REFLECTIONS ON NURSING CARE AND THE INTERFACE ON SANITARY SURVEILLANCE

RESUMO

Objetivo: refletir sobre a interface do cuidado de enfermagem frente às ações da Vigilância Sanitária no contexto brasileiro. Método: estudo reflexivo elaborado a partir da revisão de artigos publicados em periódicos indexados. Resultados: inicialmente, apresentaram-se aspectos históricos e conceituais da VISA no contexto das políticas públicas de saúde no Brasil; posteriormente, discute-se sobre seus objetos específicos de cuidados, sobre a complexa e desafiadora missão de prevenir/intervir sobre o risco; e, finalmente, tecem-se considerações sobre a interface do cuidado de enfermagem no âmbito desse campo. Conclusão: deve-se investir na capacidade técnica e relacional do enfermeiro para intervir frente ao gerenciamento/prevenção de riscos à saúde humana, ligados à produção de bens e serviços destinados à coletividade, foco das ações da Vigilância Sanitária. Descritores: Enfermagem; Conhecimento; Vigilância Sanitária.

ABSTRACT

Objective: to reflect on the interface of nursing care at the Sanitary Surveillance actions in the Brazilian context. Method: reflective study elaborated from the review of articles published in indexed journals. Results: initially, historical and conceptual aspects were presented of the VISA in the context of public health policies in Brazil; later, it was discussed about their specific objects, care about the complex and challenging mission to prevent/intervene on the risk; and, finally, it was weaved the interface considerations nursing care within that field. Conclusion: it must be invested in the technical capacity and the relational nurse to intervene against the management/prevention of risks to human health, linked to the production of goods and services for the collective focus of the Sanitary Surveillance actions. Descriptors: Nursing; Knowledge; Sanitary Surveillance.

RESUMEN

Objetivo: reflexionar sobre la interface del cuidado de enfermería frente a las acciones de la Vigilancia Sanitaria en el contexto brasileño. Método: estudio reflexivo elaborado a partir de la revisión de artículos publicados en periódicos indexados. Resultados: inicialmente, se presentaron aspectos históricos y conceptuales de la VISA en el contexto de las políticas públicas de salud en Brasil; posteriormente, se discute sobre sus objetos específicos de cuidados, sobre la compleja y desafiadora misión de prevenir/intervenir sobre el riesgo; y, finalmente, se tejen consideraciones sobre la interface del cuidado de enfermería en el ámbito de ese campo. Conclusión: se debe invertir en la capacidad técnica y relacional del enfermero para intervenir frente al gerenciamiento/prevenición de riesgos a la salud humana, ligados a la producción de bienes y servicios destinados a la colectividad, foco de las acciones de la Vigilancia Sanitaria. Descriptores: Enfermería; Conocimiento; Vigilancia Sanitaria.
INTRODUCTION

To reflect on the process of nursing care in the various performance spaces of nurses is essential to the strengthening and the re-signification of their everyday praxis. In the context of the Unified Health System (Sistema Único de Saúde - SUS), the Sanitary Surveillance, from the perspective of health promotion and protection, translates as challenging field to the nurse, given the complexity and diversity of activities by him developed.1-3

In this sense, it emerges concerns and questions directed to nursing care relationship and the Sanitary Surveillance in Brazil, circumscribed from the development of the academic activities in the discipline health Surveillance: advances and trends in the Doctoral Course, Post-Graduate program in Nursing at the Federal University of Rio Grande do Norte (PPGENF/UFRN).

This study aims to reflect on the interface of nursing care at the sanitary surveillance actions in the Brazilian context, from a theoretical referential. The relevance and justification of the study found the relative contributions to discussions about the relationship between the profession and the sanitary surveillance, pondering about the nursing care interface.

Initially, conceptual and historical aspects of Sanitary Surveillance are presented in the context of public health policies in Brazil; later, it discusses about the Sanitary Surveillance and their specific objects care about the complex and challenging mission to prevent/intervene on the risk; and, finally, nursing care considerations under the Sanitary Surveillance are woven, in a dialogic process with a broad theoretical referential in the search for clues to think about the interface of actions of the nurse in that field.

♦ Sanitary surveillance in the context of the SUS: historical and conceptual aspects

In Brazil, health is considered a social right and duty of the State, established in the Federal Constitution of 1988, reinforced from the creation of SUS and its precepts of universalisation, equity, completeness and justice.4 Accordingly, it is strengthened the fundamental role of the State to guarantee this right, as a new provider model of public policy in the field of health based on a democratic health system and only able to guarantee access to health promotion and disease prevention/rehabilitation and harms to population in various social contexts and varying levels of complexity of attention.4 Deepening the State’s commitment to quality services and care to the individual and collective upon their needs, taking into account the perspective of integrality of attention in health.5

The SUS represents the largest and most complex legal arrangement of the Organization of the health sector in Brazil, given all the changes from their bases involving the three levels of powers - federal, state and municipal. Furthermore, it encourages the participation of private enterprise in this policy, in favor of the integration of a broad health care network that protect to all citizens. It still established primordial guidelines including the political-administrative decentralization with single direction, the regionalization and hierarchizing of the health services and community participation, and they are regulated by the laws 8.080, of September 19, 1990 and 8.142, of December, 1990.5

In this context, a concept for Sanitary Surveillance outlined as:

A set of actions able to eliminate, diminish or prevent health risks and to intervene in sanitary problems arising from the environment, the production and movement of goods and the provision of health services, covering the control of consumer goods that directly or indirectly relate to health.6-7

Among the years of 1990, it permeated a new conception of Sanitary Surveillance, while social practice in health, based on intervention in the market and in society. For being complex and challenging field that seeks social protection, its activities directly reflect the different segments of the social sphere, is the politics, economics, and health assistance itself.1,4 It was advanced to a theoretical-conceptual perspective of surveillance as an important space for the exercise of citizenship and social control, whose main function is to eliminate or minimize the sanitary risk involved in the production, circulation and consumption of certain products, processes or services.2,5,7

Under the SUS, it is highlights the role of the Sanitary Surveillance due to regulatory and supervisory action on services, products and supplies; assessment of the need for risk prevention; and permanent interaction with the society.7 It is understood as potential risks, in an amplified perspective, the possibilities of some phenomenon bringing harm to human health and the real risks are the intrinsic sayings to the phenomenon itself, with high probability of happening.4
Through this historic setting of public policies in the field of health, it is evidenced conceptual and operational concepts about Sanitary Surveillance, at first when associated with the thought of discipline, punishment and even the “cops”, the public authorities responsible for regulation of sanitary policies and identification of risk factors for the health of the collective.  

It is therefore considered that the actions and activities are targeted on SANITARY SURVEILLANCE's products, processes, institutions, technologies, means of transport, persons and emphasize, especially the control of risks, be it real or potential, highlighting its character of prevention. Thus, the exercise of its activities requires interdisciplinary and inter-institutional action and the mediation of sectors of society through established channels.

♦ Sanitary surveillance: a production scope of care

The term “care” in healthcare adds itself a set of concepts, definitions and characteristics as the referential adopted. Thus, it can be thinking of a concept that sets while philosophical understanding, act, attitude, practice of re-signification of the actions and activities undertaken by health professionals in the therapeutic process. To say it in another way, the care represents the dialogic interaction between two or more subjects in the search for relief of suffering or the well-being of the other one, preceding the relationship between who cares (caregiver) and the being that is cared.

In the meantime, the contemporary advent and their consequent socio-political economic and technological transformations experienced by humanity in the 21st century bearing directly on health care produced and, particularly, in the activities developed by SANITARY SURVEILLANCE in Brazil. It is considered a challenge the work in this field, specifically on the management of risks and intervention on the of goods and products, whether under public or private law.

By adding objects of complex, specific and subjective care, it is the SANITARY SURVEILLANCE which has to look at the ethical and bioethical aspects linked to intrinsic process of production and consumption, which involves collective human attributes such as purpose, identity, security and quality for the health risk intervention. Sometimes, such objects of care are inaccurate, having risk of difficult measurement or evaluation.

It is of utmost relevance the multi-professional and interdisciplinary work proposed for the team of professionals working on Sanitary Surveillance (nurses, doctors, pharmacists, chemical engineers, architects, among others). In this regard, it emphasizes the need to implement a judicious and careful assessment of risk and benefit potential elements of a product or service, as well as its efficacy and safety to the collective.

♦ Nursing care and Sanitary surveillance: seeking the interface

From the greater understanding of nursing isolates papers and of the Sanitary Surveillance, it is noticed the existence of a relationship between the two, both in theoretical or practical perspective.

The more deepened concepts evidence the close relationship between Nursing and sanitary Surveillance actions, which have the same object of work, the human health. If Nursing directs the focus of care when individual and collective context which people have, in the process of life and death, the goal of maintaining and improving the human condition occurs effectively. Sanitary Surveillance focuses on protecting society through the regulation, coordination and control of risks and risk factors to health.

Seen through a holistic prism, the conception of human health is considered essentially multidimensional, which ends in Nursing in its praxis and to health in its social, environmental individual and collective performance. In the face of this affirmative, it might want to consider its importance and contributions to the strengthening of the Brazilian Sanitary.

Sanitary Surveillance is the Nursing utilize the strategy of health education as a primary tool for people to act positively in maintenance and optimization of condition of human life, therefore, it recognizes its important contribution in promoting citizenship, through the construction of the autonomy of individuals.

The contributions that Nursing has offered for the development of sanitary surveillance actions are often highlighted, mainly on pharmacovigilance, Technovigilance and Haemovigilance. Notably, the greater the experience that the nurse has in certain area the greater contributions to sanitary activity.

The understanding of the Nursing care conception in the sanitary surveillance service promotes the identity of the nurse working in the actions and maintains close relationship with special training, academic and professional, in addition to qualify regulatory
activities, coordination and control of risks and risk factors of health.

Although, it becomes crucial that sanitary surveillance services reflect on the role of the nurse in the multidisciplinary teams that integrate, in order to enhance and exploit the beneficially to community health.

**FINAL REMARKS**

Nursing care in the framework of sanitary surveillance emerges in a field of valorization and the role of the nurse in the ressignification of the production process of health services in the context of the SUS. It is invested in technical and relational capacity of a trader to intervene against the management/prevention of risks to human health, linked to the production of goods and services for the collective.

Moreover, it is sought the interface between the care of nurses to advance towards the ethical precepts assigned to coexistence with the other corporeality morale. It is aims that the rescue of the human subjective dimension, through the implementation of intersectoral actions and attitudes based on critical-reflexive perspective and social responsibility when designing their actions and activities outside the distinguished and complex field of Sanitary Surveillance in the Brazilian context.

**REFERENCES**


