups that make up the expanded conception of health technicians are:

- **Assistants and workers in the struggle for professionalization:** workers who carry out technical activities, professionalized as assistants or in the process of regulating training and work. It is a diverse and numerous subgroup of female workers, among whom many are seeking professional recognition and access to labor rights.
- **Health Technicians:** They are trained in technical course in the health area, whose professionalization is regulated both in the field of work and

in education, with basic secondary education and technical professional training.

- **Technologists:** workers graduated from higher education courses in Health Technology, resulting from scientific and technological development and the developments of the socio-technical division of labor, which directs the student to a specific professional area, in a short higher education course, usually between two and three years.
- **Workers in the health sector:** workers with different levels of education – primary, secondary, and short-term higher education (technologist) – ducted health activities but who do not have specific training in the area. Their activities are indispensable to health services and actions, even if they are not exclusively carried out in this field. Examples are maids, ambulance drivers, security guards, general service assistants, receptionists, occupational safety technicians, and food technologists.

These subgroups were designed based on studies that articulated information from the National Register of Health Establishments (CNES), the National Catalogue of Technical Courses (CNCT), the National Catalogue of Higher Technology Courses (CNCST), the Brazilian Classification of Occupations (CBO), and other regulations and legislation specific to each profession (Koster, Carneiro, Bilio, and Leal, 2024).

This classification effort was necessary to identify the different realities that correspond to the different workers who integrate health work in numerous functions in the various spheres of action. It allowed, for example, for them to be accounted for in the data collection process at CNES, making it possible to size the participation of the multiple nomenclatures attributed to the various workers welcomed in this large group of technicians.

This diversity corresponds to the stratification of knowledge and practices in health, a product of the socio-technical division of labor, characteristic of the capitalist mode of production, which is reproduced in health work, as described by Peduzzi (1998), Pires (2009) and Gomes (2017). They imply the

differentiated social valuation of diplomas, positions, and functions expressed in social prestige, remuneration, and unequal working conditions.

Thus, a fragmented and hierarchical work context is configured, composed of functions characterized as manual, supposedly performed without the need for reflection, intermediate tasks that require more excellent training and technical skills, and functions defined as intellectual, to which greater responsibility is attributed and which are considered more complex and sophisticated. This logic determines the subordinate/subaltern insertion in the health work process of the workers of this expanded group of technicians. This is a significant part of the workforce that is little seen and less valued but is of great importance on the various fronts of health: attention, surveillance, diagnosis, maintenance, etc.

Thus, we can say that health work feeds back the structuring inequality of Brazilian society. This inequality is expressed, for example, in lower wages and less social prestige attributed to technical activities and professions, greater ease of substitution related to their weaker qualification, and the greater supply of female workers for existing jobs. Under these conditions, the technicians of this expanded group are, in general, more exposed to insecurity and less protected from the precariousness of work in progress in the private and public sectors, as evidenced by the research of Public Services International (2022). They are also invisible in teams, institutions, and policies.

It should be noted that the process of social reproduction of the subalternation of fractions of the working class shows no signs of weakening; on the contrary, it remains strong. In the health care field, for example, we have seen the creation of new functions such as caregivers of the elderly, Mental Health caregivers, and doulas, who fulfill the most relevant and necessary social functions but who are subjected to precarious relationships and working conditions. They are part of the first subgroup defined in this note, adding to the workers struggling for professionalization, whether about training or professional regulation.

The horizon of equalization of relations and working conditions and horizontalization of functions and scopes of practices in health work complement the ethical-political foundation of the expanded conception of the technicians presented here. It points to a more democratic, interdisciplinary, and collective health work process, which mobilizes the most diverse areas of knowledge and training and becomes an agenda of struggle in an expectation of reversing the unequal reality of health work in Brazil.

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