

***BETWEEN EDUCATION AND THE MARKET: WHAT DO THE NEW NURSING CURRICULAR
GUIDELINES REVEAL?***

**ENTRE A FORMAÇÃO E O MERCADO: O QUE REVELAM AS NOVAS DIRETRIZES CURRICULARES
DA ENFERMAGEM?**

***ENTRE LA FORMACIÓN Y EL MERCADO: ¿QUÉ REVELAN LAS NUEVAS DIRECTRICES
CURRICULARES DE ENFERMERÍA?***

¹Ítalo Arão Pereira Ribeiro

²Silvana Aparecida da Silva Zanchett

³Alessandro Rodrigues Perondi

¹Universidade Federal de Mato Grosso do Sul (UFMS), Coxim, MS, Brazil. ORCID: <https://orcid.org/0000-0003-0778-1447>

²Universidade Federal de Mato Grosso do Sul (UFMS), Coxim, MS, Brazil. ORCID: <https://orcid.org/0000-0002-8754-9754>

³Universidade Federal de Mato Grosso do Sul (UFMS), Coxim, MS, Brazil. ORCID: <https://orcid.org/0000-0002-2001-8828>

Corresponding Author

Ítalo Arão Pereira Ribeiro

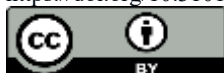
Universidade Federal de Mato Grosso do Sul – UFMS. Av. Márcio Lima Nantes s/n, Coxim – MS, Brazil. 79400-000.
E-mail: arao.italo@ufms.br

Submission: 01-06-2026

Approval: 27-05-2026

The approval of the new National Curricular Guidelines (DCNs) for undergraduate Nursing programs represents one of the most significant developments in Brazilian health education in recent decades. More than a mere regulatory update, it constitutes a historical movement that exposes profound disputes among different educational, societal, and healthcare projects. In a country marked by the rapid expansion of private higher education, the financialization of education, and the increasing precarization of health work, discussing the new DCNs means discussing who educates, for whom education is provided, and in service of which interests nursing education will be conducted.

The previous guidelines, established in 2001, were developed within the context of consolidating the Brazilian Unified Health System (SUS) and were centered on critical, generalist, humanistic education committed to social health needs. However, over the last twenty years, the Brazilian educational landscape has undergone intense transformations, particularly due to the unregulated expansion of private higher education and the proliferation of courses mediated by digital technologies, often disconnected from the concrete demands of health professional training^{1,2}.



In this scenario, nursing became one of the professions most affected by the commodification of education. The exponential growth of positions offered by private institutions, combined with curricular flexibilization and the weakening of practical activities, consolidated a training model frequently driven more by the demands of the educational market than by the needs of SUS and the Brazilian population. Data recently released by the Federal Nursing Council (Cofen)² demonstrate that, prior to restrictions on distance education, more than half a million positions were offered by private institutions, compared to little more than ten thousand public positions. In addition, results from the National Student Performance Examination (Enade) revealed unsatisfactory performance in a large proportion of evaluated programs.

Therefore, the defense of face-to-face education in nursing has become one of the main political axes of the new DCNs. The approval of the document by the Ministry of Education (MEC), in articulation with entities such as the Federal Nursing Council (Cofen), the Brazilian Nursing Association (ABEn), the National Federation of Nurses (FNE), and the National Health Council, represents an institutional response to the historical mobilization of the profession against the precarization of professional education¹.

ABEn's position has been particularly emphatic in defending education and SUS as public goods rather than commodities subjected to neoliberal logic. Researchers and leaders of the association emphasize that revising the DCNs goes beyond curricular issues and involves defending health education committed to social justice, equity, and the strengthening of public policies³.

From this perspective, the new guidelines introduce significant changes: reaffirmation of mandatory face-to-face education, strengthening of practical and extension activities, expansion of supervised internship workloads, limitation of the number of students per supervisor, and reorganization of training into major articulating axes involving care, management, education, and health research⁴. However, although these advances are celebrated, it would be naïve to interpret the approval of the DCNs as a definitive solution to the structural problems of nursing education in Brazil.

Important tensions persist regarding the advancement of productivist logic in higher education, the precarization of teaching work, and the increasing subordination of universities to market dynamics. The discourse of "flexibilization," frequently presented as pedagogical modernization, has often served to justify reduced investments, intensification of academic work, and the weakening of face-to-face learning experiences. In nursing, such movements have particularly serious implications, since care is not built exclusively through theoretical transmission of content, but through the concrete, territorialized, and relational experience of encounters with individuals, families, and communities.



The COVID-19 pandemic undeniably highlighted the central role of nursing in sustaining healthcare systems. Simultaneously, it exposed the contradictions affecting the profession: work overload, psychological distress, low wages, insufficient working conditions, and educational fragilities resulting from precarious educational models. In this context, defending the quality of education does not constitute professional corporatism, but rather an ethical commitment to care safety and the protection of life.

Concerns regarding educational quality are also linked to recent regulatory updates within the profession. COFEN Resolution No. 736/2024, by redefining and strengthening the implementation of the Nursing Process (NP) across all care settings, expands the demands related to clinical reasoning, evidence-based decision-making, and professionals' critical capacities^{5,6}. This requires curricula capable of preparing nurses not only for technical execution, but also for the complex analysis of health needs, care management, and scientific production committed to contemporary social demands.

Another central aspect concerns the need to strengthen teaching-service-community integration as a political-pedagogical foundation of health education. The new DCNs reaffirm the importance of university extension and closer engagement with territories, recognizing that SUS must play an organizing role in professional education². This represents an important advancement in light of the growing curricular fragmentation observed in educational models guided by performance, productivity, and accelerated training logic.

However, the effective consolidation of these guidelines will depend on concrete implementation conditions. There will be no critical education without adequate funding for public education, appreciation of teaching work, qualification of practice settings, and strengthening of teaching-service integration policies. Nor will there be substantive curricular change while profound regional inequalities persist in the distribution of educational and healthcare resources.

Furthermore, it is impossible to dissociate the debate surrounding the DCNs from the broader transformations affecting the world of health work. The advancement of platformization, outsourcing, and precarization of labor relations directly impacts professional education. Training critical nurses in contexts marked by occupational instability, intensified work, and professional devaluation becomes a permanent political challenge.

The new Nursing Curricular Guidelines therefore emerge as the result of a long trajectory of collective resistance by the profession and its representative entities. However, they also represent an open field of disputes. Their transformative potential will depend on the capacity of universities, professional movements, scientific organizations, and health workers to resist the capture of education by market logic.



More than reorganizing competencies or updating content, the new DCNs bring back into focus a fundamental question: what social project will guide nursing education in Brazil? The answer to this question will define not only the future of the profession, but also the quality of care offered to the population and the ethical, political, and social sustainability of SUS itself.

REFERENCES

1. Conselho Federal de Enfermagem (Cofen). MEC recebe contribuições para novas Diretrizes dos Cursos de Enfermagem [Internet]. Brasília-DF: Cofen; 2024. [cited 2026 May 21]. Available from: <https://www.cofen.gov.br/mec-recebe-contribuicoes-para-novas-diretrizes-dos-cursos-de-enfermagem/>
2. Conselho Federal de Enfermagem (BR). MEC, Cofen e entidades assinam novas Diretrizes Curriculares da Enfermagem [Internet]. Brasília-DF: Cofen; 2026. [cited 2026 May 21]. Available from: <https://www.cofen.gov.br/novas-diretrizes-curriculares-da-enfermagem/>
3. Rozendo CA, Corrêa AK, Kaiser DE, Silva JFS, Gatto Júnior JR, Fernandes JD, et al. Diretrizes Curriculares Nacionais da Graduação em Enfermagem: ABEn na defesa da educação e do SUS como bens públicos. *Rev Bras Enferm.* 2025;78(1):e780102. <https://doi.org/10.1590/0034-7167.2025780102pt>
4. Ministério da Educação (BR). Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 1, de 15 de maio de 2026. Institui Diretrizes Curriculares Nacionais para os Cursos de Graduação em Enfermagem, bacharelado e licenciatura [Internet]. Brasília-DF: Ministério da Educação; 2026 [cited 2026 May 26]. Available from: https://www.gov.br/mec/pt-br/cne/2026/maio-2026/rces001_26.pdf
5. Conselho Federal de Enfermagem (BR). Resolução COFEN nº 736, de 17 de janeiro de 2024. Dispõe sobre a implementação do Processo de Enfermagem em todo contexto socioambiental onde ocorre o cuidado de enfermagem [Internet]. Brasília-DF: Cofen; 2024. [cited 2026 May 21]. Available from: <https://www.cofen.gov.br/resolucao-cofen-no-736-de-17-de-janeiro-de-2024/>
6. Araújo DD. O Processo de Enfermagem: avanços com a nova resolução do COFEN. *Ver Enfermagem UFJF.* 2025; 11(1):1-3. <https://doi.org/10.34019/2446-5739.2025.v11.48164>

Funding and Acknowledgments: This research received no funding.

Conflict of Interest Statement: “Nothing to declare.”

Data Availability Statement

No databases were generated in this study. The information presented is described in the body of the article.

Authorship Criteria (Author Contributions)

Ítalo Arão Pereira Ribeiro: 1. Contributes substantially to the conception and/or planning of the study; 2. to the acquisition, analysis, and/or interpretation of the data; 3. as well as to the writing and/or critical review and final approval of the published version.



Silvana Aparecida da Silva Zanchett: 1. Contributes substantially to the conception and/or planning of the study; 2. to the acquisition, analysis, and/or interpretation of the data; 3. as well as to the writing and/or critical review and final approval of the published version.

Alessandro Rodrigues Perondi: 1. Contributes substantially to the conception and/or planning of the study; 2. to the acquisition, analysis, and/or interpretation of the data; 3. as well as in the drafting and/or critical review and final approval of the published version.

Scientific Editor: Francisco Mayron Morais Soares. Orcid: <https://orcid.org/0000-0001-7316-2519>