

## The Art and Science of Caring: Appreciation, Established and Outsiders in the Autonomy of the Nursing Liberal

Arte e Ciência do Cuidar: Alteridade, Estabelecidos e Outsiders na Autonomia do Enfermeiro como Profissional Liberal

Arte y Ciencia del Cuidado: Alteridad, Establecidos y Outsiders en la Autonomía del Enfermero como Profesional Liberal

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### ABSTRACT

**Objective:** The study's purpose has been to further understand the process of building the nursing autonomy as a liberal professional. **Methods:** It is a descriptive-exploratory study with a qualitative approach, which was carried out with four entrepreneur nurses. The study was performed in the light of the concepts of "established", outsiders, "appreciation" and "stigmatization", by the following theorists: Norbert Elias, Anthony Giddens and Goffman. The Bardin's thematic content analysis was used. **Results:** The findings revealed, in a systemic way, that autonomous nurses are outsiders and are also stigmatized by other professionals, the community and other outsiders as well. **Conclusion:** With regards to the nursing profession, the autonomy achieved by liberal professionals is, in some aspects, limited by laws and resolutions that rule their performance. Furthermore, the nursing professionals are still an unorganized category, which needs incentives during the academic life such as entrepreneurship disciplines. Through this approach, new public policies may come up aiming to decrease the bureaucracy towards the liberal exercise of the profession.

**Descriptors:** Professional Autonomy, Nursing in the Clinic, Nursing Care.

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## RESUMO

**Objetivo:** Compreender o processo de construção da autonomia do enfermeiro como profissional liberal. **Método:** Estudo qualitativo realizado com quatro enfermeiros empreendedores, à luz dos conceitos de “estabelecidos”, outsiders, “alteridade” e “estigmatização”, dos teóricos Norbert Elias, Anthony Giddens e Goffman. Foi utilizada a análise de conteúdo de Bardin. **Resultados:** Foram identificados enfermeiros autônomos que, de forma sistêmica, encontram-se como outsiders e que sofrem estigmas pelos profissionais, comunidade e pelos próprios outsiders. **Conclusão:** A autonomia, em enfermagem, alcançada pelos profissionais liberais está, em alguns aspectos, restrita por leis e resoluções que regem a sua atuação. Os profissionais em enfermagem ainda dependem, de uma forma realista, de uma maior organização da categoria e de incentivos na fase acadêmica por meio de disciplinas de empreendedorismo para, assim, buscarem a efetivação de políticas públicas que desburocratizem o exercício liberal da profissão.

**Descritores:** Autonomia Profissional, Enfermagem no Consultório, Cuidados de Enfermagem.

## RESUMEN

**Objetivo:** Comprender el proceso de construcción de la autonomía del enfermero como profesional liberal. **Método:** Estudio cualitativo realizado con cuatro enfermeros emprendedores, a la luz de los conceptos de “establecidos”, outsiders, “alteridad” y “estigmatización”, de los teóricos Norbert Elias, Anthony Giddens y Goffman. Se utilizó el análisis de contenido de Bardin. **Resultados:** Se identificaron enfermeros autónomos que, de forma sistémica, se encuentran como outsiders y que sufren estigmas por los profesionales, comunidad y por los propios outsiders. **Conclusión:** La autonomía, en enfermería, alcanzada por los profesionales liberales está, en algunos aspectos, restringida por leyes y resoluciones que rigen su actuación. Los profesionales en enfermería todavía dependen, de una forma realista, de una mayor organización de la categoría y de incentivos en la fase académica por medio de disciplinas de emprendimiento para, así, buscar la efectivación de políticas públicas que desburocratizen el ejercicio liberal de la profesión.

**Descritores:** Autonomía Profesional, Enfermería en el Consultorio Privado, Cuidados de Enfermería.

## INTRODUCTION

The nursing profession, since from its beginnings, is conceived as charitable welfare practice and aimed at doing the good to others. It is not seen, therefore, as an entrepreneurship endeavour. Nevertheless, it has been gradually gaining space, but for this, it is essential the self-valorization of the professional, who must recognize himself as an important member in a field of several possibilities in the entrepreneurship area.<sup>1</sup>

Nursing - as the art of caring and science - has been distinguished by its way of interacting with and accompanying the human being, which is an essential component in the innumerable discourses to solve and alleviate health problems. Thus, it is a profession essential to public health policies and its exercise conquers an increasingly broader territory.<sup>2</sup>

In England, the study of Elias<sup>3</sup> found that older people thought themselves superior, noble, endowed with charisma and more rights. So he called them “established” while

newcomers called them outsiders. The “established” felt “the aristocrats”, refused to approach the outsiders and prevented this group, seen by them as inferior, of any type of social insertion. Over time, the outsiders themselves have come to regard themselves as a group of lesser virtues and to accept that situation.

Therefore, a person who is not accepted by society for being considered different is stigmatized and may lose social identity. Social stigma is associated with the idea of “defect,” “failure,” or even “incapacity.” It carries a deprecating connotation. Thus, the greater the differences that exclude the greater the stigma.<sup>4</sup>

It is observed power relations established from the comparison between health professionals who approach what is called “established” and the nurses, from the outsiders. This is because, in a relativized way, there is an abyss, a stigmatization that differentiates one group from the other. The characteristics of the human being in a society are associated with social ties built in a given historical, sociopolitical and cultural context. Thus, it has not only one face, but different fragmented identities. From this follows the exercise of power and, consequently, conflict, the process of construction and social exclusion.<sup>5</sup>

Therefore, the present study emphasizes the importance of understanding the meaning of nursing care as a liberal entrepreneurial professional activity, taking into account that the practice of the nursing profession in Brazil gains more and more space, not only in care also in private clinics and clinics in the exercise of their specializations and/or complementary practices, having a National Policy approved by the Health Ministry in accordance to the Administrative Rule No. 971, dated May 3<sup>rd</sup>, 2006.<sup>6</sup>

It is considered that, in order to understand nursing as an entrepreneurial profession, it is necessary to familiarize oneself with impasses and controversies that erect barriers to advancement and to achieve autonomy so that it can act in the technical dimension of making history and politics of the profession.<sup>7</sup>

Hence, this research was guided by the following conducting questions: Is the nursing professional qualified to become an entrepreneur in the health business area? In what aspects does the nurse construct appreciation relationships in the context of their professional activities? What professional strategies can make nurses “established” in the field of health?

Given the aforementioned, the study’s goal was to further understand the process of building the nursing autonomy as a liberal professional.

## METHODS

It is a descriptive-exploratory study with a qualitative approach, based on the sociology and anthropology of the professions, specifically nursing as a liberal profession. The

study was carried out in the cities of *Pesqueira*, *Arcoverde* and *Belo Jardim - Pernambuco* State, starting from the referential of the concepts of “established”, outsiders, “appreciation” and “stigmatization”, coming from the theories of Norbert Elias, Anthony Giddens, and Goffman.

The inclusion criterion for the choice of area of coverage was determined by the population size of the cities, by their proximity and by being headquartered in higher education institutions that offer a Bachelor’s Degree in Nursing and annually release professionals to the labor market.

Concerning the subjects of the research, nurses who had clinics or other forms of entrepreneurship in nursing, between 2010 and 2015 were included. The exclusion criterion adopted was to have the project unrelated to nursing practice.

A qualitative research “works with the universe of meanings, motives, aspirations, beliefs, values, and attitudes”.<sup>8,21</sup> Therefore, for a research to achieve success, it is necessary a meeting between languages, techniques, methods, hypotheses, propositions and grounded concepts.<sup>8</sup> Thus, this research was divided into four stages.

The first stage consisted of an exploratory phase when a field research was carried out through the search of autonomous nursing professionals in the region.

In the second phase, the field work itself, semi-structured interviews were conducted, which enabled a dialogue on the topic addressed without restricting it to the asked question.<sup>8</sup> A course was chosen that would allow an understanding of the trajectories, achievements, and obstacles of the process of building autonomy in the opening of clinics or actions of entrepreneurship in nursing.

These interviews were driven by the following questions: What motivated you to choose entrepreneurship in nursing? According to your viewpoint, what were the biggest struggles you faced in opening your practice or nursing facility? How do you evaluate the labor market in this perspective of the autonomous nurse practitioner? Have you either felt or suffered any prejudice from the community and other health professionals because of your nursing endeavor? During your academic training, did you have, in the curricular matrix of the nursing course, any discipline that would prepare you to be an entrepreneur nurse? How do you evaluate nursing entrepreneurship nowadays and how can the nurse become a liberal professional?

The interview was accomplished by capturing audio as a technique to ensure the accuracy of the information collected. In order to guarantee anonymity, the Latin alphabet was used to name each professional interviewed.

The third stage comprised the analysis and interpretation of the qualitative data collected through ordering, classification, and judgment of those who will later be confronted with the theories analyzed. In this phase, the Bardin’s thematic content analysis was used.<sup>9</sup>

It is understood that “Content Analysis is a research technique whose purpose is the objective, systematic and quantitative description of the manifest content of the

communication”.<sup>9,19</sup> This type of analysis enables the understanding of the thinking of the subject involved, registered in resulting from transcription, in clear language, of interviews and observation of protocols.<sup>10</sup>

Moreover, Content Analysis is intended to interpret, in a systematic way, the communications and contents presented, be they quantitative or qualitative, to reach logical and justified deductions. Thus, it is possible to understand the word or language used by identifiable emitters, seeking to reveal the implicit information and pointing to historical, sociological and psychological variables from message reconstructors. In this technique, several interventions can be used that complement each other and enrich the results in a well-founded and legitimized manner.<sup>9</sup>

Conclusively, in the 4<sup>th</sup> phase, the interviewees’ information was synthesized and their entrepreneurial trajectory was identified, then identifying the municipality in which they work, the area of activity and the type of enterprise.

This study was approved by the Ethics and Research Committee of the *Intituto Federal do Sertão*, under the registry No. 60888316.3.0000.8052.

## RESULTS AND DISCUSSION

Six (6) professional nurses were found, of which 66.67% were interviewed. Of the interviewees, 75% had offices or a company in the Center of Specialties (Medical Center) and 25% worked providing home services. Regarding the undertakings, 75% are still working. All of them worked in the area of dermatological nursing.

Considering the interviewees, 25% started to act autonomously in 2012, 50% started the project in 2013 and 25% in 2014. Regarding motivation, nurses reported that they were led to entrepreneurship because of the need for professionals in the region and demand for patients, and on account of the financial return.

Already when asked about the greatest difficulties encountered, at the beginning of the exercise as a professional liberal, the rejection and prejudice were highlighted by some health professionals or part of the community, the little acceptance of a portion of the community; financial difficulties. According to the data, all the interviewees were not prepared in the faculty to undertake, and of these, there was an emphasis on the lack of preparation of the same about the knowledge of accounting notions, as observed in the following statements:

*Our profession [...] was meant to be the employee, not to be autonomous. I worked for free for a few times to show my competence. Many do not believe so much in our profession (EC)*

*It has a rejection by the medical profession; it has a rejection by the nursing colleague himself who does not indicate. (EA)*

*There is a difference of acceptance because they do not see the nurse as a nurse, they see the nurse as a technician, as a general nursing. (ED)*

*They came to the clinic to do a dressing, but do not want to for it. So, the cost and the acceptance of the staff are not considered; you paid a medical consultation, you pay an appointment with a psychologist, even with veterinarian you pay. It is not just the procedure itself. And the population is not about it. (ED)*

Referring to the prejudice, the speeches point out that the professionals suffered from the community, from physicians, and from nursing professionals. Among these, the preconception came from nurses, as can be observed in the following statements:

*Our own colleagues, our own nurses who often do not believe in our competence. I believe that because they are not competent, they think you are not either. (EC)*

*Nowadays, I receive patients from other cities who are referred by the physicians. Incredibly, I get more patients referred by medical specialists than by nurses. (EA)*

There was prominence in the speeches regarding the suffering of prejudice due to stigmas when they began to act in an autonomous way. This is evidenced by the following discursive cuts:

*We sometimes miss the support of some clinicians [...] in this matter of directing them to really do it as a trained professional. (ED)*

*As much as we have had some, the acceptance in relation Look is the nurse that is doing. Is the nurse who will make yours, your procedure, the dressing, will evaluate? (ED)  
The nurse, he is not wanted... who is wanted at the time of illness, is the physician. (EB)*

*It's not that I felt prejudice, I felt more willingness, the willingness of the medical part, because I felt that often the doctor does not dominate that part of the nursing and he wants to send it to the nursing professional. (EB)*

It was observed the consensus of the interviewees in relation to the world of work for the freelance and professional nurse if it constitutes a range of opportunities, with clientele in several areas. Yet, such opportunities run counter to the nurse's difficulty in achieving full autonomy in the profession.

*If you can win your clientele, if you can show your competence, you have space and plenty of space. (EC)*

*And I believe there is demand for you to set up a nursing office in any city. (EB)*

*It's a promising thing, do you understand? This is something that can work in the future because patients are looking for more qualified people. (ED)*

*You run into things that are pure bureaucracy. Nursing, unfortunately, does not have this 100% autonomy. (ED)*

From the data collected, it was verified that 100% of the interviewees did not have any discipline of entrepreneurship, or even any incentive during graduation to become entrepreneurial professionals.

*College never taught me that. (EC)*

*Both in the curriculum and in the teaching disciplines, no. Never was inserted. Not during my course. (EA)*

*Our college does not prepare us to be an entrepreneur; I do not think even college prepares. By the time the nurse graduate, mainly in the interior of the States, they only see PSF [Brazilian Family Health Program] and hospital. (EB)*

In order to become a liberal professional, nurses said that they needed willpower and competence. They also stressed that the search for knowledge is important and that the field of work needs to be explored. This is seen in the discursive fragments below.

*First: willpower and competence. (EA)*

*I think it's a wide area. Those who have competence, those who have the courage have to take risks. (EC)*

*I guess always looking for knowledge. (ED)*

*There is a vast field to work in; you do not see anyone investing. Everyone just wants the same thing. So, I see that there is a huge diversity of working areas, but they are not explored yet. (EB)*

It is possible to undertake in nursing from technical, interactive and humanized competence that values the social space. Nursing plans organizes, coordinates, executes and evaluates public and private health services, provides advice and counseling, conducts diagnosis and provides direct care. Nonetheless, acquiring autonomy and being a liberal professional is a task that is becoming increasingly difficult, especially if this professional is stigmatized and seen as an outsider.<sup>1</sup>

So, entrepreneurship can promote the rebalancing of forces between economic institutions and foster development in areas such as health. This is because the competitive world of work is not about prices, but extends to technologies, unlike economic growth aimed at increasing capital. Thus, entrepreneurship can be seen from the perspective according to which the entrepreneur is a fundamental member with interests, wishes, and intentions, seeking innovation as an opportunity for economic development. Therefore, the entrepreneur is someone with cognitive potential who, in general, decides with rationality the innovations.<sup>11</sup>

From this research, it is possible to identify the stigmatization of Goffman.<sup>12</sup> In order to better understand this thesis,<sup>18</sup> the study of Elias<sup>3</sup> is now resumed. According to this study, the ancient residents of a certain city, "the esta-



blished ones”, saw themselves as “those who had charisma”, the powerful, the best, the holders of differentiated rights, specific virtues, the skilled and worthy of the best jobs. Thus, newcomers, the outsiders, were considered as “the outsiders”, the recluses, the excluded, of weak social cohesion and people with negative characteristics. Those established did not mix with the outsiders and only resorted to them when they needed their professional activities, stigmatizing them as “social waste”.<sup>3</sup>

The stigma in this study can be identified in a portion of the physicians who, for a long time, self-professed at the top of the professions and become self-sufficient, owner of power and truth, believing that the knowledge of others is not relevant to the field of health.<sup>13,14</sup> According to Giddens,<sup>13</sup> the “medical profession is considered superior to any forms of alternative care that do not subscribe to orthodox approaches”.<sup>13:148</sup> Medicine, in a relativized way, always underestimated the knowledge of the various health professions. Hence, after nursing has gained recognition and become a reference as a profession, it is inferred that some doctors have come to believe that they are losing space in society.<sup>13</sup>

It can then be said that this conflict probably induced the elaboration of the Law Project of Medical Act (2013), which would further raise the profession of the doctor against other professional health activities, thus restricting the exercise of other professions in the area of health, especially nursing.<sup>15</sup> This Project, in items I and II of § 4º of art. 4, argues that any invasion of the epidermis, dermis or subcutaneous tissue, as well as drainage, puncture, suction or even the use of chemical and physical agents should be private activities.<sup>16</sup>

And it goes beyond. The Law Project of Medical Act (2013), in items I, II and IV of § 5º of art. 4, “nasopharyngeal, orotracheal, esophageal, gastric, enteral, anal, bladder and peripheral venous catheterization” must be in accordance with the medical prescription of “subcutaneous, intra-dermal, intramuscular and intravenous injections”, as “peripheral venous and arterial punctures”.<sup>16</sup>

As can be seen, these determinations prevent the practice of many professional nursing activities, in violation of the Nursing Professional Exercise Law No. 7.498/86, art. 11 states that: it is the private assignment of the nurse to consult nursing, prescribe medications in public health programs, direct care to critical patients, plan, prepare, evaluate and execute care plans. Accompany deliveries without distraction, as well as identify possible complications and make decisions until the arrival of the physician, perform episiotomy and episiorotrophy and, when necessary, apply local anesthetic.<sup>17</sup>

It can be said that in part, where there is difference, there is power; it distinguishes what belongs to what and to who does not belong, then separating society and professions.<sup>5</sup>

*Differentiation, therefore, is responsible for (re)building/ (re)producing appreciation, by defining who the “other”*

*is, and making it identifiable, (in)visible, predictable. By dividing, separating, classifying, normalizing, differentiation results in hierarchization.*<sup>5:3</sup>

In this way, when the individual recognizes himself in the existence of the other, a dialogue is indispensable, implying the capture and critical understanding of appreciation.<sup>20</sup> Freire, when referring to the thinking of individuals, [argues] that the relation with the ‘other’ helps us to better understand the world and, consequently, to transform it”.<sup>15:94</sup>

*I cannot investigate the thinking of others, referred to the world, if I do not think. But, I do not think authentically, if others do not think either. I simply cannot think of others or for others, nor without others.*<sup>apud 18:94</sup>

Nevertheless, in the Law of Medical Act No. 12.842 of July 10<sup>th</sup>, 2013, the then President of the Republic, Dilma Rousseff, vetoed some paragraphs and paragraphs because she considered that, if approved, it would be impossible to execute some programs of the National Policy of Integrative and Complementary Practices - such as acupuncture, procedures and Public Policies of the National Immunization Program in vaccine campaigns - which can be carried out without medical prescription and are assured by protocols and programs of the *Sistema Único de Saúde (SUS)* [Unified Health System].<sup>16</sup>

For the Federal Medical Council, the Law Project of Medical Act (2013) would further raise the profession of the physician in relation to other professional health activities, thus restricting the exercise of other professions in the area of health, especially nursing.<sup>15</sup>

For the Federal Nursing Council, the Medical Act would prevent normal childbirth, diagnoses, prescriptions and nursing consultations regulated by Health Ministry ordinances, which guarantee the treatment and identification of tuberculosis, leprosy, diabetes and hypertension, as well as procedures, techniques and professional autonomy, intervening in the promotion of health and in the practices of multiprofessional team.<sup>15</sup>

In addition to stigma and cultural impasses and other professionals, another obstacle to professional autonomy in nursing is Decree No. 20.786 of August 10<sup>th</sup>, 1998, of the Health Code of *Pernambuco*, article 407, which prohibits the installation of a Nursing Practice, which will against the Law of the Professional Exercise of Nursing No. 7.498/86. Nevertheless, in *Pernambuco* State, the opening of nursing offices is stimulated through Legal Opinion No. 003/2014 from the Regional Nursing Council, which has already requested legal and legislative measures.<sup>19</sup>

Within the possibilities and limits of the Brazilian economic situation, the current moment is extremely favorable for the practice of entrepreneurship, since entrepreneurs are in almost all the world, overturning pre-established concepts, transforming the cultural sense and giving a new

style to the economic concepts. Through their protagonism, they break paradigms and conceive a new vision in front of the labor relations, making society grow economically. Therefore, in order to stimulate entrepreneurial practice, in some places in Brazil, they began to insert a curricular component of entrepreneurship in each of these segments of academic, technical and fundamental education.<sup>20</sup>

As outsiders, nurses gain the world of work as entrepreneurs and sometimes provoke conflicts in well-educated “professional” classes, for some “established” often do not accept any form of assistance to the human being who can take their space.<sup>13,3</sup>

Through this research it was possible to note that a good part of the interviewees did not recognize their professional practice as a possibility of financial return. It is understood, then, that the power of cohesion of those who considered themselves “superior” was so great that over time the outsiders themselves began to feel inferior, devoid of virtues and to accept social exclusion as a destination. This is only possible when the power relation is consolidated in such a way that it preserves the virtual social identity, preventing the change of this picture. Thus, contempt and exclusion of the “bad” group can prevail, which remains untouched by the group that claims to be superior.<sup>3</sup>

In this way, it is inferred that it is not easy for nursing to gain autonomy and gain space in the world of work. This is also due to the fact that the training of nursing professionals is geared to the demands of the world of work: in the public sector, the formal and traditional market is guided by the SUS principles and guidelines; and in the private sector, the market is based on the thesis that this work is philanthropic and the nurse is not the protagonist of its history, nor does it have a vision of space and a social role.<sup>7</sup>

The intention of nursing is not to compete, but to assume its space as a professional liberal as well. The desire of a part of the nurses is to expand the possibilities of professional autonomy and to be in the profession from the dimension of the entrepreneurship, in a multiprofessional process, to reach the health promotion of the population, since the “appreciation, applied to the different forms of equilibrium, imbalance, and rebalancing, in health services, can construct a culture based on the perception of the ‘other’ as the complement of ‘oneself’”<sup>18:99</sup>

## CONCLUSIONS

It was observed that there is a great advance in the breakdown of paradigms since some established already recognize the work of the outsiders after demonstrating their professional competence. Nonetheless, there is still the stigma imposed by society and other established health professionals. It has been identified that a portion of nurses stigmatizes their own professional colleagues and that some outsiders find it difficult to recognize themselves as “outsiders” because of the

stigma attached to innovative and enterprising professionals in a culturally dominated, established society.

Given the aforesaid, nurses who choose to become liberal professionals must understand the process that outsiders suffer to conquer their space. It is extremely reckless to try to establish itself as established if one does not see all the prejudice on the part of the population and segments of the other health professions, avoiding erroneously the necessary confrontation through postures of appreciation and scientific knowledge.

The labor market must be conquered by the skills and abilities to undertake, taking into consideration from the scientific training to the types of patients and the service that will be provided to the targeted public. The importance of having an academic formation attuned to the labor market and capable of forming not only nursing assistentialist professionals but also skilled entrepreneurs capable of offering an excellent service with which the population is satisfied and, from there, to tread its path, specializing and establishing itself in society, in its private clinics.

With regards to the nursing profession, the autonomy achieved by liberal professionals is, in some aspects, limited by laws and resolutions that rule their performance. Furthermore, the nursing professionals are still an unorganized category, which needs incentives during the academic life such as entrepreneurship disciplines. Through this approach, new public policies may come up aiming to decrease the bureaucracy towards the liberal exercise of the profession, then ensuring compliance with the practices of the proper duties of the nurse protected by the *Conselho Federal de Enfermagem (COFEN)* [Federal Nursing Council], not only in public institutions or under the supervision of another professional, but as truly autonomous, empowered and endorsed by the competent personnel.

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