

NURSES' PERCEPTION ON THEIR ROLE IN THE HEALTH COUNCILS AS A SEGMENT OF THE HEALTH WORKERS

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ABSTRACT: This study analyzes nurses' knowledge and perceptions regarding their role in Social Control, and identifies aspects which limit and advance their participation in the Health Councils as health workers. Contact was made with 18 nurses working in nine Health Districts of the Curitiba Municipal Health Department, between January and July 2012. It was observed that the nurses understand Social Control as society's participation in public policies. However, as workers, these professionals do not see themselves as a force capable of influencing public policies in favor of their own interests as workers, or in favor of those of the population. The following were mentioned as explanations for these limitations: lack of interest in politics and working two shifts per day. In addition, aspects were indicated which advance participation, with the increase in the number of health personnel and the more appropriate training of the Nurse, focusing on the sociopolitical dimension, appearing with relevancy.

DESCRIPTORS: Social Participation; Nurse; Unified Health System; Health Councils.

A PERCEÇÃO DOS ENFERMEIROS SOBRE O SEU PAPEL NOS CONSELHOS DE SAÚDE ENQUANTO SEGMENTO DOS TRABALHADORES DE SAÚDE

RESUMO: O estudo objetiva analisar o conhecimento e percepções dos enfermeiros sobre seu papel no Controle Social e identificar aspectos que limitam e que fazem avançar a sua participação nos Conselhos de Saúde, enquanto trabalhadores de saúde. Os preceitos éticos em pesquisa foram observados. Constatou-se que os enfermeiros, acertadamente, entendem o Controle Social como a participação da sociedade nas políticas públicas. Todavia, enquanto trabalhadores, estes profissionais não vêem como força capaz de influenciar nas políticas públicas em favor, por exemplo, dos interesses dos trabalhadores de saúde e da população. Como explicações dessas limitações foram citados, com destaque, a falta de interesse pela ação política em geral e também a dupla jornada de trabalho como consumidora do tempo. Por sua vez, foram apontados aspectos que avançam a participação, aparecendo com relevância o aumento da quantidade de pessoal de saúde e a formação mais adequada do Enfermeiro, que tem enfocado a dimensão sociopolítica.

DESCRIPTORES: Participação Social; Enfermeiro; Sistema Único de Saúde; Conselhos de Saúde.

LA PERCEPCIÓN DE LOS ENFERMEROS SOBRE SU PAPEL EN LOS CONSEJOS DE SALUD COMO SEGMENTO DE LOS TRABAJADORES DE SALUD

RESUMEN: El estudio analiza el conocimiento y las percepciones de los enfermeros sobre su papel en el Control Social e identifica aspectos que limitan y que llevan a progredir su participación en los Consejos de Salud, como trabajadores de salud. Fueron abordados dieciocho enfermeros de nueve Districtos Sanitarios de la Secretaria Municipal de Salud de Curitiba, de enero a julio de 2012. Se constató que los enfermeros entienden el Control Social como participación de la sociedad en las políticas públicas. Todavía, como trabajadores, estes profesionales no se miran como fuerza capaz de influenciar en las políticas públicas en favor de los propios intereses como trabajadores, así como los de la población. Como explicaciones de esas limitaciones, fueron mencionadas: la falta de interés por la política y la doble jornada laboral. Fueron indicados, también, aspectos que estimulan la participación, siendo apuntados con relevancia el aumento de la cantidad de personal de salud y la formación más adecuada del enfermero, enfocando la dimensión sociopolítica.

DESCRIPTORES: Participación social; Enfermero; Sistema Único de Salud; Consejos de Salud.

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Received: 19/04/2013

Finished: 06/02/2014

INTRODUCTION

It is understood that political participation is an essential condition for the construction and defence of the Unified Health System (UHS), and that the working class has a central place in the definition of this process, this being one of the core principles in the structuring of the UHS, according to the 1988 Constitutional Charter. This is social control (SC), without which the risk of distancing and obstacles to the realization of civil rights is fairly probable, given the classist character of Brazilian society, in which the working class must continuously assert its rights⁽¹⁾.

The exercising of SC is one of the fields of political action, which gives visibility to the social movements, either by denouncing the absences and omissions of the State, or through the struggle to constitute a regular space for the exercising of control of the bureaucracy of the state management⁽²⁾. The nurses are present practically in all the health services, have a privileged position for communicating with the population, and drive the demand for better quality care⁽³⁾. The nurses who work in Primary Healthcare Centers (PHC), in particular, are in direct contact with the service users of varying origins and can perform a strategic articulating role between their wishes and the process of producing health actions⁽⁴⁾.

The work processes are one of the critical knots of the techno-assistential model in health in Brazil, "which has shown itself to be committed to many types of interest, except for the citizens' health"^(5:71-72). One of the characteristics which ensures the UHS its unique character is that the participation of the service users and workers in the state health services was not claimed only to be manifested in relation to evaluations of degree of satisfaction, or for participating in community actions, but to take decisions in a deliberative character regarding public health policy.

Apart from participation in SC itself, as a health educator, each nurse can make efforts to encourage the population regarding the necessary, and political character of its participation in SC. However, to educate with authority, it is necessary for this professional to have appropriate training, being able to evaluate the contradictions in the political game, and through this not to feed boasting, but also not to wane with the setbacks suffered, stopping believing in the possibilities for

change. Regarding this, it is always appropriate to emphasize that the training of health professionals still remains weak regarding this issue. The training institutions perpetuate uncritical models of teaching in health, essentially conservative, illness-centered, and placing emphasis on highly specialized technology, reinforcing the progressive dependency on procedures/equipment for diagnostic and therapeutic support⁽⁶⁻⁷⁾. Thus, the political-economic analyses remain very distant, when not absent, reproducing the difficulties of the future professional in the evaluating, on concrete bases, of the structuring of the care in unequal societies, as well as the social measures for confronting this.

In a society of classes, questions related to power and to knowledge continue to be present, hindering the participation of those who are unequal. A series of obstacles is still present for SC in Brazil, as a result of the political history, characterized by centralized and authoritarian regimes, which drove away, and continue to drive away the workers from the decision-making processes⁽⁸⁾. In Brazil, in particular, since the 1990s, the rise of openly neoliberal governments, legitimated once and for all one of the most harmful marks of that form of understanding of the social constitution: individualism. Based in the premise that the market is the true free space, where individuals must appear and realize their entrepreneurial skills, and through this construct solid and democratic societies, the public space tends to be neglected or shrunk as much as possible⁽⁹⁾. In this scenario, the proposal of SC, indeed, will meet many obstacles to its realization.

However, Antonio Gramsci teaches that one must not understand civil society and State as entities necessarily in opposition, but in a dialectical relationship:

Civil society is a double space of class struggle: it expresses contradictions and adjustments between fractions of the dominant class and, at the same time, the struggle between classes is organized there^(10:373).

With this premise, SC is presented as a possibility for struggle to break the private apparatus of hegemony and change in the forms and degrees of domination.

With these premises, the present study sought to analyze the knowledge and perception of

the PHC nurses of the city of Curitiba regarding their role in the SC of public health policy, and to identify aspects which the nurses understand as limiting and/or advancing their participation in the SC as a segment of workers.

METHOD

The theoretical-methodological elements which define this study are of historical-dialectical materialism, taking into account the contradictions and the conflicts of the historical and social context in which the study object – the SC – is expressed. Thus, the study sought to learn both the qualitative and quantitative aspects linked to the object, given that what is real, in its totality, can not do without these two ambits⁽¹¹⁾. The study also had an exploratory character, encompassing a bibliographic study and interviews⁽¹²⁾.

The subjects were nurses working in the PHC in the nine Health Districts of Curitiba. Exclusion criteria: nurses were excluded who were working in management positions and who, in this position, supposedly represented the interests of the municipal manager in the Health Councils. Inclusion criteria: the only inclusion criteria for the participant was to have qualified in Nursing. The participants were identified by codenames Nurse01 through to Nurse18.

The interviews took place in January – July 2012, using a structured script, with open questions, these being recorded, transcribed and, later, erased. The study was approved in the Research Ethics Committees of the Federal University of Paraná, as well as by the Curitiba Municipal Health Department. The participants were requested to sign the Terms of Free and Informed Consent.

In each Health District, two PHC were chosen randomly, with just one nurse being interviewed in each of these, making a total of 18 nurses, also chosen randomly. It was considered that this procedure would ensure the addressing of the diversity and variability of the object studied.

RESULTS

Following exploration of the material and selection of the analysis units, the data were categorized in the following themes: “The nurses’ concept relating to what Social Control is”; “The work of the nurses in SC”; “Limits for the

participation of the Nurses in SC”; “Advances in the participation of the Nurses in SC” and “The nurses’ influence in the Local Councils regarding the work of Nursing”. In some cases, as can be observed in the tables, more than one answer per nurse was considered.

The professionals positively evaluated the work of the Health Councils (Table 1), characterizing them as spaces for debate and politicization.

Table 1 - The nurses’ concept regarding social control. Curitiba-PR-Brazil, 2012

Concepts	n	%
A way for society to participate in the improvement of the Unified Health System.	10	28
A way for the community to participate in the health actions and policies	04	11
An example of the construction of health policies	03	08
A way for society to participate in organic health laws and social movements in favor of health	01	03
A space for arrangements between manager and service users	18	50
Total	36	100

It should be recorded that only one nurse understood SC as an action which does not terminate in the formal institutions - Councils, Conferences, and that organized Social Movements can undertake this role, even though outside the institutionalized limits:

SC is participation of the community in the [formulations of the] Organic health laws, of the UHS, even, and in Movements in favor of health. (Nurse01)

The nurses’ understanding regarding their work in Social Control is shown in Table 2.

The following statement illustrates the position of one of the professionals on this point:

The Nurse must be support for the community, guiding them in how to participate. The government has no interest in guiding the service users; its interest is in manipulating the service user. (Nurse01)

Table 2 – Work of the nurses in Social Control. Curitiba-PR-Brazil, 2012

Work	n	%
Guidance of the service users regarding how they should participate in the Council meetings, explaining the importance and functioning of this space.	15	83
Participation in the meetings of the Councils and Health Conferences.	02	11
Only carrying out their roles, that is, that of being a competent professional.	01	06
Total	18	100

The limiting aspects indicated by the professionals heard are evidenced in Table 3.

Table 3 – Limiting aspects for the encouragement for the participation of the nurses in Social Control. Curitiba-PR-Brazil, 2012

Limiting aspects	n	%
Lack of interest in political action	13	23
Lack of personnel in the distant or small PHC	11	20
The time (evening) of the meetings	10	18
Working two shifts per day	10	18
Loss of interest, due to this space being used by the service users to obtain facilities or personal prestige	07	12
The professionals' contentment with how things are	05	09
Total	56	100

To illustrate these positions, the following statements are presented:

The agenda [of the Council's meetings] is already prepared. The subject is discussed beforehand and there is little we can do about this. It is all "rigged"! (Nurse06)

It is not easy to fight against the "machine". Even being a worker! The meeting is manipulated, and you can't affect the agenda. Having to work two shifts, and the excessive workload, make it difficult to participate. (Nurse01)

It is always the same people [in the Councils].

Some of them don't know what they are doing. It is impossible not to lose interest. (Nurse08)

The service users want to resolve individual questions and use the space to demand elective political positions. (Nurse18)

The aspects which advance the participation of the nurses in the Social Control are shown in Table 4.

Table 4 - Advances, which allows greater participation by the nurses in Social Control. Curitiba-PR-Brazil, 2012

Advances	n	%
A greater number of professional nurses in the network	12	52
Greater politicization of the nurses	06	26
In the PHC where the professionals work, there is no restriction on participating in the Local Councils	05	22
Total	23	100

The following positions are examples:

The nurse is more politicized, studying more. Nurses no longer have tunnel vision; they are more active. (Nurse09)

In this PHC, there is no difficulty in participating, but I don't go. Because I don't want to, that's why! (Nurse17)

Table 5 shows the few questions which, in the opinion of the Nursing professionals, were issues of the Health Councils and had some impact on their work.

The accounts below illustrate this point:

The community recognizes the work of the nurses. They give praise, but ask for all sorts of things!!! They complain about the chairs [...], the painting [...], the windows [...], and this has nothing to do with us. (Nurse10)

They [the service users] asked for an access ramp. It helps in the PHC, and doesn't interfere in the

[nurses'] work. (Nurse14)

They asked for a vaccination post in the market.
(Nurse16)

Table 5 – Questions mentioned by nurses, as being dealt with in the Local Health Councils and which impacted on the Nursing work. Curitiba-PR-Brazil, 2012

Issues and impact	n	%
Requests for staff for security (Police)	09	50
Requests for reforms [physical] in the PHC	05	27
Requests for more Nursing professionals for the PHC	02	11
Definition of places for vaccination outside the PHC, during vaccination campaigns	01	06
Request for the construction of an access ramp for people with special needs in the PHC	01	06
Total	18	100

DISCUSSION

Regarding: The nurses' concept relating to what Social Control is

The professionals do not emphasize the Health Council as a space for dealing with the health workers' questions, that is, their own questions. Therefore, this position allows one to presuppose that for them, only the service users have problems for dealing with in the ambit of SC, which reveals an important reductionism in the role of this space.

Regarding: The work of the nurses in Social Control

The results reveal devalorization of or disbelief in the effective power of SC, which has, in some way, already been indicated above. The majority of the professionals manifested that the role of the nurse is to guide the participation of the population in SC, and also to participate in it themselves.

These duties were also reported in another study⁽¹³⁾. It is fair to assert that the professional

has these responsibilities, however, these are not priorities for her work in SC. It is in the condition of being a health worker that she must act politically, bearing in mind her needs, as these are a substantial part of the final quality which is expected from care. Prior to encouraging service users' participation – which is important – nurses are challenged to evaluate the strategic potential of SC as a field for the explanation of conflicts and contradictions which, in the routine of the services, tend to be rendered invisible.

Due to this being a field for political action, the participation also requires appropriate maturing and preparation, with the formation of alliances, clarification of support for the interests of other groups, consideration of setbacks and refusals to accept the pressures. It is these political measures which will better empower the professional for her own work and regarding how to guide the service users, and not simply to "induce them" to participate to comply with a legal requirement.

The contradictory nature of the Health Councils teaches that, in spite of being an "extension" of the State – therefore, contradictory spaces, with strong pressures to serve the dominant interests – they can also provide another field of struggle to advance the improvement of the condition of health worker itself⁽¹³⁾. It is through political action that one obtains conquests for the improvement of work conditions: salary levels, public career, the strengthening of working conditions, public management transparency mechanisms, spaces for the debating of ideas and positions on the work itself, and others.

Regarding: Limits for the participation of the Nurses in Social Control

The lack of interest in politics confirms the dominance of the culture of non-participation, the assertion of individualism and the little – although not absent – political consciousness. These are aspects which contribute to the work of workers in the collegiate bodies being reduced or having little impact⁽¹⁴⁾. In general, this situation results in inability to influence/oppose the proposals presented by Management. There being no interest in their effective participation, the professional's political qualification is also not seen as something necessary, which results in

interventions which are little efficient and easily opposed.

Another relevant factor found is the cooption of the representatives of the service users who, often, seek to obtain favors and advantages for themselves or close groups. The use with a hidden agenda of the service users' representative also occurs due to the prestige which the position held on the Health Council gives to him, as this can serve as an electoral political springboard or as some economic advantage. Finally, there is a devalorization of political work by the nurses, as this is regarded as in the ambit more of action due to a private interest than to public interest and is, therefore, little attractive or effective. Furthermore, the professionals evaluate the influence of the nurse on the interests of Management as minimal, given that these were already agreed with other segments.

Working two shifts per day also appears as a limiting aspect on the participation of the Nurses in SC. Generally speaking, this situation reflects the lack of valorization in terms of salary on the part of Management, which leads the professional to seek other sources of income. This weakened condition also reflects on the worker's capacity to organize herself around her requirements, given that time for political participation is comprehensively taken up in the struggle for material existence.

Regarding: Advances in the participation of the Nurses in Social Control

In line with responses to the previous question, the fact mentioned most was the availability of more professionals, which favors the participation in instances of political representation. In the period in which the research was carried out, coincidentally, the Municipal Management was calling those who had been approved in an open public examination, and this fact led the interviewees to see an immediate relationship with the answer to the present question. Another positive aspect was credited to the better political training of the professional nurses, both during undergraduate training and after qualification.

In this group of responses, in a coherent form, there were also positions which manifested lack of interest in participation in SC.

The nurses' influence in the Local Councils regarding the work of Nursing

SC can express, in some way, the capacity which the segments, in an organized movement in civil society, can have for influencing public management, debating the actions of the State (such as financial costs) so as to favor, legally, their class interests/needs. In spite of the contradictions already noted regarding the role of the Health Councils, in the Gramscian perspective, this participation has political meaning when it contributes to causing an advance in the construction of the (ideological) hegemony of the working class⁽¹⁵⁾.

As may be evaluated from the responses, only half of the nurses mentioned issues referring to safety, and very few to physical structure. For the others, these initiatives were not associated with the improvements for the Nursing work either. Nursing, as it has been for the worker in general, experiences the day-to-day of obstacles from the inadequate work structure, which can potentially cause illness. This allows us to comment that the field of "worker's health" seems to be distant from a direct application for these professionals. Furthermore, the nurses interviewed have the understanding that the guidance of public health costs does not interfere in the work of nurses, given that the structural alterations requested, according to them, would only benefit the service users.

All the questions having been evaluated, some comments of a general nature are appropriate. Based on the results of the interviews, one can infer that the theoretical position of Gramsci⁽¹⁶⁾, applied on social control, is the closest to what was found. This position supports the bourgeoisie in their attempt to exercise control over all of society, not only through political or economic coercion, but also through ideological cooption, producing a hegemonic culture in which its values pass to also become those of society in general. This "common knowledge", says Gramsci, is formed not as an empirical, passive perception of the material reality on the part of the people, but as a mental construction realized and internalized and accepted by every individual, group, and class, based on the dominant ideas received in various social processes during their training/education: in schools, in church, in the media, etc, that is, in the different manifestations of what

Marx calls superstructure⁽¹⁷⁾.

Nurses need to understand the conflictual nature underlying their work, and the need to strengthen the ideological conditions for social change, which implies change of their situation as workers. The unitary vision of the world desired by the workers is an essential element for creating consensus of a concept of an emancipated world. SC can fulfill, alongside other social manifestations, the proposal to cause common collective interests to emerge, entering them in the context of the political negotiation.

CONCLUSION

The results bring concrete contributions for the treatment of the issue of "social control", as a fact which interests the professional category of the nurses.

In response to the objectives proposed, the study showed that nurses of the PHC in Curitiba understand, effectively, SC as an example of society's participation in the health field. Nevertheless, they understand it as a form of limited participation, as being the segment of health workers, they have no influence on the nature and directions of those policies in favor of the interests of their professional work. The nurses recognize that their role in SC has been that of guiding the participation of the service users in the Health Councils, believing more in the efficacy of this participation than in their own. The question is raised: how should one "convince" the other of the benefits of something which one does not believing oneself?!

The study recorded the lack of encouragement for nurses to represent, in the Health Councils, the segment of workers. With these results, therefore, one can deduce that nursing faces many challenges in the ambit of political training. There is an urgent need to lead the professional to accept a consistent political role, so as to act in the more general ambit of society.

This perspective, however, requires the educational institutions which train the nurses to confront, in their turn, the challenge of the political training of their professors, understanding that "the educator himself needs educating", as Marx reminds us⁽¹⁸⁾. Still in the area of the nurse training, it is important to ensure more spaces for content from the area of Collective Health, a

field which is born directly from the politicization of the health practices and policies, and where the present question is studied, evaluated and problematized.

The class entities (specific or not to Nursing) must also concern themselves with this issue, as, ultimately, it is its political strength which will create and determine the strength of SC.

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