Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

THE PATH OF BRAZILIAN NURSING IN THE FIGHT FOR THE UNIFIED HEALTH SYSTEM

O CAMINHO DA ENFERMAGEM BRASILEIRA NA LUTA PELO SISTEMA ÚNICO DE SAÚDE

EL CAMINO DE LA ENFERMERÍA BRASILEÑA EN LA LUCHA POR EL SISTEMA ÚNICO DE SALUD

Larissa de Lima Ferreira[1], Camila Maria Santos Mariz[2], Anna Patrícia Cavalcante de Morais Pinto[3], Manacés dos Santos Bezerril[4], Flávia Barreto Tavares Chiavone[5], Viviane Euzébia Pereira Santos[6]

ABSTRACT

Objective: to characterize the Brazilian nursing participation in the struggle for the Unified Health System. ***Method:*** descriptive, documental study with qualitative approach. The production of data was carried out in April 2015, through the National Health Conferences (1st to 14th) and the ABEn Online Journal (2003 to 2014). ***Results***: it was verified that the Brazilian nursing participated in the struggle for the Unified Health System in an expressive way, integrating to the National Health Conferences with the discussion of themes that contributed so much to the development of the health system as to the development and regularization of the profession. ***Conclusion***: the aim is to contribute to the importance of nursing integration in the political struggles of the Brazilian health system, increasingly encouraging the participation of the category in the consolidation of health improvements. ***Descriptors:*** Nursing; Consumer Participation; Unified Health System.

RESUMO

Objetivo: caracterizar a participação da enfermagem brasileira na luta pelo Sistema Único de Saúde. ***Método:*** estudo descritivo, documental, de abordagem qualitativa. A produção de dados foi realizada no mês de abril de 2015, através dos Relatórios das Conferências Nacionais de Saúde (1ª a 14ª) e dos números do Jornal ABEn Online (2003 a 2014). ***Resultados:*** verificou-se que a enfermagem brasileira participou da luta pelo Sistema Único de Saúde de forma expressiva, integrando-se às Conferências Nacionais de Saúde com a discussão de temáticas que contribuíram tanto para o desenvolvimento do sistema de saúde quanto para o desenvolvimento e regularização da profissão. ***Conclusão:*** busca-se contribuir para evidenciar a importância da integração da enfermagem nas lutas políticas do sistema de saúde brasileiro, incentivando, cada vez mais, a participação da categoria na consolidação de melhorias no âmbito sanitário. ***Descritores:*** Enfermagem; Participação Comunitária; Sistema Único de Saúde.

RESUMEN

Objetivo: caracterizar la participación de la enfermería brasileña en la lucha por el Sistema Único de Salud. ***Método***: estudio descriptivo, documental, de enfoque cualitativo. La producción de datos fue realizada en el mes de abril de 2015, a través de los Relatorios de las Conferencias Nacionales de Salud (1ª a 14ª) y de los números del Jornal ABEn Online (2003 a 2014). ***Resultados***: se verificó que la enfermería brasileña participó de la lucha por el Sistema Único de Salud de forma expresiva, integrándose a las Conferencias Nacionales de Salud con la discusión de temáticas que contribuyeron tanto para el desarrollo del sistema de salud como para el desarrollo y regularización de la profesión. ***Conclusión***: se busca contribuir para evidenciar la importancia de la integración de la enfermería en las luchas políticas del sistema de salud brasileño, incentivando, cada vez más, la participación de la categoría en la consolidación de mejorías en el ámbito sanitario. ***Descriptores:*** Enfermería; Participación Comunitaria; Sistema Único de Salud.

[1]Nurse,Resident in Intensive Care, Multi-Professional Health Residency Program of the University Hospital Onofre Lopes/HUOL, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mail: lariiilf@gmail.com; [2,3]Students, Nursing Graduation, Federal University of Rio Grande do Norte/UFRN. Natal (RN), Brazil. E-mails: camilamariz-@hotmail.com; patriiciacavalcante_@hotmail.com; [4,5]Nurses, Master Students in Nursing, Graduate Program in Nursing, Federal University of Rio Grande do Norte/PPGENF/UFRN. Natal (RN), Brazil. E-mails: manacesbezerril@hotmail.com; flavia_tavares@hotmail.com; [6]Nurse, Ph.D. Professor, Graduation/Graduate Program in Nursing, Federal University of Rio Grande do Norte/PPGENF/UFRN. Natal (RN), Brazil. E-mail: vivianeepsantos@gmail.com

INTRODUCTION

Sanitary Reform is understood as a political-ideological movement with its process beginning in the decade of 1980, whose objective is to articulate changes not only in an organizational and/or sectoral sense, but in the health needs of the population, having the promotion of greater quality in health services as a scope and wider assistance to the population.[1-2]

Also, it can be seen that the Sanitary Reform presents a large part of the construction, as well as the continuous struggle for the Unified Health System (SUS), since, through its proposals, the concept of health is expanded and understood not only as absence of disease but as a result of determinants and/or conditions for the promotion of the physical, mental and social well-being of the individual or the community.[2-3]

Thus, from such conceptions and principles, and in the construction of the final report of the historic VIII National Health Conference (CNS), a debate was held on health policy and, as a result, the creation of the SUS, regulated by the new Federal Constitution of Brazil of 1988, recognizing health as the right of all, based on Laws 8080/90 and number 8.142/90, decrees the participation of the population in the formulation and control of public health policies.[2,4]

In fact, the SUS is the first achievement of public policy with the participation of the population in its constitution, so it promoted a system of social control, that is, the population not only participated in its formulation but also has the right to share in the actions of the public policy processes, controlling the actions of the State and acting in all spheres of SUS management.[4]

In this context, it is sought to observe the insertion of nursing in the struggle for SUS, not only for its dimension in the health area but also because it is considered of extreme importance in its construction, its growth and in the progress of it. Thus, in the scope of the Health Reform, some of the members of the Brazilian Nursing Association (ABEn) have constituted the Participation Movement, aiming to promote a more active nursing position regarding the formation of a fair, democratic system, with more consistent actions in the discussions of public policies on health.[5]

In the meantime, recognizing the importance of nursing in the struggle for the consolidation of SUS and understanding the role of the National Health Conferences as the primordial mechanism of solidification of social participation through democratic discussions that subsidize changes in the national sanitary panorama, the guiding questions of the study are: how did nursing participate in the discussions of the National Health Conferences? Was the participation of nursing in the Conferences representative? What news about the National Health Conferences were published in the Jornal ABEn Online? To answer these questions, the objective was to characterize the participation of Brazilian nursing in the struggle for the Unified Health System.

METHOD

This study is a descriptive, documentary research with a qualitative approach, considering documents as an abundant source of data, examining diverse materials that have not yet received a critical treatment, or that can be reexamined, in search of new or complementary interpretations.[6]

The collection of the studies carried out in April 2015, occurred from the National Health Conferences Reports (1st to 14th) and from the numbers of the Jornal ABEn Online (2003 to 2014), a source of great importance, because it is Information on events occurring in health, in Brazilian nursing, and in ABEn. Also, it disseminates the latest news and positions of the entity on topics under debate in the national scenario.

The inclusion criterion adopted was: data sources available for free online. To analyze the data, a standardized instrument was used to systematize the evaluation of each publication analyzed, according to data collection indicators, composing the analysis worksheet in the Microsoft Excel 2010 program.

As strategies for critical evaluation of the Reports of National Health Conferences, year, place, central theme, topics discussed and discussions related to nursing were analyzed. The numbers of the ABEn Online Journal were evaluated for the year, number and news about the National Health Conferences.

Approval was not required in an ethics committee because the research uses documents in the public domain and is not directly involved with human beings.

RESULTS AND DISCUSSION

The results will be presented separately for didactic purposes, addressing three thematic pillars: CNS characterization; Nursing in the CNS; and The CNS in the ABEn Journal Online.

¤ CNS Characterization

The National Health Conferences (CNS) held from 1941 to 2011 were analyzed, from the first to the fourteenth edition. Figure 1 shows the characterization of the CNS regarding the year, place of accomplishment and key theme.

Conference	Place	Central Theme
1ª	Rio de Janeiro	State health and sanitary situation
2ª	Rio de Janeiro	Legislation relating to hygiene and safety at work
3ª	Rio de Janeiro	Decentralization in health
4ª	Rio de Janeiro	Human resources for health activities.
5ª	Brasília	I. Implementation of the National Health System; II. Maternal and Child Health Program; III. National System of Epidemiological Surveillance; IV. Great Endemics Control Program; and V. Program of Extension of Health Actions to Rural Populations.
6ª	Brasília	I. Current situation of the control of large endemic diseases; II. Operationalization of new basic legislation approved by the federal government in health matters; III. Interiorization of health services; and IV. National Health Policy.Extension of health actions through basic services.
7ª	Brasília	Extension of health actions through basic services.
8ª	Brasília	I. Health as Law; II. Reformulation of the National Health System; And III. Sector Financing.
9ª	Brasília	Municipalization is the way.
10ª	Brasília	I. Health, citizenship and public policies; II. Management and organization of health services; III. Social control in health; IV. Health financing; V. Human resources for health; And VI. Comprehensive health care.
11ª	Brasília	Brazil speaking how it wants to be treated: effecting the SUS: access, quality and humanization in health care with social control.
12ª	Brasília	Health: a right of all and a duty of the State. The health we have, the SUS we want.
13ª	Brasília	Respect Health, Respect Health!
14ª	Brasília	Everyone uses SUS! SUS in Social Security, Public Policy and Brazilian People's Heritage

Figure 1. Characterization of national health conferences. Natal (RN), Brazil, 2015.

It is known that the CNS were established by Law Number 378, in 1937, under Getulio Vargas, when the education and health sectors were the responsibility of a single ministry. The CNS should take place within a maximum of two years and be convened by the president of the republic. Initially, they aimed to promote an exchange of information to provide the federal government with the control of the actions carried out in the states and municipalities, as well as the granting of social assistance and subsidy.[7-8]

The first conference was held in 1941 and had the discussion of the health and sanitary situation of the states as its central theme. The issue is clearly related to the management and administration of health services.[7-8]

The second conference took place at the end of the government of Gaspar Dutra, nine years after the first one. There is not much information available about this conference, but it is known that the central theme was the legislation on health and safety at work and aimed to understand the health problems existing at the state and federal level.[7]

After thirteen years of the second conference, President João Goulart convened the third CNS. Its main theme was decentralization in the area of health, which aimed to organize the country's health system, redefining the roles of each sphere of government. The measures proposed at this conference were not implemented as a result of the military coup of 1964, but it was the source of many debates among social movements at the time.[1,8]

The fourth CNS was held in 1967, in the middle of the military regime. Summoned by decree 58,266 of 04/27/1966 and presided over by Minister Leonel Miranda, the main theme was “Human resources for health activities.” Thematic issues were discussed regarding the responsibilities of the Ministry of Health in the training and improvement of health professionals and the auxiliary and middle level personnel, and the responsibilities of universities and colleges in developing a health policy. Thus, the discussion turns to the responsibility of the ministry of health and educational institutions in the training of health professionals.[7-8]

Also in the context of the military dictatorship, under the administration of Ernesto Geisel, in 1975, a fifth CNS was convened, presided over by the health minister Paulo de Almeida Machado, in which five central themes were discussed: implementation of the national health system – it was the main contribution of this conference; Implementation of the maternal and child health program; The implementation of the national epidemiological surveillance system; The program of control of the great endemic diseases; and The program of extension of health actions to rural populations.[8]

After two years, the 6th CNS was held, under the decree 79.318. The themes consisted of discussing the situation of the control of the great endemic diseases; The operationalization of new basic legislation approved by the federal government in health matters; The internalization of health services; and The debate on the indispensability of national health policy. During this period, a lawsuit related to the participation of civil society in the decision-making process began.[7]

In 1980, under the theme "extension of health actions through basic services," the seventh CNS was called, through Decree 84.106, under the government of the military officer João Batista Figueiredo. Presided by Minister Waldir Mendes Arcoverde, there was a focus on the debates about the formulation and implementation of the national program of basic health services, Prev-Health, which aimed at the restructuring and expansion of services provided to the population to cover universal health.[7,9]

Also, the proposal of the president of the National Institute of Medical Assistance of Social Security (INAMPS) was discussed to create health insurance as a source of funding for the institution. This was the last conference held during the military period, when the health system was centralized and excluding.[4,9]

The population needed changes in the health system, since it was not a service accessible to all and did not respond to the needs of society. Moreover, there was already expressed dissatisfaction with the decision-making process restricted to the rulers. After the end of the military regime, the process of redemocratization of the country began, which brought several changes to the health system.[7,9]

In the context of the new republic, in 1986, under the invitation of Minister Carlos Santanna, the eighth CNS was held. A conference organizing committee was formed, chaired by Sergio Arouca, one of the main leaders of the Sanitary Reform. This conference had three central themes: health as a right; Reformulation of the national health system and sector financing.[7]

A large mobilization was organized with the aim of articulating social participation in the eighth conference. Pre-conferences were held, which allowed a large number of people to meet to discuss the directions of the Brazilian health system.[9]

From this conference, according to Law 8.142/90, the occurrence of CNS was established every four years. Also, popular participation in discussions to find improvements for the health sector was ensured. This edition was attended by representatives of social movements and civil society. Since then, the conferences represent progress in popular participation in the constitution of the health system, with the eighth being the mark of popular participation.[4,7,9]

The 9th CNS occurred in 1992, six years after the eighth, as a result of frequent delays made during the Collor de Mello government. The main theme was "Municipalization is the way." The main contribution of the ninth conference to the constitution of the health system was decentralization, which allowed a greater possibility of elaborating projects compatible with the local reality and a more effective participation of the community in the elaboration of the system.[7,9]

After four years, in accordance with the provisions of Law 8.142/90, the 10th CNS was held in 1996, with six main themes: I. - Health, citizenship and public policies; II. Management and organization of health services; III. Social control in health; IV. Health financing; V. Human resources for health; and VI. Comprehensive health care.[7,9]

At this conference, there was a demonstration by the participants as a result of the publication of the ordinance referring to the operational norm nº 01/06, in which its content was not negotiated before the publication, causing protests. Also at this conference, the creation of a professional staff in each sphere of government - municipal, state and federal - was recognized, the need for a professional with specific qualification to fill the management positions was defined and, finally, the creation of

additional salaries for special work conditions.[9]

The 11th CNS was held in 2000, under Decree Number 8,985 with its theme: "Brazil speaking how it wants to be treated: making SUS: access, quality and humanization of health care with social control." It was possible to discuss several topics of great relevance for the development of the Brazilian single health system: 1) Social control; 2) Financing of health care in Brazil; 3) Care and management model to guarantee access, quality and humanization in health care, with social control; 4) Human resources; And 5) Information, education and communication (IEC) policies in SUS.[7]

After three years, the 12th CNS took place in 2003. In this conference, the health ministry and the municipal and state health secretariats proposed for health teams be made up nurses, nursing auxiliaries and technicians, dentists, oral hygiene technicians, social workers, pharmacists, speech therapist, physiotherapist, occupational therapists, physicians, geriatricians and psychologists. It was proposed that this incentive be financial.[7]

The 13th CNS was held in 2007, by presidential convocation. The main objectives of this conference were to evaluate the health situation, in accordance with SUS principles and guidelines; to establish guidelines for the full guarantee of health as a fundamental right of the human being and as a State policy, conditional and conditional of human, economic and social development; and to establish guidelines that will enable the strengthening of social participation in the perspective of full assurance of SUS implementation.[7,9]

In its 14th edition, in 2011, the CNS had its objectives as to promote reflections and deliberations on intersectoriality, the inversion of the care model, the regulation of SUS financing, the restructuring and strengthening of the public network, the fight against the precariousness of the work and the establishment of SUS single career positions.[9]

¤ Nursing in the CNS

Until the first and second CNS, the health care was based on the curativist model, in which the medical professional was the focus of care. Thus, the nursing did not have great participation in the discussions, mainly for the category still to be characterized by its intuitive character, without scientific base. This profile was changed from the idea of professionalization of health in 1949, but only in 1961, through the law 2995/56, the schools began to demand the complete secondary course of the candidates and, in the following year, the nursing started in the higher education.[7]

In the 3rd CNS, the military coup phase, nursing was not representative, since in the period there was a need for investment in technical training, aiming at a skilled and lower cost labor, leaving out professions already established at the time, such as nursing, pharmacy and dentistry.[10]

From the mentioned aspects, it is noFigure that nursing did not present significant representativeness in the discussions of the CNS, because the health policy was directed, predominantly, to the medical professional.[7] The discussions that integrate the participation of nursing are beginning to be evidenced in the 4th CNS.

In the meantime, the topics discussed in the CNS involving nursing were a) the shortage of professionals in the area, highlighting their need (4th CNS); b) nursing human resources and basic health services (7th CNS); c) insertion of nursing actions in SUS (11th CNS); d) extension and improvement of the professionalization of the Nursing area (12th CNS); e) implantation within SUS of the International Classification of Nursing Practices in Collective Health (CIPESC) (13th CNS); f) improvement in salaries and regulation of the nursing workday (13th CNS); g) adherence to the workload of 30 hours per week (14th CNS).

In the 4th CNS, the issue of the shortage of nursing professionals during the 1960s was portrayed, especially reflected in the overload of physicians. On the other hand, it was perceived the necessity and importance of this class in the health sphere as indispensable participants in the activities of this environment.

It should be noted that, at that time, there were few nursing schools, either at the upper and/or technical level. Only in 1968, with the University Reform, this reality presented a significant change, since there was an increase in the number of nursing courses. But it was only with the regulation of Law 7498/86 that there were real transformations in teaching and, consequently, in vocational training, because there was a low qualification of the existing professionals, because they were "submissive" to the instructions of the medicine, since previously, nursing education was carried out in units of higher education for medicine.[11]

Regarding the 7th CNS, the nursing approach dealt with its human resources and

basic health services, since in that period there were some attempts to apply a qualification regarding the degree of dependence of the patients and the amount of time spent nursing In their totality of tasks, thus benefiting the assistance rendered,[12] which is still something to be discussed, despite Resolutions 189/96 and 293/2004 of the Federal Nursing Council (COFEN) regulating the proportion of Nursing in institutions.[13-14]

During the 11th CNS, the insertion of nursing actions in the SUS was the content focused, noting its growing expansion in the health area, as well as its importance in this scope, both at the care level and at the level of research and education. A particular action, through the perception of the need for dialogical/informational proximity between service patients and professionals, was the promotion of this communication in a more effective way, favoring a safer and more humane service quality, highlighting the insertion of contents related to humanization during vocational training.[7]

Continuing with the assumption of the 11th CNS, referring to nursing professional training, the 12th CNS remained in this impasse, seeking to promote better quality care, aiming not only at the technical practice but, as mentioned, instigating humanization in the services.[7]

It is perceived that it is essential for the health professional to have a strong knowledge about the SUS and its role as a present and participatory element in this system, impelling a multidisciplinary work, involving integrality and equity in the work environment, according to SUS principles.[2,7]

Thus, nursing plays an imperative role in the development of studies seeking to fill the gaps related to the SUS, present not only in and/or during academic training, but also as an active component in health.[15]

A particularity of nursing was highlighted in the 13th CNS, referring to the implantation, within the scope of SUS, of CIPESC, an instrument that seeks to standardize the nursing language in collective health, promoting a higher quality care and benefit the patients of the SUS, since this tool is able to make an interconnection between the health-disease process and the profile of the society that is being worked on, addressing aspects of work and life conditions, for example, and can promote a broader evaluation of the performance of nursing health actions in SUS.[16-17]

The importance of CIPESC as a pedagogical tool during the training of nurses who seek to commit themselves to the progress of the SUS is also highlighted.[16]

Also in the 13th CNS, there were discussions regarding the improvement of salaries and regulation of the nursing work day, which shows agreement with the theme of the 14th CNS, showing adherence to the workload of 30 weekly hours for all professional categories that make up the SUS.

Although there are few national studies on the workload and its impact on safety assistance, for example, it is extremely important for nursing, together with its leaders, to seek measures that modify this reality of the Brazilian health scenario, promoting a more secure and integral service.[12]

¤ The CNS in the ABEn Online Journal

The numbers of the ABEn Online Journal from 2003 to 2014 were analyzed for the year, number and news about the National Health Conferences, as shown in Figure 2.

Year	N°	News about the National Health Conference (CNS)
2003	2	Completion of the 12th CNS
	4	Confirmation of ABEn's participation in CNS
2004	2	Creation of a plan of positions, careers and salaries within the scope of the SUS, according to the decisions made in the CNS, especially in the 11th and 12th
2005	3	30-hour work regime for health workers is approved in a guideline of the 12th CNS
2006	2	Health and Quality of Life: State Policies and Development will be the theme of the 13th CNS
2007	3	Nursing in the struggle for the consolidation of SUS; Participation of FNEPAS in the 13th CNS; Conference rejects the decriminalization of abortion
2011	1	Convocation of the 14th CNS
	3	Contribution of nursing to the 14th CNS
	4	Nursing struggle for the 30 hours in the 14th CNS; Approval by the delegates of the 14th CNS of PL 2295/2000 (30 hours); Approached in the 14th CNS: promotion of equity, 30 hours, strengthening of multi-professional residences, valuation of health professionals, improvement in the training of professionals, investing in permanent education, struggle for living wages
	5	The National Forum 30 Hours Now: Unified Nursing for an objective summons all the Nursing professionals of the country and students for the mobilization on December 1 in Brasília (DF), meeting for the approval of Bill 2295/00 that regulates The Nursing workday for 30 hours a week. The political act will be on the occasion of the 14th CNS, the mobilization is an initiative of the Nursing organizations that make up the Forum: COFEN, ABEn, FNE and CNTS
	6	During the 14th CNS (in 2011) the Brazilian Nursing is fighting for the valorization of its professionals in the regulation of the Weekly Working Week of 30 Hours Now
2012	2	The ABEn-SC and COREN-SC directions delivered the letter to the Minister of Health, Alexandre Padilha, demanding the immediate approval of PL 2295/00, citing that in the 14th CNS, nursing demonstrated the importance of this struggle in a mobilization that brought together thousands of professionals from nursing
2014	1	The CNS is mentioned because of its similarities with the 4th National Conference on Workers' Health

Figure 2. News about the CNS published in the ABEn online Journal. Natal (RN), Brazil, 2015.

The creation of the ABEn Journal took place in 1958, then called "Informative Bulletin" with the purpose of informing about the most important news concerning the profession. From 2003, more precisely on its 45th volume, it began to have the current name Journal ABEn, but it was not the only change, from that edition it ceased to be just an informative vehicle of significant news and came to play a role of public and didactic publication.[18]

Based on the CNS data collection, the second edition of 2003, the second edition of 2006 and the first edition of 2011 reported on the realization of the CNS. Also in 2003, in the fourth edition, ABEN's participation in the 12th CNS was confirmed. Thus, it is understood that through these reports, there is a circulation about the event, leaving the target people aware of the occurrence of this event.

The 2004, 2005 and 2011 editions present news covering the SUS, regarding the working conditions of health professionals and the public policy domain by the population, highlighting the value of social participation in the constitution of SUS. From these approaches, the journal manages to convey to its readers which roads are being built to consolidate SUS.

In 2007, 2011 and 2012, in some editions, some news was published about the nursing struggles for the consolidation of SUS and the regulation of the 30 hours of work per week. Regarding the formation of SUS, nursing has a significant participation, due to its expandability over the years and representativeness in multidisciplinary work.

It is also observed that nursing requires more favorable working conditions for the provision of higher quality care, since the professionals in the category are poorly paid, leading them to seek multiple employment relationships, affecting adversely affect the performance of its activities, leading to a greater incidence of errors.[19]

Based on the purpose of the Journal to promote information relevant and inherent to the professional category, it is perceived the importance of the publication of such news, allowing to evaluate the intensity of nursing participation in the struggle of the SUS and if it shows a more active in seeking improvements for the class.

CONCLUSION

The Brazilian Nursing participated in the struggle for the SUS in an expressive way, integrating with the CNS with the discussion of themes that contributed both to the development of the health system and the development and regularization of the profession.

The most discussed topics were the regulation of the 30 hours a week for nursing professionals, the importance of the nurse in the health system as a component of the

multi-professional team and as a professional indispensable to the planning and execution of health activities, as well as the importance of professionalization of health professionals.

Participation in the CNS was more expressive, especially in the last editions - considering that initially the CNS discussions were carried out by medical professionals and political representatives - in which there was the presence of several nursing representations, with emphasis on ABEn.

n its journals, it was explained that ABEn has already published many news about the CNS, predominantly announcing the realization of the CNS and their respective themes, confirming the presence of this association and other entities in the conferences and communicating with the target public about the progress of the struggles of Discussed in the CNS.

As limitations of the study, it was noted that there was difficulty in collecting the data, considering the absence of much relevant information in the CNS reports, as well as the lack of details of such data, such as the number of participating nurses, nursing representations and discussions regarding nursing.

This work seeks to contribute to the importance of nursing integration in the political struggles of the Brazilian health system, encouraging, increasingly, the participation of the category in the consolidation of improvements in the health area, as well as in the effectiveness of the profession as an essential component of the multi-professional health team, based on solid scientific bases.

REFERENCES

1. Paim JS. Uma análise sobre o processo de reforma sanitária brasileira. Saúde em Debate [Internet]. 2009 [cited 2015 May 07];33(81):27-37. Available from: http://www.repositorio.ufba.br:8080/ri/handle/ri/5978.

2. Paim JS, Almeida-Filho N. Reforma Sanitária brasileira em perspectiva e o SUS. In: Paim JS, Almeida-Filho N. Saúde Coletiva: teoria e prática. 1st ed. Rio de Janeiro: Medbook; 2014. p. 203-9.

3. Teixeira CF, Souza LEPF, Paim JS. Sistema Único de Saúde (SUS): a difícil construção de um sistema universal na sociedade brasileira. In: Paim JS, Almeida-Filho N. Saúde Coletiva: teoria e prática. 1º Ed. Rio de Janeiro: Medbook; 2014. p. 121-37.

4. Rolim LB, Cruz RSBLC, Sampaio KJAJ. Participação popular e o controle social como diretriz do SUS: uma revisão narrativa. Saúde em debate [Internet]. 2013 [cited 2015 May 10];37(96):139-47. Available from: http://www.scielo.br/pdf/sdeb/v37n96/16.pdf.

5. Mishima SM, Fortuna CM, Scochi CGS, Pereira MJB, Lima RAG, Matumoto S. Maria Cecília Puntel de Almeida: a trajetória de uma protagonista da enfermagem brasileira. Texto contexto enferm. [Internet]. 2009 [cited 2015 May 10];18(4):773-80. Available from: http://www.producao.usp.br/handle/BDPI/3023.

6. Sá-Silva JR, Almeida CD, Guindani JF. Documentary research: theoretical and methodological clues. Revista Brasileira de História & Ciências Sociais [Internet]. 2009 [cited 2015 May 10];1(1):1-15. Available from: https://www.rbhcs.com/rbhcs/article/view/6

7. Dourado EPV, Sanna MC. Participação da enfermagem nas Conferências Nacionais de Saúde. Rev Bras Enferm [Internet]. 2009 [cited 2015 May 12];62(6):876-82. Available from: http://www.redalyc.org/html/2670/267019596012/.

8. Esperidião MA. Controle social do SUS: conselhos e conferências de saúde. In: Paim JS, Almeida-Filho N. Saúde Coletiva: teoria e prática. 1º Ed. Rio de Janeiro: Medbook; 2014. p. 245-59.

9. Conselho Nacional de Secretários de Saúde. As Conferências Nacionais de Saúde: evolução e perspectivas. Brasília: CONASS; 2009.

10. Luz MT. Notas sobre as políticas de saúde no brasil de "transição democrática" - Anos 80. PHYSIS - Rev Saúde Coletiva [Internet]. 1991 [cited 2015 May 12];1(1):78-96. Available from: http://www.scielosp.org/scielo.php?pid=S0103-73311991000100004&script=sci_abstract&tlng=fr.

11. Pava AM, Neves EB. A arte de ensinar enfermagem: uma história de sucesso. Rev Bras Enferm [Internet]. 2011 [cited 2015 May 13];64(1):145-51. Available from: https://www.researchgate.net/publication/51021029_The_art_of_teaching_nursing_a_history_of_success.

12. Gouveia VA, Galindo Neto NM, Santos ITS, Oliveira RAA, Muniz MLC, Costa AB. Sizing of nursing staff: integrative review. Rev enferm UFPE on line [Internet]. 2013 Nov [cited 2016 Jun 04];7(spe):6655-62. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5081/pdf_4031

13. Conselho Federal de Enfermagem (COFEN). Resolução Nº 189/96. Estabelece parâmetros para o dimensionamento do

quadro de profissionais de enfermagem nas instituições de saúde. Brasília: COFEN; 1996.
14. Conselho Federal de Enfermagem (COFEN). Resolução Nº 293/2004, de 21 de setembro de 2004. Fixa e estabelece parâmetros para o dimensionamento do quadro de profissionais de enfermagem nas unidades assistenciais das instituições de saúde e assemelhados. Brasília: COFEN; 2004.
15. Fortuna CM, Mishima SM, Matumoto S, Pereira MJB, Ogata MN. The research and association between teaching and care in the consolidation of the Brazilian National Health System. Rev Esc Enferm USP [Internet]. 2011 [cited 2015 May 21];45(2):1696-70. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342011000800010&script=sci_arttext&tlng=pt.
16. Nichiata LYI, Padoveze MC, Ciosak SI, Gryschek ALFPL, Costa AA, Takahashi RF, et al. The International Classification of Public Health Nursing Practices — CIPESC: a pedagogical tool for epidemiological studies. Rev Esc Enferm USP [Internet]. 2012 [cited 2015 June 01];46(3):766-71. Available from: http://www.scielo.br/scielo.php?pid=S0080-62342012000300032&script=sci_arttext.
17. Cubas MR. Instrumentos de inovação tecnológica e política no trabalho em saúde e em enfermagem - a experiência da CIPE®/CIPESC®. Rev Bras Enferm [Internet]. 2009 [cited 2015 June 06];62(5):745-7. Available from: http://www.redalyc.org/html/2670/267019597016/.
18. Meneses AS, Kadoguti LL, Sanna MC. Análise histórica do Jornal da ABEn: mudanças e transformações no Século XXI. Rev Bras Enferm [Internet]. 2008 [cited 2015 May 21];61(1):54-60. Available from: http://www.redalyc.org/html/2670/267019608008/.
19. Mauro MYC, Paz AF, Mauro CCC, Pinheiro MAS, Silva VG. Trabalho da enfermagem nas enfermarias de um hospital universitário. Esc Anna Nery Rev Enferm [Internet]. 2010 [cited 2015 June 06];14(1):13-8. Available from: http://www.scielo.br/pdf/ean/v14n2/05.

Submission: 2016/06/25
Accepted: 2017/06/15
Publishing: 2017/07/15

Corresponding Address

Viviane Euzébia Pereira Santos
Programa de Pós-Graduação em Enfermagem
Centro de Ciências da Saúde
Universidade Federal do Rio Grande do Norte
Av. Senador Salgado Filho, s/n – Campus Universitário
Bairro Lagoa Nova
CEP: 59078-970 − Natal (RN), Brazil