

SWOT analysis as a strategy in occupational medicine (audit)

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Abstract

This paper deals with the application of the SWOT matrix as an instrument for simplifying, arguing and convincing administrators and managers regarding worker's health, as well as their safety in the work environment. The evolution of occupational medicine goes step by step with the evolution of the rights acquired by the workers that anticipates strategies of management of personnel and human resources in order to provide tools for the administrator to better manage his personnel and to improve the conditions of life in the work , causing not only improvements in the quality of life but also optimizing resources and aiming for greater profits at lower costs. Given its scope serves as a parameter for the application of measures focused on areas of interest of the administrator, that forms the central point in the denouement of laws and legal problems arising from non-correspondence between application or non-application of labor standards.

Key Words: audit , work medicine , regulamentary norms , occupational health , SWOT

Introduction

The advancement of the laws regarding productivity gains by the legal onslaught of the worker in various companies, commerce or industry, precedes for years the managerial strategic thinking of managers who deal with labor safety and health issues. They have formed over the years a legal framework that already anticipates the necessary measures for better working conditions and consequent competitive advantages that result from the application or follow-up of labor norms or regulations that aim to improve the general health situation of workers who avoid themselves high absenteeism, higher profits from better work policy and organization, which takes into account all the scientific and historical development of the medical field, be it from a social, legal or insurance point of view.

In the evolution of medicine applied to occupational health, occupational medicine accompanied the development of societies, with victories in the legislative

field and greater government representation to defend the interests of employees and employers, although it was not inserted in the field of strategic management, which aimed at other interests more crucial to the administrative field, which was simply present in the fulfillment of legal measures and acquired rights of workers in their due times (ESPÍRITO SANTO, 2009).

Even with the advent of occupational medicine development, strategists simply seemed to overlook the fact that investments in quality of life within the work environment or environment could generate more motivated employees and partners in a company's goals, missions, and values.

Even after fifty years of evolving one of the simplest and most successful strategic evaluation and decision-making matrix for companies, such as the SWOT matrix, it has not been linked to strengths and / or weaknesses, opportunities and threats (pillars of the matrix), to measures of legal character as a strategic vision, with few or few studies that consider the application of this matrix as a way of convincing the managers of companies to consider the evolution in the field of individual rights, as already being an anticipation and structured organization of measures that safeguard all the essential aspects necessary for good professional performance, which in turn greatly assist any decision making regarding the direction that a company should take, as these are the most basic premises, individual and collective health and safety.

In this paper, after a brief history of the development of medicine and labor laws, we used the SWOT matrix to equate compliance with laws and standards, in some cases as part of each of the pillars listed in the development of the SWOT matrix that Although seemingly derisory, it follows or synthesizes the historical development of occupational medicine with its laws, guidelines, and specific knowledge to show how simple the matrix approach to these issues can be when the health and safety of workers is taken into account.

1-Methodology

Exploratory study with bibliographic and comparative survey between proposals for strategic planning focused on occupational health correlated with current legislation in view of the proposal of matching and opportunity to merge compliance with the opportunity for a company to invest in measures that safeguard workers' health as the company's main physical and functional asset.

2-Justification

Governed by the Federal Constitution of 1988, the law and its related parties shall provide for and reduce the risks to the health of the worker inherent to the occupations and occupations of work in compliance with health standards hygiene and safety, article 23 of fundamental rights and guarantees. Accordingly, companies must meet the minimum legal requirement to operate to the satisfaction of the law and thus exempt themselves from the burden of non-compliance, in due course carrying out both strategic planning aimed at operating profits and complying with the law.

Regarding the company, the question here is what the company should follow as its usual strategic planning, inserting new achievements in the context of its management, whether or not to incorporate new strategic management techniques, such as the SWOT matrix.

3-Objectives

The purpose of the paper is to demonstrate, through the literature review, key points for the understanding that complying with rules and laws, is more about strategically anticipating investment measures with certain return to working conditions, optimizing gains and making a competitive with the market by using the clarity and simplicity with which the SWOT matrix is already used in other fields of administration to facilitate decision making, whatever may affect the organization of a company's work by helping to achieve goals, values, objectives and missions.

4-Brief history of occupational medicine (MENDES, 2007, P4-38)

The association between work and health - illness goes back to biblical times. There are Egyptian papyri who already pointed to worker-specific illnesses, such as arm and hand injuries in bricklayers and pruritic occupational dermatitis. Organized medical care was found in mines, quarries, pyramid building, expeditions in search of copper and turquoise mines, and in the construction of monuments. In Jewish texts there are reports of employer relations between “masters” and “servants” in which relationships of labor exploitation limits are established that could not disrespect the workers' cultural habits such as sleep, wakefulness, making use of overtime even paid (KOTTER, 1995 apud MENDES, 2007 P.4). In the Greco-Roman empire these interrelations between worker health and labor exploitation are not so clear given the fact that these are slave cultures that subdued defeated nations to exploit the labor of the defeated as slaves (SINGER 1936), SINGER 1951, ROSEN 1953, ROSEN 1958, JAULARD 1960, ROSEN 1979, CARDOSO 1984 apud MENDES 2007, P5). Still, Hippocrates cited horse-related illnesses (low back pain, paralysis, impotence, and sterility), fishermen (early death from poor food quality), metalworkers, miners, dyers, tailors, farmers, grooms, and other professions recognizing specific hazards and linking particular illnesses to occupations.

The average age was marked by a period of intense technological changes, such as related to grain milling, papermaking, sailing skills, improvement of metal tools, use of chimneys, burning of coal, use of scaffolding in construction, and permanence of various high-risk activities with few changes in health protection.

With the mercantilist development of the period of the great navigations, comes a great increase of the activities related to mining and handling of noble metals. Then appears around the 15th century, the first book entirely devoted to occupational hazards, written by Ellenbog (1440-1499), which describes the risks of goldsmiths in handling gold, silver, lead, mercury, relating them vapors rather than metals themselves. Looking forward to the fifteenth-fourteenth centuries, new works appearing reporting diseases of sailors and miners with the publication of the book of "re metallica" by Agricola, with chapters devoted to miners with emphasis on inhalation diseases and occupational accidents. Paracelcius also publishes a work dedicated to occupational diseases of miners and smelters. At the end of the seventeenth century is published the claudico De morbis, Africum Diatriba (Workers' Disease Treaty) by Bernardino Ramazzini, who studied the occupational risks and diseases of more than 50 professions. Ramazzini's contributions include his methodological contribution or how the approach to problems should be: workplace visits and interviews with workers, occupational history, individual clinical approach and collective epidemiological analysis, systematization and classification of diseases according to nature and the great nexus with work, classifying occupational diseases, "technopathies", and diseases acquired by the special conditions under which the work is performed, "mesopathies". (MENDES, 2007 P7-13)

In the period of the industrial revolution, with the aggravation of the harsh conditions of work and changes in the organization of work, with the gradual increase of cases of mutilating and fatal accidents, and poisoning and other health problems, determined by the organization and popular outcry, normative actions that also affected the privileges of the ruling classes of the productive process, who saw their profits being undermined by increasing issues related to poor working conditions, and thus emerged labor regulations such as working hours, minimum ages and environmental improvements of factories. TEIXEIRA, 2005) (OF FONSECA, 2016)

Parallel to working conditions that undoubtedly resulted in death, health problems that were difficult to characterize but unmistakably related to work, such as fatigue, premature aging, burnout and behavioral changes, were also described.

In Brazil there is a concern of the State to exercise its power through the use of science to support the exercise of power by assuming the positive organization of the inhabitants when establishing an individual and collective political control in which social medicine is inserted.

Already in the first decades of the twentieth century, it is possible to reconstruct the migration of labor pathology from social medicine to hygiene and its developments

in legal medicine in the field of insurance and public health medicine, simultaneously with a major advance in knowledge. pathological, pathophysiological and clinical of the main nosological entities. In social medicine the pathology of work is detected from the morbidity and mortality profiles of workers from different occupational categories identifying social determinants of a structural nature as the mode of production or the work process, thus, the cause of the disease is no longer a problem. simple rupture of individual physiology, but linked to the means of production.

The social vision conflicts with the capitalist society and does not corroborate the vision of specific causes that drives the studies and praxis of pathology. With the advent of the bacteriological age, workers' diseases are now correlated with specific agents that can be countered by hygiene measures, eliminating causes, or immunization. By extension of the concept of etiological agents it is applied to chemical, physical and even biological agents of occupational origin. Thus the focus on determining the causal link of a particular offense in relation to the occupation of the individual serves legal medicine and serving the search for the pecuniary relationship of the misfortune of work and hygiene becomes the medicine of insurance, to identify the causes and prevent the occurrence, serving the capitalist way of focusing on health as necessary for the optimization of profit by the means of production or skilled labor.

With the emergence of insurance medicine, there was a need to exchange experiences and harmonize concepts and criteria. At the end of the First World War and after the Treaty of Versailles, the ILO (International Labor Organization) initially had 3 diseases (1925), saturnism, hydrargism and carbuncle. In 1934 the list expanded to 10 diseases and was last expanded greatly in 1991.

Thus, the development of insurance medicine and forensic medicine drives the development of occupational medicine, which is the main mark of its development.

In Brazil:

Due to the agro-export nature of Brazil, the industrialization of the country occurs only from the republic and the first block of the twentieth century, particularly in the southeastern region, where there is particular interest in the harmful effects that public health could affect trade and productivity in the region. agro-export sector.

In order to eradicate or minimize cases of hookworm among workers of the agrarian industry and the malaria in the port of Santos, which affected the migratory flow of workers, the federal health regulation and reform Carlos Chagas, the province, was initially developed in the institutional orbit. industrial hygiene within the National Department of Public Health which remained until 1930.

In 1934 the first medical labor inspectors were appointed in the newly created Ministry of Labor, marking the most intense work in the field of occupational hygiene and safety, removing their previous functions from public health. Occupational health inspectors were then charged with carrying out hygienic inspection at the workplace and studies on occupational accidents and illnesses.

From 1940 onwards, there has been a succession of considerable advances through research and publications, including by government entities that fostered greater depth of knowledge about occupational diseases in various fields of work, and culminated in organizational and legislative changes in the media work on mining diseases, and as the industrial field diversified, so did the laws and thoroughness of studies and new occupational diseases (MENDES, 2007, p4-38).

Over the past 20 years, “worker health” has had as its basic characteristics

Body gain from new thinking about the health disease process and the role of work in its determination.

- Reveal of true circumscribed epidemics of clinical occupational diseases (lead poisoning, mercury, benzene and silicosis), as well as new work-related illnesses such as repetitive strain injuries.

- reported public policies and health systems unable to meet the health needs of the population.

- new trade union practices that claim to improve working conditions, broaden the debate, circulate information, new inclusion in the collective bargaining reformulation agenda, the CIPAs (internal accident prevention committees) and a new trade unionism.

This social process was decisive for the change of focus established in the new Federal Constitution of 1988.

5-Brief history of occupational health and safety laws

Labor laws before CLT

The following laws serve as an example of legislation before 1927

Decree 1,313 of January 17, 1891 - Brought provisions that regulate the work of children in the factories of Rio de Janeiro; among them, the minimum age of 12 to be able to work. ”

"Decree 979 of January 6, 1903 - It authorized the workers of agriculture and rural industry to organize themselves into unions for" study, costing and defense of their interests. ”

Decree 1.637 of 1/1/1907 - Authorized the creation of urban workers unions and cooperative societies. The purpose of the unions was the same as that envisaged in Decree 979: to defend the interests of their members. ”

“Municipal Law 1,350, of 10/31/1911, from Rio - It fixed the working hours of the commercial employees in Rio de Janeiro. Stores that ran for more than 12 hours a day were supposed to have two employee shifts, and Sunday was employee "day off."

Decree 3.724, of 1/15/1919 - Established the employer's responsibility to compensate the worker or his family in case of an accident at work. Death compensation was equivalent to three years of the victim's salary. The same amount should be paid in case of permanent disability. ”

Signatory to the Versailles Treaty, Brazil has pledged to uphold the international demands of workers as a guarantee of peace among peoples, which inspired the preamble to the indoctrination of the International Labor Organization, and as a consequence the first social labor laws in our country began parents. Still in 1919 the law of the accident of work is decreed and in 1923 the law Eloi Chaves creates the first retirement fund, in the same year the National Labor Council is constituted.

Examples of laws in this period:

“Decree 4,682, dated 1/23/1923 - Established the retirement and pension fund for railroad workers and other labor rights, such as job tenure after ten years of service.”

"Law 4,982, of 12/24/1925 - It granted 15 days of vacation per year to employees and workers of commercial, industrial and banking establishments, without reducing the salary."

Decree 17,943-A, of 12/12/1927 - Code of protection for children throughout the national territory, including on labor issues. It prohibited the work of children under 12 years of age throughout the country, night work for adolescents under 18 years and the use of children and adolescents in dangerous or unhealthy activities, such as quarries. "(LOPES, 2017)

An important milestone came with the 1926 constitutional reform modifying Article 34, paragraph 29 of the 1891 constitution allowing the state to legislate on labor, making possible ratifications of international labor conventions. This year the social security was extended to port and seafarers with the creation of the statute of employment stability at 10 years and for rail workers. The adoption of the ILO Conventions (International Labor Organization) highlights the crisis of the liberal state, and in the Liberal Alliance manifesto, Getúlio Vargas undertook to ratify the international labor conventions (MENDES, 2007).

During the new state, between 1937 and 1945 emerged, marked by state regulation, the CLT (Consolidation of Labor Laws), in 1943, with specific chapter dedicated to supervision. In 1930 the Ministry of Labor was created, which descended from the National Labor Council created earlier in 1923.

In 1947 one of the most important legal acts governing labor inspection in the world emerged (ILO Convention No. 81) (OLIVEIRA, 2011).

In 1948 the United Nations General Assembly adopted the Universal Declaration of Human Rights of Man.

In the 70s Brazil became the world champion of accidents and in 1977 the legislator dedicates in the text of the CLT (Consolidation of Labor Laws), specific chapter on Occupational Safety and Medicine. Still in this decade the Ministry of Labor and Employment, through the Secretariat of Safety and Health at Work, today called Department of Safety and Health at Work, regulates the articles contained in the CLT, through Ordinance No. 3.214 / 78 creating 28 Regulatory Standards establishing the conception of occupational health (PERRONI, 2012) (15)

6-Information Management in Occupational Medicine

A first step involves a qualitative assessment of the workplace, and should be done in inventory of processes, positions and tasks performed by the worker and the environmental agents. Occupational exposure limits, existing exposure data and health effects data for each agent should be pooled. Thus, after an inventory assessment of the workplace, workforce and agents, the worker should be considered as part of a homogeneous occupational risk exposure group. Qualitative exposure potential should be classified as insignificant, low, moderate and high. As an example, we can cite the exposure of individuals to irritants, simple asphyxiants, irreversible effects, life-threatening or disabling effects, being important classifications that facilitate the assessment of occupational exposure limits. After the basic characterization, a qualitative risk assessment and prioritization, interpretation and decision making with recommendations and reports are carried out (REIS, 2007, P.242-245).

After the qualitative assessment, verify if it requires more data, notify, if necessary, control and procedures, if the risk is acceptable to reassess, starting with the basic characterization.

Once the monitoring priority has been determined, vigilance should be exercised over the distribution of exposure among homogeneous exposure groups with individual, area and biological monitoring methods as well as source sampling. Depending on the type of exposure, monitoring may be immediate, short-term or longer-interval sampling, as would be the case for lead exposure (REIS, 2007, P.242-245).

When re-evaluating, different frequencies should be considered for each case and should be immediate when there are worker complaints, changes in unusual maintenance processes or activities, indications of potential adverse health effects from medical surveillance, availability of less data concerning health effects or the validity of new legal provisions. (REIS, 2007, P.242-245)

7- The SWOT Matrix in Information Management

The challenge for a company is to create competitive advantages to ensure benefits and growth. Every strategic decision begins by recognizing the analysis of the company's situation within a series of parameters that are generally defined by the company's influence on internal and external parameters.

SWOT analysis aims to analyze internal parameters (strengths and weaknesses) and external parameters (opportunities and threats).

The SWOT matrix has its cradle in planning a corporation that seems to have originally sprung up at Du Pont in 1949. By the 1960s, 500 companies already had their corporation planning manager. The first correlation with organizational factors and environmental parameters pointing to the complex dependencies between them was in 1957 by Philip Selznick. It was later transformed into the SWOT method itself in the 1960s and was cited as a major contributor to Albert Humphrey, Robert Stewart and Birger Lie.

At the same time that the SWOT matrix emerged from the transformation of SOFT (satisfaction, opportunity, faults and threats) from F to W, the Harvard business and general management school can be mentioned consisting of Edmund P. Learned, C. Roland Christiansen, Kenneth Andrews, and William D. Guth. It is clear that SWOT analysis does not arise by a single inventor at a single moment to emerge over time, step by step. (PAHL, 2007)

To evaluate the critical points of the SWOT matrix one must analyze each one separately.

Strengths and Weaknesses

What advantages does your organization have? What is done better than anyone? What is the cheapest resource you have? How do people see your strong side? What are the company's sales proposals?

Opportunities

What opportunities do you have? What models do you know about? What technological changes and markets exist on a small and large scale? What government policies? What changes in social patterns, population profiles, lifestyle changes? What are the social costs?

Threats

What are your competitors doing? Are quality standards or job specifications, product or services changing? Is technology a threat? Are there risks of debt or cash flow? Can any of your weaknesses threaten your business?

8- SWOT analysis in occupational medicine

When we restrict possible strategic management, which considers the simple threat of compliance with laws, which have already anticipated better working conditions, less absenteeism, healthier and less implications of economic losses and workers' rights, we are simplifying the SWOT analysis with regard to external threats, which regardless of the branch or sector of a particular company is a common field and threatens the guidelines, missions and internal values of an organization, company or industry, if disregarded and as an opportunity if fulfilled. Even so, a refinement of conjectural analysis that companies of similar or equal branches may suffer any kind of competitive influence that affects their work process must also be the result of analysis. Thus is valid all strategic management analysis that envisions fields of knowledge that are configured as being used as tools for productivity gains and profit.

In fact, possibly observed, among companies such as slow growth, mature or declining companies, competitors with high or low fixed costs, or maintaining customer service capacity, chronic or competitor excesses, forcing price war, or companies divergent objectives, less likely to cooperate, divergent union interests, undifferentiated products can affect the prioritization of compliance with more basic regulatory standards that aim at good working conditions, productivity and worker health and safety (LEMOS, 2012).

Regardless of the anticipated scenarios that affect companies over the years, according to interests filtered by higher demand and historically established priorities among the various levels of representativeness, respecting the hierarchy of representations of different forms of personal rights, politicized and represented at different levels of priority in the rule of law, legal and legal, resulting in laws, norms and guidelines, which any company, industry or commerce must initially follow, and which at the same time impacted and impacts on work organizations, their means of production and workers' lives. Therefore, regardless of whether there are other situations that can be analyzed and taken into account for greater profitability by companies, they must initially and at the same time conform to labor laws and regulations, legal compliance with what is envisioned as greater or lesser. main threat, the nation's largest law, the federal constitution and hierarchically the subsequent labor laws and standards for the optimization and guaranteeing of occupational health and safety. (FEDERAL CONSTITUTION OF BRAZIL, 2017)

8.1 External Environment

In the analysis of the external environment, with regard to worker health and safety, an analysis of the general environment, especially legal and legal, should be made with regard to the established norms aimed at improving worker safety and health, thus the constituent elements that form life itself in society influence the environments of organizations.

We can, in our specific field, worker health in companies, list some segments and their respective elements that correlate with the focus of our concern, health and safety of workers in companies.

In the demographic field, we come across elements common to external threats or any industrial process that may affect the strategic management of labor force-optimizing factors that are unambiguously dependent on health, such as population pyramid (market age group). which, in turn, may be correlated with disability time, if any occupational accident or illness that may affect a worker, income distribution, which may correlate with better means of access to information, transportation, own income earmarked for personal and health care.

In the economic field, the evolution of price and quantity indices, affecting the capacity of investments in safety (PPE) and health, training, productive capacity, / hours of work or even elements that indirectly affect the indices of production, demand or supply of products, generally related to any company, such as the balance of payments, the employment and income levels of the country or even aspects related to the internationalization of the economy, when, for example, the production of certain good, of which absenteeism as a modulatory factor in the profit margin of foreign investment with cooperation between economies of different countries, which in turn will affect resource priorities for this or that objective.

In the socio-political segment, may be directly related to the effectiveness of training such as cultural traits, attitude and habits and cultural diversity, labor and tax laws, always affecting, by deviation from preferential application of internal investments of a company, in this or that segment that envisions productivity and profitability being more essential.

In the technological segment, investments in research and development, incentives for research with generation of innovations and application of knowledge, directly affecting the routines and behaviors within the production process and in the workforce, which adds value and safety with lower rates of occupational diseases, consequent higher productivity and fewer labor legal issues arising from a better way of conducting production, is an example of how to make an analysis of the overall environment that can translate into threats or opportunities from a wider external environment .

Any way that affects the business environment can affect daily life and, consequently, the work environment, which in turn can have repercussions on occupational safety and health normative issues, which in turn can affect unnecessary or avoidable administrative costs. of a company (leave, sickness benefits, lawsuits, gain or loss due to unhealthy and dangerous work, etc.). As an example, scenarios that are limited or related to national guidelines that guide the issue of occupational safety and health can be cited.

In capital / labor relations, how does worker participate in the management and destinies of a given organization? and the trends of the company union? What is the

employee's expectation regarding the compensation? What will the new demands regarding selection and recruitment look like? What will be the new demands related to organizational development and training? Finally, what would be the main skills required of the worker? (LOBATO, 2017)

Other scenarios, such as economic, may be better developed and questions such as trends in economic growth, credit policies, internationalization of the economy, public spending, unemployment and change in the world economy may prove to be threats or opportunities that influence the productive models and indirectly affecting the way to comply with the basic requirements, already established by law, for work organization and the quality of life of workers of a given company.

Looking at consumers, markets and products, one can point out the influence of a competitive business model environment, consumer market expectations, technological advances affecting the means of production (which in turn can impact the safety or health of the consumer). worker).

New products being produced in a simpler way less related to ergonomic causal links at work, or even new consumer rights, directly impacting the overall business environment and their services.

How can the state, being itself, the demanding and enforcer of workers' health and safety conditions intervene in economies and organizations? How could the privatization of certain production sectors impact competitiveness and the consequent burden of worker responsibility on productive capacity and health? How did the three powers realign to enforce and enforce safety and health standards? Also thinking about the issue of unhealthiness when we understand that the environment and the legislations that influence it can be changed? Finally, let's think about how technological development can affect work processes, affecting work organizations within companies and resulting in new demands for coping with risks whether chemical, physical, ergonomic, biological or accidental.

It would also be critical to consider core competencies that would provide, across an organization's skill set and technology, benefits not only customers but also its collaborative body (skilled labor) as better productive means with few health risks in any given area. ergonomic fields, biological, chemical or physical reducing unhealthiness and hazardousness, which in view of their impact on productive capacity, healthier employees and consequently more work motivation, lead to competitive advantages over their competitors who also have its peculiar characteristics of technology and skills. However, to be considered a force must be inimitable and not substitutable ie have a peculiar way of dealing with situations that characterize health risks in order to circumvent, improving human relations of the means of production and if possible eliminating problems. .

Examples of key manufacturing-related competencies include: -Different and unique efficiency in low-cost production, unique mastery of manufacturing processes performed as fewer tailings and reworks, and higher productivity than competitors. In compliance with occupational health and safety regulations, core competencies may be related to occupational risk perspectives (LOBATO, 2017).

8.2 Internal Environment

With regard to the analysis of the internal environment, assessment of its resources, capabilities and competences consists in determining its strengths and weaknesses, identifying causes and analyzing the performance of these internal characteristics against their needs for formulating competitive strategy.

Among the resources, regarding strengths and weaknesses, we must consider assets that may be tangible, such as machinery and equipment, raw materials, products, or intangibles such as knowledge and experiences of employees.

Analyzing from the standpoint of their capabilities are skills to integrate and manage a set of resources in order to allow the execution of activities. Referring to compliance with regulatory standards in the field of occupational safety and health it can be inferred that the development of organizational strategy integrating capabilities, as would be the case of an oil extraction company that dominates the technical knowledge of extraction in great depths. (resource) can be transformed into the ability to carefully carry out steps in the verification of work processes in order to produce more with fewer casualties for health reasons than if it were simply considered the use of deepwater deposits.

Other internal factors can also influence companies and can be divided into 5 main parts:

Material resources: eg manufacturing facilities, computers, communication network, structural capital and liquid assets.

Intangible internal resources: systems planning and control, organizational structure, information systems and processes, licenses, contracts, patent rights, trademark rights.

Immaterial external resources: image and brand recognition of company products and brands, quality and quantity of customer base, customer satisfaction and loyalty, and company reputation.

Human resources: employee knowledge, motivation and qualification, corporate behavior.

Competencies: Quality, Supply, Marketing, Cost Reduction, Globalization, Core Competencies, Meta-Competencies such as Flexibility, Innovation Skill, and Implementation Skills (PAHL, 2007)

Laws governed by a hierarchy of legal value, from constitutional laws to regulatory norms, can be framed according to compliance or not, or the difficulties and facilities of their implementation or simply their compliance as strengths or weaknesses. The historical evolution of workers' achievements make laws and regulatory norms the main pillar for the application of the strategic reasoning introduced by the SWOT matrix, which must take into consideration issues inherent to workers' health and occupational safety, and which is the responsibility of the physician work insert in the SWOT matrix in order to optimize and justify, either the initial work or the work of a possible audit that aims to value the actions in safety and health of the worker to the company that hired him. Thus, and taking as its starting point the historical evolution of its applications, the laws are positioned in the SWOT matrix in order to corroborate the efforts of the occupational physician to apply the SWOT matrix in his favor and the employer as follows:

The forces can be simplistically enumerated and taking into account the generic points described above, but adapted ...

Forces

Trained and motivated staff

Surveillance of safety standards

Presence of SESMT (Specialized Occupational Safety and Medicine Service)

Physical structure and organization of labor

Compliance with legal requirements

Occupational Medicine Service (in company or contractor)

Well done PPRA (Prevention and Environmental Risks Program)

Personal protective equipment in good condition

CIPAs (Internal Accident Prevention Commission)

LTCAT issued (Technical Report on Environmental Conditions of Work) (Work Safety Blog)

Internal work safety programs

Low occupational risk

Workplace Occupational Hazard Warning Signs

Compliance with labor legislation

Decreased unhealthiness and hazardousness

Low accident rates

Weaknesses

Lack of safety training

Unobserved regulatory standards

Absence of SESMT

Precarious physical structure

Lack of work organization

Inadequacy of legal requirements

Precarious PPRA

PPE in poor preservation conditions

No CIPAs

Without LTCAT

No occupational safety training

High occupational risk

No occupational or poorly maintained warning signs

Absence of occupational safety technician

Non-compliance with labor law

High levels of unhealthiness and hazardousness

High accident rates

Doctor's absence from work in the company

Opportunities

Positive external environment situations that allow the company to achieve objectives, which at first seem not to be directly related to occupational safety and health issues but end up impacting internal priorities and strategies ...

Existence of financing lines (for occupational safety and health projects)

Few competitors in the region

Increasing demand

Skilled labor

High educational socioeconomic status

Government Worker Incentive Policies

Worker's health plans

Labor supervision (affecting for opportunity in relation to competitors if they are not in good time)

Favorable economic outlook

Presence of medical care available in the region

Proactive Union and Company Partner

Threats

Changes in labor laws

Severe and / or corrupt surveillance

Shortage of skilled labor

Weak regional economy

Absence of hospitals in the region

Lack of tax incentives to work

Unions Quarreling With The Company

Missing Government

Low educational social status

No demand

9-Hypothetical situation

One company, which in its storage and unloading sector makes use of forklifts, a road accident occurs with a consequent death. When investigating the accident, non-compliance with NR-11 is verified in the driver's work qualification category. A deepening of the case reveals an environmental risk prevention program where noise levels in the work area require the use of accidental hazard hearing protectors for the way in which the forklift should travel, with poor signaling, low light, people moving to performing other tasks and a failure to comply with the driver and victim's ASO (occupational health certificate) specifications.

Closer analysis of the case revealed PAIR (noise-induced hearing loss) at high levels and the driver was also recommended to wear in addition to the already recommended personal protective equipment (PPE) such as gloves, boots, goggles, ear protectors, Make use of antihypertensive drugs and check blood pressure manually before workday. Failure to use gloves and slippery hands when grease was working on the forklift's engine made it impossible to maneuver the forklift when another employee from another sector moved through the loading and unloading area, causing the passerby to be run over, who was part of an important administrative sector and who, according to human resources, was a key player in the company's strategy, including being responsible for training and supervising other employees of the company who depended on technical advice and authorization to perform their jobs. The victim had low hearing acuity, and despite knowing the safety standards, disregarded the importance of compliance with the rules, by claiming to be a higher position, to move wherever he liked. The risks anticipated in the PPRA (prevention and environmental risks program) and not corrected by the security sector itself, having seen the company's cost management argument or that there were other priorities, and the failure to follow PCMSO (medical control program) recommendation. and occupational health), which warned drivers that, in addition to their experience, should follow the recommendations of the occupational health sector, following their routine examinations, the entire discharge and storage sector was subject to a tax audit by the Ministry of Health. labor and employment, at the request of the union of the referred sector and consequent financial losses resulting from the interruption of work, legal process filed by the beneficiaries of the injured person, avoidable accident compensation and low productivity (disposal of the company's products for a period in which the competing companies sector), kept up their sales pace. A simple, hypothetical example of prioritizing SESMT (occupational safety and health services) policies, taking into account the SWOT realization of industry standards and legislation impact how the company's weaknesses would have been prioritized. an internal strength point of the company relative to competitors. (forklift DDS, 2017)

The condition of external opportunity, hierarchical compliance with the laws governing the occupational safety and medicine sector, has become a threat, simply by not following the hierarchical scale that must be followed.

After an investigative analysis, considering the cause tree, the driver, although he used a horn when he despaired about what happened, and for not using medication or measuring his BP (blood pressure) before work, had a hypertensive peak, with consequent momentary loss of conscious reflex to maneuver, referring chest pain, angina pectoris?, which made it impossible to maneuver properly.

The passerby was not allowed to travel in the sector and was unaware of the meaning of the warning signs, because of low hearing acuity, did not hear in time the fork honking the horn and upset by the situation, could not get out of the way of the forklift carrying pallets, collapsing about it.

10-Brief Report on NR 7 and 9 Standards (in Annexes 1 and 2)

Regulatory standards set out the requirements to be met in the mandatory implementation of the occupational health and medical control program (PCMSO) which should be based on information relevant to occupational hazards raised by the occupational risk prevention program (PPRA). These establish as regulatory rules the compliance with the law of legal obligations regarding the assessment, prevention and reduction of occupational risks to the health of employees of a company (PERRONI, 2012).

NR-7 describes what to do about occupational medical examinations, frequent examinations such as admission, periodic, return-to-work, job-changing (provided occupational hazards are changed), and dismissal, which should be evaluated at the end of a year for epidemiological aspects and action taken against the company to change employees' conduct in the field of work in order to reduce or extinguish threats to workers' health.

NR-9 establishes an obligation to perform a technical survey of the workplace to determine which occupational hazards the worker will be exposed to, so that the medical program is based on it and can take appropriate action against the SESMT. Specialized in Safety Engineering and Occupational Medicine) as appropriate use of work clothing and personal protective equipment. (ATLAS LEGISLATION MANUALS, 2012)

11-SWOT analysis associated with NR

In accordance with NR-7, there is an obligation for all employers and institutions that hire workers as employees to elaborate and implement the Occupational Health and Medical Control Program (PCMSO) with the objective of promoting and preventing the health of your workers (ATLAS LEGISLATION MANUALS, 2012)

In defining the strategic drivers, this item should be given priority given the need to comply with the law to the detriment of interventions, interdictions or fines arising from non-compliance.

The company's environmental analysis should guide the assessment of environmental risks so that during the SWOT analysis, due consideration is given to what is necessary to prevent health problems considering the rules of NR-9 (PPRA - environmental risk prevention program).), item 9.3.1: -a) anticipation and recognition of risks; -b) establishment of priorities and targets for assessment and control; -c) assessment of risks and exposure of workers; assessment of its effectiveness, which can already be considered as both strategic norms or objectives as SWOT planning - from what can be considered a strategic map (to mitigate weaknesses where there are threats to workers' health) and present it with directive.

The NR7 and NR9 SWOT strategic implementation indicators and targets are already defined by law and are sufficient to apply them to consolidate the company's strategy to comply with the legislation as well as to offer the company a set of situations that favor the better and better use of its employees' workforce.

Based on the development of the PPRA-based PCMSO, indicators and targets that will emerge during mandatory medical evaluations can be established through compliance with the standards, such as admission, periodic, return to work, job change and dismissal examinations. . (MENDANHA, 2012)

As the implementation of the company's occupational medical services, a company's board of directors may define financial planning, or project portfolio (where the minimum health risks of employees are always considered as long as they comply with regulatory health risk reduction and elimination regulations). of the worker).

Once the financial planning has been defined, it can be approved by the board of directors and deployed into management plan actions by scaling to the parties involved (security technician, CIPA, employees, human resources department) and undergoing monitoring of the implementation strategy. after undergoing emerging analysis or undergoing annual planning review.

In traditional SWOT analysis, internal strengths of the company in relation to competitors and weaknesses internal weaknesses of the company in relation to competitors are considered. Opportunities would be the positive aspects of the environment that surrounds the company with the potential to bring competitive advantage and threats the negative aspects of the environment that surrounds the company with the potential to compromise the market advantage. In this study we propose to use threats and opportunities as part of the physical environment of the company considering the market only as equalization of compliance with standards which in itself would be a threat (having companies that have already consolidated the application of nrs) and opportunities (less compliance with standards).

In Oliveira's conception (2007, p. 37) defines the SWOT analysis as follows:

1. Strong point is the differentiation achieved by the company - controllable variable - that gives it an operational advantage in the business environment (where the issues are not controllable by the company). With regard to regulatory standards, worker's health risk assessment, implementation of corrective measures, implementation of screening and surveillance measures, prevention of health hazards and maintenance of the status quo acquired when all standards are applicable.
2. Weakness is the inadequate situation of the company - controllable variable - that gives it an operational disadvantage in the business environment. Environmental risks within the company that are not amenable to correction with respect to the health or reduction of health risks to the worker unless circumvented by decreased health hazards by means of corrective measures such as the use of PPE, training, reduction of unhealthiness or hazardousness, for example.
3. Opportunity is the uncontrollable environmental force of the company, which can favor its strategic action, as long as it is known and used satisfactorily while it lasts.

After surveying and mapping health risk areas, all areas where no additional safety measures or compliance are required without investment by the company

4. Threat is the uncontrollable environmental force by the company, which creates obstacles to its strategic action, but which may or may not be avoided, provided it is recognized in a timely manner. Risks outside the control sphere, where it would be an imminent risk if it were not identifiable, non-compliance with regulatory standards, enforcement with measures of coercion to non-compliance with rules, for example.

12-Conclusion

In the strategic planning view of a company, it is possible to value physical assets, increasing productivity through greater operational safety with cost reduction if the compliance with labor laws more accurately with regulatory norms that determine the implementation and maintenance of health programs is considered occupational health and other measures in force in the legislation regarding worker health, and for which legal compliance with regulatory standards is verified, which requires companies to comply with programs and medical control in occupational health that requires prior survey information about environmental risks to workers' health through the PPRA (Environmental Risk Prevention Program).

In this sense it is possible to draw a parallel between the strengths and weaknesses suffered within the physical space of the company, with the compliance or not of the measures raised and applied in relation to the regulatory norms referring to the worker health, as well as Threats can be referred to as situations that fall outside the control of the company, which is precisely the points raised in the PPRA, on which

the company needs to adapt using opportunities that, although not controllable, are subject to analysis to implement a strategic planning to mitigate the deleterious effects of certain work situations that do not favor worker health.

Thus, in the swot analysis, internal corporate advantages would be considered as any regulatory measures that were complied with, and weaknesses as non-compliance with the appropriate measures and determined in those standards when they are not applied in full. The absence of inherent and non-circumvent occupational hazards because they would already be characteristic of the working condition characterized as hazardous or unhealthy would be considered threats, but otherwise the SWOT classification of external threats over which the company has no control or little could intervene in its favor, it would be considered as part of the company's strategic planning to circumvent, as far as possible, these health risks by treating any and all compliance with the standards as opportunities.

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