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DOUBLE WORKING HOURS IN NURSING: PARADIGM OF PROSPERITY OR REFLECTION OF THE NEOLIBERAL MODEL?

DUPLA JORNADA DE TRABALHO NA ENFERMAGEM: PARADIGMA DA PROSPERIDADE OU REFLEXO DO MODELO NEOLIBERAL?

DOBLE JORNADA LABORAL EN ENFERMERÍA: ¿PARADIGMA DE PROSPERIDAD O REFLEXIÓN DEL MODELO NEOLIBERAL?

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Objective: to understand the reasons that support the practice of double working hours in nursing. Method: qualitative research, conducted with 30 nursing workers with double working hours practiced in public and/or private sector institutions, in nursing care and/or management activities, recruited by the snowball technique, between January and March 2019, in Eunápolis, Bahia, Brazil. Data were collected by applying a questionnaire and semi-structured interview, processed by Iramuteq[®] and submitted to lexical analysis through Descending Hierarchical Classification. Results: two classes emerged: The precariousness of nursing work; and Aspirations and needs of nursing workers. Final Thoughts: the practice of double working hours in nursing is related to the strong influence of the neoliberal model on the nursing work process, which does not offer the worker adequate material remuneration according to the activities performed and is also related to the cultural issue resulting from the ease of reconciling multiple jobs.

Descriptors: Nursing. Work hours. Occupational Health. Legislation, Nursing. Working Conditions.

Objetivo: compreender os motivos que sustentam a prática da dupla jornada de trabalho na enfermagem. Método: pesquisa qualitativa, realizada com 30 trabalhadores de enfermagem com dupla jornada de trabalho praticada em instituições do setor público e/ou privado, em atividades assistenciais e/ou gerenciais de enfermagem, captados pela técnica snowball, entre janeiro e março de 2019, em Eunápolis, Bahia, Brasil. Os dados foram coletados mediante aplicação de questionário e entrevista semiestruturada, processados pelo Iramuteq® e submetidos à análise lexical

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via Classificação Hierárquica Descendente. Resultados: emergiram duas classes: A precarização do trabalho de enfermagem; e Aspirações e necessidades dos trabalhadores de enfermagem. Considerações Finais: a prática da dupla jornada de trabalho na enfermagem está relacionada à forte influência do modelo neoliberal sobre o processo de trabalho da enfermagem, que não oferece ao trabalhador a retribuição material adequada em função das atividades desempenhadas e também se relaciona à questão cultural decorrente da facilidade de conciliar múltiplos empregos.

Descritores: Enfermagem. Jornada de Trabalho. Saúde do Trabalhador. Legislação de Enfermagem. Condições de Trabalho.

Objetivo: entender las razones que apoyan la práctica de doble jornada laboral en enfermería. Método: investigación cualitativa, realizada con 30 trabajadores de enfermería con doble jornada de trabajo practicada en instituciones del sector público y/o privado, en cuidados de enfermería y/o actividades de gestión, captadas por la técnica de bola de nieve, entre enero y marzo de 2019, en Eunápolis, Babía, Brasil. Los datos se recopilaron aplicando un cuestionario y una entrevista semiestructurada, procesada por Iramuteq® y sometidas a análisis léxicos a través de la Clasificación Jerárquica Descendente. Resultados: surgieron dos clases: La precariedad del trabajo de enfermería; y aspiraciones y necesidades de los trabajadores de enfermería. Consideraciones finales: la práctica de la doble jornada de trabajo en enfermería está relacionada con la fuerte influencia del modelo neoliberal en el proceso de trabajo de enfermería, que no ofrece al trabajador una remuneración material adecuada de acuerdo con las actividades realizadas y también está relacionada con la cuestión cultural resultante de la facilidad de conciliación de múltiples puestos de trabajo.

Descriptores: Enfermería. Horas de Trabajo. Salud Laboral. Legislación de Enfermería. Condiciones de Trabajo.

Introduction

The double working hours is a common practice among nursing workers who assume more than one labor bond and, consequently, face exhaustive workloads, due to the hours actually worked. Previous studies (1-3) mention that nursing workers are driven to take multiple working hours in order to guarantee economic support. However, since when the remuneration of nursing workers has been no longer enough? Are nursing workers influenced by a paradigm of prosperity, which bets on the double working hours as the possibility of acquiring goods and accumulating wealth? Moreover, in addition to the financial question, are there other reasons that support the practice of double working hours in contemporary nursing?

Upon reflecting on these questions, it can be considered that the problem of double working hours among nursing workers has several factors. Although Law n. 7,498/86 regulates the professional practice of Brazilian nursing, there is no legal provision specifying the working hours of these professionals. Thus, when these workers, inserted in a market of capitalist economy, find employment opportunities that allow them, due

to the flexibility of work scales, to reconcile two or more employment ties, they do not hesitate to accept.

In an attempt to reconcile working hours, day and night shifts are often used, which require a wearing adaptation, bringing consequences for workers' health, compromising productive capacity and causing disturbances in organic and physical functions. Moreover, there are losses to institutions and patient safety, due to the deficit in the capacity of concentration and attention, as well as commitment in the relationships of social life⁽⁴⁾.

When investigating the state of the art, a survey of the Brazilian scientific production on this theme was made, considering as timeframe the period from 2000 to 2018. This had in view the historical framework represented by the bill of Law n. 2,295/2000, which regulates the 30-hour weekly journey for nursing. It is noticed that, in Brazil, few studies specifically address the double working hours among nursing workers⁽⁵⁻⁷⁾.

However, based on these studies, it is possible to affirm that this practice is not restricted to a

single municipality, state or region of the country. There are indications of the occurrence in different scenarios and contexts of contemporary nursing performance. These aspects confirm the need for producing knowledge that overcomes the existing gaps on the subject, as well as makes it possible to focus on the problem with greater immersion.

It is important to consider that it was not possible to identify the exact moment when the practice of the double working hours began, nor the reasons that contributed to the perpetuation. Nevertheless, it is believed that the implementation of the neoliberal model, as well as the economic crisis that marked the last three decades of the 20th century, worsening, from 2008 on, aggravated this situation due to the increasingly low wage levels⁽⁸⁾. Thus, in order to understand better the problem on screen, studies related to the neoliberal model and the precarious nursing work were used.

Thus, this study is justified and becomes relevant, because it brings reflections that serve as a warning, especially to nursing workers, because, living from work and to work, they might face in a game of contradictory forces that go out of reach of personal goals, leading them to a process of self-acceleration, alienation and distancing from emancipatory practices, which make them vulnerable to the disease process, in addition to compromising the quality of nursing care provided.

Thus, the objective was to understand the reasons that support the practice of double working hours in nursing.

Method

This is a qualitative research that sought to meet the steps recommended by the Consolidated Criteria for Reporting Qualitative Research (COREQ). This is a research guide composed of 32 items considered necessary for the development of qualitative studies⁽⁹⁾.

The study was carried out in the city of Eunápolis, headquarters of the municipality with the same name, located in northeastern Brazil, in the state of Bahia, Brazil, 396 km away from the capital (Salvador). In terms of population, it has 112,318 inhabitants⁽¹⁰⁾ and has about 447 nursing professionals working in the various health services of the municipality⁽¹¹⁾. However, it is not possible to know the exact number of these workers who work with double working hours.

The city of Eunápolis was chosen as a study scenario because it was the place where empirical observation occurred, where the first concerns about the theme and interest in research arose.

The study was conducted with 30 nursing workers with double working hours, recruited by the snowball technique, during the months of January and March 2019.

Inclusion criteria were established to participate in the study: nursing workers (nurses and nursing technicians) with double working hours, resulting from more than one labor bond in the nursing area, practiced in public and/or private sector institutions, in nursing care and/or management activities; residing in the municipality of Eunápolis or in municipalities that integrate the same health region, which includes the cities of Belmonte, Guaratinga, Itabela, Itagimirim, Itapebi, Porto Seguro and Santa Cruz Cabrália.

The exclusion criterion was: nursing workers (nurses and nursing technicians) with double working hours below one consecutive year. This criterion was based on the belief that the period of one year is minimally necessary for these professionals to familiarize themselves with the routines necessary to fulfill these two working hours, in different institutions, consider the advantages and disadvantages of this practice, assess the financial return and their impacts in work and personal life.

Data collection was performed through a questionnaire to characterize the participants, and semi-structured interviews, which consisted of questions related to the interviewees' experience regarding the double working hours. The interviews were conducted according to the availability of the worker and outside the workplaces, after signing the Informed Consent Form (ICF). The recording of the interviews was

performed after the respondents' agreement, lasting between 25 minutes and 1 hour and 30 minutes. After transcription, their related texts were revised in relation to the spelling, without altering the essence, and returned to the participants for reading and approval of the content.

It is noteworthy that there were ten refusals to participate in the research and the alleged reason was the unavailability of time, due to the extensive working day. Data collection was interrupted upon considering reaching theoretical and empirical saturation and, therefore, the data produced were satisfactory, because they already answered the guiding questions and the proposed objectives. After the sixth interview with nurses and the fourteenth interview with nursing technicians, the data repetition was observed and no new information emerged. Therefore, the collection of new data would add little information to the discussion.

For content analysis, lexical data analysis was applied using the software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ®), version 0.7 alpha 2. To perform the analysis, the following were followed: organization preparation of the data, with the full transcription of the interviews, codification and arrangement of the data in textual corpus format. All material from the interviews previously organized in a single text file by the researcher is understood as a corpus; reading of the data to obtain the general perception of the ideas expressed by the interviewees; data processing through the Reinert Method. In this last stage, the software IRAMUTEQ® was used, which, when processing the textual corpus generated, through the Descending Hierarchical Classification (DHC), divides the corpus into classes, based on the similarity and difference between the sentences. The DHC allowed identifying the prevalent lexicons in each context and the Text Segments (TS) of each class. TS are the main units of textual analysis of this type of software (12).

After the steps mentioned, it was possible, based on the raw data presented by the

software, to perform the treatment of the results – inference and interpretation, a stage in which the researchers sought to make the results meaningful and valid. In this phase, the deduction of the description and analysis of the different classes found by the software occurred logically. At that moment, with the details of the interviews, there was the return to the theoretical framework, using other findings from the literature, seeking to support the analysis, giving meaning to the interpretation and seeking what was implied in the meaning of the words, for a deeper statement of the discourses.

The data were analyzed based on textual elements, highlighting critical considerations about the neoliberal model and the precariousness of nursing work. It is noteworthy that the classes presented answered the objective of this study.

In the presentation of the results, aiming to maintain the participants' anonymity, at the end of the TS, the codification "N" or "Tec" was adopted, representing, respectively, the participants nurses or nursing technicians, followed by an Arabic number that indicates the chronological sequence of the interlocution performed.

The development of the study respected the ethical precepts of voluntary participation, clarified and consented, according to Resolutions n. 466/2012 and n. 510/2016, of the National Research Ethics Committee of the National Health Council, being submitted to the analysis and issuance of favorable opinion from the Research Ethics Committee at the Anna Nery Nursing School. Thus, through voluntary participation, the recruited participants were protected by signing the ICF, respecting autonomy, dignity and anonymity.

Results

The participants were 30 nursing workers, with double working hours, resulting from two employment bonds. Of this total, 10 were nurses and 20 were nursing technicians. Of the 10 nurses who composed the sample, six began their nursing career as nursing technicians and subsequently entered the graduate course. Of

these, three were inserted in the labor market, acting as a nursing technician, or as a nurse. Of the 20 nursing technicians, two conciliated, in addition to the double working day, the studies, because they chose to attend the nursing degree offered in a distance education course, taught at night, in a private school institution.

The net income declared by the research participants, upon considering the sum of wages received from the employments, points out that nursing technicians with double working hours received between two and four minimum wages. Among nurses, the predominant wage range was between four and ten minimum wages.

In addition to the above, based on the data processing in the software IRAMUTEQ[®], it was possible to identify the main lexicons of each class. Thus, when analyzing the segments of texts and the contexts in which these lexicons were evoked, the themes developed in each class were identified, which allowed naming them as follows: The precariousness of nursing work (class 1, with 23.31% of the corpus) and Aspirations and needs of nursing workers (class 2, with 14.93% of the corpus). Both will be discussed below.

Class 1: The precariousness of nursing work

In this class, among the most frequent lexicons were: wage, employment, to earn, real, value, income, 30 hours, wage floor, financial issue, culture.

In this perspective, nursing workers emphasized that the main reason that motivated them to seek a second labor bond and, thus, assume a double working day was the low wage received by the category, as can be seen in the following excerpts:

First, the wage. Nursing technicians' wage is low, practically a minimum wage, so for us to pay the bills, there is no way, we have to make this rat race. (Tec7).

Nursing wage is a bit lame, so you have to have two jobs to get a better income. Some nurses study, go to college, and are out there earning 1,000.00 BRL gross. (N1).

Another reason indicated by the study participants was related to the current situation

of the nursing labor market, which, in addition to employability problems, due to fragile employment bonds, generated in the worker the fear of losing the job, as expressed in the reports:

After college, I spent a long time to get a job. I realized that, as a nursing technician, I was never absent, but as a nurse, yes. As I had a lot of difficulty in getting into the job market as a nurse, when I got a job, I clung to it. I got too clung to working harder, because I saw that it was difficult for other people, and how am I going to dispense with something if there so many people need it? (N2).

There is the hiring issue too. It makes me stay in two jobs. I have tried to leave, but you get scared, because you are at the mercy. You are afraid to quit one job and then lose the other and remain with nothing. You feel threatened all the time. And there is the political issue, the government changes, everyone is fired, so many things. (Tec7).

The interviewees attributed the double working day also to the absence of a decent wage floor, the devaluation of the category and even the scarcity of political engagement of nursing in fighting for better wage conditions, as can be seen:

If we had a wage floor and were valued as professionals, we would not be with this double or triple working day. (N10).

We are devalued, we have never been valued. But we are like that, because if we do not value each other, no one will value us, no one will respect nursing, no one will fight for us. (N4).

The interviewees also pointed out that society considers that nursing workers with double working hours are seeking to get rich and, therefore, assume this routine even considered madness. The fact is that, with precarious and insecure employments, this practice is seen by workers as a way to envision some security and/or right in the future.

People think I am going to get rich for having two jobs. They think I have a lot of money, which is not the reality. Even because of the financial crisis we are living. Back in the say, with two jobs, I lived well. Today, I am always on the edge. (N9).

People say, Why is that? You do not need that, you are killing yourself like that. That is crazy! But we know. No one knows my needs, no one knows what I really need. (Tec10).

People look for another job with a signed employment record book, because if, in the future, the person needs a leave, a maternity leave, you have the right, but not at the city hall. (N3).

I always try to have a job with a signed employment record book, for stability, thinking about the future, in retirement. (Tec6).

Finally, it was also identified that, in addition to a financial issue, some nursing workers were submitted to double working hours for a cultural issue, related to the practice of multi-employment, common to health professions, as can be seen:

I had no need to be in two jobs, but I am used to it. (Tec14).

Everyone has already created the culture that nursing has two or more jobs. It is culture, you often have no need, but you get used to it in such a way that if I am going to stay in one job, I am going to have to readapt to that. (Tec2).

Those who do not have two jobs are out of context. For us, it is already common. We end up thinking that if you have a single job, you must have a very good life. (Tec11).

We go by necessity, to achieve our goals. I needed to have two jobs, but over time, what makes you keep them is the habit, the culture. (Tec10).

Class 2: Aspirations and needs of nursing workers

In this class, among the most frequent lexicons were: son, buy, car, father, pay, mother, cost, live, land, keep, help, college, home ownership, rent, conquer.

Considering these lexicons, nursing workers took full use of multiple employment and underwent double working hours, in order to bring provision to the home, offer better living conditions to their children, through access to quality educational services, in addition to helping parents and family members, as expressed in the statements:

Economically, the double working day is a necessity, because we have fathers and mothers taking care of their children, grandchildren. Many professionals belping other people financially. (N1).

How is a father or mother supposed to provide with 1,380 BRL? And that is why I work at night. So this amount still has the additional, but the government worker's wage is 1,040 BRL. (Tec13).

I have a friend who has three children. He told me that only the school modules, now at the beginning of the year, be spent 7,000 BRL, for the children to stay in private school, because public education in the region is not satisfactory. (N10).

I work for my daughter, to keep my daughter in a good school, to pay for a ballet, an English course. (Tec16).

Nursing workers also mentioned that the acquisition of material goods is only possible and/or were conquered due to income from multiple jobs, which motivated the practice of double working hours.

Only after I started with both jobs I managed to buy my land, to build my house. A teammate who worked with me also had two jobs. She quit one, but then she told me, "Friend, it is not working. I have got to get back. I bought my house now, I need to pay for my house, so I am going to have to go back, It is not because I want to not, but I need to. (N5).

I am paying for a lot of land we bought, I help my husband pay for the car, and since we live in a rented house, we still have other bills. So, my cost is very high and we are very underpaid in nursing. I find myself forced to have two jobs, not because I want to. (Tec20).

Another aspect highlighted by the interviewees was the need for multiple employment, so that they could invest financially in the acquisition of knowledge, that is, in professional training.

The teammates I observe need a second job to be able to pay for college, for example. Their parents often have no condition to pay for college for them. They have two jobs to achieve a personal goal. (Tec16).

When I went to college, I needed to keep both jobs to pay for college. So I ended up studying and having two obs. (N1).

Discussion

Regarding the data of the study participants, three aspects deserve attention: the fact that 60% of nurses started their careers as nursing technicians; the occurrence of 30% of nurses being inserted in the labor market as nursing technicians; the situation that 10% of nursing technicians, in addition to taking double working hours, also reported reconciling work and study.

Concerning the first aspect, it is common, in nursing, that nurses have had the first contact with the profession through the completion of the nursing technical or assistant course⁽¹⁾, which leads to the assumption that this workforce has significant experience in the practice of nursing, because there is previous experience in this work context, even before graduation.

However, it is disturbing the fact that these professionals work in jobs with less education than they have, as is the case of nurses who develop work activities as nursing technicians. This situation has been called in the literature as a phenomenon of over-qualification and should be viewed with caution, because it can generate in the worker the feeling of worthlessness, upon realizing that personal experience, investment in qualification and acquired knowledge are not valued by the work organization⁽¹³⁾.

Moreover, the human being is an indivisible whole. Thus, it is an unusual situation that, in one moment, he/she thinks and acts as a nursing technician and, in another, as a nurse, since a broader and deeper knowledge was grasped and cannot be left aside. In this perspective, it is emphasized that the gap between the aspirations that the education system produces and the opportunities that the market offers is a generator of disenchantment, of profound malaise, resulting in the perception and verification that the world of work is excluding, and may even culminate in the evasion of the professional in relation to his/her area of activity⁽¹⁴⁾.

is also considered that, although commendable the search of nursing technicians for professional ascension, through higher education training, two considerations are relevant. The first is the incongruity of training in a distance learning (DL) course, because the COFEN/COREN System is opposed to the training of bachelor in nursing in such teaching modality. The second is characterized by the finding that nursing has demonstrated, over the last decade, problems of full employability, an aggravated situation for the category of nurses. Thus, with the labor market insidiously more restricted, thousands of these workers tend to submit to low wages and unsafe and precarious employment contracts, with harmful effects on health and quality of life⁽²⁻³⁾.

When analyzing the class that addresses the precariousness of work, the double working hours related to the influence of the neoliberal model on nursing work and the cultural issue associated with multi-employment.

Whether working in the public or private sectors, nursing workers face extremely low wages and are driven to seek a second job^(2-3,15). Although they work hard and perform functions of high social value and great responsibility, for

dealing with human lives, nursing workers suffer from the effects of precarious work.

The precarious nature of work concerns a multidimensional concept, which results from the transformations of work, marked by neoliberal globalization and productive restructuring of the past decades of global capitalism and which can be synthesized in the processes of flexibilization of labor and deregulation of labor legislation⁽¹⁶⁾.

In a recent study evaluating the professional satisfaction of nurses in an emergency unit, when asked about the financial return, only one of the 15 participants in the study reported being satisfied with the wage⁽¹⁷⁾. In a predominantly capitalist community and world scenario, the employee's negative assessment of financial return can be an important condition for decreased production and the reason for feeling obliged to increase the number of employments and extensive working hours, which make him/her susceptible to the feeling of dissatisfaction with the profession.

It is noted that nursing workers are not only exposed to precarious wages, but also to precarious working condition, because they face unsteady jobs, resulting from temporary employment contracts and do not have a national wage floor for the category, aspects that reinforce the material/economic devaluation of the category. The precarious nature of work is defined based on a historical-structural process of degradation of living work, which occurs within the social dynamics, reconstituting the conditions of exploitation of the labor force in the capitalist mode of production⁽¹⁶⁾.

In this context of precariousness, there is also the strong presence of the neoliberal ideology that has been transforming and negatively impacting the world of work, since the logic of neoliberal capitalist production engenders a political-economic organization based on exploratory values and devaluation of the labor force, which has repercussions in both public and private institutions⁽¹⁸⁾. Seeking to maximize profit, neoliberal precepts result in the deregulation of social and labor rights, incentive to precarious work and expansion of structural unemployment^(2,8).

It is noteworthy that it is not yet possible to measure the repercussions of the new labor laws for nursing workers, since Law n. 13,467, of July 13, 2017, changed several provisions of the Consolidation of Labor Laws (CLT)⁽¹⁹⁾. However, there is already growing concern about the partial regime and outsourcing of services, because they are characterized as a practice of management, organization and control of the workforce⁽⁸⁾.

In this context of deregulation, the non-approval of the national nursing wage floor impacts the general working conditions of the category. If, on the one hand, the reason used by the State is the financial impact of this measure, which could destabilize public accounts, on the other hand, it is necessary to consider the positive effects of this achievement in health care, improving the quality of life of workers and the assistance provided by them, since the current working conditions imposed by the labor market are far from the favorable and dignified conditions that the category deserves and longs for (20).

The World Health Organization (WHO) warns political leaders about the necessary coherence that must be in relation to the remuneration of health professionals, so that they obtain financial gains that attract them to the profession. Furthermore, fair and dignified remuneration enables the maintenance and motivation of professionals to meet the needs of the population, which are, in fact, the needs of the country⁽²¹⁾.

In relation to the culture of multiemployment in nursing, the ease found by workers in reconciling work bonds and the lack of regulation of specific working hours contribute to the perpetuation of the double working day. However, the naturalization of this practice should serve as a warning to health organizations, workers themselves and even patients, because it can mask a process of trivialization of occupational suffering/illness, articulated by the defensive strategies of these workers, which are engendered to be able to maintain themselves in these jobs. The culture of multi-employment, even if unperceived by workers, is also willing to meet capitalism, because, by enabling the involvement of workers with more work and in a process of self-acceleration, it distances him/her from an emancipatory practice. It is a psychological trap, because the subject confuses the organization's demand with his/her own desire, alienating him/herself⁽²²⁾.

Without the engagement of workers, there is no struggle for the benefit of the class, with the subsequent disrespect of the worker and deregulation of labor. Therefore, and to be able to write a new story based on recognition and appreciation, it is fundamental to strengthen nursing as a category, mobilizing and seeking leadership positions. The militancy of the working class is fundamental to combat the precariousness of nursing work and the rescue of the rights that have been subtracted from it. Furthermore, this militancy should not be restricted to the scope of class entities, but should have active participation of professionals, through collective mobilization (23).

Upon analyzing the class addressing the aspirations and needs of nursing workers, the reason for adopting and/or keeping multiple jobs and being exposed to double working hours was not based on a paradigm of prosperity. It is an attempt to redeem social rights that should be guaranteed to them as citizens, but which have been greatly affected by the neoliberal ideology.

Commonly, the reasons that drive workers to the double working day stem from the attempt to guarantee the acquisition of minimum rights, to which every Brazilian citizen has the right, such as housing, transportation and education. In other words, the double working day is the least necessary condition to guarantee nursing workers sustenance and subsistence, in a society in which the limitless exploitation of the labor force marks the contradictions of capitalism and the destructive logic of this economic system, which does not recognize any barrier to the precariousness of work⁽⁸⁾.

Thus, seeking a better future and better living condition, even aware of the consequences

of the double working day, nursing workers remain with multiple bonds by need⁽²⁴⁾, because they need to work intensively before the State's unaccountability and the devaluation of human and worker's work⁽¹⁸⁾.

Nursing workers with double working hours seek social ascension not only for consumer products. They believe they need to acquire knowledge to meet a market requirement (qualification). seeking professional Thus, qualification, the participants of this research start to assume costs with the private college, since, in the city of Eunápolis, and in the microregion, there is no public university that offers nursing graduate course. Thus, driven by the expectation of social ascension, they need to work more to bear educational expenses, because, only with one job, they would not be able to afford this intention. Nevertheless, it must be considered that there is no search for knowledge unrelated to practical interests, that is, the return of this investment is expected, through material (economic) and symbolic (recognition) retribution (14).

When considering the importance and value of nursing for health services and society, there is need to recognize and consider the demands of the category. However, it is not enough to recognize that nursing is indispensable for the health sector to work and that professionals in this field are able to solve global health problems; there is need to implement policies and projects that protect and value these workers and that political leaders are aware that investing in nursing results in a positive return to society, in addition to understand this investment as a prerequisite for economic prosperity⁽²⁵⁾.

This article was limited to discuss the reasons that support the practice of double working hours among nursing workers, based on the perception of the workers themselves. It should be considered that, as a non-probabilistic method was used, no inferences could be made about the population, which restricts the conclusions. In this sense, the data cannot be generalized, suggesting, then, the development of other investigations on the subject in different scenarios, in order to confirm or confront the results presented here. Moreover, it is also

indicated the performance of studies with nursing workers working in the teaching sector, since they were not part of this research.

The recognition of the reality and the work context experienced by nursing workers with double working hours is understood as a contribution of the present study. The results of this study contribute to the construction of knowledge related to nursing work, suggesting alternatives that promote the valorization and recognition of these workers.

Final thoughts

The study allowed understanding the reasons that support the practice of double working hours in nursing. The reasons include the precarious nursing work, which goes beyond wage precariousness; it also involves the losses of social and labor rights, which have been occurring in the current society, due to the capitalist economy and the influence of the neoliberal model on the nursing work process.

Added to the above is the fact that the double working hours in nursing portrays an implicit process of self-acceleration demanded by capitalism, producing a vicious cycle that is masked by a cultural issue related to the ease of reconciling multiple jobs.

The deregulation of nursing working hours represents a challenge. Nursing workers, unions and class entities are responsible for producing reflections and debates in the professional collective, in order to seek alternatives to encourage workers to political strengthening, mobilization and resistance against the neoliberal ideology. Regulatory acts should be proposed with the National Congress in order to help in the construction of a legal framework capable of rescuing respect, dignity, valorization, autonomy, health and, especially, the rights of these workers who perform an important social function.

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