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Original Article

Historical evolution of configuration of the nursing team in a military hospital

Evolução histórica da configuração da equipe de enfermagem em um hospital militar

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Objective: to analyze the historical evolution of configuration of the nursing team in a military hospital. **Methods:** a social-historical study. Historical sources: Written documents and oral statements given by five military nurses. The collected data were analyzed according to the historical method, after organization and classification. **Results:** when nurse officers arrive to the Military Police Central Hospital, the team of nurses counted with four civilian nurses and the chief nurse. It had 170 health sergeants and soldiers and 304 civil servants (nursing technicians and auxiliaries). Medium-level professionals who already belonged to the corporation mostly performed nursing care. **Conclusion:** the nurse officers faced work overload, in addition to the difficulties with the military staff of lower categories, regarding the compliance of the hierarchy that caused some conflicts, because of power disputes, in a misogynist environment.
Descriptors: Nursing; History of Nursing; Military Nursing.

Objetivo: analisar a evolução histórica da configuração da equipe de enfermagem em um hospital militar. **Métodos:** estudo histórico-social. Fontes históricas: documentos escritos e depoimentos orais cedidos por cinco enfermeiras militares. Os dados coletados foram analisados em conformidade com o método histórico, após organização e classificação. **Resultados:** na chegada dos oficiais enfermeiros ao Hospital Central da Polícia Militar, a equipe de enfermeiros estava reduzida a quatro enfermeiros civis e à enfermeira-chefe. Contava também com cento e setenta sargentos e cabos de saúde e trezentos e quatro funcionários civis (técnicos e auxiliares de enfermagem). O cuidado de enfermagem era majoritariamente realizado por profissionais de nível médio que já pertenciam à corporação. **Conclusão:** os oficiais enfermeiros enfrentaram sobrecarga de trabalho, além das dificuldades com "os praças" (militares das categorias inferiores), no tocante ao acatamento da hierarquia, ocorrendo alguns embates, ensejados por disputas de poder, em um espaço misógino.
Descritores: Enfermagem; História da Enfermagem; Enfermagem Militar.

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Introduction

The object of the present study is the configuration of the nursing team of the Military Police Central Hospital of Rio de Janeiro before the arrival class of nurse officers. The period corresponds to he year 1995, time in which the first class entered as students of the officers training course and, subsequently, as the first official nurses of the corporation.

The historical context is Rio de Janeiro in Brazil, which, in the beginning of the 1990s, was facing an increase in crime and urban violence rates. This derived from several geographic, social and political factors. The state had a total of 5,336,179 inhabitants, a result of the increase in the internal population and the absorption of a large population mass due to the rural exodus occurring in Brazil at the time[1].

Data indicate that the elevation of the urban population in Rio de Janeiro, together with the fact that this city is marked by significant economic and social contrasts, led to an increase in the rates of violence. Urbanization worsened problems of transport, sanitation and air pollution, making big cities, such as Rio de Janeiro, vulnerable of security and criminality issues. Notoriously, the Military Police of the state suffered directly the influence of this social panorama, which can be evidenced by the great amount of assistance in the corporation hospital, due not only to the growth of its members needs, but also to the increase in the effective force as a response to the urban crisis instituted[1].

It is noteworthy that health care services in the military police of the state of Rio de Janeiro exist since the beginning of the corporation, 1809. The first functions created were chief surgeon and adjuvant surgeon[2]; subsequently, new positions were created, such as odontologist, besides the expansion of the medical positions with the increase of the specialties. Over the years, mid-level, civilian and military employees have provided nursing care.

With the increase of effective force[2], in the decade of 1980, as a response to the public security crisis through which the state passed and due to the legal requirements for the exercise of nursing, it became necessary to admit civil servants to the position of nurses. Initially, the civilian nurses were displaced from the state health secretariat to work in the Military Police Central Hospital of Rio de Janeiro. Then, a system of renewable contracts that could be disrupted by both parties and were not configured as a lifetime bond with the Corporation, was introduced Such a system lasted until 1995, closing shortly after the arrival of the pioneer class of official nurses.

In 1995, a civilian nurse who had a small staff of civilian supervisors and a medium-level staff composed of civilians and military personnel managed the Central Hospital nursing team. At the time, the aforementioned hospital, then with 52 years of existence, well located in the Estácio neighborhood, in Rio de Janeiro, had capacity for 220 beds[2].

The hospital had an emergency room, with two beds for serious emergencies and eight resting beds. There were also two surgical centers, one with four operating rooms for various specialties and another for orthopedic procedures. The intensive care unit had seven beds and another intensive care unit for cardiac patients. There were also surgical clinic, medical clinic, urology, cardiology and pulmonology, pediatrics, maternity and sterilization center, as well as all infrastructure services such as laundry, linen room, kitchen, various administrative services, including a room for the nurse chief, which was located in the main entrance corridor of the hospital on the ground floor[2].

We can see, therefore, the difficulty related to the human resources of nursing professionals for the provision of a quality service as predicted at the time for the health field. This insufficiency of nursing staff of higher level was confirmed, since it generate the need of opening the selection process for nurse officers by creating the Nurse Officers Board within the of of Health Officers Framework.

The relevance of this study, in relation to those already published on the topic, is evidenced by the advancement of the discussion about the insertion of the

nurse in military environments, as an official whose acquisition of military capital functions are indispensable requirement to enter and stay in these spaces, traditionally consecrated to men, which is consistent with the conflictual trajectory of the insertion of women in the universe of work[3]. This is because the historical effects of asymmetric relations between men and women resulted in the inclusion of nurses systematically demarcated by gender issues, in the military scenario[4-5]. On the other hand, with regard to studies on the history of the profession, understanding experiences f the past can be an opportunity to think about the present.

The need to record the professional development of military nursing in Brazil, a field of visibility in the labor market for the profession in the present, justifies this study. In addition, there are gaps in knowledge about the trajectory of the profession, especially in the military scenario.

In this context, the objective was to analyze the historical evolution of configuration of the nursing team in a military hospital.

Methods

Historical study, which is characterized by the search for evidence through the reading of the direct and indirect historical sources, in order to enable the construction of a consistent and erudite historical version, guided by a critical look of the past[6]. Written and oral documents comprised the direct sources of the study. The technique for obtaining oral documents was the Thematic Oral History, which, when confronted with other sources, makes its potential richer as a source of research[7].

The written documents that integrated the documental corpus of the study were the Book of Orders and Occurrences, the Manual of Routines and the Manual of Techniques, used during the study period. Access to written documents was possible by the letter of consent signed by the General Director of the hospital.

We conducted interviews with five nurses who were part of the first class of officers and were allocated to the Hospital throughout the year 1995. Because it is a historical research, the interviews met the objectives of the study, since in oral history even a single interview may be relevant, provided that it is sufficiently significant to enable a certain degree of generalization of the study results[7-8]. After the participants declared that they had no doubts about the development of the study and their respective objectives, they signed the free consent term, in two copies. The interviews, with an average of 50 minutes, were digitally recorded and subsequently transcribed and validated by the participants, after reading it and giving a written authorization. The study excluded the nurses who were not part of the first class or who were not allocated to the Military Police Central Hospital of Rio de Janeiro.

The interviews took place in December 2018 and January 2019. The place of the interviews, defined by the participants, was their work environment. A semi-structured script with eight open questions about the topic guided the interviews. The identity of the participants was preserved and we used a code for identification (Ent01, Ent02, Ent03, Ent04 and Ent05).

To analyze the documental corpus, we adopted active procedures of documents interrogation, in order to evidence the historical phenomenon according to a critical posture. The reliability of the results was ensured by the juxtaposition of the documentary set, and not the documents in isolation.

The data were analyzed based on indirect sources, which consisted of books and articles on the subject, with emphasis on studies on military nursing; and articles that adopted concepts proper to the historical methodology[7-8]. According to the historical method, the findings were organized after the classification and organization process.

The present study comes from the project approved by the Research Ethics Committee with Opinion nº 2,930,713/18 and followed the ethical guidelines in line with resolutions 466/12 and 510/16, both of the National Health Council.

Results

In 1995, the Central Hospital nursing team was heterogeneous, consisting of civilian nurses and soldiers, sergeants and sublieutenants "nurses". The nursing staff of the hospital was managed by a civilian nurse and their staff had thirteen civilian nurses in practice in the various sectors; 170 sergeants and health soldiers, denominated in their identification plates as sergeants and soldier nurses, although they have medium level training; and 304 civil servants (nursing technicians and auxiliaries).

Medium-level professionals who already belonged to the corporation mostly performed nursing care. The officers who had technician training, auxiliaries and nursing attendants were relocate to fulfill these functions within the hospital, even if they had joined the military police by the selection for combatants. Not rarely, they exercised the role of nurses even if they did not have the necessary training to do so. Some even had a nursing degree; however, they had not joined the force by means of tests that validated this knowledge. Even so, these military staff belonging to the lower categories in the military hierarchy, represented by soldiers, identified as Soldier, Sergeant and Sublieutenant "nurses" and had this denomination registered in their Insignia, that is, on the nameplates that introduced them.

Excerpts from the interviews show the perplexity of the nurse officers regarding the work overload imposed on the few employees that the Hospital had for health care consultations: *I do not know how they [the health team] could do it... It was something surreal that I've never seen in my life... More than 200 beds, all occupied, and only them there, for a whole hospital... People of all patents, from soldiers to colonels, with their needs, claims... And they still had families, in our work we can not forget the families...* (Ent03). *The nursing supervision of the sectors was performed by civilian nurses and due to quantitative insufficiency, the sublieutenants and sergeants also supervised...* (Ent01).

In this study, the composition of the military health team of the Central Hospital consisted of physicians, dentists, pharmacists, sergeants, and soldier "nurses". The civilian consisted of physicians, nurses, nursing technicians, nursing assistants and administrative staff. As mentioned above, the nursing team had only thirteen employees in the position of nurses, who ended up performing only supervisory actions, failing to realize the other demands of care. *The civilian nurses were just chiefs... They led, but from the chief position... If I needed something important, I had to get in touch with the nursing supervision, if it was something easier that we could solve, it was with ourselves... I remember getting this message from a guy... downstairs, they just supervised* (Ent03).

It was also evident that the military soldiers presented in their professional identification the name of nurse; therefore, even without being a nurse, they had power in the space of the professional practice. Thus, one participant of the study mentioned: *In my sector, most of the nursing team was of many civilian nursing technicians, at least in the sector where I was, more than half of the team I was in, was civilians. I had some military, actually a military only and, in some shifts, two military as plantonists and they called themselves, like the bosses, the team leaders. So it was Soldier nurse... Sergeant nurse, despite they did not have training. As far as I know, in the whole hospital, two had even the upper course, but the others had no training, but were entitled as nurses and they defined, along with the group of civilians, what we had to do. There was no civilian nurse in my sector* (Ent02).

Thus, the middle-level staff, both military and civil, performed nursing care and, even, procedures that fit the nurses. When some procedure was more complex or some need arose in the field, the nursing leadership was triggered. Moreover, in the daily life, the technicians and auxiliaries solved the issues regarding the care.

It is noteworthy that the disclosure of the creation of the Nursing Officers Board, by itself, created changes within the corporation. Given the imminence of the substitution in the positions of leadership or in the supervision of the nursing team, gradually, the number of civilian nurses decreased, which was due both to the non-renewal of the expired annual contracts and by the shutdown on the part of the employees themselves. In addition, the decrease in the

number of nurses was also due to the approval in the selection process for nurses, because four were approved, and were temporarily removed to carry out the mandatory course of officers training. From the board of soldiers, four were also approved to carry out the aforementioned course, because they had specific training in undergraduate nursing.

There was also an increase absence of the civil team, evidenced in the Books of Orders and Occurrences. The consultations in these books depicted, from May to November 1994 (previous phase of the nurse officers arrival), that the average of absences was three absences/day. In the period from June to September 1995, after the assumption of the nurses, the average evolved to seven absences/day.

The imminence of the arrival of nurses with an officer's patent in a military hospital, certainly, made the civilian nurses understand that the nurse officers would assume positions of power and prestige, in the face of the weight of the military capital for them raised at the officers training course. Thus, this asymmetric condition among professionals may have aroused discouragement and contributed to the increase in absenteeism.

The abrupt reduction occurred in a team already so restricted caused the performance of the civil nursing team to concentrate increasingly on the supervision and management of nursing, opening even more space for soldier and sergeant nurses occupy leadership and positions. As stated in the Book of Orders and Occurrences in 1995, four out of thirteen civilian nurses, were approved in the nurse officers selection, two did not obtain the renewal of their annual contract and three requested the end of duties for personal reasons. Thus, when officer nurses effectively started to occupy the hospital spaces, the nurses' team was reduced to four civilian nurses and the chief nurse.

Discussion

As a limitation of the study, we can mention the perceptions of the authors, who write from a social place, that is, from a viewpoint that is traversed by subjectivities. Clearly, the task of producing a historical study does not dispense multiple influences. We still recommend to carry out more historical studies on the development of nursing in military spaces, since only the knowledge of history allows the understanding of how nursing has been built and advanced over time. Thus, the practical applicability of the results of the present study contributes to the development of a commitment to the profession.

The findings evidenced that human resources were insufficient to meet the demands of nursing care in a large hospital, such as the Military Police Central Hospital of Rio de Janeiro. The intensive routine of hospital services corresponded to the rhythm of police work that only increased with crime and urban violence advance. This social framework increased the search for health services by two aspects: the first, of immediate character, relates to the greater and more serious needs of the police related to professional practice, that is, to the profession and health damage caused by it, such as physical and psychological exhaustion and demands occasioned by military conflicts; the second, subsequently presented, correlates with the increase in the number of consultations, since the force was in increasing expansion due to the increments, already cited, of the corporation that expanded as a response to the urban crisis.

To this equation that inevitably translates an overloaded structure, we can add one more determinant factor. In 1983, by ordinance 0062/83 of the Military Police of Rio de Janeiro, the dependents of the active or retired military staff, have the right to use the health services of the corporation. It should be remembered that only in 1990, the Brazilian Unified Health System is structured as a single and universal system of free service to the population and that much of it did not have financial means to afford expenses with health plans or private services. Thus, the possibility of using the health services of the military corporation arose as a balm for the people who now

had specialized, qualified and free health care. This measure contributed to increase the number of consultations in health services, making it more visible the quantitative deficiency of health team members, especially nurses and middle-level staff[2].

The quantitative deficiency of human resources to meet the needs of the hospital that each day grew more was pointed out in the interviews. For emergency care, the Hospital received daily many police officers injured severely in confrontations and operations performed in the performance of their functions. At that time, the city of Rio de Janeiro experienced high rates of criminality, which led to the more helath care services[2]. This increase in the demand for hospital and outpatient care was also justified in the expansion of the police board and their and dependents who were also entitled to assistance in the aforementioned units of the military police.

The nursing supervision of the sectors was performed by civilian nurses and, due to the insuficiente quantity, the sublieutenants and Sergeants nurses also participated in the supervision. These professionals had the authority to report occurrences in the Supervisory Book, such as critically ill patients; surgeries; transfers; deaths; complaints; absences and staff delays[2].

Nursing care was mostly of middle-level staff, and the nurse was responsible for the management of the sectors and the execution, when possible, of more complex nursing procedures, in addition to the general supervision of the nursing care[2]. In this context, nursing professionals may present signs of physical and emotional exhaustion, arising from levels of work overload, inappropriate labor environment and displeasure with the profession[9-10], which resulted in an increase of absences. Moreover, the implementation of care by middle-level professionals and subalternated military nurses also caused concerns. These situations confer invisibility to the presence and importance of the nurse in the health team, which may alter the quality of care, since inadequate labor environments influence the quality of care[11-12].

Thus, the middle-level, civilian and, above all, military staff were the front lines of nursing care, providing direct assistance to the patient at their bedside. The small team of four civilian nurses focused on the activities of nursing leadership and supervision, and called only when in extreme need and did not participate in patients' direct care due to the reduced staff. This was the role of the nursing team in 1995, when the pioneer class assumed the positions at the hospital of the corporation, after completing the officers' course.

As seen in the excerpts of the interviews, the nurses came across the decrease of the already diminished board of nurses due to unfavorable situations in a military hospital. In this situation, in a short period, the insertion in this scenario demanded from the nurse officers, in a short time, knowledge and leadership, in order to occupy positions of power in the military space, represented by the hospital where they would act. This is because, historically, the positions of command by nurses, in general, are reduced even in military institutions[13-14].

It is noteworthy that the news of the arrival of the officer nurses, by itself, already cause changes within the nursing team. Civilian nurses' dismissal and absenteeism of these agents increased. The perception of the arrival of new agents who would assume positions of power in the hospital space may have been essential in the origin of these situations, considering that the superiority of the military professional in relation to the civilian is regarded as something natural in the military field[3]. Moreover, the end of the contracts with civilians, their non-renewal and approval of part (four) of the team in the selection for official made the team of civilian nurses, only four, concentrate even more on the supervisory activities.

Thus, the insertion of the newly-entered nurses in the field generated a reordering of the nursing team, since the positions of leadership passed to the officer nurses, since, by a military logic, antiquity is mandatory for the occupation of leadership positions[3]. Civilian and military nurses received this re-

ordering differently: for civilian nurses, the reception was extremely positive, since the arrival of the nurses would give visibility to the importance of the nurse in the hospital; for the soldiers, there were difficulties in relation to the compliance of the hierarchy, because there were many conflicts held by disputes of power.

The conflicts were the way the group of health soldiers was trying to maintain their dominant position, even though the military hierarchy pointed in the opposite direction, to the clear existence of heretical movements in this field. The fact that higher-level nursing is composed of a majority female group may have been determinant for the occurrence of so vehement resistance of the soldiers, mostly a male group, since obstacles are maintained in relation to profession – for this same reason – until today due to the maintenance of certain limits to the profession in the military field, such as the difficult access to the maximum position in the nurse's career[2]. Symbolic violence was materialized, among others, by the resistance to the orders given by the pioneer class, even boycotts were used by the soldiers in an attempt to maintain their power in the hospital space. Thus, the study allowed us to identify that both the civilian nurses and the soldiers undertook what is called defensive strategies to cope with the new labor requirements[15], which included the distance through absenteeism or confrontation through resistance to the new order in the workplace.

Conclusion

We inferred that the nursing team of the Central Hospital, on the eve of the pioneer class of nurses arrival, in 1995, was overloaded with activities whose difficulties in executing them satisfactorily could impair the assistance to patients, as well as the visibility of the importance of the nurse, since care activities and even supervision were performed by military designated nurses, unskilled, for the exercise of such activities. This is the situation found by the nurse officers when they are inserted in the aforementioned Hospital.

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Collaborations

Bittencourt RC contributed to the analysis and interpretation of the data, writing the article and final approval of the version to be published. Santos TCF contributed to the conception, design, and relevant critical review of intellectual content. Abreu MAS, Almeida Filho AJ, Peres MAA and Aperibense PGGS contributed to the relevant critical review of the intellectual content.

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