

**NURSING IN THE CONTEMPORARY SOCIO-POLITICAL AND ECONOMIC
CONTEXT: ENCOURAGING PRIVATE ENTREPRENEURSHIP AND/OR
STRENGTHENING OF SOCIAL ENTREPRENEURSHIP?**

**A ENFERMAGEM NO CONTEXTO SOCIOPOLÍTICO E ECONÔMICO
CONTEMPORÂNEO: ESTÍMULO AO EMPREENDEDORISMO PRIVADO E/OU
FORTALECIMENTO DO EMPREENDEDORISMO SOCIAL?**

**LA ENFERMERÍA EN EL CONTEXTO SOCIOPOLÍTICO Y ECONÓMICO
CONTEMPORÁNEO: ESTÍMULO AL EMPRENDIMIENTO PRIVADO Y/O
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Nursing is considered a social practice, whose understanding is by insertion in a given socio-historical and political context, in which interferes and is interfered with. Since the implementation of the Unified Health System (SUS), nursing has been entering hegemonic in the public sector and taking strategic position in the health care organization, as it is considered a science of integral and integrative care, able to watch and manage care practices and, above all, to promote the health of the individuals, families and communities (BACKES et al., 2012).

However, the new socio-political and economic scenario threats, in the foreground, the achievement of various social and health rights and, inevitably echoes (may echo) the becoming and doing nursing in Brazil as social enterprising practice to the advance of public policies. In this context, we highlight some recent decisions: health underfunding by the austerity measures introduced in 2016 (Constitutional Amendment 95); new Primary Care Policy, published in 2017, changing duties of professionals, limiting actions, eases the workload and removes professionals from the composition of the teams; and labor reform, which broadens the freedom of the companies in determining the terms of hiring, use and employees' remuneration, with a view to reducing their costs.

In short, we can summarize that the austerity measures (by the neoliberal model of health care), associated with the deregulation of labor laws, amid the severe economic crisis, not only deconstitute the idea of social justice as contravene the fundamental principles and guidelines of a universal health system (CASTRO et al., 2019).

In this socio-political and economic context, the nursing professional experiences an inevitable insecurity. The impacts of these changes are still unknown; however, it is estimated that the SUS scrapping and the encouragement of health privatization compromise the employment hegemonic sustainability in the public health sector, which will substantially affect the participation of nursing, since it corresponds the most workforce in health in Brazil.

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The reduction of rights and social protection for workers can further aggravate the historical challenges in relation to the nursing work: long working hours; fragile employments; and wage gap regarding the other health professionals, expressed by sub-journeys, sub-minimum wages and underemployment. Linked to this, we can also highlight the high degree of insecurity and violence in the workplace, lack of adequate infrastructure to rest and the lack of assistance, even when these professionals get sick by working conditions (MACHADO et al., 2016).

In this scenario, the private entrepreneurship, ie, "have your own business," emerges as the most suitable alternative for Brazilian nurses. In the United States, where the health system is based on Private Insurance, this practice is already very present, especially in areas where doctors do not offer services to the population (COPELLI et al., 2019). Following this international trend, there is in Brazil, in recent decades, an increase of registered companies for nursing activity, which, in general, is associated with constant and growing dissatisfaction with the above mentioned working conditions (ANDRADE et al., 2015).

The nurse, as an independent professional, has exercised his activities by offering various health care services: nursing consultations to chronic, pregnant women and elderly patients; drugs administration and prescribed treatment; guidance on breastfeeding; and dressing accomplishment (ANDRADE et al, 2015.; COPELLI et al., 2019). Although the contradictions of public and private relationship, we should point out that most of these activities is - or at least should be - offered by SUS, which provides in its legal framework full attention to health of all Brazilians.

Over more than 30 years of existence, SUS has emerged as a space for social entrepreneurship, by expanding the role of health professionals, especially nurses, and mobilize the community through social participation. A retrospective analysis regarding the involvement of health professionals in SUS points to the recognition that the nurse is the main transforming agent of policies and programs targeted on public health, especially of the Family Health Strategy, as it denotes an expanded look to the health needs of families and communities (BACKES et al., 2012).

While social entrepreneurs, it is expected that nurses promote changes of the current standardized practices, with ethical and political commitment to consolidation of SUS guiding principles. Therefore, it is observed the need to develop policys skills to also act towards the achievement of decent work, fair wages and, consequently, increased job satisfaction.

It is worth mentioning that social entrepreneurship in nursing is related to the intrinsic characteristics of the profession, to transform the social reality of the communities; operate on the social determinants and the advancement of equity, with decision-making authority to modify health conditions; mobilizing community resources; perform inter-sectoral management; provide funds for the construction of the profession; create a cooperative and care network; establish contacts; and have social recognition, political power and governance within communities, based on social participation.

These are conducts and commitments that need to be strengthened, particularly in light of the current situation, with limits in the social, political and economic spheres. Therefore, it is necessary that nursing predicts its political-legal project, in order to critically reflect on the relationship of the public and collective interest to the detriment of economic and corporate interests.

Given the above, this paper aims to provoke some questions in order to reflect on which one(s) path(s) we want to walk to build up the Brazilian nursing: stimulate private entrepreneurship in line with the neoliberal model of health care that has been installed in Brazil? Or strengthen the profession as enterprising social practice, able to change the "status quo", that is, fight for improved working conditions and the consolidation of the guiding principles of SUS? We can also reflect on the possibility to strengthen, in the educational spaces, both entrepreneurial modes (private and social) as complementary practices, under the

aegis of public and private relationship intertwined in our Health System. These are pressing considerations that need to be discussed, as they indicate new paths to Nursing.

REFERENCES

1. Andrade AC, Ben LWD, Sanna MC. Empreendedorismo na Enfermagem: panorama das empresas no Estado de São Paulo. **Rev Bras Enferm.** [Internet]. fev 2015 [cited 01 aug 2019]; 68(1):40-44. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672015000100040&lng=en&nrm=iso. doi: <http://dx.doi.org/10.1590/0034-7167.2015680106p>.
2. Backes DS, Backes MS, Erdmann AL, Büscher A. O papel profissional do enfermeiro no Sistema Único de Saúde: da saúde comunitária à estratégia de saúde da família. *Ciênc Saúde Colet.* [Internet]. jan 2012 [cited 18 jul 2019]; 17(1):223- 30. Available from: http://www.scielo.br/scielo.php?script=sci_abstract&pid=S1413-81232012000100024&lng=en&nrm=iso&tlng=pt
3. Castro MC, Massuda AD, Almeida G, Menezes-Filho NA, Andrade MV, Noronha KVMS, et al. Brazil's unified health system: the first 30 years and prospects for the future. *Lancet.* 11 Jul 2019. Available from: https://fgvsaude.fgv.br/sites/gvsaude.fgv.br/files/18tl6929_atun_final.pdf. doi: [http://dx.doi.org/10.1016/S0140-6736\(19\)31243-7](http://dx.doi.org/10.1016/S0140-6736(19)31243-7)
4. Copelli FHS, Erdmann AL, Santos JLG. Entrepreneurship in nursing: an integrative literature review. *Rev Bras Enferm.* [Internet]. 2019 [cited 18 jul 2019]; 72(Suppl 1):289-98. doi: <http://dx.doi.org/10.1590/0034-7167-2017-0523>
5. Machado MH, Santos MR, Oliveira E, Wermelinger M, Vieira M, Lemos W, et al. Condições de trabalho da enfermagem. *Enferm Foco* [Internet]. 2016 [cited 18 jul 2019]; 7(Esp):63-76. Available from: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/695/305>