

CONCEPTIONS OF THE NURSING TEAM ABOUT ACTING OF THE FEDERAL AND REGIONAL NURSING COUNCILS SYSTEM

CONCEPÇÕES DA EQUIPE DE ENFERMAGEM SOBRE A ATUAÇÃO DO SISTEMA CONSELHO FEDERAL DE ENFERMAGEM/CONSELHOS REGIONAIS

CONCEPTOS DEL EQUIPO DE ENFERMERÍA SOBRE LA ACTUACIÓN DEL SISTEMA DE CONSEJOS FEDERALES Y REGIONALES DE ENFERMERÍA

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ABSTRACT

Objective: The objective was to know the nursing team conceptions about the actions of the Federal and Regional Nursing Councils System. **Methods:** It was realized a descriptive, exploratory study with a qualitative approach in Floriano city, Piauí state, Brazil. Sixteen interviews were conducted with nursing professionals, whose data were submitted to content analysis. **Results:** Five categories emerged, in which the participants verbalized to conceive the Nursing Councils: Supervisory organ of the professional exercise; Regulatory and normative organ of the professional exercise; Acting organ little; Support organ to the profession; Entity promoting vocational training. **Conclusion:** The conceptions attributed to the Federal and Regional Nursing Councils were mainly inspection issue, with an opinion predominantly unsatisfactory. However, the participants gave the Federal and Regional Nursing Councils the security and authority required for nursing to continue achieving professional achievement and improvement through professional regulation.

Keywords: Professional Practice; Specialty boards; Nursing.

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RESUMO

Objetivo: objetivou-se conhecer as concepções da equipe de enfermagem sobre a atuação do Sistema Conselhos Federal e Conselhos Regionais de Enfermagem. **Métodos:** estudo descritivo, exploratório, de abordagem qualitativa, realizado em Floriano, Piauí, Brasil. Foram realizadas 16 entrevistas com profissionais de enfermagem cujos dados foram submetidos à análise de conteúdo. **Resultados:** emergiram cinco categorias, nas quais os participantes verbalizaram conceber os Conselhos de Enfermagem: Órgão fiscalizador do exercício profissional; Órgão regulamentador e normatizador do exercício profissional; Órgão pouco atuante; Órgão de amparo à profissão; Entidade promotora da formação profissional. **Conclusão:** as concepções atribuídas aos conselhos de enfermagem relacionaram-se, principalmente, à questão fiscalizatória, posicionando-se de forma predominantemente insatisfatória. Contudo, os participantes atribuíram aos conselhos a segurança e a autoridade necessárias para que a enfermagem continue a obter conquistas e melhorias profissionais através da regulamentação profissional.

Descritores: Prática Profissional; Conselhos de Especialidade Profissional; Enfermagem.

RESUMEN

Objetivo: El objetivo fue conocer los conceptos del equipo de enfermería sobre las acciones del Sistema de Consejos Federales y Regionales de Enfermería. **Métodos:** Se realizó un estudio descriptivo exploratorio con enfoque cualitativo en la ciudad de Floriano, Estado de Piauí, Brasil. Dieciséis entrevistas fueron realizadas con profesionales de enfermería, cuyos datos fueron sometidos a análisis de contenido. **Resultados:** Cinco categorías surgieron en que los participantes verbalizaron para concebir los Consejos de Enfermería: Órgano supervisor del ejercicio profesional; Órgano reglamentario y normativo del ejercicio profesional; Órgano de actuación poco; Órgano de apoyo a la profesión; Entidad promotora de la formación. **Conclusión:** Los conceptos atribuidas a los Consejos Federales y Regionales de Enfermería fueron principalmente de inspección, con una opinión predominantemente insatisfactoria. Sin embargo, los participantes dieron a los Consejos Federales y Regionales de Enfermería la seguridad y autoridad necesarias para que la enfermería continúe logrando logros y mejoras profesionales através de la regulación profesional.

Palabras clave: Práctica profesional; Consejos de especialidades; Enfermería.

INTRODUCTION

In its historical path, Nursing has been gaining more space in the social environment by leading the category to new directions related to the exercise of the profession, with improvement in both scientific knowledge and professional practice, through the commitment of the class organs, such as the Brazilian Nursing Association and Federal Council System

and Regional Nursing Councils (COREN).

The search for professional quality requires norms to be followed for the benefit of the patient, the family and community and the Nursing professional itself.¹

Among the Nursing regulations, the Professional Exercise Law n. 7,498 of 1986 determined the attributions and defined the categories that can be exercised by Brazilian Nursing. Provided that

Nursing should be exercised privately by the Nursing team, consisting of nurses, Nursing technicians, Nursing assistants and midwives, legally qualified and enrolled in COREN, with jurisdiction in the area where the exercise occurs, respecting each assignment, in accordance with the qualification of the professional. The approval of this law represented a major advance in terms of professional autonomy and greater clarity in the definition of roles.²⁻³

In order to guarantee a professional exercise, based on legal and ethical precepts, it is necessary to have a council that acts as a regulatory and supervisory body, protecting the profession, that is, those who practice it, as well as the population assisted by it, in order to ensure quality of Nursing services and professional advancement. The Federal Nursing Council (COFEN) and COREN were created on July 12, 1973, through Law No. 5,905, and, together, form the COFEN / COREN System. Affiliated with the International Council of Nurses of Geneva, COFEN is responsible for regulating and supervising the professional practice of nurses, technicians and Nursing assistants. There are currently 27 COREN in the country, all subordinates to COFEN.⁴⁻⁵

The organization acts in the valuation of the diploma, professional

moralization, protection of social interests, legality and in the safeguard of ethical principles. However, the mission of the COFEN / COREN System, in many situations, has not been clarified for society, besides being inadequately understood by many segments of the profession itself. Nursing professionals should understand that the boards are entities governed by public law, with a specific purpose to care for the social interest, supervising the professional exercise of the related categories.⁶

Although the process of supervising the professional practice of Nursing in the COFEN / COREN System is the final activity of the Professional Councils, it is not properly known and recognized by society, a factor that deserves attention, since this process is poorly understood by the professional categories themselves, making this reality more worrying, considering that the work of these professionals has direct repercussions on human life.⁷ In the national and international literature, there is little research on the role of Nursing Councils, from the perspective of the professionals of the team and, especially, with regard to the conception as an organizational entity.

Finally, understanding that the building of relationships of a profession, ratified by the legal, disciplinary and supervisory nature of its representative

bodies, give quality and safety to the professional, it is essential to discuss the value of this organizational entity for Nursing knowledge and its construction on welfare practices.⁸ Thus, the questioning of the study emerged: what are the conceptions of the Nursing team about the performance of the COFEN / COREN System?

In light of the above, this article aimed to know the conceptions of the Nursing team about the performance of the COFEN / COREN System.

METHODS

A qualitative, descriptive-exploratory study conducted in establishments in the municipality of Floriano, PI, Brazil, which provides health services and nursing care. According to the National Registry of Health Establishments, the municipality has 105 registered health establishments. Of these, thirty-nine have Nursing professionals composing the health team, according to the analysis performed at each location (through telephone contact or going to the establishment).

Of the 39 establishments selected, due to the granting of institutional authorization to carry out the research, only 31 sites were included among the observation fields: twenty-four Basic Health Units (BHU), a Mobile Emergency Response Service (MERS), two Psychosocial Care Centers (PCCs), a

Municipal Health Department (MHD), a Testing and Counseling Center (TCC), a public hospital and a private hospital. The study period began in September 2014 and extended to August 2015. The data collection, exploratory phase of the research, occurred in June 2015.

The participants were the professionals of the Nursing team who had an active enrollment in COREN-PI and who practiced Nursing in Floriano-PI.³ It is noteworthy that during the data collection, although it was sought to include all professionals in the category of Nursing auxiliaries were not contacted in the services covered as the study scenario.

The sample was determined by theoretical saturation in the fourteenth participant through the application of the eight procedural steps of this process. However, in order to clarify the method of saturation, it was chosen to interview two more participants. Thus, the study totaled sixteen Nursing professionals, eight nurses and eight Nursing technicians.⁹

A semi-structured interview script was used, containing, in its first part, questions about the socioeconomic and professional data of the research participants, including gender, age, marital status, education, income, professional category, work place, time of service. In the second part, the guiding question about the nursing professionals' conceptions

about the COFEN / COREN system was presented, allowing the respondents to freely discuss in their response, from an informal dialogue: how do you perceive the performance of the Nursing Board? Other complementary questions to better clarify the phenomenon to be researched were used during the interview, among them: what functions do you know about the Nursing Councils? Have you ever needed to look for the Nursing Councils? For what? The interviews lasted approximately twenty-five minutes and were recorded using the voice recorder. In addition, the researcher noted other elements related to non-verbal communication, essential for the analysis and understanding of the participants' discourse. For data analysis, Content Analysis was used in three fundamental phases: pre-analysis, material exploration and treatment of results, inference and interpretation.¹⁰

The project was approved by the Research Ethics Committee of the institution where the research was conducted, according to opinion 1,028,555 / 2015. In order to preserve the identities and anonymity of each professional, the interviews received codes according to the order of the interview and the professional category, and the letter E was assigned to designate the nurse practitioner (ranging from E1 to E8) and the letter T to To

represent Nursing technicians (starting from T1 to T8).

RESULTS AND DISCUSSION

Eight nurses and eight nursing technicians participated in the study. Most were female (15 participants), ranging in age from 18 to over 50, married or in stable union. As for educational level, the majority had a postgraduate degree (11), including two Nursing technicians with higher education and one postgraduate in other areas. The professionals' income ranged from one to more than six minimum wages, with two to four minimum wages being more prevalent for both categories.

As far as workplaces were concerned, three worked in MERS, four in the FHS, three in a private hospital, five in a public hospital and two in the MHD. Concerning the length of service, half of the participants reported working between one and five years. Only three professionals (two Nursing technicians and one nurse) were working in another city, being Teresina-PI, Brazil.

The evaluation of the research material, after being compiled and organized, allowed the construction of five categories of analysis, which express the participants' conceptions of the research on the performance of the COFEN / COREN System. Electing positive and negative

aspects of this body's performance, the participants verbalized conceiving the Nursing Councils as: Supervisory Body of the professional exercise; Regulatory and normative body of the professional exercise; Little acting organ; Body of support to the profession; and Entity promoting vocational training.

Inspection body of the professional exercise

In this category, the participants conceived in their reflections the COFEN / COREN system as a supervisory body, because, according to the speeches, this is the most active activity of COREN:

[...] COREN [...] has the function of supervising [...] because in fact the Council comes only in this part of the audit. (T1)

Honestly, when I think of COREN and COFEN, I only think of FIS-CA-LI-ZA-ÇO (emphasized that word) of nursing work [...]. (E08)

[...] I only know the supervision itself (laughs) [...]. In addition to seeing these things of the irregularities [...] that we are doing of our function, to punish. [...] I know they have to punish, they do the oversight [...]. Overall, it's just scrutiny. (E03)

The design of the COFEN / COREN System as a monitoring body for the professional Nursing practice is adequate. However, a more comprehensive view emphasizes that Nursing Councils are, in fact, disciplinary bodies of professional practice, involving not only the function of supervising, but also guiding professional activities and judging ethical infractions

and assigning appropriate penalties, when needed. In this sense, it would be a reductionist attitude to confer this function only on the COFEN / COREN System, since, although important, it does not contemplate all COFEN and COREN attributions of each state.

In addition, in the speeches of the subjects surveyed, this function was highlighted in the punitive perspective, not considering the needs of the profession. This factor is worrisome, since the analysis of Law No. 5,905 allows to extract 14 functions related to COFEN and 13 to COREN, in addition to its audit activity.⁵

The inspection process should be carried out as a normative basis, in the conception of educational methods to stimulate the ethical values and valorization of the work process in nursing. It is inferred that this perspective of punitive action of the councils, presented by many participants, is due to the construction, still incipient, of the conception that the inspection of the Nursing service must be seen by the pedagogical aspect, which occurred in a collective way only in recent years, as a result of the process of re-democratization of the Nursing Council. Previously, the inspection process was executed by the COFEN / COREN System predominantly from a merely punitive view.⁷

However, some professionals have shown that this activity is insufficient or has failures in execution, which may compromise the quality of Nursing care provided.

I think there should be more scrutiny, which I think does not have as much [...]. (T12)

[...] I would not say demands, because I do not see COREN demanding thus, they come, inspect, notify when necessary, but I would say that maybe there is a lack of professionals within the COREN service itself. (E16)

Currently, in Brazil, there are over 1.5 million Nursing professionals practicing both in the public and private sectors. This amount implies a greater volume of work for COFEN and, in particular, for the Regional Councils that have to increase their inspection services to exercise the state purpose, provided by law, with competence and efficiency.¹¹ Due to the significant number of registered professionals, one can understand the challenge that is for the professionals in charge to supervise the exercise of the profession. In addition, the necessary efficiency of the prosecutor's work requires for carrying out his activities that are supplied technological, material, structural and human resources. These resources are subsidies to increase the efficiency of work, but with insufficient number of professionals, even the most current technology will not prevent the overload of the professional, thus hindering the

development of this process of supervision.¹²

Regulatory body and regulator of professional practice

Brazilian Nursing experiences a great development, most likely due to the effort to regulate the profession, which guarantees a safe and competent Nursing practice, capable of protecting not only the professionals, but primarily the users of the health services. The role of the Nursing Council as an organ of regulation and standardization of the profession determines the ethical and legal parameters for an autonomous exercise, planned in any field of activity, from primary to more complex care.¹³ The role of the Nursing Council as a regulatory body and normatizador da profissão was emphasized by professionals.

[...] formerly ... the professionals were actually obliged to some procedures that were not Nursing, and nowadays, we can no longer do [...]. (T02)

Then they represent me, it is, regulating the norms, how we work ... how we should act in each situation, both in the PSF [ESF] and in the hospital, as in SAMU, making the norms, Regulations, laws (E04)

In Brazil, the COREN were created to regulate, guide and supervise the professional exercise. Normalization and regulation are carried out constantly in Nursing, contemplating changes in the profession and society. This fact can be

established by the analysis of the legal provisions of the profession, especially under the character of resolutions that deal with the different competencies of nurses and Nursing technicians, which since 1975 have been periodically launched and already total 480 resolutions published by COFEN.¹⁴

Most of the time, the interest in regulating certain professions is to assure professionals of certain rights. This is because it is common to confuse professional regulation with the recognition of the profession and the guarantee of rights, when, in fact, regulation means imposing limits, restricting the free exercise of professional activity, already valued, recognized and constitutionally guaranteed.¹⁵

Little acting organ

Some participants reported that the COFEN / COREN System is silent or does not represent them, especially with regard to labor issues, such as reduction of work hours, and salaries.

[...] The Regional Nursing Council is very silent on this issue of the search for improvement, this issue of the 30 hours of Nursing. (T01)

[...] We see that the other categories have already been receiving professional gains, reduced workload, been reducing, has been gaining salaries increase, the established floors, and we have seen that our class at the moment has not had success in some professional matters [...]. (E08)

Despite the great numerical contingent, the decisive influence of work on the quality of health actions and the struggle of Nursing professionals for the definition of a working day compatible with the characteristics of their work, this professional group does not have, until now, in Brazil, of legal protection to the work. Other professional health categories achieved achievements in relation to working hours, such as physicians (20 hours per week / four hours per day, since 1961), physical therapists and occupational therapists (30 hours per week / six hours per day since 1994).¹⁶

In this perspective, faced with the challenges imposed by the work process, the representative entities of nursing professional organization have been looking for changes and looking for the rhythm of the new political and social times. One of them is the professional appreciation and practice of collective work, as well as the advancement in the understanding of networking. However, even though there are common struggles, through which joint and separate actions are strengthened, as well as various fronts, each nursing entity has its specific purposes, all in the name of the professional nature. Specifically, with respect to labor rights in their work processes, such as reducing work overload, the competence is of the unions.¹⁷ This

shows that some professionals are unable to distinguish the functions performed by trade unions and professional councils. Therefore, it is necessary to increase the role of this municipality.

Thus, even with the understanding that each entity has its specific characteristics, nursing organizations, together, must be involved in actions that promote decent conditions for professional practice. In this sense, COFEN, in addition to its formal role as a regulating, normalizing and supervising body of professional practice, together with the other national nursing organizations, places itself as an articulator and interlocutor of the profession in the health policy human resources and science and technology, including the search for the 30 hours as a journey for Brazilian nursing.¹

Other professionals were dissatisfied with the actions of the Nursing Councils and reported little contact with counselors and an insufficient approximation in the fields where the nursing team is inserted.

[...] the Council is really its role is to represent us. [...] I see very active in the capitals, but in the interior not so much [...]. (E04)

It is leaving much to be desired. We do not have dates, as you know: nursing week. Generally, this year, had in the universities, colleges, Coren even nor promoted one, such an event in Floriano. I think this is missing. (T13)

It is inferred that this dissatisfaction can be related to the fact that, in daily

practice, the Nursing professionals experience structural and conjuncture difficulties that lead to embarrassing and unjust situations in the exercise of work activities, being targets of prejudice and iniquity of precarious work. Health institutions, in most cases, do not offer minimum working conditions, exposing the professional to insecurity both for themselves and for the user. Thus, the Nursing organizations have fundamental tasks to fulfill together - the achievement of the valorization of Nursing workers, ensuring that the rights of decent working conditions and remuneration are guaranteed and the qualification and recognition are visible.¹

Body of protection for the profession

Nursing professionals perceived the Nursing Councils as support bodies for the profession, which they can use in cases of need, attributing to this organizational entity the professional safety necessary to carry out their duties.

The Council is very important, because that's what I said, we have the Council that represents us. We [...] say: we are not a dog without an owner. (T01)

It's important for just that, [...] not to let go, without something you can turn to. (T12)

The trajectory of the Councils, especially in the 1980s, has been marked by their insertion in the different struggles of society, acting as an active subject in the collective construction of democratic

spaces to defend public policies, contributing to the institutionalization of democratic principles of the Federal Constitution of 1988.¹⁹ The creation of the Professional Council for Nursing in Brazil was an achievement for professional qualification, supporting the professional credibility, supervision and disciplining of qualified Nursing practices for society.^{8,18}

Entity promoting vocational training

Another attribution expressed by the professionals surveyed was that the COFEN / COREN System has the function of promoting permanent and continuous education.

[...] and also promote courses, qualifications for professionals. Qualifications that, in my opinion, should be further expanded, because they have already been more expanded and are now becoming more closed. I would not say restricted, but reduced. They will be reducing more [...] at the level of powders, I think they should, COFEN should promote the powders free of charge. (E16)

The question of education was mentioned in the interviews, demonstrating that the participants recognize that, in order to fulfill the work of the nurse professional based on scientific evidence, identification of client / family / community needs and holistic care, a process of professional training.¹⁹

However, this function does not belong to the Nursing Councils. The participants mentioned the lack of this incentive on the part of the councils, and

that this stimulus would come through the promotion of courses, lectures and the postgraduate offer by COFEN. This data is relevant, since it emphasizes the value of science as a source of knowledge and the primacy over practice, highlighting the participants' interest in professional improvement and, consequently, concern for improving the quality of patient care. It is noteworthy that the movements in favor of promoting the teaching-service integration add new elements to break the inertia that accommodates the subjects in their daily work.²⁰

CONCLUSION

The conceptions presented by the participants of the research were related, mainly, to the inspection question developed by the Nursing Councils, positioning itself in a predominantly unsatisfactory way regarding the practice of this activity. The interviewees revealed distancing from the councils, sometimes ignoring actions and questioning the legitimacy of the action.

The professionals revealed limitations of the knowledge about the functions of the councils and demonstrated confusion with the activities developed by other representative organs for Nursing, showing the need to clarify the real functions of this organizational entity. However, nurses and nursing technicians

have given the COFEN / COREN system the necessary security and authority to enable the category to continue to achieve professional achievement and improvement through professional regulation; its existence being paramount for the effective and efficient functioning of the profession.

The most notorious problem identified was the deficiency between the communication of the professionals and this organ, maintaining the demands for a closer approximation between both. This lack, results in the incomprehension by the professionals about the activities conferred to the Professional Councils, especially the question of supervision of the professional exercise. There is also a need for greater internalization of the actions of the Councils, since the number of venues within the state is small compared to the number of professionals and health facilities that need supervision by COREN.

In addition, this study had limitations related to the time of immersion in the field and to the reduced number of establishments to carry out the research, since three medical clinics and five clinical analysis laboratories refused to participate in the study or were not found responsible to obtain authorization. However, because it is a predominantly qualitative research and the sample is defined by theoretical saturation, this fact did not repel the

genuineness of the results obtained. Although the research has been carried out in a specific reality and its results can not be generalized to all Brazilian municipalities, the data offer important insights to understand the conceptions of this organizational entity for its own members, which may contribute to propose strategies that satisfy the expectations of growth and development of this professional category.

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