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CONFIGURATION OF NURSING IN SOUTH AMERICA: A DOCUMENTARY RESEARCH

CONFIGURAÇÃO DA ENFERMAGEM NA AMÉRICA DO SUL: UMA PESQUISA DOCUMENTAL CONFIGURACIÓN DE LA ENFERMERÍA EN AMÉRICA DEL SUR: UNA INVESTIGACIÓN DOCUMENTAL

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ABSTRACT

Objective: to characterize the Nursing in South America, due to examine how the technical category of nursing is outlined in this continent. **Method:** documentary research conducted in sites of the councils of nursing of South American countries components of the International Council of Nurses (ICN). **Results:** we analyzed: Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru and Uruguay. Most of the countries shows the category of nursing assistants composed by only one professional. Paraguay and Uruguay allow the association of technicians and nursing assistants to the council that regulates the profession. Only Chile, Paraguay and Uruguay specify the rights and duties of nursing categories. The time for training of professionals varies and some countries have age requirements for this course. **Conclusion:** the South American Nursing is similar to Brazilian one. However, much progress is needed to integrate this category on the boards of nursing and the legal specification of their assignments. **Descriptors:** Nursing Legislation; Nurse's role; Nursing Human Resources.

RESUMO

Objetivo: caracterizar a Enfermagem na América do Sul, com vistas a analisar como a categoria técnica de enfermagem é delineada nesse continente. **Método:** pesquisa documental realizada nos sítios dos conselhos de enfermagem dos países sul-americanos componentes do *International Council of Nurses* (ICN). **Resultados:** foram analisados: Bolívia, Chile, Colômbia, Equador, Paraguai, Peru e Uruguai. A maioria dos países apresenta a categoria auxiliar de enfermagem composta por apenas um profissional. Paraguai e Uruguai permitem a associação dos técnicos e auxiliares de enfermagem ao conselho que regulamenta a profissão. Somente Chile, Paraguai e Uruguai especificam detalhadamente os direitos e deveres das categorias de enfermagem. O tempo para formação dos profissionais varia e alguns países estabelecem requisitos de idade para realizar o curso. **Conclusão:** a configuração da enfermagem sul-americana se assemelha brasileira. Contudo, há muito a avançar para integração de tal categoria nos conselhos de enfermagem e à especificação legal de suas atribuições. **Descritores:** Legislação de Enfermagem; Papel do Profissional de Enfermagem; Recursos Humanos de Enfermagem.

RESUMEN

Objetivo: caracterizar la Enfermería en América del Sur, con el objetivo de analizar como la categoría técnica de enfermería es delineada en este continente. **Método:** investigación documental realizada en los sitios de los consejos de enfermería de los países suramericanos componentes del *International Council of Nurses* (ICN). **Resultados:** fueron analizados: Bolivia, Chile, Colombia, Ecuador, Paraguay, Perú y Uruguay. La mayoría de los países presenta la categoría auxiliar de enfermería compuesta por apenas un profesional. Paraguay y Uruguay permiten la asociación de los técnicos y auxiliares de enfermería al consejo que reglamenta la profesión. Solamente Chile, Paraguay y Uruguay especifican con detalle los derechos y deberes de las categorías de enfermería. El tiempo para formación de los profesionales varía y algunos países establecen requisitos de edad para realizar el curso. **Conclusión:** la configuración de la enfermería suramericana se asemeja a la brasileña. Sin embargo, hay que avanzar mucho para la integración de dicha categoría en los consejos de enfermería y a la especificación legal de sus atribuciones. **Descriptores:** Legislación de Enfermería; Papel del Profesional de Enfermería; Recursos Humanos de Enfermería.

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INTRODUCTION

The regulation of professional practice in health is influenced by many factors, especially the health reform, the international environment (globalization, migration of professionals), changes in the modalities of care and strengthening individuals to exercise their rights in health.¹

Regarding to Nursing, regulation in its various dimensions has a moderately recent and progressive tradition, and it was mobilized primarily by professional organizations, with the support of governments. Rescuing the trajectory of their legal devices since the beginning of professionalization in Brazil, it identifies some progress through their legal supply regulator, which established and sets various standards, both to the admission as the professional practice.²

It is understood that this professional class over the years had several changes in their practice and regulations, which were closely linked to the sociopolitical context of each season and each region. The history of professions enables to understand the present and trace the future, especially the way it came to building over time and how the theoretical and practical knowledge were approaching, finishing in a profession.

It is necessary to know how nursing appear and how nursing is in different locations, with the objective of understanding how to configure this professional class around the world, considering also that a global vision enriches our history as a profession.³ Nursing has been object of historical research with emphasis on the last 20 years. Its configuration has always been linked to the social, cultural and political context of the countries, with England and the United States of America (USA) as pioneers in the establishment of associations and groups to discuss the organization and practice of nursing.⁴

From the twentieth century and the first decades, national and international conferences helped from movements and associations of large amplitude which promoted exchanges between European and North American nurses moved by professionals and feminist ideals in different parts of the world.⁴ This reaches also the Latin American countries, through nurses seeking to specialize through exchanges in European countries and USA bringing the knowledge acquired to the continent.

Over time, it has been observed that sometimes, which was applied in these countries was not suitable for the situation in Brazil and other nations, as well as exchanges between countries and continents about issues and historical process of nursing, many times been and being yet weakened by corporate and linguistic barriers, especially in Latin America,⁴ creating barriers to the spread of knowledge internationally.

With regard to the labor process, the Brazilian nursing has been and is marked by a class divide within the profession. It was initially composed of nurses and nursing assistants. The nursing technician replaced the nursing assistant later. In this sense, nursing actions are governed by Law of Professional Practice - Law 7498/86,⁵ defining the powers of each professional.

Nurses manage the work of other team members, provides special care defined by the law of their exclusive jurisdiction and dominates the knowledge concerning the exercise of care nursing work, evaluating the needs of each patient. The other team members (nursing technicians) perform repetitive nature of activities prescribed by the nurse, always under their supervision.⁵

Thus, we see that the fractional and therefore unsatisfied professional class, which among other elements, reflects the excessive number of categories, big division between the liberal professions, enhanced by government interests and the labor market. Nowadays, it is believed that the big challenge to be faced by the category is still adequate and reducing the number of divisions contextualized with the practices of care.⁶

It is noted that this class division is not common to all countries. It is known that as a high-level profession, nurses have their activities and well demarcated rules. However, nursing assistants and technicians, they have an impasse caused by a lack of recognition of these classes, by the boards of nursing and even by replacement of the assistance for the technician in some situations as in Brazil, generating trouble about what specifically has changed regarding their ability.

Understanding how to configure nursing in different countries and realities, it favors the establishment of a practice based on a common competent knowledge but it may consider the different economic, political and social contexts of different countries and regions.

Ao considerar a América do Sul um continente com uma grande diversidade de países, os quais possuem realidades distintas e um contexto histórico semelhante, surgiram os seguintes questionamentos de pesquisa: como a equipe de enfermagem é organizada nos países da América do Sul e quais são as atribuições de cada membro componente da equipe de enfermagem? Como a categoria técnica de enfermagem está organizada em termos de regulamentação, especificações e formação? Deste modo, é objetivo desse estudo:

When considering South America a continent with a wide variety of countries having different realities and a similar historical context, the following research questions arose: how the nursing staff is organized in the countries of South America and what are the assignments of each component member of the nursing staff? How is the technical category of nursing organized in regulations, specifications and training? Thus, the aim of this study is:

- To characterize the configuration of nursing in South America, due to examine how the technical category of nursing is outlined in this continent.

METHOD

This is a documentary research about the configuration Nursing in South America. The documentary research corresponds to a modality of study that uses extensive primary source documents considered primary, that is documents that have not gone through an analytical treatment.⁷

The objective is to characterize the configuration of Nursing in South America, trying to analyze how technical nursing category is outlined in this continent. A survey was conducted on the sites of the boards of nursing in South American countries components of International Council of Nurses (ICN).⁸

The ICN was founded in 1899, being the first and the wider international organization of health professionals around the world. It is currently a federation that brings together more than 130 boards of nursing, representing more than 13 million professional nurses worldwide.⁸

It objective is to meet nursing around the world, seeking advances for the category and impact positively on health policy, which is based on five main values: leadership with a future view, completeness, flexibility, collaboration and achievement.⁸

Regard to South America, the 12 components countries are part of the ICN. With the exception of Brazil, information from other South American countries was sought, by the "list of the members" of the ICN site.

During the research, the countries excluded the ones with sites that do not have the required information available (Guyana), the ones with sites not available (Argentina and Venezuela) and those not available in Portuguese, English or Spanish language (Suriname).

Thus, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru and Uruguay were analyzed. We investigate information about the board of nursing, the present legislation, the component categories of the nursing staff and their assignments, and the areas of nursing performance.

RESULTS AND DISCUSSION

In order to better understand the configuration of Nursing in different South American countries there are considerations about each analyzed country didactically. Subsequently a critical and reflective analysis is done about the convergent and divergent aspects of the profession in the different scenarios investigated outlining, especially hoe the nursing assistant/technician category is considered in the legal and educational aspects of the continent of the study.

• Bolivia Nursing

The Bolivian nursing professionals have the College of Nurses of Bolivia (CEB) as a scientific and professional organization. It was created in 1952, comprising currently eight departmental and four regional branches, governed by the following governing bodies: the National Policy Board, the National Election Committee and the National Court of Honor.⁹

The CEB is an organization of academic, scientific, professional, social and cultural, legal entity character that groups with mandatory every nurse in the country as a prerequisite for professional practice, which aims to promote the development of its members in the political, social, cultural, academic, scientific and professional area, based on the principles of unity, solidarity, equity, dignity and professional advocacy.⁹

Within the Bolivian nursing the following regents laws are highlighted: the Organic Statute of the CEB; Supreme Decree No. 15463 of 12 May 1978, regulating the practice of nursing in Bolivia, elucidating the categories and their functions; and Decree No. 26217 of 2001 regulating the Social Service of Rural

Health, mandatory requirement for doctors, dentists and nurses seeking to establish a contact with the national reality lasting three months for Bolivian students and six months for foreigners.¹⁰

According to the Supreme Decree No. 15463 of 12 May 1978, the Bolivian nursing is composed of nurses, which integrate the called *professional nursing*, midwives and nursing assistants.¹⁰

Estes últimos, denominados *auxiliares de enfermagem*, são definidos como pessoas preparadas mediante um programa educativo de técnicas básicas de enfermagem, reconhecido oficialmente para participar das atividades dos serviços de saúde sob a direção e supervisão do enfermeiro.¹⁰

The nursing assistants, called auxiliary nurses are defined as people prepared by an educational program of basic nursing techniques, officially recognized to participate in the activities of health services under the direction and supervision of a nurse.¹⁰

O artigo 8 do mesmo Decreto traz como atribuições do enfermeiro:

Article 8 of the Decree as assignments of nurses is:

- a) To provide direct care to the individual, family and community. b) To give primary care to the individual, family and community. c) To control the normal pregnant woman, to attend and perform puerperal control. d) To control growth and development of healthy children. e) To participate in the development of the community. f) To participate in planning health education programs. g) To participate in the planning and programming in health. h) To advise on the nursing aspects to the health staff, individual and community. i) To participate in budgeting at each administrative level. j) To organize and manage health services and nursing. k) To define information system and nursing assessment. l) To supervise nursing staff. m) To participate in planning educational programs on nursing undergraduate and post-graduate and in-service. n) To organize, manage, implement and evaluate educational programs in health and nursing. o) To participate in the development, implementation and evaluation of training programs. p) To participate in the planning or remodeling of buildings for health programs. q) To participate in the purchase of equipment and supplies. r) To establish and maintain continuity research in health and nursing and participate in other similar studies.^{10:3}

Nursing assistants would participate then assisting in such activities under the

supervision and direction of high-level nursing professional in a workload of 30 hours per week, organized in a system which cannot exceed 12 hours a day.¹⁰

In various levels, the Bolivian nursing then encompasses the auxiliary level, the high level (*nursing Bachelor or nursing and obstetrician Bachelor*) and postgraduate level - *Specialization, master and PhD*.¹¹

• Chile Nursing

In Chile, the College of Nurses of Chile (CEC) operates, gremial organization created in 1953 whose mission is to provide economic and social conditions and training to ensure professional care of people, comprising currently 19 regional councils, which values as follows: the economic and social protection, continuous improvement, professional performance and the right to health.¹²

In legislation of Chilean nursing include: disciplinary procedures, which provide for disciplinary measures applied as the professionals infringe their obligations and duties; the Code of Ethics of the CEC, 2008; General Technical Standard No. 1, which provides for the professional categories and their assignments; and Decree No. 261 of 1978, which provides for the nursing assistant.

According to General Technical Standard No. 1, the category of nursing is: the coordinator nurse; the supervisor nurse; boss nurse of the staff or unit; clinical nurse; paramedics assistants nurse, also called technicians nurse of high-level; and auxiliary nurse.¹²

The General Technical Standard No. 1 brings the powers of the high-level categories. With regard to nursing assistants, Decree 261/1978 has as its responsibilities:

- 1. Caring for hygiene, personal care and physical and mental wellbeing of the patient at home. 2. Feeding the patient according to medical indication. 3. Monitoring and recording vital signs. 4. Performing control and prevention of bedsores, care anus against nature and other care given chronically ill. 5. Caring for newborns, infants and toddlers at home, attending to personal hygiene, clothing and food. 6. Preparing the patient for medical tests 7. Taking samples for laboratory examination: as indicated by the medical professional. 8. Administer medications by various routes, as prescribed. 9. Performing cures prescribed by the attending physician. 10. Performing pre-operative preparation and post-operative care. 11. Performing duties of assistant surgical ward and arsenalería. 12. Providing first aids.^{13:2}

According to this Decree, a reputable nurse preferably with teaching experience should

guide the nursing assistant training. The length of the course cannot be less than nine months, with a minimum of 1500 hours, with the entry requirements: completed high school and physician certifying adequate conditions of health.¹³

The nurse, in accordance with the Code of Ethics of the CEC, 2008, can act: in the coordination, supervision, management units, in clinical practice, research and teaching.¹⁴ In short, the Chilean nursing apprehend: the auxiliary level the high level and post-graduation level, with particular specialization and master's programs.

• Colombia Nursing

The National Nurses Association of Colombia (ANEC) was established in 1935 and is currently organized into 21 areas, which have the common mission to represent, in an organized manner, Colombian nurses contributing in improving their conditions of life and work in their professional development and defense of a Comprehensive System of Social Security for the entire population.¹⁵

This entity's objectives are union, professional, scientific and professional authorization, in accordance with the values: unity, solidarity, responsibility, commitment, democracy and plurality. The ethical aspects of the profession are governed by a National Court Nursing Ethics, composed of seven members with no less than ten years of professional practice.¹⁶

The Colombian nursing has as main laws: the Statute of ANEC, which establishes the requirements for professional registration, in addition to governing bodies of the Association, Law No. 266 of 1996, Law of Professional Practice, which establishes the responsibilities, rights and duties of higher education professionals, without naming the auxiliary nursing class and Law No. 911 of 2004 which dictates the rules on ethical responsibility for nursing practice, citing the support staff when determining the ability of nurses to delegate their tasks.¹⁶

The Law No. 266, of 1996 establishes the nurse's competence and its articles 17:

1. To participate in formulation, design, implementation and control of the policies, programs, plans and Projects of health and nursing care.
2. To establish and develop policies and models of nursing care [...].
3. To define and apply the criteria and standard of quality in ethic, cientific and technologic dimensions of nursing practice.
4. To guide health and nursing services.
5. To guide institutions and programs of primary health care [...];
6. To perform

responsibilities and assistance, manage, administration, investigation, teaching functions [...].^{16:6}

In turn, the Law No. 911 of 2004, establishes that the nursing assistant class under the supervision and review of the high-level professional, can participate in such assignments.

As regards the categories of high-level components and auxiliary nursing, the National System of Information of Superior Education¹⁷ presents as areas of nursing activities in Colombia: Nursing Technician Professional, professional technical training, classroom methodology, for 10 periods; the Naval Technologist Hygiene, technology training, classroom methodology for 6 periods; the Nurse/Nursing Professional, university education, with classroom methodology or distance for 8, 9 or 10 periods; and Post Graduation Nurse - Specialization, master and PhD.

• Ecuador Nursing

The Ecuadorian nursing follows the management of the Ecuadorian Federation of Nurses (FEDE), legally recognized professional organization, legally established in 1983 and currently organized in 21 provincial colleges, with a mission to contribute to the improvement of working conditions and decent pay, strengthening processes of personal and professional growth.¹⁸

As the current legislation stands out: Law No. 57 of 1998, Law of Professional Practice Nurses of Ecuador, establishing requirements for professional practice and the duties of the nurse; Regulation of Application of Professional Practice Act; the Statute of FEDE; the General Regulations of the Statute of FEDE; Regulation of Elections; and the Code of Ethic.¹⁹

In this legal view, however, it is clarified that any legislation cites the nursing assistant class, although it exists and acts significantly in the actions of Ecuadorian nursing.

O artigo 7 da Lei nº 57, de 1998, estabelece como competências do enfermeiro:

Article 7 of Law No. 57 of 1998 establishes the competence of nurses:

Nesse panorama legal, entretanto, foi elucidado que nenhuma legislação vigente cita a classe auxiliar de enfermagem, apesar de a mesma existir e atuar de forma importante nas ações de enfermagem equatorianas.

Article 7 of Law No. 57 of 1998 establishes the competence of nurses:

- a) To exercise care, administrative, research and teaching functions in the areas of specialization and those related to their

area. b) To participate in the formulation and implementation of health policy and nursing. c) To guide departments and nursing services; d) To guide the colleges and schools of nursing and teaching. e) To provide care within their expertise to the entire population without discrimination. f) To conduct or participate in research that foster professional development. g) To provide health education to patient, family and community.^{19:2}

It is understood that the nursing assistant class should participate in auxiliary nursing activities under the supervision of nurses.

As the Ecuadorian *Association of Nursing Faculties and Schools*²⁰ the nursing carrier is composed of the following areas: Nursing Assistant course - 2 years (2050 hours); Bachelor's Degree in Nursing - 5 years and 1 year of residency, which is, as in Bolivia, the obligation to comply with the Law of Rural Service; Specialization and master.

● Paraguay Nursing

The Paraguayan Nursing Association (APE) recognized by Decree No. 1672 of 18 March 1953, is a non-profit, scientific, cultural and social, leading nurses, technicians, assistants and nursing students association that aims to promote recognition and appreciation of the profession, ensuring excellence training and ensuring the quality of health care aimed at population.²¹

The Nursing Paraguayan legislation, despite recently quite comprehensive and integrated of occupational categories, weaving important considerations for regulation of the profession at all levels, without exception.

It is stand out in this scenario: Law No. 3206, 2007, Law of Nursing Practice, which establishes requirements for the practice of nursing, their category components and aspects relating to working hours, to a maximum of 30 hours per week; Decree No. 11381 of 2007, which regulates the aforementioned law and brings the definition and functions of all components of the nursing classes; Decree No. 12641, 2008, which modifies Article 9 of Decree No. 11381, establishing the workload by position and by area; Resolution No. 440, 2008, which approves the Nationals Standards for Organization and Functioning of Nursing Services, establishing the profile of each position, specifying: role definition, requirements and personal characteristics required; and Decree No. 2369, 2009 which regulates Article 24 of that law, establishing the calculations for retirement compensation of nurses.

Thus, according to the article seven of Law No. 3206, 2007, the nursing team in Paraguay are: Nursing Bachelor, Higher Technical Nurse and Auxiliary Nurse.²²

Article 8 of this law establishes the tasks of nurses, which are:

a) To participate in the formulation, design, implementation and control of policies, programs, plans and projects in health and nursing care. b) To establish and develop policies and models of nursing care [...]. c) To develop and implement criteria and quality standards in the ethical, scientific and technological dimensions of nursing practice. d) To guide health and nursing services. e) To lead institutions and programs of primary health care [...]. f) To exercise responsibilities and care, management, administration, research, teaching functions [...].^{22:3}

Article 3 of Decree No. 11381, 2007, defines the functions of the other components of the nursing team: 1) Nursing Assistant: collaborates and participates in the execution of less complex activities delegated by the nurse and 2) Nursing Technician: responsible for executing procedures of medium complexity derived from the prescription and application of nursing care in its different stages, in a hospital or community setting process, delegated by the nurse.²³

Resolution No. 440, 2008, additionally specifies the activities of each area of operation and moreover, brings the profile of each position, explaining, among other things, that: assistants and technicians must have 20-45 years old; and management positions can only be filled by nurses with more than 30 years old.²⁴

Decree No. 11381 of 2007 also establishes the requirements for several areas of nursing, highlighting: 1) the nursing assistant course no longer exists; 2) the course of the nursing technician lasts 2500 hours; 3) the high nursing course lasts for four years and the professional may work in nursing management in teaching or as direct care nurse; 4) at level IV of expertise in nursing there is Specialization and 5) as requirements for exercise teaching nursing, there are established: adept, mentally, physically and psychologically people with a minimum experience of five years in the profession.²³

● Peru Nursing

The Peruvian Nursing is coordinated by the College of Nurses of Peru (CEP), which was created in 1978, constituting the normative instance of professional practice, organized in a National Executive Council and 24 regional councils, whose mission is to ensure the ethical professional practice and ethics, humanistic and promoting quality care,

preserving the health of people, family and community.²⁵

The legal regulation of the practice of nursing is made, mainly: by Law No. 27840, establishing professional certification as mandatory, where CEP is the certification unit of professional skills; and by Law No. 27669, 2002 Nursing Work Law, which addresses the requirements for the profession, the duties of a nurse, the obligation to comply with Rural and Urban Health Service and aspects relating to working hours, having a maximum duration of 36 hours per week.

Article 7 of Law No. 27669, 2002 shows as functions of the nurse:

- a) To provide comprehensive nursing care based on the Nursing Care Process (SAP).
- b) To instruct activities less complex to non-professional nursing staff under their supervision and accountability.
- c) To perform nursing functions in both the Public Sector and the Private Sector in Health Centers and at different levels of complexity hospitals.
- d) To exercise consulting, auditing, counseling and give opinion on Nursing own materials.
- e) To conduct technical and administrative nursing services.
- f) To exercise the management and leadership training programs and training of nursing staff.
- g) To develop preventive promotional activities in the area of competence at all levels of care.
- h) To participate with nursing care in care centers for the elderly.
- i) To conduct research in the field of Nursing and Health.
- j) To give technical opinions concerning personnel and material resources within their jurisdiction.^{25:1}

The auxiliary category is referred to as complementary to the practice of nursing, the nurse may delegate duties to "non-professional nurses", existing resolutions that stimulate the technical level to attend the graduation.

A Peruvian Association of Colleges and Schools of Nursing²⁶ has as nursing components: 1) Assistant nursing: six-month course in the Productive Technical Education Centers; 2) Nursing Technical: three-year course in Higher Technological Institutes; 3) Nursing Bachelor: over five years, com with mandatory professional certification; 4) Specialization; 5) Master; and 6) PhD.

● Uruguay Nursing

The College of Nurses of Uruguay (CEDU) is an entity of free association, and belonging to it is not required for the profession. The CEDU is composed of an Executive Council for Fiscal Commission and a Gremial Commission and

allows membership of: student, auxiliaries, retired auxiliary, bachelor and retired bachelor.²⁷

The Uruguayan Nursing has as main laws: the Law Project of July 8, 2009, which regulates the practice of nursing, with the components of the category with their respective duties; and Decree No. 219 of May 11, 2009, providing the definition and organization of the Nursing Departments.²⁸

According to article three of the Project Law on July 8, 2009, comprises the nursing team in Uruguay: Nursing Licensed and Nursing Assistants (URUGUAY, 2009).²⁹ The assistants, according to the fifth article of the same law have the following duties: a) to perform the functions and activities that were prepared under the direction and supervision of the competent Degree in Nursing; b) to participate in prevention, promotion, counseling, rehabilitation, health education at different stages of the life cycle process and the levels of primary, secondary and tertiary care; c) to participate in education to the public and in research projects.²⁸

According to the Ministry of Education and Cultura²⁹ the following levels comprise nursing: 1) Nursing Assistant: Requirements - 18 to 40 years old and full course; with the following complementary courses - ICU Nursing Assistant Trained in ICU Trained Nursing Assistant and Assistant in Block Vaccination; 2) Bachelor of Nursing; 3) Specialization; 4) Master; and 5) PhD.

● Nurse Technician in South America

After analyzing the configuration of nursing in several South American countries components of ICN, we present a detailed and comparative view of technical nursing class, as regards the categories components, integration with the nursing board, matters referred to in law regulating nursing in each country, setting tasks and elements of its formation (Figure 1).

Country	Categories*		Council	Elucidated in Regulatory Law	Specified assignments	Training
	AE	TE				
Brasil	X	X	Yes	Law 7498/86: requirements and assignments	Specified in Law 7498/86	Extinction of AN, TN class = 2 years
Bolivia	X		No	Decree 15463/1978: definition	No specifications: AN participates in the activities of health services under the direction and supervision of the Nurse	Not specified
Chile	X		No	General Technical Standard No. 1: definition	Specified in the Decree 261/1978	The course may not be less than nine months, with a minimum of 1500 hours
Colombia		X	No	Law 266/1996, no mnetioned TN	No specifications: Law 911/2004 provides the possibility of nurses delegate his duties to TN	Face Methodology - 10 periods
Ecuador	X		No	No legislation cites the AN class	No legislation cites the AN class	2 years (2050 hours)
Paraguay	X	X	Yes	Law 3206/2007: requirements and definitions	Specified in Decree 11381/2007	Extinction of AN, TN class;= 2500 hours
Peru	X	X	No	Law 27669/2002: definition	No specifications: Law 27669/2002 cites the assistant category as complementary	AN = 6 months; TN = 3 years
Uruguay	X		Yes	Project Law on July 8, 2009: requirements and assignments	Specified in the Project of law July 8, 2009	Requirements - 18 to 40 years old and complete elementary school; possibilities of complementary courses

* Categories: AN = assistant Nursing; TN =Technical Nursing.

Figure 1. Summary of the characterization of the technical professional nursing in several countries of South American in components of the ICN, 2012.

It is evident that most countries (5, 71.4%) had a nursing assistant category with only a professional: in some of them, only the AN (Bolivia, Chile, Ecuador and Uruguay) and in Colombia only TN. Similar than Brazil, Paraguay and Peru have both professional nursing classes: AN and TN.

It is worth noting, however, that, similar to the Brazilian nation, Paraguay and Peru elucidate the trend of extinction of AN class. In Paraguay, there is no more auxiliary course, just the Technical. In Peru, additionally, there are resolutions that encourage complementary classes to attend nursing graduation, placing emphasis on the future trend of working solely with the high-level nursing.

Regarding to the integration of AN and TN classes to the board regulating the profession, being generally that the representative body of nursing nationwide, fighting for improvements in health and the category as a whole, only Paraguay and Uruguay, as well as in Brazil, allow the association of these classes.

This fact reveals thus, a disturbing neglect of such categories in nursing, which are at the mercy of the fights process by important recognition of the profession. Furthermore, the fact that 75% of councils of South American nursing neglect their auxiliary classes reveals the remnants of a historical hierarchy, reflecting the still striking dichotomy between thinking and run, as previously discussed, as can be seen, it is not Brazil the only privilege.

This same problem affects directly into another and also unsettling: the specification of duties of AN and TN. It is known that the legal guarantee of the rights, duties and responsibilities of all professional categories are a guide consolidating a process of effective work, besides being an important support that guides the actions of professionals and guide their formal and permanent education.

This reality, however, can be seen only in 33.3% of the South American countries, including in that amount, Brazil, along with Chile, Paraguay and Uruguay. The other countries, when mentioning the existence of normative legal assistants in their classes elucidate its additional involvement in the nursing actions, under the supervision and direction of the professional nurse, besides the possibility of the nurse delegate its functions to the designated complementary categories.

Those countries that specify the functions of the auxiliary class in its legislation, when they have the two classes, similarly to Brazil, stressed that while the AN collaborates and participates in the execution of less complex activities, TN performs procedures of medium complexity derived both prescription as the nursing process. Both professionals must perform their activities under the direct supervision of high level professional.

Those countries which consolidate the normalization of the tasks of the auxiliary class, but have a single class composing such a

category, also highlight the need for supervision of a nurse, and mentioning that the auxiliary care professional must participate in the different stages of the life cycle and in different levels of care, running, for example, hygiene activities, food, control and recording vital signs, preparation and sample collection, medication administration, among others.

In the training of these professionals, the peculiarities of such highly variable in their time training process was found in most countries. However, some countries established age requirements to take the course, as in Paraguay - 20 and 45 - and Uruguay - 18 to 40 years old. In this same context, Chile requires proof of good health, according to medical certificate.

It should be highlighted, in addition, the initiative of Uruguay to offer additional specialized training courses (intensive care unit, operating room and vaccination) also for nursing assistant class, revealing a concern with ensuring a good training process for the professionals.

FINAL REMARKS

In general, there is a lot of similarity in the configuration of nursing in other South American countries with Brazil, all of which feature the auxiliary class is composed of AN or TN, or both. However, there is much to advance with regard to the integration of such categories on the boards of nursing and the legal specification of its functions, ensuring the possibility of permanent improvement of these professionals, their articulation in the struggle for quality nursing, as well as the improvement of nursing practice.

In this sense, it is necessary to understand this practice by professionals, and then adapt it to the current needs of the population, taking into consideration that enhance the practice of nursing and promote their development, in search of a framework for regulating the profession in their various classes, enables and ensures the legitimacy and social recognition.

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