

BRAZILIAN NURSING: A REFLECTION ABOUT POLITICAL ACTIVITY

A ENFERMAGEM BRASILEIRA: REFLEXÃO SOBRE SUA ATUAÇÃO POLÍTICA

LA ENFERMERÍA BRASILEÑA: UNA REFLEXIÓN SOBRE SU ACTIVIDAD POLÍTICA

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ABSTRACT

This text is a reflection about the political participation of Brazilian nurses through the ideas of the Polish sociologist Zygmunt Bauman. In his book, *In Search of Politics*, the author questions the neoliberalism as the cause of the global political inertia that makes individuals stop believing in the fight for a better world. Thus, when reflecting on the political unpreparedness of the nursing category it is questioned the reasons to the passiveness and atony toward the experienced conflicts. The nursing professionals produce an invisible and immaterial work, built under the biomedical model, centered in the social and technical division of work, which contributes to explain the loss of legitimacy that hits political actions from these professionals. Why does the category lack strength to change this reality? Aiming to establish the proximity of Bauman's analysis with nursing field, we articulated the profession historical configuration and aimed to identify some of the determinants of its political participation, permeated by progresses and relapses.

Keywords: Politics; Nursing; Health Professionals.

RESUMO

Este texto é uma reflexão acerca da participação política dos enfermeiros brasileiros à luz das ideias do sociólogo polonês Zygmunt Bauman. Em seu livro "Em Busca da Política", o autor questiona o neoliberalismo como causador da inércia política mundial, fazendo com que os indivíduos não mais acreditem na luta por um mundo melhor. Assim, ao refletir sobre o despreparo político da categoria de enfermagem, questiona-se o porquê da passividade e atonia desses profissionais diante dos conflitos vivenciados. Os profissionais de enfermagem produzem um trabalho invisível e imaterial, construído com base no modelo biomédico, centrado na divisão social e técnica do trabalho, o que contribui para explicar a perda de legitimidade que atinge a ação política desses profissionais. Por que a categoria não apresenta forças para alterar essa realidade? Assim, para estabelecer a aproximação das análises de Bauman com o campo da enfermagem, faz-se essa articulação com a configuração histórica da profissão e constata-se alguns dos determinantes de sua participação política permeada de avanços e retrocessos.

Palavras-chave: Política; Enfermagem; Profissionais da Saúde.

RESUMEN

*Este texto es una reflexión acerca de la participación política de los enfermeros brasileños a la luz de las ideas del sociólogo polonés Zygmunt Bauman. En su libro *En búsqueda de la Política*, el autor cuestiona si el neoliberalismo es la causa de la inercia política mundial y si ello no hace que los individuos no confíen más en la lucha por un mundo mejor. Así, al reflexionar sobre la falta de preparación política de los enfermeros, se cuestiona el por qué de su pasividad y atonía ante los conflictos que enfrentan. Los enfermeros hacen un trabajo invisible e inmaterial, construido en base al modelo biomédico, centrado en la división social y técnica del trabajo, lo cual contribuye a explicar la pérdida de legitimidad que afecta la acción política de dichos profesionales. ¿Por qué no tienen fuerzas para modificar esa realidad? De esta forma, para establecer la proximidad del análisis de Bauman con el campo de la enfermería, se hace la articulación con la configuración histórica de la profesión y se constatan algunos de los determinantes de su participación política plena de avances y retrocesos.*

Palabras clave: Política; Enfermería; Profesionales de la salud.

INTRODUCTION

What is meant by this reflection is an attempt to get nurses out of the quicksand in which they find themselves, in order to make progress towards their emancipation as health professionals, contemplating their identity and autonomy, by proposing, as an instrument for this breakthrough, political participation.

For this, we used the ideas of Zygmunt Bauman, a Polish sociologist based in England in the 1970s who, half a century ago, wrote about themes such as the everyday life of ordinary men and women, globalization, the Holocaust, consumer society, and individuality, among many other topics. Bauman addressed the ethical and humanitarian dimensions of the human condition. His constant attention to the oppressed questioned liberalism, considered the responsibility for stimulation of market forces, which developed economic growth, but did not promote social justice.¹

In his book *"In Search of Politics,"* Bauman analyzed some existing contradictory beliefs in modern Western society, and reinforced that those assumptions do not need to be consistent for anyone to believe them. To explain the loss of legitimacy affecting political action, the author presented two of these kinds of beliefs: first, that freedom is a matter satisfactorily resolved in our world, without any need to protest and demand any more freedom than one can experience; and second, that considering the current world economic and political configuration, little can change, and therefore one must be pleased with the facts the way they are.

BRAZILIAN NURSING'S PURSUIT OF POLITICS

Throughout human history, political knowledge is continually in development and open to improvement, once it is considered as a good that affects the lives of all citizens. Politics allow the questioning of what has already been stated and the improvement of the tools that build and implement new ideas for a diverse professional exercise, permanently under reflection.²

Every profession is perceived as a social construction situated in a certain time and space of what we call society. As a result, each belongs to an existential basis of the social phenomena,³ and how a profession is perceived and valued is determined by its historical context.

The establishment of the role of nursing as a profession occurred in the nineteenth century. The need for recovery of war-wounded soldiers in hospitals, and the maintenance of patient surveillance, determined the introduction of the nurse in the hospital environment.

From this fact forward, the profession began to be built based on a biomedical model, leaving care as a secondary matter, by focusing on health provision based on healing and on te-

chnical procedures, which alone were unable to respond to the health needs of the people. This occurred due to the fact that, in the first nursing schools, the medical doctor was considered qualified for teaching, since this professional was the only one considered to have the scientific knowledge about diseases.

To rescue the historical background of nursing requires the understanding that the profession was configured as subordinate to the medical body of knowledge, thus, devoid of freedom. Nursing developed its theoretical framework under medical teaching, which transferred step-by-step technical procedures from medical to nursing practice. Nurses should not only monitor the patients, but also fulfill prescriptions during their entry in hospital facilities.

This institutionalization is the point marking the transition to professional care, at the same time representing the founding violence of the profession, since it removed nurses from the logic of consciousness and free will regarding the care that was provided. Institutionalization linked the professional to socially constructed beliefs and complex processes of subjugation to the hospital structure.⁴

Along the way of professional affirmation, nurses sought scientific knowledge and a diversity of theories to support their own practice, undergoing a process of definition of and approach to the core of their work: human care.

The current effort is the return of the bedside nurse. But if we look back, the nurse has never been solely in this position. The institutionalization of the profession was made based on the social and technical division of labor. The nurse was assigned to control patients and to control the working process, not to care. In the medicalized and controlled environment in which the modern hospital exists, care was not the center of action, with the emphasis on the achievement of patient healing and the development of clinical procedures.

The nursing practice regulation, established in 1955,⁵ and the creation of the Code of Ethics and the Federal Council of Nursing in 1976, introduced the idea of freedom for professionals, leading to a belief that the problems were resolved and that no other possibilities of liberation in nursing practice were possible. However, the biomedical model being reproduced in professional nursing practice is still seen as complementary to medical practice. Care is not considered as a specification of nursing practice, and does not present any social value, inducing the lack of visibility and recognition of nurses.

Bauman investigates why these two contradictory beliefs (that freedom is a resolved issue and that one alone or even many in groups can do little to change that) currently coexist, resulting in hegemonic thought in modern society.

He asks, *"if freedom was awarded, how does one explain the absence, among the laurels, of the human capacity to imagine a better world and do something towards it?"* and *"what free-*

dom is this that discourages imagination and tolerates impotence of free people on issues that concern all?"⁶⁻⁹.

There is no difference regarding this matter in the field of nursing. If freedom was earned, how can we understand the political apathy of nursing workers? How does one explain that this apathy does not allow them to aim, as a desirable utopia, for a greater freedom? And what kind of freedom is that, discouraging professionals, letting them tolerate subordination to organizational interests or the category of medical power?

We truly think that these issues are resolved, believing that there is no need for categories of nursing associations or affiliations, because the situation seems to be immutable – and both individual and collective efforts are empty in themselves. Standardized practices are repeated daily, without the questioning of their purpose and without the certainty of the outcomes of these actions on the lives of others – either the professional or the patient.

Nurses show a lack of creativity and critical thinking to imagine different ways of dealing with other demands, to rebuild their practice, to end this passivity that generates psychological distress and moral judgments, either individually or collectively. It is important to note that often nurses do not realize this restriction of freedom, perceiving themselves to be free. The insecurity caused by the conflict between this implicit freedom and the reality sets up a painful relationship within nursing practice.

We coexist with politically unprepared colleagues, who in the face of conflict chose the easier alternative, approaching or collaborating with those in command. Thus, the symbolic power of medicine becomes the object of desire for these professionals, which dissolves its authority as a member of a working class. Despite constituting the majority of health professionals, nurses often negate their political capacity. Thus, in the resolution of conflict, nurses, nursing technicians and nursing assistants often resort to acting as a separated and subordinated group.

Using the symbolic capital concept of Pierre Bourdieu, it is noticed that typically, the rules are set by whoever owns the most representative symbolic capital (prestige, knowledge, recognition). In this case, it is observed that historically the medical professional was the one retaining this capital, giving legitimacy to the invisible power related to medicine. This power is propagated into the social fabric and influences social values, which enable the continuity of the medical prestige in the field of health.³

The advances in the profession and the challenge of acquiring freedom are fundamental for the nursing field to find its place in the body of health sciences and in most health systems today, which are characterized by globalization and a focus on economic profit. The collective action of this professional body composed by nurses, nursing technicians and nursing assistants is the key point to addressing the identified difficulties and also to aggregating efforts to overcome the current paradigm of the biomedical model.

Bauman notes that *"the increase of individual freedom may coincide with increased collective impotence, once the bridges between public and private life are destroyed or, to begin with, were never built"*.⁶⁻¹⁰

In the case of Brazilian nursing, and taking into account the links between public and private life, one should remember the bridges between the past and the present with the future. The bridges with the past are present and strongly built, to the point that one cannot transpose them with isolated and low social impact actions, and without political organization. One cannot glimpse the other side, with a horizon of liberating possibilities for the profession, and many nurses insist on reproducing the old structure of the biomedical model failed under which they are based its existence. A "vocation" still directs the knowledge and practice of the profession and one cannot exercise her practice like a professional equal to many others in the health team.

The tradition of nursing practice as an executor of charitable work, provided mainly by laymen, by kind people and by social classes with questionable morals, brought a heritage and a stigma that have been replaced by concepts of modern nursing since the early work of Florence Nightingale.⁷

The recognition of the profession by society will only occur when nurses organize and structure themselves internally as a working class, understanding their role and importance inside the health team. Strategies to achieve and define these spaces need to be adopted. Therefore, to know nursing history and the history of other professions is an essential task, as one can learn from past failures and also benefit from successes without necessarily treading the same paths, as nursing has its own pathway.⁷

The connections of the profession with its future are fragile, bursting under the minimum effort of affirmation for a space to autonomous action, since individual issues are rarely translated into collective desires. Demands for better working conditions, fair wages and social recognition do not exceed the work shift, group meetings, or discussions in classrooms. Thus, without adequate political articulation, nurses voices are not heard in collective spaces and decision-making centers. Inertia gives the impression that little can change.

As an example of this passivity the Bill of Law No. 2295/2000 is cited, that establishes as the maximum workload for nurses 30 hours per week. This bill of law has been under evaluation in the National Congress since 2000. This is a struggle that, perhaps, more than 10 years after its development, makes no more sense for the profession that is immersed in a time of productivity restructuring, with significant changes in labor relations. Formal employment is no longer a reality for many workers in nursing; what would therefore be the legitimacy of this effort in itself?

The *Brazilian Department of Statistics and Socioeconomic Studies* (DIEESE) measured the impact of shortening the

workload of nursing workers, considering data from professionals with a formal job attachment from the *Annual Report of Social Information* (RAIS). The study revealed that 81% of these professionals work more than 30 hours per week, resulting in the benefit of 546 thousand workers. If all jobs had a 30-hours workload capacity, 176,000 new jobs would be generated (a 1.89% increase), with a 1.26% increase in personnel spending.⁸

The fact that this bill of law is under public discussion does not mean that it has become a public issue. In front of it are only nursing professionals, and the claim has not been translated as a collective problem for best working conditions in the health system, with a positive impact on the quality of health care for the population.

An example of political mobilization translated into a public issue is the case of Portuguese nurses, who in January 2010 made a three-day strike in response to a nurse career and wage proposal submitted by the Portuguese Ministry of Health, considered by the nursing union as disrespectful and a social devaluation of the profession.⁹ This strike was repeated in March, with 91% adherence and with patients supporting their claims.¹⁰ In June, a national strike of Portuguese nurses took place, seeking proposals such as the regulation of career recognition of the social value of nurses, workload, job security and stability of employment and admission of more nurses in the services.¹¹

In the Portuguese example, the political organization of nurses is evident and many of their demands acquired a social nature. In this case, the population went to the streets to advocate with the professionals, understanding that better working conditions could result in better care and benefits for everyone. In Brazil, we do not hear about demonstrations, strikes or protests. The claims are almost always made in private associations. If there is no voice to be heard, who will hear us?

The political organization of Brazilian nurses began in 1925, after the graduation of the pioneer class from the *Anna Nery School of Nursing*, when the idea was raised of creating an association of former students that was convenient for both the school and the graduates. In 1926, this association was founded under the title of "*National Association of Registered Nurses*" (ANED). In 1954, the ANED became the "*Brazilian Nursing Association*" (ABEN), with a cultural, scientific and political character, created to consolidate nursing practice as a social practice, and to defend policies and programs for quality of life improvement and universal access to health services.^{12, 13}

The political organization extends nursing's social space, being a major challenge for nursing education. Even in the undergraduate courses, little encouragement is noted for political participation of students. Political participation is even depreciated compared to the incentives for scientific and technical attributes that must be acquired and developed. From this construction, a reflection of the lack of participation is also observed during nurses' professional careers.^{14, 15}

The policy quality is translated in a critical and creative intervention of people in historical settings, supported by innovative knowledge and participation of the subjects. This process may broaden chances and achievements in the policy cycle. Thus, the policy quality and the formal quality are important for nursing professional development, increasing a demeanor committed with emancipation.¹⁶

Decrees do not guarantee the achievement of political organization. This is only achievable by a strong collective work focused on the transformation of reality. We are all politicians and our ideology is a way of thinking, a kind of mold in which we launch the world as a part of our lives. It is difficult to conceive of a human being who does not harbor some form of ideological thought.¹⁷

"Depoliticized man misunderstands the world in which he lives and is easily maneuvered by those who hold power." Thus, it is clear that political action is fundamental, mobilizing transformations in the individual and collective human condition and also in the working environment.^{2,647}

A mapping of the historical moments in which Brazilian nursing workers tried to articulate political organization between 1979 until May 2003 identified that, from 1926 – the year of the founding of ABEN – until 1960, there were no reports of nursing collective actions in our country. It is only beginning in 1979 that some evidence of mobilization organized by nurses are observed.¹⁸

Thus, it is clear that the political organization of Brazilian nursing is permeated with advances, but also with setbacks, and despite being a professional field with a high number of members, it are still in search of its means of action. Nurses have little tradition in collective measures, needing a common agenda that could drive the policy cycle.¹⁸

According to the Regional Councils of Nursing, the total number of nurse professionals is 1,449,583 million workers; among them, 43.18% are nurse technicians, 36.80% nurse assistants, 0.01% are midwives, and 19.81% of nurses.¹⁹ Is the "return" of these 19.81% of nurses to the bedside the most significant struggle to generate changes in the system of professional care or are there other more urgent measures, more capable of leading to immediate effects?

In addition, nursing is an invisible professional. Patients often misidentified nurses as medical doctors, since the one who wears white clothes is considered to them as the embodied figure of the doctor, the savior agent, the one who brings healing and an immediate resolution for their problems. When the nurse technician or the nurse assistant approach the patient to provide care, he/she is misidentified as a nurse, but it is not the nurse who is there. The professional is not noticed and no notes are left of her day-to-day work results.

Invisibility is also expressed when nurses act in the center of the political decision making, in the management of health

systems and in the coordination of social programs. Often he/she does not present him/herself as a nurse, losing the identity at the expense of the job title, which confers status and power. Instead of giving visibility to their profession while in such job titles, nurses relinquish this power, ceasing to be a “nurse coordinator” to instead present themselves as a “coordinator”, “manager”, or “leader”, among other specifications.

Nurses have directed efforts for the recognition of their potential for care, management, education and research. Nursing professionals work within public and private institutions, at the regional and national levels, and participate in programs with high priority in the health agenda, such as Program for Family Health, the primary Brazilian strategy for Primary Health Care.¹⁴

Nursing’s performance within the health system requires the definition of specific actions for nurses’ practice and at the same time, transdisciplinarity and teamwork are required for the consolidation of a universal and comprehensive design for the health care area.

Participation of nurses is increasingly growing in positions of health sector management. The nurse has been seen as a professional who is prepared to this job, with enough administrative knowledge to play these roles. However, this fact did not result in more visibility for the profession.²

Despite the expansion of the development of nurses’ work, and with more opportunities coming, nurses do not know their field, its limits and possibilities within the multidisciplinary team, and they remain politically impotent. Brazilian nursing suffers from impotence of thought, leading it to isolated actions, almost always fragile in terms of influencing power centers within and outside of its own profession.¹⁸

In a study that investigated political participation of nurses in the municipal health management, authors realized that even occupying these decision-making spaces, the nursing role is “meaningless” due to the lack of political awareness to conduct certain situations and lack of reflection on their power to move forward their decisions.¹⁹

This same study showed that nurses did not identify their activities in the political aspects, as the profession, which historically has not developed a guiding political philosophy, choosing to adopt neutral positions, identifying practice and care management only under the biological and technical point of view.

As seen, this behavior is justified not only by the historical construct of nursing, but also for a maintenance of the passivity for political criticism in nursing schools, where there is no open spaces for political debate about the profession. An uncritical professional does not arouse individual or collective interest for a paradigm shift.

To Bauman⁶, the change lies inside the encounter with the “now” – a space that is neither private or public, but public and private at the same time, where particular problems can meet

and are expressed collectively. For nursing, these spaces, such as ABEN, are nearly empty and the neoliberal policy promotes a widespread conformity of these workers.

To understand this influence of neoliberalism, we just need to remember that the medical profession is the only body in the health sciences who can, with the simple act of prescribing, generate profit for this system, stimulating the consumption of drugs, diagnostic services and treatments which drives the market. This generates a visibility of medical practice that has been increasingly legitimized within social relationships and work environment.

The medical-industrial complex is the result of the capitalist development in health, in which private practices have become hegemonic and decisive of actors’ roles and relationships within the health industry.²⁰

The same does not occur with nurses, because the product of their performance, which is patient care and surveillance, do not generate direct profits, since care is not embodied as a commodity with a possible exchange value within the capitalist system. Thus, nursing work is secondary and economically devalued, creating this sense of loss of importance and practical uselessness.

Neoliberalism, cites Bauman⁶, is reduced to “a mere belief that there is no alternative”, and that any other alternative is worse if experienced in practice. It is not difficult to understand these phenomena in the field of nursing. The collective feeling of impotence, or the certainty that the problems within the profession have no solution has removed the professional spaces of political action. Many nurses do not know their professional association and when they are affiliated to the union, it is due to its mandatory membership, since the annual payment is removed directly from their paychecks.

Confirming this fact, a study that examined the history of the labor movement of nurses in Rio de Janeiro, in the period from 1978 to 1984, showed that there was little adherence of nursing professionals to the union membership, demonstrating the fragility of the category towards participation.²¹

Moreover, it is never redundant to point out that the field of nursing contains the majority of workers needed for the implementation of health work. However, due to that same logic of the capitalist system, nursing professionals are a silent majority. Nurses need to move beyond this silence, and this involves the question of the political consciousness of the category, the recognition of the union as an organization of workers’ struggle, which seeks not only economic aims, but also a more just and egalitarian society.

All of this context has a price, and it is paid in the currency that is usually applied for bad policy – which is human suffering.⁶ This suffering is expressed as the uncertainty about the future, the growing insecurity and lack of assurance of rights.

To speak of suffering in nursing practice is also to remember that the nature of this work causes serious obstacles to collective action. Fear makes professionals not take risks, resulting in the absence of questioning about the current status of the profession. And the art of translating personal problems into public policy issues is nonexistent. Therefore, "any society that forgets the art of questioning, or allows that art to fall into disuse, cannot expect to find answers to its problems"^{6,14}

The solution to the problems is in sociability, which is more serious when it comes to nurses, because it is a profession that is historically devoid of sociability, even though in the decision to reproduce or reconstruct a new social order, and that part of the decision of consciousness of who one is professionally, of one's limits and possibilities.⁶

The utopia of a political practice that emancipates depends on dismantling the ideological consensus of those who rule, and refusing labels and impositions. To do so, one must understand that there are groups in nursing which are politically strengthened, attending the decision-making space, mobilizing social forces, operating in areas of health system management decisions, and promoting scientific knowledge and awakening of political consciousness by training students in universities, in an attempt to remove apathy from the other nurses who insist on sustaining the existing order of submission and lack of social commitment.

The importance of the pursuit for politics lies in the fact that nursing, and the features and purposes of its work, uses different instruments to provide care. Its insertion into the socio-political context is a challenge. The nurse needs to be recognized for his contributions to the development, decision-making and implementation of health policy guidelines in the country. In other words, far beyond professional identity, the political practice of the nurse is an activity that ensures the maintenance of life because caring, although not considered to be something concrete, is to maintain the continuity of life

FINAL CONSIDERATIONS

Nurses and other nursing professionals are disconnected from the political process, to develop better working conditions and to fight for it. This is a result of how historically the profession was configured and how nurses have been trained. Due to the ideology of subordination, nursing has found it difficult to assert itself as a profession that is libertarian, which has scientific knowledge in its own right, and an object of work in process of being defined.

Despite this historical background, it takes courage and mobilization to change the paradigm to pursue the development of a symbolic capital for nurses. To believe that this change can occur involves the perception that the politicalization of workers is one of the ways to achieve it.

To know our history and appreciate it, to build a scientific body that forms the basis for nursing practice, to develop and improve nursing continuously, and then to initiate political participation, are steps that lead to the desired social recognition. But it is important to remember that before being nurses, first we are subjects in a society that also requires attention and care in the aim of a more fair and equitable road for all. When the struggle is for all these benefits, it will also be for everyone.

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