


Self-esteem of outsourced workers in the hygiene conservation and cleaning of private hospitals

Autoestima de trabalhadores terceirizados do setor de conservação de higiene e limpeza de hospitais privados

Autoestima de trabajadores subcontratados en el sector de higiene y limpieza de hospitales privados

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ABSTRACT

Objective: to analyze positive and negative aspects related to the self-esteem of outsourced workers in hospital hygiene and cleaning services. **Method:** exploratory study, with a qualitative approach, carried out in two private hospital institutions. Participants were outsourced workers from hygiene and cleaning services. For data collection, a sociodemographic questionnaire and a semi-structured interview script were used. Inductive thematic analysis was performed. **Results:** the sample consisted of 15 female workers, who expressed positive and negative aspects that affect their self-esteem, which are related to the organization and work environment, interpersonal relationships and work benefits. **Conclusion:** positive and negative aspects are present among these workers and hospital managers should reflect on the hygiene and cleaning service, establishing educational and collective strategies for workers related to work practices carried out in this context.

Descriptors: Occupational Health; Occupational Groups; Housekeeping, Hospital; Self Concept.

RESUMO

Objetivo: analisar aspectos positivos e negativos relacionados à autoestima de trabalhadores terceirizados de serviços de higiene e limpeza hospitalar. **Método:** estudo exploratório, de abordagem qualitativa, realizado em duas instituições hospitalares privadas. Os participantes foram trabalhadores terceirizados dos serviços de higiene e limpeza. Para a coleta de dados, utilizou-se um questionáriosociodemográfico e um roteiro de entrevista semiestruturada. Realizada análise temática indutiva. **Resultados:** a amostra constitui-se de 15 trabalhadores, do sexo feminino, que expressaram aspectos positivos e negativos que afetam sua autoestima, que estão relacionados à organização e ambiente de trabalho, às relações interpessoais e benefícios trabalhistas. **Conclusão:** aspectos positivos e negativos estão presentes entre esses trabalhadores e os gestores hospitalares devem refletir sobre o serviço de higiene e limpeza, estabelecendo estratégias educativas e coletivas para os trabalhadores relacionadas às práticas de trabalho realizadas neste contexto.

Descritores: Saúde do Trabalhador; Categorias de Trabalhadores; Serviço Hospitalar de Limpeza; Autoimagem.

RESUMEN

Objetivo: analizar aspectos positivos y negativos relacionados con la autoestima de trabajadores subcontratados en los servicios de higiene y limpieza hospitalaria. **Método:** estudio exploratorio, con enfoque cualitativo, realizado en dos hospitales privadas. Los participantes eran trabajadores subcontratados de los servicios de higiene y limpieza. Para la recolección de datos, se utilizó un cuestionario sociodemográfico y un guion de entrevista semiestructurada. Se realizó un análisis temático inductivo. **Resultados:** la muestra estuvo conformada por 15 trabajadoras, quienes expresaron aspectos positivos y negativos que inciden en su autoestima, los cuales están relacionados con la organización y clima laboral, las relaciones interpersonales y las prestaciones laborales. **Conclusión:** los aspectos positivos y negativos están presentes entre estos trabajadores y los administradores de hospitales deben reflexionar sobre el servicio de higiene y limpieza, estableciendo estrategias educativas y colectivas para los trabajadores, relacionadas con las prácticas de trabajo realizadas en este contexto.

Descriptores: Salud Laboral; Grupos Profesionales; Servicio de Limpieza en Hospital; Autoimagen.

INTRODUCTION

Currently, it is observed that work holds significant relevance and importance in people's lives, which leads to a permanent and constant need for promoting health and quality of life at work, with the commitment of strengthening and enhancing self-esteem, as well as sensations of confidence, accomplishment, respect and physically healthy conditions in an environment that meets their biopsychosocial needs.

The work environment conditions can be associated with various factors related to the nature of the work, which, in turn, can cause physical and psychological harms to workers. In addition to that, it is known that the relationship between precarious working conditions and outsourcing is generally marked by wage and benefit disparities, loss of labor rights, excessive workload and lack of training¹.

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Thus, precariousness is directly related to the working conditions, and this has already been observed in outsourced hygiene and cleaning services in hospitals, where workers reported that the teams were reduced due to work-related accidents caused by poor working conditions, leading to an increase in the number of tasks for the same worker, high turnover, work overload and lack of training²⁻⁴.

In the last 25 years, researchers have evidenced that, across all sectors, outsourcing in Brazil is associated with deficient work quality, perceived in several aspects such as non-compliance with labor rights, inadequate working conditions, low wages, a rise in the number of accidents and work-related diseases, in addition to a weak workers' protection policy and to the development of strategies that lead to disruption in collective organization⁵.

In this sense, it is observed that, aiming to reduce costs and enhance competitiveness in the market, hospital organizations have diversified the ways of hiring their workers, adopting outsourced services. This has been happening particularly for hospital hygiene and cleaning services.

In hospital institutions, it is quite noticeable that the cleaning and hygiene service has not been given its proper value, thus underestimating its role, for example, in the control of in-hospital infections, which are major causes of mortality among hospitalized patients, mainly those who are bedridden^{1,6}.

In this way, workers in this hospital sector play a relevant role in maintaining quality control of the services provided, even promoting appreciation of hospitality, which implies offering appropriate care and comfort conditions in the assistance provided. In addition to being competent for their role, these workers should be valued by their superiors and peers, maintaining high self-esteem levels, as safety of the service users also depends on them³⁻⁶.

Self-esteem can be defined as the way in which a human being accepts themselves, that is, it is the subjective perception that a person has of themselves. It is known that self-esteem can be established through personal relationships that a person has from childhood to adulthood³.

Thus, in this study, the choice to study workers in the hospital hygiene and cleaning sector is justified by the need to understand the issues related to their work that may influence their self-esteem, as they are a group of employees from this type of organization that is highly affected by outsourcing and is more vulnerable to exploitation due to factors such as schooling level, mean age and higher presence of the female gender⁷.

Studies focused on this population group are still in their early stages, as can be observed by the gaps in the literature. In other words, there is scarcity of data inferring how the work of these individuals, who operate within the hospital context, can affect their self-esteem. Thus, the study presents the following question: Which are the positive and negative aspects related to the self-esteem of workers from outsourced hygiene and cleaning services in hospital institutions?

Analyzing aspects of the work organization and environment that can interfere with the self-esteem of outsourced workers in hospital organizations can result in advantages for the organization. When not carried out under suitable conditions, work can cause changes in people's living conditions, illness and even death. In addition, it does not favor the psychophysiological capacities of individuals, mainly those who work in the health area.

This study aimed at analyzing positive and negative aspects related to the self-esteem of outsourced workers from hospital hygiene and cleaning services.

METHOD

This is an exploratory study with a qualitative approach, following the recommendations set forth in the *Consolidated Criteria for Reporting Qualitative Research* (COREQ)⁸.

Two private hospital institutions were selected, named in this study as A and B for confidentiality purposes. Both are located in a municipality in the interior of Minas Gerais, Brazil. The participants were the outsourced workers from the hygiene and cleaning services, respecting the following inclusion criteria: workers of both genders aged at least 18 years old and with a minimum of three months of employment contract. The exclusion criteria corresponded to workers who were on sick leave, maternity leave or vacation during the study period.

Before initiating data collection, the researcher made in-person contact with the heads of the institutions, introducing herself, explaining the study objectives and establishing a preliminary connection. In addition to that, before the data collection phase, the questionnaires to be used were thoroughly explained to the participants.

Data collection was initiated by applying a sociodemographic questionnaire, which took a maximum of five minutes to complete. Subsequently, individual semi-structured interviews were conducted, focusing on questions related to self-esteem. Each interview lasted approximately 20 to 30 minutes.

The interview script was created based on the Rosenberg Self-Esteem Scale, developed in its English version in 1965 and later translated, adapted and validated to Brazilian Portuguese in 2001⁹; the scale has been previously used by researchers with health professionals in the hospital setting as target population for research¹⁰. The interview script was evaluated by experts in the subject and included the following questions: How do you assess your self-esteem in relation to the work you perform? Do you identify with the task you perform? Do feel accomplished with what you do? How do you assess your relationship with your superiors? In general, do you feel satisfied with yourself in your work? Do you feel as capable as others? Which qualities would you mention about yourself? Do you consider yourself a valuable person or do you feel like a failure?

The interviews were audio-recorded and transcribed, and the data were submitted to inductive thematic analysis, comprising the following stages: data transcription and reading; systematic coding of interesting data characteristics; search for topics by grouping codes; reviewing and verifying the topics to which they answer for code extraction; analysis to refine the details of each topic; and a final analysis of selected excerpts related to the research guiding questions¹¹.

Additionally, the researcher in charge made field notes, which contributed to determining the data saturation moment. It is worth noting that, at the end of each interview, feedback was provided to the participants according to the field notes to validate their answers, which ensured that no further data collection was required because the participants were able to provide comprehensive and well-grounded answers to the questions.

It is noteworthy that the interviews took place from August 2021 to March 2022, individually in the selected hospital institutions, in a well-ventilated area and following the COVID-19 pandemic protocols set forth by the institutions on the use of N95 filtering masks and the recommended social distancing measures.

The research protocol was approved by the Research Ethics Committee of the Proposing Institution. The participants signed the "Informed Consent Form" (ICF) and had their identities protected by being identified with letters and numbers to ensure confidentiality of the information.

RESULTS

Fifteen workers were invited, all of them female, and they all agreed to participate in the study. Eight workers were linked to Institution A and seven to institution B, with five participants working at institution A at night and three during the day. At institution B, five participants worked during the day and two worked at night. Participants were average age of 41 years old. Regarding their schooling level, two (13.3%) workers reported having Complete Elementary School, and seven (46.7%) reported having Incomplete Elementary School. Their mean time working in the hospital was 14.7 years. As for the length of service, it was found that six (40%) individuals have been working in their current position for more than five years. Regarding the length of service at the workplace, nine (60%) people have been working between one and five years.

Based on the analysis of the transcribed interview data, the following thematic categories emerged: Positive or self-confidence aspects related to workers' self-esteem; and Negative or self-deprecating aspects related to workers' self-esteem.

Positive or self-confidence aspects related to workers' self-esteem

In relation to the positive or self-confidence aspects, the narratives revealed that the workers expressed satisfaction both in their professional and personal aspects. In relation to the professional aspects, the workers perceive the workplace and the type of work positively, as shown in the following sequence.

I think it's great. I work with what I like because it's good to do a job where I feel good, because it's no use working just to receive the salary and benefits, you have to like what you do. I really like the task I perform at the company. (I1)

In addition to professional satisfaction, there is also personal satisfaction: the workers take pleasure in what they do.

So I take pleasure in cleaning and doing things. Yeah. It brings some sense of well-being [...] I can help others [...] In this difficult time we're living in. I work in a hospital setting, and I have to learn to treat people with kindness and respect. (I4)

The workers perceive advantages related to their type of employment contract, such as benefits, flexible hours and the work environment, as seen in the following sequence.

Here, I receive a food basket and a salary, and that makes me happy. I feel happy because, as I already mentioned, it's a job I enjoy doing, and the working hours allow me to take care of personal matters after my shift ends. I feel good in the work environment, and they treat me well. (I1)

Another positive aspect reported by the participating workers concerns their relationships with peers and superiors.

Great relationship with the boss, I like it a lot. They give us attention, talk to us, answer questions, explain and teach. We are treated well. (I9)

Negative or self-deprecating aspects related to workers' self-esteem

Regarding the negative or self-deprecating aspects related to workers' self-esteem, the narratives revealed dissatisfaction among the workers due to the staffing reduction, increasing in the task load and generating certain overload:

I'm overloaded, so I become nervous... I try to do my best, but it isn't always perfect... I feel quite tired, doing a lot of physical effort, very overloaded. (I5)

COVID and the pandemic led to having more work and fewer people helping, which overloaded everything. (I2)

The narratives depicted a very concerning scenario regarding recognition of this working class.

Look, in life sometimes something that is not what we want for us is a little out of the norm, then we feel like failures, we feel frustrated. (I13)

Another negative aspect reported by the workers concerns some differences in attitudes and benefits between them and other workers in the same department with different contracts within the organization.

I feel somewhat different because I'm not directly hired by the hospital but by an outsourced company... Sometimes, at the end of the year, the company organizes a party for the hospital staff, but not for the outsourced employees. It ends up making me feel down about this thing. Do you understand? (I6)

DISCUSSION

Many transformations have been taking place in hospital organizations, including those related to organizational management and types of employment contracts; these changes can consequently affect the relationship between workers and their work context.

In terms of outsourcing, it is reflected that this type of hiring can lead to various situations for workers. In relation to hygiene and cleaning workers, we are concerned about their well-being and self-esteem, as the activities performed by these individuals can exert direct impacts on the safety of both professionals and users. Thus, positive and negative aspects related to their work were identified, which can affect their self-esteem.

As for the positive points, personal and professional satisfaction stands out. Workers perceive themselves, most of the time, to be happy and satisfied with their own work, despite the responsibilities assigned to them. Thus, strong elements related to people are presented, including professionals and service users, including the protection of their insertion and commitment to the team.

It is known that for employees to feel satisfied, it is fundamental that the organizations are duly prepared to promote their well-being with incentives that motivate them, as well as with attitudes that inspire interest and dedication from those who contribute to the organization's development and growth¹².

Thus, it was noted that the wishes of the workers seem to be being met and this has consequences for their individual well-being, reflecting positively on the organization. Thinking about the complexity of the hospital organization, workers' satisfaction is considered a relevant aspect for the quality of the care offered to the users. Despite observing that outsourcing can lead to aspects of work precariousness², the findings related to the outsourced workers from hygiene and cleaning services in this study diverge from the literature, as they perceived advantages related to their type of employment contract, such as benefits, flexible hours and a favorable work environment.

It is known that flexibility at work goes beyond human resources policies, people management practices or contractual models: it emerges and materializes mainly through the employees' experiences related to their work. Therefore, flexibility is manifested both as a contribution and as an obligation for the functioning of a company, requiring, for example, the employees to have schedule availability or to commute to work. It can also be granted by a company as encouragement to its employees, allowing them to make decisions related to their work, such as choosing their working hours and location, among others¹³.

The analysis of different flexibilization models characterizes the breadth and consequent difficulty conceptualizing and classifying flexibility at work. Thus, it is understood that it involves angles and decisions related to the “how”, “where”, “when”, and “for how long” the work is performed¹⁴. In an even broader sense, it is seen as somehow intrinsic to a work relationship or process¹³.

Flexibility at work is a complex condition that involves multiple factors. It is important to recognize that workplace flexibility is not only limited to flexible hours or remote work. It also involves the adoption of alternative contractual arrangements, such as temporary work, outsourcing and project-based work. Expanding the theoretical basis on this topic is fundamental to understand its causes and conditions, encompassing aspects such as contractual arrangements, changes in the labor market, and individual and organizational demands¹³.

With the results obtained, we highlight that flexibility at work can both promote inclusion and diversity in the labor market by easing the participation of previously excluded groups, such as people with disabilities and parents with family responsibilities, as well as it can also lead to forms of precariousness and inequality if appropriate protection and regulation measures are not adopted. By exploring the impacts on workers' quality of life, productivity and job satisfaction, as well as the social implications, we can promote more equitable and sustainable approaches. It is essential to consider the diversity of perspectives and adopt appropriate protection and regulation measures to ensure healthy and inclusive work environments.

Pleasure and satisfaction with the job should be understood as an action between managers and employees. Thus, in work organizations, there should be effective communication between managers and employees, ethics and camaraderie among team members, as well as adequate remunerations. Also, according to the authors, workers' well-being is one of the major challenges faced by managers because it is a subjective aspect that depends on the workers' self-analysis of the work environment, referring to their affective and cognitive aspects, seeking engagement and dedication to the job and, consequently, feeling safe and content¹². In this sense, another positive aspect reported was the relationship with peers and superiors.

Interpersonal relationships of a positive nature are related to clear and objective communications about work and social support, which positively contribute to job satisfaction¹⁵. Thus, in a group of people, productive interpersonal relationships are essential for effective teamwork, which will enable cohesion of the group of workers; otherwise, there may be internal conflicts.

In this perspective and in line with the literature, work can also be a source of distress²; in other words, it may generate negative aspects for self-esteem. The testimonies revealed dissatisfaction among the employees due to the reduction in the number of workers, increasing the task load and generating greater vulnerability and exposure to occupational risks.

The workers mention the arrival of the COVID-19 pandemic as one of the reasons for the work overload. With the high transmission rate and the need to intensify hygiene and cleaning measures, staffing in this hospital area became insufficient, generating work overload. It is noted that this context can be further aggravated by the absences of the workers themselves due to Sars-CoV-19's contamination, which were not included in this discussion.

Thus, in the hospital settings of the study, the workers from the hygiene and cleaning services experienced the pandemic reality up close and adapted to meet the delegated demands, seeking to maintain quality, which may have negatively affected their self-esteem. In this sense, it is noted that this issue may replicate in future pandemics.

During this same period, the workers had to deal with scarce medical resources, inadequate protective equipment, high contagion risk, an increasing number of infected patients, increased workload and exposure to psychological distress.

It is known that, during a Pandemic, hospital cleaning services require strict control, and a series of measures are mandatory to prevent waste from causing user contamination. The precision and efficiency of following the work process during a pandemic, such as COVID-19, become even more crucial because hospital units should be cleaned and disinfection beyond the usual established frequency, mainly in critical areas¹⁶.

Regarding the overload resulting from the reduction in the workforce while maintaining the work demands and requirements, this issue was also found in other studies^{7,17}. In this sense, one way institutions have found to reduce costs is by reducing the number of employees, leading to an accelerated work pace, mastery of the technologies and practices aimed at multi-functionality, workplace flexibility and job precariousness by means of temporary contracts^{18,19}.

In addition to that, the testimonies showed a rather worrisome scenario regarding recognition of this working class. Cleaning and hygiene services generally receive little social recognition and low salary compensation, and it is known that outsourcing has been expanding the precariousness of working conditions, with cleaning services as the main focus of this type of contract. These workers are seen as performing activities that lack prestige and importance in society, and which are associated with low remunerations⁷.

In the context of labor relations, outsourcing generates the stigma of being second-class and dehumanized workers, without promoting a democratic and dignified treatment for those working under this type of contract²⁰. The same author also highlights that outsourcing has not only brought about economic and legal inequalities but also social and moral injustices in workplaces, emphasizing the characteristic disrespect for the conditions of outsourced workers, which can directly affect their subjectivity and self-esteem.

Another negative aspect reported by the workers concerns some differences in attitudes and benefits between them and other employees in the same sector, with different contracts in the organization, which can affect the self-esteem of these individuals. Despite this, the interviewed workers perceive themselves differently and emphasize the importance of their role in the organization.

In a universal proportion, outsourcing drives third-party companies into highly detailed competition processes for the lowest supply price and service quality, resulting in depreciation of the profit margins that affects the payment and working conditions of the workers employed in those companies^{21,22}.

The activities carried out by workers from the hospital hygiene and cleaning service are directly linked to the prevention of healthcare-associated infections. Consequently, this fact should have repercussions on both managerial and nursing care actions²³. In this way, the interface between the cleaning and hygiene service and nursing work justifies the discussion about the implications of these workers' self-esteem for nursing care. When they feel high self-esteem, these workers should effectively contribute to improving the quality of the care provided in the hospital context.

Study limitations

This study has as limitations the method approached by the subjectivities of the reports, in addition to having been carried out in private hospital institutions, with a reduced sample during the pandemic context in which the country was found, limiting potential generalizations. Also noteworthy is the fact that the interviews were carried out in the work context itself.

It is considered that the pandemic period may have interfered with the self-esteem aspects analyzed in the study, as well as the sample size, as there was a reduction in the number of workers in the researched locations during that time. After the pandemic period, the situation regarding overload and self-esteem may have been alleviated. Thus, further studies are required to encompass the opinions of outsourced workers in the hygiene and cleaning services of institutions with diverse legal natures.

CONCLUSION

The study showed positive or self-confidence aspects related to the participants' professional experiences, linked to their perception of the workplace and to the personal aspects, especially in their expression of taking pleasure in their work. Regarding negative or self-deprecation aspects, there was dissatisfaction due to the reduction in the number of workers and an increase in the task load.

The results suggest the need for health managers to adopt strategies to provide workers with adequate working conditions, including both the organizational aspects and those related to safe work environments.

Thus, it is necessary to implement a people management model that values these individuals, encourages greater involvement in individual and team work and mitigates the negative impacts of overload, monotony and devaluation, which may prevent disastrous consequences for their self-esteem, with repercussions for the organization.

This study contributes to advancing science and knowledge, as it adds new inferences about the meaning of analyzing the self-esteem of outsourced workers from hospital hygiene and cleaning services. Its contribution also lies in the fact of showing cleaning service managers the importance of ensuring conditions that favor reducing workers' exposure to workloads referring to any internal and external changes, as well as promoting educational and collective actions related to adequacy of the work environment and work practices.

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