

Crisis and nursing in primary care: notes of social practice by dialectical historical materialism

Crise e enfermagem na atenção primária: notas da prática social pelo materialismo histórico dialético

Crisis y enfermería en la atención primaria: notas de la práctica social por el materialismo histórico dialéctico

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ABSTRACT

Objective: to promote reflection on the recent economic and political crisis and its relationship with changes in nursing work in primary health care (PHC). **Content:** the discussion is guided by the rescue of two pioneering works in the analysis of the professionalization of nursing under Marxist theory; the crisis of capitalism and the role of the state from the perspective of dialectical historical materialism. We highlight the advance of neoliberalism with consequences on the dismantling of social rights, in the health policy and on the nursing work in PHC. **Conclusion:** considering the dynamics of the crisis, its impact on the State and public health financing, it is necessary to reflect on the social nursing practice that we want in order to achieve the universal right to health, strengthen the Unified Health System and value the profession.

Descriptors: Primary health care; community health nursing; health policies; family health strategy.

RESUMO

Objetivo: promover reflexão acerca da conjuntura de crise econômica e política recente e sua relação com as mudanças no trabalho da enfermagem na atenção primária de saúde (APS). **Conteúdo:** a discussão é norteada pelo resgate de duas obras pioneiras na análise da profissionalização da categoria na teoria marxista; a crise do capitalismo e o papel do Estado pelo olhar do materialismo histórico dialético. Ressalta-se o avanço do neoliberalismo com reflexos no desmonte dos direitos sociais, na política de saúde e no trabalho da enfermagem na APS. **Conclusão:** considerando a dinâmica da crise, sua repercussão no Estado e no financiamento da saúde pública, é necessário refletir sobre a prática social da enfermagem que desejamos para conquistar o direito universal à saúde, fortalecer o Sistema Único de Saúde e valorizar a profissão.

Descritores: Atenção primária à saúde; enfermagem em saúde comunitária; políticas de saúde; estratégia saúde da família.

RESUMEN

Objetivo: promover la reflexión sobre la actual crisis económica y política y su relación con los cambios en el trabajo de enfermería en atención primaria de salud (APS). **Contenido:** la discusión se guía por el rescate de dos trabajos pioneros en el análisis de la profesionalización de la enfermería en la teoría marxista; la crisis del capitalismo y el papel del Estado desde la perspectiva del materialismo histórico dialéctico. Destacamos el avance del neoliberalismo con consecuencias en el desmantelamiento de los derechos sociales, en la política de salud y en el trabajo de enfermería en APS. **Conclusión:** considerando la dinámica de la crisis, su impacto en el estado y el financiamiento de la salud pública, es necesario reflexionar sobre la práctica social de enfermería de que queremos lograr el derecho universal a la salud, fortalecer el Sistema Único de Salud y valorar la profesión.

Descriptores: Atención primaria a la salud; enfermería en salud comunitaria; políticas de salud; estrategia de salud familiar.

INTRODUCTION

The crisis of capitalism has presented a great offensive on health, deepening commercialization and strengthening trends of segmentation and commodification of services¹. Austerity measures are reflected in Primary Health Care (PHC) in the worsening of the health conditions, in the face of a diminished social protection of the users, and in precariousness, considering the withdrawal of rights and the weakening of labor ties². In this scenario, the professional practice in PHC tends to adapt uncritically to the institutional demands, so as to meet the health needs and/or cost reduction in the sector³.

In the last two years, a growing discussion is observed on the scope expansion of the PHC nurse practices to meet the health needs in the face of population aging and of the increasing number of chronic disease carriers. However, this debate is not unconnected with the diagnosis of the lack of doctors in the services, in a context of crisis⁴⁻⁶.

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Thinking about the category through the Marxist theory leads us to its insertion into the work world, considering the values and knowledge involved in the construction of professional identity but, above all, problematizing the profession's complexity as a social practice. Dialectical historical materialism contributes to the historical and social contextualization of the nursing practice as a synthesis of multiple determinations (political and economic), according to the movement of production and reproduction of capital within the social order^{7,8}.

From this perspective, collective health contributes an important theoretical production on the socio-political character of the professional practices, mainly in the sense of work in the sector, that is, its purpose as a social practice⁹⁻¹³.

In this segment, nursing work can be considered as the result of complex social processes, manifesting the dispute of different conceptions, models of care and health care in a given historical setting¹⁴. Furthermore, the concept of crisis is related to the process of a contradictory development of the social relations of production in capitalism¹⁵.

With no intention to exhaust the theme, this text aims to promote reflection on the conjuncture of the recent economic and political crisis and its relationship with the changes in the PHC nursing work. To this end, two papers by authors from the nursing field, whose scientific productions are based on the Marxist theory, are rescued in order to contribute to the reflection on the social practice of the category in the current situation. Also, the crisis of capitalism and the State's role are discussed through the perspective of dialectical historical materialism. The advancement of neoliberalism is highlighted, being reflected on the dismantling of social rights, on the health policy and on the PHC nursing work.

NURSING FROM THE MARXIST PERSPECTIVE

In the field of collective health and Latin American social medicine, important debates on health work emerged in the 1970s and 1980s, the historical context of the military regime's economic and political crisis^{9-13,16,17}. The main issues raised in Brazilian nursing were the profession's know-how and its insertion in the health work market, the criticism to the technical and social division of labor, and the role of nursing schools in training¹⁸. Among other relevant contributions, we highlight two productions: *Professional Nursing: A Critical Analysis*¹⁹ and *Nursing knowledge and its practical dimension*²⁰ and their notes on the historical process of professionalization, construction of the nursing knowledge and its relationship with the production and reproduction of the society of classes.

Without intending to deepen the discussion on the papers, we consider it relevant to point out elements of analysis in this perspective that may contribute to our reflection on the nursing social practice.

A first element concerns the constitution of modern nursing, based on the technical and social division of work, that is, the separation between intellectual and manual labor and the systematic reproduction of the hierarchical character of the relations among social classes in the profession. A second element concerns the development of the profession's knowledge, from the construction of nursing techniques and scientific theories, guided by the search for practice autonomy and appreciation of the nurse^{19,20}.

The analysis of these papers points to an organic movement of capital in the health market through the scientification process of nursing. We observed that the social and technical division of the category was concealed, while the meeting of the demands for the acquisition of a workforce at low salary costs by the growing hospital medical complex during the period was strengthened. According to the papers, it was the nurse's role to apply the scientific administration principles, with a view to increase productivity and to control the category's work and, sometimes, the administration proper of the institution; and the nursing technician/auxiliary for the performance of nursing procedures^{19,20}. Considering that these analysis elements of the profession were not overcome, we used these assumptions to contextualize the economic and political determinations in the social practice of nursing within the current crisis.

THE CRISIS OF CAPITALISM, THE STATE AND THE HEALTH POLICIES

In the Marxist approach, the crisis concerns the intrinsic characteristics of the contradictory development of the production mode, the respective effect of the law of the trend fall of the profit rate and the over-accumulation of capital^{15,21}. This is a complex theoretical formulation that analyzes the relationship between productivity and profit^{7,15}. It is important to mention that the ways in which capital operates the countertrends to the fall of the profit rate are based on the increase in the exploitation of the labor force (working hours and intensification of work), on the reduction in wages, on the reduction of costs with constant capital, on the increase of the reserve army (unemployed people who push wages down), on the increase in foreign trade (expansion of investments based on the surplus produced), and on the deepening of the financialization of the economy. Nevertheless, the way out of the crisis is also influenced by the class conflict, crossed by the struggle of the professionals for better working conditions and by the social movements in defense of the right to health^{15,21}.

The neoliberal economic and political doctrine and its most current version, the ultraliberal one, are attempts to overcome the crisis through productive restructuring, which has been deepening the precariousness of work and life, extending privatization and trade opening, in addition to the financialization of capital²². In all these movements, the State plays a central role in the realization of the countertrends, favoring the logic of capital over workers' social protection¹⁵.

In the health systems, the dispute between the private interests of the industrial medical complex and the workers/social movements in defense of the universal right to health reveals complex and dynamic strategies in the functions of the State apparatus for the sector. There are at least three functions in the health policies: implementation of incremental reforms to ensure the minimum necessary of public health actions for the population; strengthening and protection of the private sector in health, and strengthening of the scientific biomedical paradigm²³. In this sense, health care and professional practices in the health system are subjected to determinations aimed at adapting the production of the services to the maintenance of the capitalist order. In crises, there are more visible movements of reorganization and productive restructuring in health, with direct repercussions on the nursing work.

CRISES AND THE NURSING SOCIAL PRACTICE IN PRIMARY CARE

During the 1970s/1980s crisis, there was an increase in population concentration in large urban centers in precarious living conditions, limited classical sanitary actions of disease control in urban agglomerations in areas of greater poverty, manifesting a picture of epidemics and sanitary crisis. Besides, the military regime's difficulty in offering health care through the welfare system was clear, a situation aggravated by the State financial crisis²⁴. In this context, there were also reflections about nursing, as indicated in the papers highlighted in this text^{19,20}.

The following repercussions of the crisis in the profession were identified: the nurse's distancing from their work object (direct care) and the low quality of care provided by the technical and auxiliary nursing level, which, in large part, performed simple actions demanded directly by doctors in precarious working conditions^{19,20,25}.

Crises have continuously impacted on nursing skills and responsibilities, especially in the adjustments of the nurse professional identity. Changes in the practical activities, in the professional language and in the category's interest are observed, according to the institutional expectations and their respective weaknesses in the care network for users, which often distances from the ethical and political principles of nursing care²⁵.

In the 1990s, the Unified Health System (*Sistema Único de Saúde*, SUS) was implemented under strong institutional limits for its financing and management²⁶. Nevertheless, throughout the 30 years of its construction, the implementation, development, and expansion of the PCH services' coverage are among its greatest successes for the organization of the care network in Brazil. The Family Health Strategy (FHS) assumes an important role in the reorientation of the model and of the care practices to meet the broadened concept of health and the principles of the SUS, seeking to build a collective work process based on welcoming, dialog and bonding with users³.

The appreciation of PHC as a priority of the Brazilian health policy was systematically reinforced by the Ministry of Health, by means of the FHS, until the 2016 institutional coup¹. However, the broad financial induction to expand service coverage was not accompanied by the investments needed to structure the network at other levels of care. In addition, the implementation of PHC occurred under disputes of conceptions on the care model and on the respective organization of the services, including the scope and spectrum of the actions taken, whether focused and selective and/or of comprehensive care^{3,27,28}.

The nursing work has been showing changes in recent years pointing to a greater clinical and standardized action, focusing on the PHC biomedical model³. The changes are accompanied by regulations (clinical protocols) and redefinitions in the health policy that, despite the population's complex health needs, the rhetoric of broadening the view on the health-disease process and the reorientation of the care model by the FHS, have often been focused on assisting the growing acute and subacute clinical demands of users³.

National literature studies²⁹⁻³¹ point out that nurses have focused their care interventions on spontaneous demand care and PHC consultations. The greatest burden of their work has been directed to clinical activities (based on the biomedical care model) and to bureaucratic-administrative actions related to the service organization, planning, and control of the team's work, with a predominance of managerial actions^{3,30,31}. Regarding the nursing technicians and assistants, a predominance is observed of procedures with few actions from the perspective of comprehensive care^{32,33}. The category has presented difficulties in maintaining the care prerogatives of the PHC and of the principles of the SUS in the daily work of FHS teams³⁴.

However, the displacements of the nursing work process in PHC are not limited to the national context, and the expansion of the nurse practices' scope in this level of care is under discussion, as well as a movement to value the profession (and its professional autonomy?) at the international level^{5,35}. However, it is necessary to relate the PHC normative changes to the State strategies to overcome the economic and political crisis, and its reflection in the lack of financing of the public health system, with consequent work precariousness and scrapping of the services. This situation develops from the broader context of crisis in the global capitalist system, with its respective expansion into the service sector and interests in the dispute for the state's public funds^{1,15}.

The impacts of the contemporary crisis of capitalism on the SUS occur due to the financialization of the public resources and to the transfer of values from the public fund to capital appreciation. The strong presence of interest-bearing capital in the Social Security Budget is manifested in the financial concessions to health of the private sector, through the exploitation of actions and services in the country, in the permanence of the tax waiver mechanism and in the adoption of tax adjustment^{1,15}. The latter represents a drastic reduction in resources for public health, deepening the crisis surrounding the SUS underfunding and promoting the expansion of the private health sector^{1,15}.

The approval of Constitutional Amendment (CA) 95 provides for the freezing of the health budget for the next 20 years, increasing the financial constraint on the SUS. Aligned with CA 95, it is possible to verify a set of proposals at the international level with articulations in the national States, such as the Universal Health Coverage (UHC) and the last 2017 World Bank's Fiscal Adjustment program, which seeks the adequacy of the public services to the situation of budgetary restriction^{1,15}.

Such movements are developed in conjunction with the redefinition of the 2017 National Policy of Primary Care (*Política Nacional da Atenção Básica*, PNAB), which establishes restrictions on the teams' composition and population coverage of the FHS services. The PNAB has represented a great setback in the country's institutional framework due to its focused character to the detriment of the integral PHC approach^{34,36}. It is in this scenario of restrictions and cuts on the SUS that it is proposed to expand the scope of nursing practices in PHC, which points to a strengthening of the biomedical clinical intervention and care focalization^{5,35}.

However, the relevance of nurses for the reorientation of the health care model by the FHS happens mainly due to the coordination of collective and individual care in an integral perspective, in the context of teamwork³⁷⁻³⁹. Beyond the biomedical clinical actions, the nursing work process is based on an expanded conception, social determination and comprehensive health care for individuals, families, and communities, and not exhausting in individual care in an office based on the biomedical model of intervention⁴⁰. Besides, the replacement of the medical workforce by that of the nurse as a justification for the expansion of their practices⁵, reveals more than one possibility to deepen the work precariousness than the strengthening of the autonomy and appreciation of the category in this crisis.

Thus, we can ask ourselves: what are the interests around the changes in PHC nursing? Understanding the dynamics of the crisis in capitalism, its repercussion in the State organization and in the financing for public health, it is up to us to be cautious about proposals for changes in the professional practice. It is necessary to reflect on what social nursing practice we want in order to achieve the universal right to health, strengthen the SUS and value the profession.

CONCLUSION

In Brazil, the health crisis scenario becomes even more serious with the decrease in resources for health in the next 20 years. For nursing, this crisis scenario may have repercussions on the change in its practice, pointing to the strengthening of the biomedical model, the focalization on care and the expansion of the precariousness of its work at the primary care level.

The nursing work process can contribute to different interests in health care, especially in the context of crisis and dismantling of the SUS. Thus, we need to deepen the debate on the social nursing practice that we aim for the achievement of the universal right to health, strengthen the SUS and value the profession.

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